



Forest Lake
AS GOOD AS IT SOUNDS

2026 Ancillary Benefit Summary

Life Insurance

Short Term Disability – *New Carrier*

Long Term Disability

Vision Insurance

Group Accident – *New Carrier*

Group Critical Illness – *New Carrier*

Group Hospital – *New Carrier*

Integrity

Employee Benefits, LLC



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Employer sponsored benefit plans currently available for your consideration and enrollment:

<u>Life Insurance:</u>	Up to \$500,000 for employee, \$250,000 for spouse, and dependent life.
<u>Short Term Disability:</u>	<i>New Carrier:</i> Protect your income during a short term disability.
<u>Long Term Disability:</u>	Employer-paid monthly benefit.
<u>Vision Insurance:</u>	Receive savings on your vision correction materials.
<u>Group Accident Plan:</u>	<i>New Carrier:</i> Financial protection in the event of an accident.
<u>Group Critical Illness:</u>	<i>New Carrier:</i> Financial protection in the event of a critical illness.
<u>Group Hospital Plan:</u>	<i>New Carrier:</i> Lump sum benefit if you are admitted to the Hospital.

The following are brief benefit summaries. Please refer to the Certificates of Insurance for complete plan details.

HRconnection-Benefit Resource Site

Online Resource that allows you to print applications to increase or decrease your benefits, use calculators to determine your financial need, watch videos explaining coverages and much more.

Direct Link: <https://www.hrconnection.com?u=ForestLake>

Or

Go to: www.hrconnection.com/guestlogin.aspx

Guest Key: **ForestLake**

BASIC LIFE & AD&D INSURANCE

Benefit eligible employees have \$50,000 of Basic Life Insurance coverage.

EMPLOYEE AND SPOUSE LIFE & AD&D INSURANCE

Benefit eligible employees may apply for additional life insurance for themselves and their spouse subject to proof of good health. Life insurance includes Accidental Death & Dismemberment. **Please complete the health questions when required. Forms and additional information may be found on the *HRconnection* website.**

New hires-only can enroll in coverage up to the Guaranteed Issue amount without health history. Elections over the guaranteed issue amounts (\$100,000 for employee and \$30,000 for spouse) will require health history

Amounts of Insurance: Employee- Up to **\$500,000** in \$5,000 increments
 Spouse- Up to **\$250,000** in \$5,000 increments

<u>Age of Employee or Spouse</u>	<u>Your Monthly Cost Per \$1000</u>
Under 25	\$0.07
25 to 29	\$0.07
30 to 34	\$0.07
35 to 39	\$0.11
40 to 44	\$0.13
45 to 49	\$0.18
50 to 54	\$0.26
55 to 59	\$0.46
60 to 64	\$0.69
65 to 69	\$1.30
70 to 74	\$2.09

Dependent Package (\$1.50/month per family)

Term life insurance protecting your spouse and children for \$10,000 each is also available. Children are eligible from live birth to age 26. **Please complete the health questions when required. Forms and additional information may be found on the *HRconnection* website.**

SHORT TERM DISABILITY (STD) - MetLife

- The Benefits cover 70% of weekly earnings, to a maximum of \$2,500 weekly benefit
- Key Point! STD Benefits are reduced by PFML Benefits.** If PFML benefits are sufficient for your income, you may not need to take Voluntary STD coverage. Please refer to the MN PFML information to determine what benefit amounts are payable under that mandatory statutory leave program.
- Short Term Disability Benefits plus Sick Leave/PTO/Vacation Pay can equal up to 100% of your pre-disability earnings. See your Handbook for more rules on using Time Off with Short Term Disability.
- Time Off amounts that result in excess of 100% of pre-disability earnings will reduce the weekly Short Term Disability benefit by the excess amount.
- Benefits begin on the 8th day of an injury or 8th day of a sickness and can be payable up to 12 weeks.
- OPEN ENROLLMENT – Employees may sign up or increase without providing proof of good health.**
- The amount of benefit is subject to the normal 3 month / 12 month pre-existing condition limitation.

		Voluntary Short Term Disability 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

LONG TERM DISABILITY (LTD)

The City of Forest Lake pays for a Long Term Disability benefit of **60% of your gross monthly salary** up to a maximum of **\$6,000 per month**. Benefits begin on the 91st day of a disability and are payable up to your Normal Social Security Retirement Age.

VISION INSURANCE

The Avesis vision insurance program is available for employees and their dependents to help save money on Vision care materials.

