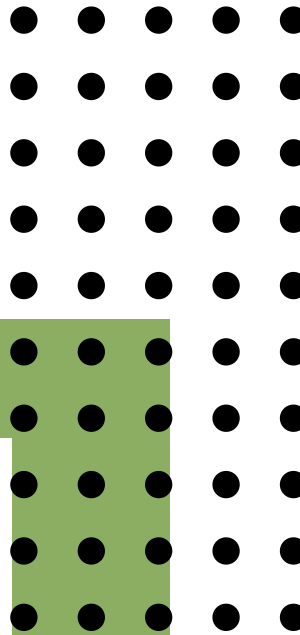




EMPLOYEE BENEFITS SUMMARY

2025





2025 Employee Benefits Summary

Beltrami County offers a wide array of benefits for which the employee first uses County-contributed flex dollars and then if needed, their own. **Flex dollars contributed by the County in 2025 will be \$1,490.00 per month**, with part time benefit eligible employees receiving pro-rated dollars. Employees are offered voluntary benefits which may also be purchased. Benefit selections are effective the 1st of the month following 30 days of benefit eligible employment. Changes may be made during the annual open enrollment; otherwise, the employee is responsible to inform Human Resources of any changes to benefits due to qualifying life events.

Beltrami County provides core \$20,000 term life and accidental death and dismemberment insurance coverage and \$50/week or \$200/month short term disability coverage to each benefit eligible employee at minimal cost to the employee.

Employer Contribution of Flex Dollars

Beltrami County	Monthly
Full Time	\$1,490.00
Part Time (.75/30 Hours)	\$1,117.50
Northwest Juvenile Center	
Full Time	\$1,235.00

Medical Insurance

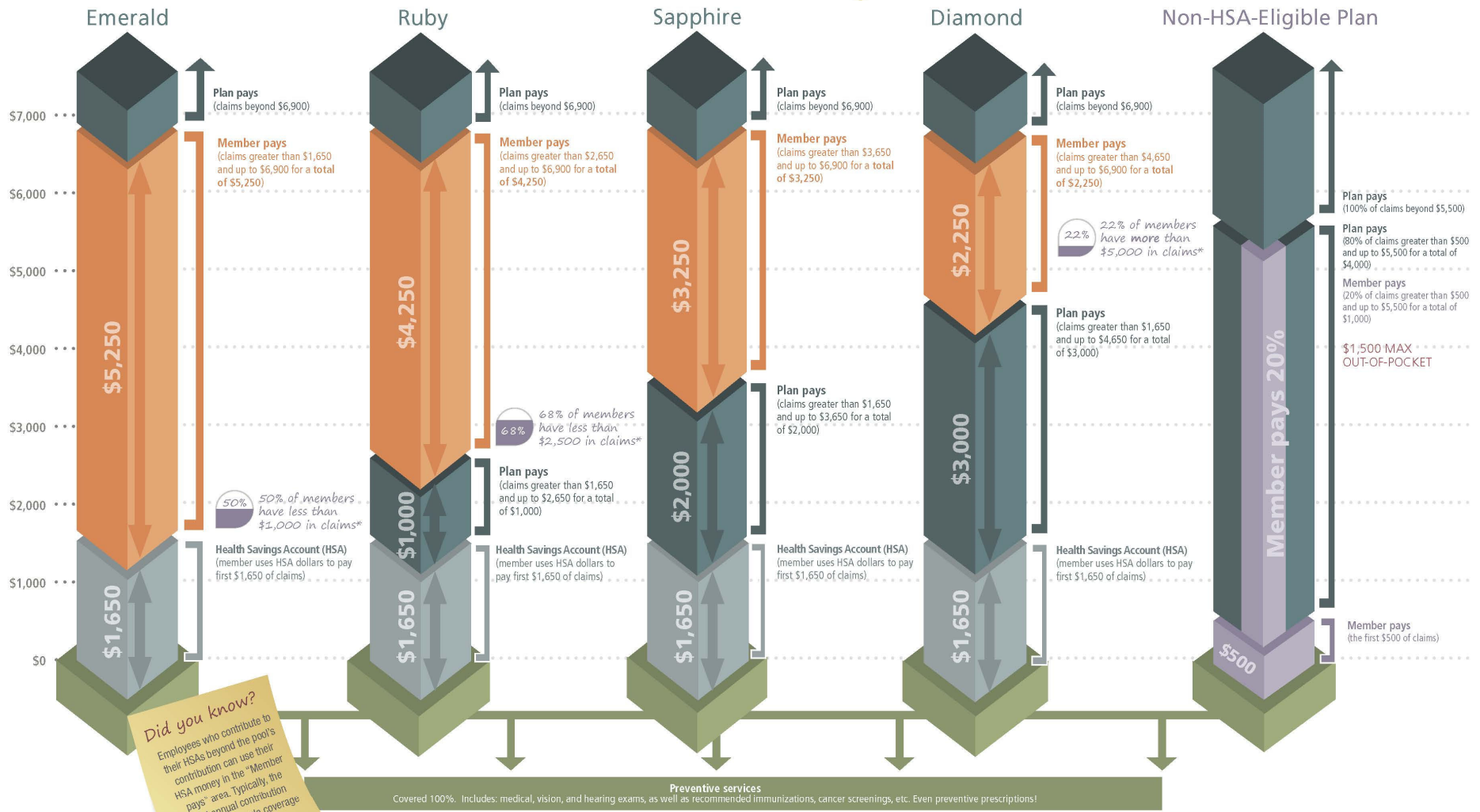
Single Plans:

