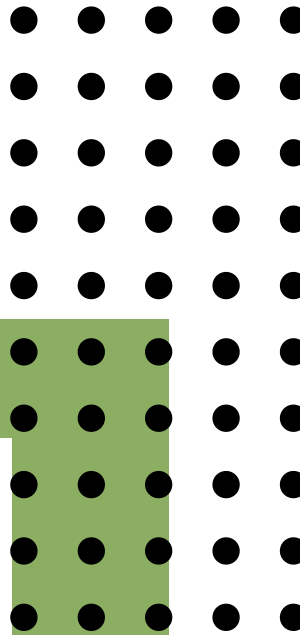




EMPLOYEE BENEFITS SUMMARY

2024





2024 Employee Benefits Summary

Beltrami County offers a wide array of benefits for which the employee first uses County-contributed flex dollars and then if needed, their own. **Flex dollars contributed by the County in 2024 will be \$1,440.00 per month**, with part time benefit eligible employees receiving pro-rated dollars. Employees are offered voluntary benefits which may also be purchased. Benefit selections are effective the 1st of the month following 30 days of benefit eligible employment. Changes may be made during the annual open enrollment; otherwise, the employee is responsible to inform Human Resources of any changes to benefits due to qualifying life events.

Beltrami County provides core \$20,000 term life and accidental death and dismemberment insurance coverage and \$50/week or \$200/month short term disability coverage to each benefit eligible employee at minimal cost to the employee.

Employer Contribution of Flex Dollars

Beltrami County	Monthly
Full Time	\$1,440.00
Part Time (.75/30 Hours)	\$1,080.00
Northwest Juvenile Center	
Full Time	\$1,210.00

Medical Insurance

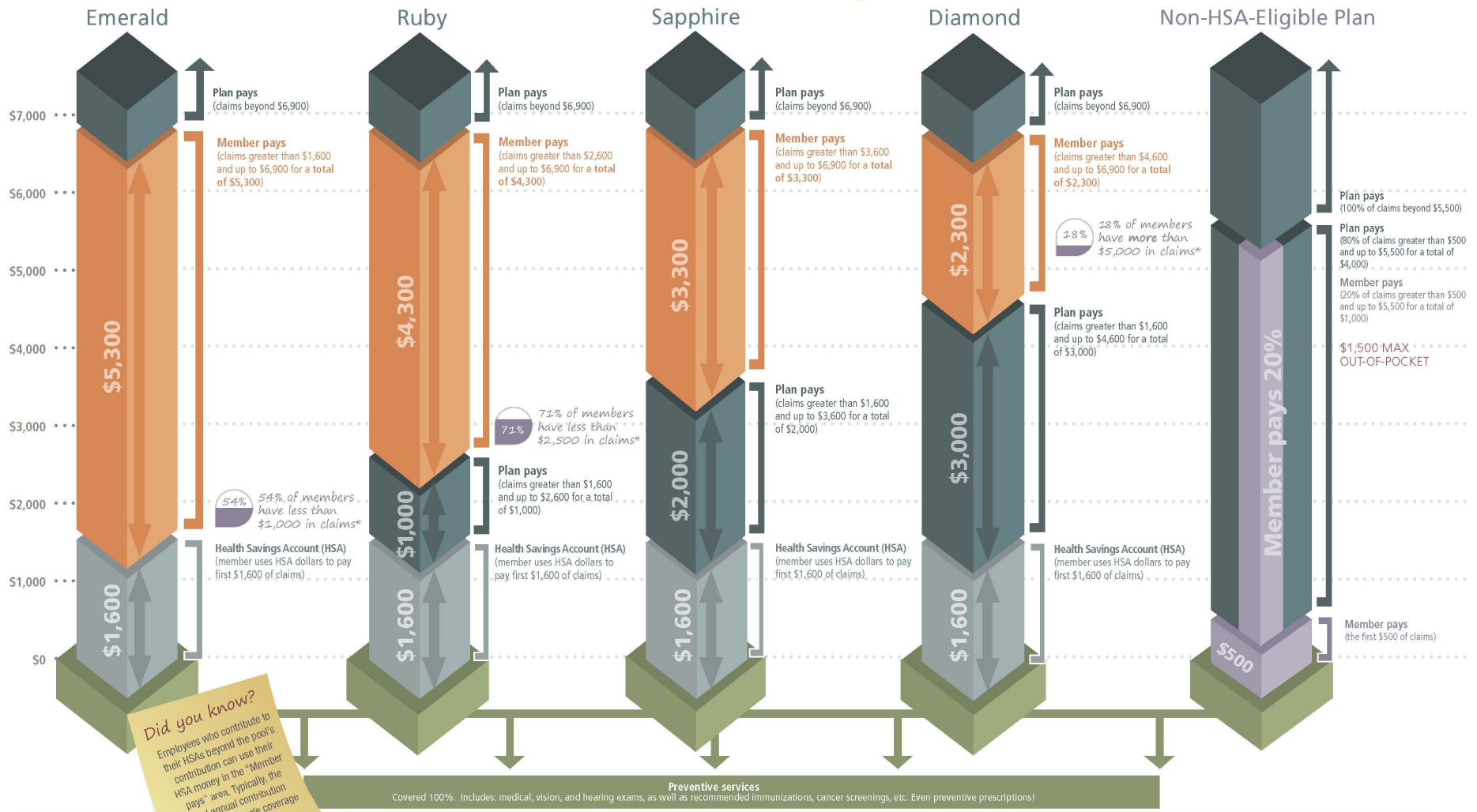
Single Plans:

Plan Name	Base Rate Monthly Premiums	Employer's HSA or VEBA Contribution	Monthly Subtotal	Remaining Flex \$ Balance*
Emerald	\$778.36	\$133.34	\$911.70	\$528.30
Ruby	\$830.70	\$133.34	\$964.04	\$475.96
Sapphire	\$892.84	\$133.34	\$1,026.18	\$413.82
Diamond	\$971.32	\$133.34	\$1,104.66	\$335.34
Pearl (non-HSA)	\$1,185.42	N/A	\$1,185.42	\$254.58

*Calculations are based on \$1,440 flex dollars. If you are not a full time employee, subtract your pro-rated flex dollars from the monthly subtotal to calculate your remaining balance to be used towards additional benefits (dental, life, STD, LTD, etc.)

