

INSURANCE BENEFITS OVERVIEW



As a State of Minnesota employee, health and security are vital to your success. The State provides employees with a comprehensive set of benefits to ensure the wellbeing of you and your family.

Find more information on the SEGIP website
mn.gov/mmb/segip

Medical Coverage	Single Coverage	Family Coverage
Monthly Premium	\$41.84	\$285.42
Deductible	\$400	\$800
Your Maximum Out-of-Pocket Costs	\$1,700	\$3,400

Dental Coverage	Single Coverage	Family Coverage
Monthly Premium	\$13.80	\$58.90
Deductible	\$50	\$150
Your Annual Maximum	\$2,200	\$2,200 per person

***Rates are actual amounts and based on an employee who works at least 30 hours per week or more. Rate details for part time employees are listed on the SEGIP website. Deductibles and out-of-pocket maximums vary based on selected clinics. The medical amounts displayed reflect cost level 2 clinics, which are the most commonly selected.**

MEDICAL COVERAGE

Our medical plan provides comprehensive coverage that includes preventive care, an excellent prescription drug program, a wide network of health care providers, and out-of-pocket maximums that protect your bottom line. Choose between Blue and Cross Blue Shield of Minnesota or HealthPartners.

DENTAL COVERAGE

Our dental plan offers strong 100% in-network coverage for preventive services. It is an optional benefit. The plan includes orthodontic treatment for children and adults covered at 80% with a separate lifetime maximum of \$3,000 per person. Basic and major restorative services, including implants, are covered at 80% up to \$2,200 per person per year. Choose between HealthPartners Dental or Delta Dental Group 216.

VISION PLAN

While the medical plan covers eye exams, the optional vision plan helps pay for eyeglasses or contact lenses. It also offer discounts on LASIK and more. The monthly rate is \$4.90 single coverage and \$14.06 for family coverage.

DISABILITY INSURANCE

For employees who are not managers, the optional short-term and long-term disability policies will replace a portion of your wages beyond your sick and vacation balances, if you are unable to work due to an injury or illness. Your monthly cost is determined by the type of plan and amount of coverage you purchase.

MANAGER'S INCOME PROTECTION PLAN

Managers choose from two employer-paid life insurance plans, equal to 1.5 or 2 times your annual salary. Income protection is available if you become disabled. Cost for income protection varies based on life insurance and disability plan selected.



BASIC TERM LIFE

We provide basic term life insurance based upon your annual salary, not to exceed \$95,000, at no cost to you.

OPTIONAL LIFE INSURANCE FOR EMPLOYEE AND SPOUSE

Additional term life insurance is available for purchase in increments of \$5,000 up to \$500,000 for yourself and/or your spouse. Your monthly cost is based on age and the amount of coverage you choose.

CHILD LIFE INSURANCE

The monthly rate of 84 cents buys term life insurance for all your eligible children. Each child is covered with a \$10,000 term life policy. (Children must be under age 26 to be eligible.)

EMPLOYEE AND SPOUSE ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

This plan provides coverage for death or dismemberment due to an accident. You may elect coverage for yourself and/or your spouse in increments of \$5,000 up to \$200,000 for employees and \$25,000 for spouses. Monthly costs are 16 cents per \$5,000.

PRE-TAX BENEFITS

Pre-tax accounts allow you to set aside money before taxes are deducted to pay for certain expenses. Eligible participants may sign up for accounts that help you pay for:

- Medical and dental expenses
- Day care and other dependent care expenses
- Parking and bus pass expenses
- Your part of medical and dental premiums

HEALTH AND WELL-BEING

Employee benefits include a variety of programs, including an Employee Assistance Program (EAP). It is open to all employees and the people they live with. The Well-being Program invites eligible employees to participate in activities throughout the year. These programs draw on several strategies and resources to support four dimensions of overall well-being:

- Physical
- Cognitive
- Social
- Economic

COMPETITIVE BENEFITS

Our work is rewarding, and so is our benefits package. Benefits include:

- **A pension plan**, employees are vested after three years of service
- **Development opportunities**, access training courses and programs to grow your career and reach your goals
- **Paid parental leave**, allowing parents to bond with their new or recently adopted child(ren)
- **Work-life balance**, our paid vacation, sick leave, and flexible work options help provide balance

Visit mn.gov/careers and select “Why Work For Us” to learn more.



SEGIP IS HERE FOR YOU!

Visit: mn.gov/mmb/segip

Email: segip.mmb@state.mn.us

Call Member Services at:
651-355-0100,
Monday-Friday 7 a.m. – 4:30 p.m.

m **MANAGEMENT
AND BUDGET**
STATE EMPLOYEE GROUP
INSURANCE PROGRAM

2025 Advantage Health Plan monthly rates

The Minnesota Advantage Health Plan is one medical plan serviced by two plan administrators. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Full Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$41.84	\$794.92	\$836.76	\$243.58	\$1,380.32	\$1,623.90	\$285.42	\$2,175.24	\$2,460.66

75% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$240.56	\$596.20	\$836.76	\$588.66	\$1,035.24	\$1,623.90	\$829.22	\$1,631.44	\$2,460.66

50% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$439.30	\$397.46	\$836.76	\$933.74	\$690.16	\$1,623.90	\$1,373.04	\$1,087.62	\$2,460.66

No Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$836.76	\$0	\$836.76	\$1,623.90	\$0	\$1,623.90	\$2,460.66	\$0	\$2,460.66

2024/2025 Minnesota Advantage Health Plan Schedule of Benefits

Refer to the Section in the Advantage Health Plan Summary of Benefits for additional information.

2024/2025 Benefit Provision	Cost Level 1 You Pay	Cost Level 2 You Pay	Cost Level 3 You Pay	Cost Level 4 You Pay
A. Preventive Care Services <ul style="list-style-type: none"> Routine medical exams, cancer screening Child health preventive services, routine immunizations Prenatal and postnatal care and exams Adult immunizations Routine eye and hearing exams 	\$0 Copay Not subject to Annual Deductible	\$0 Copay Not subject to Annual Deductible	\$0 Copay Not subject to Annual Deductible	\$0 Copay Not subject to Annual Deductible
B. Annual First Dollar Deductible (single/family)	\$250 / 500	\$400 / 800	\$750 / 1,500	\$1,500 / 3,000
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> Outpatient visits in a physician’s office Chiropractic services Urgent Care clinic visits (in service area/in or out of network) 	\$35 copay per visit Annual deductible applies	\$40 copay per visit Annual deductible applies	\$70 copay per visit Annual deductible applies	\$90 copay per visit Annual deductible applies
C1. Office visits for mental health and Substance Use Disorder Outpatient office visits only	\$0 copay per visit Not subject to Annual deductible	\$0 copay per visit Not subject to Annual deductible	\$50 copay per visit Annual deductible applies	\$70 copay per visit Annual deductible applies
D. In-Network Convenience/Retail Clinics (in person or virtual care). See summary for covered virtual care providers	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible	\$0 copay Not subject to Annual deductible
E. Emergency Care (in service area/in or out of network) Emergency care received in a hospital emergency room	\$100 copay Not subject to Annual deductible	\$125 copay Not subject to Annual deductible	\$150 copay Not subject to Annual deductible	\$350 copay Not subject to Annual deductible
F. Inpatient Hospital (copay waived for admission to Center of Excellence)	\$100 copay Annual deductible applies	\$200 copay Annual deductible applies	\$500 copay Annual deductible applies	25% coinsurance Annual deductible applies
G. Outpatient Surgery	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies
H. Hospice and Skilled Nursing Facility	\$0 Copayment Not subject to Annual Deductible	\$0 Copayment Not subject to Annual Deductible	\$0 Copayment Not subject to Annual Deductible	\$0 Copayment Not subject to Annual Deductible
I. Prosthetics, Durable Medical Equipment	20% coinsurance Not subject to Annual deductible	20% coinsurance Not subject to Annual deductible	20% coinsurance Not subject to Annual deductible	25% coinsurance Annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance Annual deductible applies	10% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
K. MRI/CT scans	10% coinsurance Annual deductible applies	15% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies	30% coinsurance Annual deductible applies
L. Other expenses not covered in A-K above, including but not limited to: <ul style="list-style-type: none"> Ambulance Home Health Care Outpatient Hospital Services (non-surgical): <ul style="list-style-type: none"> Radiation/chemotherapy Dialysis Day treatment for mental health and Substance Use Disorder Other diagnostic or treatment related outpatient services 	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55	Tier 1 - \$18 Tier 2 - \$30 Tier 3 - \$55
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (single/family)	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$1,700 / 3,400 Combined in and out of area services	\$1,700 / 3,400 Combined in and out of area services	\$2,400 / 4,800 Combined in and out of area services	\$3,600 / 7,200 Combined in and out of area services

Important note: this chart describes coverage **within the Minnesota Advantage Plan’s service area**. Covered out-of-area services have a different cost-sharing structure: claims will be processed similar to Cost Level 3 with the out-of-pocket maximums described in section O above and with a separate out-of-area deductible (\$750 single/\$1,500 family). Most care must be received within the national network of the selected plan administrator.

Members pay the drug copayment described in section M above to the out-of-pocket maximum described in section N.

This Plan uses an embedded deductible: if any family member reaches the individual deductible, then the deductible is satisfied for that family member. If any combination of family members reaches the family deductible, then the deductible is satisfied for the entire family.

2025 State Dental Plan monthly rates

The State Dental Plan is one plan serviced by two plan administrators. The rate is the same no matter which plan administrator is selected.

There are two coverage options:

- **Employee coverage:** covers the employee only as single coverage.
- **Family coverage:** covers the employee plus a spouse and/or dependents as family coverage.

While standalone dependent coverage is not an option, the additional cost to cover a spouse and/or dependents is shown in the tables below.

Full Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$13.80	\$32.24	\$46.04	\$45.10	\$45.10	\$90.20	\$58.90	\$77.34	\$136.24

75% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$21.86	\$24.18	\$46.04	\$56.38	\$33.82	\$90.20	\$78.24	\$58.00	\$136.24

50% Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$29.92	\$16.12	\$46.04	\$67.64	\$22.56	\$90.20	\$97.56	\$38.68	\$136.24

No Employer Contribution

Employee Coverage			Additional cost to cover spouse and/or dependents			Family Coverage		
Employee	State	Total	Employee	State	Total	Employee	State	Total
\$46.04	\$0	\$46.04	\$90.20	\$0	\$90.20	\$136.24	\$0	\$136.24

2024/2025 Dental Schedule of Benefits

Annual Maximum per person \$2,200 (does not apply to Preventive Care or Orthodontia).

Orthodontics Lifetime Maximum per person \$3,000 (does not start over if you change dental plans).