Plan Name	Base Rate Monthly Premiums	Base HSA or VEBA Contribution	Monthly Subtotal	Remaining Flex \$ Balance*
Emerald	\$806.38	\$137.50	\$943.88	\$546.12
Ruby	\$858.72	\$137.50	\$996.22	\$493.78
Sapphire	\$920.88	\$137.50	\$1,058.38	\$431.62
Diamond	\$999.32	\$137.50	\$1,136.82	\$353.18
Pearl (non-HSA)	\$1,227.12	N/A	\$1,227.12	\$262.88

*Calculations are based on \$1,490 flex dollars. If you are not a full time employee, subtract your pro-rated flex dollars from the monthly subtotal to calculate your remaining balance to be used towards additional benefits (dental, life, STD, LTD, etc.)

*If you WAIVE your Beltrami County medical insurance coverage, your flex dollars will be reduced by \$943.88 (the cost of the least expensive single medical plan) and you must also provide proof of other coverage

Prime Health – 2025 Single Plans



Did you know?
Employees who contribute to their HSAs beyond the pool's contribution can use their contribution in the "Member HSA money in the "Member pays" area. Typically, the total annual contribution allowed in a single coverage HSA is \$4,300.**

Preventive services
Covered 100%. Includes: medical, vision, and hearing exams, as well as recommended immunizations, cancer screenings, etc. Even preventive prescriptions!

This chart represents in-network coverage for active employees. Your out-of-pocket costs could be higher for out-of-network services.
*Based on 2023 data.
**Please review additional guidance for rules and limits pertaining to HSAs at www.irs.gov/publications/p969/.

\$943.88
\$996.22
\$1,058.38
\$1,136.82
\$1,227.12

Beltrami County - Single Plans Effective 1/1/2025

Which single plan is right for me?

Emerald

If you typically spend **\$1,000 or less** per year on health care and pharmacy expenses, consider the **Emerald Plan**.

In-Network:
Deductible \$6,900
Out-of-pocket max \$6,900

50% 50% of members have less than \$1,000 in claims*

Ruby

If you typically spend **\$2,500 or less** per year on health care and pharmacy expenses, consider the **Ruby Plan**.

In-Network:
Deductible \$1,650
Out-of-pocket max \$5,900

68% 68% of members have less than \$2,500 in claims*

Sapphire

If you typically spend **between \$2,500 and \$5,000** per year on health care and pharmacy expenses, consider the **Sapphire Plan**.

In-Network:
Deductible \$1,650
Out-of-pocket max \$4,900

32% 32% of members have more than \$2,500 in claims*

Diamond

If you typically spend **more than \$5,000** per year on health care and pharmacy expenses, consider the **Diamond Plan**.

In-Network:
Deductible \$1,650
Out-of-pocket max \$3,900

22% 22% of members have more than \$5,000 in claims*

Non-HSA

If you don't plan on contributing your own money into an HSA, if your family spends **more than \$5,000** per year, or if you incur large pharmacy expenses early in the year, consider the **non-HSA-eligible Single Plan**. This plan is not HSA-eligible, but you can still contribute to a medical Flexible Spending Account (FSA) to cover additional out-of-pocket costs.

In-Network:
Deductible \$500
Out-of-pocket max \$1,500

Health care services provided by an out-of-network provider are subject to an additional \$1,000 out-of-pocket max. To verify that the provider you choose is a participating provider, call UMR Customer Service or log in to your online account at **UMR.com**. See your Summary Plan Description to view your out-of-network deductible and out-of-pocket max.

*Based on 2023 data

Family Plans:



A: Base Family Rate

Plan Name	Base Rate Monthly Premiums	Base HSA or VEBA Contribution	Monthly Subtotal
\$3,300 Deductible HSA Plan	\$717.36	\$275.00	\$992.36
Non-HSA Plan	\$1,372.92	N/A	\$1,372.92

B: Spouse Rates (based on age as of 1/1/2025)

Age-Bands	Rates	Age-Bands	Rates
< 21	\$306.00	44	\$480.30
21-24	\$343.82	45	\$496.46
25	\$345.18	46	\$515.72
26	\$352.06	47	\$537.38
27	\$360.32	48	\$562.14
28	\$373.72	49	\$586.54
29	\$384.72	50	\$614.04
30	\$390.22	51	\$641.20
31	\$398.48	52	\$671.12
32	\$406.74	53	\$701.38
33	\$411.88	54	\$734.04
34	\$417.38	55	\$766.70
35	\$420.14	56	\$802.10
36	\$422.88	57	\$837.86
37	\$425.64	58	\$876.02
38	\$428.40	59	\$894.94
39	\$433.90	60	\$933.10
40	\$439.40	61	\$966.10
41	\$447.64	62	\$987.76
42	\$455.56	63	\$1,014.92
43	\$466.56	64 and Older	\$1,031.42