*If you WAIVE your Beltrami County medical insurance coverage, your flex dollars will be reduced by \$911.70 (the cost of the least expensive single medical plan) and you must also provide proof of other coverage

Prime Health – 2024 Single Plans



\$911.70

\$964.04

\$1,026.18

\$1,104.66

\$1,185.42

**Beltrami County - Single Plans
Effective 1/1/2024**

This chart represents in-network coverage for active employees. Your out-of-pocket costs could be higher for out-of-network services.
*Based on 2022 data.
**Please review additional guidance for rules and limits pertaining to HSAs at www.irs.gov/publications/p969/.

Family Plans:



A: Base Family Rate

Plan Name	Base Rate Monthly Premiums	Employer's HSA or VEBA Contribution	Monthly Subtotal
\$3,200 Deductible HSA Plan	\$691.68	\$266.68	\$958.36
Non-HSA Plan	\$1,346.40	N/A	\$1,346.40

B: Spouse Rates (based on age as of 1/1/2024)

Age-Bands	Rates	Age-Bands	Rates
< 21	\$303.04	44	\$475.66
21-24	\$340.48	45	\$491.66
25	\$341.86	46	\$510.74
26	\$348.66	47	\$532.18
27	\$356.84	48	\$556.70
28	\$370.12	49	\$580.88
29	\$381.00	50	\$608.12
30	\$386.46	51	\$635.00
31	\$394.62	52	\$664.64
32	\$402.80	53	\$694.60
33	\$407.90	54	\$726.94
34	\$413.36	55	\$759.28
35	\$416.08	56	\$794.36
36	\$418.80	57	\$829.76
37	\$421.52	58	\$867.56
38	\$424.24	59	\$886.28
39	\$429.70	60	\$924.08
40	\$435.14	61	\$956.76
41	\$443.32	62	\$978.22
42	\$451.14	63	\$1,005.12
43	\$462.04	64 and Older	\$1,021.46

C: Child Rates

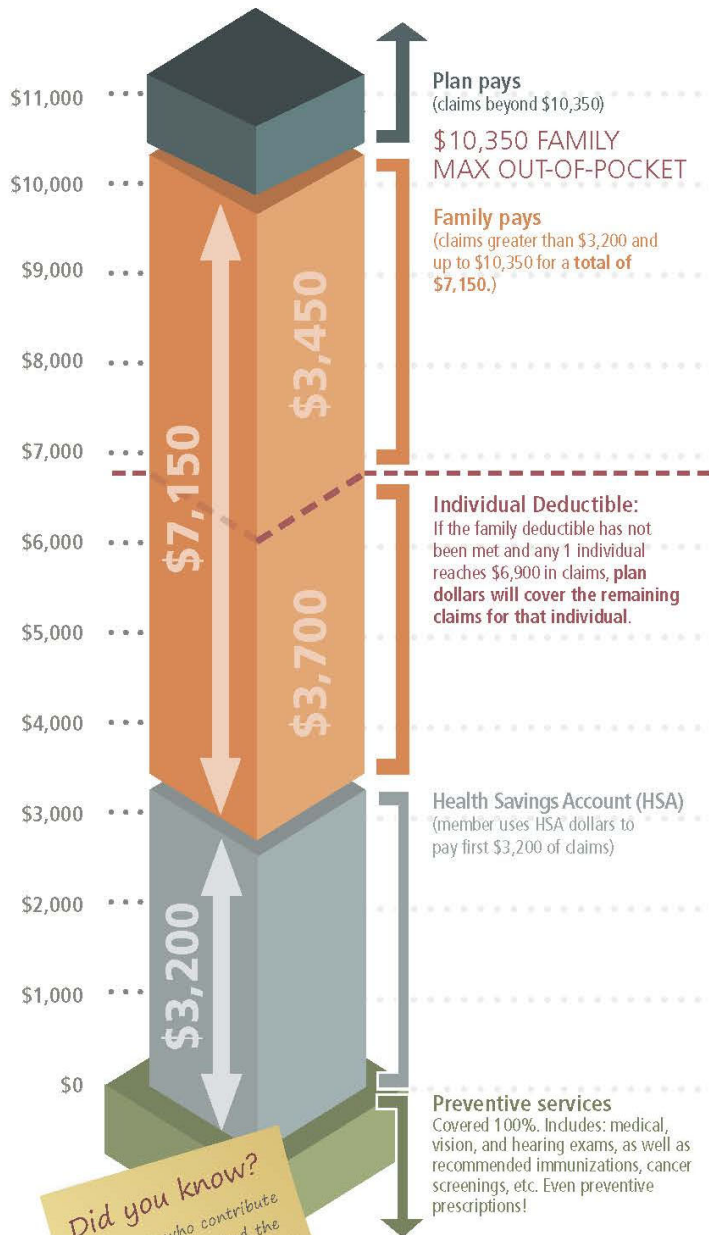
Category	Rate
1 Child	\$303.04
2+ Children	\$606.08

To calculate monthly cost:

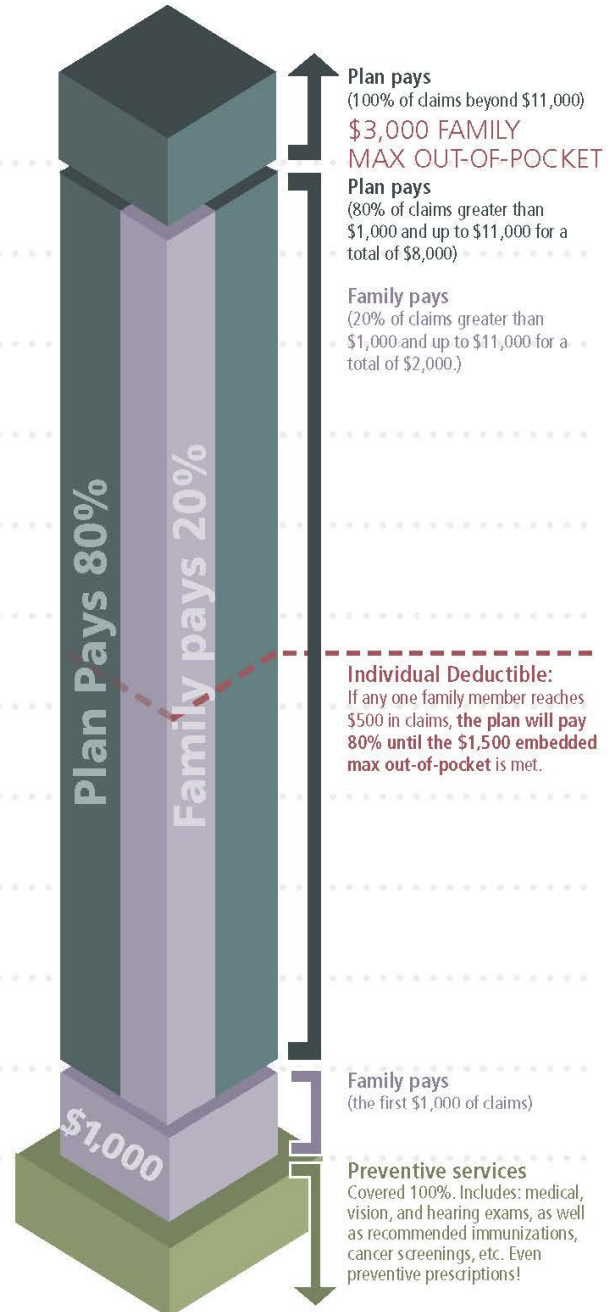
A. Base Family Rate: Monthly Subtotal		
B. Spouse Rate	+	
C. Child(ren) Rate	+	
Monthly Total	=	

Prime Health 2024 Family Plans

HSA Plan



Non-HSA-Eligible Plan



Did you know?
Employees who contribute to their HSA beyond the pool's contribution, can use their HSA money in the "member dollars" area. Typically, the total annual contribution allowed in a family HSA is \$8,300.*

These charts represent in-network coverage for active employees. Your out-of-pocket costs could be higher for out-of-network services.

*Please review additional guidance for rules and limits pertaining to HSAs at www.irs.gov/publications/p969/.

For more information visit:

<https://www.hrconnection.com?u=Beltrami>

Guest Key: Beltrami

HR Connection

Coverage and plan details for Health Insurance and all Voluntary Benefits may be found at HR Connection or see the 'Benefits Contacts' listed at the end of this brochure.

Per Minnesota law, only licensed agents may discuss insurance plans specific to individuals



VOLUNTARY BENEFITS

Dental Insurance

Delta Dental administers our dental insurance. Plan includes 100% preventative coverage (two cleanings and exams per year) with a maximum benefit of \$1,500 per year.

Plan	Monthly Premiums
Employee Only	\$47.42
Family	\$122.58

Vision Insurance

VSP administers our vision insurance. Plan includes a \$150 per year frame or contact lens allowance plus discounts for other services. **Annual vision exams are covered by your medical plan.** Note that with VSP, ID cards are not needed. Members simply identify themselves as a VSP member, provide their name, DOB and the last 4 digits of their SSN and the doctor does the rest.

Plan	Monthly Premiums
Employee Only	\$7.84
Employee + Spouse	\$15.68
Employee + Child(ren)	\$16.78
Family	\$26.82

Core Life Insurance

The Hartford administers our life insurance policies. All employees are enrolled in a core **\$20,000** life insurance benefit for \$2.80/month (\$1.40/pay period). Our life policies include Accidental Death & Dismemberment (AD&D) coverage which doubles the benefit payout in the event of an accidental death.

Voluntary Employee Life Insurance

Employees are also eligible to elect additional life insurance, up to a max of \$500,000. For new employees, \$100,000 coverage is guaranteed without needing to submit a health history form.

Voluntary Spouse Life Insurance

Employees may elect life insurance for their spouse, up to a max of \$250,000. For new employees, \$25,000 coverage is guaranteed without your spouse needing to submit a health history form.

Premiums for voluntary life insurance for both employees and spouses are as follows:

Age	Monthly Cost Per \$1,000
Under 25	\$0.04
25-29	\$0.04
30-34	\$0.04
35-39	\$0.07
40-44	\$0.08
45-49	\$0.11
50-54	\$0.16
55-59	\$0.26
60-64	\$0.39
65-69	\$0.74
70-74	\$1.17

Dependent Life Coverage

Dependent life coverage of **\$10,000** per family member is available for \$1.04/month and covers spouses and dependent children up to age 26. Employees who were enrolled in the \$5,000 dependent life coverage in 2023 will have their coverage automatically increased to \$10,000 for 2024 with no health history forms required.

Accidental Death & Dismemberment (AD&D)

Cigna/New York Life provides our Accidental Death & Dismemberment (AD&D) group coverage. No medical forms are required and employees may elect coverage from \$25,000 to \$500,000.

Plan	Premiums
Employee Only	\$0.03 per \$1,000 of coverage/month
Family Coverage	\$0.05 per \$1,000 of coverage/month

Short Term Disability Insurance

The Hartford administers our self-funded Short Term Disability (STD) group coverage. Benefits begin on the 1st day of an accident or the 8th day of an illness/child birth and are payable for up to six months for an accident/illness or six weeks for the birth of a child. **All employees receive core STD coverage of \$50/week or \$200/month** for a cost of \$1.66/month (\$0.83/pay period). Additional coverage may be purchased for weekly benefits in \$100 increments to a max of \$750/week (\$3,000/month) or 60% of gross earnings.

