

# Swift County 2025 BENEFIT SUMMARY



Effective: **January 1, 2025**

## Open Enrollment Information

- Elections are effective January 1, 2025 - December 31, 2025.
- All open enrollment forms are due by 4:30 PM on 11/04/2024.
- **Benefit Plans Open Enrollment Offered**
  - **Medical:** 2 plans with BlueCross BlueShield of MN
  - **Health Care Flexible Spending Account**
  - **Dependent Care Flexible Spending Account**
  - **Health Saving Accounts**
- **Important Definitions**
  - **Deductible:** the amount you must pay each year before the insurance plan starts to covers the costs of services
  - **Out of Pocket Maximum:** total amount you must pay in one year before the insurance plan pays 100% of costs. This amount includes your deductible
  - **Preventive Care:** routine physicals, eye exams, well child visits, prenatal care, cancer screenings
  - **Office Visits:** illness or injury visits, chiropractic care, physical, occupational & speech therapy visits
  - **Convenience Care:** health care clinics located in retail stores, supermarkets or pharmacies that treat minor illnesses and provide preventive care
  - **Prescription Drug Tiers:**
    - Generic drug
    - Preferred brand drug
    - Non-Preferred brand drugs

# Questions and Answers

## What do I need to do during OPEN ENROLLMENT?

- **Medical Plan:** You will need to review your current elections. If you are not making any changes, select Next/Save.
- **Health Savings Account:** Employees will need to make elections for an annual HSA contribution or the HSA loan electronically.
- **Flexible Spending:** You must complete your enrollment form by 4:30 PM, Monday, November 4<sup>th</sup> if you plan to participate.

## Who do I contact with questions?

- Contact Marlene Molden in Human Resources at [marlene.molden@swiftmn.us](mailto:marlene.molden@swiftmn.us) or at 320-314-8321.

## Waiving Coverage

If you choose to waive medical or dental coverage, you will not receive these benefits from the County program during the plan year. Keep in mind, if you waive coverage, you cannot join the County medical and/or dental plan during the plan year unless you experience a “qualified” family status change (as dictated by federal regulations), or you may join the medical plan during the next Open Enrollment period.

**NOTE:** After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce or legal separation
- Switch from part-time employment to full-time employment
- Significant increase

You have 31 days from a change in family status to make changes to your current coverage.

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.*

# Medical Insurance: BlueCross BlueShield of MN



Eligibility: All full-time employees working 30+ hours per week.

The medical insurance provider for Swift County is BCBS of MN. Swift County will continue to offer two different medical plan options for the upcoming plan year. Both plans will be offered utilizing BCBS Aware Network. Please review the benefit summary for an overview of the benefits offered. As always, please refer to the Certificate of Coverage provided to you by BCBS for exact benefit levels.

	Mid (VEBA Plan) \$2,250 – 100%	High (HSA Plan) \$3,300 – 80%
<b>Deductible</b>		
<b>Individual</b>	\$2,250	\$3,300
<b>Family</b>	\$4,500	\$6,400
<b>Co-Insurance</b>	0%	20%
<b>Maximum Out-of-Pocket Including Deductible for Medical and Rx Expenses</b>		
<b>Individual</b>	\$2,250	\$4,000
<b>Family</b>	\$4,500	\$8,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Preventive Care - Routine Physicals, Cancer Screenings, Eye Exams, Vaccinations</b>	No Charge	No Charge
<b>Preventive Care - Well Child</b>	No Charge	No Charge
<b>Office Visits (for Illness or Injury)</b>	Deductible, then 0%	Deductible, then 20%
<b>Retail Health Clinic Visits</b>	Deductible, then 0%	Deductible, then 20%
<b>Emergency Room - Facility</b>	Deductible, then 0%	Deductible, then 20%
<b>In-Patient Hospitalization</b>	Deductible, then 0%	Deductible, then 20%
<b>Out-Patient Hospitalization</b>	Deductible, then 0%	Deductible, then 20%
<b>Prescription Drugs</b>	Deductible, then 0%	Deductible, then 20%

