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FOUNDATION

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2025 Benefits Overview

FOR YOU AND YOUR FAMILY

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Introduction and Eligibility

WHO IS ELIGIBLE

To be eligible for health, dental and flexible spending benefits you must be employed in a regular (not temporary) status and scheduled to work at least 56 hours during a two-week pay period. To be eligible for paid leave, life insurance, and 401(k) benefits you must be employed in a regular (not temporary) status and schedule to work at least 30 hours during a two-week pay period.

Eligible dependents include:

- Your current legally married spouse
- Your natural, adopted child, stepchild, foster child or financially dependent grandchild up to age 26
- Your disabled dependent adult child, provided certain conditions are met

MAKING CAREFUL CHOICES

The annual enrollment period is the only time you can change benefit plans or add/drop dependents during a plan year, unless you have a qualified Election Change Event. Such changes include birth, death, marriage, divorce, adoption, ineligibility of a dependent, unpaid leave of absence by you or your spouse because of your spouse's employment. Please choose your benefits carefully.

Benefit	When Am I Eligible?	Who Pays?
Medical Plan	Employees will be eligible for coverage on their date of hire	Wilder & you
Dental Plan	Employees will be eligible for coverage on their date of hire	Wilder & you
Flexible Spending Accounts (FSA)	Employees will be eligible for coverage on their date of hire	You
Basic Life Insurance	1st of the month following 30 days of employment	Wilder
Supplemental Life Insurance	Employees can enroll anytime but waive "Evidence of Insurability" if added within 30 days of employment following approval from Prudential.	You
Spouse & Dependent Life Insurance	Employees can enroll anytime but waive "Evidence of Insurability" if added within 30 days of employment following approval from Prudential.	You
Long-Term Disability Insurance	Immediately upon hire or attainment of a benefits eligible status	Wilder & you
Accidental Death & Dismemberment (AD&D)	1st of the month following 30 days of employment	You
Employee Assistance Program	Immediately upon hire or attainment of a benefits eligible status	Wilder
PTO & Paid Leave Benefit Program	PTO Accruals begin immediately upon hire or attainment of benefits eligible status.	Wilder
401(k) & 403(b) Retirement Plans	401(k): Automatically enrolled after the 1st of the month following 30 days of employment 403(b): All active employees eligible to participate	Wilder & you

Medical

Wilder offers a comprehensive health plan for eligible employees through HealthPartners, presenting 2 separate Plan types: a PPO plan or an HSA plan. Each plan offers 2 different networks: the Open Access and Achieve networks. In addition to the two Network options, for those that have met the Wellness requirements for the plan year, you will have access to the “Preferred” plan, which provides a lesser Copay for Primary Care (PPO plan), and a lower Annual Deductible (HSA Plan). For those that have not met the Wellness requirements, you will have access to the “Standard” plans – see below for these differences.

Coverage

PPO Plans

HSA Plans

	Preferred	Standard	Preferred	Standard
Annual Deductible				
Single	\$600	\$600	\$3,300	\$3,550
Family	\$1,200	\$1,200	\$5,200	\$5,700
Out of Pocket Maximum				
Single	\$4,500	\$4,500	\$7,000	\$7,000
Family	\$9,000	\$9,000	\$12,000	\$12,000
Professional Services				
Preventive care	No charge	No charge	No charge	No charge
Office visits	\$30 copay	\$50 copay	20% coinsurance	20% coinsurance
Virtuwell	\$20 copay	\$20 copay	20% coinsurance	20% coinsurance
Convenience clinics	\$20 copay	\$20 copay	20% coinsurance	20% coinsurance
Hospital Services				
Outpatient care (surgery)	Facility fee: 20% Surgeon fee: 20%	20% coinsurance	Facility fee: 20% Surgeon fee: 20%	20% coinsurance
Urgent care	\$45 copay	\$65 copay	20%	20% coinsurance
Emergency room	\$125 copay	\$125 copay	20%	20% coinsurance
Prescription Drugs				
Generic	\$15 retail	\$30 mail	20% coinsurance	
Formulary Rx	\$50 retail	\$100 mail	20% coinsurance	
Non-formulary Rx	\$75 retail	\$150 mail	20% coinsurance	
Specialty Rx	20% coinsurance	20% coinsurance	20% coinsurance	

*Plan details are representative of all “In-Network” rates, please refer to your SBC for Out-of-Network offerings.

2025 FULL-TIME EMPLOYEE COST: BI-WEEKLY BASIS - 24 PAY PERIODS

Coverage	PPO Plans		HSA Plans	
	Achieve	Open Access	Achieve	Open Access
Employee Only	\$130.86	\$158.85	\$56.28	\$114.74
Employee + Spouse	\$309.25	\$375.40	\$256.81	\$308.18
Employee + Child(ren)	\$247.34	\$300.24	\$205.54	\$246.65
Family	\$437.23	\$530.76	\$361.58	\$434.22



HELPFUL TERMS

Deductible
The annual amount you pay for covered services before the plan pays any benefits.

Coinsurance
Your share of the costs of a covered service.

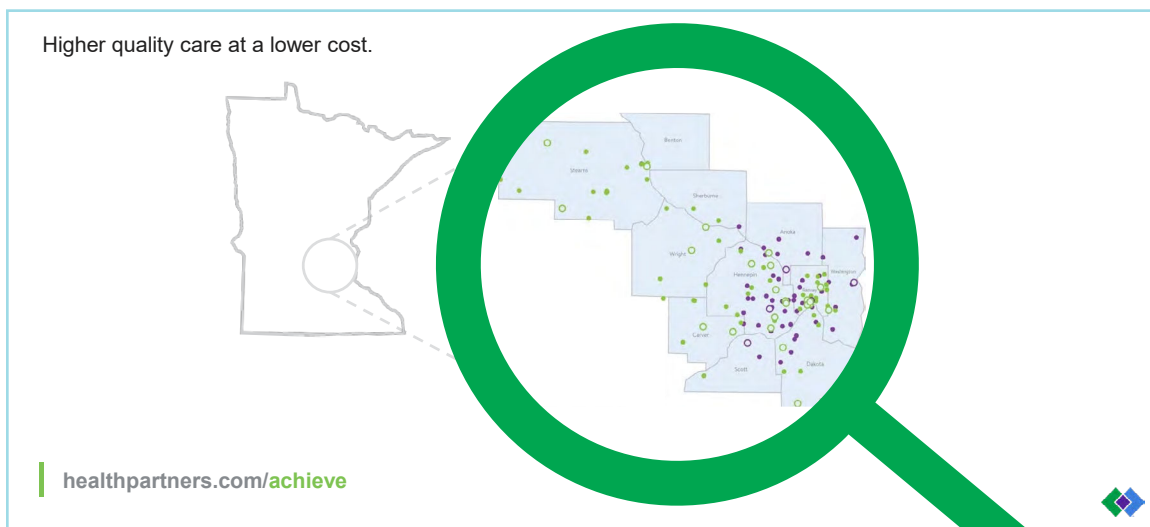
Annual Out-of-Pocket Maximum
The maximum annual amount you pay out of your pocket for your portion of the covered service charges. Once you reach the out-of-pocket maximum, the plan pays 100% for all covered medical services for the remainder of the plan year.

