

Employees Classified as Full Time regular consistently scheduled **35**+ hours/week are eligible the 1st of the month after 30 days of employment

Medical - HealthPartners

In Network Coverage	\$2,800-80% Achieve Network * High Deductible Health Plan (HDHP) (Health Savings Account Eligible)		\$3,500-80% Open Access Network * High Deductible Health Plan (HDHP) (Health Savings Account Eligible)	
Annual Deductible		00/single	\$3,500/single	
(Person/Family)		00/family	\$7,000/family	
Preventive Care	1	100%	100%	
Annual Out of Pocket Max (Person/Family)	\$4,200/single \$8,400/family		\$5,500/single \$11,000/family	
Office Visits	80% after deductible		80% after deductible	
Hospitalizations	80% after deductible		80% after deductible	
Prescription Drugs (31-day retail supply)	80% after deductible; no charge for certain preventive drugs		80% after deductible; no charge for certain preventive drugs	
Employer HSA Contribution (annual)	\$500 Employee only / \$1,000 all other coverage levels		\$500 Employee only / \$1,000 all other coverage levels	
EMPLOYEE BI-WEEKLY PRE-TAX PREMIUMS				
Plan – <i>Engaged</i> **	Employee	Employee + Child(ren)	Employee + Spouse	Family
\$2,800 -80% Achieve Network HDHP Plan	\$31.92	\$91.95	\$117.75	\$170.58
\$3,500 - 80% Open Access Network HDHP Plan	\$68.71	\$169.23	\$198.71	\$290.33
Plan – <i>Non-Engaged</i>	Employee	Employee + Child(ren)	Employee + Spouse	Family
\$2,800 -80% Achieve Network HDHP Plan	\$54.99	\$115.02	\$140.83	\$193.66
\$3,500 - 80% Open Access Network HDHP Plan	\$91.79	\$192.30	\$221.79	\$313.41

- * Review Network providers at www.healthpartners.com/openaccess
 ** New employees are eligible for Engaged rates in their first year of enrollment and until Wellness criteria is defined

Dental Plan - The Standard

In-Network Coverage	Low Plan		High Plan	
Annual Deductible Annual Plan Maximum	\$50/covered person \$1,000 (Waived for type 1-preventative Services)		\$50 per covered person \$1,500 (Waived for type 1-preventative Services)	
Type 1: Exams, Cleanings, X-rays	100% Coverage – Deductible waived		100% Coverage – Deductible waived	
Type 2: Amalgam Fillings, Restorative, Composites, Endodontics, Simple Extractions	80% after deductible		80% after deductible	
Type 3: Periodontal Surgery, Crowns, Dentures, Bridges, Implants	50% after deductible		50% after deductible	
Lifetime Orthodontia (Available for children up to age 19)	No coverage		\$1,500	
Employee Bi-Weekly Pre-Tax Premiums	Employee	Employ	ee + 1	Family
Low Plan	\$11.79 \$24		.69	\$40.51
High Plan	\$15.05 \$31		.53	\$51.74

Vision Plan - EyeMed

In-Network Coverage		Copayment/Coverage		
Examination (one per 12 months)		Covered in full after \$10 copay		
Lenses/Frames (one per 12 month	ns)	Lenses: \$15 copay Frames: \$150 allowance; 20% off balance		⁻ balance
Contact Lenses (one per 12 months of glasses)	s in lieu	\$150 allowance; 15% off balance		ance
Employee	Em	mployee + Child(ren) Employee + Spouse Family		Family

Employee	Employee + Child(ren)	Employee + Spouse	Family
\$3.06	\$6.13	\$5.83	\$9.02



Employee Benefits Summary – Full Time Regular

Flexible Spending Accounts (FSA) - Discovery Benefits

I textible openating	Accounts (1 5/4) Discovery Benefits	
Full Scope	For all medical, dental, and visions expenses not covered by insurance. This	\$2,750 maximum deferral per
Health Care	plan is for those not actively contributing to a Health Savings Acct (HSA)	year
Limited Scope	For only dental and vision expenses not covered by insurance	\$2,750 maximum deferral per
Health Care	For only defical and vision expenses not covered by insurance	year
Dependent	For adult or child daycare	\$5,000 maximum deferral per
Care	For addit of child daycare	year
Transportation	For certain transportation expenses, such as Transit Passes or Qualified Parking	\$270 maximum deferral per
Account	For certain transportation expenses, such as Transit Passes of Qualified Parking	month, based on expenses

Life Insurance, Short- and Long-Term Disability coverage - The Standard

Basic Life Insurance & AD&D	1x's salary up to \$50,000	
Voluntary Life Insurance & AD&D and Dependent Voluntary Life coverages *	Employees can elect additional life insurance on a voluntary basis (increments of \$10,000 up to the lesser of 5x your annual salary or \$500,000). Guaranteed Issue at initial new hire eligibility is \$150,000 *Employee can also purchase insurance for Spouse and dependent children	
Short-Term Disability Benefits (STD)	60% of salary, \$2,500 per week maximum, up to 13 weeks	
Long-Term Disability Benefits (LTD)	60% of salary, \$10,000 per month maximum, benefit period varies	

^{*} Must have voluntary coverage on self to elect dependent coverage. Employees who elect voluntary coverage after their initial eligibility as a Full-Time employee or an amount above the Guarantee Issue amount must complete the Evidence of Insurability process which includes medical questionnaire and approval by The Standard. Contact Benefits@gesmn.org for more information or call the Standard at 866-756-8116

Additional Benefits

401(k) Retirement Plan – Empower All employees age 21 or older who work 500 hours within the first 6 calendar months of initial hire are eligible to contribute to the 401(k) plan. If the employee does not reach 500 hrs at 6 mths, eligibility is 1 year and 1,000 hours. If still not eligible, 1,000 hrs from 10/1 to 9/30 (plan year eligibility). Eligible employees will be auto enrolled to contribute 3% of income after eligibility for the plan (you can elect to waive within 30 days of enrollment). Employees are also enrolled to auto increase contributions by 1% of compensation, up to a maximum of 10%, at the start of each plan year (again, can elect to waive within 30 days). GESMN will provide a company match, deposited annually, to be fully vested after 2 years of service. The match is 100% on the first 1% of employee contribution and 50% on the next 5% for a maximum contribution of 3.5%. Please see Summary Plan Description for more information.

CIGNA Critical Illness, Accident and Hospital Indemnity

These voluntary, employee paid plans, provide additional financial protection and coverage for employees and their families in the cases of Critical Illnesses, Accidents, or Hospital stays.

Hvatt Legal Plan

This plan offers free and reduced-cost legal help and consultation for \$9.14 per check. Coverage is for you, your spouse and your dependents. Employees receive unlimited access to attorneys (phone or in person) for various legal needs.

Employee Assistance Program (EAP) – Lifeworks

This program (available 24/7) is free to all employees. This coverage includes 3 in-person counseling sessions, a 30-minute legal consultation, support for financial planning, debt consolidation, childcare and eldercare support, and other community resources.

Nationwide Pet Insurance Nationwide provides protection for pets from preventive care visits to significant medical incidents. Call Nationwide at 877-738-7874 to get a quote of coverage and to enroll.

Employee Discounts

Please visit the Employee Perks website of the Insider to view GESMN discounts and employee perks.

This is intended as a brief summary of benefits. It does not contain all the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.