



KANABEC
COUNTY
Minnesota

2026

Local 49 Benefit Summary



Benefits Overview

Kanabec County is proud to offer a comprehensive benefits package to eligible, full-time employees who work a minimum of 30 hours per week. The complete benefits package is briefly summarized in this booklet. When hired you will receive plan booklets, which give you more detailed information about each of these programs.

Benefits Offered:

- Medical Insurance
- Life Insurance/AD&D
- Vision Plan
- FSA (Health and/or Dependent Care reimbursement)
- Short Term Disability
- Long Term Disability
- Accident Coverage
- Hospital
- Critical Illness
- Deferred Compensation
- PERA
- PTO/EMB
- Employee Assistance Program

Eligibility

Employees who work a minimum of 30 hours per week are eligible to enroll in benefits. Insurance benefit become effective the first of the month following 45 days of employment.

For complete plan details:

Log-in to the HR Connection site for more information on these benefits. Download and print forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

To log-in go to: www.hrconnection.com

Guest key: Kanabec

This information is intended to provide an overview of the benefits available from Kanabec County and is not a complete description of plan provisions. Receipt of this information does not certify eligibility for benefits under this plan. For complete plan designs, you may request a copy from the Kanabec County Coordinator's Office.

Medical Benefits

Administered by Operating Engineers Local #49



The Local 49 Union has a health plan through the Local 49ers union. This health plan offers:

- Health
- Dental
- Vision
- Orthodontics

This is a \$750 per person deductible plan with a maximum deductible of \$1,500. Employee contribution under the current contract is **\$301.46 per month**

Coverage becomes effective the 1st of the month following 45 days from start date.

Per your union, employees in this union cannot opt out of the health insurance plan.

Summary of Benefits chart is on the next page.

Operating Engineers Local #49 Health and Welfare Plan

	Active Bargaining Premium and Non-Bargaining Employees
Calendar Year Deductible*	\$750 per covered person \$1,500 per family
Out of Pocket Maximum** (After Deductible Has Been Satisfied)	\$2,500 per covered person \$6,000 per family
Inpatient Services provided in (or billed by) Hospitals	80% Plan copayment at Participating Providers <i>No coverage at Non-Participating Providers***</i>
Emergency Services	80% Plan copayment
Ambulance	80% Plan copayment
Home Health Care	80% Plan copayment 90 Visits per Calendar Year
Skilled Nursing Care	80% Plan copayment 2 days for each day of hospital confinement, up to 60 days
Hospice Care	100% Plan payment 180-day maximum <i>No coverage at Non-Participating Providers***</i>
Outpatient Services provided in (or billed by) Hospitals, Clinics, or Urgent Care Centers	80% Plan copayment at Participating Providers 70% Plan copayment at Non-Participating Providers
Office Visits and Lab Charges (Includes Telehealth Online or Phone Consultations)	\$25 copayment at Participating Providers 70% Plan copayment at Non-Participating Providers
Minute Clinic (or any other freestanding clinic found in a retail setting)	100% Plan payment \$25 Maximum Payment per Visit
Doctor On Demand	100% Plan payment
Chiropractic and Acupuncture Treatment	100% Plan payment up to 19 visits combined per year
Physical Exam & Routine Immunizations	100% Plan payment at Participating Providers and Participating Pharmacies 80% Plan copayment at Non-Participating Providers
Colonoscopy	Routine - 100% Plan payment at Participating Providers 80% Plan copayment at Non-Participating Providers
Imaging Benefit	Most medical imaging exams such as MRI, CT and X-Ray performed at a RAYUS facility allows 100% coverage
Proximity Lodging Benefit	Lodging benefit reimbursement of up to \$30 per night and up to 90 days per covered Participant per episode of care.
Maternity Benefit	Only available to female bargaining participants Must be eligible for benefits at the time of delivery. Must have enrolled in BCBS's healthy pregnancy program prior to delivery and must show proof of delivery
Prescription Drug Benefits	20% copayment \$2,500 annual out-of-pocket limit per covered person \$5,900 annual out-of-pocket limit per family Additional \$1,800 annual out-of-pocket limit per family for Specialty Drugs
Birth Control Pills	100% Plan payment for in-network generic 80% Plan copayment for brand
Erectile Dysfunction	50% Plan copayment (up to 6 pills per month)
Smoking Cessation Products	100% Plan payment for over the counter products when enrolled in the Plan's smoking cessation program 80% Plan copayment for prescription products when enrolled in the Plan's smoking cessation program
Vision Benefit (Exams, Frames, Lenses, Contact Lenses)	\$500 Allowance per 2 Calendar Years (allowance replenished on the 1st day of every even year)
LASIK Eye Surgery	100% Plan payment up to \$500 per eye once per lifetime
Hearing Aids	\$2,000 once every 5 calendar years for new devices or repairs, no batteries
Hearing Aids (Dependent Children 15 and under)	\$2,000 once every calendar year for new devices or repairs, no batteries
Cochlear Implants	80% Plan copayment
Accident & Sickness Weekly Benefit****	\$300 per week up to 26 weeks for non-occupational injury or sickness
Death Benefit	\$8,000
Accidental Death & Dismemberment Benefit	\$8,000 Principal Sum
Foot Orthotics	100% Plan payment up to \$400 every 12 months

