employer solutions staffing group

2027 BENEFIT GUIDE

January 1 – December 31, 2027



WELCOME

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

Eligibility

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

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

Coverage Begins

- **New Hires:** You must complete enrollment within 30 days of your date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- **Open Enrollment:** Changes made during Open Enrollment are effective:

  January 1, 2027 – December 31, 2027

Choose Carefully

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

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP or child
- Lost coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

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

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ENROLLMENT

Email benefits@employersolutionsgroup.com For detailed information about the plans available to you and instructions for enrolling.

OPEN ENROLLMENT DETAILS

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

- Add, cancel or change your coverage
- Add or remove eligible family members
- Elect your 2027 HSA contributions
- Enroll in your dependent care FSA (Note: The IRS requires you to re-enroll in FSAs each year)

MARK YOUR CALENDARS

Open Enrollment Begins:

Monday, November 23, 2026

Deadline to Enroll:

Friday, December 4, 2026

Benefits in Effect:

January 1, 2027

Important Changes

- **ADJUSTMENT:** HDHP deductible adjusted to meet 2027 IRS guidelines: now $3,500 Individual / $7,000 Family (was $3,400 / $6,800).
- **IMPROVED:** Guardian voluntary short-term disability maximum weekly benefit doubled, from $500 to $1,000.
- **NEW:** Voluntary Term Life/AD&D for you and your eligible dependents, with maximums of:
  - **Employee:** up to $500,000
  - **Spouse:** up to $250,000 (max 50% of EE)
  - **Child:** $10,000 (infant $2,000)
- **NEW:** Voluntary Hospital Indemnity insurance for added financial protection during a hospital stay.
- **NEW:** Dependent Care FSA will now be administered through Optum. Same vendor for Health Savings Account.

2027 Updates At-a-Glance

- You must actively re-enroll in your dependent care FSA to participate in 2027.



MEDICAL COVERAGE

PPO

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

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

How You Pay for Services

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



How to Find a Provider

How Members Can Find a Provider

To find a doctor, hospital, or other medical provider, members must use the online tool and follow these steps:

- Navigate to www.bcbsmn.com.
- Hover over the "Find a Doctor" tab on the homepage.
- From the drop-down menu, select the option appropriate for medical providers, typically "Find a Doctor".
- Select Your Network: You must log in or select your specific network (such as Aware-HVN) before beginning the search. This step is crucial so you only see the doctors, clinics, and hospitals that the plan would cover.
- Search: Proceed with the search to find in-network providers, hospitals, or other medical facilities.

How Members can Find a Pharmacy and Check Drug Costs (Rx)

To check pharmacies and drug costs, a similar initial process is used:

- Access Pharmacy Search: Go to www.bcbsmn.com and hover over "Find a Doctor," then select "Find a Pharmacy or Drug".
- Select Plan Details: Input or select your prospective plan's information to ensure accurate results.
- Search for a Drug: Search for a specific prescription drug to verify if it is on the plan's drug list (formulary) and what tier it falls under (e.g., Tier 1).
- Compare Costs: The tool will provide estimated costs for different supply amounts (e.g., 30-day or 90-day) at various local retail pharmacies and for 90-day home delivery options (like Amazon Pharmacy).

MEDICAL COVERAGE
AWARE NETWORK: BCBSMN

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

Key Benefits	$1,500 PPO		$3,500 PPO HDHP		$4,500 PPO HDHP		$6,500 PPO HDHP	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (Individual/Family)	$1,500 / $4,500	$5,000 / $10,000	$3,500 / $7,000	$5,000 / $10,000	$4,500 / $9,000	$7,500/ $15,000	$6,500 / $13,000	$10,000 / $20,000
Out-of-Pocket Max (Individual/Family)	$4,000 / $8,000	$10,000 / $20,000	$5,400 / $10,800	$10,000 / $20,000	$8,300 / $16,600	$12,500 / $25,000	$6,500 / $13,000	$15,000 / $30,000
Office Visits (physician/specialist)	$25 Copay	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
Routine Preventive Care	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	50% after deductible
Diagnostics (lab / X-ray)	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
Complex Imaging	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
Ambulance	20% after deductible		25% after deductible		25% after deductible		0% after deductible	
Emergency Room	20% after deductible		25% after deductible		25% after deductible		0% after deductible	
Urgent Care Facility	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
Outpatient Surgery (office visits)	$25 Copay	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible

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

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

MEDICAL COVERAGE
HIGH VALUE NETWORK: BCBSMN

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). These plans are only available for Minnesota residents.

