

Rural Minnesota CEP, Inc.
2025 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																																																														
<p>Medical Insurance Medica – Passport (Open Network)</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Single plus dependent is for <u>dependent children</u> only. • Employee plus spouse coverage is considered <u>family</u> coverage. • Premiums listed are monthly, deducted pre-tax, bi-weekly for 24 pay periods. • Yearly eye exams are considered preventative and covered at 100%. Glasses and contact coverage is not included, see “Vision Insurance” below for optional insurance details. 	<p><u>\$4,500 Deductible</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Single Premium</td> <td style="text-align: right;">\$ 830.46</td> </tr> <tr> <td>Employer Rate</td> <td style="text-align: right;">\$ 767.62</td> </tr> <tr> <td>Employee Rate</td> <td style="text-align: right;">\$ 62.84</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Single + Dep. Premium</td> <td style="text-align: right;">\$1,822.40</td> </tr> <tr> <td>Employer Rate</td> <td style="text-align: right;">\$1,515.96</td> </tr> <tr> <td>Employee Rate</td> <td style="text-align: right;">\$ 306.44</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Family Premium</td> <td style="text-align: right;">\$2,324.42</td> </tr> <tr> <td>Employer Rate</td> <td style="text-align: right;">\$1,894.48</td> </tr> <tr> <td>Employee Rate</td> <td style="text-align: right;">\$ 429.94</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">In-Network Deductible/Maximum:</td> </tr> <tr> <td colspan="2"> <ul style="list-style-type: none"> • Single, \$4,500 • Family, \$9,000 </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2"><u>\$3,375 Deductible</u></td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 60%;">Single Premium</td> <td style="text-align: right;">\$ 892.78</td> </tr> <tr> <td>Employer Rate</td> <td style="text-align: right;">\$ 767.62</td> </tr> <tr> <td>Employee Rate</td> <td style="text-align: right;">\$ 125.16</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Single + Dep. Premium</td> <td style="text-align: right;">\$1,959.16</td> </tr> <tr> <td>Employer Rate</td> <td style="text-align: right;">\$1,515.96</td> </tr> <tr> <td>Employee Rate</td> <td style="text-align: right;">\$ 443.20</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Family Premium</td> <td style="text-align: right;">\$2,498.84</td> </tr> <tr> <td>Employer Rate</td> <td style="text-align: right;">\$1,894.48</td> </tr> <tr> <td>Employee Rate</td> <td style="text-align: right;">\$ 604.36</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">In-Network Deductible/Maximum:</td> </tr> <tr> <td colspan="2"> <ul style="list-style-type: none"> • Single, \$3,375 • Family, \$6,750 </td> </tr> </table>	Single Premium	\$ 830.46	Employer Rate	\$ 767.62	Employee Rate	\$ 62.84			Single + Dep. Premium	\$1,822.40	Employer Rate	\$1,515.96	Employee Rate	\$ 306.44			Family Premium	\$2,324.42	Employer Rate	\$1,894.48	Employee Rate	\$ 429.94			In-Network Deductible/Maximum:		<ul style="list-style-type: none"> • Single, \$4,500 • Family, \$9,000 				<u>\$3,375 Deductible</u>				Single Premium	\$ 892.78	Employer Rate	\$ 767.62	Employee Rate	\$ 125.16			Single + Dep. Premium	\$1,959.16	Employer Rate	\$1,515.96	Employee Rate	\$ 443.20			Family Premium	\$2,498.84	Employer Rate	\$1,894.48	Employee Rate	\$ 604.36			In-Network Deductible/Maximum:		<ul style="list-style-type: none"> • Single, \$3,375 • Family, \$6,750 	
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Health Savings Account (HSA) (Requires election of Health Insurance)	Employer contribution of \$1,200 per year will be made in payments of \$50 for 24 pay periods. Employees can also elect pre-tax contributions into their account each pay period. Contributions can be changed anytime throughout the year. \$4,300 single and \$8,550 family IRS limit on HSA contributions per year. \$1,000 Maximum Catchup Contribution for those 55+.														
Dental Insurance Delta Dental of Minnesota NOTE: Family includes spouse and children up to age 19 or 25, if they are a full-time student	<table border="0"> <tr> <td>Single Premium</td> <td>\$ 55.51</td> </tr> <tr> <td>Employer Rate</td> <td>\$ 55.51</td> </tr> <tr> <td>Employee Rate</td> <td>\$ 0</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>Family Premium</td> <td>\$138.84</td> </tr> <tr> <td>Employer Rate</td> <td>\$ 69.42</td> </tr> <tr> <td>Employee Rate</td> <td>\$ 69.42</td> </tr> </table> Deductible: None Diagnostic and Preventive Services: 100% covered. Calendar year plan maximum: \$2,000 per person on the plan.	Single Premium	\$ 55.51	Employer Rate	\$ 55.51	Employee Rate	\$ 0			Family Premium	\$138.84	Employer Rate	\$ 69.42	Employee Rate	\$ 69.42
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Group Life/AD&D Insurance	Employer paid life insurance of \$50,000 for all employees working 20+ hours per week. Benefits reduce beginning at age 65 for disability and 70 for life insurance.														
Short Term Disability/Doctor's Certified Leave	Employer paid benefit of 100% of monthly salary after a 30-day waiting period for the employee's health reasons as identified by a doctor.														