C: Child Rates

Category	Rate
1 Child	\$306.00
2+ Children	\$612.00

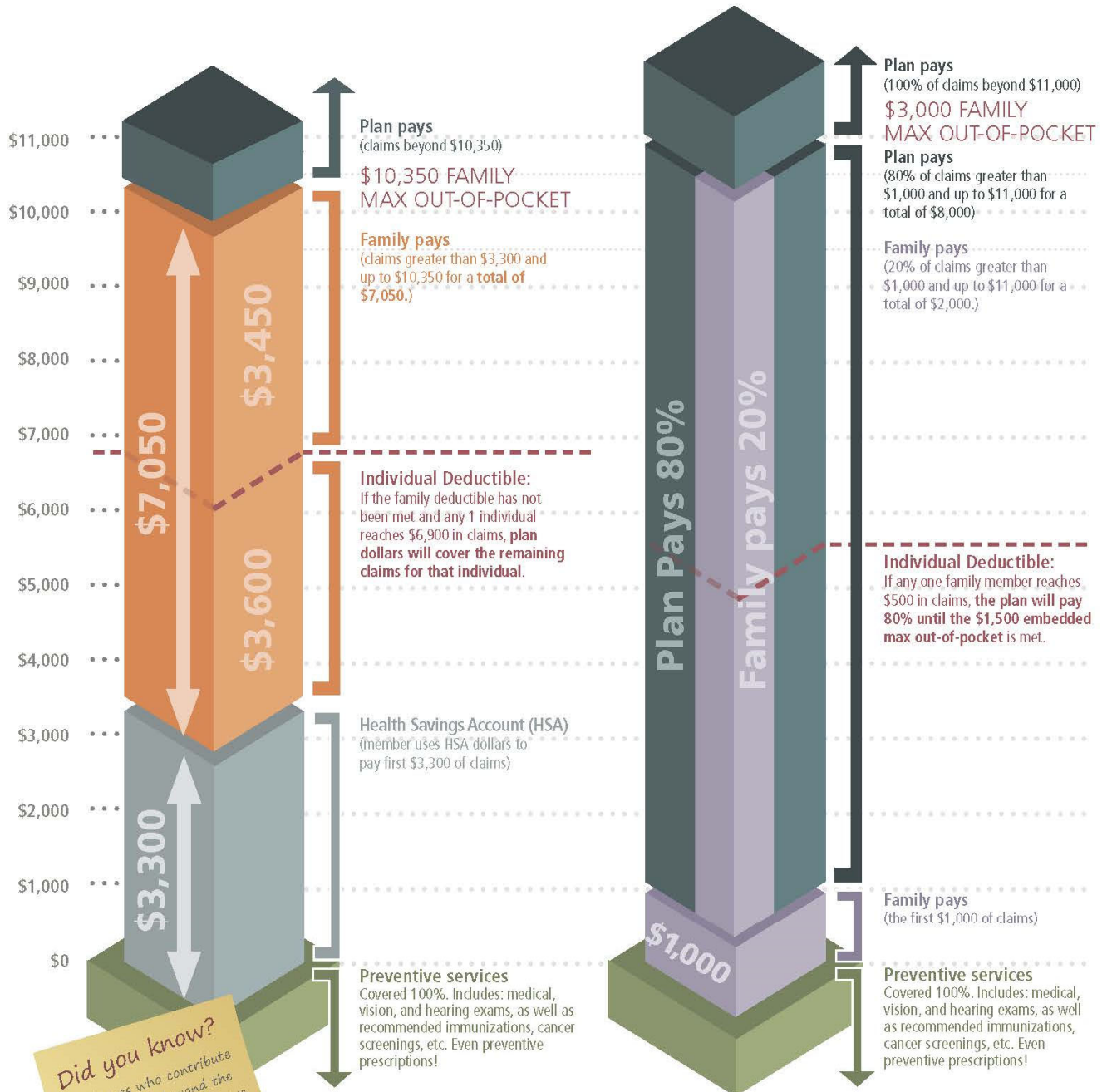
To calculate monthly cost:

A. Base Family Rate: Monthly Subtotal		
B. Spouse Rate	+	
C. Child(ren) Rate	+	
Monthly Total	=	

Prime Health 2025 Family Plans

HSA Plan

Non-HSA-Eligible Plan



Did you know?
Employees who contribute to their HSA beyond the pool's contribution, can use their HSA money in the "member dollars" area. Typically, the total annual contribution allowed in a family HSA is \$8,550.*

These charts represent in-network coverage for active employees. Your out-of-pocket costs could be higher for out-of-network services.

*Please review additional guidance for rules and limits pertaining to HSAs at www.irs.gov/publications/p969/.

Which family plan is right for me?

HSA-eligible Family Plan

If you value owning an HSA account, anticipate contributing your own money to an HSA account, or if your family typically spends **\$5,000 or less** per year on combined health care and pharmacy expenses, consider the **HSA-eligible Family Plan**. You'll receive an HSA contribution from your employer, to which you can contribute additional funds (up to a total of \$8,300) in pre-tax contributions.

In-Network:

Family out-of-pocket max **\$10,350**

Individual out-of-pocket max **\$6,900**

(If any one family member reaches \$6,900 in in-network claims, the plan will cover the remaining claims for that individual)

Non-HSA eligible Family Plan

If you don't anticipate contributing your own money to an HSA, or your family typically spends **more than \$5,000** per year or incurs large pharmacy expenses early in the year, consider the **non-HSA-eligible Family Plan**. This plan is not HSA-eligible, but you can still contribute to a medical Flexible Spending Account (FSA) to cover additional out-of-pocket costs.

