

**2025 BENEFIT SUMMARY
KANDIYOHI COUNTY FULL TIME EMPLOYEES**

Health Insurance – BCBS

Health Plan	Employer Monthly Contribution	Employee Monthly Premium
\$1,200 Single - VEBA	\$ 898.26	\$ 158.52
\$2,400 Family - VEBA	\$ 1,820.78	\$ 780.34
\$2,250 Single - VEBA	\$ 806.27	\$ 142.30
\$4,500 Family - VEBA	\$ 1,634.34	\$ 700.44
\$3,500 Single - VEBA	\$ 725.24	\$ 127.98
\$7,000 Family - VEBA	\$ 1,470.05	\$ 630.02
QHDHP \$3,500 Single	\$ 825.24	\$ 27.98
QHDHP \$7,000 Family	\$ 1,670.05	\$ 430.02

Dental Insurance – Delta Dental

Dental Plan	Employer Monthly Contribution	Employee Monthly Premium
Standard Single	\$ 35.00	\$ 5.00
Standard Family	\$ 35.00	\$ 70.00

Vision Insurance - EyeMed

Vision Plan	Employee Monthly Premium
Single	\$ 5.04
Employee Plus One	\$ 9.58
Family	\$ 14.06

All VEBA Plans receive the following employer funding: Single VEBA Plans are funded \$100.00 per month and Family VEBA Plans are funded \$200.00 per month into the employee’s VEBA account. VEBA funds are contributed on an annual basis at the beginning of the Plan Year. Prorated funding for new hires coincides with eligibility for the health insurance.

Life and LTD Insurance	Employer Monthly Contribution	Employee Monthly Premium
Life Insurance - \$45,000 Employee Coverage	\$ 4.95	\$ None
Life Insurance - Additional Employee Coverage up to \$750,000	\$ None	\$ Variable – Age Rated
Life Insurance - Spouse Coverage up to \$150,000	\$ None	\$ Variable – Age Rated
Life Insurance – Dependent Child \$10,000 or \$15,000 option	\$ None	\$ 1.30 or 1.95
Long Term Disability (LTD)	\$ Variable	\$ 3.00

Life Insurance – New employees have 30 days from date of hire to apply for additional coverage. Employee additional coverage is guarantee issue up to \$250,000, up to \$750,000 with evidence of insurability (Required Health Questionnaire). Spouse coverage guarantee issue up to \$50,000 up to \$150,000 with evidence of insurability.
LTD – Eligible for coverage the first of the month following 6 months of employment. Benefit is 66 2/3 of gross salary, following a 90 day waiting period up to age 65.

Additional Voluntary Benefits

Flex Spending Accounts for Medical and Dependent Care Reimbursement, 457(b) Deferred Compensation Plan both pretax and Roth deferrals allowed, AFLAC – various plans, NCPERS Guarantee Issue Group Decreasing Term Life Insurance.

Direct Deposit is mandatory. Pay date is every other Friday. Payroll deduction frequency varies by benefit type. Health, dental and AFLAC premiums are deducted from the first and second check of the month. Flex reimbursement and 457(b) deferrals are deducted each check, all other benefit plan deductions come out of the first check of the month.

Contact Lisa Weiss at 231-6215 ext. 2106 with Benefits or Payroll questions

Most benefits begin the first of the month following employment. Vacation and sick time are accrued from the date of hire and may be used during the one year probation period. It is the employee’s responsibility to be sure their vacation and sick balances never go below zero. There are 11 paid Holiday’s annually. All Employees must have a photo ID card.