



YOUR 2024 BENEFITS

January 1, 2024–December 31, 2024

Welcome! Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective the first day of the month following 30 days. If you fail to enroll on time, you will NOT have benefits coverage until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2024 - December 31, 2024.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact ESSG's Employee Benefits Team within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Medica Major Medical Plans

We're proud to offer you a choice between 4 medical plans. The following is a high-level overview of the coverage available.

Key Medical Benefits	1500-\$25-25% Rx Co-Pays		3200-25%H S A- Embedded	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Plan Type	PPO - HDHP		PPO - HDHP	
Deductible (per calendar year)				
Individual / Family	\$1,500 / \$4,500	\$7,500 / \$15,000	\$3,200 / \$6,400	\$6,400 / \$12,800
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$3,500 / \$7,000	\$10,000 / \$10,000	\$6,500 / \$13,000	\$19,500 / \$39,000
Coinsurance				
	25%	50%	25%	50%
Covered Services				
Primary Care Physician	\$25 copay	Ded then 50% coinsurance	Ded then 25% coinsurance	Ded then 50% coinsurance
Specialist	\$25 copay	Ded then 50% coinsurance	Ded then 25% coinsurance	Ded then 50% coinsurance
Emergency Room	Ded then 25% coinsurance	Ded then 50% coinsurance	Ded then 25% coinsurance	Ded then 50% coinsurance
Inpatient Hospital	Ded then 25% coinsurance	Ded then 50% coinsurance	Ded then 25% coinsurance	Ded then 50% coinsurance
Urgent Care	\$25 copay	Ded then 50% coinsurance	Ded then 25% coinsurance	Ded then 50% coinsurance
Prescription Drugs (Tiers)				
Retail Pharmacy (30-day supply)	Tier 1: \$12 copay Tier 2: \$15 copay Tier 3: \$80 copay Tier 4: 20% up to \$200	50%	Tier 1; Ded, then 25% Tier 2; Ded, then 25% Tier 3; Ded, then 45% Tier 4; Ded, then 25% to \$200	Tier 1- Ded, then 50% Tier 2- Ded, then 50% Tier 3- Ded, then 50% Tier 4- Not Covered
Mail Order (90-day supply)	Tier 1: \$24 copay Tier 2: \$100 copay Tier 3: \$180 copay	N/A	Tier 1; Ded, then 25% Tier 2; Ded, then 25% Tier 3; Ded, then 45%	N/A

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Medica Major Medical Plans

We're proud to offer you a choice between 4 medical plans. The following is a high-level overview of the coverage available.

Key Medical Benefits	4500-25%H S A- Embedded		6350-0%H S A- Embedded	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Plan Type	PPO - HDHP		PPO - HDHP	
Deductible (per calendar year)				
Individual / Family	\$4,500 / \$9,000	\$9,000 / \$18,000	\$6,350 / \$12,700	\$12,700 / \$25,400
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$6,500 / \$13,000	\$19,500 / \$39,000	\$6,500 / \$12,700	\$12,700 / \$25,400
Coinsurance				
	25%	50%	0%	0%
Covered Services				
Primary Care Physician	Ded then 25% coinsurance	Ded then 50% coinsurance	Ded then 0% coinsurance	Ded then 50% coinsurance
Specialist	Ded then 25% coinsurance	Ded then 50% coinsurance	Ded then 0% coinsurance	Ded then 50% coinsurance
Emergency Room	Ded then 25% coinsurance	Ded then 50% coinsurance	Ded then 0% coinsurance	Ded then 50% coinsurance
Inpatient Hospital	Ded then 25% coinsurance	Ded then 50% coinsurance	Ded then 0% coinsurance	Ded then 50% coinsurance
Urgent Care	Ded then 25% coinsurance	Ded then 50% coinsurance	Ded then 0% coinsurance	Ded then 50% coinsurance
Prescription Drugs (Tiers)				
Retail Pharmacy (30-day supply)	Tier 1 Ded, then 25% Tier 2 Ded, then 25% Tier 3 Ded, then 45% Tier 4; 25% to \$200	Tier 1- Ded, then 50% Tier 2- Ded, then 50% Tier 3- Ded, then 50% Tier 4– Not Covered	Tier 1; Ded, then 0% Tier 2; Ded, then 0% Tier 3; Ded, then 0% Tier 4; Ded then 0%	Tier 1- Ded, then 50% Tier 2- Ded, then 50% Tier 3- Ded, then 50%
Mail Order (90-day supply)	Tier 1; Ded, then 25% Tier 2: Ded, then 25% Tier 3: Ded, then 45%	N/A	Tier 1; Ded, then 0% Tier 2; Ded, then 0% Tier 3; Ded, then 0%	N/A