In-Network:

Family out-of-pocket max **\$3,000**

Individual out-of-pocket max **\$1,500**

(If any one family member reaches \$1,500 in in-network claims, the plan will cover the remaining claims for that individual)

Health care services provided by an out-of-network provider are subject to an additional \$1,500 out-of-pocket max. To verify that the provider you choose is a participating provider, call UMR Customer Service or log in to your online account at **UMR.com**. See your Summary Plan Description to view your out-of-network deductible and out-of-pocket max.

For more information visit:

<https://www.hrconnection.com?u=Beltrami>

Guest Key: Beltrami

HR Connection

Coverage and plan details for Health Insurance and all Voluntary Benefits may be found at HR Connection or see the 'Benefits Contacts' listed at the end of this brochure.

Per Minnesota law, only licensed agents may discuss insurance plans specific to individuals



VOLUNTARY BENEFITS

Dental Insurance

Delta Dental administers our dental insurance. Plan includes 100% preventative coverage (two cleanings and exams per year) with a maximum benefit of \$1,500 per year.

Plan	Monthly Premiums
Employee Only	\$47.42
Family	\$122.58

Vision Insurance

VSP administers our vision insurance. Plan includes a \$150 per year frame or contact lens allowance plus discounts for other services. **Annual vision exams are covered by your medical plan.** Note that with VSP, ID cards are not needed. Members simply identify themselves as a VSP member, provide their name, DOB and the last 4 digits of their SSN and the doctor does the rest.

Plan	Monthly Premiums
Employee Only	\$7.84
Employee + Spouse	\$15.68
Employee + Child(ren)	\$16.78
Family	\$26.82

Core Life Insurance

The Hartford administers our life insurance policies. All employees are enrolled in a core **\$20,000** life insurance benefit for \$2.80/month (\$1.40/pay period). Our life policies include Accidental Death & Dismemberment (AD&D) coverage which doubles the benefit payout in the event of an accidental death.

Voluntary Employee Life Insurance

Employees are also eligible to elect additional life insurance, up to a max of \$500,000. For new employees, \$100,000 coverage is guaranteed without needing to submit a health history form.

Voluntary Spouse Life Insurance

Employees may elect life insurance for their spouse, up to a max of \$250,000. For new employees, \$25,000 coverage is guaranteed without your spouse needing to submit a health history form.

Premiums for voluntary life insurance for both employees and spouses are as follows:

Age	Monthly Cost Per \$1000	Age	Monthly Cost Per \$1000
Under 25	\$0.04	50-54	\$0.16
25-34	\$0.04	55-59	\$0.26
35-39	\$0.07	60-64	\$0.39
40-44	\$0.08	65-69	\$0.74
45-49	\$0.11	70-74	\$1.17

Dependent Life Coverage

Dependent life coverage of **\$10,000** per family member is available for \$1.04/month and covers spouses and dependent children up to age 26. No health history forms are required.

Accidental Death & Dismemberment (AD&D)

New York Life provides our Accidental Death & Dismemberment (AD&D) group coverage. No medical forms are required and employees may elect coverage from \$25,000 to \$500,000.

Plan	Premiums
Employee Only	\$0.03 per \$1,000 of coverage/month
Family Coverage	\$0.05 per \$1,000 of coverage/month

Short Term Disability Insurance

The Hartford administers our self-funded Short Term Disability (STD) group coverage. Benefits begin on the 1st day of an accident or the 8th day of an illness/child birth and are payable for up to six months for an accident/illness or six weeks for the birth of a child. **All employees must elect core STD coverage of \$50/week or \$200/month** for a cost of \$1.66/month (\$0.83/pay period). Additional coverage may be purchased for weekly benefits in \$100 increments to a max of \$750/week (\$3,000/month) or 60% of gross earnings.

New employees may elect up to 60% of their gross earnings without submitting a health history form. **During open enrollment, current employees who wish to increase their voluntary STD benefits will be required to fill out a health history form.**

Required \$200 Core Benefit		Additional Voluntary Coverage		Total Monthly Coverage	Monthly Premium for Voluntary Coverage
\$200.00	+	\$100.00	=	\$300.00	\$1.36
\$200.00	+	\$200.00	=	\$400.00	\$2.80
\$200.00	+	\$300.00	=	\$500.00	\$4.08
\$200.00	+	\$400.00	=	\$600.00	\$6.20
\$200.00	+	\$500.00	=	\$700.00	\$7.74
\$200.00	+	\$600.00	=	\$800.00	\$9.28
\$200.00	+	\$700.00	=	\$900.00	\$10.84
\$200.00	+	\$800.00	=	\$1,000.00	\$12.38
\$200.00	+	\$900.00	=	\$1,100.00	\$13.92
\$200.00	+	\$1,000.00	=	\$1,200.00	\$15.48
\$200.00	+	\$1,100.00	=	\$1,300.00	\$17.02
\$200.00	+	\$1,200.00	=	\$1,400.00	\$18.56
\$200.00	+	\$1,300.00	=	\$1,500.00	\$20.12
\$200.00	+	\$1,400.00	=	\$1,600.00	\$21.66
\$200.00	+	\$1,500.00	=	\$1,700.00	\$23.20
\$200.00	+	\$1,600.00	=	\$1,800.00	\$24.76
\$200.00	+	\$1,700.00	=	\$1,900.00	\$26.30
\$200.00	+	\$1,800.00	=	\$2,000.00	\$27.86
\$200.00	+	\$1,900.00	=	\$2,100.00	\$29.40
\$200.00	+	\$2,000.00	=	\$2,200.00	\$30.94
\$200.00	+	\$2,100.00	=	\$2,300.00	\$32.48
\$200.00	+	\$2,200.00	=	\$2,400.00	\$34.04
\$200.00	+	\$2,300.00	=	\$2,500.00	\$35.58
\$200.00	+	\$2,400.00	=	\$2,600.00	\$37.14
\$200.00	+	\$2,500.00	=	\$2,700.00	\$38.68
\$200.00	+	\$2,600.00	=	\$2,800.00	\$40.24
\$200.00	+	\$2,700.00	=	\$2,900.00	\$41.78
\$200.00	+	\$2,800.00	=	\$3,000.00	\$43.32

