

2023

Benefits Guide

An overview of the wide array of benefits provided by LogiSolve to help you enjoy increased well-being and financial security.

Hourly Employees

These benefits are effective on January 01, 2023.



Contents

LogiSolve is proud to offer a comprehensive benefits package for you and your family. This program is designed to take great care of you when you need it. Make sure to explore your options to help you make the selections that best meet your needs.

Benefits Offered

Throughout this booklet we will cover the following employee benefits being offered by LogiSolve.

- Medical Insurance
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Dental Insurance
- Vision Insurance
- Basic Life and AD&D Insurance
- Voluntary Life and AD&D Insurance
- Voluntary Short Term Disability Insurance
- Long Term Disability Insurance
- 401(k) Plan



This document does not replace the certificate booklets or Summary Plan Descriptions (SPDs). The benefits described in this document are only summaries; in case of error and for all claim adjudication, the Master Contracts will prevail. LogiSolve reserves rights to change, amend, terminate, or otherwise alter any plan at any time. Please refer to your certificates for more details and complete information.

Benefits Eligibility

As an employee of LogiSolve you may opt-in to annual benefits for you and your dependents when you meet certain work requirements.

Eligible members

The following members are eligible to receive benefits during the upcoming plan year:

Employee
Legal Married Spouse
Legal Children
Step Children

Enrollment and Coverage Change Notice

For most benefit plans, enrollment and changes to existing coverage (other than as a new hire or newly benefit eligible employee within your eligibility period) are permitted only during the annual open enrollment period or if you have a qualifying life event.

- Open enrollment occurs in November, for a January 1 effective date.
- Qualifying life events include loss of other coverage, job status change, marriage, divorce, legal separation, birth, adoption, ceasing to be a dependent child, and other events as prescribed by law. Please notify Human Resources of any qualifying event within 30 days.



Work requirements

All regular, full-time employees scheduled to work 30 hours or more and their eligible dependents are benefit eligible.

When your benefits begin

All benefits begin on the first of the month following following your date of hire when your elections are completed timely.

Open Enrollment



There is specific window of time each year where you must complete your benefits elections. For the 2023 plan year, the Open Enrollment period for LogiSolve is November 18, 2022 – November 28, 2022.



Your Open Enrollment Dates

**November 18, 2022 –
November 28, 2022**

Online Enrollment

All benefits elections are done through an online system called Ease. Please login to Ease before November 28, 2022 to make your benefits elections:

<https://logisolve.ease.com>

For questions, contact:

BK Sicard
LogiSolve, LLC.
600 Inwood Ave N, Suite 275
Oakdale, MN 55128
651-717-5986
bksicard@logisolve.com

Benefits Summary

LogiSolve provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible employees and their dependents. These benefits are described in greater detail in this booklet.

QUESTIONS?

If you have any questions about your benefit options, please contact:

BK Sicard
 LogiSolve, LLC.
 600 Inwood Ave N, Suite 275
 Oakdale, MN 55128
 651-717-5986
 bksicard@logisolve.com

Coverage	Carrier	Group #	Phone	Website
Medical	Medica	Refer to Ease	(800) 952-3455	www.mymedica.com
Health Savings Account (HSA)	Alerus	-	(877) 661-4727	www.alerusrb.com
Flexible Spending Account (FSA)	Alerus	-	(877) 661-4727	www.alerusrb.com
Dental	Delta Dental of MN	T03603-0045 & T03604-0085	(800) 448-3815	www.deltadentalmn.org
Vision	EyeMed	1010570-1001	(866) 939-3633	www.eyemed.com
Basic Life and AD&D	Mutual of Omaha	G000AA5M	(888) 493-6902	www.mutualofomaha.com
Voluntary Life and AD&D	Mutual of Omaha	G000AA5M	(888) 493-6902	www.mutualofomaha.com
Voluntary Short Term Disability	Mutual of Omaha	G000AA5M	(888) 493-6902	www.mutualofomaha.com
Long Term Disability	Mutual of Omaha	G000AA5M	(888) 493-6902	www.mutualofomaha.com
401k	Voya	-	(855) 663-8692	https://my.voya.com

Key Terms

Annual deductible

The amount you must pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

Out-of-pocket maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays and coinsurance.

Copays & coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the providers.

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Premium

The amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments, and coinsurance.