	In-network Benefits	Out-of-network Benefits
Annual Deductible	\$50 per person \$150 per family	\$125 per person

Diagnostic and preventive care (deductible does not apply)

Covered Services	In-network Benefits	Out-of-network Benefits
Examinations, oral hygiene & teeth cleaning	100% coverage	50% coverage of the allowed amount
Fluoride treatment (to age 19)	100% coverage	50% coverage of the allowed amount
Space maintainers	100% coverage	50% coverage of the allowed amount
Sealants	100% coverage	50% coverage of the allowed amount

Restorative care and prosthetics (deductible applies)

Covered Services	In-network Benefits	Out-of-network Benefits
Fillings (customary restorative materials)	80% coverage	50% coverage of the allowed amount
Oral surgery	80% coverage	50% coverage of the allowed amount
Periodontics (gum disease therapy)	80% coverage	50% coverage of the allowed amount
Endodontics (root canal therapy)	80% coverage	50% coverage of the allowed amount
Inlays and overlays	80% coverage	50% coverage of the allowed amount
Restorative crowns	80% coverage	50% coverage of the allowed amount
Dental Implants	80% coverage	50% coverage of the allowed amount
Fixed or removable bridgework	80% coverage	50% coverage of the allowed amount
Full or partial dentures	80% coverage	50% coverage of the allowed amount
Dental relines or rebases	80% coverage	50% coverage of the allowed amount
Orthodontics	80% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)

Emergency services are covered at the same benefit level as non-emergency services.

See Summary of Benefits for specific plan limitations.

2025 Vision Plan Rates

Employee Cost	Monthly	Semi-monthly
Single Coverage	\$4.18	\$2.09
Family Coverage	\$11.98	\$5.99

	In-network benefit	Out-of-network reimbursements
PRESCRIPTION GLASSES – Benefit available for eyeglasses <i>or</i> contact lenses once per calendar year		
Lenses* Single vision, lined bifocal, trifocal, lenticular	100% after \$10 copay	Single vision: \$40 Bifocal/progressive: \$60 Trifocal: \$80 Lenticular: \$100
Frames	1 per calendar year	\$50
Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level	100%; no copay 100%; no copay 100%; no copay	
Non-Davis Vision Exclusive Collection - Visionworks stores - Frames available from other participating retailers	No copay: plan pays up to \$200 plus 20% discount on remaining costs*** No copay: plan pays up to \$150 plus 20% discount on remaining costs***	
EYE GLASS ENHANCEMENTS		
- Tinting of plastic lenses	Member pays \$0	Not Covered
- Scratch-resistant coating	Standard: \$0 / Premium: \$30	
- Polycarbonate lenses - Dependent children, monocular patients and those with a prescription of +/-6.00 diopters or greater - Adults	Member pays \$0 Member pays \$30	
- Ultraviolet coating	Member pays \$12	
- Anti-reflective coating	Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85	
- Blue light filtering	Member pays \$15	
- Progressive lenses	Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175	
- High-index lenses	Member pays \$55 / \$120	
- Polarized lenses	Member pays \$75	
- Plastic photochromic lenses	Member pays \$65	
- Scratch protection plan	Single vision: \$20 / Multifocal vision: \$40	
CONTACT LENSES – Benefit available for eyeglasses <i>or</i> contact lenses per calendar year		
Collection contact lenses† - Disposable - Planned replacement	up to 8 boxes up to 4 boxes	Not Applicable
- Evaluation, fitting and follow-up care	100% after \$10 copay	Not Applicable
Non-collection contact lens allowance††	Plan pays up to \$150 plus 15% discount on remaining costs***	\$105
- Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses	100% after \$10 copay \$10 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs***	Not Covered

*Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for lenses your plan doesn't cover. Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card.

**Davis Vision Exclusive Collection available at many participating independent provider offices. Collection is subject to change.

***Additional discount not available at Costco, Walmart, Sam's Club or at participating online retail providers.

†Available at many participating independent provider offices. Collection is subject to change. Boxes must be ordered as part of a single transaction.

††Available at participating retail providers.

This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.

Davis Vision is an independent company providing vision benefit management services and access to their network. Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.

GROUP BENEFITS FROM THE HARTFORD



Short-term Disability Insurance

Benefit Highlights

The State of Minnesota

What is short term disability insurance?	<p>Short term disability insurance pays you a portion of your salary if you cannot work because of a disabling illness, injury, or pregnancy.</p> <p>This highlight sheet is an overview of your short term disability insurance. A certificate of Insurance that explains your coverage in detail is available on the Minnesota Management & Budget/SEGIP website.</p>
What is disability?	<p>Disability is defined in The Hartford's contract with the State of Minnesota. You must be Totally Disabled for benefits to begin. Total Disability means you are prevented from performing the essential duties of your occupation due to accidental bodily injury, sickness, mental illness, substance abuse, or pregnancy.</p> <p>If you receive benefits for Total Disability and then go back to work on a part-time or limited basis, you may qualify for a Partial Disability benefit. Partial Disability means that you are able to perform some but not all of the essential duties of your or any occupation and as a result you are earning more than 20% but not more than 80% of your regular pre-disability weekly earnings.</p>
Am I eligible?	You are eligible if you are an active employee who is eligible for the insurance as determined by the State of Minnesota. This includes elected and appointed public officials but excludes employees who are eligible for coverage under the Manager's Income Protection Plan.
How much coverage would I have?	<p>The State of Minnesota's plan allows employees to choose their coverage amount in increments of \$100. The minimum benefit amount you can enroll for is \$300 per month and the maximum cannot exceed 66.67% of your gross monthly salary. See the following chart to determine your maximum monthly benefit level.</p> <p>The plan maximum is \$5,000 per month.</p> <p>Please contact SEGIP for more information.</p>
When can I enroll?	You must enroll in the plan within 30 days of your first day of employment, reinstatement, or re-hire. Your coverage will take effect on the 30th day of employment. Employees who become insurance eligible must enroll within 30 days of becoming eligible. If you do not enroll during these time frames, you will be required to provide Evidence of Good Health.
When is coverage effective?	<p>Your coverage will start on the date determined below:</p> <ol style="list-style-type: none"> 1) the 30th day following the day You are employed, reemployed or Your employment is reinstated; 2) the January 1 of the next plan year if You enroll during an Annual Enrollment Period; or 3) for benefit amounts requiring Evidence of Insurability, on the date We approve such evidence. <p>You must be Actively at Work on the initial effective date of coverage or coverage will be delayed until the date You return to active payroll status.</p>

How long do I have to wait before I can receive my benefit?	<p>Once you are approved for coverage, you will be eligible to collect your short term disability insurance benefit starting on the 1st day of total disability due to an accident or the 8th day of total disability due to an illness or pregnancy related claim. You must be under the care of a physician.</p> <p>Benefits are payable for up to 26 weeks as long as you remain totally disabled. If your employment at the State of Minnesota terminates while you are receiving benefits, your benefit payments will continue as long as you remain disabled up to the plan's maximum benefit duration period.</p>
If I'm disabled, can the amount of my benefit be reduced?	While you are Totally Disabled, your benefit will not be reduced by any other pay such as sick pay or vacation pay.
What if I choose <u>not</u> to enroll when I first become eligible?	<p>If you do not enroll during your initial enrollment opportunity, you may be required to provide Evidence of Good Health which is subject to medical underwriting and The Hartford's approval. You may also be responsible for the cost of physical exams or other associated costs if they are required during that process. Please note that coverage could be declined.</p> <p>Employees may apply for coverage or apply to increase their coverage level with Evidence of Good Health at any time.</p>
How are the benefit payments calculated?	<p>The benefit paid depends on how much you enrolled for. You will elect a monthly benefit amount, but short term disability benefits are paid weekly. The weekly benefit amount is determined by multiplying your monthly benefit amount by 12 months and then dividing that amount by 52 weeks. The daily benefit is determined by dividing the weekly amount by 7 days.</p> <p>Partial Disability benefits equal 80% of your pre-disability earnings minus what you earn in your partially disabled condition, <i>including sick pay</i>. The partial disability benefit cannot exceed the benefit amount for which you are enrolled or be paid beyond the 26-week maximum short term disability benefit duration period. Partial disability benefits are also paid weekly.</p>
What happens if my disability reoccurs?	<p>If you return to work as an active employee for 30 consecutive days or more, any recurrence of a disability will be treated as a new disability with respect to when benefits begin and the maximum duration that benefits are payable.</p> <p>If recurrent periods of disability are due to the same or a related cause and separated by less than 30 consecutive days of work as an active employee, they will be considered to be the same period of disability.</p>
What does short term disability insurance cost?	<p>The cost of your short term disability coverage depends on the monthly benefit amount you select. You may choose any benefit amount shown in the chart below up to the maximum monthly benefit amount that corresponds with your monthly salary. All requests to increase short term disability coverage levels after your initial enrollment opportunity will require Evidence of Good Health, subject to medical underwriting and The Hartford's approval. Here are two ways to determine what your monthly salary is:</p> $\frac{\text{Hourly pay rate} \times \text{Hours per pay period} \times 26 \text{ pay periods}}{\text{by 12 months}} = \text{Gross monthly salary}$ $\frac{\text{Bi-weekly (gross) salary} \times 26 \text{ pay periods}}{\text{by 12 months}} = \text{Gross monthly salary}$

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The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

PREMIUM WORKSHEET



Rates and/or benefits may be changed on a class basis.

Employee's Monthly Salary	Maximum Monthly Benefit	Semi-monthly Cost	Monthly Cost
\$450	\$300	\$2.04	\$4.08
\$600	\$400	\$2.72	\$5.44
\$750	\$500	\$3.40	\$6.80
\$900	\$600	\$4.08	\$8.16
\$1,050	\$700	\$4.76	\$9.52
\$1,200	\$800	\$5.44	\$10.88
\$1,350	\$900	\$6.12	\$12.24
\$1,500	\$1,000	\$6.80	\$13.60
\$1,650	\$1,100	\$7.48	\$14.96
\$1,800	\$1,200	\$8.16	\$16.32
\$1,950	\$1,300	\$8.84	\$17.68
\$2,100	\$1,400	\$9.52	\$19.04
\$2,250	\$1,500	\$10.20	\$20.40
\$2,400	\$1,600	\$10.88	\$21.76
\$2,550	\$1,700	\$11.56	\$23.12
\$2,700	\$1,800	\$12.24	\$24.48
\$2,850	\$1,900	\$12.92	\$25.84
\$3,000	\$2,000	\$13.60	\$27.20
\$3,150	\$2,100	\$14.28	\$28.56
\$3,300	\$2,200	\$14.96	\$29.92
\$3,450	\$2,300	\$15.64	\$31.28
\$3,600	\$2,400	\$16.32	\$32.64
\$3,750	\$2,500	\$17.00	\$34.00
\$3,900	\$2,600	\$17.68	\$35.36
\$4,050	\$2,700	\$18.36	\$36.72
\$4,200	\$2,800	\$19.04	\$38.08
\$4,350	\$2,900	\$19.72	\$39.44
\$4,500	\$3,000	\$20.40	\$40.80
\$4,650	\$3,100	\$21.08	\$42.16
\$4,800	\$3,200	\$21.76	\$43.52
\$4,950	\$3,300	\$22.44	\$44.88
\$5,100	\$3,400	\$23.12	\$46.24
\$5,250	\$3,500	\$23.80	\$47.60
\$5,400	\$3,600	\$24.48	\$48.96
\$5,550	\$3,700	\$25.16	\$50.32
\$5,700	\$3,800	\$25.84	\$51.68
\$5,850	\$3,900	\$26.52	\$53.04
\$6,000	\$4,000	\$27.20	\$54.40
\$6,150	\$4,100	\$27.88	\$55.76
\$6,300	\$4,200	\$28.56	\$57.12
\$6,450	\$4,300	\$29.24	\$58.48

Employee's Monthly Salary	Maximum Monthly Benefit	Semi-monthly Cost	Monthly Cost
\$6,600	\$4,400	\$29.92	\$59.84
\$6,750	\$4,500	\$30.60	\$61.20
\$6,900	\$4,600	\$31.28	\$62.56
\$7,050	\$4,700	\$31.96	\$63.92
\$7,200	\$4,800	\$32.64	\$65.28
\$7,350	\$4,900	\$33.32	\$66.64
\$7,500	\$5,000	\$34.00	\$68.00

5962e NS 07/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

Important Details

A certificate of Insurance that explains your coverage in detail is available on the Minnesota Management & Budget/SEGIP website.