Long Term Disability	Employer paid benefit of 60% of the employee's monthly salary up to \$4,500/month.														
403(b) Retirement Plan <ul style="list-style-type: none"> • Empower • SA3 Wealth – Financial Advisors (paid benefit for retirement planning) 	Employees may contribute 1% - 100% of their gross pay, pre-tax, up to the IRS limit of \$23,500 for 2025, beginning with enrollment into an Empower account. 100% vested in employer matching contributions after 2 years of service.														
403(b) Match	Employer contribution is effective the first pay period after the employee's account is active. The 403(b) Plan requires an employee <u>minimum</u> contribution of 3% to participate in the plan. 4% is required to receive the <u>full</u> company match. Employer maximum match increases based on the years of service: <table border="0" style="margin-left: 20px;"> <tr> <td>0-3 years</td> <td>4%</td> </tr> <tr> <td>4-8 years</td> <td>4.5%</td> </tr> <tr> <td>9-19 years</td> <td>5%</td> </tr> <tr> <td>20 + years</td> <td>5.5%</td> </tr> </table>	0-3 years	4%	4-8 years	4.5%	9-19 years	5%	20 + years	5.5%						
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Vision Insurance	<p>Optional employee paid vision plan. Includes coverage for glasses or contacts every 12 months. Exam included with \$10 copay.</p> <p>Single Premium \$ 8.13 Single + Dependent \$20.68 Family \$31.58</p> <p>Includes \$150 contacts or frame allowance, plus 20% discount on remaining balance. The copay for plastic lenses is \$10 and there is a tiered plan option for premium lenses. Medically necessary lenses are covered in full with no copay. See handout for additional information.</p>									
Voluntary Term Life and AD&D Insurance	<p>Optional employee paid life insurance for employee, spouse, and dependents. Guarantee issue for employees is \$50,000; spouse is \$30,000. Coverage above those amounts will require an Evidence of Insurability form.</p>									
Voluntary Accident, Critical Illness, and Hospital Insurance	<p>Optional employee paid Accident, Critical Illness, and Hospital insurance. Detailed information will be shared during the benefit election process.</p>									
Healthcare Flexible Spending Account	<p>Pre-tax payroll deduction for healthcare, dental, and vision expenses effective upon date of hire. Funds must be used within the calendar year, or they will be forfeited. IRS limit for 2025 is \$3,300.</p>									
Dependent Care Flexible Spending Account	<p>Pre-tax payroll deduction for dependent care expenses effective upon date of hire. Funds must be used within the calendar year, or they will be forfeited. IRS limit for 2025 is \$5,000.</p>									
Paid Time Off	<p>Employees accrue PTO every pay period, beginning with the first day of employment. Accrual rates increase based on years of service and are prorated based on a 40-hour work week.</p> <p>Accrual rates based on 26 pay periods per year:</p> <table border="0" data-bbox="597 1312 1429 1423"> <tr> <td>0-3 years</td> <td>6.00 hrs per pay period</td> <td>19.5 days or 3.9 weeks per year</td> </tr> <tr> <td>3-5 years</td> <td>7.85 hrs per pay period</td> <td>25.5 days or 5.1 weeks per year</td> </tr> <tr> <td>5+ years</td> <td>9.70 hrs per pay period</td> <td>31.5 days or 6.3 weeks per year</td> </tr> </table>	0-3 years	6.00 hrs per pay period	19.5 days or 3.9 weeks per year	3-5 years	7.85 hrs per pay period	25.5 days or 5.1 weeks per year	5+ years	9.70 hrs per pay period	31.5 days or 6.3 weeks per year
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5+ years	9.70 hrs per pay period	31.5 days or 6.3 weeks per year								
Paid Holidays	<p>13 paid holidays per year. Includes 11 holidays where the office is closed, plus 2 floating holidays of the employee's choice, these need to be used within the calendar year. All holidays are available immediately upon hire.</p>									
Access Perks - Employee Purchase & Travel Discount Program	<p>Employer paid employee discount program for personal purchases, entertainment, and travel.</p>									
Employee Assistance Program	<p>24/7 confidential employee services, including counseling, financial services, and legal services. Available to all employees, their spouse, and dependents.</p>									

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Travel Assistance	Included with the Mutual of Omaha employer paid benefits, this insurance plan provides coverage for employees who are traveling more than 100 miles from home. Includes emergency medical assistance, lost baggage, and emergency travel support services.
Will Preparation Services	Included with the Mutual of Omaha employer paid benefits, this service provides a secure space to create a Living Will, Power of Attorney, or Last Will and Testament as examples.
Critical Illness Support	Included with the Mutual of Omaha employer paid benefits, care advocates can help you cope with critical illness such as a stroke, Alzheimer's and cancer. Whether you want a second opinion or want to locate the best provider, Care Advocates can help you navigate the process at every phase.
Identity Theft Assistance	Included with the Mutual of Omaha employer paid benefits, this service can help you or your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, assist you if your information is compromised.
Coordinating Care for Your Aging Parents	Included with the Mutual of Omaha employer paid benefits, these advocacy services can help provide the personalized support you need to coordinate care for your aging loved ones.
Hearing Discount Program	Included with the Mutual of Omaha employer paid benefits, this program can assist with customized hearing solutions. This includes all family members.