Preventive care

Preventive care helps detect or prevent serious diseases and medical problems before they can become major. Annual check-ups, immunizations, and flu shots, as well as certain tests and screenings, are a few examples of preventive care. This may also be called routine care.

Embedded vs non-embedded

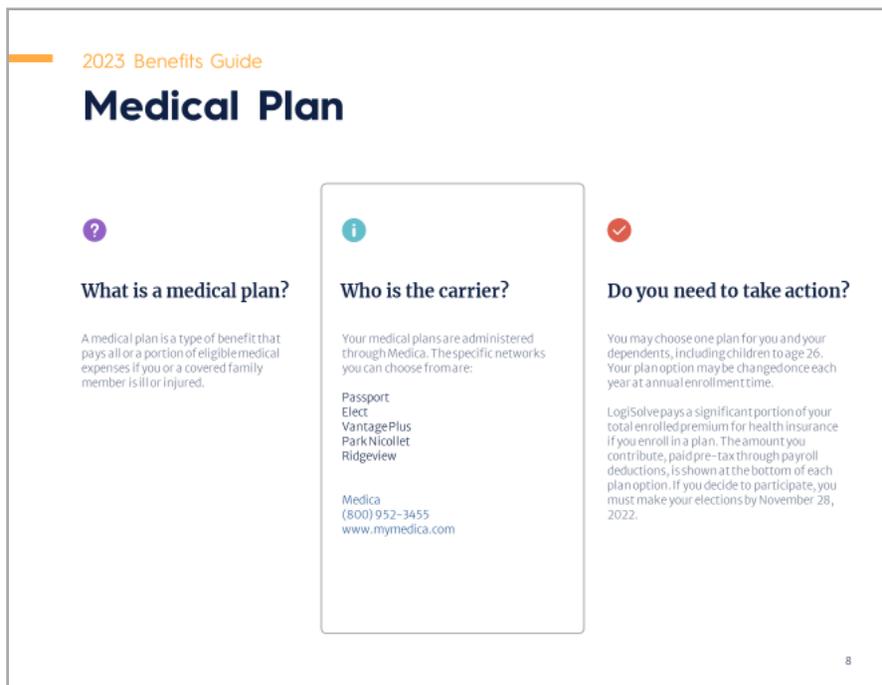
Embedded plans effectively have two deductible amounts within one plan; single and family. The single deductible is embedded in the family deductible, so no one family member can contribute more than the single amount toward the family deductible.

Non-embedded means the entire family deductible must be met before the plan pays.

How to Use this Booklet

LogiSolve offers a competitive benefit package that can be shaped and molded to fit your needs. This benefits guide, along with additional communication and decision-making tools, will help you make the best health care choices for you and your family.

If you decide to enroll in benefits through LogiSolve, some benefits will be provided automatically. Other benefits are voluntary or require you to make elections.



Update on health care reform

Effective January 1, 2019, the Tax Cuts and Jobs Act (TCJA) repealed the individual mandate to maintain health insurance or be responsible for a "shared responsibility payment". We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the "marketplace").



As you go through each section of this booklet you will see which benefits require action on your behalf.

Medical Plan



What is a medical plan?

A medical plan is a type of benefit that pays all or a portion of eligible medical expenses if you or a covered family member is ill or injured.



Who is the carrier?

Your medical plans are administered through Medica. The specific networks you can choose from are:

- Passport
- Elect
- Vantage Plus
- Park Nicollet First
- Ridgeview Community Network

Medica
(800) 952-3455
www.mymedica.com



Do you need to take action?

You may choose one plan for you and your dependents, including children to age 26. Your plan option may be changed once each year at annual enrollment time.

LogiSolve pays a significant portion of your total enrolled premium for health insurance if you enroll in a plan. The amount you contribute, paid pre-tax through payroll deductions, is shown at the bottom of each plan option. If you decide to participate, you must make your elections by November 28, 2022.

Medical Plan

Preventive Care

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporate healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations.

Through the plan offered by LogiSolve all covered employees and dependents are eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers.

The following is a list of common services that are included in the plans offered this year.



Covered preventive care services

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation Programs
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

Medical Plan

Summary of Plan Options



The following plans are your medical insurance options for the upcoming year.