Operating Engineers Local #49 Health and Welfare Plan

	Active Bargaining Premium and Non-Bargaining Employees
Dental Benefits	100% Plan payment for preventive and diagnostic services Routine dental exams and cleanings are covered 2 times per calendar year, instead of once every 6 months 80% Plan copayment for all other services \$2,000 Maximum Payment per Calendar Year (does not apply to participants under the age of 19)
Orthodontia (Medically Necessary for oral surgery, cleft palate repair or accidental injury to teeth)	\$2,000 Lifetime Maximum
Orthodontia (for dependent children only)	\$1,000 Lifetime Maximum
TMJ	\$800 Maximum Payment per Lifetime 80% Plan copayment

* **Calendar Year Deductible** - You must pay all costs up to the Deductible amount before the Plan will pay for covered services you incur. The Deductible resets at the beginning of each year.

** **Out of Pocket Maximum** - The Out of Pocket Maximum is the most you could pay during the annual coverage period for your share of the cost of covered services. The Calendar Year Deductible does not count toward your Out of Pocket Maximum.

*** **The plan continues to cover all Emergency Medical Conditions as detailed under Emergency Services.**

**** **Accident & Sickness Weekly Benefit** - Active non-bargaining employees are eligible for this benefit provided:

- a. they are not an owner or officer of the employer; and
- b. they are not receiving accident/sick pay from their employer.

This benefit schedule is accurate as of the date it was printed. However, the Trustees continuously monitor and modify the benefit schedule as necessary when new programs are contracted, when plan design changes take place, as a result of technological changes, and when legislative changes are required. Refer to the Summary Plan Description (SPD), along with any Summary of Material Modifications (SMM), to assure the most up to date benefit schedule. For more information visit www.health49.org or contact Wilson-McShane Corporation at 952-854-0795, toll free 1-800-535-6373.

The Summary Plan Description (SPD) and the Trust Document establish the terms of the Plan. If there is any discrepancy between the content of this summary and the SPD, the SPD governs. In addition, this benefit schedule is intended as a reference document only. For a full description of available benefits, please consult the current SPD and SMM.

Life Insurance

Administered by The Hartford



Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you pass away while employed with Kanabec County.

The county provides a \$10,000 life insurance policy at no cost to you. Beneficiary changes may be made at any time.

Voluntary Life and AD&D Insurance

You may purchase additional life insurance for yourself, spouse, and children at your own expense. New employees may sign up for up to \$100,000 for themselves, and up to \$25,000 for their spouse, and for children with no health questions. Higher amounts can be applied for but will require proof of good health.

For you: Guarantee amount \$100,000. Amounts over \$100,000 will require a health history questionnaire. Increases can be made in increments of \$5,000 with a max coverage of \$500,000.

For your spouse: Guarantee amount \$25,000. Amounts over \$25,000 will require a health history questionnaire. Increases can be made in increments of \$5,000 with a max coverage of \$250,000.

For your dependent child(ren): An amount of \$10,000 per child from birth to 26 years.