Key Benefits	$1,500 PPO		$3,500 PPO HDHP		$4,500 PPO HDHP		$6,500 PPO HDHP	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (Individual/Family)	$1,500 / $4,500	$5,000 / $10,000	$3,500 / $7,000	$5,000 / $10,000	$4,500 / $9,000	$7,500/ $15,000	$6,500 / $13,000	$10,000 / $20,000
Out-of-Pocket Max (Individual/Family)	$4,000 / $8,000	$10,000 / $20,000	$5,400 / $10,800	$10,000 / $20,000	$8,300 / $16,600	$12,500 / $25,000	$6,500 / $13,000	$15,000 / $30,000
Office Visits (physician/specialist)	$25 Copay	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
Routine Preventive Care	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	50% after deductible	No Charge	50% after deductible
Diagnostics (lab / X-ray)	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
Complex Imaging	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
Ambulance	20% after deductible		25% after deductible		25% after deductible		0% after deductible	
Emergency Room	20% after deductible		25% after deductible		25% after deductible		0% after deductible	
Urgent Care Facility	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Inpatient Hospital	20% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	0% after deductible	50% after deductible
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Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.
3. The out-of-pocket maximum is embedded. This means that, once an individual family member meets their out-of-pocket maximum, that individual's expenses are covered at 100%.
4. Please note: The High Value Network is only available to those who live in Minnesota.

PRESCRIPTION DRUGS

Blue Cross Blue Shield Minnesota

Retail Pharmacy

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

Specialty

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

Save Money on Medications

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

Prescriptions	$1,500 PPO		$3,500 PPO - HDHP		$4,500 PPO - HDHP		$6,500 PPO - HDHP	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Retail	$20 / $50 / $75 / $120	Not covered	25% after deductible	Not covered	25% After deductible	Not covered	0% after deductible	Not covered
Mail Order	3x retail	Not covered	25% after deductible	Not covered	25% After deductible	Not covered	0% after deductible	Not covered
Specialty	20% to $550	Not covered	25% after deductible	Not covered	25% after deductible	Not covered	0% after deductible	Not covered

HEALTH SAVINGS ACCOUNT (HSA)

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

Key Features of the HSA

Triple-Tax Advantage

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

Control

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

Investment Opportunities

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

Savings Potential

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

Portability

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

Qualified Health Care Expenses

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

Important Notes

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

IRS Contribution Limits	2027
Individual / Family	$4,500 / $9,000
Catch-up Contributions (55+)	$1,000

DENTAL COVERAGE

Guardian Dental PPO

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

Finding a Provider

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

Rollover Benefit

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

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

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

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

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

VISION COVERAGE

Guardian Vision Plan

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

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

Finding a Provider

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

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

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

Dependent Care FSA (DCFSA)

New DCFSA carrier for 2027: Optum

The flexible spending accounts (FSAs), provided through Optum, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. FSA Accounts have different eligibility requirements, list of qualified expenses and contribution limits.

Dependent Care FSA (DCFSA)	
Eligibility Requirements	Available to all employees
Examples of Qualified Expenses	• Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers • Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent
Annual Contribution Limit	$7,500 per family (or $3,750 each if you are married and file separate tax returns)

Important FSA Rules

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

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

Important: FSA Transition Reminders

Effective January 1, 2027, Optum will replace HealthEquity as our Dependent Care FSA administrator.

1. Review your HealthEquity Balance. Unused 2026 funds may be forfeited.
2. Submit outstanding claims. Continue submitting eligible 2026 reimbursement claims.
3. Re-enroll for 2027. If you wish to participate in the 2027 Dependent Care FSA, you must make a new election during Open Enrollment.

LIFE INSURANCE

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

Enhanced Benefit – TAKE ACTION

Voluntary Life and AD&D (employee-paid)

*Anything elected over $50,000 is a taxable benefit.

Coverage Tier	Benefit Amount	Guarantee Issue
Employee	$10K-$500K	$150K
Spouse	$10K-$250K (max 50% of EE)	$50K
Child(ren)	$10K (Infant $2K)	$10K

Rates are age-banded and based on the amount of coverage elected. Employees who do not elect coverage up to the Guaranteed Issue amount when first eligible will be required to complete an Evidence of Insurability (EOI) application for future coverage increases, regardless of the amount elected during a subsequent enrollment opportunity.

DISABILITY INSURANCE

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

Short-Term Disability (employee-paid)

Benefit	60% of base salary
Maximum weekly benefit	$1,000
When benefit begins	Accident: Day 1 / Illness: Day 8
When benefit ends	13 weeks

2027 UPDATE

Guardian voluntary short-term disability: the maximum weekly benefit increased from $500 to $1,000.