	\$3,500 Deductible HSA Plan		\$5,500 Deductible HSA Plan		\$7,050 Deductible HSA Plan	
In Network	Passport VantagePlus Park Nicollet First Ridgeview Community Network		Passport VantagePlus Park Nicollet First Ridgeview Community Network		Passport VantagePlus Park Nicollet First Ridgeview Community Network	
Deductibles (Single / Family) – Calendar Year	\$3,500 / \$7,000		\$5,500 / \$11,000		\$7,050 / \$14,100	
Out-of-Pocket Max (Single / Family) – Calendar Year	\$3,500 / \$7,000		\$5,500 / \$11,000		\$7,050 / \$14,100	
Preventive Care	No charge		No charge		No charge	
Primary Care Visit	100% coverage after deductible		100% coverage after deductible		100% coverage after deductible	
Specialist Visit	100% coverage after deductible		100% coverage after deductible		100% coverage after deductible	
Virtual Care E-Visit	100% coverage after deductible		100% coverage after deductible		100% coverage after deductible	
Inpatient & Outpatient	100% coverage after deductible		100% coverage after deductible		100% coverage after deductible	
Emergency Room	100% coverage after deductible		100% coverage after deductible		100% coverage after deductible	
Urgent Care	100% coverage after deductible		100% coverage after deductible		100% coverage after deductible	
Pharmacy / PreferredRx (30 Day Supply)	100% coverage after deductible Some Generic & Preferred preventive drugs are covered at no charge.		100% coverage after deductible Some Generic & Preferred preventive drugs are covered at no charge.		100% coverage after deductible Some Generic & Preferred preventive drugs are covered at no charge.	
	Embedded		Embedded		Embedded	
Out of Network						
Exclusions and limits apply	Most services 50% covered at deductible of \$7,000 per person		Most services 50% covered after deductible of \$11,000 per person		Most services 50% covered after deductible of \$14,100 per person	
	\$3,500 Deductible HSA Plan		\$5,500 Deductible HSA Plan		\$7,050 Deductible HSA Plan	
Employee Contribution – Per Bi-Weekly Pay Period	Passport	VantagePlus or Park Nicollet or Ridgeview	Passport	VantagePlus or Park Nicollet or Ridgeview	Passport	VantagePlus or Park Nicollet or Ridgeview
Employee	\$229.32	\$194.92	\$182.91	\$155.47	\$154.27	\$131.13
Employee + Spouse	\$493.02	\$419.07	\$393.25	\$334.26	\$331.66	\$281.91
Employee + Child(ren)	\$435.70	\$370.35	\$347.53	\$295.40	\$293.10	\$249.14
Family	\$768.20	\$652.97	\$612.75	\$520.83	\$516.78	\$439.27

Medical Plan

Medica Networks

Passport

Medica Choice Passport gives you access to a large, national network and the freedom to see any provider at any time.

Search the Choice Passport Network at medica.com/find-a-doctor/group/medica-choice-uhg-plus

Elect

With Medica Elect, you choose a primary care clinic. This clinic coordinates your overall care and will direct you to a specialist if you need one. Each family member on your plan can choose their own primary care clinic.

Search the Elect Network at medica.com/find-a-doctor/group/medica-elect

Vantage Plus

Vantage Plus has providers you know and trust from M Health Fairview, North Memorial, and many other popular independent clinics.

You can see any doctor in this network at any time without a referral medica.com/find-a-doctor/group/vantageplus

Ridgeview Community Network

Choose from any doctor, clinic or facility in the Ridgeview community Network, you don't need a referral. You have access to over 40 primary care clinics and 6 hospitals.

Search the Ridgeview Community Network at medica.com/find-a-doctor/group/ridgeview-community

Park Nicollet First

The network includes Park Nicollet Methodist Hospital and St. Francis Regional Medical Center. Park Nicollet First network providers must specifically direct you to receive care at a hospital.

Search the Park Nicollet Network at medica.com/find-a-doctor/group/park-nicollet-first

Medical Plan

Medica Value Ads

Medica Customer Service

When you have questions about your health plan benefits, you've got options for getting answers. Visit your member website, mymedica.com or contact Customer Service by phone at the number on the back of your Medica ID card or call 800-952-3455, M-F, 7 a.m. to 8 p.m. CT (closed 8 to 9 a.m. Thursdays)

Your Member Website

Manage your plan online. Your member website is your one-stop resource for information to help you manage your health plan benefits. Sign in at medica.com/signin to find out what your plan covers, search for health care providers and virtual care providers, manage your prescriptions, order ID cards, track your claims, view your Explanation of Benefits (EOB) or learn about preventive care. If you are looking for more online pharmacy resources, download the express Scripts® app from the App Store or Google Play.