New employees may elect up to 60% of their gross earnings without submitting a health history form. **During 2024 open enrollment, current employees who wish to increase their voluntary STD benefits by up to \$200/month can do so without completing a health history form.** All increases over \$200/month will be required to fill out a health history form.

Required \$200 Core Benefit		Additional Voluntary Coverage		Total Monthly Coverage	Monthly Premium for Voluntary Coverage
\$200.00	+	\$100.00	=	\$300.00	\$1.36
\$200.00	+	\$200.00	=	\$400.00	\$2.80
\$200.00	+	\$300.00	=	\$500.00	\$4.08
\$200.00	+	\$400.00	=	\$600.00	\$6.20
\$200.00	+	\$500.00	=	\$700.00	\$7.74
\$200.00	+	\$600.00	=	\$800.00	\$9.28
\$200.00	+	\$700.00	=	\$900.00	\$10.84
\$200.00	+	\$800.00	=	\$1,000.00	\$12.38
\$200.00	+	\$900.00	=	\$1,100.00	\$13.92
\$200.00	+	\$1,000.00	=	\$1,200.00	\$15.48
\$200.00	+	\$1,100.00	=	\$1,300.00	\$17.02
\$200.00	+	\$1,200.00	=	\$1,400.00	\$18.56
\$200.00	+	\$1,300.00	=	\$1,500.00	\$20.12
\$200.00	+	\$1,400.00	=	\$1,600.00	\$21.66
\$200.00	+	\$1,500.00	=	\$1,700.00	\$23.20
\$200.00	+	\$1,600.00	=	\$1,800.00	\$24.76
\$200.00	+	\$1,700.00	=	\$1,900.00	\$26.30
\$200.00	+	\$1,800.00	=	\$2,000.00	\$27.86
\$200.00	+	\$1,900.00	=	\$2,100.00	\$29.40
\$200.00	+	\$2,000.00	=	\$2,200.00	\$30.94
\$200.00	+	\$2,100.00	=	\$2,300.00	\$32.48
\$200.00	+	\$2,200.00	=	\$2,400.00	\$34.04
\$200.00	+	\$2,300.00	=	\$2,500.00	\$35.58
\$200.00	+	\$2,400.00	=	\$2,600.00	\$37.14
\$200.00	+	\$2,500.00	=	\$2,700.00	\$38.68
\$200.00	+	\$2,600.00	=	\$2,800.00	\$40.24
\$200.00	+	\$2,700.00	=	\$2,900.00	\$41.78
\$200.00	+	\$2,800.00	=	\$3,000.00	\$43.32

Long Term Disability Insurance

New York Life provides our Long Term Disability (LTD) group coverage. New employees may enroll without a health history form for monthly benefits in \$100 increments between \$500 and \$5,000 per month, to a max of 60% of gross earnings. Employees currently participating in the plan can increase their LTD coverage during open enrollment without completing a health history form. Employees who have not been participating in the plan may apply for LTD during open enrollment by completing a health history form. Benefits begin after 180 days of a disability and are payable for injury, sickness or pregnancy.

Age	Monthly Cost Per \$100 Benefit	Age	Monthly Cost Per \$100 Benefit
Under 25	\$0.162	45-49	\$0.828
25-29	\$0.171	50-54	\$1.188
30-34	\$0.225	55-59	\$1.422
35-39	\$0.297	60-64	\$1.404
40-44	\$0.559	65+	\$1.296

Critical Illness Insurance

Cigna provides our Critical Illness Insurance, which pays a fixed, lump sum benefit (\$15,000 for a covered employee, \$7,500 for a covered spouse, or \$3,750 for a covered child) in the event of a life-threatening medical diagnosis. Monthly rates are as follows:

Age	Employee	Employee + Spouse	Employee + Child(ren)	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

Accident Insurance

Cigna provides our Accident Insurance, which is used to help cover medical bills and offset deductibles. A low plan and high plan are available.

Plan	Low Plan - Monthly Rates	High Plan - Monthly Rates
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

Saving/Spending Accounts

Beltrami County employees may participate in saving/spending accounts for unreimbursed medical, dental, vision and dependent care expenses. There are four types of saving/spending accounts offered, all of which are administered by **WEX**.

Health Savings Accounts (HSA) are tax-free accounts available to those enrolled in a High Deductible Health Plan (HDHP) who are not covered by any other non-qualified health plan, and are used to cover qualified medical, dental and vision expenses. Annual HSA contributions may not exceed **\$4,150** (single) or **\$8,300** (family) for 2024 and any unused contributions will roll over to subsequent years. An HSA is portable and a participant's rights to the account are non-forfeitable.

Voluntary Employee Beneficiary Association Accounts (VEBA) are a unique, tax-free health care savings plan funded entirely by your employer. They can pay for qualified medical, dental and vision expenses now or in the future, and can be used to pay health insurance premiums when you retire. A VEBA may be paired with an HSA and limited to dental and vision expenses, so that VEBA funds can be saved for future medical expenses.

Medical Flexible Spending Accounts (FSA) are available to all benefits-eligible employees to use for unreimbursed medical, dental and vision expenses, even if they aren't enrolled in a health plan. The annual contribution limit for 2024 is **\$2,400** and these funds **must be used** within the same calendar year or they will be forfeited. The amount that you select for your FSA is withheld pretax from your paycheck in equal portions throughout the year. Your total FSA contribution is available from day one, even if it has not all been deposited into your account.