Network Provider
A provider who is participating in the HealthPartners network.

ACHIEVE NETWORK

Choose your favorite doctor. You can see any doctor in the Achieve network across the Twin Cities metro, St. Cloud and surrounding areas.

If you need additional care, your primary care doctor can help you find a specialist. Or you can pick one from the network on your own - no referral needed.



OPEN ACCESS NETWORK

You pick where you want to go. Choose from the largest networks of doctors and clinics throughout the U.S.

Greater selection of resources than the Achieve network, with a slightly larger monthly premium.



ROUTINE EYE & HEARING EXAMS

If enrolled in either of the Medical plans, you are provided preventative routine eye and hearing exams at no cost. Additionally, if enrolled in the PPO plan, you can submit your claim form and receipt of your purchase of frames and lenses to receive a \$150 reimbursement for each covered dependent, every 24 months.

**Note: Glasses and contacts are not covered under the HDHP plan*

GET THE RIGHT CARE AT THE RIGHT PRICE

Your health plan covers a range of options when you need care. Knowing the differences between the options can help you choose where to get care at the best cost. Search online to find an **in-network** option specifically covered by your plan.

What You Need	Go To	Average Cost	Average Time Spent
Health advice from a registered nurse for: <ul style="list-style-type: none"> At-home remedies When to go in for care 	Careline service call 24/7 at (800) 551-0859	Free	15 minutes
Treatment and prescriptions for minor medical issues such as: <ul style="list-style-type: none"> Bladder infection Pink eye Upper respiratory infections 	Virtual or convenience care	\$	15 minutes
A regular checkup or special care during the day for things such as: <ul style="list-style-type: none"> Diabetes management Vaccines 	Primary care clinics	\$\$	30 minutes
Care for urgent problems when your doctor's office is closed such as: <ul style="list-style-type: none"> Cuts that need stitches Joint or muscle pain 	Urgent care clinics	\$\$\$	45 minutes
Help in an emergency, such as: <ul style="list-style-type: none"> Chest pain or shortness of breath Head injury 	Emergency room	\$\$\$\$	60+ minutes

HealthPartners Resources

MANAGE YOUR HEALTH ON THE GO

Your Plan at your fingertips! Want to check a claim? Need to find an urgent care near your house? Take advantage of the HealthPartners online account and mobile app. Log on or create an account at healthpartners.com/wilder.

TOP SIX WAYS TO USE YOUR ONLINE ACCOUNT AND MOBILE APP

1. View your HealthPartners member ID card and fax to your doctor's office.
2. See recent claims and how much you owe.
3. Compare pharmacy costs to find the best place to get your medicine.
4. Search for doctors in your network or near you.
5. Check your balances, including how much you owe before your plan starts paying.
6. Get cost estimates for treatments and procedures specific to your plan.

SEARCH FOR THE BEST MEDICINE PRICE

Once you're a member, there's even more you can do to save money on your medicines. Log on to your myHealthPartners account at healthpartners.com/pharmacy to:

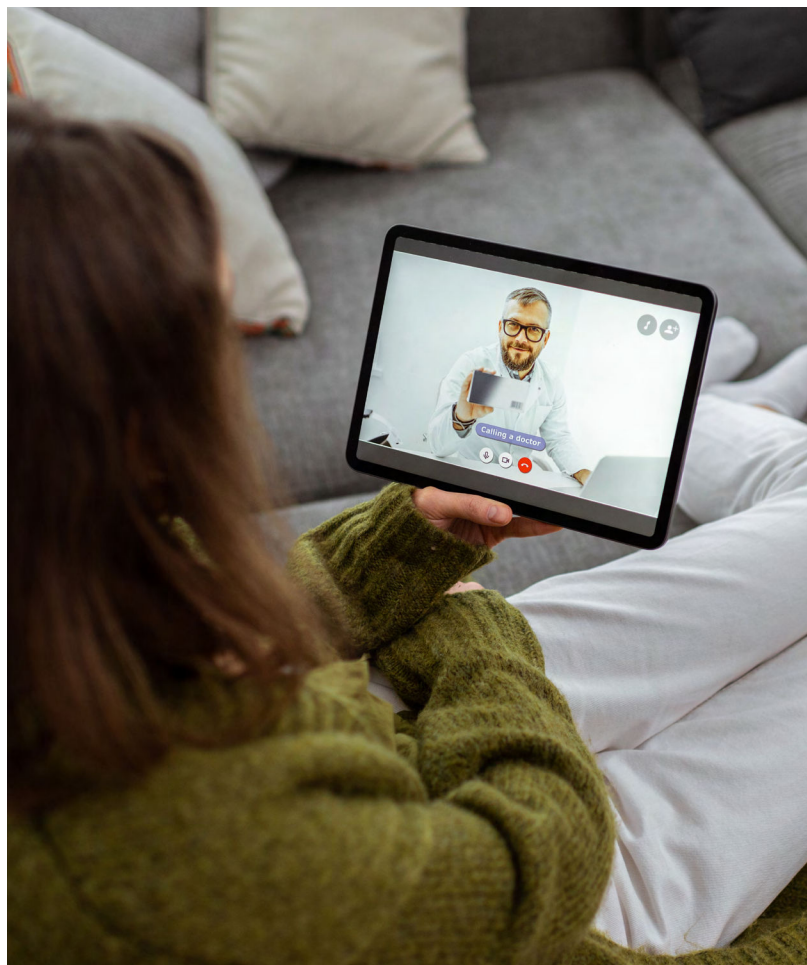
- Find the lowest cost pharmacy.
- Transfer your prescription from one pharmacy to another.
- Learn about other ways to save, like generic medicines.
- See how much you've spent on medicine this year.

FIND THE BEST PLAN FOR YOU

This online tool helps you compare your plan options and potential costs – all based on your unique situation.

Visit healthpartners.com/planforme to:

- Enter information on you and your dependents as well as your health conditions, medications and more.
- Get estimates of your out-of-pocket costs and compare available plans.
- Enter this information to get started online:
 - **Group Number:** 3205
 - **Site Number:** 2
 - **Effective Date (plan start date):** 1/1/2025



HealthPartners Resources



As a HealthPartners member, you have access to great tools and resources to help you get the most out of your health plan. Get started with these three steps:

GIVING YOU MORE

With an online account, using your plan is simple! You can:

- Look up your benefits information.
- See your claims and Explanation of Benefits (EOBs).
- Search for doctors in your network.
- Sign up to get your health plan documents delivered online.

