

# **MANKATO AREA PUBLIC SCHOOLS**

## **EMPLOYEE HANDBOOK**



Issued from the Human Resources Office

August 2021

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Information in this Handbook is intended to generally describe the district’s employee benefit programs, policies, practices and procedures. The provisions of the district’s group insurance policies, not this handbook, control the degree of coverage provided. No claim may be made against the school district as a result of a denial of insurance benefits by an insurance carrier. The benefits described herein are not to be taken as a contract between the employee and the school district.



**DISTRICT OFFICE PERSONNEL**  
**Phone Numbers**

**BUSINESS OFFICE**

Tom Sager, Director.....387-3167  
Judi Smith, Administrative Assistant .....Ext. 4007  
Matt Wersal, Accountant .....Ext. 4007  
Kelly Hanson, Benefits Specialist..... Ext. 4011  
Bev Peters, Payroll Specialist.....Ext. 4009  
Barb Stange, Accounts Payable.....Ext. 4019  
Connie Hulscher, Accounts Receivable..... Ext. 4010  
Hannah Hoosline, Benefits Secretary .....Ext. 4041

**CENTRAL REGISTRATION**

Jeanie Clement, Central Registration Coordinator..... Ext. 4037  
Ellie Brettschneider, Central Registration Coordinator ..... Ext. 4038  
Tricia Baumgard, Transportation .....Ext. 4006  
Patti Lewis, Student Accounting..... Ext. 4012

**COMMUNITY EDUCATION & RECREATION**

Audra Nissen Boyer, Director.....387-5501  
Laura Conn, Secretary .....207-3101 or 387-4817, Ext. 221

**FACILITIES/HEALTH & SAFETY**

Scott Hogen, Director of Facilities.....345-5311  
Scott Kaminski, Assistant Director of Facilities .....Ext. 4014  
Sandy Kinsella, Secretary .....Ext. 4015

**FOOD SERVICE**

Darcy Stueber, Director.....388-7442  
Julia Hall, Secretary .....Ext. 4300

**HUMAN RESOURCES OFFICE**

John Lustig, Director..... 387-3017  
Aimee Toegel, Human Resources Specialist.....Ext. 4004  
Tammy Rifleman, Absence Management and I.D. Badge Manager .....Ext. 4020  
Trisha Hood, Personnel Specialist .....Ext. 4024  
Jodi Buettner, Administrative Assistant..... Ext. 4008

**MEDIA & TECHNOLOGY**

Angie Potts, Director.....387-7698  
Brenda Skelly, Secretary.....Ext. 3888

**SPECIAL EDUCATION**

Scott Hare, Director .....387-1818  
Rachel Kamm, Administrative Assistant .....Ext. 4222

**SUPERINTENDENT'S OFFICE**

Paul Peterson .....387-1868  
Becky Bailey, Administrative Assistant.....Ext. 4001

**TEACHING AND LEARNING**

Travis Olson, Director.....387-1868  
Marni Moule, Administrative Assistant.....Ext. 4003

## PAYROLL INFORMATION

### **Pay Periods:**

Licensed instructional staff and administrative staff will be paid in twenty-four (24) equal installments - on the 15<sup>th</sup> day of the month and on the last day of the month. Licensed staff on nine-month contracts may collect their June, July and August payments throughout the summer by responding to the Payroll Specialist by the given deadline when the request form is sent in the spring. If this request is not made, contracts will be paid out on the June 15<sup>th</sup> payroll.

All other staff will be paid on the 15<sup>th</sup> day of the month and on the last day of the month. When the 15<sup>th</sup> of the month or the last day of the month fall on Saturday, Sunday, or a legal holiday, payments will be issued on the preceding workday.

For hourly employees, wages paid on the 15<sup>th</sup> will be based on hours submitted for the 16<sup>th</sup> through the last day of the previous month. Wages paid on the last day of the month will be based on hours submitted for the 1<sup>st</sup> through the 15<sup>th</sup> of the current month.

When to turn in timesheets: Timesheets should be approved and signed by your supervisor and submitted by the dates listed below. ***Please do not accumulate timesheet hours for more than one pay period. We are required to identify service credit to PERA, TRA, and ACA when the work is actually performed.***

- For hours worked the 1<sup>st</sup> through the 15<sup>th</sup> of the month - submit to the Business Office by the 19<sup>th</sup> of that month.
- For hours worked the 16<sup>th</sup> through last day of the month - submit to the Business Office by the 4<sup>th</sup> of the next month.

### **Direct Payroll Deposit:**

The Mankato Area Public Schools payroll system works on a mandatory direct deposit basis. The employee is provided with a form indicating for the Payroll Department to deposit their net pay into a checking or savings account at a bank.

Employees also have the option of having their net pay deposited into a debit card that is issued by US Bank. Further information is available from the Payroll Department at 507-207-4009.

### **SMARTeR – Employee Self Service:**

Mankato Public Schools utilizes a paperless payroll system. The district employee self service (ESS) site is called “SMARTeR. The address of the site is:

<https://ess.isd77.k12.mn.us>

You can also access SMARTeR from the District's web page at <http://www.isd77.org/> - Click on “Apps” and proceed to log into the OmnID portal with device login credentials, then click the SMART systems SMARTeR Payroll icon.