Employee Assistance Program (EAP)

Get help with life's changes. Whether it's financial troubles, personal issues or family problems, we can help. Just call 800-626-7944, 24/7/365 to talk with a counselor or visit LiveAndWorkWell.com you can log in as a guest and use access code: MEDICA. They'll help you find the resources you need to get back on track.

Online therapy

Manage stress, anxiety and depression symptoms. Connect with on-demand help for stress, depression and anxiety through the Sanvello app. Access coping tools, daily mood tracking, guided journeys, and weekly progress check-ins to stay engaged and manage symptoms. You receive premium access as a part of your plan's behavioral health benefits. Download the Sanvello app from the App Store or Google play and select Upgrade Through Your Insurance to get started.

Fit Choices By Medica

Ready to get fit, burn calories and save money? With Fit ChoicesSM by Medica, you can earn up to a \$20 credit each month toward your health club dues when you meet your monthly visit requirement at a participating health club. That's up to \$240 a year! Visit Medica.com/fitchoices

My Health Rewards

Points based program offers rewards for completing healthy activities. Redeem points for e-gift cards or shop for health and fitness products in the Virgin Pulse store. You can even choose to donate your rewards to a charitable cause. Activities include assess your health, personalize your health journey, connect your fitness tracker, choose the tools and programs that work for you.

Medical Plan

Medica Virtual Care



Virtuwell (Online Questionnaire)

Virtuwell is a smart and affordable way to access medical care 24 hours a day, 7 days a week. Answer a few questions and within about an hour, you will be diagnosed by a Board-certified Nurse Practitioner. They make the diagnosis and recommend the care you'll need. If prescriptions are in the plan, they're sent to the pharmacy of your choice. Visit virtuwell.com to get started.

*Available anywhere in the U.S. to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, SD, VA, and WI.

**Virtuwell is not an in-network provider for the following plan networks: Altru and You with Medica, Clear Value with Medica and VantagePlus with Medica.



Amwell (Video Chat)

Online clinic available in all 50 states. You visit with a board-certified doctor using the web or mobile App. They provide treatment of common medical conditions.

To get started, create an account with Amwell.

- Smartphone/tablet: Download the free Amwell app from the Apple Store or Google Play
- Computer: Go to Amwell.com/cm
- Enter your email address, create a password, then add the requested insurance information from your Medica ID card.
- Select a doctor or nurse practitioner and follow the prompts to start your visit.
- The provider will review your history, answer questions, diagnose, treat and prescribe medication (if needed).
- If a prescription is needed, it will be sent to your pharmacy. The cost of your prescription will be based on your plan's coverage for prescription drug coverage.

Behavioral health care services (including therapy and psychiatry) are also available. Cost per visit may vary depending on your plan and type of service. Eligible services are covered under your plan as a behavioral health office visit.

Health Savings Account (HSA)



What is an HSA?

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses – those you and your tax dependents may have now, in the future, and during your retirement.

An HSA is a "portable" account. You own your HSA. It's included in your employee benefits package, but after you set up your account, it's yours to keep, even if you change jobs or retire.



Who is the administrator?

Your HSA is administered by Alerus.

Alerus
(877) 661-4727
www.alerusrb.com



Do you need to take action?

Only certain health plans are eligible for HSAs. If you enroll in a health plan offered by LogiSolve, your health plan is eligible for a HSA.

You will be able to contribute pre-tax earnings to your HSA. If you decide to participate in an HSA, you must make your elections by November 28, 2022.

HSA

Overview & Details

HSAs benefit everyone who is eligible to have this account – single individuals, families, and soon-to-be retirees. You save money on taxes in three ways:

 **Tax-Free Deposits** The money you contribute to your HSA isn't taxed (up to the IRS annual limit)

 **Tax-Free Earnings** Your interest and any investment earnings grow tax-free

 **Tax-Free Withdrawals** Money used toward eligible health care expenses isn't taxed – now or in the future

Setting aside pre-tax dollars into your HSA you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. Additionally, when you have a certain balance in your HSA, investment opportunities are available.



2023 HSA Contribution Limits

Single Coverage: \$3,850

Family Coverage: \$7,750

If you are over 55 you may contribute an additional \$1,000 to your HSA each year.