## Find a Network Provider

To find a doctor, log on to [www.bluecrossmn.com](http://www.bluecrossmn.com). On the top of the page, select “Find a Doctor”. In the drop down list, you will select “Find a Doctor”, and select Find a Doctor one more time to under Employer-provided or individual & family plans. Click Network at the top to search the Aware Network (BlueCard PPO Network if you are searching outside of MN). Enter your search criteria. When the results display, you can refine your search criteria

## Find Prescription Drug Information

To find a doctor, log on to [www.bluecrossmn.com](http://www.bluecrossmn.com). On the top of the page, select “Find a Doctor”. In the drop down list, you will select “Find a Pharmacy or Drug”, and select Find a Pharmacy if you are looking for a pharmacy or Search for Drug on a Formulary if you are looking for prescription information. Select BCBSMN FlexRx Drug List and click apply. In the window that pops up, enter the name of the medication and select the specific dosage. After you select Submit, the result(s) will populate and indicate if it’s a Preferred or Non-Preferred Drug.

**Value-Add Benefits provided by BCBS of MN**

Value Add Benefits are a part of your health plan. To find out more about these benefits contact BCBS at 866-543-5966. You can also access this information by creating your personal user ID and password at [www.bluecrossmn.com](http://www.bluecrossmn.com)

Value Add Benefits include:

- Doctor on Demand; [doctorondemand.com/bluecrossmn](http://doctorondemand.com/bluecrossmn)
- Health Assessment through Sharecare: [bluecrossmn.sharecare.com](http://bluecrossmn.sharecare.com)
- Wellness Discount Marketplace; [blue365deals.com/bcbsmn](http://blue365deals.com/bcbsmn)
- Maternity Management
- Quitting Tobacco and Vaping
- Medical Cost Tools

**This summary is only an outline of general information. It is not a contract for coverage. Please refer to your summary plan description or certificate for detailed information.**

## 2025 Medical Rates

The rates shown below are on a monthly basis. The medical premiums will be deducted from your paycheck on a pre-tax basis.

Mid Plan				
	Total Monthly Premium	Employer's Monthly Cost	Employee's Monthly Cost	Employer's Annual Contribution to VEBA Account
Single	\$769.36	\$729.65	\$39.71	\$1,125.00
Family	\$2,033.14	\$1,482.08	\$551.06	\$2,250.00

High Plan				
	Total Monthly Premium	Employer's Monthly Cost	Employee's Monthly Cost	Employer's Annual Contribution to VEBA or HSA Account
Single	\$689.94	\$689.94	\$0	\$1,650.00
Family	\$1,801.50	\$1,470.01	\$331.49	\$3,300.00

## Carrier Contact Information

**Medical**

BlueCross BlueShield of MN  
 Member Customer Service  
 866-543-5966  
[www.bluecrossmn.com](http://www.bluecrossmn.com)

# Health Savings Account (HSA):



## Health Savings Account

Employees that enroll in the \$3,300 High Deductible Health Plan (HDHP) can set up a Health Savings Account (HSA). This is a tax-favored account that can be set up for current and future medical expenses.

### Any adult can contribute to an HSA if they:

- Have coverage under an HSA-qualified “high deductible health plan” (HDHP)
- Have no other first-dollar medical coverage
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else’s tax return

### Tax benefits on an HSA:

- Tax Deductible – money contributed to the account is tax deductible.
- Tax Free – money and interest in the account is tax-free for qualified expenses.
- Tax Deferred – leftover accumulated money can grow, tax deferred, to help fund retirement.
- Savings – rollover unused balances from year to year.

### Funding Options:

- Employee pre-tax dollars (through payroll deduction, using preferred vendor Alliance Benefit Group)
- Employee after-tax dollars (deposit directly to banking institution)

You can use the money in the account to pay for any qualified medical expense permitted under federal tax law. This includes most medical care and services, dental and/or vision care. For a complete list of eligible expenses, please visit [www.irs.gov](http://www.irs.gov)

You can use the money in the account to pay medical expenses for you, your spouse and/or children. Your spouse and/or children DO NOT need to be covered by your HDHP.

