Metropolitan Life Insurance
18210 Crane Nest Drive
Tampa, FL 33647

MetLife

Minnesota Paid Family and Medical Leave (MN PFML) Illustration
Proposal for insured and/or self-funded coverage to support the MN PFML benefit plan.

Prospective Employer Name: Nevis Public Schools

Employer Contact Name: _____

Employer Contact Phone Number: _____ Email: _____

This quote is valid for 90 days from date of proposal.

MN PFML is a mandated benefit plan for employers with workers in Minnesota. Under the Minnesota Paid Leave Law, Minn. Stat. §§ 268B.001, *et seq.*, employers can elect to offer a private plan for benefit coverage in lieu of using the state plan and receive an exemption from contributing to the state fund. This proposal reflects MetLife's intent to provide insured and/or self-funded coverage to the employer named above effective January 1, 2026, to help meet the coverage requirements under the MN PFML law and any applicable rules and/or regulations promulgated thereunder (collectively, the "Act") as it meets all the minimum requirements for coverage set forth in the Act. **It is your responsibility to obtain and maintain state approval of a private plan in accordance with the Act. MetLife's provision of coverage per this proposal is contingent on your receipt and maintenance of private plan approval before the effective date of the plan.**

MetLife offers a wide variety of products to meet our customers' varying needs. In order for MetLife to issue MN PFML coverage,[1] coverage must be accompanied with one other insured MetLife product. If you have STD, it must be with MetLife along with the PFML coverage. If you do not offer STD, then you do not need to purchase STD coverage from MetLife.

Number of MN Covered Workers: 182

Per $100 of Covered Wages	Insured Rate[2] / Self Insured Fee	Covered Monthly Payroll	Illustrative Premium/Fee – Monthly	Illustrative Premium/Fee - Annual
MN PFML (PFL and PML)	0.83%	$430,723	$3,575	$42,900
MN PML only				
MN PFL only				

Rate and Premium based on census data dated <07/25/2025>. Rates are guaranteed from 01/01/2026-12/31/2027
MetLife Use Only: Needed for implementation: Paid Medical rate 0.64% and Paid Family rate 0.19%

Minnesota has established employee contribution caps based on their earned wages up to the Social Security wage cap which is subject to change annually. Employers may fund all or a portion of the MN PFML premium/fee due to MetLife in support of the private plan.

- Broker Commissions included in the rate: Flat 10%

It will be the employer's responsibility, regardless of size, to cover any additional funds to support the MN PFML insurance premium/self-insured fee for MetLife's coverage.[3]

1. MN PFML pricing is based on packaged MetLife coverage as described in this illustration. If the package coverage is not in force on or before January 1, 2026, the PFML quote will be rescinded.
2. This quote is contingent on MetLife receiving state approval of its form and/or rate filing. MetLife's illustrative premiums/fee based on census and experience at time of quote and the current applicable law and regulations. The rate is subject to change only if there are material changes to: (1) updated census or experience information provided prior to the proposed effective date or (2) applicable law or regulations. Worker maximum contribution rates are subject to change annually.
3. Private plan premiums/fee can be different than the contributions associated with the state's program and may include commissions. All MN PFML customers are required to contribute to the MetLife private plan premium/fees regardless of their size.

After signing this illustration, MetLife will provide you with proof of your intent to purchase insured or self-funded coverage supporting your MN PFML private plan application with the state. If insured, MetLife's MN PFML policy will be issued with an effective date of January 1, 2026, or later pending the state's implementation timeline, with the first renewal effective January 1, 2028

Sign: _____ Title: _____

Print Name: _____ Date: _____

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

No benefits under MN PFML are payable for: (1) a period of leave occurring before the employee's insurance takes effect or commencing after the employee's insurance ends; (2) more than one qualifying reason for any one segment of time; (3) any portion of a typical workweek that occurs before the effective data of a benefit account; that the applicant fails or refuses to provide information on an issue of ineligibility required under the Act; or for which the applicant worked for pay; (4) any portion of a week in which the applicant is receiving or has received compensation for loss of wages equal to or in excess of the applicant's weekly MN PFML benefit amount under the workers' compensation law of Minnesota or any other state or similar federal law, except for pending workers' compensation claims; (5) any week the applicant is receiving, has received, or will receive separation pay, severance pay, bonus pay, or any other payments paid by an employer because of, upon, or after separation from employment; (6) any week the applicant is receiving, has received, or has filed for primary Social Security disability benefits, except under certain circumstances described in the Act; (7) any week the applicant is a seasonal employee as defined in the Act.