Optional Life Rates		
Age	Employee/Spouse	Child(ren)
	Monthly cost per \$1,000 of coverage	Monthly Cost
Under 25	\$0.065	\$1.17 per month
25-29	\$0.065	
30-34	\$0.075	
35-39	\$0.094	
40-44	\$0.113	
45-49	\$0.160	
50-54	\$0.235	
55-59	\$0.424	
60-64	\$0.642	
65-69	\$1.218	
70-74	\$1.965	

**The rates are based on the Employees Age, or the Spouse's age on January 1st.*

More information about the life insurance plan can be found on the HR Connection website.

To log-in go to: www.hrconnection.com

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VOLUNTARY BENEFITS

Flexible Spending Accounts (FSAs)

Administered by WEX

A Flexible Spending Account (also known as a flexible spending arrangement) is a special account you put money into that you use to pay for qualified medical expenses and/or dependent daycare expenses you incur during the year. You do not pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside.



Money you put into the flexible spending account can be used for:

- Medical expenses
- Dental expenses
- Vision expenses (frames, lenses, contact lenses, etc)
- Limited over-the-counter medicines
- Daycare expenses

Remember, be conservative in your estimates because money left in the account at the end of the year may be forfeited unless your employer allows FSA rollover or a grace period. Current rollover amount is for medical reimbursement is \$660, anything over \$660 will be forfeited.

Annual Maximum contribution

Medical reimbursement: \$3,400

Daycare reimbursement: \$7,500

More information about FSA plans can be found on the HR Connection website.

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Vision Insurance

Administered by VSP



The VSP Choice Materials-Only vision care program available for employees and their dependents to help save money on Vision care using pre-tax dollars. Coverage includes frames, lenses, and contacts.

Monthly rates:

Employee only:	\$6.10
Employee + Spouse:	\$12.20
Employee + Child(ren):	\$13.04
Employee + Family:	\$20.86

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$25	
FRAME	<ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance 	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$45	Every plan year
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
<small>Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. *Plan year begins in July.</small>			

- Because vision premiums are deducted on a pre-tax basis, your cost may be reduced on average between 27% and 39%; depending on your tax bracket.

More information about Vision Insurance can be found on the HR Connection website.

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Long Term Disability Insurance

Administered by The Hartford

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn income. LTD provides income replacement benefits for you in the event you are unable to work due to an accident or sickness.



Benefits begin after three months of a disability and are payable for injury, sickness or pregnancy up to your normal retirement age, as defined by Social Security.

You may elect any level of coverage, in increments of \$100 between \$500 and \$5,000 per month, provided you don't insure more than 60% of your monthly income.

LTD Group Rates	
Age	Price per month/\$100 Monthly Benefit
Under 25	\$0.22
25-29	\$0.26
30-34	\$0.43
35-39	\$0.53
40-44	\$0.89
45-49	\$1.29
50-54	\$1.66
55-59	\$1.93
60-64	\$1.92
65+	\$1.84

(For example: An employee at age 33 would pay \$4.32 per month for \$1,000 per month in benefits)

More information about Long Term Disability can be found on the HR Connection website.

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Short Term Disability

Administered by MetLife



A broken arm, surgery or having a baby could keep you out of commission and off the job for six to eight weeks or longer. Your medical insurance will help cover the cost of treatment. But what about other expenses-your mortgage or rent, car payment, groceries and utilities? Once you've used up your PTO, the paychecks stop - but the bills do not.

Short Term Disability insurance provides income assistance and a way to help you pay your bills and keep your life as normal as possible if you become sick or injured and cannot work.

Benefits begin on the 8th day of an injury or 8th day of a sickness and can be payable up to 12 weeks.

You may select your level of coverage from weekly benefits of \$100 to \$2,500 in \$100 increments, not to exceed 70% of weekly gross earnings.

Key Point! STD Benefits are reduced by MN Paid Leave Benefits. If MN Paid Leave benefits are sufficient for your income you may not need to take Voluntary STD coverage. Please refer to the MN Paid Leave information to determine what benefit amounts are payable under that mandatory statutory leave program.