Any amount used for purposes other than to pay for “qualified medical expenses” are taxable as income and subject to an additional 20% penalty. Examples include:

- Non-qualified medical expenses under federal tax law (e.g., cosmetic surgery)
- Other types of health insurance, unless specifically described above
- Medicare supplement insurance premiums
- Expenses that are not health related

After you reach age 65, the 20% penalty no longer applies. If you become disabled, and/or enroll in Medicare, the account can be used for other purposes without paying the additional 20% penalty.

### 2025 Contribution Limits:

- \$4,300 for Single Coverage
- \$8,550 for Family Coverage
- \$1,000 Catch-Up Contribution if age 55 or older



## 2025 Ancillary Benefit Summary

Life Insurance  
Short Term Disability  
Long Term Disability  
Dental Insurance  
Vision Insurance  
Group Accident  
Group Critical Illness  
Group Hospital

*Integrity*

Employee Benefits, LLC



651-437-7977

[integrity@integrityeb.com](mailto:integrity@integrityeb.com)

## Employer sponsored benefit plans currently available for your consideration and enrollment:

<b><u>Life Insurance:</u></b>	Insure up to \$500,000 for employee, \$250,000 for spouse and \$10,000 for child life.
<b><u>Dental Insurance:</u></b>	Save money on dental care using pre-tax dollars!
<b><u>Short Term Disability:</u></b>	Protect your income during the first 6 months of a disability.
<b><u>Long Term Disability:</u></b>	Protect your income after 6 months of a disability.
<b><u>Vision Insurance:</u></b>	Great Savings on Frames and Lenses using pre-tax dollars!
<b><u>Group Accident Plan:</u></b>	Financial protection in the case of an accident.
<b><u>Group Critical Illness:</u></b>	Financial protection in the case of a critical illness.
<b><u>Group Hospital Plan:</u></b>	Lump sum benefit if you go to the Hospital.

*The following are brief benefit summaries. Please refer to the Certificates of Insurance for complete plan details.*

### [HRconnection-Benefit Resource Site](#)

Online Resource that allows you to print applications to increase or decrease your benefits, use calculators to determine your financial need, watch videos explaining coverages and much more.

Direct Link: <https://www.hrconnection.com?u=SwiftCounty>

Or

Go to: [www.hrconnection.com/guestlogin.aspx](http://www.hrconnection.com/guestlogin.aspx)

Guest Key: **SwiftCounty**

### BASIC LIFE INSURANCE

Benefit eligible employees have \$30,000 of Basic Life and AD&D Insurance coverage.

### EMPLOYEE AND SPOUSE LIFE INSURANCE

Benefit eligible employees may apply for additional life insurance for themselves and their spouse subject to proof of good health. Life insurance includes Accidental Death & Dismemberment. **Please complete the health questions when required.**

**New hires-only** can enroll in coverage up to the Guaranteed Issue amount without health history. Elections over the guaranteed issue amounts (\$100,000 for employee and \$25,000 for spouse) will require health history

Amounts of Insurance: Employee- Up to **\$500,000** in \$5,000 increments  
Spouse- Up to **\$250,000** in \$5,000 increments

<u>Age of Employee or Spouse</u>	<u>Your Monthly Cost Per \$1000</u>
Under 25	\$0.055
25 to 29	\$0.055
30 to 34	\$0.055
35 to 39	\$0.094
40 to 44	\$0.114
45 to 49	\$0.161
50 to 54	\$0.238
55 to 59	\$0.430
60 to 64	\$0.651
65 to 69	\$1.237
70 to 74	\$1.996

### CHILD LIFE (\$1.13/month per family)

Term life insurance protecting your unmarried children for \$10,000 each is also available (Children are eligible from live birth to age 26). **Please complete the health questions when required.**

## DENTAL INSURANCE

The HealthPartners plan provides you the freedom to choose any dentist. Waiting periods may apply. More savings can be found at in network dentists because they have agreed to lower their fees in order to participate in the network. **Find In-Network providers on the HRconnection website.**