Employer Contribution Info

As an additional benefit to employees, LogiSolve contributes the following to your HSA:

0–4 Years minus 1 day: \$1,000 per year (\$38.46/pay period)

4–8 years minus 1 day: \$2,000 per year (\$76.92/pay period)

8–12 years minus 1 day: \$3,000 per year (\$115.38/pay period)

12 years or more: \$4,000 per year (153.85/pay period) OR IRS max depending upon plan coverage status

Flexible Spending Account (FSA)



What is an FSA?

A flexible spending account (FSA) is an account that reimburses the employee for qualified health care or dependent care expenses. It allows an employee to fund qualified expenses with pre-tax dollars deducted from the employee's paychecks. The employee can receive cash reimbursement up to the total value of the account for covered expenses incurred during the benefit plan year and any applicable grace period.

A flexible spending account typically has three different parts.

- Premium
- Medical and Limited FSA
- Dependent Care FSA



Who is the administrator?

Your FSA is administered by Alerus.

Alerus
(877) 661-4727
www.alerusrb.com



Do you need to take action?

If you want to participate in either the medical, limited or dependent care part of an FSA, you will need to make an enrollment election every year. The premium part of the FSA does not require enrollment.

If you decide to participate in an FSA, you must make your elections by November 28, 2022.

FSA

Overview & Details

As a reminder, FSAs are use it or lose it accounts. Unlike HSAs, money in your FSA at the end of the year will not carry over to the next year. Therefore, it's important to not over-fund your FSA.

Premium Account

Your premiums for some plans that require premium contributions are deducted on a pre-tax basis if you participate in our plans.

Health and Limited* FSA Eligible Expenses

- Medical expenses: co-pays, co-insurance, and deductibles*
- Dental expenses: exams, cleanings, X-rays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractor, and acupuncture*
- Prescription drugs and insulin*
- Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

To access a list of qualified expenses please visit: www.alerusrb.com

Dependent Care FSA Eligible Expenses

- Care for your child who is under age 13
- Before and after-school care
- Babysitting and nanny expenses
- Day care, nursery school, and preschool, summer day camp
- Care for a relative who is physically or mentally incapable of self care and lives in your home.

Medical FSA

Full Medical FSA: You may use pre-tax dollars to help pay for medical, dental and vision expenses up to \$750.

***Limited FSA** – If you are enrolled in the HSA compatible plan and making contributions to the HSA. You may use pre-tax dollars to help pay for dental and vision expenses **only** (no medical expenses permitted per IRS rules) up to \$750.

Carry Over

A unique feature of your plan is that you can carry over up to \$500 to use during the following plan year.

Dependent Care FSA

Election Maximum: \$5,000
(\$2,500 if married, filing separately)



Using your plan dollars

The Flexible Spending plan runs January 1st, 2023 – December 31st, 2023.
Funds not claimed by February 28, 2024 will be lost per IRS rules.

FSA

Example of tax advantage

	Without a Flex Plan	With a Flex Plan
Annual Income	\$40,000	\$40,000
Pre-tax Expenses (Example: medical and dependent care expenses)	\$0	\$2,500
Taxable Income	\$40,000	\$37,500
Estimated Taxes @ 20% tax rate	(\$8,000)	(\$7,500)
After-tax Expenses (Example: medical and dependent care expenses)	(\$2,500)	\$0
Net Take home	\$29,500	\$30,000
Difference	\$0	\$500

Please note the above will vary based on your income and tax rate.

As a reminder, Alerus has a health benefits mobile app to access your benefits, check your balance, view your spending.

- View your account balance and any required action items.
- Enter new claims and attach documentation using your device's camera.
- Submit documentation for debit card purchases using your device's camera.
- Easily contact Alerus Retirement Benefits client service team.
- Eligible Expense Scanner – Scan a product bar; this will tell you if an item is eligible based on the 213(d) eligible expense list.
- HSA Investment Detail – Manage your HSA investments on the mobile app – view, transfer, realign, and more.

How to download the app

- Search Alerus Retirement and Benefits in either the App Store or Google Play to download our mobile app.
- The mobile app is available for Apple, iPad and Android devices.
- Monthly statements and HSA tax forms may be retrieved through the mobile app.

Logging In

- User ID is the first initial of first name + last name + last four digits of SSN.
- Password is last four digits of SSN.
- Once you have established your username and password you will be prompted to create a four-digit passcode. At that time, you can also enable Touch ID and Facial Recognition.

