

MEDICAL PLAN PREMIUMS AND COVERAGE – 2025

YOUR SHARE OF THE PREMIUM				
	National network – Choice Plus		Narrow network – Core Twin Cities Metro only	
	<i>per pay period</i>	<i>annual</i>	<i>per pay period</i>	<i>annual</i>
Employee	\$60.00	\$1,560.00	\$55.90	\$1,453.40
Employee + 1	\$156.92	\$4,079.92	\$141.73	\$3,684.98
Family	\$244.62	\$6,360.12	\$227.43	\$5,913.18

YOUR DEDUCTIBLE		
	Network	Nonnetwork
Employee	\$3,300	\$5,300
Employee + 1	\$3,300 per person	\$5,300 per person
Family	\$3,300 per person not more than \$6,600 per family	\$5,300 per person not more than \$10,600 per family

YOUR OUT-OF-POCKET MAXIMUM		
Employee	\$3,300	\$7,800
Employee + 1	\$3,300 per person	\$7,800 per person
Family	\$3,300 per person not more than \$6,600 per family	\$7,800 per person not more than \$15,600 per family

YOUR COINSURANCE		
Preventive care	0%; \$0 deductible	20% after you pay the deductible
Emergency room	0% after you pay the deductible	0% after you pay the network deductible
Urgent care	0% after you pay the deductible	0% after you pay the deductible
Primary care physician office visit	0% after you pay the deductible	20% after you pay the deductible
Virtual visits	0% after you pay the deductible	Not covered
Other care, including: <ul style="list-style-type: none"> • Hospital care, inpatient or outpatient • Maternity care, prenatal and delivery • Mental health care, inpatient or outpatient • Substance abuse treatment, inpatient or outpatient 	0% after you pay the deductible	20% after you pay the deductible



PRESCRIPTION COST SHARING – 2025

Your costs for prescription medications count toward paying your medical plan deductible. There is no separate pharmacy plan deductible.

YOUR PRESCRIPTIONS COSTS AND OPTIONS			
	Preventive medications	Retail pharmacy	Home delivery
	30-day/90-day supply	1-30 day supply	90-day supply
Generic	\$12/\$24 not subject to deductible	0% after you pay the deductible	0% after you pay the deductible
Preferred brand	\$45/\$90 not subject to deductible	0% after you pay the deductible	0% after you pay the deductible
Nonpreferred brand	\$45/\$90 not subject to deductible	0% after you pay the deductible	0% after you pay the deductible
Specialty medications	0% after you pay the deductible, only when dispensed by Accredo specialty pharmacy		
Network and formulary	National Plus retail pharmacy network Express Scripts National Preferred formulary Log in to express-scripts.com for details		

Medications defined as preventive by the Affordable Care Act are available at no cost to you.

FUNDING YOUR HSA – 2025

2025 HSA CONTRIBUTION LIMITS			
	Employee-only	Employee + 1	Family
IRS maximum	\$4,300	\$8,550	\$8,550
IDQ will contribute	\$500	\$1,000	\$1,250
You can contribute up to	\$3,800	\$7,550	\$7,300
If you are 55 or older as of Dec. 31, 2025, and are not enrolled in any part of Medicare, you can contribute an additional \$1,000 to your HSA.			

If you exceed the IRS maximum contribution for your enrollment tier and age, the excess contribution will be counted as taxable income and subject to a 6% excise tax.



DENTAL PLAN PREMIUMS AND COVERAGE – 2025

YOUR PLAN OPTIONS		
	<i>per pay period</i>	<i>annual</i>
Employee	\$6.41	\$166.66
Employee + 1	\$23.48	\$610.48
Family	\$38.76	\$1,007.76

YOUR COST			
	PPO network	Premier network	Nonnetwork providers
Deductible (calendar year) No deductible for diagnostic preventive services or orthodontics	\$0	\$25/person Up to \$75/family	\$25/person Up to \$75/family
Maximum plan pays Calendar year, per person	unlimited	\$1,000	\$1,000
Diagnostic & preventive care Exams and cleanings, X-rays, fluoride treatments, space maintainers, sealants	0% Plan pays full cost	0% Plan pays full cost	0% except sealants Plan pays full cost Sealants: 20%
Basic services Emergency treatment for relief of pain, amalgam restorations (silver fillings) and composite resin restorations (white fillings) on anterior (front) teeth	20%	20%	20%
Composite resin restorations (white fillings) on posterior (back) teeth	40%	50%	50%
Orthodontics per eligible child, up to age 19	50% Plan pays \$2,500 lifetime maximum	50% Plan pays \$1,000 lifetime maximum	50% Plan pays \$1,000 lifetime maximum
Endodontics, periodontics & oral surgery Root canal therapy on permanent teeth, pulpotomies on primary teeth for dependent children, surgical/nonsurgical periodontics, surgical/nonsurgical extractions, all other covered surgery	0%	10%	20%
Major restorative care (crowns); Prosthetics (dentures, implants) Crowns and crown repair; dentures and denture adjustments; bridges; standard implants	40% Implants: Plan pays \$500 lifetime maximum	50% Implants: Plan pays \$500 lifetime maximum	50% Implants: Plan pays \$500 lifetime maximum



VISION PLAN PREMIUMS AND COVERAGE – 2025

YOUR SHARE OF THE PREMIUM		
	<i>per pay period</i>	<i>annual</i>
Employee	\$2.30	\$59.80
Employee + 1	\$4.38	\$113.88
Family	\$6.42	\$166.92