	<u>Monthly Cost</u>
Employee	\$37.44
Employee+1	\$74.88
Family	\$112.32

	IN-NETWORK	OUT-OF-NETWORK
Annual maximum	\$1,250	\$1,250
<b>Deductible</b>		
Per person per calendar year	\$50	\$50
<b>Preventive/Diagnostic care</b>		
Exams, cleanings, x-rays, fluoride	100%	100%
Sealants, space maintainers	100%	100%
<b>Basic I services</b> <span style="float: right;">6 month waiting period</span>		
Amalgam fillings	80%	80%
Posterior composite fillings	50%	50%
Simple extractions	80%	80%
Non-surgical periodontics	80%	80%
Endodontics	80%	80%
<b>Basic II services</b> <span style="float: right;">6 month waiting period</span>		
Surgical periodontics	50%	50%
Other oral surgery	50%	50%
<b>Major services</b> <span style="float: right;">12 month waiting period</span>		
Crowns, onlays	50%	50%
Bridges, dentures	50%	50%
Dental implants	50%	50%

- Because dental premiums are deducted on a pre-tax basis, your cost may be reduced on average between 27% and 39%; depending on your tax bracket.
- If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference.

## SHORT TERM DISABILITY (STD)

- Each benefit eligible employee is insured with a **\$185 Core Weekly Benefit (County Paid)**.
- Benefits begin on the **First day** of a non-job related **accident** or the **eighth** day of an **illness** and are payable up to **26 weeks**.
- Employees can elect up to \$500 per week benefit in \$10 increments (minimum weekly benefit is \$100)
- You may insure up to two-thirds of your gross weekly earnings
- **Open Enrollment opportunity! ALL Employees may enroll in or increase coverage for the Short Term Disability plan without health questions. The increased amount will be subject to a 12/12 pre existing condition limitation.**
- **Forms and additional information may be found on the HRconnection website.**

STD Age-banded Monthly Rates:

Age on Jan 1	<54	55-59	60-64	65-99
Cost per \$10 of weekly benefit	\$0.26	\$0.32	\$0.37	\$0.42

## LONG TERM DISABILITY (LTD)

- Each benefit eligible employee is insured with a **\$1,000 Core Monthly Benefit (County Paid)**.
- Benefits begin on the **seventh** month of a disability and are payable for injury, sickness or pregnancy up to your **normal retirement age**, as defined by Social Security.
- You may elect any optional buy-up level of coverage between \$1,000 and \$4,000 per month provided you don't insure more than 60% of your monthly income. (core+optional may not exceed \$5,000 per month)
- ***Open Enrollment opportunity!*** ALL Employees may enroll in or increase coverage for the Long Term Disability plan without health questions. The increased amount will be subject to a 6/6/24 pre existing condition limitation.
- Forms and additional information may be found on the **HRconnection** website.