	<u>Monthly Rates</u>
Employee	\$6.61
Employee & Spouse	\$13.01
Employee & Child(ren)	\$13.66
Family	\$17.90

<u>Copays</u>	
Materials	\$10
<u>Frequency</u>	
Lenses or contact lenses	12 Months
Frame	24 Months

<u>Vision Care Services</u>	<u>In-Network Member Cost</u>	<u>Out-of-Network Reimbursement</u>
Contact Lens Fit and Follow-up		
Standard Contact Lens Fitting	Up to \$50 member out-of-pocket maximum	N/A
Custom Contact Lens Fitting	Up to \$75 member out-of-pocket maximum	N/A
Materials*	\$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	\$150 allowance	Up to \$50
Standard Spectacle Lenses		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
Preferred Pricing Options		
Level 6 Option Package		
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44	N/A
Standard Scratch-Resistant Coating	\$17	N/A
Ultra-Violet Screening	\$15	N/A
Solid or Gradient Tint	\$17	N/A
Standard Anti-Reflective Coating	\$45	N/A
Level 1 Progressives	Covered in full	Up to \$40
Level 2 Progressives	Covered in full	Up to \$48
All Other Progressives	\$140 allowance + up to 20% discount	Up to \$48
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% discount	N/A
Contact Lenses* (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$150 allowance	Up to \$128
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

- 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.

GROUP ACCIDENT INSURANCE – New Carrier: **MetLife**

Protect your finances in the event you, or a family member, suffer an accidental injury. Benefits from this plan supplement you with a lump sum, tax-free cash payment to help you bridge the gap with out-of-pocket medical expenses. **Forms and additional information may be found on the *HRconnection* website.**

The Accident plan includes:

- All coverage is Guaranteed Issue.
- On/Off the job accidents covered.
- Coverage is portable; you can keep the coverage if you leave your employer.
- Wellness Benefit: \$50 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Monthly Premium Rates

	<u>Low Option</u>	<u>High Option</u>
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

Sampling of Covered Accidents/Conditions Benefit Payout Schedule:

Fractures	Low Plan		High Plan	
	Non-surgical	Surgical	Non-surgical	Surgical
Skull - Depression	\$3,000	\$6,000	\$4,000	\$8,000
Hip or Thigh	\$3,000	\$6,000	\$4,000	\$8,000
Vertebrae or Pelvis	\$1,500	\$3,000	\$1,500	\$3,000
Upper Arm	\$750	\$1,500	\$1,000	\$2,000
Shoulder or Collarbone	\$500	\$1,000	\$750	\$1,500
Leg	\$1,500	\$3,000	\$1,500	\$3,000
Ankle	\$500	\$1,000	\$500	\$1,000
Kneecap	\$500	\$1,000	\$500	\$1,000
Lower Arm, Hand, Wrist	\$500	\$1,000	\$750	\$1,500
Foot	\$500	\$1,000	\$500	\$1,000
Finger or Toe	\$75	\$150	\$100	\$200
Upper Jaw	\$750	\$1,500	\$1,000	\$2,000
Lower Jaw	\$500	\$1,000	\$750	\$1,500
Bones of Face or Nose	\$750	\$1,500	\$1,000	\$2,000
Vertebral Processes	\$500	\$1,000	\$500	\$1,000
Rib	\$500	\$1,000	\$750	\$1,500

Dislocations				
Hip Joint	\$3,000	\$6,000	\$4,000	\$8,000
Knee Joint	\$1,500	\$3,000	\$2,000	\$4,000
Bones of Foot, Ankle	\$750	\$1,500	\$750	\$1,500
Rib	\$500	\$1,000	\$750	\$1,500
Wrist	\$500	\$1,000	\$750	\$1,500
Elbow	\$500	\$1,000	\$750	\$1,500
Shoulder	\$500	\$1,000	\$750	\$1,500
Hand	\$500	\$1,000	\$750	\$1,500
Collarbone	\$500	\$1,000	\$750	\$1,500
Lower Jaw	\$500	\$1,000	\$750	\$1,500
Finger or Toe	\$75	\$150	\$100	\$200

Chip fractures are 25% of benefit amount. If more than 1 bone is fractured, the amount paid for all fractures combined will be no more than 2 times the highest Fracture Benefit. Partial Dislocations are 25% of benefit amount.