Exclusions:

You cannot receive short term disability insurance benefit payments for disabilities that are caused or contributed to by:

- war or act of war (declared or not)
- the commission of, or attempt to commit a felony
- an intentionally self-inflicted injury
- any case where your being engaged in an illegal occupation was a contributing cause to your disability
- sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
- any injury sustained as a result of doing any work for pay or profit for another employer

You must be under the regular care of a physician to receive benefits.

This benefit highlights sheet is an overview of the short term disability insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the benefit highlights sheet and the insurance policy, the terms of the insurance policy apply.

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The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2020 The Hartford.

GROUP BENEFITS FROM THE HARTFORD



Long-term Disability Insurance

Benefit Highlights

The State of Minnesota

What is long term disability insurance?	<p>Long term disability insurance pays you a portion of your Earnings if you cannot work because of a disabling illness or injury.</p> <p>This highlight sheet is an overview of your long term disability insurance. A certificate of Insurance that explains your coverage in detail is available on the Minnesota Management & Budget/SEGIP website.</p>
What is disability?	<p>Disability is defined in The Hartford's contract with the State of Minnesota. Total disability means that during the elimination period and for the next 24 months, you are prevented by accidental bodily injury, sickness, mental illness, substance abuse, or pregnancy, from performing the essential duties of your occupation. After that period, it means you are unable to perform the essential duties of any occupation for which you are or could become qualified by education, training, or experience.</p>
Am I eligible?	<p>You are eligible if you are an active employee who is eligible for the insurance as determined by the State of Minnesota. This includes elected and appointed public officials but excludes employees who are eligible for coverage under the Manager's Income Protection Plan.</p>
How much coverage would I have?	<p>The State of Minnesota's plan allows employees to choose their coverage amount mostly in increments of \$100. The minimum benefit amount you can enroll for is \$300 per month and the maximum is determined by your annual rate of basic earnings. See the following chart to determine your maximum monthly benefit level.</p> <p>The plan maximum is \$7,000 per month.</p> <p>"Earnings" are defined in The Hartford's contract with the State of Minnesota.</p>
When can I enroll?	<p>You must enroll in the plan within 30 days of your first day of employment, reinstatement, or re-hire. Your coverage will take effect on the 30th day of employment. Employees who become insurance eligible must enroll within 30 days of becoming eligible.</p> <p>If you do not enroll during your initial enrollment opportunity, you will be allowed to enroll for coverage or increase your coverage during any of the State's annual open enrollment periods without Evidence of Good Health.</p>
When is coverage effective?	<p>Your coverage will start on the date determined below:</p> <ol style="list-style-type: none"> 1) the 30th day following the day You are employed, reemployed or Your employment is reinstated; 2) the January 1 of the next plan year if You enroll during an Annual Enrollment Period; or 3) for benefit amounts requiring Evidence of Insurability, on the date We approve such evidence. <p>You must be Actively at Work on the initial effective date of coverage or coverage will be delayed until the date You return to active payroll status.</p>

<p>What if I have a pre-existing condition?</p>	<p>If a period of disability begins within 730 days of your effective date of coverage, that disability is subject to the pre-existing condition limitation provision. If the disabling condition is found to be preexisting, benefits are not payable for that disability. This provision applies to all employees who enroll for coverage.</p> <p>A pre-existing condition means any accidental bodily injury, sickness, mental illness, pregnancy, or episode of substance abuse for which you received medical care during the 365-day period before your effective date of coverage, or the effective date of a change in coverage.</p> <p>All manifestations, symptoms or findings which result from the same or related disability, or from any aggravations of a disability, are considered to be the same disability for the purposes of determining a pre-existing condition.</p> <p>Medical care is received when a physician is consulted or medical advice is given, or treatment is recommended, prescribed by, or received from a physician. Treatment includes, but is not limited to medical examinations, tests, attendance or observation, as well as the use of drugs, medicines, medical services, supplies or equipment.</p> <p>If you elect to increase your monthly benefit amount during any of the State's annual open enrollment periods, that <i>incremental amount of increase</i> will be subject to the full pre-existing condition limitation.</p> <p>This limitation does not apply to any period of disability that is not related to a pre-existing condition as defined.</p> <p>Here are a few examples of how this provision is applied:</p> <p>Example 1) Jane was treated for kidney stones 6 months ago, and enrolls for coverage shortly thereafter (so she received treatment during the 365 day period prior to her effective date). She will not have coverage for problems related to her kidney stones until she has been continuously covered under the plan for 730 days (2 years). However, she is covered for disabilities unrelated to kidney stones during that 730 day period. Any disability related to kidney stones that begins after 730 days of being continuously insured would be covered.</p> <p>Example 2) Bob was treated for an ulcer 1-1/2 years ago and has not had any medical care (as defined above) since. If Bob enrolled for long term disability coverage now, any disability related to his ulcer condition would be eligible because he has not received treatment for his ulcers during the 365 day period prior to his effective date of coverage.</p>
<p>When do benefits begin?</p>	<p>Long term disability insurance benefits begin after you have been totally disabled for a period of time known as the elimination period. It is the latter of 6 consecutive months or the exhaustion of any Employer-sponsored short term disability benefits. Attempts to return to work for a period of 30 days or less during the elimination period will not interrupt or extend the elimination period. You must be under the care of a physician to receive benefits.</p>

<p>How long will benefits be paid?</p>	<p>As long as you remain totally disabled as defined in the policy, long term disability payments will continue according to the following schedule:</p> <table> <tr> <th data-bbox="391 222 597 249">Age at Disability</th><th data-bbox="959 222 1230 249">Duration of Payments</th></tr> <tr> <td data-bbox="391 254 570 281">Prior to Age 63</td><td data-bbox="899 254 1284 281">To NRA* or 48 months, if greater</td></tr> <tr> <td data-bbox="391 285 423 312">63</td><td data-bbox="1016 285 1143 312">42 months</td></tr> <tr> <td data-bbox="391 317 423 344">64</td><td data-bbox="1016 317 1143 344">36 months</td></tr> <tr> <td data-bbox="391 348 423 375">65</td><td data-bbox="1016 348 1143 375">30 months</td></tr> <tr> <td data-bbox="391 380 423 407">66</td><td data-bbox="1016 380 1143 407">27 months</td></tr> <tr> <td data-bbox="391 411 423 438">67</td><td data-bbox="1016 411 1143 438">24 months</td></tr> <tr> <td data-bbox="391 443 423 470">68</td><td data-bbox="1016 443 1143 470">21 months</td></tr> <tr> <td data-bbox="391 474 532 501">69 and over</td><td data-bbox="1016 474 1143 501">18 months</td></tr> </table> <p>*NRA is the Normal Retirement Age that means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act</p>	Age at Disability	Duration of Payments	Prior to Age 63	To NRA* or 48 months, if greater	63	42 months	64	36 months	65	30 months	66	27 months	67	24 months	68	21 months	69 and over	18 months
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67	24 months																		
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69 and over	18 months																		
<p>Under what circumstances could my monthly benefit be reduced?</p>	<p>Your monthly LTD benefit amount will be reduced by other income benefits you or your family receive or are eligible to receive as a result of the period of disability for which you claim benefits under this plan such as:</p> <ul style="list-style-type: none"> • Workers' Compensation, occupational disease law, or similar law. • Social Security Disability Insurance benefits. • Plan or arrangement of coverage as a result of employment by or association with your employer, including vacation pay, vacation donation, or as a result of membership in or association with any group, association, union or other organization. • Governmental law or program that provides disability or unemployment benefits as a result of your job with the State. • Disability coverage under the employer's retirement plan, such as the Minnesota State Retirement System (MSRS). • Damages or settlements for income loss. • Retirement benefits from retirement plans that are wholly or partially funded by employer contributions, unless you immediately transfer the payment to another plan qualified by the U.S. Internal Revenue Service for the funding of a future retirement. • Retirement benefits you or your family receive from Social Security or similar plans. <p>Your benefit payments will not be reduced by certain kinds of other income, such as:</p> <ul style="list-style-type: none"> • Retirement benefits if you were receiving them before you became disabled. • Retirement benefits that are funded by your after-tax contributions. • Veteran's Administration Disability benefits. • Your personal savings, investments, a non-qualified deferred compensation plan, Profit-sharing plan, IRA, Keogh, tax sheltered annuity (TSA), 401(k) plan. • Any disability income received from a "no fault" automobile policy. • Most personal disability policies. • Social Security increases. 																		