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.
 *Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.
 1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental

The following is a high-level overview of the coverage available. View the Guardian Benefit Overview for detailed plan information.

Key Dental Benefits	Guardian PPO	
	In Network	Out of Network
Deductible (per calendar year)		Ind. \$50 / Fam. \$150
Individual / Family	None / None	Deductible is Waived for Preventative Services
Benefit Maximum (per calendar year; Preventive, Basic and Major services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	100%	100%
Basic Services	90%	90%
Major Services	60%	60%
Orthodontia	N/A	N/A

Vision

The following is a high-level overview of the coverage available. View the Guardian Benefit Overview for detailed plan information.

Key Vision Benefits	Vision Service Provider (VSP)	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$20	Amount over: \$46.00
Materials Copay	Materials (waived for conventional and planned replacement contact lenses) \$20.00	
Lenses (once every 12 months)		
Single Vision	Copay applies	Amount over: \$47.00
Bifocal		Amount over: \$66.00
Trifocal		Amount over: \$85.00
Frames (once every 24 months)	80% of amount over \$120	Amount over: \$47.00
Contact Lenses (once every 12 months; in lieu of glasses)	Amount over: \$120.00	Amount over: \$120.00

Voluntary Benefits

Our voluntary benefits through Guardian are designed to complement your health care coverage. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—Enrolling is optional. You are responsible for paying the premiums, which are collected with post-tax dollars.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you. This benefit helps cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use the lump-sum however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Dependent Care FSA

We provide you with an opportunity to participate in Flexible Spending Accounts (FSA) administered through Further. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified dependent care expenses.

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). **For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.**

FSA Rules

You must enroll each year to participate.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Dependent Care FSA: Unused funds will NOT be returned to you or carried over to the following year.

You can incur expenses through January 1, 2024 to December 31, 2024 and must file claims by March 31, 2025.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death. **Accidental death and dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Voluntary Life/AD&D

Benefit Option	
Employee	\$50,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Available to you at an affordable group rate through Guardian

Benefit Percentage	60% of weekly earnings
Weekly Benefit Maximum	\$500
When Benefits Begin	Accident: Day 1 Illness: Day 8
Maximum Benefit Duration	13 weeks

Voluntary Long-Term Disability

Available to you at an affordable group rate through Guardian

Benefit Percentage	60% of monthly earnings
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Cost of Benefits

Your premiums (the cost of benefits) will automatically be deducted from your paychecks. The amount will depend upon the plan(s) you select, and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Medica	(800)-952-3455	https://www.medica.com
Dental	Guardian	(212) 598-8000	www.guardianlife.com
Vision	Guardian	(212) 598-8000	www.guardianlife.com
Flexible Spending Accounts (FSAs)	Further	(800) 859-2144	www.hellofurther.com
Life/AD&D	Guardian	(212) 598-8000	www.guardianlife.com
Disability	Guardian	(212) 598-8000	www.guardianlife.com
Employee Assistance Program (EAP)	Guardian	(212) 598-8000	www.guardianlife.com
Voluntary Benefits	Guardian	(212) 598-8000	www.guardianlife.com