Dependent Care Flexible Spending Accounts (FSA) allow you to set aside a portion of your salary pre-tax to pay for certain dependent care costs such as daycare, preschool, after-school programs, and eldercare. Any **unused money** will be forfeited at the end of the plan year, so it is important to estimate your dependent care costs wisely. The annual maximum contribution for 2024 is **\$5,000**.

Retirement Planning

Public Employees Retirement Association of Minnesota (PERA): PERA is intended to provide public employees with retirement benefits. Counties and employees are required by law to participate in PERA. At retirement a monthly annuity is paid, the amount of which is dependent upon age, length of service and total contributions. An employee who terminates their employment prior to being fully vested (after 3 years of employment) may be refunded their contributions plus interest, or if fully vested, they may elect to leave their contributions with PERA and qualify for pension at retirement age. 2024 PERA contributions are as follows:

Plan	Employee	Employer
Coordinated	6.5%	7.5%
Police/Fire	11.8%	17.70%
Correctional	5.83%	8.75%
Defined Contribution (optional)	5%	5%

Additional 457 Retirement Plans through Minnesota State Retirement System (MSRS) and Nationwide are available and can be enrolled in at any time. Your Human Resources contact can provide you with more information about these plans.

Company Name	Contact Person	Phone Number
Nationwide National Association of Counties (NACo)	Steve Mahn mahns1@nationwide.com	720-749-9101
Minnesota State Retirement System (MSRS)	Cody Anderson cody.anderson@msrs.us	651-296-2761 ext. 5865

2024 Deferred Compensation Contribution Limits	
Under 50	\$23,000
Over 50	\$30,500
Traditional Catch-Up	\$45,000

Employees are also eligible to contribute to a **Health Care Savings Plan (HCSP)** through **Minnesota State Retirement System (MSRS)**. Refer to your union contract or the Personnel Rules (if you are non-union) for details on your participation. Visit <https://www.msrs.state.mn.us> for more details.

Paid Time Off (PTO)

All Union and Non-Union employees (with the exception of those in the 49ers Union) will accrue PTO at the following rates:

Years of Service	Hours / Pay Period	Days / Year
0-5 Years	6.47 hours	21 days
After 5 Years	7.39 hours	24 days
After 10 Years	8.31 hours	27 days
After 15 Years	9.24 hours	30 days
After 20 Years	10.16 hours	33 days

Paid Holidays

Beltrami County observes the following paid holidays, which vary slightly depending on your Union contract:

Holiday	Observed
New Year's Day	January 1
Martin Luther King Day	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	First Monday in September
Indigenous People's Day	Second Monday in October (LELS Sergeants, Teamsters Licensed Deputies, Teamster Non-Licensed only)
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	Non-union, AFSCME Human Services, AFSCME Courthouse, 49ers Highway, Teamster Assistant County Attorneys only
Christmas Day	December 25
Floating Holiday	Must be used within the calendar year or lost

PAY DATES: County employees are paid on a bi-weekly schedule with pay days every other Thursday. Employees will receive their first check within 30 days of their date of hire. Direct deposit of paychecks is required.



Benefits Contacts

Contact Beltrami County's Human Resources department with any questions about your benefits options or to report a qualifying life event.

If your last name begins with **A-K**: contact **Mara Gross** at 218-333-4156 or mara.gross@co.beltrami.mn.us

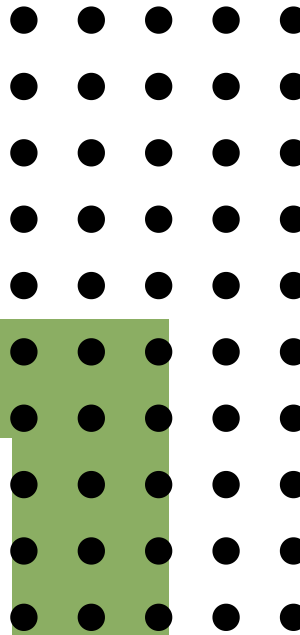
If your last name begins with **L-Z**: contact **Sherry Wettschreck** at 218-333-8363 or sherry.wettschreck@co.beltrami.mn.us

Benefit Type	Company Name	Contact Person	Phone Number
Accident Critical Illness Dental Life Insurance Short and Long Term Disability Vision	Integrity Employee Benefits, LLC https://www.hrconnection.com?u=Beltrami Guest Key: Beltrami	Dan Ochs	1-866-437-7977
Health Insurance	UnitedHealthcare www.UMR.com Prime Health www.primehealth.org	Customer Service Leah Klitzke leah.klitzke@primehealth.org	1-800-826-9781 320-335-5236
Dental Insurance	Delta Dental www.deltadentalmn.org	Account Manager Chloe Setter csetter@deltadentalmn.org	877-268-3384 ext 3317
Health Savings Accounts VEBA Flex Spending Accounts	WEX Health, Inc. https://www.wexinc.com/login/benefits-login/	Benefits Participant Services customerservice@wexhealth.com	1-866-451-3399
PERA	www.mnpera.org	Customer Service	1-800-652-9026



49ERS EMPLOYEE BENEFITS SUMMARY

2024



HOW THE PLAN WORKS

Beltrami County recognizes that each employee has unique personal and family health care, insurance and financial needs. That’s why we’ve made choice and flexibility the cornerstones of our Flexible Benefits Plan. The Plan lets you design a benefits package that fits your specific needs and goals.

This booklet will assist you as you go about “Designing Your Benefits.” Please read the material carefully to learn how the Flexible Benefits Plan works, what options are available in the Plan, and how to enroll for your benefits. The diagram below illustrates how the employer and employee contributions are used to purchase benefits from a menu.

Employer Contributions

Beltrami County makes monthly employer contributions to the Plan. You use the employer contributions to purchase Core Benefits and the Optional Benefits of your choice.