<p>How are the benefit payments calculated?</p>	<p>The benefit paid depends on how much you enrolled for, and benefits are paid monthly. Your monthly long term disability benefit may be reduced by the amount of other income benefits you receive, but it will not be less than the greater of \$300 or 15% of the benefit amount purchased.</p> <p>To determine the monthly benefit payable, use the following steps:</p> <ol style="list-style-type: none"> 1. The Hartford first verifies your regular gross annual earnings with the State which enables them to determine the "Maximum Monthly Amount Allowed from All Sources" that corresponds with your earnings. 2. The total amount of other income or benefits that you are receiving from other sources (as defined in the policy) is subtracted from the "Maximum Monthly Amount Allowed from All Sources" figure that corresponds with your annual salary (see second column on chart). 3. The benefit payable by the plan is the lesser of the amount remaining from step 2 or the amount of coverage you purchased and are eligible for at the time of disability. HOWEVER, it will not be less than the Minimum Monthly Benefit Amount Payable, which is the greater of \$300 or 15% of the benefit amount purchased (see fourth column on chart). <p><u>Example 1:</u></p> <table> <tr> <td colspan="2">Assumptions</td></tr> <tr> <td>Annual Salary:</td><td>\$ 32,000</td></tr> <tr> <td>Corresponding Maximum Monthly Amount From All Sources:</td><td>\$ 1,600</td></tr> <tr> <td>Amount of benefit employee enrolled for:</td><td>\$ 1,000</td></tr> <tr> <td>Income from other sources (such as MSRS):</td><td>\$ 1,000</td></tr> <tr> <td colspan="2"><u>To calculate benefit payment</u></td></tr> <tr> <td>Maximum Monthly Amount From All Sources:</td><td>\$ 1,600</td></tr> <tr> <td>Subtract income from other sources -</td><td>\$ 1,000</td></tr> <tr> <td>Difference</td><td>= \$ 600</td></tr> <tr> <td colspan="2">The Hartford pays a monthly benefit of:</td></tr> <tr> <td colspan="2">(because it is the lesser of the difference shown and the amount the employee had enrolled for)</td></tr> <tr> <td colspan="2">\$ 600</td></tr> </table> <p><u>Example 2:</u></p> <table> <tr> <td colspan="2">Assumptions</td></tr> <tr> <td>Annual Salary:</td><td>\$ 43,000</td></tr> <tr> <td>Corresponding Maximum Monthly Amount From All Sources:</td><td>\$ 2,200</td></tr> <tr> <td>Amount of benefit employee enrolled for:</td><td>\$ 600</td></tr> <tr> <td>Income from other sources (such as MSRS):</td><td>\$ 1,000</td></tr> <tr> <td colspan="2"><u>To calculate benefit payment</u></td></tr> <tr> <td>Maximum Monthly Amount From All Sources:</td><td>\$ 2,200</td></tr> <tr> <td>Subtract income from other sources -</td><td>\$ 1,000</td></tr> <tr> <td>Difference</td><td>= \$ 1,200</td></tr> <tr> <td colspan="2">The Hartford pays a monthly benefit of:</td></tr> <tr> <td colspan="2">(because it is the lesser of the difference shown and the amount the employee had enrolled for)</td></tr> <tr> <td colspan="2">\$ 600</td></tr> </table>	Assumptions		Annual Salary:	\$ 32,000	Corresponding Maximum Monthly Amount From All Sources:	\$ 1,600	Amount of benefit employee enrolled for:	\$ 1,000	Income from other sources (such as MSRS):	\$ 1,000	<u>To calculate benefit payment</u>		Maximum Monthly Amount From All Sources:	\$ 1,600	Subtract income from other sources -	\$ 1,000	Difference	= \$ 600	The Hartford pays a monthly benefit of:		(because it is the lesser of the difference shown and the amount the employee had enrolled for)		\$ 600		Assumptions		Annual Salary:	\$ 43,000	Corresponding Maximum Monthly Amount From All Sources:	\$ 2,200	Amount of benefit employee enrolled for:	\$ 600	Income from other sources (such as MSRS):	\$ 1,000	<u>To calculate benefit payment</u>		Maximum Monthly Amount From All Sources:	\$ 2,200	Subtract income from other sources -	\$ 1,000	Difference	= \$ 1,200	The Hartford pays a monthly benefit of:		(because it is the lesser of the difference shown and the amount the employee had enrolled for)		\$ 600	
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<p>What does Long Term Disability Insurance cost?</p>	<p>As indicated in the following chart, the cost of your long term disability protection is determined by the amount of coverage you choose. To determine the maximum amount for which you are eligible, locate your salary range in the first column and cross over to the 3rd column. You may enroll for any amount of coverage as shown up to that maximum amount. The 4th column also shows you what your minimum benefit would be for that particular coverage level. Before you enroll, make sure you understand how benefits are calculated.</p>																																																

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The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

PREMIUM WORKSHEET



Rates and/or benefits may be changed on a class basis.

Your Gross Annual Salary	Maximum Monthly Amount Allowed From All Sources	Choose Maximum Monthly Benefit Amount	Minimum Monthly Benefit Amount Payable	Semi-Monthly Cost	Monthly Cost
\$6,001 - \$6,500	\$300	\$300	\$300	\$0.75	\$1.50
\$6,501 - \$7,000	\$350	\$350	\$300	\$0.88	\$1.75
\$7,001 - \$8,000	\$400	\$400	\$300	\$1.00	\$2.00
\$8,001 - \$9,000	\$450	\$450	\$300	\$1.13	\$2.25
\$9,001 - \$10,000	\$500	\$500	\$300	\$1.25	\$2.50
\$10,001 - \$11,000	\$550	\$550	\$300	\$1.38	\$2.75
\$11,001 - \$12,000	\$600	\$600	\$300	\$1.50	\$3.00
\$12,001 - \$12,500	\$650	\$650	\$300	\$1.63	\$3.25
\$12,501 - \$13,000	\$700	\$700	\$300	\$1.75	\$3.50
\$13,001 - \$14,000	\$750	\$750	\$300	\$1.88	\$3.75
\$14,001 - \$15,000	\$800	\$800	\$300	\$2.00	\$4.00
\$15,001 - \$16,000	\$850	\$850	\$300	\$2.13	\$4.25
\$16,001 - \$18,000	\$900	\$900	\$300	\$2.25	\$4.50
\$18,001 - \$19,000	\$950	\$950	\$300	\$2.38	\$4.75
\$19,001 - \$20,000	\$1,000	\$1,000	\$300	\$2.50	\$5.00
\$20,001 - \$22,000	\$1,100	\$1,100	\$300	\$2.75	\$5.50
\$22,001 - \$24,000	\$1,200	\$1,200	\$300	\$3.00	\$6.00
\$24,001 - \$26,000	\$1,300	\$1,300	\$300	\$3.25	\$6.50
\$26,001 - \$28,000	\$1,400	\$1,400	\$300	\$3.50	\$7.00
\$28,001 - \$30,000	\$1,500	\$1,500	\$300	\$3.75	\$7.50
\$30,001 - \$32,000	\$1,600	\$1,600	\$300	\$4.00	\$8.00
\$32,001 - \$34,000	\$1,700	\$1,700	\$300	\$4.25	\$8.50
\$34,001 - \$36,000	\$1,800	\$1,800	\$300	\$4.50	\$9.00
\$36,001 - \$38,000	\$1,900	\$1,900	\$300	\$4.75	\$9.50
\$38,001 - \$40,000	\$2,000	\$2,000	\$300	\$5.00	\$10.00
\$40,001 - \$42,000	\$2,100	\$2,100	\$315	\$5.25	\$10.50
\$42,001 - \$44,000	\$2,200	\$2,200	\$330	\$5.50	\$11.00
\$44,001 - \$46,000	\$2,300	\$2,300	\$345	\$5.75	\$11.50
\$46,001 - \$48,000	\$2,400	\$2,400	\$360	\$6.00	\$12.00
\$48,001 - \$50,000	\$2,500	\$2,500	\$375	\$6.25	\$12.50
\$50,001 - \$52,000	\$2,600	\$2,600	\$390	\$6.50	\$13.00
\$52,001 - \$54,000	\$2,700	\$2,700	\$405	\$6.75	\$13.50
\$54,001 - \$56,000	\$2,800	\$2,800	\$420	\$7.00	\$14.00
\$56,001 - \$58,000	\$2,900	\$2,900	\$435	\$7.25	\$14.50
\$58,001 - \$60,000	\$3,000	\$3,000	\$450	\$7.50	\$15.00
\$60,001 - \$61,000	\$3,100	\$3,100	\$465	\$7.75	\$15.50
\$61,001 - \$62,000	\$3,200	\$3,200	\$480	\$8.00	\$16.00

Your Gross Annual Salary	Maximum Monthly Amount Allowed From All Sources	Choose Maximum Monthly Benefit Amount	Minimum Monthly Benefit Amount Payable	Semi-Monthly Cost	Monthly Cost
\$62,001 - \$63,000	\$3,300	\$3,300	\$495	\$8.25	\$16.50
\$63,001 - \$64,000	\$3,400	\$3,400	\$510	\$8.50	\$17.00
\$64,001 - \$65,000	\$3,500	\$3,500	\$525	\$8.75	\$17.50
\$65,001 - \$67,000	\$3,600	\$3,600	\$540	\$9.00	\$18.00
\$67,001 - \$69,000	\$3,700	\$3,700	\$555	\$9.25	\$18.50
\$69,001 - \$71,500	\$3,800	\$3,800	\$570	\$9.50	\$19.00
\$71,501 - \$73,000	\$3,900	\$3,900	\$585	\$9.75	\$19.50
\$73,001 - \$75,000	\$4,000	\$4,000	\$600	\$10.00	\$20.00
\$75,001 - \$77,000	\$4,100	\$4,100	\$615	\$10.25	\$20.50
\$77,001 - \$79,000	\$4,200	\$4,200	\$630	\$10.50	\$21.00
\$79,001 - \$81,000	\$4,300	\$4,300	\$645	\$10.75	\$21.50
\$81,001 - \$83,000	\$4,400	\$4,400	\$660	\$11.00	\$22.00
\$83,001 - \$85,000	\$4,500	\$4,500	\$675	\$11.25	\$22.50
\$85,001 - \$87,000	\$4,600	\$4,600	\$690	\$11.50	\$23.00
\$87,001 - \$89,000	\$4,700	\$4,700	\$705	\$11.75	\$23.50
\$89,001 - \$91,000	\$4,800	\$4,800	\$720	\$12.00	\$24.00
\$91,001 - \$93,000	\$4,900	\$4,900	\$735	\$12.25	\$24.50
\$93,001 - \$96,000	\$5,000	\$5,000	\$750	\$12.50	\$25.00
\$96,001 - \$98,000	\$5,100	\$5,100	\$765	\$12.75	\$25.50
\$98,001 - \$100,000	\$5,200	\$5,200	\$780	\$13.00	\$26.00
\$100,001 - \$102,000	\$5,300	\$5,300	\$795	\$13.25	\$26.50
\$102,001 - \$104,000	\$5,400	\$5,400	\$810	\$13.50	\$27.00
\$104,001 - \$106,000	\$5,500	\$5,500	\$825	\$13.75	\$27.50
\$106,001 - \$108,000	\$5,600	\$5,600	\$840	\$14.00	\$28.00
\$108,001 - \$110,000	\$5,700	\$5,700	\$855	\$14.25	\$28.50
\$110,001 - \$112,000	\$5,800	\$5,800	\$870	\$14.50	\$29.00
\$112,001 - \$114,000	\$5,900	\$5,900	\$885	\$14.75	\$29.50
\$114,001 - \$116,000	\$6,000	\$6,000	\$900	\$15.00	\$30.00
\$116,001 - \$118,000	\$6,100	\$6,100	\$915	\$15.25	\$30.50
\$118,001 - \$120,000	\$6,200	\$6,200	\$930	\$15.50	\$31.00
\$120,001 - \$122,000	\$6,300	\$6,300	\$945	\$15.75	\$31.50
\$122,001 - \$124,000	\$6,400	\$6,400	\$960	\$16.00	\$32.00
\$124,001 - \$126,000	\$6,500	\$6,500	\$975	\$16.25	\$32.50
\$126,001 - \$128,000	\$6,600	\$6,600	\$990	\$16.50	\$33.00
\$128,001 - \$130,000	\$6,700	\$6,700	\$1,005	\$16.75	\$33.50
\$130,001 - \$132,000	\$6,800	\$6,800	\$1,020	\$17.00	\$34.00
\$132,001 - \$133,500	\$6,900	\$6,900	\$1,035	\$17.25	\$34.50
\$133,501 - \$135,500	\$7,000	\$7,000	\$1,050	\$17.50	\$35.00

5962e NS 07/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

Important Details

- Premiums are payable during the elimination period but not while receiving benefits.
- The Hartford's nurses and vocation rehabilitation counselors offer return-to-work assistance when appropriate.
- The Hartford offers a Social Security Assistance Program to help disability claimants obtain Social Security Disability benefits. The program provides you with information describing the application process and provides assistance if you appear eligible but your claim is initially denied.