Debit card

- Alerus issues a health benefits debit card that can be used to pay for eligible expenses.

Dental Insurance



What is Dental Insurance?

Dental insurance is designed to pay a portion of the costs associated with dental care. Like medical insurance there can be copays, deductible and coinsurance for certain types of services; however preventive services are almost always covered at 100%.



Who is the provider?

Your Dental Insurance is provided by Delta Dental of MN.

Delta Dental of MN
(800) 448-3815
www.deltadentalmn.org



Do you need to take action?

You will need to make an enrollment election every year to participate in the dental plan. If you decide to participate in a Dental Plan, you must make your elections by November 28, 2022.

Dental Insurance

Summary of Coverage



The following plans are your dental insurance options for the upcoming year.

	Option 1		Option 2
In Network	PPO	Premier	Premier
Calendar Year Deductible (Single / Family)	None	\$25 / \$75	\$25 / \$75
Calendar Year Maximum (per person)	\$2,000		\$1,000
Preventive Care: <i>Exams, Cleanings, X-rays, Space Maintainers, Etc.</i>	100% covered	80% covered	100% covered
Basic Services: <i>Palliative Treatment, Sealants, Fillings, Etc.</i>	90% covered after deductible	50% covered after deductible	80% covered after deductible
Major Services: <i>Crowns, Bridges, Implants, Dentures, Etc.</i>	50% covered after deductible	50% covered after deductible	50% covered after deductible
Employee Contribution per Bi-Weekly Pay Period			
This is your contribution, paid pre-tax through payroll deductions.			
Employee	\$11.78		
Employee + Spouse	\$23.56		
Employee + Child(ren)	\$25.97		
Employee + Family	\$33.81		

The Dual Options Choice plan through Delta Dental provides two options for comprehensive dental coverage. You choose one option which may be changed at each annual enrollment period.

Dental Plan

Delta Dental of MN Networks



PPO

For the highest benefit level, use a Delta Dental PPO network provider.

To search the PPO network: <https://www.deltadentalmn.org> then click on find a dentist and search the Delta Dental PPO network by city and state.

Premier

For the highest benefit level, use a Delta Dental Premier network provider.

To search the Premier network: <https://www.deltadentalmn.org> then click on find a dentist and search the Delta Dental Premier network.

Vision Insurance



What is Vision Insurance?

Vision insurance is designed to provide routine preventive care such as eyewear and other vision services at a reduced rate.



Who is the provider?

Your Vision Insurance is provided by EyeMed.

EyeMed
(866) 939-3633
www.eyemed.com



Do you need to take action?

You will need to make an enrollment election every year to participate in the vision plan. If you decide to participate in a Vision Plan, you must make your elections by November 28, 2022.

Vision Insurance

Summary of Coverage



The following plans are your vision insurance options for the upcoming year.

EyeMed Voluntary Vision Plan		
In Network	Insight Network	Out-of-Network Reimbursement
Lenses (Once every 12 months; in lieu of contacts)		
Single, Bifocal, Trifocal, Lenticular	\$25 Copay	Up to \$30 – \$70
Standard Progressive Premium Progressive (Tier 1-3) Premium Progressive (Tier 4)	\$90 Copay \$110-\$135 Copay \$90 Copay; 20% off retail price after \$120 allowance	Up to \$50
Lens Options		
UV Treatment, Tint, and Standard plastic scratch coating Standard Polycarbonate Anti-reflective coating (Standard, Tier 1-3) All Other Lens Options	\$15 Copay \$40 Copay \$45 Copay, \$57-\$68 Copay, 20% off retail 20% off retail \$130 Allowance ; 20% off charge over \$130	Not applicable
Frames (Once every 24 months)		Up to \$91
Contact Lenses (Once every 12 months; in lieu of lenses)		
Conventional	\$130 Allowance; 15% off retail over \$130	Up to \$130
Disposable	\$130 Allowance; plus balance over \$130	Up to \$130
Medically Necessary Contact Lenses	\$0 Copay – paid in full	Up to \$210
Laser Vision Correction – U.S. Laser Network	15% off retail or 5% off promotional price	Not applicable
Employee Contribution per Bi-Weekly Pay Period		
Employee	\$2.09	
Employee + Spouse	\$3.97	
Employee + Child(ren)	\$4.18	
Employee + Family	\$6.15	



Vision Plan

EyeMed Networks



Insight

For the highest benefit level, use an Insight network provider.