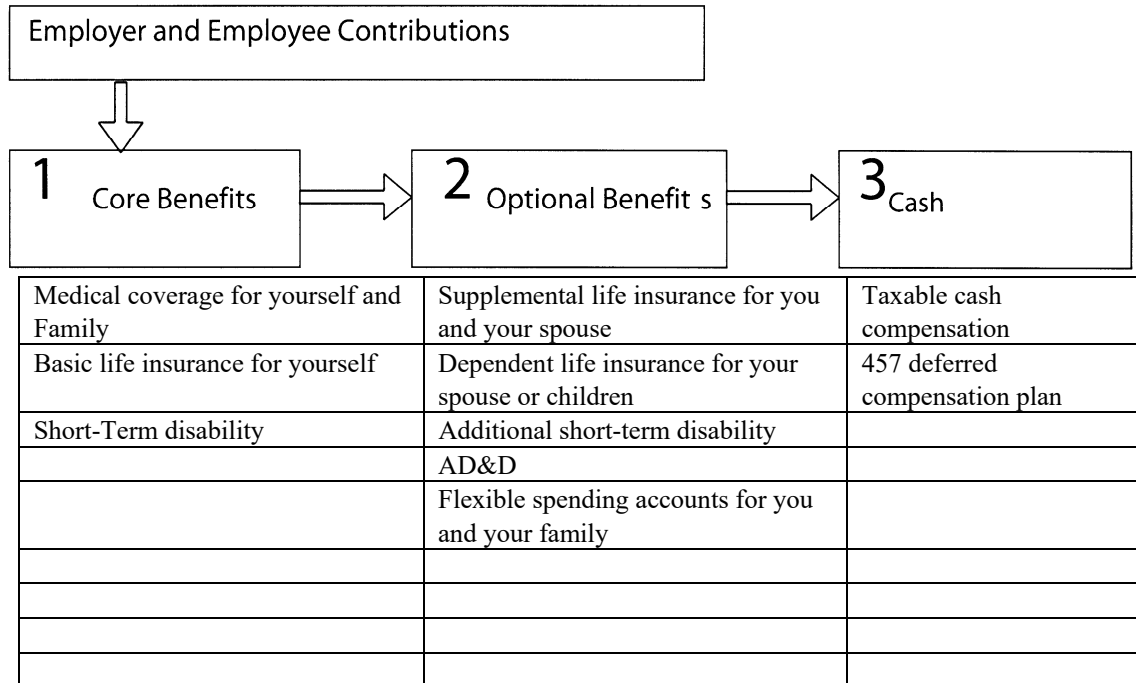
Your Benefit Options

Some benefits are considered “Core,” which means they are required for all plan participants. A variety of additional benefits are “Optional” and are available for purchase with the money that is not spent on Core Benefits. If there is money left after you purchase the Core and Optional Benefits of your choice, you may receive the remaining money as taxable cash compensation or contribute the cash to your 457 Deferred Compensation Plan.

1. Core Benefits
2. Optional Benefits
3. Cash, or a contribution to your 457 Deferred Compensation Plan

Employee Contributions

If you use up all your Employer Contributions and still have additional coverage needs, you may contribute your own money to the Plan.



CORE BENEFITS

Core Benefits are required benefits designed to assure that you and your loved ones are protected financially in case of serious illness, injury or unexpected death. Under the Plan, you must, at a minimum, purchase medical coverage, short-term disability, and basic life insurance. The premiums for Core Benefits are paid in full through employer contributions.

Below are brief descriptions of the Core Benefits available in your Plan. For more detailed information, see the Benefits Schedules section of this booklet.

Basic Life

As part of your Core Benefits, you are required to purchase \$20,000 worth of personal group term life insurance, including accidental death and dismemberment insurance.

Many people feel that this Core life insurance benefit is enough protection for their needs. Others may consider the Core plan to be simply one component of a more substantial life insurance portfolio for themselves and their families. These people will want to supplement their Core coverage with additional insurance protection purchased via the Optional Benefits portion of the Plan.

To learn more about your Supplemental Life insurance options, please see the Optional Benefits section of this booklet. The Life Insurance Schedule of Benefits begins on page 9.

Short-Term Disability

Just as you insure your life, home and possessions, disability income insurance helps you protect your income earning ability. Our Beltrami County Income Replacement Program is designed to replace a portion of your income if a disability prevents you from working for an extended period of time.

Under the **Short-Term Disability Income Plan (STD)**, you will receive up to \$50 per week (\$200 per month) beginning on the first day of an accident-related disability and the eighth day of a sickness-related disability. Benefits continue for as long as you remain unable to work -- up to a maximum of 26 weeks (approximately 6 months) during any one continuous period of disability. To qualify, the accident or sickness must prevent you from performing any and every duty pertaining to your employment.

To learn more about your Short-Term Disability, please see the Benefit Schedule on page 7.

OPTIONAL BENEFITS

Flexible Spending Accounts

Two Flexible Spending Accounts offer participating employees a convenient way to use pre-tax dollars to pay for non-covered health care and dependent care expenses:

Health Care Expense Reimbursement Account--Under our Medical plan, you pay deductible and co-insurance costs out of your own pocket. You also pay the full cost of other items that are not covered by the plan. By participating in this expense reimbursement account, you can pay up to \$2,400 of these expenses with pre-tax dollars.

Beginning January 1, 2011, legislative changes took effect that impact the reimbursement of over-the-counter (OTC) drugs and medications from any personal spending account that allows for 213(d) expenses. Only OTC drugs and medications that are prescribed* may be reimbursed under these new rules. A copy of the prescription* must be submitted with the claim for reimbursement from an FSA that allows 213(d) or VEBA account.

This Change impacts only OTC drugs and medicines. Other OTC medical products, such as supplies, remain reimbursable without the additional documentation requirement. OTC drugs and medications purchased without a prescription* will not be eligible for reimbursement if purchased after December 31, 2010.

