



# 2025 BENEFIT GUIDE

January 1 – December 31, 2025



# WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Coverage Begins

- **New Hires:** You must complete your enrollment within 30 days from your date of hire. If you fail to enroll on time, you will NOT have coverage until you enroll during our next annual Open Enrollment period.
- **Open Enrollment:** Changes made during Open Enrollment are effective:  
January 1, 2025 – December 31, 2025.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. The following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- Lost coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

## Making Changes

**To change your benefit elections, you must contact ESG's Employee Benefits Team within 30 days of the qualifying life event.** Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

## INSIDE

Medical

Dental

Vision

Dependent Care Flexible Spending Account FSA

Voluntary Life and AD&D

Voluntary Disability

Employee Assistance Program (EAP)

Critical Illness

Accident

Cost of Benefits

Contact information

## ENROLLMENT

Email

[benefits@employersolutionsgroup.com](mailto:benefits@employersolutionsgroup.com) For


detailed information about the plans available to you and instructions for enrolling.

# OPEN ENROLLMENT DETAILS

Remember, Open Enrollment is an opportunity to make changes to your benefits without a qualifying life event. During this time, you can:

- Add, cancel or change your coverage
- Add or remove eligible family members
- Elect your 2025 HSA contributions
- Enroll in the dependent care FSA (**Note:** The IRS requires you to re-enroll in the FSA each year)

## MARK YOUR CALENDARS



Open Enrollment Begins:  
**11/25/24**

Deadline to Enroll:  
**12/6/24**

Benefits in Effect:  
**January 1<sup>st</sup>, 2025**

## 2025 Updates At-a-Glance

- Your coverage will not automatically roll over except for the Guardian benefits.
  - You must select a Medica plan to have major medical coverage in 2025.
  - You must actively re-enroll in the dependent care FSA to participate in 2025.
- There will be a modest increase in how much you pay out of your paycheck for health insurance, also known as your premiums.



# MEDICAL COVERAGE

## PPO

The Preferred Provider Organization (PPO) plans, provided through Medica, gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered “in-network.” In general, you will pay less for in-network services than you would were you to seek care outside the network.

### How You Pay for Services

- You pay a flat dollar amount, or copay, for covered health care treatments and services, such as doctor’s office visits and prescription drugs.
- Once you satisfy your annual deductible, you will pay a percentage, or coinsurance, of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

### Finding a provider

As a PPO plan participant, you are highly encouraged to use in-network providers whenever possible.

Simply log on to your account at [www.medica.com](http://www.medica.com) and use the provider search tool to find in-network providers in your area and/or verify whether your current provider is in-network. You may also call the number on the back of your ID card.



# MEDICAL COVERAGE

## PARK NICOLLET AND HEALTH PARTNERS

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	\$1,500 PPO		\$3,300 PPO HDHP		\$4,500 PPO HDHP		\$6,350 PPO HDHP	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (Individual/Family)	\$1,500 / \$4,500	\$3,000 / \$9,000	\$3,300 / \$6,600	\$6,600 / \$13,200	\$4,500 / \$9,000	\$9,000 / \$18,000	\$6,350 / \$12,700	\$12,700 / \$25,400
<b>Out-of-Pocket Max</b> (Individual/Family)	\$3,500 / \$7,000	\$10,500 / \$21,000	\$6,500 / \$13,000	\$19,500 / \$39,000	\$6,500 / \$13,000	\$19,500 / \$39,000	\$6,350 / \$12,700	\$19,050 / \$38,100
<b>Office Visits</b> (physician/specialist)	\$25 Copay	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Routine Preventive Care</b>	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	50% after deductible
<b>Diagnostics</b> (lab / X-ray)	No Charge / 25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Complex Imaging</b>	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Ambulance</b>	25% after deductible		25% after deductible		25% after deductible		0% after deductible	
<b>Emergency Room</b>	25% after deductible		25% after deductible		25% after deductible		0% after deductible	
<b>Urgent Care Facility</b>	\$25 Copay		25% after deductible		25% after deductible		0% after deductible	
<b>Inpatient Hospital</b>	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Outpatient Surgery</b>	\$25 Copay	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.
3. The out-of-pocket maximum is embedded. This means that, once an individual family member meets their out-of-pocket maximum, that individual's expenses are covered at 100%.