If you are not familiar with the employee self-service program, please follow the directions below.

1. You will be prompted for a User ID and password
  - a. Your User ID is your employee ID (which can be found on your sheet of login credentials or by contacting payroll (504-207-4009).
  - b. Your initial password is 0077 \_\_\_\_\_ (the last 4 digits of your social security number).
  - c. Click on “Login” (Please note, after three unsuccessful attempts, you will be locked out. Contact payroll to reset your password and unlock your account.)
2. Once logged in, you will be at the SMARTeR Dashboard with Menu Selections. Under My Payroll, you will find:
  - a. Pay Stub On pay day, the current pay information should automatically appear. To view other pay stubs, click on “Other Pay Stubs”
  - b. Time off tab will provide information about your leaves. Use the dropdown box to access the information you want to view – Personal, Sick, Vacation
  - c. W-4 on this tab you can view what you are currently claiming for your tax withholding
  - d. W-2 on this tab you will be able to view and print your W-2
  - e. Pay Information
  - f. Year to Date Pay
3. In the upper right hand corner, you will find the Logout button, Settings gear and ? Help menu for the page you are on.
4. When you are done – be sure to log out of the system using the icon after your name in the upper right corner.

If you have any problems accessing this website, please contact the Payroll Specialist at 507-207-4009.

### **Pension Plans (TRA and PERA):**

Public employees are required by state law to belong to pension plans administered by Teachers Retirement Association (TRA) or Public Employees Retirement Association (PERA). Minnesota Statutes Chapters 353 and 354 set the rates for employer and employee contributions. If you have any questions, please call the toll-free numbers listed below.

TRA (for licensed staff) 1-800-657-3669

PERA (for Non-Licensed staff) 1-800-652-9026

## LEAVE BENEFITS

The purpose of this section is to generally describe leave benefits available to employees. Please refer to your employment agreement for specific information about your leave benefits.

### **Family and Medical Leave Act (FMLA):**

The federal Family and Medical Leave Act (FMLA) were enacted by Congress in 1993 and provides eligible employees with job-protected leave for certain family and medical reasons.

To be eligible for FMLA leave, you must have been employed by the school district for at least 12 months and have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. Under FMLA, eligible employees are entitled to a total of 12 work weeks of unpaid family or medical leave. Employees may substitute accrued paid leave for unpaid leave during the leave period.

For more information, you may view District Policy 401, Family and Medical Leave on the District's website at [www.isd77.org](http://www.isd77.org). Click on Discover MAPS > School Board > District Policies.

Employees who wish to apply for a leave of absence under FMLA should complete an application for FMLA leave. The application form can be found on the District's website at [www.isd77.org](http://www.isd77.org). Click on Discover MAPS > Department > Human Resources > Learn More > Human Resources > Forms and Resources > + "I am looking for Human Resources form..."

**Child Care Leave:** Childcare leave is provided to employees in accordance with their employment agreements. Employees applying for childcare leave under the above FMLA provisions should use the FMLA application form.

**Sick Leave:** Sick leave is provided to eligible employees in accordance with their employment agreements. Sick leave may be used for the personal illness or injury of the employee, as well as to care for a sick or injured dependent child, adult child, spouse, sibling, parent, grandparent, or stepparent. Sick leave must be reported immediately in Frontline Absence Management or TimeClock+ for those designated to use those systems. Hourly employees not using Frontline Absence Management or TimeClock+ must complete a pink sick leave form and also indicate the sick leave day on their timesheets. All employees must notify their supervisors immediately that they will not be at work.

**Personal Leave:** Personal leave is provided to eligible employees in accordance with their employment agreements. Personal leave may be used for any reason. Requests for personal leave must be submitted and approved at least 24 hours in advance. Personal leave must be requested in Frontline Absence Management or TimeClock+ for those designated to use those systems. Hourly employees not using Frontline Absent Management or TimeClock+ must complete and submit a blue leave form to their supervisors for approval and also indicate the personal leave day on their timesheets.

**Emergency Leave:** Emergency leave is provided to eligible employees in accordance with their employment agreements. It is referred to as “family leave” in some agreements. The purpose of emergency leave is for absences due to the serious illness or death of a member of the immediate family. Serious illness is defined as an illness requiring hospitalization. The hospitalization of a healthy mother and baby for childbirth does not qualify for emergency leave use. Immediate family is defined in your employment agreement. Please refer to Policy 429, Emergency Leave Interpretation on the District website for more information about when emergency leave may be used. Emergency leave must be requested in Frontline Absence Management or TimeClock+ for those designated to use those systems. Hourly employees not using Frontline Absence Management or TimeClock+ must complete and submit a blue leave form to their supervisors for approval and also indicate the emergency leave day on their timesheets.

**Vacation Days:** Paid vacation days are provided for some employee groups in accordance with their employment agreements. Vacation requests must be submitted in Frontline Absence Management or TimeClock+ for those designated to use those systems. Hourly employees not using Frontline Absence Management or TimeClock+ must submit vacation requests for approval on the pink leave form to their supervisors in advance and indicate the vacation day(s) on their timesheets.