Exclusions:

This plan does not cover, and no benefits will be payable for, any disability that is due to:

- war or act of war (declared or not)
- the commission of, or attempt to commit a felony
- an intentionally self-inflicted injury
- any case where your being engaged in an illegal occupation was a contributing cause to your disability

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Explore the benefits of life insurance



Life insurance coverage available with no health questions

There are certain times in which you can enroll for coverage without answering health questions. Below is a summary of those options.

A full list of your life insurance coverage options is outlined on the next page. To apply for coverage other than what's outlined here, you'll answer three questions about your health history — along with height and weight. Applicants previously declined coverage also will be required to answer the health questions.

Within 30 days of initial eligibility

- Employee: Elect up to two times your annual salary
- Spouse: Elect up to \$10,000
- Child: All coverage is guaranteed

During each open enrollment (when offered)

- Employee and spouse: Enroll or increase your optional life coverage based on the current amount in force

Current coverage	May add
\$0	\$5,000
\$5,000 to \$35,000	\$5,000
\$40,000 to \$55,000	\$10,000
\$60,000 to \$75,000	\$15,000
\$80,000 to 95,000	\$20,000
\$100,000 or more	\$25,000

- Child: All coverage is guaranteed

Health questions never required

- Enrolling for employee or spouse AD&D coverage never requires health questions

Prepared for:



Initial eligibility refers to the first time a person is eligible for coverage. For you, the employee, this is when you're hired and become eligible for benefits.

For your spouse, it's when you become eligible for benefits or within 30 days of a new marriage.

Your optional coverages

Optional coverages

Employee optional term life	\$5,000 increments	<ul style="list-style-type: none"> Maximum: \$500,000 Includes matching AD&D benefit
Spouse optional term life	\$5,000 increments	<ul style="list-style-type: none"> Maximum: \$500,000 Includes matching AD&D benefit
Child optional term life	\$10,000 per child	<ul style="list-style-type: none"> Children are eligible from live birth until age 26
Employee optional AD&D	\$5,000 increments	<ul style="list-style-type: none"> Maximum: \$200,000
Spouse optional AD&D	\$5,000 increments	<ul style="list-style-type: none"> Maximum: \$25,000 Coverage cannot exceed employee's amount and terminates at age 70

Semi-monthly cost of coverage

Employee/spouse optional term life and AD&D

Age	Rate per \$5,000
Under 30	\$0.15
30-34	0.20
35-39	0.23
40-44	0.25
45-49	0.43
50-54	0.78
55-59	1.23
60-64	2.03
65-69	3.25
70-75	5.25
75-79	8.50
80-84	13.75
85-89	27.53

Please note, employee and spouse rates increase with age and all rates are subject to change.

Child optional term life

One premium provides coverage for all eligible children

\$10,000	\$0.42
----------	--------

Voluntary AD&D

Employee + spouse	\$0.08 per \$5,000
-------------------	--------------------

Here's how to calculate your semi-monthly premium:

Coverage amount	\$ _____
÷ 5,000	\$ _____
× your rate (based on your age)	\$ _____
= Semi-monthly premium	\$ _____

Need some guidance on how much life insurance you need?

Use Securian Financial's online benefits-decision tool, Benefit Scout®. By answering a few simple questions about your family and finances, you can determine the coverage that meets your needs and budget.

Visit lifebenefits.com/stmn

Enroll

Enroll for guaranteed issue (GI) coverage. For amounts greater than the GI limits, evidence of insurability (EOI) will be required. Obtain and complete the optional application at LifeBenefits.com/plandesign/statemn. You may enroll for optional AD&D anytime without EOI by completing the optional application.

Questions?

Coverage and enrollment:

Contact SEGIP at **651-355-0100**

Call Ochs at **651-665-3789** or **1-800-392-7295**

Visit LifeBenefits.com/plandesign/statemn

Ochs administers life and AD&D products on behalf of the issuing insurance company.

Beneficiaries:

Visit LifeBenefits.com to review or change your beneficiary for life and AD&D insurance.

Your user ID is the letters SOM followed by your eight-digit employee ID.

Your initial password is your eight-digit date of birth followed by the last four digits of your Social Security number.

If you have previously logged in, you chose a new password. For technical assistance, call **1-866-293-6047**.

Frequently asked questions

Q. What is term life and AD&D insurance?

A. Group term life insurance provides a cost-effective way to prepare for the unexpected by adding an extra level of protection during your working years. Your loved ones may benefit from life insurance to cover medical bills, funeral costs and estate management expenses. It can also be a critical resource in helping with your family's ongoing expenses.

Accidental death and dismemberment (AD&D) insurance provides additional financial protection in the event that a covered accident results in an insured person's loss of life, hearing, sight, paralysis and more, whether the accident occurs at work or elsewhere.

Q. Do I have to answer health questions?

A. Enrolling for coverage other than what is outlined on page one will require that you answer three questions about your health history, along with height and weight. Based on your answers, it will be determined whether anything further is needed to make a decision to approve or decline the application. If by any chance your application is not approved, you will still get any coverage that didn't require the health questions and it will not affect any coverage you already have.

Q. What happens when I retire?

A. If you or your spouse participate in the optional term life insurance program for the five consecutive years before reaching age 65, or the year you retire (whichever is later), you'll receive a no-cost permanent death benefit. This benefit comes at no cost to you or your spouse. If you retire(d) on or after 1-1-2024, the benefit is equal to 20 % of the smallest amount of optional term life insurance coverage carried during that five-year period prior to retiring. Retirees prior to 1-1-2024, receive(d) 15 % of the smallest amount of optional term life coverage carried.

Q. What if I retire early?

A. You can still participate in this benefit by continuing to pay the optional term life premiums at the same group rates until age 65 and/or your spouse reaches age 65. In order to qualify for the no-cost permanent life benefit, early retirees and their insured spouses must continue their premium payments to age 65.

Additional features

Beyond paying for a benefit in the event of your death, your group life insurance has other important features:

- Early benefit payments if diagnosed as terminally ill – if an insured person becomes terminally ill with a life expectancy of 12 months or less, he/she may request early payment of up to 100 percent of the life insurance amount.
- No premiums if you become disabled – if you become totally disabled before age 70, life insurance premiums may be waived.

Take your coverage with you

MN Continuation Law- If coverage is lost due to resignation, termination of employment, layoff or loss of eligibility due to reduction in hours, you may continue this insurance at the group rate until the earlier of 18 months or when insured under another group policy.

Conversion rights- After your group eligibility ends, you may apply within 31 days to convert this coverage to an individual insurance policy without having to answer health questions.

Premiums may be higher than those paid by active employees.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life Insurance Company to State of Minnesota. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. All elections or increases are subject to the actively-at-work requirement of the policy.

Products are offered under policy form series 03-30522 Rev 1-2006 and MHC-96-13240 Rev 1-2006.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company is a subsidiary of Securian Financial Group, Inc.



PREPARE
PROTECT
SECURE

RELIASTAR

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Minneapolis, MN 55401



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ochs@ochsinc.com
651-665-3789
1-800-392-7295

lifebenefits.com

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Flexible Benefits Plan

2025 OPEN ENROLLMENT INFORMATION
MEDICAL/DENTAL, DEPENDENT CARE, AND TRANSIT
EXPENSE ACCOUNT



THE STATE EMPLOYEE GROUP INSURANCE PROGRAM (SEGIP) OFFERS THE FOLLOWING
PRE-TAX FLEXIBLE SPENDING ACCOUNTS AND TRANSIT EXPENSE ACCOUNTS:

**MEDICAL/DENTAL
EXPENSE ACCOUNT
(MDEA)**

\$100 MINIMUM
ELECTION REQUIRED

**DEPENDENT CARE
(DAYCARE) EXPENSE
ACCOUNT (DCEA)**

\$100 MINIMUM
ELECTION REQUIRED

**TRANSIT EXPENSE
ACCOUNT -
PARKING (PKEA)**

\$50 MINIMUM
ELECTION REQUIRED

**TRANSIT EXPENSE
ACCOUNT - BUS PASS/
VANPOOL (BVEA)**

\$50 MINIMUM
ELECTION REQUIRED



OPEN ENROLLMENT IS YOUR CHANCE TO SIGN UP FOR BENEFITS SIGN UP FOR TAX SAVINGS BENEFITS

Open enrollment for your 2025 insurance benefits is **Thursday, October 24th** through **Wednesday, November 13th, 2024**.

This is your opportunity to enroll in the Flexible Spending Accounts (FSA) and Transit Expense Accounts (TEA). These accounts are an important part of your total benefits package because they allow you to pay for certain medical, dependent daycare, and your work-related transit expenses with pre-tax dollars. **The pre-tax accounts must be re-elected each plan year in which you wish to participate.**

Carefully review all of the information prior to enrolling to decide the dollar amount you wish to set aside for each account. Reference the online Eligible Expense Searchable List and online worksheets to help you in your calculations. MDEA and DCEA are irrevocable elections and cannot be changed unless you experience a qualifying event. Please see the Plan Year Summary for further information.



HOW TO ENROLL

Go to: mn.gov/selfservice and click on the "Open Enrollment" tile. There, you will find complete instructions for enrollment in your 2025 benefits. Remember that enrollment in the flexible spending and transit expense accounts cannot be done through the Benefit Resource website.



MDEA CARRY OVER

Eligible MDEA participants may be able to carry over up to \$640 of their remaining 2024 MDEA funds into the 2025 plan year, as long as you fully fund your 2024 MDEA. A new 2025 election of at least the \$100 minimum is also required to qualify for the carryover.

There is no DCEA carryover allowed into the 2025 plan year. All DCEA contributions not reimbursed by eligible claim requests will be forfeited.

Carryover funds do not affect your new election amount for the MDEA. 2024 eligible expenses must be submitted for reimbursement by the filing deadline of Friday, February 28, 2025.