Long Term Disability Insurance

New York Life provides our Long Term Disability (LTD) group coverage. New employees may enroll without a health history form for monthly benefits in \$100 increments between \$500 and \$5,000 per month, to a max of 60% of gross earnings. Employees currently participating in the plan can increase their LTD coverage during open enrollment without completing a health history form. Employees who have not been participating in the plan may apply for LTD during open enrollment by completing a health history form. Benefits begin after 180 days of a disability and are payable for injury, sickness or pregnancy.

Age	Monthly Cost Per \$100 Benefit	Age	Monthly Cost Per \$100 Benefit
Under 25	\$0.162	45-49	\$0.828
25-29	\$0.171	50-54	\$1.188
30-34	\$0.225	55-59	\$1.422
35-39	\$0.297	60-64	\$1.404
40-44	\$0.559	65+	\$1.296

Critical Illness Insurance

Cigna provides our Critical Illness Insurance, which pays a fixed, lump sum benefit (\$15,000 for a covered employee, \$7,500 for a covered spouse, or \$3,750 for a covered child) in the event of a life-threatening medical diagnosis. Monthly rates are as follows:

Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
18-24	\$5.82	\$10.39	\$6.19	\$10.76
25-29	\$6.59	\$11.55	\$6.97	\$11.92
30-34	\$8.52	\$14.30	\$8.90	\$14.68
35-39	\$11.73	\$19.18	\$12.10	\$19.55
40-44	\$15.00	\$24.18	\$15.37	\$24.55
45-49	\$21.57	\$34.27	\$21.94	\$34.64
50-54	\$29.49	\$47.60	\$29.87	\$47.97
55-59	\$39.41	\$64.34	\$39.79	\$64.72
60-64	\$50.53	\$82.90	\$50.90	\$83.27
65-69	\$62.42	\$100.39	\$62.79	\$100.76
70-74	\$87.29	\$138.29	\$87.66	\$138.67
75-79	\$121.61	\$182.09	\$121.99	\$182.46
80-84	\$153.67	\$223.14	\$154.04	\$223.51
85+	\$189.66	\$293.71	\$190.04	\$294.09

Accident Insurance

Cigna provides our Accident Insurance, which is used to help cover medical bills and offset deductibles. A low plan and high plan are available.

Plan	Low Plan - Monthly Rates	High Plan - Monthly Rates
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

Saving/Spending Accounts

Beltrami County employees may participate in saving/spending accounts for unreimbursed medical, dental, vision and dependent care expenses. There are four types of saving/spending accounts offered, all of which are administered by **WEX**.

Health Savings Accounts (HSA) are tax-free accounts available to those enrolled in a High Deductible Health Plan (HDHP) who are not covered by any other non-qualified health plan, and are used to cover qualified medical, dental and vision expenses. Annual HSA contributions may not exceed **\$4,300** (single) or **\$8,550** (family) for 2025 and any unused contributions will roll over to subsequent years. An HSA is portable and a participant's rights to the account are non-forfeitable.

Voluntary Employee Beneficiary Association Accounts (VEBA) are a unique, tax-free health care savings plan funded entirely by your employer at a rate of \$137.50/month for single medical plans or \$275/month for family medical plans. They can pay for qualified medical, dental and vision expenses now or in the future, and can be used to pay health insurance premiums when you retire. A VEBA may be paired with an HSA and limited to dental and vision expenses, so that VEBA funds can be saved for future medical expenses.

Medical Flexible Spending Accounts (FSA) are available to all benefits-eligible employees to use for unreimbursed medical, dental and vision expenses, even if they aren't enrolled in a health plan. The annual contribution limit for 2025 is **\$2,400** and these funds **must be used** within the same calendar year or they will be forfeited. The amount that you select for your FSA is withheld pretax from your paycheck in equal portions throughout the year. Your total FSA contribution is available from day one, even if it has not all been deposited into your account.

Dependent Care Flexible Spending Accounts (FSA) allow you to set aside a portion of your salary pre-tax to pay for certain dependent care costs such as daycare, preschool, after-school programs, and eldercare. Any **unused money** will be forfeited at the end of the plan year, so it is important to estimate your dependent care costs wisely. The annual maximum contribution for 2025 is **\$5,000**.