YOUR COST FOR NETWORK SERVICES - INSIGHT NETWORK	
Comprehensive eye exam – once every 12 months	\$10 copayment
Eyeglasses – once every 12 months, except frames	
Frames – once every 24 months	\$0 copayment, up to the \$130 allowance; 20% off balance over \$130
Standard plastic lenses single vision, bifocal or trifocal	\$25 copayment
Additional costs for lens treatments	
Standard polycarbonate lenses – adult	\$40 copayment
Standard polycarbonate lenses – child under 19	\$0 copayment
UV treatment	\$15 copayment
Tint (solid or gradient)	\$15 copayment
Standard plastic scratch coating	\$15 copayment
Standard progressive lenses (add on to bifocal)	\$25 copayment
Contact lenses in lieu of eyeglass lenses – once every 12 months	
Conventional	\$0 copayment, up to the \$130 allowance; 15% off balance over \$130
Disposable	\$0 copayment, up to the \$130 allowance
Medically necessary	\$0 copayment; paid in full by the plan
Additional service discounts	
Laser vision correction	15% off retail price or 5% off promotional price through U.S. Laser Network
Hearing care	40% off hearing exams through Amplifon Hearing Network



LIFE INSURANCE PREMIUMS – 2025

You pay the full premium for amounts of life insurance you elect above the company-paid amount and for the amount you elect for your spouse and children.

PER-PAY-PERIOD PREMIUMS FOR ADDITIONAL LIFE INSURANCE		
<i>Your age on Jan. 1, 2025</i>	<i>per \$10,000 of coverage not a tobacco user</i>	<i>per \$10,000 of coverage tobacco user</i>
24 or younger	\$0.23	\$0.37
25 – 29	\$0.23	\$0.37
30 – 34	\$0.28	\$0.48
35 – 39	\$0.39	\$0.66
40 – 44	\$0.48	\$0.89
45 – 49	\$0.54	\$1.36
50 – 54	\$1.45	\$2.72
55 – 59	\$2.51	\$4.17
60 – 64	\$3.81	\$6.24
65 – 69	\$10.08	\$15.42
70 – 74	\$15.25	\$23.34
75 and older	\$33.06	\$43.09

PER-PAY-PERIOD PREMIUMS FOR SPOUSE LIFE INSURANCE	
<i>Spouse's age on Jan. 1, 2025</i>	<i>per \$5,000 of coverage</i>
24 or younger	\$0.178
25 – 29	\$0.203
30 – 34	\$0.258
35 – 39	\$0.374
40 – 44	\$0.538
45 – 49	\$0.840
50 – 54	\$1.311
55 – 59	\$2.010
60 – 64	\$3.434
65 – 69	\$5.868
70 – 74	\$10.454
75 and older	\$20.938

PER-PAY-PERIOD PREMIUMS FOR CHILD LIFE INSURANCE	
<i>Child</i>	<i>per \$2,000 of coverage</i>
any age	\$0.046

Age-related reduction in benefit

Your benefit for company-paid life insurance benefit will decrease by 50% when you are 70 years old. Your benefit for additional coverage (voluntary life insurance) will begin to decrease when you are 65 years old.

LIFE INSURANCE BENEFIT REDUCTION	
<i>age</i>	<i>reduces to</i>
65-69	65% of original benefit
70-74	45% of original benefit
75-79	30% of original benefit
80 and older	20% of original benefit

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PREMIUMS – 2025

You may purchase AD&D coverage for yourself in increments of \$10,000. You may purchase coverage up to five times your annual base pay, or \$500,000, whichever is less.

- If you choose AD&D coverage for yourself, you also may choose coverage up to the same amount for your spouse, in increments of \$5,000.
- If you choose AD&D coverage for yourself, you also may choose coverage up to \$10,000 for your children, in increments of \$2,000.

COVERAGE OPTIONS AND PER-PAY-PERIOD PREMIUMS			
	Employee coverage	Spouse	Child
Increments	\$10,000	\$5,000	\$2,000
Maximum	Up to 5x base pay or \$500,000, whichever is less	Up to employee's amount	\$10,000
Premium per pay period	\$0.09 per \$10,000 coverage	\$0.05 per \$5,000 coverage	\$0.01 per \$2,000 coverage

BENEFIT REDUCTION	
<i>age</i>	<i>reduces to</i>
65-69	65% of original benefit
70-74	45% of original benefit
75-79	30% of original benefit
80 and older	20% of original benefit



CRITICAL ILLNESS, ACCIDENT AND HOSPITAL INDEMNITY INSURANCE – 2025

PREMIUMS FOR CRITICAL ILLNESS INSURANCE RATE PER PAY PERIOD – 2025		
<i>Your age on Jan. 1, 2025</i>	<i>Not a tobacco user premium per \$1,000 of coverage</i>	<i>Tobacco user premium per \$1,000 of coverage</i>
24 or younger	\$0.25	\$0.38
25 – 29	\$0.28	\$0.47
30 – 34	\$0.36	\$0.65
35 – 39	\$0.50	\$0.96
40 – 44	\$0.71	\$1.40
45 – 49	\$0.97	\$1.94
50 – 54	\$1.28	\$2.59
55 – 59	\$1.68	\$3.30
60 – 64	\$2.16	\$3.96
65 – 69	\$2.43	\$4.13
70+	\$4.35	\$6.65

Your benefit will decrease by 50% when you renew your policy after age 70.

PREMIUMS FOR ACCIDENT INSURANCE RATE PER PAY PERIOD – 2025	
Employee	\$5.82
Spouse	\$9.60
Child	\$10.50
Family	\$14.28

PREMIUMS FOR HOSPITAL INDEMNITY INSURANCE PER PAY PERIOD – 2025	
Employee	\$7.27
Spouse	\$14.50
Child	\$10.02
Family	\$17.25