MANAGE YOUR HEALTH CARE COSTS

With an online account, get help budgeting for your health care costs. You can:

- Compare costs for doctors, treatments and more with the cost calculators.
- Check your plan balances, including your deductible and out-of-pocket balance.

GETTING SUPPORT FOR YOUR HEALTH

Whether you're looking to get healthy or stay healthy, HealthPartners is here to support you. You can:

- See how you can get discounts at health and well-being retailers nationwide. Log on to your myHealthPartners account for details.
- Check out the Health Information Library and Decision Support tools to help you make health care decisions based on what's important to you.
- Work with a virtual coach to get active, quit smoking, stress less and move more.

HealthPartners Resources

As a HealthPartners member, you have personal support when you need it. HealthPartners has licensed nurses that are just a phone call away. Call **(952) 883-5000** or **(800) 883-2177**
Monday – Friday 7:30 a.m.– 5 p.m. CST

NURSE NAVIGATORS

If you need help understanding your health care and benefits or treatment options.

PHARMACY NAVIGATORS

If you have questions about your medicines or how much they cost, doctor approvals to take a medicine, pharmacy benefits and transferring medicine to a mail order pharmacy.

BEHAVIORAL HEALTH NAVIGATORS

If you need assistance with finding a mental or chemical health care professional in your network or have questions about your behavior health benefits. Call **(888) 638-8787**.

PREGNANCY SUPPORT

If you're pregnant or thinking about it, HealthPartners has resources to support you – all available at no cost. Start by taking the online assessment at: healthpartners.com/healthy-pregnancy. HP's specially-trained team will work with over the phone to answer questions & give advice between doctor visits. 24/7 phone support from a nurse: Call **(612) 333-2229**. Track your pregnancy with the "myHealthyPregnancy" app.

BABYLINE PHONE SERVICE

Provides support during and after your pregnancy. If you have questions about your pregnancy, the contractions you are having or about your new baby. A nurse is available 24/7, 365 days a year. Call **(800) 845-9297**.

LIVING WITH A HEALTH CONDITION

Provides support for health conditions such as asthma, depression, diabetes, heart disease and more. As part of your health plan, HealthPartners can answer your questions, work with your doctor and give you tips when you're between doctor visits. This is confidential and at no additional cost to you. Visit www.healthpartners.com/healthsupport or call **(952) 883-5469** or **(800) 871-9243**.

CARELINE - SERVICE NURSE LINE

For questions regarding whether you should see a doctor, home remedies, and medicine you're taking, contact the CareLine service nurse line. This resource is available 24/7, 365 days a year. Call **(800) 845-9297**.



HealthPartners Resources

HEALTHPARTNERS CARELINE

Call (800) 551-0859

With HealthPartners' CareLine, you will have access to licensed nurses 24 hours a day, 7 days a week, 365 days a year to help with anything from home treatment options to questions about the medications you are taking. If you have symptoms that require a prescription or a more involved doctor visit, try one of the additional telemedicine options listed below!

VIRTUWELL

www.virtuwell.com

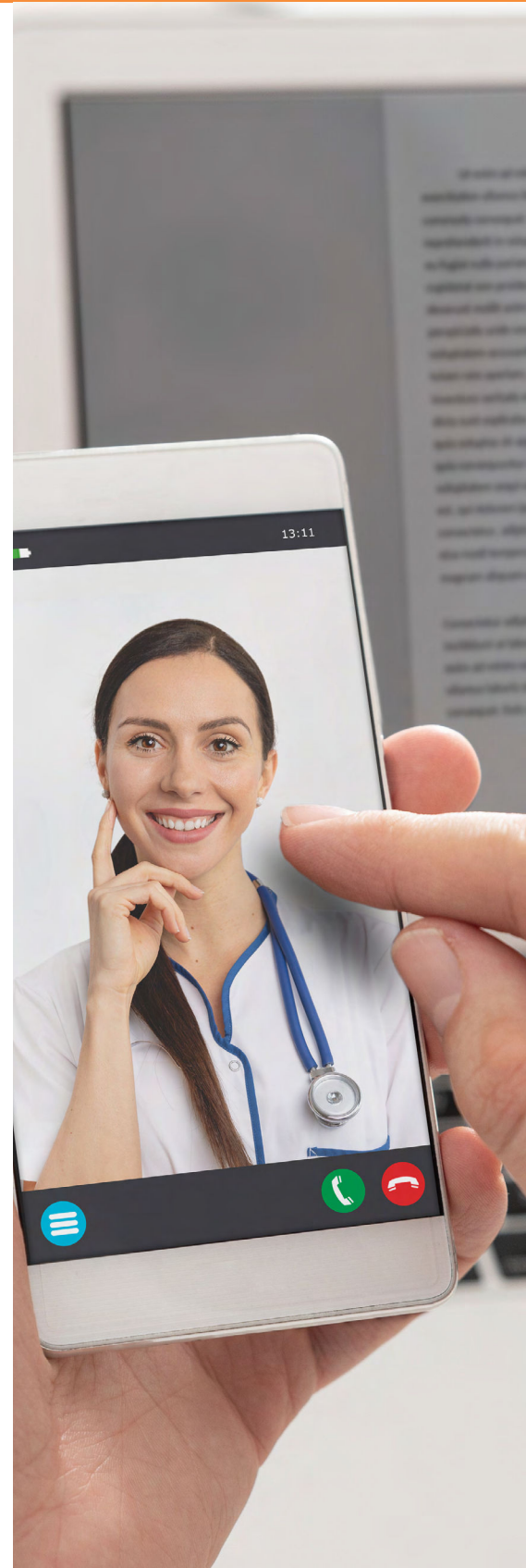
Virtuwell® is your 24/7 online clinic. Get a treatment plan and a prescription if you need one, right from your home, office or even when you're traveling.

The first three visits are free!

- A Virtuwell visit starts with a quick online interview/questionnaire at virtuwell.com that checks your history and makes sure the problem isn't serious.
- Next, a certified nurse practitioner will review your case and write your treatment plan.
- You'll get an email or text the moment your plan is ready – usually within thirty minutes or less.
- If you need a prescription, we'll send it to your pharmacy of choice.
- If you need to speak with a nurse practitioner about your plan, they're available 24/7.
- Available for people living, working or traveling in: Minnesota, Wisconsin, North Dakota, Michigan, Virginia, Iowa, Arizona, California, Colorado, Connecticut, New York and Pennsylvania.
- Visit virtuwell.com to get started!