The MN PFML policy is conditionally renewable and shall automatically renew on each Policy Anniversary with continued payment of premium. The Policyholder or MetLife may cancel the policy by giving written notice as stated in the policy. Other limitations or exclusions to the coverage may apply. Please review the Certificate of Insurance/Policy for specific details or contact your benefits administrator with any questions. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Policy. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

The information presented in this proposal is not legal advice and should not be relied upon or construed as legal advice. It is not permissible for MetLife, its employees or agents to give legal advice. The information in this proposal is for general informational purposes only and does not purport to be complete or to cover every situation. You must consult with your own legal advisors to determine how these laws will affect you.
MetLife's insured policy will align with the following summary of MN PFML provisions under § 19.268B.10 Substitution of a Private Plan.

Please note, private plans can offer equal or better benefit plans than the state minimums described below.

Private plans

Subd. 2. Private plan requirements; family and medical benefit program. The commissioner, in consultation with the commissioner of commerce, must approve an application for private provision of the benefit program if the commissioner determines:
(1) all of the employees of the employer are to be covered under the provisions of the employer plan;
(2) eligibility requirements for benefits and leave are no more restrictive than as provided under this chapter;
(3) the weekly benefits payable under the private plan for any week are at least equal to the weekly benefit amount payable under this chapter;
(4) the total number of weeks for which benefits are payable under the private plan is at least equal to the total number of weeks for which benefits would have been payable under this chapter;
(5) no greater amount is required to be paid by employees toward the cost of benefits under the employer plan than by this chapter;
(6) wage replacement benefits are stated in the plan separately and distinctly from other benefits;
(7) the private plan will provide benefits and leave for the employee's serious health condition or medical care related to pregnancy, the family member's serious health condition, bonding with a child, qualifying exigency, and/or safety leave event, for which benefits are payable, and leave provided, under this law;
(8) the private plan will impose no additional condition or restriction on the use of medical benefits beyond those explicitly authorized by this chapter or regulations promulgated pursuant to this chapter;
(9) the private plan will allow any employee covered under the private plan who is eligible to receive medical benefits under this chapter to receive medical benefits under the employer plan; and
(10) coverage will continue under the private plan while an employee remains employed by the employer.

Subd. 6. Private plan requirements; weekly benefit determination. For purposes of determining the family and medical benefit amount and duration under a private plan, the weekly benefit amount and duration shall be based on the employee's typical work week and wages earned with the employer at the time of an application for benefits. If an employer does not have complete base period wage detail information, the employer may accept an employee's certification of wage credits, based on the employee's records.

Subd. 7. Use of private insurance products. Nothing in this section prohibits an employer from meeting the requirements of a private plan through a private insurance product. If the employer plan involves a private insurance product, that insurance product must be approved by the commissioner of commerce and be issued by an insurance company authorized to transact insurance in this state.

Subd. 8. An employer with an approved private plan is responsible for a private plan approval and oversight fee equal to $250 for employers with fewer than 50 employees, $500 for employers with 50 to 499 employees, and $1,000 for employers with 500 or more employees. The employer must pay this fee
(1) upon initial application for private plan approval, and
(2) any time the employer applies to amend the private plan. The commissioner must review and report on the adequacy of this fee to cover private plan administrative costs annually beginning January 1, 2027, as part of the annual report established in section 268B.25.

Subd. 9. Plan duration. A private plan under this section must be in effect for a period of at least one year and, thereafter, continuously unless the commissioner finds that the employer has given notice of withdrawal from the plan in a manner specified by the commissioner in this section or rule. The plan may be withdrawn by the employer within 30 days of the effective date of any law increasing the benefit amounts or within 30 days of the date of any change in the rate of premiums. If the plan is not withdrawn, it must be administered to provide the increased benefit amount or change in the rate of the employee's premium on the date of the increase or change.