Note: A 2025 PKEA and/or BVEA must be elected by December 31, 2024 to be eligible for account balances to rollover to a 2025 account. Funds are forfeited if a new election is not made.



ACCESSING YOUR ACCOUNT FUNDS



BENEFITS CARD

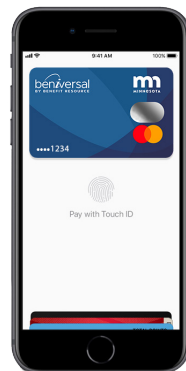
Participants enrolled in a 2024 MDEA, TEA, or HRA may use their same benefits card in 2025. New participants will receive two Beniversal® Prepaid Mastercards® by mail in a plain white envelope.

After activating your card using the instructions provided, you can access funds for eligible expenses from your Medical/Dental Expense Account (MDEA), Health Reimbursement Account (HRA), and Transit Expense Account (TEA).

You can enable your card for contactless payments through Apple Pay®, Google Pay®, and Samsung Pay® digital wallets to pay for eligible expenses at healthcare or commuting locations from your mobile device.*

DEBIT CARD REMINDERS

- Use your debit card in 2025 only for 2025 expenses. Prior year expenses cannot be paid from 2025 funds.
- Your Beniversal cards will be loaded with your 2025 MDEA election amount on January 1 as long as you are actively working and not on unpaid leave on this date. The PKEA and BVEA will be funded after each pay period's contribution.
- Debit cards and accounts become inactive if you begin an unpaid leave of absence or layoff, and when you separate. You must actively elect to continue and pay the monthly contribution amounts in order for the debit cards to be active.
- Any eligible carry over amounts and remaining State HRA amounts are applied to your card on January 1st.
- If you aren't able to use your debit card, you may request reimbursement through the mobile app, the online portal, or by completing a paper reimbursement form (except for mass transit expenses which must be paid for using the debit card).



Apple Pay

Google Pay

Samsung Pay



SAVE ALL RECEIPTS

Remember to save **ALL** receipts from your debit card transactions. The IRS requires that all debit card transactions be verified whether through automatic matches or requests for documentation.



SUBMITTING A CLAIM FOR REIMBURSEMENT

If you are not using the Beniversal card or if you have Dependent Care (day care) expenses, you can submit a claim with your itemized receipt or supporting documentation. Claims can be submitted three ways:

- Online at BRIWEB
- Through BRIMOBILE
- By mailing a claim form

See our 'Claims Best Practices' resource at BenefitResource.com/state-of-minnesota for assistance.

TOOLS TO MANAGE YOUR ACCOUNT



BRIWEB ONLINE PORTAL

Go to BenefitResource.com/state-of-minnesota and click the “BRIWEB LOGIN” button toward the top of the page.

New participants and participants who have not accessed their account online before will need to click “**Register an Account**”. To complete the registration process, you will need:

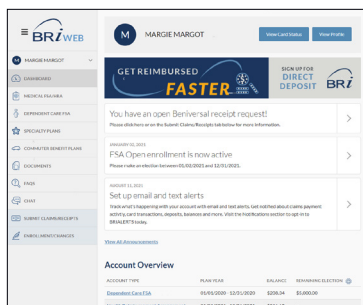
- Company Code: Minnesota
- Personal Information: First name, last name, date of birth, home zip code

If the system cannot identify you by the information above, you will also need to provide:

- Member ID: Employee ID + last 4 digits of your SSN

THROUGH BRIWEB, YOU CAN:

- Submit claims and receipts
- View account balances, transaction, and claims information
- Update your profile (e.g, login and contact info, direct deposit, card activation)
- Sign-up for real-time text or email alerts regarding your account
- Download forms, plan documents, and other educational resources

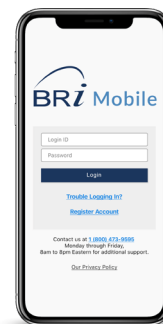


BRIMOBILE APP

Download the BRIMOBILE app for on-the-go account access, available for both Apple and Android in your device’s app store. This app provides participants with instant and secure access to:

- Scan and search for eligible items
- View current and prior year balances
- Access recent card transactions
- Submit and view recent claims
- Upload receipts
- Sign up for notifications

NOTE: You’ll need to register for an account on BRIWEB to get your Login ID and Password.



DOWNLOAD IT TODAY!



BRIALERTS

BRIALERTS provide real-time text or email notifications regarding the status of your accounts. You can sign up for the following alert types through BRIWEB or BRIMOBILE:

- Card activity - denials
- Card activity - deposits
- Card activity - purchases
- Claims payment activity
- Monthly account balance summary

CHECK YOUR BALANCE

To effectively manage your account, it’s important to know what your balance is. You can quickly check your account balance in just a few minutes with one of these four options:

BRIWEB

Login to your online account through a web or mobile browser.

BRIMOBILE

Download the app through the App Store or Google Play.

BRIALERTS

Sign up to receive email/text alerts through BRIWEB or BRIMOBILE.

CALL IN

Call the Participant Services number at (800) 300 - 1672

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) PARTICIPANTS

Those enrolled in a HDHP and who contribute to a Health Savings Account (HSA) must change their MDEA or HRA to a Limited Purpose Account to avoid potential tax complications. This applies whether it is you or your spouse who is covered by the HDHP and either contribute your own funds or receive employer contributions to a HSA. If you have a dependent who is eligible to contribute to a HSA through their employer and their expenses could potentially be submitted under your or your spouse's MDEA through the end of the year they turn 26, your dependent is not eligible to make or receive HSA contributions on a tax-free basis.

The Limited Purpose MDEA or HRA covers dental and vision expenses.

Note: Timing is important. You must elect the Limited Purpose Account at Open Enrollment or prior to the start of the new plan year; you cannot change the MDEA to a Limited Purpose Account mid-year. Please contact Benefit Resource regarding your enrollment options.



HAVE QUESTIONS? NEED ADDITIONAL ASSISTANCE?

**BRI has the tools and resources you need to effectively manage your pre-tax benefit plan funds.
And if you need help, we're here to support.**



VISIT (AND BOOKMARK!) YOUR CUSTOM SITE


Visit BenefitResource.com/state-of-minnesota to access all State of Minnesota pre-tax benefit plan materials. There, you'll find:

- How to access the online portal
- Participant Services contact information
- Plan documents
- Open Enrollment materials
- Enrollment & change forms
- Eligible expense lists, tools & calculators
- Tips on using your Beniversal card
- How to access & manage your account
- Reimbursement resources
- FAQs & Quick Answers
- Forms
- ...and more!




CONTACT PARTICIPANT SERVICES

Participant Services is available to assist with any questions you may have via phone, email and live chat. Both English- and Spanish-speaking representatives are available.

 (800) 300 - 1672 (M - F, 7am - 7pm (CT))

 ParticipantServices@BenefitResource.com

 Live chat is available through the participant login at BenefitResource.com

Getting Started

Congratulations on becoming a State of Minnesota employee! Your employee insurance benefits are an important part of your total compensation. These instructions are intended to help you successfully enroll in insurance benefits and guide you through the election process.

Required information to complete your benefits enrollment:

- Your employee ID number and Self Service password
- **Benefits Overview.** The benefits you are offered and the cost of benefits
- **The legal name(s), social security numbers (SSN), date of birth and verification documents for all enrollees.**
- **Benefits Information available by visiting mn.gov/mmb/segip/**
- If you choose to waive insurance, you must complete the [Waiver of Medical Coverage Form](#).

Know Your Deadline:

- Your elections must be completed by 11:59 pm within 30 days of your hire date.
- Elections are completed within your [Self Service Portal](#) once you have your State ID by clicking Benefits → Benefits Onboarding. If you do not have access to enroll on your portal, please contact SEGIP at 651-355-0100.
- If you take NO action by your deadline, you will be automatically enrolled in the benefits defined below without the opportunity to choose your preferred carrier. You will not be able to enroll any dependent(s) in coverages until the next Open Enrollment OR until you experience a qualifying life event.

Employer Contribution Amount	Automatic Benefits Enrollment
Full	Single Medical Basic Life
Partial	Basic Life
No Contribution	None

- **Effective Date:** Your elections become effective your 31st day of employment. Coverage requiring evidence of insurability is effective immediately after underwriting approval. Review your upcoming paycheck(s) to verify premium deductions. You may see back-charges based on the effective date of your insurance

Enrollment method:

- If you are electing medical coverage, complete your enrollment in Employee Self Service by selecting Benefits → Benefits Onboarding.
- If you receive the full employer contribution and want to waive medical coverage, submit the waiver of medical coverage form to SEGIP.



If you are benefits eligible, you can enroll by clicking **'Benefits'**, and **'Insurance Benefits Onboarding'**

NOTE: If you do not complete the health insurance enrollment and waiver within the first 30 days of your employment, the state will automatically enroll you in employee-only coverage on the 31st day of your employment.

You can waive benefits on the Self Portal or by requesting a form from Human Resources





MINNESOTA STATE

Mandatory and Voluntary Retirement Plans

Human Resources
October 2, 2024

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Introduction

As employees of the colleges and universities of Minnesota State, you are a respected and important resource. Each year, you provide our students with outstanding academic preparation and career education, student support, financial services, and technology and facilities support and management.