DOCTOR ON DEMAND

With HealthPartners' Doctor On Demand, you will have access to quick & convenient video-chat based treatment. Live video visits include assessment, diagnosis, and prescriptions when necessary. A visit to treat conditions like colds, the flu, allergies and more. To get started, visit doctorondemand.com (video capabilities required).



HealthPartners Resources

LIVE YOUR BEST LIFE - LIVINGWELL

Health Assessment & Well-Being Activities

Start your path to building emotional and physical resilience with an online health assessment. Build a healthier mind for a stronger you through "myStrength". MyStrength is a flexible and comprehensive digital program with tools and activities for stress, depression, sleep and more.

Learn from hundreds of activities, articles, and videos, and practice techniques to help you shift your thinking, get inspired, and feel hopeful.

To get started, login to your online HealthPartners account, and click the "LivingWell" tab and choose "Go to your Well-being program" or go directly to healthpartners.com/livingwell.

GLOBALFIT GYM NETWORK 360

Provides discounts on memberships at more than 11,000 fitness centers, weight loss programs and wellness brands.

THE ACTIVE&FIT DIRECT PROGRAM

Offers more than 11,000 fitness centers nationwide for a flat monthly fee.

See where you can save: Visit healthpartners.com/discounts for a list of participating retailers and discounts.

If You Want To	You Can	Here's How
Quit Smoking	Talk with a health coach	Call: (800) 311-1052
Eat Better	Find tasty recipes	Visit: powerup4kids.org
Manage Your Weight	Talk with a health coach if your body mass index exceeds 30 or greater	Call: (952) 883-7800
Meet Other People Like You	Sign up for a class or group session for things like asthma, weight loss & more	Visit: healthpartners.com/classes
Get Your Questions Answered	Talk with a nurse 24/7, search health topics, or use a symptom checker	Nurse-call: (800) 551-0859 Symptoms-visit: healthpartners.com/healthlibrary

Wellness Program - 'Wellbeats'

FITNESS MADE EASY

Discover fitness at your fingertips with Wellbeats! Access 500+ on-demand workouts, challenges, and fit tests with a team of friendly, certified virtual instructors coaching you every step of the way. Options for all ages, abilities, and lifestyles. Log on to your HealthPartners Well-being account to get started!

Fitness Classes & Channels

'Wellbeats' offers 30 channels & hundreds of virtual fitness classes with something for every age, stage and ability.

Nutrition and Recipes

Nutritional education featuring 20+ classes with healthy eating tips, cooking tutorials, and recipes from leading nutrition experts.

Challenges

Goal-based challenges provide you a road map to reaching your fitness goals. Each plan is 2 - 8 weeks with daily workout guidance.

Fit Tests

You can benchmark and track your results with 'Wellbeats' app-based Fit Tests. These are 10 - 20 workouts from various classes.

HOW TO GET STARTED

1. **Mobile - App Store:** Download the Wellbeats app in the App Store or Google Play Store.
2. **Computer - Log on to your health and well-being account:** Log on to your health and well-being account at healthpartners.com/wellbeing.
3. **Health Assessment:** Complete the health assessment to unlock Wellbeats and other well-being activities.
4. **Get Started!** Locate the Wellbeats activity card and click, "Get Started". You will automatically be redirected and signed into Wellbeats!

QUESTIONS?

If you need assistance in creating your online wellness account, or have questions about using the website, please contact our Help Desk at (855) 520-7500 or inquire at www.wellbeats.com/contact-us/.



Health Savings Account (HSA)

WHAT IS A HEALTH SAVINGS ACCOUNT?

An HSA is an account you can use to pay for qualified medical expenses for yourself and your dependents. You can only make contributions while you are covered by a high-deductible health plan.

How does the HSA work?

Think of an HSA as a savings plan for health care you need today, tomorrow and into the future. It works like a regular bank account, but you don't pay federal income tax on the money you deposit. When you use your HSA money to pay for qualified medical expenses, you won't pay income taxes on the money, either. Unlike a flexible spending account (FSA), your savings grow from year to year. There's no "use it or lose it" rule. The money is there when you need it. And it's yours to keep.

How do I Enroll/Access my HSA?

1. Enroll By: Sending a completed application form to HP.
2. Start Saving: Payroll Deductions*, Check, or Transfer funds to contribute to your Account.
3. Be on the Lookout: Within 7-10 days, you will receive your welcome kit and your **HSA Debit MasterCard** by mail in an unmarked envelope.

Note: Savings through Payroll Deductions are Pre-tax.*

What qualifications must I meet to enroll in an HSA?

To enroll in an HSA, you must meet the following eligibility requirements:

- You must be enrolled in a high-deductible health plan that meets IRS requirements.
- You cannot be covered by another non-qualifying health plan that is not a high-deductible health plan (i.e., you can't be a dependent on anyone else's plan, except for vision or dental coverage).
- You cannot be enrolled in Medicare.
- You may not be claimed as a dependent on another person's tax return.
- You do not receive health benefits under TRICARE (a health care program for Uniformed Service members, retirees and their families).
- You have not received Veterans Administration (VA) benefits within the past three months.
- **You are not covered by a general-purpose health care flexible spending account (FSA) or health reimbursement account (HRA) - Alternative plan designs, such as a limited-purpose FSA or HRA, might be permitted.**

What is a high-deductible health plan (HDHP)?

The IRS determines the requirements of a qualifying HDHP. The 2025 minimum deductible for a high-deductible health plan is \$1,650 for single coverage and \$3,300 for family coverage (changed from 2024). Wilder provides two qualifying HDHP Plan's (**Achieve & Open Access**) that have a (**\$3,300/\$3,550**) deductible for single and a (**\$5,200/\$5,700**) deductible for family.

Health Savings Account (HSA)

When can I start to use the funds in my HSA?

Once your account is funded and activated, you can initiate distributions from the HSA at any time.

Do I have to use my HSA funds for all of my out-of-pocket expenses?

You control your HSA funds and can decide whether to spend them for your current expenses, or to spend out-of-pocket and save your HSA money for the future.

What expenses are qualified for reimbursement from my HSA?

You are eligible to receive tax-free reimbursement for qualified health expenses not covered by your insurance as defined by Section 213(d) of the Internal Revenue Code. A list of these expenses is available on the IRS web site, www.irs.gov. See IRS Publications 969 and 502. HSA distributions used for any purpose other than the qualified HSA expenses listed will be taxable, and the appropriate tax rules will apply.

How much tax will I pay if I use my HSA funds for nonqualified expenses?