If your annual salary is at least	Monthly Benefit (Core+Optional)	Age on January 1										
		0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
		Monthly Premium Cost										
\$20,000	\$1,000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$22,000	\$1,100	\$0.10	\$0.13	\$0.19	\$0.29	\$0.48	\$0.73	\$1.04	\$1.09	\$1.29	\$1.48	\$1.85
\$24,000	\$1,200	\$0.20	\$0.26	\$0.38	\$0.58	\$0.96	\$1.46	\$2.08	\$2.18	\$2.58	\$2.96	\$3.70
\$26,000	\$1,300	\$0.30	\$0.39	\$0.57	\$0.87	\$1.44	\$2.19	\$3.12	\$3.27	\$3.87	\$4.44	\$5.55
\$28,000	\$1,400	\$0.40	\$0.52	\$0.76	\$1.16	\$1.92	\$2.92	\$4.16	\$4.36	\$5.16	\$5.92	\$7.40
\$30,000	\$1,500	\$0.50	\$0.65	\$0.95	\$1.45	\$2.40	\$3.65	\$5.20	\$5.45	\$6.45	\$7.40	\$9.25
\$32,000	\$1,600	\$0.60	\$0.78	\$1.14	\$1.74	\$2.88	\$4.38	\$6.24	\$6.54	\$7.74	\$8.88	\$11.10
\$34,000	\$1,700	\$0.70	\$0.91	\$1.33	\$2.03	\$3.36	\$5.11	\$7.28	\$7.63	\$9.03	\$10.36	\$12.95
\$36,000	\$1,800	\$0.80	\$1.04	\$1.52	\$2.32	\$3.84	\$5.84	\$8.32	\$8.72	\$10.32	\$11.84	\$14.80
\$38,000	\$1,900	\$0.90	\$1.17	\$1.71	\$2.61	\$4.32	\$6.57	\$9.36	\$9.81	\$11.61	\$13.32	\$16.65
\$40,000	\$2,000	\$1.00	\$1.30	\$1.90	\$2.90	\$4.80	\$7.30	\$10.40	\$10.90	\$12.90	\$14.80	\$18.50
\$42,000	\$2,100	\$1.10	\$1.43	\$2.09	\$3.19	\$5.28	\$8.03	\$11.44	\$11.99	\$14.19	\$16.28	\$20.35
\$44,000	\$2,200	\$1.20	\$1.56	\$2.28	\$3.48	\$5.76	\$8.76	\$12.48	\$13.08	\$15.48	\$17.76	\$22.20
\$46,000	\$2,300	\$1.30	\$1.69	\$2.47	\$3.77	\$6.24	\$9.49	\$13.52	\$14.17	\$16.77	\$19.24	\$24.05
\$48,000	\$2,400	\$1.40	\$1.82	\$2.66	\$4.06	\$6.72	\$10.22	\$14.56	\$15.26	\$18.06	\$20.72	\$25.90
\$50,000	\$2,500	\$1.50	\$1.95	\$2.85	\$4.35	\$7.20	\$10.95	\$15.60	\$16.35	\$19.35	\$22.20	\$27.75
\$52,000	\$2,600	\$1.60	\$2.08	\$3.04	\$4.64	\$7.68	\$11.68	\$16.64	\$17.44	\$20.64	\$23.68	\$29.60
\$54,000	\$2,700	\$1.70	\$2.21	\$3.23	\$4.93	\$8.16	\$12.41	\$17.68	\$18.53	\$21.93	\$25.16	\$31.45
\$56,000	\$2,800	\$1.80	\$2.34	\$3.42	\$5.22	\$8.64	\$13.14	\$18.72	\$19.62	\$23.22	\$26.64	\$33.30
\$58,000	\$2,900	\$1.90	\$2.47	\$3.61	\$5.51	\$9.12	\$13.87	\$19.76	\$20.71	\$24.51	\$28.12	\$35.15