# MEDICAL COVERAGE CHOICE PASSPORT

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	\$1,500 PPO		\$3,300 PPO HDHP		\$4,500 PPO HDHP		\$6,350 PPO HDHP	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (Individual/Family)	\$1,500 / \$4,500	\$3,000 / \$9,000	\$3,300 / \$6,600	\$6,600 / \$13,200	\$4,500 / \$9,000	\$9,000 / \$18,000	\$6,350 / \$12,700	\$12,700 / \$25,400
<b>Out-of-Pocket Max</b> (Individual/Family)	\$3,500 / \$7,000	\$10,500 / \$21,000	\$6,500 / \$13,000	\$19,500 / \$39,000	\$6,500 / \$13,000	\$19,500 / \$39,000	\$6,350 / \$12,700	\$19,050 / \$38,100
<b>Office Visits</b> (physician/specialist)	\$25 Copay	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Routine Preventive Care</b>	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	50% after deductible
<b>Diagnostics</b> (lab / X-ray)	No Charge / 25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Complex Imaging</b>	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Ambulance</b>	25% after deductible		25% after deductible		25% after deductible		0% after deductible	
<b>Emergency Room</b>	25% after deductible		25% after deductible		25% after deductible		0% after deductible	
<b>Urgent Care Facility</b>	\$25 Copay		25% after deductible		25% after deductible		0% after deductible	
<b>Inpatient Hospital</b>	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
<b>Outpatient Surgery</b>	\$25 Copay	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.
3. The out-of-pocket maximum is embedded. This means that, once an individual family member meets their out-of-pocket maximum, that individual's expenses are covered at 100%.

# PRESCRIPTION DRUGS

## Medica

### Retail Pharmacy

- When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network.
- To find a participating pharmacy near you, visit [www.medica.com](http://www.medica.com) or call the number on the back of your ID card.

### Specialty

- With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life.

### Save Money on Medications

- You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.
- If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Prescriptions	\$1,500 PPO		\$3,300 PPO - HDHP		\$4,500 PPO - HDHP		\$6,350 PPO - HDHP	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
Retail	\$12 / \$50 / \$90	50%	25% after deductible	50%	25% / 25% / 45% After deductible	50%	0% after deductible	50%
Mail Order	\$24 / \$100 / \$180	Not covered	25% after deductible	Not covered	25% / 25% / 45% After deductible	Not covered	0% after deductible	Not covered
Specialty	20% to \$200 / 40%		25% to \$200 / 45%		25% to \$200 / 45%		0% after deductible	

# HEALTH SAVINGS ACCOUNT (HSA)

The \$3,300, \$4,500 and \$6,350 plans are qualified High Deductible Health Plans and are eligible for an HSA provided through Optum Bank. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

## Key Features of the HSA

### Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

### Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

### Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

### Savings Potential

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

### Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,<sup>1</sup> retire or leave the organization.

## Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in [Publication 502](#)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

## Important Notes

- You must meet certain eligibility requirements to have an HSA
  - You must be at least 18 years old
  - You must be covered under a qualified HDHP
  - You must not be enrolled in Medicare
  - You cannot be claimed as a dependent on another person's tax return.
  - For more information, please refer to IRS [Publication 969](#).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.
- Your contributions cannot exceed the limits set by the IRS

IRS Contribution Limits	2025
Individual / Family	\$4,300 / \$8,550
Catch-up Contributions	\$1,000



# DENTAL COVERAGE

## Guardian Dental PPO

The dental Preferred Provider Organization (PPO) plan, provided through Guardian, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the **Dental Guard Preferred** Dental network.

### Finding a Provider

- To find an in-network provider, simply log on to your account at [www.Guardianlife.com](http://www.Guardianlife.com) and use the provider search tool to find in-network dentists in your area and/or verify whether your current provider is in-network. Be sure to select the **Dental Guard Preferred** network

### Rollover Benefit

- The Rollover Benefit allows you to rollover your unused annual maximum dollars . If you reach the \$500 claims threshold during the plan year, you are able to rollover **\$250 additional dollars** to your plan maximum for future years. If you use only in-network providers, you can add **\$350 dollars** to your annual maximum. There is a maximum rollover limit of **\$1,000**.

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Guardian DPPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (Individual/Family)	\$0 / \$0	\$50 / \$150
<b>Annual Benefit Maximum</b> (per person)	\$1,000	
<b>Preventive Services</b>	0%	
<b>Basic Services</b>	10%	20%
<b>Major Services</b>	40%	50%

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying..

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# VISION COVERAGE

## Guardian Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through Guardian, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the **VSP** network. If you decide to use an out-of-network provider, you may need to pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Special discounts are offered on certain services, such as an additional pair of glasses, special lens options and LASIK.

### Finding a Provider

- To find an in-network provider, simply log on to your account at [www.Guardianlife.com](http://www.Guardianlife.com) and use the provider search tool to find in-network dentists in your area and/or verify whether your current provider is in-network. Be sure to select the **VSP** network

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Guardian Vision Service Provider (VSP)	
	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$20 Copay	Up to \$46
<b>Materials Copay</b>	\$20 Copay	Amounts Vary
<b>Frames</b> (once every 24 months)	\$120 Allowance	Up to \$47
<b>Lenses</b> (once every 12 months)		
Single Vision	Covered after \$20 copay	Up to \$47
Bifocal	Covered after \$20 copay	Up to \$66
Trifocal	Covered after \$20 copay	Up to \$85
<b>Contact Lenses</b> (in lieu of glasses; once every 12 months)		
Medically Necessary	No charge	Up to \$210
Elective	\$120 Allowance	Up to \$120

# FLEXIBLE SPENDING ACCOUNTS (FSAs)

## Dependent Care FSA (DCFSA)

The flexible spending accounts (FSAs), provided through HealthEquity, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits.