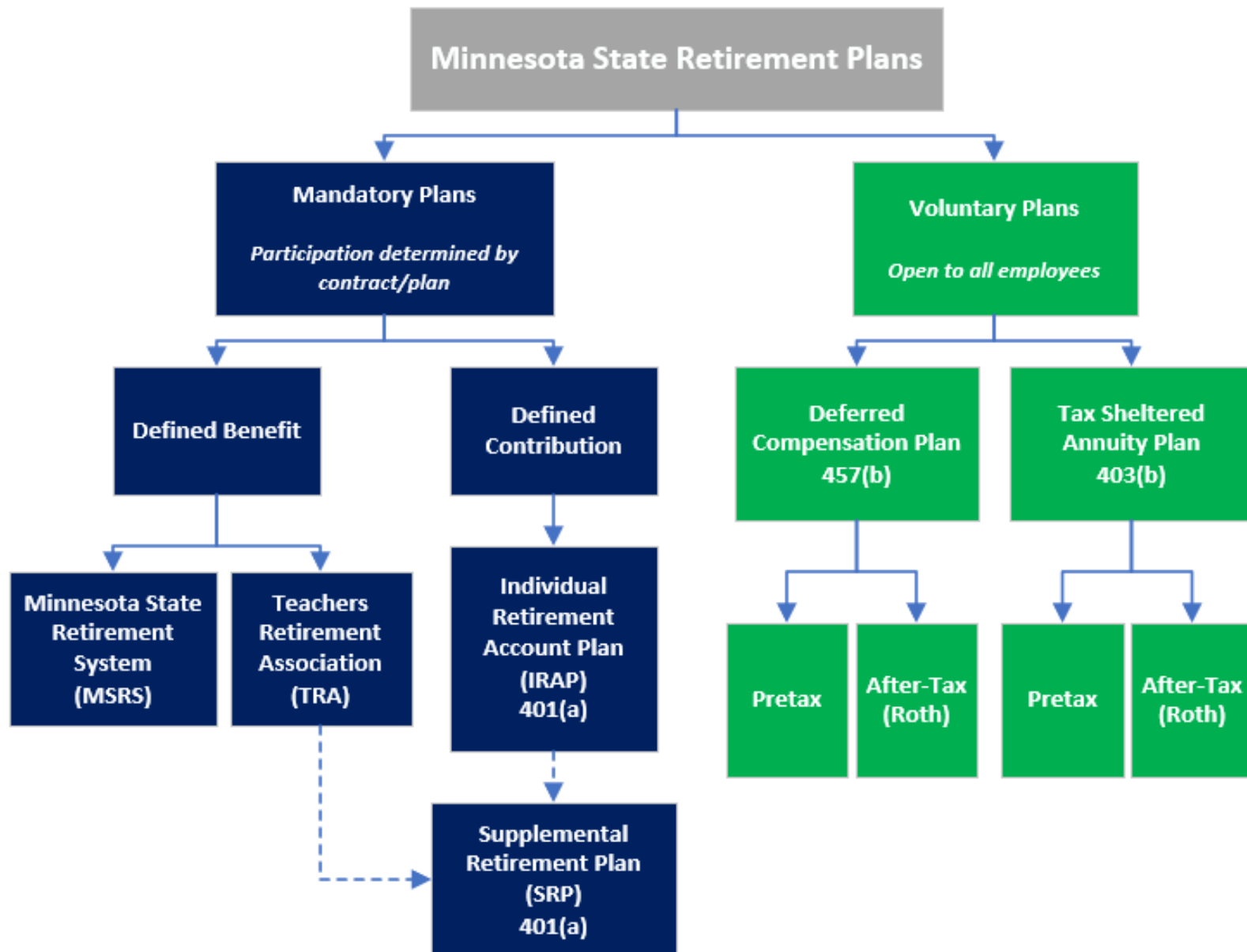
This document gives you an overview of the retirement benefits for which you are eligible. We are committed to providing benefits to help employees build an income for their future retirement years. Whether you are a new employee or a current member of the staff, we encourage you to review the full array of benefits and to become actively involved in planning for your future retirement income.

The system offers a mix of mandatory and voluntary retirement plans. All mandatory contributions are invested on a pre-tax basis. The charts within this brochure provide an overview, including employee eligibility and employer matching contributions in these plans, with additional information on the following pages. All employees may participate in the voluntary plans.

We want you to know how highly we value your public service, particularly in the fast-paced and continually changing educational environment in which we work. We are proud of your achievements in delivering high-quality, innovative public higher education for the citizens of Minnesota.

Retirement Plans

Our goal is to provide the tools for all employees to learn more about the features, rules and investments in the mandatory and voluntary plans. Additional information is available in HR Connect/Retirement. Links to the investment options, plan comparisons and enrollment materials are provided on the website.



Defined Contribution Plan

In a Defined Contribution Plan, the amount of your benefit is based on the dollar amount in your account at retirement. Your account, which includes your contributions, employer contributions and investment earnings, is yours beginning on the date of your first contribution. You make all the investment decisions, and you can change the investment funds as often as allowed by the fund managers. The Investment Committee of Minnesota State has selected funds ranging from conservative to aggressive investment styles. Employee and employer contribution rates for the Defined Contribution Plan are established by state statute. The entire account balance is portable as you change employment or retire. You can transfer the total balance to another qualified plan (with approval) or to your personal IRA upon termination of employment. There are no tax consequences for this type of transfer.

The Defined Contribution Plan has two components:

Individual Retirement Account Plan (IRA)

IRA is the mandatory retirement plan for faculty, system administrators and unclassified members of MAPE and MMA. An employee becomes eligible to contribute to the plan if he or she works twenty-five (25) percent or more of a full-time position. Once an employee meets the eligibility requirement, enrollment in the Individual Retirement Account Plan is automatic.

Note: Individuals who have prior service in one of the State's defined benefit plans will automatically be enrolled in the Teachers Retirement Association plan rather than the Individual Retirement Account Plan upon initial eligibility.

Supplemental Retirement Plan (SRP)

SRP is the mandatory plan for all faculty and unclassified employees with two (2) years of full-time service. Employee contribution limits are established by language in applicable bargaining agreements and personnel plans. The employer contribution is equal to the employee contribution amount.

Defined Benefit Plans

Defined Benefit Plans are sometimes called pension plans. This type of plan provides a retirement benefit based on a formula that considers your years of service, your highest average salary earned during any five consecutive years of service and your age at retirement. If you have service with other Minnesota state retirement plans, you may apply for a combined service annuity with each plan at retirement. As with the Defined Contribution Retirement Plan, the employee and employer contribution rates to the various defined benefit plans are established by state statute. The State of Minnesota's Board of Investment invests all the contributions to the Defined Benefit Plans.

The system participates in two Defined Benefit Plans:

Minnesota State Retirement System (MSRS)

MSRS is the plan for members of AFSCME, classified MAPE and MMA, MNA, MGEC, Managerial, and Commissioner's plans.

Teachers Retirement Association (TRA)

TRA is an option for faculty, administrators, and unclassified MMA and MAPE members who wish to participate in a Defined Benefit Plan in lieu of the Individual Retirement Account Plan. Eligible employees have one (1) year from the date they become eligible to participate in a retirement plan to make an irrevocable election to participate in the Teachers Retirement Association, rather than the Individual Retirement Account Plan. Participation in the Teachers Retirement Association is effective from the date of election. Any contributions made to the Individual Retirement Account Plan prior to the election remain in that plan until the employee retires or terminates service with the system. Individuals who are automatically enrolled in the Teachers Retirement Association upon initial eligibility will also have up to one (1) year after eligibility to elect coverage under the Individual Retirement Account Plan in lieu of Teachers Retirement Association coverage.

Faculty defaulted to and remain in the Individual Retirement Account Plan, who initially attain tenure or its equivalent, will have another opportunity to elect TRA within one (1) year of attaining such status. Further information about this election will be emailed to eligible faculty by Minnesota State.

Mandatory Plans Table

Name	Type	Eligible Employees	Contribution Amount for Fiscal Year 2025	Eligibility for State Matching Contribution	Vesting
Minnesota State Retirement System (MSRS)	Defined Benefit	AFSCME, Classified MAPE, Classified MMA, Managerial Plan, Commissioner's Plan, MGEC, MNA	Employee: 5.50% Employer: 6.25%	N/A	MSRS Vesting
Teachers Retirement Association (TRA)	Defined Benefit	System Administrators, MSCF, IFO, MSUAASF, Unclassified MAPE, Unclassified MMA	Employee: 7.75% Employer: 8.75%	N/A	TRA Vesting
Individual Retirement Account Plan (IRAP)	Defined Contribution 401(a)	System Administrators, MSCF, IFO, MSUAASF, Unclassified MAPE, Unclassified MMA	Employee: 7.75% Employer: 8.75%	N/A	100% vested immediately
Supplemental Retirement Plan (SRP)	Defined Contribution 401(a)	Unclassified employees with two (2) or more years of full-time service	Employee contribution equals 5% on gross compensation over \$6,000 limited to maximum set by bargaining unit/personnel plan Employer contribution equals 100% of employee contribution	N/A	100% vested immediately

Voluntary Retirement Plans

Minnesota State provides two voluntary retirement plans. As a state employee in an educational institution, you may participate in the 403(b) Tax Sheltered Annuity Plan and the 457(b) State of Minnesota's Deferred Compensation Plan. For maximum flexibility both programs offer pretax and after-tax Roth options.

No matter which mandatory retirement plan you have, or even if you do not have one, you are eligible for these voluntary retirement plans. A Minnesota State employee may contribute to and max out both the 457(b) Deferred Compensation and 403(b) Tax Sheltered Annuity plans within a calendar year.

These plans offer:

Lower taxes through payroll contributions

These plans are an easy, automatic way to save for retirement through payroll deduction. They allow you to set aside a portion of your income on a tax-deferred basis. That means less of your salary is subject to current income taxes, and your savings accumulate tax deferred until you begin distribution at retirement. These plans are voluntary, and you may enroll at any time.

Control of your savings account and investment options

You decide how much you will save out of each paycheck, subject to Internal Revenue Service limitations. You select your own investments. You can change your contribution amount or transfer your investments within the plans at any time. It is your money. You control it.

Professional investment management

You have professional investment managers working on your behalf. The plans offer the flexibility to invest in a wide variety of investment options. The Investment Committee of Minnesota State regularly reviews the funds in the 403(b) Plan. The Minnesota State Retirement System (MSRS) administers the 457(b) Plan. The State of Minnesota's Board of Investment and its staff regularly review all investment options in the 457(b) program.

Voluntary Plans Table

Name	Type	Eligible Employees	Contribution Amount for Calendar Year 2024	Eligibility for State Matching Contribution	Vesting
Deferred Compensation Plan (MNDCP)	Defined Contribution (Pretax and after-tax Roth options)	All employees	100% of taxable income not to exceed \$23,000 (\$30,500 for age 50 and over)*	AFSCME, MAPE, MMA, Managerial Plan, Commissioner's Plan, MGEC, MNA	100% vested immediately
Tax Sheltered Annuity Plan (TSA)	Defined Contribution (Pretax and after-tax Roth options)	All employees	100% of taxable income not to exceed \$23,000 (\$30,500 for age 50 and over)	N/A	100% vested immediately

*Note that the [457\(b\) catch-up provision](#) may allow you to contribute up to twice the standard contribution limit if you are within three (3) years of your normal retirement age (the age at which you are eligible for an unreduced pension benefit). For more information or to apply for the Catch-Up Provision, call MSRS at 1-800-657-5757, option 3.

Contact Information

MSRS: Minnesota State Retirement System

www.msrs.state.mn.us

(800) 657-5757

PERA: Minnesota Public Employees Retirement Association

www.mnpera.org

(800) 652-9026

TRA: Teachers Retirement Association

www.minnesotatra.org

(800) 657-3669

TIAA Retirement Service Call Center

www.tiaa.org/public/tcm/minnesotastate

(800) 682-8969

Retirement Plan Video Links

Minnesota Deferred Compensation Plan (MNDCP) Information

MSRS Pension Plan Information Video

Tax-Sheltered Annuity (TSA) plan information

TRA Retirement Information Videos

Minnesota State Colleges and Universities TRA and IRAP Video



MINNESOTA STATE

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651-201-1800 | 888-667-2848

MinnState.edu

This document is available in alternative formats to individuals with disabilities. To request an alternate format, contact Human Resources at 651-201-1664. Individuals with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

Minnesota State is an affirmative action, equal opportunity employer and educator.