Retirement Planning

Public Employees Retirement Association of Minnesota (PERA): PERA is intended to provide public employees with retirement benefits. Counties and employees are required by law to participate in PERA. At retirement a monthly annuity is paid, the amount of which is dependent upon age, length of service and total contributions. An employee who terminates their employment prior to being fully vested (after 3 years of employment) may be refunded their contributions plus interest, or if fully vested, they may elect to leave their contributions with PERA and qualify for pension at retirement age. 2025 PERA contributions are as follows:

Plan	Employee	Employer
Coordinated	6.5%	7.5%
Police & Fire *	11.8%	17.70%
Correctional	5.83%	8.75%
Defined Contribution (optional)	5%	5%

*Police & Fire PERA Members, see your Police & Fire Plan Handbook for vesting requirements

Additional 457 Retirement Plans through Minnesota State Retirement System (MSRS) and Nationwide are available and can be enrolled in at any time. Your Human Resources contact can provide you with more information about these plans.

Company Name	Contact Person	Phone Number
Nationwide National Association of Counties (NACo)	Steve Mahn mahns1@nationwide.com	720-749-9101
Minnesota State Retirement System (MSRS)	Cody Anderson cody.anderson@msrs.us	651-296-2761 ext. 5865

2025 Deferred Compensation Contribution Limits	
Under 50	\$23,500
Over 50	\$31,000
Traditional Catch-Up	\$47,000

Employees are also eligible to contribute to a **Health Care Savings Plan (HCSP)** through **Minnesota State Retirement System (MSRS)**. Refer to your union contract or the Personnel Policy (if you are non-union) for details on your participation. Visit <https://www.msrs.state.mn.us> for more details.

Paid Time Off (PTO)

All Union and Non-Union employees (with the exception of those in the 49ers Union) will accrue PTO at the following rates:

Years of Service	Hours / Pay Period	Days / Year
0-5 Years	6.47 hours	21 days
After 5 Years	7.39 hours	24 days
After 10 Years	8.31 hours	27 days
After 15 Years	9.24 hours	30 days
After 20 Years	10.16 hours	33 days

Starting on January 1st after an employee's hire date, employees are required to take at least 60 hours of PTO annually; any amount taken below 60 hours will be forfeited at the end of the calendar year. After 15 years of employment, this amount increases to 100 hours of PTO annually.

Paid Holidays

Beltrami County observes the following paid holidays, which vary slightly depending on your Union contract:

Holiday	Observed
New Year's Day	January 1
Martin Luther King Day	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	First Monday in September
Indigenous People's Day	Second Monday in October (LELS Sergeants, Teamsters Licensed Deputies, Teamster Non-Licensed only)
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	Non-union, AFSCME Human Services, AFSCME Courthouse, 49ers Highway, Teamster Assistant County Attorneys only
Christmas Day	December 25
Floating Holiday	Must be used within the calendar year or lost

PAY DATES: County employees are paid on a bi-weekly schedule with pay days every other Thursday. Employees will receive their first check within 30 days of their date of hire. Direct deposit of paychecks is required.



Benefits Contacts

Contact Beltrami County's Human Resources department with any questions about your benefits options or to report a qualifying life event.

If your last name begins with **A-K**: contact **Mara Gross** at 218-333-4156 or mara.gross@co.beltrami.mn.us

If your last name begins with **L-Z**: contact **Sherry Wettschreck** at 218-333-8363 or sherry.wettschreck@co.beltrami.mn.us

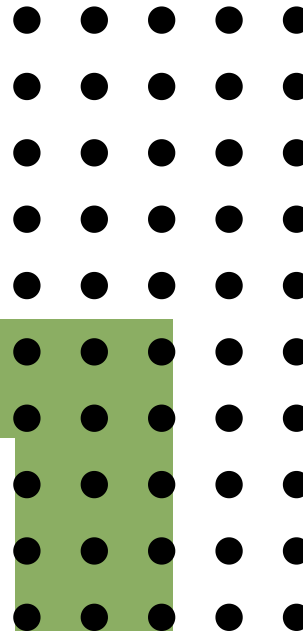
Benefit Type	Company Name	Contact Person	Phone Number
Accident Critical Illness Dental Life Insurance Short and Long Term Disability Vision	Integrity Employee Benefits, LLC https://www.hrconnection.com?u=Beltrami Guest Key: Beltrami	Dan Ochs	1-866-437-7977
Health Insurance	UnitedHealthcare www.UMR.com Prime Health www.primehealth.org	Customer Service Leah Klitzke leah.klitzke@primehealth.org	1-800-826-9781 320-335-5236
Dental Insurance	Delta Dental www.deltadentalmn.org	Account Manager Chloe Setter csetter@deltadentalmn.org	877-268-3384 ext 3317
Health Savings Accounts VEBA Flex Spending Accounts	WEX Health, Inc. https://www.wexinc.com/	Benefits Participant Services customerservice@wexhealth.com	1-866-451-3399
PERA	www.mnpera.org	Customer Service	1-800-652-9026



This section applies to 49ers Union Positions
with the County Highway Department

49ERS EMPLOYEE BENEFITS SUMMARY

2025





2025 49ers Benefits Summary

Beltrami County offers a wide array of benefits for which the employee first uses County-contributed flex dollars and then if needed, their own. **Flex dollars contributed by the County in 2025 will be \$1,490.00 per month**, with part time benefit eligible employees receiving pro-rated dollars. Employees are offered voluntary benefits which may also be purchased. Benefit selections are effective the 1st of the month following 30 days of benefit eligible employment. Changes may be made during the annual open enrollment; otherwise, the employee is responsible to inform Human Resources of any changes to benefits due to qualifying life events.

