## Rural Minnesota CEP, Inc.

## 2023 Summary of Benefits

The summary below is a description of benefits for eligible employees, which begin with the first of the month following 30 days of employment, unless otherwise noted. Premium amounts identified are monthly.

Benefit	Description	
Medical Insurance	\$4,500 Deductible	
Medica – Passport (Open Network)	Single Premium	\$ 754.10
	Employer Rate	\$ 691.26
	Employee Rate	\$ 62.84
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	Single + Dep. Premium \$1,654.84	
	Employer Rate	
	Employee Rate	\$ 306.44
	Family Premium	\$2,110.69
	Employer Rate	\$1,680.75
	Employee Rate	\$ 429.94
	In-Network Deductible/	Maximum:
	• Single, \$4,500	Widalina III.
	• Family, \$9,000	
	1 anniy, 33,000	
	\$3,375 Deductible	
	Single Premium	\$ 814.30
	Employer Rate	\$ 691.26
	Employee Rate	\$ 123.04
	Single + Dep. Premiu	um \$1,786.94
	Employer Rate	\$1,348.40
	Employee Rate	\$ 438.54
	Family Premium	\$2,279.17
	Employer Rate	\$1,680.75
	Employee Rate	\$ 598.42
	In-Network Deductible/	Maximum
	• Single, \$3,375	
	• Family, \$6,750	
	• Faililly, \$6,750	
	Premiums listed are monthly, deducted bi-weekly on pre-tax basis.	
Health Savings Account (HSA)		of \$1,000 per year. Payments of \$250 will be made
(Requires election of Health	to employee accounts on January 1 <sup>st</sup> , April 1 <sup>st</sup> , July 1 <sup>st</sup> , and October 1 <sup>st</sup> .	
Insurance)	\$3,850 single and \$7,750 family limit on HSA contributions	
	\$1,000 Maximum Catchup Contribution for those 55+	

Benefit	Description	
Dental Insurance	Single Premium \$ 56.13	
Delta Dental of Minnesota	Employer Rate \$ 56.13	
	Employee Rate \$ 0	
	Family Premium \$140.41	
	Employer Rate \$ 70.21	
	Employee Rate \$ 70.20	
	Note: Family includes spouse and children to age 19 or 25, if they are a	
	full-time student	
	Deductible: None	
	Diagnostic and Preventive Services: 100% covered	
Cuarra Life /ADSD Incomes	Calendar year plan maximum: \$2,000	
Group Life/AD&D Insurance	Employer paid life insurance of \$50,000 for all employees working 20+ hours per week	
Doctor's Certified Leave/Short Term	Employer paid benefit of 100% of monthly salary after a 30-day waiting	
Disability	period for the employee's health reasons as identified by a doctor.	
Long Term Disability	Employer paid benefit of 60% of monthly salary up to \$4,500/month	
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403(b) Retirement Plan	Employee may contribute 1% - 100% of gross pre-tax up to annual IRS	
Mass Mutual/Empower	limit, beginning the first day of employment.	
	100% vested in employer matching contributions after 2 years of service.	
403(b) Match	Employer contribution effective after the first of the month, following the	
	hire date.  Plan requires an employee minimum contribution of 3%; 4% to receive the full company match.	
	Employer maximum match based on years of service:	
	0-3 years 4%	
	4-8 years 4.5%	
	9-19 years 5%	
	20 + years 5.5%	
Voluntary Life Insurance	Optional employee paid life insurance for employee, spouse, dependents.	
Voluntary Accident/Critical Illness	Optional employee paid Accidental and Critical Illness insurance.	
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Healthcare Flexible Spending Account	t Pre-tax payroll deduction for healthcare, dental, and vision expenses	
	effective upon date of hire.	
Dependent Care Flexible Spending	Pre-tax payroll deduction for dependent care expenses effective upon date	
Account	of hire.	

Benefit	Description	
Paid Time Off	Employees accrue PTO on the first day of employment, prorated based on 40-hour work week.	
	Accrual rates by years of service (26 pay periods per year)	
	0-3 years 6.00 hrs per pay period 19.5 days per year	
	3-5 years 7.85 hrs per pay period 25.5 days per year	
	5+ years 9.70 hrs per pay period 31.5 days per year	
Holidays	11 paid holidays per year	
Access Perks - Employee Purchase &	Employer paid employee discount program for personal purchases,	
Travel Discount Program	entertainment, and travel.	
Employee Assistance Program	24/7 confidential employee services	