Employee Self-Service Instructions for Tax Sheltered Annuity/403B and Deferred Compensation Plan Deductions

ADD, CHANGE, OR STOP DEDUCTIONS

- Log onto the **Employee Self-Service** website, www.state.mn.us/employee.
- Click on **Other Payroll**.
- Click on **Savings Plans**.
- Click on **Input Deferred Cmp/TSA Deductn**.
- Click on **Add Savings Plan**.
- In the **Plan Type Description** box select the plan you wish to modify:
 - **MSRS – Def Comp** for the Deferred Compensation Plan
 - **TSA – MnSCU** for the Tax Sheltered Annuity/403B Plan
- In the **Status** box:
 - select **Active** if you are starting or changing the amount of the deduction; or
 - select **Inactive** if you are stopping the deduction.
- In the **Start Date** select a date within the pay period for the paycheck that you want to start, stop, or change the deduction.

EXAMPLE

To have a change occur on the paycheck of July 30, 2010, the **Start Date** must be a date during the pay period of July 7 through July 20, 2010.

You must complete the transaction in Self-Service no later than the last day of the pay period.

July						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- Enter your desired deduction amount:
 - In the **Before-Tax** section for tax deferred contributions
 - In the **After-Tax (ROTH)** section for a ROTH TSA/403B or ROTH Deferred Comp
 - In the left-hand box enter a flat dollar amount to be deducted from each pay check. Minimum amount is \$10. Use a decimal but not a dollar sign (e.g., 125.00 or 12.50).
OR
 - In the right-hand box enter a percentage of pay to be deducted from each paycheck. Use a decimal but not a percent sign (e.g., 3.5 or 10.00).
OR
 - Leave the boxes blank if you are making the deduction *Inactive*.

Please note: You cannot deduct 100% of your total gross pay for Deferred Comp or the TSA/403B because Social Security, retirement, etc. may also be deducted from the paycheck.

- Click on **Save** at the bottom of the screen. A Confirmation screen should appear stating *Save was successful*.
- If you are entering a large one-time deduction for a specific pay period, repeat the steps above to reduce or stop the deduction and select a **Start Date** that occurs in the following pay period.
- Be sure to click on **Sign out** when you are finished using Employee Self-Service.

ARE YOU ENROLLED?

If you have never contributed to the Tax Sheltered Annuity/403B or the Deferred Compensation Plan Deductions in the past, you will need to enroll in the plan. To enroll in Deferred Comp, print and complete an enrollment form from www.msrs.state.mn.us/mndcp and send it to the address or fax number on the form. To enroll in the TSA/403B, go to www.tiaa.org/minnesotastate, click on the "Ready to Enroll" box and follow the instructions.

More detailed **Instructions** are available via a link on the **Savings Plans** screen.



Health Care Savings Plan At-A-Glance



Our **TAX-FREE** Solution



The Health Care Savings Plan

is an employer-sponsored program that allows Minnesota Public employees to invest money in a medical savings account while employed. This plan is administered by the Minnesota State Retirement System (MSRS).

How It Works

You are automatically enrolled and contribute to the Health Care Savings Plan (HCSP) as directed by the bargaining agreement or personnel policy of your employer. You choose how your account balance is invested. After you end employment, you may access the funds to reimburse eligible medical expenses incurred by you, your spouse, legal tax dependents and adult children up to their 26th birthday. An administrative fee is charged to help pay for the cost of plan services. This fee is prorated and deducted monthly from your account balance.

HCSP is a **TAX-FREE** Account!

More of your money works for you in an HCSP account because you don't pay taxes on contributions or reimbursements. Here is an example showing how you benefit from **TAX-FREE** savings assuming a severance payment of \$10,000.

Severance Paid to HCSP Account	
Severance Payment	\$10,000
Federal Income Tax	\$ - 0
State Income Tax	- 0
FICA Tax	- 0
<hr/>	
\$10,000	
Net Contribution to HCSP	

Severance Paid in Cash	
Severance Payment	\$10,000
Federal Income Tax	\$ -2,200
State Income Tax	- 705
FICA Tax	- 765
<hr/>	
\$6,330	
Net Payout in Cash	

FOR ILLUSTRATION
PURPOSES ONLY.

This hypothetical example assumes a 22% federal tax withholding rate, a 7.05% state tax withholding rate and a 7.65% FICA (Social Security and Medicare) tax rate.

Individual tax rates may vary based on total taxable income and filing status for the year.



Did you know your HCSP contributions and reimbursements from the account are not reportable on federal or state income tax returns?



How are Your Contributions Invested



Contributions are automatically invested in the **Money Market Fund**. Once your account is established, you have the freedom to choose your investment mix at any time. You can also transfer all or a portion of the existing account balance among any of the investment options offered by the plan. Restrictions may apply.

HCSP Investment Options

You can invest your contributions in any combination of the available investment options.



Learn more online:

www.msrs.state.mn.us/hcsp-investment-options.

Investment Options

T. Rowe Price Small Cap Stock Fund	<p>Higher Risk/Potential Reward</p> <p>Lower Risk/Potential Reward</p>	<p>Carefully consider the investment option's objectives, risks, fees and expenses. To obtain a prospectus, summary prospectus or disclosure document, as available, containing this information contact MSRS. Read them carefully before investing.</p> <p>Visit online at: www.msrs.state.mn.us</p> <p>Call the MSRS Service Center: 1.800.657.5757 or 651.296.2761</p>
Vanguard Total International Stock Index Fund		
Vanguard Mid Cap Index Stock Fund		
Vanguard Total Stock Market Index Fund		
Vanguard Dividend Growth Fund		
Vanguard Balanced Index Fund		
Dodge & Cox Income Fund		
Vanguard Total Bond Market Index Fund		
Stable Value Fund		
Money Market Fund		

You could lose money by investing in the Money Market Fund. Although the Fund seeks to preserve the value of your investment at \$1 per share, it cannot guarantee it will do so. An investment in the fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The fund's sponsor has no legal obligation to provide financial support to the fund, and you should not expect that the sponsor will provide financial support to the fund at any time.

Investing involves risks, including possible loss of principal. Stock funds have greater risk than bond funds and bond funds have greater risk than capital preservation funds. Investing in foreign investments increases risks due to currency fluctuations, taxation differences and political developments. Bond funds are subject to interest rate, inflation and credit risks associated with the underlying bonds.

Eligibility Requirements for Reimbursements

You can access your HCSP account for reimbursement of eligible medical expenses when you:

- ▶ Separate from service at any age
- ▶ Retire
- ▶ Collect a disability benefit from a Minnesota public pension plan

Only eligible medical expenses incurred after you leave public employment can be reimbursed. You pay the bill and then submit a Reimbursement Request form with appropriate documentation of expenses to MSRS. Your reimbursement will then be mailed to you or electronically deposited into your bank account.

Inheriting the Balance of an HCSP Account

Upon your death, any remaining HCSP account balance is transferred to an heir. The assets are placed in an HCSP account for your survivor and must be used for the reimbursement of healthcare-related expenses.

Who inherits the account balance?

- 1 **Spouse** - Automatically inherits 100% of the remaining balance. Reimbursements to a spouse are tax-free.
- 2 **Legal tax dependents** - The balance is divided equally among your dependents. Reimbursements to a dependent are tax-free.
- 3 **Beneficiaries** - If you are not survived by a spouse or dependent, your named beneficiary will inherit the balance. Reimbursements to a beneficiary are taxable income.

Reimbursements are always paid to **YOU**. MSRS never pays the medical provider.



Benefits of the Health Care Savings Plan



Post-Employment Account

After you end public employment, you can request reimbursements for eligible healthcare expenses regardless of your age. Reimbursement of expenses is available for you, your spouse, dependent children and adult children up to age 26.



Reimbursement of Out-of-Pocket Medical Expenses

The HCSP provides reimbursement of insurance premiums and other medical expenses not covered by your insurance. Using the tax-free dollars accumulated in your HCSP account to reimburse out-of-pocket medical expenses may help provide significant savings for you and your family.



Choose How Your Funds are Invested

Contributions are automatically invested in the Money Market Fund. You have the freedom to change your investment mix at any time.



Account Balances Always Transfer to a Beneficiary

Upon your death, any remaining account balance will transfer to an HCSP account for your spouse, dependents or a designated beneficiary.

Most Common **Reimbursable** Expenses

- Premiums for medical, dental and long-term care insurance
- Medicare Part B, C and D premiums
- Insurance deductibles and co-pays



- Prescription drug co-pays
- Eye-care expenses
- Dental expenses
- Chiropractor and acupuncture



To learn more see: www.msrs.state.mn.us/eligible-expenses.

View IRS Publication 502 Medical and Dental expenses at: www.irs.gov

NOTE: The current IRS Publication 502 supersedes MSRS documentation regarding reimbursable health care-related expenses.

Frequently Asked Questions



Can I opt out of the HCSP?

You may opt out if you:

- Are eligible for TRICARE retiree insurance benefits
- Have a service-connected disability
- Are a foreign national who plans to return to your country of origin after you end employment
- Have comprehensive health insurance coverage provided for life that is at least 70% paid for by an employer. The coverage must be provided by a source other than your current employer who sponsors your HCSP.
- Are a Native American eligible for tribal insurance coverage.

Once you opt out of participation in the HCSP, you cannot enroll at any time in the future.

What federal and state laws govern the HCSP?

The HCSP is a tax-exempt section 115 Governmental Integral Part Trust. The HCSP assets can only be used for post-employment medical expenses. The trust was approved by an IRS private letter ruling, which ensures the tax-exempt status. Minnesota Statutes, Chapter 352.98 authorizes Minnesota State Retirement System (MSRS) to offer the HCSP to governmental employees who work for a city, county, school district, political subdivision or the State of Minnesota.

Can I have multiple medical savings plans?

Yes, you may invest in multiple tax-advantaged medical savings plans such as a Health Savings Account (HSA), Health Reimbursement Account (HRA) or Flexible Spending Account (FSA). However, you cannot be reimbursed for the same expense from more than one savings plan or deduct a reimbursed expense on your federal income tax return.

How much are administrative fees?

The annual administrative fee is 0.65 percent of your account balance. This fee is prorated and deducted monthly from your account balance. The maximum annual fee is \$140 (or \$11.67 per month). Fees are subject to change.

How do I monitor my account?

There are several ways to monitor and access your account.



Statements - A summary of your account information will be available online or mailed to you quarterly.



Online 24/7 Access - Manage your HCSP account anytime and as often as you like.



Phone - Speak with an MSRS representative Monday through Friday from 8:00 a.m. to 4:30 p.m.

Contact Us – We're Here To Help!



Phone: **1.800.657.5757 or 651.296.2761**

Web: **www.msrs.state.mn.us** Email: **info@msrs.us**

Address: **60 Empire Drive, Suite 300 St. Paul, MN 55103**

Hours: **Monday – Friday, 8:00 a.m. - 4:30 p.m.**

The Health Care Savings Plan (HCSP) is administered by Minnesota State Retirement System (MSRS).

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