As a member of the 49ers union, you are required to, at a minimum, purchase medical coverage, core short term disability coverage and basic life insurance.

49ers Medical Insurance

Single & Family Plans:

Effective 3/1/2024, the premium for Single and Family medical coverage through the 49ers is **\$1,475.00/month**. Carrying this coverage is **mandatory** for all 49er employees. You may contact your union rep for more information on the medical insurance plan.

Note: Any flex dollars remaining after medical coverage, core short term disability, basic life insurance and any additional voluntary benefits have been selected **will be added to your paycheck as additional taxable income**. Any amounts spent over the \$1,490/month in flex dollars provided by the County will become an **out-of-pocket cost**.

Saving/Spending Accounts

49ers employees may participate in saving/spending accounts for unreimbursed medical, dental, vision and dependent care expenses. There are two types of saving/spending accounts offered, both of which are administered by **WEX**.

Medical Flexible Spending Accounts (FSA) are available to all benefits-eligible employees to use for unreimbursed medical, dental and vision expenses. The annual contribution limit for 2025 is **\$2,400** and these funds **must be used** within the same calendar year or they will be forfeited. The amount that you select for your FSA is withheld pretax from your paycheck in equal portions throughout the year. Your total FSA contribution is available from day one, even if it has not all been deposited into your account.

Dependent Care Flexible Spending Accounts (FSA) allow you to set aside a portion of your salary pre-tax to pay for certain dependent care costs such as daycare, preschool, after-school programs, and eldercare. Any **unused money** will be forfeited at the end of the plan year, so it is important to estimate your dependent care costs wisely. The annual maximum contribution for 2025 is **\$5,000**.



VOLUNTARY BENEFITS

Core Life Insurance

The Hartford administers our life insurance policies. All employees are enrolled in a core **\$20,000** life insurance benefit for \$2.80/month (\$1.40/pay period). Our life policies include Accidental Death & Dismemberment (AD&D) coverage which doubles the benefit payout in the event of an accidental death.

Voluntary Employee Life Insurance

Employees are also eligible to elect additional life insurance, up to a max of \$500,000. For new employees, \$100,000 coverage is guaranteed without needing to submit a health history form.

Voluntary Spouse Life Insurance

Employees may elect life insurance for their spouse, up to a max of \$250,000. For new employees, \$25,000 coverage is guaranteed without your spouse needing to submit a health history form. Premiums for voluntary life insurance for both employees and spouses are as follows:

Age	Monthly Cost Per \$1,000
Under 25	\$0.04
25-29	\$0.04
30-34	\$0.04
35-39	\$0.07
40-44	\$0.08
45-49	\$0.11
50-54	\$0.16
55-59	\$0.26
60-64	\$0.39
65-69	\$0.74
70-74	\$1.17

Dependent Life Coverage

Dependent life coverage of **\$10,000** per family member is available for \$1.04/month and covers spouses and dependent children up to age 26. No health history forms are required.

Accidental Death & Dismemberment (AD&D)

Cigna/New York Life provides our Accidental Death & Dismemberment (AD&D) group coverage. No medical forms are required and employees may elect coverage from \$25,000 to \$500,000.

Plan	Premiums
Employee Only	\$0.03 per \$1,000 of coverage/month
Family Coverage	\$0.05 per \$1,000 of coverage/month

For more information visit:

<https://www.hrconnection.com?u=Beltrami>

Guest Key: Beltrami

HR Connection

Coverage and plan details for Health Insurance and all Voluntary Benefits may be found at HR Connection or see the **'Benefits Contacts'** listed at the end of this brochure.

Per Minnesota law, only licensed agents may discuss insurance plans specific to individuals

Short Term Disability Insurance

The **Hartford** administers our self-funded Short Term Disability (STD) group coverage. Benefits begin on the 1st day of an accident or the 8th day of an illness/child birth and are payable for up to six months for an accident/illness or six weeks for the birth of a child. **All employees must elect core STD coverage of \$50/week or \$200/month** for a cost of \$1.66/month (\$0.83/pay period). Additional coverage may be purchased for weekly benefits in \$100 increments to a max of \$750/week (\$3,000/month) or 60% of gross earnings.

New employees may elect up to 60% of their gross earnings without submitting a health history form. **During open enrollment, current employees who wish to increase their voluntary STD benefits will be required to fill out a health history form.**