**The required documentation for a prescribed over-the-counter drug or medicine is a prescription or a copy of the prescription or other documentation that a prescription has been issued.*

Examples of REIMBURSABLE Expenses

Deductibles and co-insurance from your medical plan	Chiropractic Services
Chemical Dependency Services	Hearing Aids
Prescription Drugs	Orthodontia
Prescription Eye Glasses & Contact Lenses	Medical Equipment
Ambulance Service	Nursing Care
Psychiatric Care	First Aid Kits
Mileage to and from doctor appointment at \$.19 per mile. (subject to change)	

Examples of NON-REIMBURSABLE Expenses

Spouse or Personal Insurance Premiums	Marriage Counseling
Ineligible Over-the-Counter drugs or Vitamins	Funeral Expenses
Maternity Clothes	Non-Prescription Sunglasses
Parenting Classes	Any Illegal Treatment
Cosmetic Surgery, Electrolysis, Teeth Bleaching & Hair transplants that are not medically necessary	
Cost of Illegal Drugs, even if Physician Directed	

Dependent Care Expense Reimbursement Account--If you must pay for the care of a dependent child or adult in order to be gainfully employed, you know how costly such care can be. Eligible employees who enroll in the expense reimbursement account can also cover up to \$5,000 of such expenses per plan year.

The above two accounts do not change the amount or shape of your current health care benefits. They probably won't change the way you handle your dependent day care needs. They are strictly a means of budgeting and paying for these expenses in a more economical manner. For more information, please refer to the Summary Plan Description for your Reimbursement Accounts.

OPTIONAL BENEFITS – *continued*

Short-Term Disability (STD)

Through this optional “Buy-Up” plan, you have the opportunity to add to your Core STD coverage. You may purchase optional STD in weekly increments. The maximum benefit that may be purchased is \$750 per week (\$3,000 per month), or 60% of your gross income, whichever is less. As with the Core Benefits, your Optional Benefits will continue while you remain disabled, for up to 26 weeks. For example, let’s say that you are eligible for the full \$750 per week benefit. If you decide to “Buy-Up” a \$750 benefit, you would have a total Short-Term Disability Income of \$750 per week upon becoming disabled. (\$50 Core Benefit plus \$700 Optional Benefit.)

For more information, please see the STD Schedule of Benefits on page 7.

Accidental Death & Dismemberment

Employees may purchase additional Accidental Death and Dismemberment through the County. Employees can elect coverage on themselves and family members without having to answer any medical questions.

Amounts are available in units of \$25,000 up to \$500,000 for Employees. Coverage for your dependents is also available. If you elect family coverage, your dependents will be covered for a percentage of what you elect on yourself. The Family coverage schedule is as follows:

- 60% for spouse if no children
- 50% for spouse if children
- 10% for children if spouse
- 15% for children if no spouse

For more information, please see the AD&D Schedule of Benefits on page 8.

Supplemental Life

If your needs indicate, you may purchase Supplemental Life and Dependent Life insurance for yourself, your spouse, or your dependents. Please note that this benefit is available for purchase only with after-tax dollars. For more information, please see the Supplemental Life Insurance Schedule of Benefits on page 9.

Dependent Life

If your needs indicate you may purchase Dependent Life Insurance for your spouse and/or dependents. For more information please see the Dependent Life Schedule of Benefits on page 10.

CASH BENEFITS

After you have purchased the Core Benefits and selected your Optional Benefits, you may still have part of your monthly employer contribution left over. You can decide if you want any unspent monthly employer contributions to be paid to you as taxable cash compensation or deposited in your 457 deferred compensation plan.

Taxable Cash Compensation

If you have any remaining monthly employer contribution after making all of your selections, you may load the cash into your paycheck as additional **taxable** compensation.

457 Deferred Compensation Plan

You may choose to put any remaining monthly employer contribution into your 457 Deferred Compensation Plan. The Deferred Compensation Plan is not a formal part of the Flexible Benefit Plan. You must complete the appropriate forms to enroll in the 457 Plan.

We offer two choices for deferred compensation:

1. NACO (National Association of Counties)
2. MNDCP (Minnesota Deferred Compensation Plan)

2024 Section 457 Plan Contribution Limits:

<u>Under 50</u>	<u>Age 50 &</u>
\$23,000	<u>Over</u>
	\$30,000

Vacation & Sick Time

Years of Service	Hours / Pay Period	Days / Year
0-5 Years	3.70 hours	12 days
After 5 Years	4.62 hours	15 days
After 10 Years	5.54 hours	18 days
After 15 Years	6.47 hours	21 days
After 20 Years	7.39 hours	24 days

Sick Time: 3.70 hours accrued per pay period (12 days/year)

BENEFIT SCHEDULES

SHORT-TERM DISABILITY (STD) BENEFIT SUMMARY

What is Short-Term Disability?

2024 Rates

SHORT TERM DISABILITY

TOTAL WEEKLY BENEFIT	TOTAL MONTHLY BENEFIT	Rate Per Month
Core \$50	Core \$200	\$1.66
Additional Coverage		
\$70.00	\$280	\$1.24
\$90.00	\$360	\$2.48
\$110.00	\$440	\$3.72
\$130.00	\$520	\$4.96
\$150.00	\$600	\$6.20
\$175.00	\$700	\$7.74
\$200.00	\$800	\$9.28
\$225.00	\$900	\$10.84
\$250.00	\$1,000	\$12.38
\$275.00	\$1,100	\$13.92
\$300.00	\$1,200	\$15.48
\$325.00	\$1,300	\$17.02
\$350.00	\$1,400	\$18.56
\$375.00	\$1,500	\$20.12
\$400.00	\$1,600	\$21.66
\$425.00	\$1,700	\$23.20
\$450.00	\$1,800	\$24.76
\$475.00	\$1,900	\$26.30
\$500.00	\$2,000	\$27.86
\$525.00	\$2,100	\$29.40
\$550.00	\$2,200	\$30.94
\$575.00	\$2,300	\$32.48
\$600.00	\$2,400	\$34.04
\$625.00	\$2,500	\$35.58
\$650.00	\$2,600	\$37.14
\$675.00	\$2,700	\$38.68
\$700.00	\$2,800	\$40.24
\$725.00	\$2,900	\$41.78
\$750.00	\$3,000	\$43.32

Short-Term Disability is just what its name implies - that is, an insurance program that pays you a monthly income while you recover from an injury or illness. Under the Beltrami County Flexible Benefit Plan, each eligible employee is insured through the core with a \$50/weekly (\$200/monthly) Basic Benefit. You may apply for a benefit of up to \$750/weekly (\$3,000/monthly) provided it does not exceed 60% of your regular monthly salary. This additional benefit is available as part of your Optional Benefits.