		Monthly Premium Cost								
		Age on January 1								
If your annual income is	Your weekly benefit is	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$7,429	\$100	\$1.00	\$1.10	\$1.00	\$1.10	\$1.30	\$1.70	\$2.00	\$2.40	\$2.80
\$14,857	\$200	\$2.00	\$2.20	\$2.00	\$2.20	\$2.60	\$3.40	\$4.00	\$4.80	\$5.60
\$22,286	\$300	\$3.00	\$3.30	\$3.00	\$3.30	\$3.90	\$5.10	\$6.00	\$7.20	\$8.40
\$29,714	\$400	\$4.00	\$4.40	\$4.00	\$4.40	\$5.20	\$6.80	\$8.00	\$9.60	\$11.20
\$37,143	\$500	\$5.00	\$5.50	\$5.00	\$5.50	\$6.50	\$8.50	\$10.00	\$12.00	\$14.00
\$44,571	\$600	\$6.00	\$6.60	\$6.00	\$6.60	\$7.80	\$10.20	\$12.00	\$14.40	\$16.80
\$52,000	\$700	\$7.00	\$7.70	\$7.00	\$7.70	\$9.10	\$11.90	\$14.00	\$16.80	\$19.60
\$59,429	\$800	\$8.00	\$8.80	\$8.00	\$8.80	\$10.40	\$13.60	\$16.00	\$19.20	\$22.40
\$66,857	\$900	\$9.00	\$9.90	\$9.00	\$9.90	\$11.70	\$15.30	\$18.00	\$21.60	\$25.20
\$74,286	\$1,000	\$10.00	\$11.00	\$10.00	\$11.00	\$13.00	\$17.00	\$20.00	\$24.00	\$28.00
\$81,714	\$1,100	\$11.00	\$12.10	\$11.00	\$12.10	\$14.30	\$18.70	\$22.00	\$26.40	\$30.80
\$89,143	\$1,200	\$12.00	\$13.20	\$12.00	\$13.20	\$15.60	\$20.40	\$24.00	\$28.80	\$33.60
\$96,571	\$1,300	\$13.00	\$14.30	\$13.00	\$14.30	\$16.90	\$22.10	\$26.00	\$31.20	\$36.40
\$104,000	\$1,400	\$14.00	\$15.40	\$14.00	\$15.40	\$18.20	\$23.80	\$28.00	\$33.60	\$39.20
\$111,429	\$1,500	\$15.00	\$16.50	\$15.00	\$16.50	\$19.50	\$25.50	\$30.00	\$36.00	\$42.00
\$118,857	\$1,600	\$16.00	\$17.60	\$16.00	\$17.60	\$20.80	\$27.20	\$32.00	\$38.40	\$44.80
\$126,286	\$1,700	\$17.00	\$18.70	\$17.00	\$18.70	\$22.10	\$28.90	\$34.00	\$40.80	\$47.60
\$133,714	\$1,800	\$18.00	\$19.80	\$18.00	\$19.80	\$23.40	\$30.60	\$36.00	\$43.20	\$50.40
\$141,143	\$1,900	\$19.00	\$20.90	\$19.00	\$20.90	\$24.70	\$32.30	\$38.00	\$45.60	\$53.20
\$148,571	\$2,000	\$20.00	\$22.00	\$20.00	\$22.00	\$26.00	\$34.00	\$40.00	\$48.00	\$56.00
\$156,000	\$2,100	\$21.00	\$23.10	\$21.00	\$23.10	\$27.30	\$35.70	\$42.00	\$50.40	\$58.80
\$163,429	\$2,200	\$22.00	\$24.20	\$22.00	\$24.20	\$28.60	\$37.40	\$44.00	\$52.80	\$61.60
\$170,857	\$2,300	\$23.00	\$25.30	\$23.00	\$25.30	\$29.90	\$39.10	\$46.00	\$55.20	\$64.40
\$178,286	\$2,400	\$24.00	\$26.40	\$24.00	\$26.40	\$31.20	\$40.80	\$48.00	\$57.60	\$67.20
\$185,714	\$2,500	\$25.00	\$27.50	\$25.00	\$27.50	\$32.50	\$42.50	\$50.00	\$60.00	\$70.00

More information about Short Term Disability can be found on the HR Connection website.

Group Accident, Hospital, and Critical Illness Plans

Administered by Cigna



While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you. Accidental injury, Critical Illness, and Hospital Care insurance coverage are available to all benefit eligible employees. These coverages can help provide you and your family with the additional financial protection you may need for expenses associated with an unexpected covered accidental injury or critical illness, so you can focus on getting better.