Long-Term Disability (employee-paid)

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

State disability and paid leave benefits may affect your eligibility for employer-sponsored STD benefits. In states with mandatory disability and/or paid leave programs, benefits may be reduced, coordinated, or unavailable, and total benefits received cannot exceed your regular pre-disability earnings.

VOLUNTARY BENEFITS

Critical Illness Insurance

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

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

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



Accident Insurance

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

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

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

Accident Insurance in Practice	
Situation	Jack broke his leg in a bike accident.
Covered Benefits	• Doctor's office visits • Diagnostic exams • Broken leg rehab treatment • Physical therapy sessions
Total Paid Directly to Employee (estimated)	**$3,250**

VOLUNTARY BENEFITS CONTINUED

New for 2027! Hospital Indemnity Insurance

Hospital indemnity insurance pays a fixed cash benefit directly to you when you are admitted to the hospital for a covered illness or injury. The benefit is paid no matter what your medical plan covers, so you can use it however you like, including to help pay for:

- Medical plan deductibles and copays
- Lost income while you recover
- Travel and lodging for you or your family
- Everyday bills such as rent, childcare and groceries



Hospital Indemnity Insurance in Practice	
Situation	Maria was admitted to the hospital for a 3-day stay.
Covered Benefits	Hospital admission and daily stay benefits
Total Paid Directly to Employee	Estimated **$2,500**

Why It Matters

A hospital stay can be costly, even with good medical coverage. Deductibles, coinsurance and everyday bills can add up quickly. Hospital indemnity insurance helps fill that gap by paying you directly, so you can focus on getting better. Coverage typically includes:

- A cash benefit when you are admitted to the hospital
- A daily benefit for each day you remain hospitalized
- Benefits paid in addition to any other insurance you have

Benefit amounts, covered conditions and exclusions vary. Refer to the Guardian certificate of coverage for full details.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

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

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

HOW TO ACCESS

Visit **ibhworklife.com**

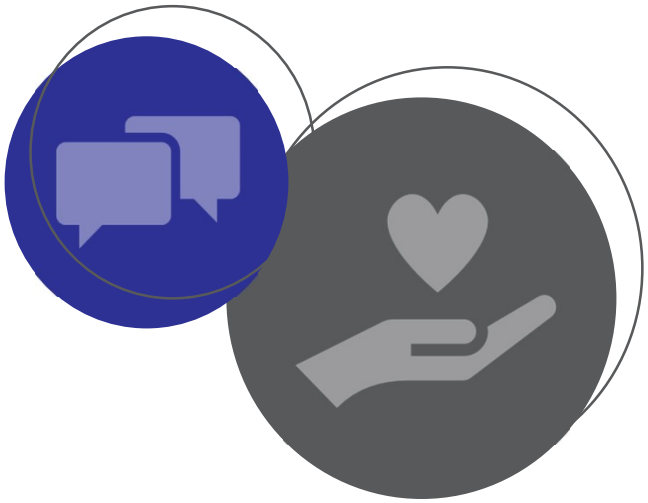
User ID: Matters

Password: wlm70101

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

EAP Benefits

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



CONTACT INFORMATION

Coverage	Contact Information		
	Carrier	Phone	Website
Medical	BCBSMN	# on Back of ID card	www.bcbsmn.com
Dental	Guardian	(888) 600-1600	www.guardianlife.com
Vision	Guardian	(888) 600-1600	www.guardianlife.com
Flexible Spending Accounts (FSA)	Optum	(866) 234–8913	www.optum.com
Life / AD&D	Guardian	(888) 600-1600	www.guardianlife.com
Disability	Guardian	(888) 600-1600	www.guardianlife.com
Employee Assistance Program	Guardian	(800) 386-7055	ibhworklife.com
Voluntary Benefits	Guardian	(888) 600-1600	www.guardianlife.com

PLAN CONTRIBUTIONS

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

QUESTIONS?

If you have any additional questions, you may also contact your ESSG's team:

benefits@employersolutionsgroup.com

952-797-9519

VIDEO LIBRARY

Click here to watch a video about Open Enrollment.

Click here to watch a video about comparing medical plan types.

Click here to watch a video about qualifying life events (QLEs).

Click here to watch a video about preventive care.

Click here to watch a video about prescription drug coverage.

Click here to watch a video about HSA limits

Click here to watch a video about how an HSA works.

Click here to watch a video about how life insurance works.

Click here to watch a video about how disability insurance works.

Click here to watch a video about how an accident plan works.

Click here to watch a video about how a critical illness plan works.

Click here to watch a video about how a Hospital Indemnity plan works.

Click here to watch a video about how an EAP works.