Short Term Disability

MetLife

- No Employer contribution
- Voluntary benefit—Premium paid by Employee
- Transition Carriers from The Hartford to MetLife effective 01/01/2026
- Benefit will coordinate with MN Paid Family Leave
- Rates remain unchanged / 3-year rate guarantee

Effective 01/01/2026, the following rate schedule will apply:

| Age | Price per Month/\$10 Weekly Benefit |
|----------|-------------------------------------|
| Under 30 | \$.100 |
| 30-34 | \$.110 |
| 35-39 | \$.100 |
| 40-44 | \$.110 |
| 45-49 | \$.130 |
| 50-54 | \$.170 |
| 55-59 | \$.200 |
| 60-64 | \$.240 |
| 65+ | \$.280 |
| | |

Accident Insurance

MetLife

- No Employer contribution
- Voluntary benefit—Premium paid by Employee
- Transition carriers from Cigna to MetLife effective 01/01/2026
- Rates remain unchanged / 3-year rate guarantee

Effective 1/1/2026, the rates per month will be as follows:

| Low Plan | High Plan | |
|---------------|---|--|
| Monthly Rates | Monthly Rates | |
| \$9.70 | \$16.95 | |
| \$16.40 | \$28.75 | |
| \$16.10 | \$28.20 | |
| \$22.80 | \$39.75 | |
| | Monthly Rates \$9.70 \$16.40 \$16.10 | |

Hospital Insurance

MetLife

- No Employer contribution
- Voluntary benefit—Premium paid by Employee
- Transition carriers from Cigna to MetLife effective 01/01/2026
- Rates remain unchanged / 3-year rate guarantee

Effective 1/1/2026, the rates per month will be as follows:

| | Monthly Rates |
|-----------------------|---------------|
| Employee | \$19.78 |
| Employee + Spouse | \$40.87 |
| Employee + Child(ren) | \$35.30 |
| Family | \$56.39 |

Critical Illness Insurance

MetLife

- No Employer contribution
- Voluntary benefit—Premium paid by Employee
- Transition carriers from Cigna to MetLife effective 01/01/2026
- Rates remain unchanged / 3-year rate guarantee

Effective 1/1/2026, the rates per month will be as follows:

| Employee | Employee & | Employee & | Family |
|----------|--|--|---|
| | Spouse | Child(ren) | |
| \$5.82 | \$10.39 | \$6.19 | \$10.76 |
| \$6.59 | \$11.55 | \$6.97 | \$11.92 |
| \$8.52 | \$14.30 | \$8.90 | \$14.68 |
| \$11.73 | \$19.18 | \$12.10 | \$19.55 |
| \$15.00 | \$24.18 | \$15.37 | \$24.55 |
| \$21.57 | \$34.27 | \$21.94 | \$34.64 |
| \$29.49 | \$47.60 | \$29.87 | \$47.97 |
| \$39.41 | \$64.34 | \$39.79 | \$64.72 |
| \$50.53 | \$82.90 | \$50.90 | \$83.27 |
| \$62.42 | \$100.39 | \$62.79 | \$100.76 |
| \$87.29 | \$138.29 | \$87.66 | \$138.67 |
| \$121.61 | \$182.09 | \$121.99 | \$182.46 |
| \$153.67 | \$223.14 | \$154.04 | \$223.51 |
| \$189.66 | \$293.71 | \$190.04 | \$294.09 |
| | \$5.82 \$6.59 \$8.52 \$11.73 \$15.00 \$21.57 \$29.49 \$39.41 \$50.53 \$62.42 \$87.29 \$121.61 \$153.67 | \$5.82 \$10.39 \$6.59 \$11.55 \$8.52 \$14.30 \$11.73 \$19.18 \$15.00 \$24.18 \$21.57 \$34.27 \$29.49 \$47.60 \$39.41 \$64.34 \$50.53 \$82.90 \$62.42 \$100.39 \$87.29 \$138.29 \$121.61 \$182.09 \$153.67 \$223.14 | Spouse Child(ren) \$5.82 \$10.39 \$6.19 \$6.59 \$11.55 \$6.97 \$8.52 \$14.30 \$8.90 \$11.73 \$19.18 \$12.10 \$15.00 \$24.18 \$15.37 \$21.57 \$34.27 \$21.94 \$29.49 \$47.60 \$29.87 \$39.41 \$64.34 \$39.79 \$50.53 \$82.90 \$50.90 \$62.42 \$100.39 \$62.79 \$87.29 \$138.29 \$87.66 \$121.61 \$182.09 \$121.99 \$153.67 \$223.14 \$154.04 |