Accident Insurance

Accident Insurance can help make up for expenses not covered by your medical plan to help pay for expenses associated with a covered, off-the-job accident or injury. It provides a lump sum payment to you (unless otherwise states) based on a schedule of covered injuries. The money can be used as you see fit, and coverage continues even after the first accident or provide additional protection for future accident events.



Monthly premiums:

	Plan 1	Plan 2
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

Group Hospital

Group Hospital Insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. Even with the best primary health insurance plans, out-of-pocket costs from a hospital stay can add up.

The benefits are paid in lump sum amounts, to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc).



Monthly premiums:

Employee	\$19.78
Employee + Spouse	\$40.87
Employee + Child(ren)	\$35.30
Family	\$56.39

Critical Illness

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose – from expenses related to treatment, to deductibles or day-to-day costs of living such as mortgage or your utility bills.



Monthly premiums:

Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
<25	\$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

More information about Accident Insurance, Group Hospital, and Critical Illness can be found on the HR Connection website.

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 Guest key: Kanabec

VOLUNTARY BENEFITS FAQ

Who is eligible?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis. Your spouse and children are also eligible for coverage, children must be under age 26

Am I guaranteed coverage?

This insurance is guaranteed issue coverage – it is available without having to provide information about you or your family’s health.

How do I pay for this insurance?

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process.

When does this insurance begin?

Insurance is effective the first of the month following 45 days from start date of employment.

For Complete Plan Details:

Log-in to the HR Connection site for much more information on these benefits. Download and print forms, use calculators to determine your financial need, watch videos explaining coverages and much more.

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Guest Key: Kanabec

This information is intended to provide an overview of the benefits available from your employer and is not a complete description of plan provisions.

Receipt of this information does not certify eligibility for benefits under this plan. For complete plan designs, you may request a copy from the Coordinator’s Office.

OTHER BENEFITS OFFERED

Deferred Compensation for Retirement

Available through Nationwide and MSRS

Deferred compensation is a way to save money on a pre-tax or post-tax basis through payroll deduction for the purpose of retirement income.



Contributions

You can enroll or make changes to this plan at any time – there is no “open-enrollment” period for Deferred Compensation.

Contributions to your Section 457(b) Deferred Compensation Plan, and any interest earned can be tax-free. You have the option to make contributions to either a Traditional 457(b) plan or to a Roth 457(b) plan. When you choose to make Roth 457(b) contributions, you’ll pay taxes upfront when your money goes into the plan. Then you’ll enjoy tax-free withdrawals – as long as you are at least 59 ½ and do not take withdrawals from your Roth account for at least five years after your first Roth contribution is made to the plan. You can choose to allocate part or all of your salary deferral to the Roth 457(b) or the Traditional 457(b) pre-tax account.

Annual limits

Total annual contributions to the plan cannot exceed statutory limitations.

2025:

Annual Contribution Limit (normal deferral): \$24,500

“Age 50” Catch Up Limit (additional \$7,500): \$32,500

“Pre-Retirement” Catch Up Limit (double normal deferral): \$49,000

The “age 50” catch-up provision increases the annual 457 contribution limits for participants who are 50 or older. The “pre-retirement” catch-up provision allows eligible participants to make up for years in which they did not contribute the maximum that they were allowed. Using this provision, they can contribute up to double the regular contribution limit for a period of three years immediately proceeding their declared normal retirement age. Participants cannot use both types of catch-up provisions in the same calendar year.

Investments

You have the option of investing your contributions in a variety of mutual funds, cash accounts, and stocks or bond accounts through the deferred compensation providers.

Employee Assistance Programs

Whether you or your family need help with your personal life or are having issues at work, the County's Employee Assistance program (EAP) programs are here for you. Call 24/7 for help from a counselor finding child care, dealing with a loss, finding community resources and more.