Since disability benefits paid for with pre-tax dollars are taxable upon receipt, employees pay for disability premiums with after-tax dollars.

How Does the Plan Work?

You begin to receive the benefits on the first day of an accident, or the eight day of an illness depending on your physician's verification of disability.

Does This Replace Workers Compensation Coverage?

Absolutely not! ~ This is insurance coverage for an injury or illness you may sustain while not on the job. No benefits are paid if you are eligible for Worker's Compensation.

How Long Can Benefits Continue?

You could be paid up to a maximum of six months for short-term disability depending on your physician's verification of disability

Are There Any Restrictions Of Coverage?

Only that the plan doesn't cover injury or illness resulting from riot, war, or while serving in the armed forces of any country, or if benefits are payable under any Workers' Compensation, Employer's Liability Occupational Disease Law or similar law act.

ACCIDENTAL DEATH AND DISMEMBERMENT

Employees may purchase additional Accidental Death and Dismemberment through the County. Employees can elect coverage on themselves and family members **without** having to answer any medical questions.

Amounts are available in units of \$25,000 up to \$500,000 for Employees. Coverage for your dependents is also available. If you elect family coverage, your dependents will be covered for a percentage of what you elect on yourself. The Family coverage schedule is as follows:

- 60% for spouse if no children
- 50% for spouse if children
- 10% for children if spouse (max of \$25,000)
- 15% for children if no spouse (max of \$25,000)

Rates for AD&D

COST:

Employee Only - \$0.03 per \$1,000 of coverage
(ex. \$100,000 Employee only coverage costs \$3/month
\$500,000 Employee only coverage cost \$15/month)

Family Coverage - \$0.05 per \$1,000 of coverage
(ex. \$100,000 Employee only coverage costs \$5/month
\$500,000 Employee only coverage cost \$25/month)

Additional benefits included with AD&D:

- Identity Theft Services
- Travel Assistance Program - Trips more than 100 miles from home. Unlimited Medical evacuation and repatriation
- Child Day Care - Reimburse child care expenses- additional 3% of principal sum to max of \$3,000 for 4 years or until age 13
- Felonious Assault/Violent Crime - while on business for/or on the premises of their employer, Additional 10% to max of \$10,000
- Home Alteration & Vehicle Modification - Additional 10% of principal sum to \$25,000
- Increased Child Dismemberment - Double the child benefit for dismemberment Maximum of \$50,000
- Rehabilitation - Reimburses rehabilitation expenses, incurred within 2 years of a loss. Additional 5% to max of \$10,000
- Seatbelt /Airbag - Seatbelt: Additional 10% to max of \$10,000 Airbag: Additional 5% to max of \$5,000
- Special Education Benefit (Child) - Additional 3% up to \$3,000 per year for up to 4 years if child attends college
- Spouse Training - Reimburse Spouse who receives education/training for employment within three years of the covered employee's death as a result of a loss Additional 3% of principal sum to \$3,000

SUPPLEMENTAL LIFE

The Hartford Life Plan gives employees and their families a simple, affordable way to keep their life insurance coverage in line with their changing needs.

If you become totally and permanently disabled before age 60, this life insurance program will remain in force and your premiums will be waived until your normal retirement date as previously established by your retirement plan, or to age 65.

If you leave employment or retire, you can continue this insurance by changing to one of the individual policies provided by the plan underwriters. No health questions will be asked when you convert your insurance as long as you apply within 31 days after leaving your job.

Increase Your Coverage

You can apply for additional life insurance in \$5,000 units -- up to a maximum of \$500,000.

New employees who enroll within 30 days of employment may select \$100,000 in life insurance coverage for themselves and \$25,000 for their spouse without answering any health questions.

Include Your Spouse

As you know, the contribution your spouse makes to your household is very important. That's why the Hartford Life Plan offers a simple, affordable way for your spouse to obtain life insurance coverage, too. Your spouse may apply for up to \$250,000.

Accidental Death

The insurance benefit doubles in the event of accidental death. If, for example, a plan participant had \$50,000 of insurance and died in an accident, \$100,000 would be paid to the person named as beneficiary.

Dismemberment

The plan also provides coverage for loss of limb or eyesight. Review your policy or certificate for a detailed explanation of the coverages and limitations of this provision.

Rates for each \$1,000 of Insurance

Age	Monthly Cost
Under 30	\$.04
30-34	.04
35-39	.07
40-44	.08
45-49	.11
50-54	.16
55-59	.26
60-64	.39
65-69	.74
70-74	1.17

Multiply the monthly cost by the amount of insurance selected by you or your spouse. For example, if you're 38 years old and elect to apply for \$10,000 of insurance, your monthly cost would be \$.70 (.07 x 10). This would be the cost to insure one person.

DEPENDENT LIFE

You may choose to cover your spouse and dependent children @ \$1.04 per month regardless of the number of dependents.

Amounts of Insurance

\$10,000 per spouse/child
Cost \$1.04/month per family
Covers spouse and/or children to age 26

New employees can apply for dependent life insurance without answering health questions.

NOTES

This information is meant as a general outline only. The master contract for each separate benefit will govern all terms and conditions of the plans.