\$60,000	\$3,000	\$2.00	\$2.60	\$3.80	\$5.80	\$9.60	\$14.60	\$20.80	\$21.80	\$25.80	\$29.60	\$37.00
\$62,000	\$3,100	\$2.10	\$2.73	\$3.99	\$6.09	\$10.08	\$15.33	\$21.84	\$22.89	\$27.09	\$31.08	\$38.85
\$64,000	\$3,200	\$2.20	\$2.86	\$4.18	\$6.38	\$10.56	\$16.06	\$22.88	\$23.98	\$28.38	\$32.56	\$40.70
\$66,000	\$3,300	\$2.30	\$2.99	\$4.37	\$6.67	\$11.04	\$16.79	\$23.92	\$25.07	\$29.67	\$34.04	\$42.55
\$68,000	\$3,400	\$2.40	\$3.12	\$4.56	\$6.96	\$11.52	\$17.52	\$24.96	\$26.16	\$30.96	\$35.52	\$44.40
\$70,000	\$3,500	\$2.50	\$3.25	\$4.75	\$7.25	\$12.00	\$18.25	\$26.00	\$27.25	\$32.25	\$37.00	\$46.25
\$72,000	\$3,600	\$2.60	\$3.38	\$4.94	\$7.54	\$12.48	\$18.98	\$27.04	\$28.34	\$33.54	\$38.48	\$48.10
\$74,000	\$3,700	\$2.70	\$3.51	\$5.13	\$7.83	\$12.96	\$19.71	\$28.08	\$29.43	\$34.83	\$39.96	\$49.95
\$76,000	\$3,800	\$2.80	\$3.64	\$5.32	\$8.12	\$13.44	\$20.44	\$29.12	\$30.52	\$36.12	\$41.44	\$51.80
\$78,000	\$3,900	\$2.90	\$3.77	\$5.51	\$8.41	\$13.92	\$21.17	\$30.16	\$31.61	\$37.41	\$42.92	\$53.65
\$80,000	\$4,000	\$3.00	\$3.90	\$5.70	\$8.70	\$14.40	\$21.90	\$31.20	\$32.70	\$38.70	\$44.40	\$55.50
\$82,000	\$4,100	\$3.10	\$4.03	\$5.89	\$8.99	\$14.88	\$22.63	\$32.24	\$33.79	\$39.99	\$45.88	\$57.35
\$84,000	\$4,200	\$3.20	\$4.16	\$6.08	\$9.28	\$15.36	\$23.36	\$33.28	\$34.88	\$41.28	\$47.36	\$59.20
\$86,000	\$4,300	\$3.30	\$4.29	\$6.27	\$9.57	\$15.84	\$24.09	\$34.32	\$35.97	\$42.57	\$48.84	\$61.05
\$88,000	\$4,400	\$3.40	\$4.42	\$6.46	\$9.86	\$16.32	\$24.82	\$35.36	\$37.06	\$43.86	\$50.32	\$62.90
\$90,000	\$4,500	\$3.50	\$4.55	\$6.65	\$10.15	\$16.80	\$25.55	\$36.40	\$38.15	\$45.15	\$51.80	\$64.75
\$92,000	\$4,600	\$3.60	\$4.68	\$6.84	\$10.44	\$17.28	\$26.28	\$37.44	\$39.24	\$46.44	\$53.28	\$66.60
\$94,000	\$4,700	\$3.70	\$4.81	\$7.03	\$10.73	\$17.76	\$27.01	\$38.48	\$40.33	\$47.73	\$54.76	\$68.45
\$96,000	\$4,800	\$3.80	\$4.94	\$7.22	\$11.02	\$18.24	\$27.74	\$39.52	\$41.42	\$49.02	\$56.24	\$70.30
\$98,000	\$4,900	\$3.90	\$5.07	\$7.41	\$11.31	\$18.72	\$28.47	\$40.56	\$42.51	\$50.31	\$57.72	\$72.15
\$100,000	\$5,000	\$4.00	\$5.20	\$7.60	\$11.60	\$19.20	\$29.20	\$41.60	\$43.60	\$51.60	\$59.20	\$74.00