Any funds you withdraw from your HSA for nonqualified expenses will be taxed at your income tax rate plus a 20% penalty.

When I withdraw funds from my HSA, what information do I need to keep?

Save all receipts and records of withdrawals for tax reporting to the IRS. If you use your funds for nonqualified expenses, you must report those withdrawals accordingly. You are responsible for maintaining all records associated with your HSA – not your employer or your current insurance carrier.

How does the HSA plan work?

See graphic to the right for a visual of how an HSA plan works.

Who can contribute to the HSA?

Based on your health plan design, you, your employer or anyone else may contribute to the HSA as long as you are an HSA eligible individual.

How much can I contribute to the HSA?

In 2025, the maximum contribution limits are \$4,300 for single coverage or \$8,550 for family coverage. If you are 55 or older you may contribute an additional \$1,000. The combined total of your contribution and the Wilder contribution may not exceed these maximum amounts.



Health Savings Account (HSA)



During your plan year, you put \$1,000 in your HSA. This money is not taxed!



Throughout the year, you and your family spend \$400 on medical expenses. You pay your bills using your HSA.



\$600 is left in your HSA at the end of the year.



Next year, you deposit another \$1,000 into your HSA. You now have \$1,600 to spend!



If you don't use it all up this year, you can rest easy knowing it will be there for next year.

QUESTIONS? CUSTOMER SERVICE IS HERE TO HELP

1. Visit [Optumbank.com](https://www.optumbank.com): Manage your account, pay bills, download forms and find other helpful HSA information. Be sure to log on monthly to check your statement.
2. **Call us:** Your direct customer service phone number is located on the back of your HSA debit card.

RULES AND RESTRICTIONS

- HSA funds can be used for eligible medical expenses incurred by you, your spouse, or dependents.
- Eligible medical expenses are those defined by the IRS and include things like copayments, coinsurance, deductibles, vision, dental and many other services.
- You benefit from an HSA because contributions, earnings, and eligible deductions are all tax free.
- HSAs are also portable through employment changes because they belong to you, not your employer.



Health Savings Account (HSA)



If you enroll in the High Deductible Health Plan (HDHP), **you will automatically be enrolled into a Health Savings Account (HSA).**

Wilder will deposit the following amounts into your HSA. You may also contribute towards your HSA. You can use this account to pay for eligible medical expenses or you can allow your funds to accumulate in your account for future expenses. **Reminder: When you have an HSA, you are only eligible to participate in the Limited Use Flexible Spending Account (FSA).**

Coverage	Monthly Maximum Contributions*		2025 Annual Maximum
	Wilder (automatically)	You (by election)	
Employee Only	\$25 (\$300 per year)	\$333 (\$4,000 per year)	\$4,300
Employee + Spouse	\$75 (\$900 per year)	\$637 (\$7,650 per year)	\$8,550
Employee + Child(ren)	\$60 (\$720 per year)	\$652 (\$7,830 per year)	\$8,550
Family	\$100 (\$1,200 per year)	\$612 (\$7,350 per year)	\$8,550
Age 55+ Catch Up Contribution			\$1,000

* Contributions will be pro-rated accordingly for mid-year enrollment.

Disclaimer: Annual amounts listed above have been rounded. Actual annual amounts may vary slightly.

Flexible Spending Account (FSA)

Wilder's Medical and Dependent Care Spending Accounts allow you to use tax-free dollars to reimburse yourself for a wide variety of health and/or dependent care expenses. Your FSA accounts are administered by HealthPartners. You can check you balance any time in your myHealthPartners account. Log on at healthpartners.com/wilder or on the 'myHP app'. Need help? Call: (952) 883-7000.

MEDICAL SPENDING ACCOUNT

All benefit-eligible employees who are **NOT** enrolled in a qualified high deductible health plan with a Health Savings Account (HSA) are eligible. Health care expenses for yourself and your dependents—such as deductibles, coinsurance, and copays—are eligible for reimbursement from your Medical Spending Account. The annual election maximum amount for 2025 is **\$3,300**. Over-the-counter drugs and medications without a prescription, along with Menstrual products, are eligible for reimbursement.

DEPENDENT CARE ACCOUNT

All benefit-eligible employees have access. Expenses for dependent care services for children under age 13, a disabled spouse, or incapacitated parent are eligible for reimbursement from your Dependent Care account if you incur them while you and your spouse work or attend school full time. The annual election maximum amount is **\$5,000** (or **\$2,500** if married and filing separately) for the 2025 plan year.

HOW IT WORKS

- When you sign up, you decide how much of your paycheck you want to put in your FSA before taxes.
- You can choose to receive **two debit cards** in the mail and will call to activate them or have claims automatically cross-over.
- You see your Doctor, pick up a prescription or have a vision or dental expense.
- When you use your debit card, the money goes straight out of your account to your provider.

Example	With FSA	Without FSA
Taxable Income	\$40,000	\$40,000
Your FSA Contribution	-\$3,200	\$0
Net Taxable Income	\$36,800	\$40,000
Taxes	-\$4,416	-\$4,800
Expenses Paid After Taxes	\$0	-\$3,200
Remaining Income	\$32,384	\$32,000
Your Savings	\$384	\$0

**2025 amounts not released at time of publication.*

Flexible Spending Account (FSA)

RULES AND REGULATIONS

Plan your annual Flexible Spending Account (FSA) contribution amounts carefully; the election you make when you enroll is binding for the entire plan year unless you have a qualifying status change. Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs:

- You must incur eligible expenses during the plan year. Our plan year is from January 1 - December 31 or during the grace period.
- If you incur fewer expenses than you expected, you may rollover up to \$660 for use in the new plan year. Any amount great than \$660 will be forfeited.
- You can't transfer money from one account to another; money in your Health Care FSA can't be used for dependent care expenses, and money in your Dependent Care FSA can't be used for health care expenses.
- You can only make changes to your contribution amounts with a qualified status change. Such change include: marriage, divorce, death of a spouse or dependent, birth or adoption of a child, change in employment status or health coverage or your dependent no longer qualifying as an eligible dependent.



Flexible Spending Account (FSA)

The IRS does NOT allow reimbursement for the following:

- Cosmetic Medications and Procedures
- Massage Therapy
- Lamaze/Childbirth Classes
- Health Club Memberships
- Vitamins
- Home Exercise Equipment
- Marriage/Group/Family Counseling
- Vision Service Contracts
- Insurance Premiums
- Payment of services not yet provided

Eligible Dental Expenses:

This is a partial list of eligible reimbursable expenses.

- Deductibles, Copays, & Coinsurance
 - Routine Exams
 - Orthodontia
 - Fillings
 - Bridges
 - Dentures
 - Crowns
 - Root canals

Eligible Medical Expenses:

This is a partial list of eligible reimbursable expenses.