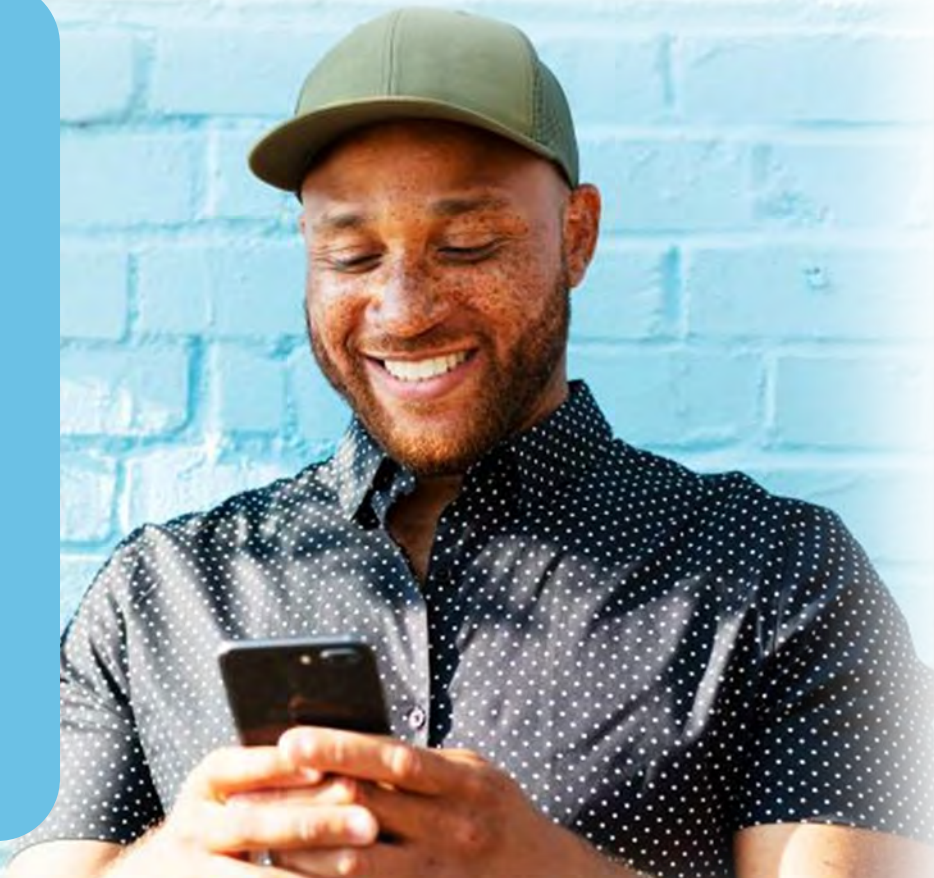
Benefits Website

Our benefits website www.essghealth.com/direct can be accessed anytime you want additional information on our benefit programs.

Questions?

If you have additional questions, you may also contact:

ESSG's Employee Benefits Team
(952)767-9519
benefits@employersolutionsgroup.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



CHIPRA/CHIP Notice

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility -

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900

<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>	<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access (https://dvha.vermont.gov/members/medicaid/hipp-program) Phone: 1-800-250-8427</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) (https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>

SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

Employee Benefits Security Administration
 U.S. Department of Labor
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

Centers for Medicare & Medicaid Services
 U.S. Department of Health and Human Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Annual Notice of Women’s Health and Cancer Rights Act

Do you know that your plan, as required by the Women’s Health and Cancer Right Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment for complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **952-767-9519** for more information.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment no later than **30 days** after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than **30 days** after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009, if either of the following two events occur, you will have **60 days** after the date of the event to request enrollment in your employer’s plan:

- Your dependents lose Medicaid or CHIP coverage because they are no longer eligible.
- Your dependents become eligible for a state’s premium assistance program.

To take advantage of special enrollment rights, you must experience a qualifying event *and* provide the employer plan with timely notice of the event and your enrollment request. **Completing the appropriate carrier application needing the change.**

To request special enrollment or obtain more information, contact **Employer Staffing Solutions Group (ESSG)**, Employee Benefits Team at **952-767-9519**.