# VISION INSURANCE

The VSP vision care program is available for employees and their dependents to help save on vision care costs. **Find In-Network providers on the *HRconnection* website.**

The monthly rates are as follows:

**Employee only: \$6.10      EE + Spouse: \$12.20      EE + Child(ren): \$13.04      EE + Family: \$20.86**

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>PRESCRIPTION GLASSES</b>		\$25	
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 featured frame brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Walmart®/Sam's Club®/Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every other plan year
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every plan year
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every plan year
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$45	Every plan year
<b>PRIMARY EYECARE<sup>SM</sup></b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 \$20 per exam	As needed
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		
<b>YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS</b>			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
<small>Coverage with a retail chain may be different or not apply. Log in to <a href="http://vsp.com">vsp.com</a> to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. *Plan year begins in July</small>			

- Because vision premiums are deducted on a pre-tax basis, your cost may be reduced on average between 27% and 39%; depending on your tax bracket.

## GROUP ACCIDENT INSURANCE

Protect your finances in the event you, or a family member, suffer an accidental injury. Benefits from this plan supplement you with a lump sum, tax-free cash payment to help you bridge the gap with out-of-pocket medical expenses.

The Accident plan includes:

- All coverage is Guaranteed Issue.
- On/Off the job accidents covered.
- Coverage is portable; you can keep the coverage if you leave your employer.
- Wellness Benefit: \$50 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

### Monthly Premium Rates

	<u>Low Option</u>	<u>High Option</u>
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

### **Sampling of Covered Accidents/Conditions Benefit Payout Schedule:**

Fractures	Low Plan		High Plan	
	Non-surgical	Surgical	Non-surgical	Surgical
Skull	\$1,000	\$2,000	\$2,000	\$4,000
Hip or Thigh	\$1,000	\$2,000	\$2,000	\$4,000
Vertebrae or Pelvis	\$1,000	\$2,000	\$1,500	\$3,000
Upper Arm	\$500	\$1,000	\$1,000	\$2,000
Shoulder or Collarbone	\$500	\$1,000	\$1,000	\$2,000
Leg	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$400	\$800	\$800	\$1,600
Kneecap	\$400	\$800	\$800	\$1,600
Lower Arm	\$400	\$800	\$800	\$1,600
Foot	\$400	\$800	\$800	\$1,600
Hand or Wrist	\$400	\$800	\$800	\$1,600
Upper Jaw	\$300	\$600	\$600	\$1,200
Lower Jaw	\$300	\$600	\$600	\$1,200
Bones of Face or Nose	\$300	\$600	\$600	\$1,200
Vertebral Processes	\$300	\$600	\$600	\$1,200
Rib	\$100	\$200	\$200	\$400

Dislocations				
Hip Joint	\$1,000	\$2,000	\$2,000	\$4,000
Knee Joint	\$500	\$1,000	\$1,000	\$2,000
Bones of Foot	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$500	\$1,000	\$1,000	\$2,000
Wrist	\$400	\$800	\$800	\$1,600
Elbow	\$300	\$600	\$600	\$1,200
Shoulder	\$200	\$400	\$400	\$800
Hand	\$200	\$400	\$400	\$800
Collarbone	\$200	\$400	\$400	\$800
Lower Jaw	\$200	\$400	\$400	\$800
Finger or Toe	\$50	\$100	\$100	\$200

Additional benefits for broken fingers, toes, sternum, heel, chip fractures, multiple fractures, etc

	Low Plan	High Plan
<b>Initial Care and Emergency Care</b>		
Emergency Care Treatment	\$100	\$200
Physician Office Visit	\$50	\$100
Diagnostic Exam	\$10	\$25
Ground/Water Ambulance	\$100	\$200
Air Ambulance	\$300	\$600

<b>Hospital Care</b>		
Hospital Admission	\$500	\$1,500
Hospital Stay	\$100 per day	\$300 per day
Intensive Care Unit Stay	\$200 per day	\$400 per day

<b>Follow Up Care</b>		
Follow Up Physician Office Visits*	\$50 per visit	\$100 per visit
Follow Up Physical Therapy Visits*	\$25 per visit	\$50 per visit

\*Limit of 10 treatments per Accident

<b>Additional Benefit Riders for:</b>		
Small Burns	\$100	\$300
Large Burns	\$300	\$900
Small Lacerations	\$50	\$100
Large Lacerations	\$100	\$200
General Anesthesia	\$100	\$200
Abdominal or Thoracic Surgery	\$1,000	\$1,500
Tendon/Ligament/Rotator Cuff	\$100/\$200	\$200/\$400
Ruptured Disc Surgery	\$500	\$750
Eye Injury Surgery	\$200	\$400
Eye Injury - Foreign Object Removal	\$100	\$200
Emergency Dental - Chip/Removal	\$50/\$100	\$75/\$150

Note: additional benefit types exist (this is not the complete list of covered benefit types)

As an example, if an individual who is covered under the "High Option" suffers an accident in which they fracture their upper arm (surgical) and dislocate their elbow (non-surgical), they would receive \$2,000 for the fracture and \$600 for the dislocation. Additionally, there would likely be an ER visit in this situation (\$200 on the High Plan), an X-Ray (\$25), and general anesthesia (\$200), for a total payout of \$3,025. Furthermore, the individual would qualify for the Follow-Up Care benefit, which is an additional \$100 per visit to their Physician's Office or \$50 per visit for Physical Therapy (limited to 10 treatments per accident).

