



# 2024 EMPLOYEE BENEFITS SUMMARY

**Eligibility:** Regular and Seasonal Full-time employees

**Benefit Credits:** In addition to your base salary, Benefit Credits of \$3.38 per hour (or \$3.18 per hour if waiving dental coverage) are provided for you to purchase your employee-only benefits.

**MEDICAL INSURANCE** – HealthPartners’ (in partnership with Cigna) [Open Access](#) network allows you to maximize your benefits across the country.

IN-NETWORK COVERED SERVICES	Empower HRA	Empower HSA
<b>Annual Deductible</b>	\$7,000 individual \$14,000 family	\$5,000 individual \$10,000 family
<b>Health Reimbursement Account (HRA) SEH HRA Contribution</b>	SEH HRA contribution pays 50% of deductible costs up to <b>\$3,500 single / \$7,000 family</b>	-
<b>Health Savings Account (HSA) SEH HSA Contribution</b>	-	SEH contributes to your HSA Bank Account up to <b>\$500 single / \$1,000 family</b>
<b>Annual Maximum Out-of-Pocket (MOOP)</b>	\$7,000 ind. / \$14,000 fam. <b>After SEH HRA Contribution: \$3,500 ind. / \$7,000 fam.</b>	\$5,000 ind. / \$10,000 fam. <b>After SEH HSA Contribution: \$4,500 ind. / \$9,000 fam.</b>
Eligible for Health Flexible Spending Account (FSA)?	Healthcare FSA For use on eligible medical, dental and vision expenses	Limited Use FSA Limited for use on eligible dental and vision expenses only
<b>Preventive Health Care</b> Routine Physical Exams Immunizations, Well Child Care Routine Cancer Screenings Routine Eye Exams Prenatal & Postnatal Care	100% coverage Deductible does not apply	
<b>Physician’s Office Services</b> Office Visits for Illness or Injury Virtuwell (online visits)	100% after deductible No charge first 3 visits, then 100% after deductible	100% after deductible 100% after deductible
<b>Lab &amp; X-ray services</b>	100% after deductible	
<b>Hospital Services</b> Inpatient Hospital Services Outpatient Hospital Services Outpatient Lab & X-ray Services Outpatient MRI & CT Services	100% after deductible	
<b>Emergency Care</b> Urgent Care Center Emergency Room Emergency Medical Transportation	100% after deductible	
<b>Prescription Drugs:</b> Generic / Brand Name (Medicare Creditable Coverage Status)	\$15 copay / \$60 copay (Creditable)	100% after deductible (Creditable)
<b>Mental / Chemical Health Services</b> Outpatient Services Inpatient Hospital Services	100% after deductible	
<b>Therapy Services:</b> Physical, Occupational & Speech	100% after deductible	
<b>Medical Equipment &amp; Supplies</b>	100% after deductible	
<b>Chiropractic Services</b>	100% after deductible	

## SEH 2024 Employee Benefits Summary (continued)

### HEALTH SAVINGS ACCOUNT (HSA) – Associated Bank

Employees enrolled in the Empower HSA medical plan may voluntarily open an HSA bank account to set aside pre-tax dollars for eligible non-reimbursed health care expenses, as well as receive the SEH contribution.

**Maximum HSA contribution limit, including SEH contribution: \$4,150 single / \$8,300 family**

-SEH Contribution: up to \$500 single / \$1,000 family, as contributed per pay period

-Eligible participants age 55+ by the end of the calendar year may also contribute an additional \$1,000

### FLEXIBLE SPENDING ACCOUNT (FSA) – HealthPartners

Healthcare / Limited Use FSA: set aside up to \$3,200 pre-tax dollars for eligible non-reimbursed health care expenses

Dependent Care FSA: set aside up to \$5,000 pre-tax dollars per household for eligible dependent care expenses

**DENTAL INSURANCE** – Delta Dental's [PPO Plus Premier](#) networks allow you to maximize your benefits across the country.

IN-NETWORK COVERED SERVICES	
<b>Deductible</b>	<b>\$100 per person per lifetime</b>
<b>Calendar Year Plan Maximum</b>	<b>\$1,200 per person per calendar year</b>
<b>Lifetime Orthodontic Maximum</b>	<b>\$1,200 per person per lifetime</b>
<b>Diagnostic, Preventive &amp; Basic</b> <ul style="list-style-type: none"><li>– Routine exams, cleanings</li><li>– Fluoride treatments, sealants</li><li>– X-rays</li><li>– Simple extractions</li><li>– Amalgam (silver) fillings, composite resin (white) fillings</li></ul>	<b>100% after lifetime deductible</b>
<b>Oral Surgery (6-month waiting period)</b> <ul style="list-style-type: none"><li>– Surgical/Nonsurgical extractions</li></ul>	<b>100% after lifetime deductible (Simple) 50% after lifetime deductible (Complex)</b>
<b>Restorative Services (12-month waiting period)</b> <ul style="list-style-type: none"><li>– Crowns, space maintainers</li><li>– Endodontics (root canal therapy), Periodontics (gum treatment)</li><li>– Bridges, dentures</li></ul>	<b>50% after lifetime deductible</b>
<b>Orthodontic Services (24-month waiting period)</b> Per eligible covered person age 8 through 18	<b>50% after lifetime deductible</b>

### VISION INSURANCE – EyeMed ([Insight](#) network)

Employees may voluntarily purchase coverage on glasses and contact lenses for themselves, spouses/domestic partners, and dependent children. Includes additional discounts on laser vision correction services, hearing exams and hearing aids.

### BASIC LIFE with ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE – The Hartford

No cost to eligible employees. Paid for by SEH Benefit Credits. Benefit: \$50,000 Basic Life and \$50,000 AD&D coverage.

### SUPPLEMENTAL LIFE with AD&D INSURANCE – The Hartford

Employees may voluntarily purchase additional amounts of group term life and AD&D insurance for themselves, spouses/domestic partners, and dependent children.

### SHORT-TERM DISABILITY INSURANCE – Formula Corporation

No cost to eligible employees. Paid for by SEH Benefit Credits on an after-tax basis to ensure any disability benefits payable are excluded from taxable income.

Benefit: 60% of weekly salary, up to \$1,500 maximum weekly benefit

Waiting Period: 0 days for non-work-related injury, 7 days for illness/pregnancy

Maximum Benefit Period: 12 weeks of disability, or until eligible for Long-Term Disability benefits

### LONG-TERM DISABILITY INSURANCE – The Hartford

No cost to eligible employees. Paid for by SEH Benefit Credits on an after-tax basis to ensure any disability benefits payable are excluded from taxable income.

Benefit: 60% of monthly salary or 70% of monthly earnings after deduction of other income benefits, up to \$12,500 monthly maximum benefit

### DISCLAIMER

Summary Plan Descriptions (SPD) are available on Connect. SPDs include out of network coverage information, full plan coverage details and eligibility rules. In the event of any discrepancies, the SPD will prevail.