EAP counselors are ready to give you the type of support you need. Just call and they will listen to your concerns, give you guidance and help you find solutions that are right for you. Here are just a few things they can help you with:

- Marital issues
- Balancing work and family
- Financial concerns
- Mental and emotional health
- Parenting
- Job stress
- Legal issues
- Substance abuse
- Personal relationships
- Child care and elder care
- Grief and loss
- Divorce
- Finding community resources

Connect with a counselor at 1-800-550-6248

Public Employees Retirement Association (PERA)

Pension plan for public employees in Minnesota

Eligibility – membership in PERA is automatic for nonelected public employees who meet position eligibility requirements set by Minnesota Statute. Employees are eligible to start PERA immediately

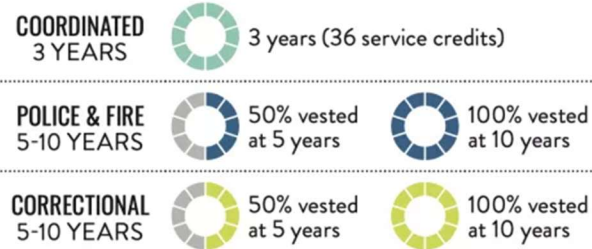


	Member Contribution	Employer Contribution
Coordinated Plan	6.5% of salary	7.5% of salary
Correctional Plan	6.83% of salary	10.25% of salary
Police & Fire Plan	11.8% of salary	17.7% of salary

Vesting

One of the objectives of membership is to become vested in your plan. Vesting means you have earned enough service credits to receive a monthly lifetime benefit after leaving public service and reaching a retirement-eligible age. You earn one service credit each month you contribute to your plan. PERA converts your monthly service credits into years and months for vesting and benefit calculation purposes.

VESTING REQUIREMENTS



If you have contributed to another Minnesota public pension plan, your service in the other plan will be applied to your PERA vesting requirement.

Please note that even if you are vested, you are not eligible for your employer’s contributions to the plan should you end public service and take a refund of your account balance.

Vesting and full retirement details shown are applicable to new PERA members. May vary for members who first entered the plan at an earlier date.

Paid Time Off (PTO)

Kanabec County provides time-off benefits for vacation, sick time, medical appointments and personal needs for you and your family members, including the provision for sick leave and safety leave under Minnesota law. The Paid Time Off (PTO) Policy offers flexibility and personal discretion in the use of the time you have earned based on your length of service. Time off for more specific situations such as holidays, family and medical leave, military, work-related injuries and illnesses and jury duty are covered under separate policies described in the employee handbook.



PTO is available to all full-time and part-time employees. New employees begin to earn PTO the first of the month following their date of hire and may begin to use these hours after they successfully complete three (3) months of employment. PTO is earned bi-weekly up to a maximum based on the following schedule:

Years of Continuous Employment	Maximum PTO Hours Earned Per Year	Accrual Rate (hours per pay period x rate)	Maximum Accrual
0 through 3 years	173 hours	.0830	240 hours
Years 4 through 8	202 hours	.0974	360 hours
Years 9 through 14	248 hours	.1190	420 hours
Years 15 and beyond	281 hours	.1352	900 hours

You may earn up to the maximum number of PTO hours each year based on your length of service.

Extended Medical Benefit (EMB hours)

All employees who are eligible to receive PTO will also earn Extended Medical Benefit (EMB) time, which allows employees to earn and bank time off to be used in the event of an illness or injury of the employee's own that extends beyond five consecutive working days.

EMB Accrual:

EMB is earned at the rate of 64 hours per year and pro-rated based on hours worked and can be accrued up to a maximum of 720 hours.

Guidelines for EMB Use:

EMB hours can only be used after the first five consecutive scheduled work days of an absence for the employee's injury, illness, or immediate family* emergency and must be taken in one day increments. EMB hours may be used for partial days, this will be determined on a case by case basis. The county will attempt to accommodate any physical limitation that will prevent the employee to work a full day. Use of EMB requires a physician's note. EMB has no cash value and is not paid out to employee upon separation for any reason.



**Immediate family is defined as spouse, child, and parent. This definition includes "step-" relationships.*

Paid Holidays

Kanabec County provides full-time and part-time employees with paid time off for the following holidays:

New Year's Day	Labor Day
Martin Luther King Jr Day	Veteran's Day
President's Day	Thanksgiving
Memorial Day	Day after Thanksgiving
Juneteenth	Christmas Eve
Independence Day	Christmas Day

See applicable union labor agreement for negotiated holidays.



Contact Information

If you have specific questions about any of the benefit plans, please contact the Kanabec County Coordinator's Office at (320) 679-6440