- Deductibles, Copays, & Coinsurance
- Prescription Drugs & Allergy Shots
- Birth Control Pills
- Insulin/Syringes
- Hearing Exams
- Hearing Aids & Batteries
- Allergy Shots
- Fertility Treatments
- Annual Physicals
- Chiropractic Treatments
- Ambulance Services
- Band-Aids
- Menstrual Products
- Alcoholism/ Drug Addictions Treatment
- Psychiatric/Psychologist Fees
- Smoking Cessation Programs
- Wheelchairs/Crutches
- Nursing Services
- Laboratory Services
- Physical & Speech Therapy
- Well-Baby Care & Immunizations
- Vasectomy
- OTC drugs and medications without a prescription:
 - Acid Controllers
 - Pain Relievers
 - Cold and Flu Medicine
 - Allergy and Sinus Medicine

Flexible Spending Account (FSA)

MEDICAL FSA WORKSHEET

This worksheet will help you estimate medical expenses for the plan year. Do not include medical and dental premiums, spouse's after-tax group medical or dental premiums nor any individual insurance premiums.

Expenses	2025 Estimate	Expenses	2025 Estimate
Medical Expenses			
Deductibles	\$	Chiropractic Treatments	\$
Copays	\$	Orthopedic Shoes (excess over cost of normal shoes)	\$
Coinsurance	\$	Psychiatric/Psychologist Fees	\$
Prescription Drugs	\$	Smoking Cessation Programs	\$
Insulin/Syringes	\$	Wheelchairs/Crutches	\$
Birth Control Pills	\$	Hearing Exams/Aids/Batteries	\$
Allergy Shots	\$	Other	\$
Annual Physicals	\$		
Dental Expenses			
Routine Exams	\$	Bridges	\$
Fillings	\$	Dentures	\$
Root Canals	\$	Orthodontia	\$
Crowns	\$	Other	\$
Vision Expenses			
Annual Eye Exams	\$	Contact Lens Cleaning Solution/Enzymes	\$
Glasses; Second Pair	\$	Storage Case	\$
Prescription Sunglasses	\$	Corrective Eye Surgery	\$
Contact Lenses; Second Set	\$	Other	\$
Total Annual			\$
Divided by Number of Pay Periods			\$
Per Pay Period Pre-Tax Deduction			\$

Flexible Spending Account (FSA)

DEPENDENT CARE FSA WORKSHEET

This worksheet will help estimate dependent care expenses. Consider the following when estimating expenses:

- Dependent Care expenses may fluctuate during individual vacations or holidays.
- If the dependent is a student, expenses may be different when school is not in session.
- The child may be starting school or may be increasing time spent at school during the plan year.
- Consider each spouse's work schedule when considering total expenses.

The IRS does NOT allow Reimbursement for the following expenses:

- Activity Fees/Educational Fees
- Supplies/Materials
- Registration Fees
- Overnight Camps
- Payment of services not yet provided
- Transportation Costs
- Food, Clothing
- Reservation Fees

Reimbursable Dependent Care Expenses:

- After-school Care
- Nanny
- Elder Care
- Daycare Center (complies with state & local laws)



Month	Cost	# of Weeks	Total
Jan.	\$	x	= \$
Feb.	\$	x	= \$
Mar.	\$	x	= \$
April	\$	x	= \$
May	\$	x	= \$
June	\$	x	= \$
July	\$	x	= \$
Aug.	\$	x	= \$
Sept.	\$	x	= \$
Oct.	\$	x	= \$
Nov.	\$	x	= \$
Dec.	\$	x	= \$
Total Annual			\$
Divided by # of Pay Periods			\$
Per Pay Period Deduction			\$

Dental

Your comprehensive dental plan is provided through HealthPartners. You may seek services from the dentist of your choice (Level 2); however, you will receive additional savings by using a HP Dental Group or Park Dental (Level 1).

Coverage

Dental Plan

Plan Parameters	In-Network: Level 1	In-Network: Level 2	Out-of-Network
Annual Maximum	\$1,500	\$1,250	\$1,000
Individual Deductible (Basic & Special Care, Prosthetics)	\$25	\$50	\$75
Family Deductible (Basic & Special Care, Prosthetics)	\$75	\$150	\$225
Implant Maximum	\$500	\$500	\$500
Preventive & Diagnostic Care			
Teeth Cleaning, Exams, Dental X-Rays, & Fluoride Treatment	100%	100%	80%
Sealants	100%	100%	80%
Basic Care			
Fillings	90%	80%	70%
Posterior Composite (White Fillings)	60%	50%	50%
Simple Extractions	90%	80%	70%
Non-Surgical Periodontics	90%	80%	70%
Endodontics (Root canal therapy)	90%	80%	70%
Surgical Periodontics	60%	50%	50%
Complex Oral Surgery	60%	50%	50%
Special Care			
Restorative Crowns & Onlays	60%	50%	50%
Prosthetics & Orthodontic Services			
Bridges, Dentures, & Partial Dentures	60%	50%	50%
Dental Implants	60%	50%	50%
Orthodontic Care for Dependents Age 18 or Under	Plan pays 50% up to \$1,000 lifetime maximum		
Employee Bi-Weekly Contribution			
Employee		\$5.78	
Employee + Spouse		\$12.13	
Employee + Child(ren)		\$9.82	
Family		\$19.06	

Life and AD&D Insurance

BASIC LIFE INSURANCE

For eligible employees, an insurance benefit one times your annual salary to a maximum of \$50,000. Wilder pays 100% of the cost for Basic Life insurance.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

In addition to Basic Life insurance, we offer employees the opportunity to purchase Supplemental Life and Accidental Death and Dismemberment insurance (AD&D). Eligible employees may elect Supplemental Life insurance of 1, 2, or 3 times your annual salary. The amount chosen cannot exceed \$250,000. AD&D insurance may be elected up to the equivalent value of Basic Life insurance, and you cannot have AD&D insurance without electing Supplemental Life insurance. Total Supplemental Life coverage up to \$250,000 and AD&D coverage is available if you provide evidence of insurability (required for \$100k+ benefit) subject to approval by the insurance company. If you apply within your first 30 days of employment (or benefit eligible status), you waive the need for Evidence of Insurability. The cost of these benefits will depend on your age.