To search for a network provider: <https://www.eyemed.com>, click on find an eye doctor and select the Insight network.

Basic Life and AD&D

Voluntary Life and AD&D



What is Life and AD&D Insurance?

Life and accidental death and dismemberment (AD&D) insurance is designed to pay a specified benefit in the event of the covered person's death.



Who is the carrier?

Your Basic Life and AD&D Insurance is administered by Mutual of Omaha.

Mutual of Omaha
(888) 493-6902
www.mutualofomaha.com

Your Voluntary Life and AD&D Insurance administered by Mutual of Omaha.

Mutual of Omaha
(888) 493-6902
www.mutualofomaha.com



Do you need to take action?

Your basic life insurance coverage is paid for by your employer. There is no enrollment action needed other than to meet your employer's requirements for eligibility.

Note: Annual benefits renewal is a good time to update your life insurance beneficiary.

Your voluntary life insurance coverage is entirely paid for by the employee. You will need to make an enrollment election for yourself and your dependents. If you decide to participate, you must make your elections by November 28, 2022.

Note: Annual benefits renewal is a good time to review your benefit election amount and update your beneficiary.

Basic & Voluntary Life and AD&D Insurance



Summary of Coverage

LogiSolve pays 100% of premiums for your Basic Life and AD&D Insurance.

Basic Life/AD&D Plan Features	Benefit
Employee Life and AD&D Benefit Amount	\$50,000
Benefit Reduction Ages	Benefits reduce every five years beginning at age 65

You pay 100% of premiums for your Voluntary Life and AD&D Insurance.

Voluntary Life/AD&D Plan Features	Benefit	Monthly Rate per \$10,000 of Coverage		
		Member age – Use the employee and the spouse age to determine rates.		
Employee Life and AD&D Benefit Amount	Increments of \$10,000; to a maximum of 5x annual salary or \$250,000	0-29	\$0.70	AD&D Rates per \$10,000
		30-34	\$0.80	Employee: \$0.25
		35-39	\$0.90	Spouse: \$0.25
*Employee Guarantee Issue – These amounts apply when you are first eligible	\$50,000	40-44	\$1.40	Child/ren: \$0.020/\$1,000
		45-49	\$2.50	
		50-54	\$4.10	
Spouse Life and AD&D Benefit Amount	Increments of \$5,000; to a maximum of \$50,000 not to exceed 100% of employee life amount	55-59	\$6.30	
		60-64	\$9.90	
*Spouse Guarantee Issue – These amounts apply when you are first eligible	\$25,000	65-69	\$17.70	
		70-74	\$31.80	
		75-79	\$52.40	
Child Life Benefit Amount	Increments of \$1,000; to a maximum of \$10,000	80-100	\$106.10	
Portability/Conversion Privileges	Your application should be submitted within 30 days of plan ineligibility if you retire or leave the company before age 70.	Child/ren rate per \$1,000	\$0.10	(one amount covers all children)
Waiver of Premium	If you become disabled before age 60, coverage may continue without premium payment until age 65.			

To calculate your monthly rate for Voluntary Life/AD&D	
Enter amount elected	1.
Enter #1. divided by \$10,000	2.
Enter your rate from the table above	3.
Enter #2. multiplied by #3	4.
This is your monthly rate.	

Review the following page for Guarantee Issue definitions.

Voluntary Life and AD&D Insurance

Guarantee Issue



i Guarantee Issue Amount

The employee guarantee amount is the amount of Voluntary Life/AD&D insurance you can opt in to without answering any medical questions also known as Evidence of Insurability (EOI) when you are first eligible for the coverage.

Annual Enrollment

Each year during the annual enrollment period, an employee already enrolled in Voluntary Life and AD&D can increase 1 increment (\$10,000), up to the Guarantee Issue (GI) (\$50,000) without EOI. Any employees who elect more than 1 increment, goes over the GI, or previously waived coverage would need to complete EOI. Spouses coming on the plan or increasing would need to complete EOI. EOI is not required for children.

If you waive coverage when you are first eligible, future elections may be subject to EOI.

Disability Insurance



What is Short Term Disability Insurance?

Short Term Disability provides a portion of your income if you are disabled due to an illness or injury.

What is Long Term Disability Insurance?

Long Term Disability provides a portion of your income if you are unable to work due to a qualified disability.



Who is the carrier?

Your Voluntary Short Term Disability Insurance is administered by Mutual of Omaha.