Subd. 10. Employer reimbursement. If an employer meeting the requirements of a private plan through an insurance product under subdivision 6 has made advance payments of benefits due under this chapter or has made payments to an employee in like manner as wages during any period of family or medical leave for which the employee is entitled to the benefits provided by this chapter, the employer is entitled to be reimbursed by the carrier or third party administrator out of any benefits due or to become due for the family or medical leave, if the claim for reimbursement is filed with the carrier prior to payment of the benefits by the carrier.

Subd. 11. Appeals.
(a) An employer may appeal any adverse action regarding that employer's application for private provision of the medical benefit or family benefit program, in a manner specified by the commissioner.
(b) An employee covered under a private plan has the same right to appeal to the state under section 268B.04, subdivision 7, as any other employee. An employee covered under a private plan has the right to request reconsideration of a decision under a private plan made by an insurer, private plan administrator, or employer prior to exercising appeal rights under section 268B.04.

Subd. 12. Employees no longer covered.
(a) An employee is no longer covered by an approved private plan if a leave under this chapter occurs after the employment relationship with the private plan employer ends, or if the commissioner revokes the approval of the private plan.
(b) An employee no longer covered by an approved private plan is, if otherwise eligible, immediately entitled to benefits under this chapter to the same extent as though there had been no approval of the private plan.

Subd. 13. Posting of notice regarding private plan. An employer with a private plan must provide a notice prepared by or approved by the commissioner regarding the private plan consistent with section 268B.26.

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MN PFML - Reasons to use Private Insurance Carrier Plan

CUSTOMER SERVICE

Met life has experience working with other States that already implement a Paid Family Leave Plan. They have everything in place, only needed to tweek for MN plan.
State of MN just hired 400 new employees - Will be learning curve as well as totally new program to maintain

With Gov Plan Employee and Employer will have to deal with a new customer service each time
Met Life - Our contact person will be Kathi Sweeter (We already work with Kathi through Aris Group)

COMPLIANCE

Met Life would provide compliance support.

COST

We would be locked into 2 years coverage Effective 1/1/2026 at .83%
Govt plan is currrently at .88% and is subject to change July 1, 2026 - Most feel rates will go up.
Premiums and Benefits both start effective 1/1/2026. State of MN has put aside 668 M for initial start up.
We will have a $500 up front application processing charge to go with private carrier.

BENEFIT YEAR

Met Life we could elect a 12 mo look back benefit year (Same as our FMLA plan year) Better chance on running FMLA & MNPFML concurrently
Gov't plan requires a 12 mo going forward plan year.

STD **If we contract with Met Life on January 1, 2026. We have the option to require PFML to be supplimented with STD and not allow our staff supplement with ESST/Sick Leave**
Staff that purchase STD though ARIS group: We are now insured with Companion Life, if we go with Met Life for MN PFML we will have to convert our STD offered to Met Life on January 1, 2026. We have the option to require PFML to be supplimented with STD and not allow our staff with STD to supplement with ESST/Sick Leave I would like to not require staff to supplement with STD and require all to supplement with ESST. We only have 17 staff members with STD and of those 10 only get $150. per week of STD. They are paying the entire premium so if they are getting more than 100% of pay, I would't have a problem with that. Also, by supplementing with sick/ESST leave during their leave they would be using up sick leave so maybe less later and I would not have to track who can supplement with ESST/Sick vs those who have STD leave.

Things to note:

We need to impliment a policy on how to collect payroll deductions when an employee is out on leave.
I would like to see requiring payment by a personal check by the 20th of the previous month.
We can add this to our notification the first year and add to staff handbook next year.
Terminated employee are covered under our plan for up to 26 weeks after termination.

Minimum Wage Staff - pay must not be less than minwage rate after deducting the PFML premium. Exp Min wage $11.13 per hours x .44% deduction = 11.13-(.05)= $11.08.
We must pay them $11.18 per hout. 11.18 x .44% = .05 11.18 -(.05) = $11.13 per hour after deduction.