Coverage	Basic Life	Supplemental Life
Employee Benefit	1x base salary to a max of \$50,000	1, 2, or 3x annual salary to a max of \$250,000
Accidental Death & Dismemberment (AD&D)	-	Equal to your supplemental life benefit election
Spouse Benefit	-	\$5,000 minimum / \$225,000 maximum (ins. benefit cannot exceed \$225k or the value of basic & supplemental life combined)
Child Benefit	-	\$1,000 minimum / \$10,000 maximum
Premiums		
Cost Coverage	Paid by Wilder	Employee paid (view premium amounts below)

Monthly Supplemental Life Insurance Rates

Age	Employee/\$1,000	Age	Employee/\$1,000
Under 30	\$0.06	50-54	\$0.40
30-34	\$0.07	55-59	\$0.58
35-39	\$0.10	60-64	\$0.80
40-44	\$0.14	65-69	\$1.25
45-49	\$0.23	70+	\$2.00

Long-Term Disability (LTD)

The Long-Term Disability (LTD) plan provides financial protection for you by paying a portion of your income while you have a long period of disability. The amount you receive is based on the amount you earned before you are disabled. All eligible employees automatically receive (LTD) insurance coverage, and the plan is provided to you on a contributory basis (Wilder pays 50% / You pay 50% - see below for contribution rates).

WHO'S ELIGIBLE?

All Employee's who are working at least 15 hours per week (or 30 hours per pay period).

WHEN AM I COVERED?

You will be **automatically** enrolled in LTD insurance effective immediately upon hire or attainment of a benefits eligible status. To receive benefits, participants must be totally disabled for a continuous period of 90 days.

DEFINITION OF DISABILITY

During the elimination period and the next 24 months, you are limited from performing the material and substantial duties of your regular occupation and you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury. You must be under the regular care of a physician in order to be considered disabled.

Coverage

Long-Term Disability

Elimination Period (When benefits begin)	After 90 days of continuous disability
Monthly Benefit	60% of gross salary, to max of \$7,500 per month
Duration	To age 65
Monthly Premiums	Paid 50% by Wilder / 50% by you \$0.226 per \$100 of monthly income (I.e. if you make \$1,000 of monthly income, your premium = \$2.26)

Age on Date of Disability

Maximum Period of Benefits

Under 61	To normal retirement age, but no less than 60 months
61	To normal retirement age, but no less than 48 months
62	To normal retirement age, but no less than 42 months
63	To normal retirement age, but no less than 36 months
64	To normal retirement age, but no less than 30 months
65	24 months
66	21 months
67	18 months
68	15 months
69	12 months

Employee Assistance Program (EAP)

GUIDANCE RESOURCES

No matter what's going on in your life, GuidanceResources is here to help

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confident support, resources and information to get through life's challenges.

Confidential Counseling on Personal Issues

Staffed by experienced clinicians, is available by phone 24 hours a day, 7 days a week. Call any time with personal concerns.

Financial Information, Resources, & Tools

Financial Professionals are here to discuss your financial concerns like, saving for college, tax questions, or getting out of debt.

Beneficiary Financial Counseling

'FinancialPoint' provides no-cost financial planning assistance to beneficiaries with approved life claims.

Online Will Preparation or Legal Questions

You may complete a legally binding will online through 'EstateGuidance' or receive confidential guidance if legal issues arise.

QUESTIONS?

Available 24 Hours a Day, 7 Days a Week.

Call: (800) 311-4327

TDD: (800) 697-0353

Online: guidanceresources.com

Your Company Web ID: **MGR311**



401(k) Plan



ELIGIBILITY & ENROLLMENT

- You must be 18 or older and employed in a position regularly scheduled to work **at least 30 hours** per pay period.
- Benefit Eligible employees will automatically be enrolled in Wilder's 401(k) plan on the **1st of the Month** following 30 days of employment.
- You will be enrolled at a **3% contribution** rate with your contribution directed toward the "Target Date Fund" that corresponds with your normal retirement date (age 65). Our 401(k) record keeper and trustee is The Standard Insurance Company.
- You have the option to **decline** automatic enrollment, if you do not wish to participate.

401(K) MATCHING CONTRIBUTIONS

Employees who save through the 401(k) plan are eligible for employer matching contributions. The match is **75%** of the first 3% you contribute, and **50%** on the next 3% you contribute. This results in a maximum matching contribution of **3.75%** of pay, if you contribute at least **6%** of your pay.

YOUR CONTRIBUTIONS

You can contribute from 1% to 100% of pay subject to annual IRS maximum contribution limits. You can change your contribution percentage or your investment selections at any time by calling The Standard at: **(800) 858-5420** or online at www.standard.com/individuals-families/workplace-benefits/retirement.

Paid Time Off (PTO)

PTO combines vacation, sick and other personal leave days into one PTO account that can be used at your discretion, with supervisory approval. You get to choose how you want to use your PTO, and in most instances, you will not need to provide your supervisor with a reason you're using PTO.

USE PTO FOR

- Vacation
- Minor Illnesses or Injuries (you or a family member)
- Bereavement leave
- Medical Appointments
- Self-care days

EARNING PTO

You start earning PTO on your first day as a benefits eligible employee. The amount you accrue is placed into your account at the end of each pay period, according to the following schedule:

Paid Time Off Details

Years of Service*	Hours Accrued per Pay Period**	Days Accrued per Year*
0-3 Years	5.54 hours	18 days (144 hours)
3+ to 10 Years	7.08 hours	23 days (184 hours)
10+ to 20+ Years	8.62 hours	28 days (224 hours)
20+ Years	10.15 hours	33 days (264 hours)

**At the time of hire, you may receive credit toward your accrual rate for prior experience in a similar job. However, the highest accrual rate can only be attained with 20 years or more of Wilder service, which need not be continuous.*

***Accrual rates for part-time employees will be prorated based on their full-time equivalency for that pay period.*

Earning PTO: You may use PTO as soon as it is accrued, with your supervisor's approval. Each department has different guidelines on how to arrange for use of PTO, depending on the needs of that department. Ask your supervisor for details.

Donating PTO: You may donate PTO to other eligible employees. The PTO Donation Form is on the Loop. HR will not disclose the identity of the donor to the recipient.

Historical PTO: Some employees who were employed before 12/31/16 have an additional PTO balance account related to a previous paid leave program. Employees with this balance can access and use it with supervisor approval, or if not used, it will be paid out at termination or change to non-benefits eligible status.

Other Benefits

CHOICE DAYS

Wilder provides nine* annual choice days (72 hours*) for employees to take time off to recognize the cultural, religious, historical, national or personal days that are meaningful to them. Wilder does not designate holidays in recognition that our employees observe a diverse array of significant days. Choice days are provided at the beginning of the calendar year. New employees hired or who change to eligible status during the year are provided Choice days based on the following schedule:

- January 1-March 31: 9 days* (72 hours*)
- April 1-June 30: 7 days* (56 hours*)
- July 1-September 30: 5 days* (40 hours*)
- October 1-December 31: 3 days* (24 hours*)

*Choice days provided for part-time employees will be pro-rated based on their scheduled full-time equivalency (FTE).