## GROUP CRITICAL ILLNESS INSURANCE

Cigna's Group Critical Illness insurance helps employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as invasive cancer, heart attack, stroke, kidney disease or major organ failure. It provides a lump sum benefit to help with the out-of-pocket medical and/or non-medical expenses associated with a critical illness.

**The benefit is \$15,000 for Employee; \$7,500 for Spouse; \$3,750 for Child(ren)**

The Critical Illness plan includes:

- All coverage is Guaranteed Issue - no health history and no pre-existing condition limitation (see below for Invasive Cancer Exclusion).
- Invasive Cancer Exclusion: 12-month treatment-free lookback period.
- Coverage is portable, you can keep the coverage if you leave your employer.
- Wellness Benefit: \$75 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Age	Monthly Rates			
	Employee Only	Employee & Spouse	Employee & Children	Family
18-24	\$5.82	\$10.39	\$6.19	\$10.76
25-29	\$6.59	\$11.55	\$6.97	\$11.92
30-34	\$8.52	\$14.30	\$8.90	\$14.68
35-39	\$11.73	\$19.18	\$12.10	\$19.55
40-44	\$15.00	\$24.18	\$15.37	\$24.55
45-49	\$21.57	\$34.27	\$21.94	\$34.64
50-54	\$29.49	\$47.60	\$29.87	\$47.97
55-59	\$39.41	\$64.34	\$39.79	\$64.72
60-64	\$50.53	\$82.90	\$50.90	\$83.27
65-69	\$62.42	\$100.39	\$62.79	\$100.76
70-74	\$87.29	\$138.29	\$87.66	\$138.67
75-79	\$121.61	\$182.09	\$121.99	\$182.46
80-84	\$153.67	\$223.14	\$154.04	\$223.51
85+	\$189.66	\$293.71	\$190.04	\$294.09

## GROUP HOSPITAL CARE INSURANCE

Cigna's Group Hospital Care insurance pays a fixed benefit for hospital stays resulting from a covered injury or illness (pregnancy included). See below for the benefit payout schedule.

The Hospital plan includes:

- All coverage is Guaranteed Issue - no health history and no pre-existing condition limitation.
- This includes no pre-existing condition limitation for pregnancies or scheduled surgeries.
- Coverage is portable, you can keep the coverage if you leave your employer.
- Wellness Benefit: \$50 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Hospitalization Benefit Type	Benefit Amount	Hospitalization Benefit Type (cont'd)	Benefit Amount	Monthly Rates
<b>Hospital Admission</b> No elimination period. Limited to 1 day, 1 benefit every 90 days. <i>To qualify, you must be:</i> 1) Admitted to the hospital as an in-patient. 2) Charged at least a 24-hr Room & Board charge on your medical bill.	<b>\$1,000</b>	<b>Hospital Intensive Care Unit Stay</b> No elimination period. Limited to 30 days, 1 benefit every 90 days.	<b>\$200</b>	
<b>Hospital Stay</b> No elimination period. Limited to 30 days, 1 benefit every 90 days.	<b>\$100</b>	<b>Hospital Chronic Condition Admission</b> No elimination period. Limited to 1 day, 1 benefit every 90 days.	<b>\$50</b>	<b>Employee + Spouse</b> \$40.87
		<b>Hospital Observation Day</b> 1 hr elimination period. Limited to 72 hours.	<b>\$100 / 24 hr</b>	<b>Employee + Child(ren)</b> \$35.30
		<b>Newborn Admission</b>	<b>\$100</b>	<b>Family</b> \$56.39

Rates and open amounts of coverage are effective January 1, 2025. Note: rate calculations are based upon your attained age as of that date. For those benefits subject to proof of good health, coverage will become effective upon approval. (Employees must be actively at work on the effective date of coverage.)



For additional information call  
Integrity Employee Benefits 1-866-437-7977  
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