Required \$200 Core Benefit		Additional Voluntary Coverage		Total Monthly Coverage	Monthly Premium for Voluntary Coverage
\$200.00	+	\$100.00	=	\$300.00	\$1.36
\$200.00	+	\$200.00	=	\$400.00	\$2.80
\$200.00	+	\$300.00	=	\$500.00	\$4.08
\$200.00	+	\$400.00	=	\$600.00	\$6.20
\$200.00	+	\$500.00	=	\$700.00	\$7.74
\$200.00	+	\$600.00	=	\$800.00	\$9.28
\$200.00	+	\$700.00	=	\$900.00	\$10.84
\$200.00	+	\$800.00	=	\$1,000.00	\$12.38
\$200.00	+	\$900.00	=	\$1,100.00	\$13.92
\$200.00	+	\$1,000.00	=	\$1,200.00	\$15.48
\$200.00	+	\$1,100.00	=	\$1,300.00	\$17.02
\$200.00	+	\$1,200.00	=	\$1,400.00	\$18.56
\$200.00	+	\$1,300.00	=	\$1,500.00	\$20.12
\$200.00	+	\$1,400.00	=	\$1,600.00	\$21.66
\$200.00	+	\$1,500.00	=	\$1,700.00	\$23.20
\$200.00	+	\$1,600.00	=	\$1,800.00	\$24.76
\$200.00	+	\$1,700.00	=	\$1,900.00	\$26.30
\$200.00	+	\$1,800.00	=	\$2,000.00	\$27.86
\$200.00	+	\$1,900.00	=	\$2,100.00	\$29.40
\$200.00	+	\$2,000.00	=	\$2,200.00	\$30.94
\$200.00	+	\$2,100.00	=	\$2,300.00	\$32.48
\$200.00	+	\$2,200.00	=	\$2,400.00	\$34.04
\$200.00	+	\$2,300.00	=	\$2,500.00	\$35.58
\$200.00	+	\$2,400.00	=	\$2,600.00	\$37.14
\$200.00	+	\$2,500.00	=	\$2,700.00	\$38.68
\$200.00	+	\$2,600.00	=	\$2,800.00	\$40.24
\$200.00	+	\$2,700.00	=	\$2,900.00	\$41.78
\$200.00	+	\$2,800.00	=	\$3,000.00	\$43.32

Retirement Planning

Public Employees Retirement Association of Minnesota (PERA): PERA is intended to provide public employees with retirement benefits. Counties and employees are required by law to participate in PERA. At retirement a monthly annuity is paid, the amount of which is dependent upon age, length of service and total contributions. An employee who terminates their employment prior to being fully vested (after 3 years of employment) may be refunded their contributions plus interest, or if fully vested, they may elect to leave their contributions with PERA and qualify for pension at retirement age. 2025 PERA contributions are as follows:

Plan	Employee	Employer
Coordinated	6.5%	7.5%
Police & Fire *	11.8%	17.70%
Correctional	5.83%	8.75%
Defined Contribution (optional)	5%	5%

*Police & Fire PERA Members, see your Police & Fire Plan Handbook for vesting requirements

Additional 457 Retirement Plans through Minnesota State Retirement System (MSRS) and Nationwide are available and can be enrolled in at any time. Your Human Resources contact can provide you with more information about these plans.

Company Name	Contact Person	Phone Number
Nationwide National Association of Counties (NACo)	Steve Mahn mahns1@nationwide.com	720-749-9101
Minnesota State Retirement System (MSRS)	Cody Anderson cody.anderson@msrs.us	651-296-2761 ext. 5865

2025 Deferred Compensation Contribution Limits	
Under 50	\$23,500
Over 50	\$31,000
Traditional Catch-Up	\$47,000

Employees are also eligible to contribute to a **Health Care Savings Plan (HCSP)** through **Minnesota State Retirement System (MSRS)**. Refer to your union contract or the Personnel Policy (if you are non-union) for details on your participation. Visit <https://www.msrs.state.mn.us> for more details.

Vacation and Sick Time

Vacation and Sick Time will be accrued at the following rates:

Years of Service	Hours / Pay Period	Days / Year
0-5 Years	3.70 hours	12 days
After 5 Years	4.62 hours	15 days
After 10 Years	5.54 hours	18 days
After 15 Years	6.47 hours	21 days
After 20 Years	7.39 hours	24 days

Sick Time: 3.70 hours accrued per pay period (12 days/year)

Paid Holidays

Beltrami County observes the following paid holidays, which vary slightly depending on your Union contract:

Holiday	Observed
New Year's Day	January 1
Martin Luther King Day	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Juneteenth	June 19
Independence Day	July 4
Labor Day	First Monday in September
Indigenous People's Day	Second Monday in October (LELS Sergeants, Teamsters Licensed Deputies, Teamster Non-Licensed only)
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	Non-union, AFSCME Human Services, AFSCME Courthouse, 49ers Highway, Teamster Assistant County Attorneys only
Christmas Day	December 25
Floating Holiday	Must be used within the calendar year or lost

PAY DATES: County employees are paid on a bi-weekly schedule with pay days every other Thursday. Employees will receive their first check within 30 days of their date of hire. Direct deposit of paychecks is required.



Benefits Contacts

Contact Beltrami County's Human Resources department with any questions about your benefits options or to report a qualifying life event.

If your last name begins with **A-K**: contact **Mara Gross** at 218-333-4156 or mara.gross@co.beltrami.mn.us

If your last name begins with **L-Z**: contact **Sherry Wettschreck** at 218-333-8363 or sherry.wettschreck@co.beltrami.mn.us

Benefit Type	Company Name	Contact Person	Phone Number
Life Insurance Short Term Disability	Integrity Employee Benefits, LLC https://www.hrconnection.com?u=Beltrami Guest Key: Beltrami	Dan Ochs	1-866-437-7977
Medical Insurance	49ers	Todd Djonne tdjonne@local49.org	Office: 218-694-6206 Cell: 218-407-7913
Flex Spending Accounts	WEX Health, Inc. https://www.wexinc.com/login/benefits-login/	Benefits Participant Services customerservice@wexhealth.com	1-866-451-3399
PERA	www.mnpera.org	Customer Service	1-800-652-9026