	Low Plan	High Plan
Initial Care and Emergency Care		
Emergency Care Treatment	\$100	\$150
Physician Office Visit	\$50	\$75
Diagnostic Exam	\$125	\$150
Ground Ambulance	\$300	\$300
Air Ambulance	\$1,000	\$1,000

Hospital Care		
Hospital Admission	\$750	\$1,500
Hospital Stay	\$100 per day	\$300 per day
Intensive Care Unit Stay	\$100 per day	\$300 per day

Follow Up Care		
Follow Up Physician Office Visits*	\$50 per visit	\$100 per visit
Follow Up Physical Therapy Visits*	\$25 per visit	\$100 per visit

*Limit of 10 treatments per Accident

Additional Benefits for:		
Accidental Death	EE \$25K; SP \$12.5K; CH \$5K	
Accidental Death - Common Carrier	EE \$75K; SP \$37.5K; CH \$15K	
Dismemberment	See benefit schedule: up to \$10K	
Catastrophic Dismemberment	See benefit schedule: up to \$20K	
Paralysis	See benefit schedule: up to \$20K	
Abdominal or Thoracic Surgery	\$1,250	\$1,500
Ruptured Disc Surgery	\$625	\$750
Other Surgery	See benefit schedule: up to \$1,500	
Eye Injury	\$250	\$300
Laceration Benefit	See benefit schedule: up to \$400	
Emergency Dental - Crown/Extraction	\$150/\$100	\$200/\$150

Note: additional benefits exist (this is not the complete list)

As an example, if an individual who is covered under the “High Option” suffers an accident in which they fracture their upper arm (surgical) and dislocate their elbow (non-surgical), they would receive \$2,000 for the fracture and \$750 for the dislocation. Additionally, there would likely be an ER visit in this situation (\$150 on the High Plan), and an X-Ray (\$150), for a total payout of \$3,050. Furthermore, the individual would qualify for the Follow-Up Care benefit, which is an additional \$100 per visit to their Physician’s Office or \$100 per visit for Physical Therapy (limited to 10 treatments per accident).

GROUP CRITICAL ILLNESS INSURANCE – New Carrier: **MetLife**

Met Life's Group Critical Illness insurance helps employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as invasive cancer, heart attack, stroke, kidney disease or major organ failure. It provides a lump sum benefit to help with the out-of-pocket medical and/or non-medical expenses associated with a critical illness.

The benefit is \$15,000 for Employee; \$7,500 for Spouse; \$3,750 for Child(ren)

The Critical Illness plan includes:

- All coverage is Guaranteed Issue - no health history and no pre-existing condition limitation (see below for Invasive Cancer Exclusion).
- Coverage is portable, you can keep the coverage if you leave your employer.
- Wellness Benefit: \$75 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Age	Monthly Rates			
	Employee Only	Employee & Spouse	Employee & Children	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

GROUP HOSPITAL CARE INSURANCE – New Carrier: **MetLife**

Met Life's Group Hospital Care insurance pays a fixed benefit for hospital stays resulting from a covered injury or illness (pregnancy included). See below for the benefit payout schedule. **Forms and additional information may be found on *HRconnection*.**

The Hospital plan includes:

- All coverage is Guaranteed Issue - no health history and no pre-existing condition limitation.
- This includes no pre-existing condition limitation for pregnancies or scheduled surgeries.
- Coverage is portable, you can keep the coverage if you leave your employer.
- Wellness Benefit: \$50 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Hospitalization Benefit Type	Benefit Amount	Hospitalization Benefit Type (cont'd)	Benefit Amount	Monthly Rates	
Hospital Admission	\$1,000	Hospital ICU Stay - Supplemental	\$100	Employee Only	\$19.78
No elimination period. Limited to 1 day, 1 benefit every 90 days. <i>To qualify, you must be:</i> 1) Admitted to the hospital as an in-patient. 2) Or held in observation for 20 or more hours		No elimination period. Limited to 60 days, 1 benefit every 90 days. (Pays in addition to Hosp stay)		Employee + Spouse	\$40.87
		Inpatient Rehabilitation	\$50	Employee + Child(ren)	\$35.30
		No elimination period. Limited to 15 days, 1 benefit every 90 days.		Family	\$56.39
Hospital Stay	\$100	Nursing Care / Home Care	\$100		
No elimination period. Limited to 60 days, 1 benefit every 90 days.		Limited to 10 days/calendar; 20 days/lifetime.			
					
		Newborn Confinement	\$100		

Rates and open amounts of coverage are effective January 1, 2026. Note: rate calculations are based upon your attained age as of that date. For those benefits subject to proof of good health, coverage will become effective upon approval. (Employees must be actively at work on the effective date of coverage.)



For additional information call
Integrity Employee Benefits 1-866-437-7977
or email integrity@integrityeb.com