Mutual of Omaha
(888) 493-6902
www.mutualofomaha.com

Your Long Term Disability Insurance is administered by Mutual of Omaha.

Mutual of Omaha
(888) 493-6902
www.mutualofomaha.com



Do you need to take action?

Your voluntary short term disability insurance is paid by the employee. You will need to make an enrollment election if you want to participate in the voluntary short-term disability. If you decide to participate, you must make your elections by November 28, 2022.

Your long term disability insurance is paid by LogiSolve. No action is needed, as you will be automatically enrolled if you meet the definition of eligibility found at the beginning of this booklet.

Disability

Summary of Coverage



The following is your Short-Term Disability benefit for the upcoming year. If you enroll, you pay 100% of the premiums through payroll deductions post-tax. This means that if you use the STD benefit, your disability benefits will be paid to you tax-free.

Voluntary Short Term Disability (STD)

Plan Features

Contributions: If you enroll in the Voluntary STD, you will pay 100% of the STD premiums via payroll deduction

Employee Benefit Amount	Up to 60% of pre-disability earnings
Maximum Benefit Amount	\$1,500 per week
Elimination Period (Accident)	0 days
Elimination Period (Illness)	7 days
Benefit Duration	Up to 13 weeks
Pre-existing Condition Limitation	Disabilities due to conditions treated or diagnosed in the three-month period prior to being insured under this plan may not be covered until you have been insured for 12 months.

Monthly Rate per \$10 of Weekly Benefit

Employee Age	Rate	Employee Age	Rate
39 and under	\$0.25	55-59	\$0.44
40-44	\$0.26	60-64	\$0.55
45-49	\$0.29	65-69	\$0.64
50-54	\$0.36	70-99	\$0.70

To calculate your monthly rate for Voluntary STD

Enter your average weekly earnings, not to exceed \$2,500	1.
Enter your weekly earnings multiplied by 0.60	2.
Enter your rate from the table above	3.
Enter #2. multiplied by #3	4.
Enter #4. divided by 10 This is your monthly rate.	5.

Evidence of Insurability

This plan includes an annual open enrollment permitting you to elect coverage with no evidence of insurability during the scheduled enrollment period. Applying outside your initial eligibility period or the annual enrollment period may require evidence of insurability.

If enrolling outside of your initial eligibility period, please complete the EOI form through the link in Ease.

Disability

Summary of Coverage



The following is your Long Term Disability benefit for the upcoming year. LogiSolve pays 100% of the premiums for this benefit.

Long Term Disability (LTD)

Plan Features	
Employee Benefit Amount	Up to 60% of pre-disability earnings
Maximum Benefit Amount	\$5,000 per month
Elimination Period	90 days
Benefit Duration	Social Security Normal Retirement Age

401(k) Plan Information



What is a 401(k)?

A 401(k) is a retirement savings plan sponsored by your employer. It lets you save and invest a piece of your paycheck before taxes are taken out. Taxes aren't paid until the money is withdrawn from the account. Generally, a 401(k) participant may begin to withdraw money from his or her plan after reaching the age of 59+1/2 without penalty.



Who is the provider?

Your 401(k) plan provider is Voya Financial.

Voya Financial
855-663-8692
<https://my.voya.com>



Do you need to take action?

This is a voluntary benefit provided by LogiSolve. If you would like to participate, you will need to make an enrollment election. You can enroll or change your elections at any time.



401(k) Plan Details

Eligibility Requirements

LogiSolve offers a 401(K) retirement savings plan through VOYA Financial for eligible employees age 21 and older after six months of service.

Your Contributions

You may elect to defer a portion of your compensation to your 401(k) up to IRS limits. Your contributions are 100% vested.

Employer Contributions

LogiSolve makes a matching contribution to your plan equal to 100% of the first 4% of your deferred compensation.



Contact Information

Voya Financial
855-663-8692
<https://my.voya.com>

Open Enrollment Reminders



What do I need to do to enroll?

All benefits elections are done through an online system called Ease. Please login to Ease before November 28, 2022 to make your benefits elections:

Go to <https://logisolve.ease.com> to make your benefits elections for the new year.



Who to contact with questions

BK Sicard
LogiSolve, LLC.
600 Inwood Ave N, Suite 275
Oakdale, MN 55128
651-717-5986
bksicard@logisolve.com



Enrollment decisions must be made by November 28, 2022.