Dependent Care FSA (DCFSA)	
Eligibility Requirements	Available to all employees
Examples of Qualified Expenses	<ul style="list-style-type: none"><li>• Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers</li><li>• Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent</li></ul>
Annual Contribution Limit	\$5,000 per family (or \$2,500 each if you are married and file separate tax returns)

### Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **You must enroll each year to participate.**
- **DCFSA:** Unused funds will NOT be returned to you or carried over to the following year.



# VOLUNTARY LIFE INSURANCE

Life insurance, provided through Guardian, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

## Supplemental Life and AD&D

Coverage Tier	Benefit Amount
Employee	\$50,000

# VOLUNTARY DISABILITY INSURANCE

Disability insurance, provided through Guardian, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury

## Short-Term Disability

Key Benefits	
Benefit	60% of base salary
Maximum weekly benefit	\$500
When benefit begins	Accident: Day 1 / Illness: Day 8
When benefit ends	13 weeks

## Long-Term Disability

Key Benefits	
Benefit	60% of base salary
Maximum monthly benefit	\$5,000
When benefit begins	After 90th day of disability
When benefit ends	Age 67 / ADEA
Pre-Existing Condition	6/24



# VOLUNTARY BENEFITS

## Critical Illness Insurance

This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

Critical Illness Insurance in Practice	
<b>Situation</b>	Jane had a heart attack while raking leaves.
<b>Covered Benefits</b>	Heart attack diagnosis
<b>Total Paid Directly to Employee</b>	Up to <b>\$20,000</b>



## Accident Insurance

Accident insurance, provided through Guardian, can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions

Accident Insurance in Practice	
<b>Situation</b>	Jack broke his leg in a bike accident.
<b>Covered Benefits</b>	<ul style="list-style-type: none"> <li>• Doctor's office visits</li> <li>• Diagnostic exams</li> <li>• Broken leg rehab treatment</li> <li>• Physical therapy sessions</li> </ul>
<b>Total Paid Directly to Employee (estimated)</b>	<b>\$3,250</b>

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through Guardian.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

## HOW TO ACCESS

Visit [ibhworklife.com](https://ibhworklife.com)

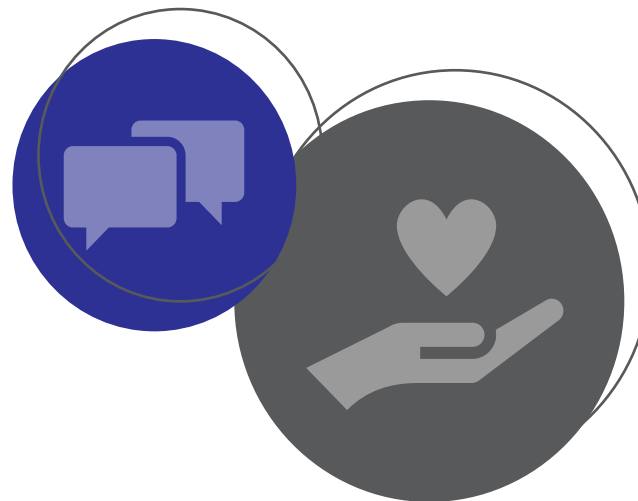
User ID: Matters

Password: wlm70101

Or call **(800) 386-7055**

### EAP Benefits

- Assistance for you and your household members
- In-person or virtual sessions with a counselor
- Unlimited toll-free phone access and online resources



# CONTACT INFORMATION

Coverage	Contact Information		
	Carrier	Phone	Website
Medical	Medica	(800) 952-3455	<a href="http://www.medica.com">www.medica.com</a>
Dental	Guardian	(888) 600-1600	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Vision	Guardian	(888) 600-1600	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Dependent Care FSA	HealthEquity	(866)-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Life / AD&D	Guardian	(888) 600-1600	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Disability	Guardian	(888) 600-1600	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Employee Assistance Program	Guardian	(800) 386-7055	<a href="http://ibhworklife.com">ibhworklife.com</a>
Voluntary Benefits	Guardian	(888) 600-1600	<a href="http://www.guardianlife.com">www.guardianlife.com</a>

## PLAN CONTRIBUTIONS

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck after taxes. The amounts will depend upon the plan you select, your age (in some cases) and if you choose to cover eligible family members. Contact ESG's Employee Benefits Team for more information on your cost of coverage.

### QUESTIONS?

If you have any additional questions, you may contact ESG's Employee Benefits Team:

[Benefits@employersolutionsgroup.com](mailto:Benefits@employersolutionsgroup.com)

952-767-9519

# VIDEO LIBRARY

[Click here](#) to watch a video about Open Enrollment.

[Click here](#) to watch a video about comparing medical plan types.

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[Click here](#) to watch a video about how life insurance works.

[Click here](#) to watch a video about how disability insurance works.

[Click here](#) to watch a video about how an accident plan works.

[Click here](#) to watch a video about how a critical illness plan works.

[Click here](#) to watch a video about how an EAP works.