Using Choice Days:

- Use the choice day code on your timesheet. Your choice day balance will show at the bottom of your timesheet.
- Choice days can be used at any time with supervisor approval, and do not need to be connected to a 'celebrated day'.
- Exempt employees should use choice days in half or full day increments and non-exempt employees use choice day time in 15-minute increments.
- Choice days must be used during the calendar year and will not carry over to the next year.

(FMC) FAMILY MEDICAL CAREGIVER LEAVE

6 weeks of paid leave for qualifying events is available annually, based on a rolling year looking backwards. The 6 weeks is based on scheduled hours and is available to use under the following circumstances:

- If you or a family member* has a serious medical condition** that prevents you from working or requires you to provide care.
- For the birth and care of your newborn or adopted child, or for the placement of your foster child.
- For you or a family member to receive or provide assistance because of sexual assault, domestic abuse or stalking.

Using FMC:

- HR will provide forms to apply for FMC. Forms are completed by you, your supervisor, and your medical provider. Submit forms to HR within 15 days from the beginning of the leave, if possible.
- HR will determine if your leave qualifies as FMC, and the amount of FMC you have available to use.
- You, or the family member that you are caring for, must continue to be ill or injured for each day you use caregiver or employee medical FMC.
- Parental leave FMC must be used within 6 months of birth, adoption, or foster care placement of your child.

**Wilder's definition of family is expanded from the FMLA/MN guidelines definition which includes minor child, adult child, spouse, partner, sibling, parents, mother/father in-law, grandchild, grandparents, and step-parent.*

***A serious medical condition is determined by a health care provider and must include at least 1 of the following: Is unable to work; is unable to perform any one of the essential employee functions; is in inpatient care in a hospital or medical care facility, is continuing treatment by a health care provider.*

Other Benefits

PAID SICK TIME (PSK)

Paid sick time is provided for employees who are not eligible for the Paid Leave Benefits Program, in accordance with federal and local laws. Temporary employees and regular employees schedule to work less than **30 hours/ 2-week pay period** are eligible for paid sick leave.

- Employees can earn 1 hour of sick time for every 30 hours worked.
- Employees use the PSK code on their timesheet to record paid sick time. An employee's paid sick time balance shows at the bottom of the timesheet.
- Maximum accrual amount is 80 hours; once at 80 hours employees will not earn additional time until they use some.

ABSENCES FOR SCHOOL-RELATED ACTIVITIES

MN law provides that any employee may use up to **16 hours** of unpaid leave per calendar year for school-related activities, for each dependent under 18 years of age, or under 20 if still attending secondary school, if the activities cannot be scheduled during non-work hours. This applies to child care services or pre-kindergarten and regular or special education programs. You should make reasonable efforts to schedule school-related conferences and activities during non-work hours. When the need for leave is reasonably foreseeable, you should provide prior notice to your supervisor.

MINNESOTA PARENTAL LEAVE / SICK & SAFE LEAVE

Wilder complies with MN state requirements to provide parental leave, and sick and safe leave. For more information on both of these policies, please review the links below found on the Loop:

- **Parental leave legally required state posting**
- **Sick and Safe Leave legally required state posting.**

WORKER'S COMPENSATION LEAVE

Wilder complies with MN state requirements if you need time off as a result of a work-related injury or illness. For more information, please review the **worker's compensation leave legally required state posting** found on the loop.

JURY AND WITNESS DUTY LEAVE

All employees will be provided paid leave for jury duty up to 2 weeks during regularly scheduled work hours. You should record regular time on your timesheet during this time. Paid leave, recorded as regular time, beyond two weeks requires approval from your supervisor. If approval is not granted, you must use unpaid leave or accrued PTO for the remainder of jury duty. You are allowed to use unpaid time off or accrued PTO if you are summoned to appear in court as a witness.

TIME OFF TO VOTE / SERVE AS AN ELECTION JUDGE

Per MN law, every employee who is eligible to vote in an election has the right to be absent from work for the purpose of voting on the day of that election, without penalty or deduction from salary or wages. You should record regular time on your timesheet for any time absent as a result of voting.

Per MN law, any employee may be absent from work for the purpose of serving as an election judge, without penalty. You will be given time off to serve as an election judge and should record regular time on your timesheet for any time absent as a result of your service. You should give your supervisor at least 20 days written notice.

Financial Wellness Program

WHAT IS FINANCIAL WELLNESS?

It's the peace of mind you feel when you've balance saving and spending. Living well today and planning for tomorrow. How do you achieve it? That's why you're here.

Explore how well you're spending, planning and protecting your money and assets, and get tips to do better through various financial topics and personalized guidance tools.



BALANCE RELATIONSHIPS AND MONEY

- Budget for Daily Life
- Manage Your Debt
- Care for Your Family



INVESTING BASICS

- Understanding Investing
- Home & Property Investing
- Starting a Family
- Paying for College



WORKPLACE AND WELLNESS

- Maximizing Workplace Benefits
- Prepare for Emergencies
- Prepare for Retirement
- Manage Your Estate

HOW TO ACCESS

- Go to: gateway.on24.com/wcc/experience/ElitePruWSG/2610477/4541969/group-insurance-well-being-hub.
- Click "Create Profile" in the top right corner.
- Once created, select which Financial Topics you'd like to learn more about and "save".
- Your Financial Wellness profile will then be saved for future access.

Contact Information

Benefit/Vendor	Contact Information	Group Numbers
Medical HealthPartners	(952) 883-5000 or (800) 883-2177 www.healthpartners.com/wilder	3205
Dental HealthPartners	(952) 883-5000 or (800) 883-2177 www.healthpartners.com/wilder	3205
Employee Assistance Program GuidanceResources	(800) 311-4327 www.guidanceresources.com	MGR311
Telemedicine Virtuwell	(952) 883-5000 www.virtuwell.com	N/A
Health Savings Account HealthPartners	(866) 234-8913 www.optumbank.com	HB3819A
Flexible Spending Account HealthPartners	(952) 883-7000 www.healthpartners.com/wilder	3205
Life/AD&D and Disability Prudential	(800) 524-0524 www.prudential.com/contact-us	61172
401(k) Profit Sharing Plan The Standard	(800) 858-5420 www.standard.com	069577
Wellness Plan WellBeats	(855) 520-7500 www.healthpartners.com/wellbeing	N/A

NOTE: The information contained in this guide is a summary of benefit choices, drafted in plain language to assist in your understanding of what benefits are offered and does not constitute a policy. Detailed provisions are contained in each provider's plan documents such as a summary plan description. If there is any discrepancy between what is presented here and what is in the official plan documents, the plan documents will govern.





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