**Unpaid Leave Days:** Unpaid leave should be requested only in those instances when available paid leave has been exhausted and only when there are extenuating circumstances. There are many breaks provided throughout the school year when employees are not scheduled to work. The District expects employees who generally work only during the school year to schedule vacations in advance during non-work time. The school calendar can be found on the district website to assist you in planning time off in advance. Unpaid leave must be requested in Frontline Absence Management or TimeClock+ for those designated to use those systems. Hourly employees not using Frontline Absence Management or TimeClock+ must complete and submit a blue leave form to their supervisors for approval and also indicate the unpaid leave day on their timesheets.

Employees who report absences on leave request forms may obtain the forms from the building secretaries, the Business Office, or the Human Resources Office.

## FRONTLINE ABSENCE MANAGEMENT

Mankato Area Public Schools uses Frontline Absence Management to fill substitute needs for teachers as well as record all absences for teachers, principals, and non-affiliated employees.

(ECFE and ABE teachers are not set up in Frontline Absence Management and should use leave of absence forms for reporting and requesting leave.)

You will receive an email asking you to create a username and password once your profile has been created. This email comes from Frontline, if you do not see it in your inbox, please check your SPAM folder.

Once you create your username and password access to Frontline Absence Management is available through the District Website [isd77.org](http://isd77.org) via the Portal.

Absence Management is easy to use. There is a pull-down menu for you to select your absence reason. There are sections for you to provide information for your substitute if one is needed, as well as a section for you to provide information to the administration to explain your absence.

Please take the time to select up to five preferred substitutes in your account. These individuals will be notified via email immediately when an absence is created.

Teachers who will be absent but do not require a substitute must still enter their absences into Absence Management for leave reporting purposes. Please enter absences as soon as they are known.

Personal and emergency leave balances are tracked in Absence Management, sick time is not. You are encouraged to check your leave balance in the Employee Self Service section of Smarter prior to requesting a leave. Please note that if you have insufficient time available, your pay will be docked.

Please note when requesting personal leave in Absence Management: In accordance with the Mankato's Teachers' Association agreement, teachers may request personal leave only in half or full day increments. Please indicate either half or full day in your request. Do not use custom times when requesting personal leave.

If you do not have access to a computer or device, you may call 1-800-942-3767 to enter your absence by phone. You will need your Login and PIN number when you call.

Please feel free to contact the manager of Absence Management at 507-387-1612 with any questions.

## Online Insurance Enrollment Portal, Benefitfocus

As a new employee with Mankato Area Public Schools, you have 30 days from your hire date to enroll in insurance benefits. Benefits will be effective on your hire date.

Please note: If you do NOT log in to the benefits portal and actively enroll in or waive benefits, you will **be excluded from benefits offered by Mankato Area Public Schools and you will not be able to enroll again until the next annual Open Enrollment period.**

The Benefitfocus benefits portal can be accessed through any computer, tablet, or smart phone at <https://isd77benefits.hrintouch.com>. Please navigate to the benefits portal to create your account and enroll in benefits. During your enrollment, you will have access to all your benefits information including plan cost, plan summaries, videos and much more!

### **Creating and Signing into Your Account**

First, access the portal at <https://isd77benefits.hrintouch.com> to create your online account. Select the *Create an Account* link to begin the account creation process. Enter the following required information into the corresponding fields:

- Last Name
- Date of Birth
- Last 4 of social

Enter the code shown on the screen in the Security Check field. The code will be different each time. (If you have difficulty reading the code, select the refresh icon to generate a new one).

#### **Username:**

- Username must be between 6 and 50 alphanumeric characters

#### **Password:**

- Must contain at least one number
- Must contain at least one upper case and one lower case letter
- Cannot contain more than two of the same characters consecutively

Cannot be the same as the Username or SSN

Create your Username and Password. An asterisk indicates all required fields. After you enter all required information, please enter your email address and phone number (home/cell).

Create a Secret Question and Answer. You will be asked to provide multiple questions/answers. Select Save.

### **Enrolling in Benefits**

To begin your benefit enrollment, click "New Hires". You are required to elect or waive each benefit in the order they are offered. For each benefit type, review your benefit plan options. Please review the provided decision-support tools, such as plan comparison, cost estimation,

documents, videos and weblinks to help you choose a benefit plan. Navigate from page to page by selecting the *Next* or *Previous* buttons. **Do not utilize the "back button" in the web Browser ribbon.**

Once you complete your enrollment you will be returned to the Home page and receive the *Congratulations* message at the top of the screen. Please review and print your *Employee Detail Report* for your records. You may make any changes online or via the mobile app anytime during the Open Enrollment period.

**Dependent Information:** You will be prompted to enroll your eligible dependents; Social Security Numbers and birthdates are required for all dependents. Additionally, you will be asked to provide documentation verifying your covered dependent's eligibility.

For more detailed instructions, visit the Benefits page under Business Services on the Mankato Area Public Schools district website: <https://www.isd77.org>.

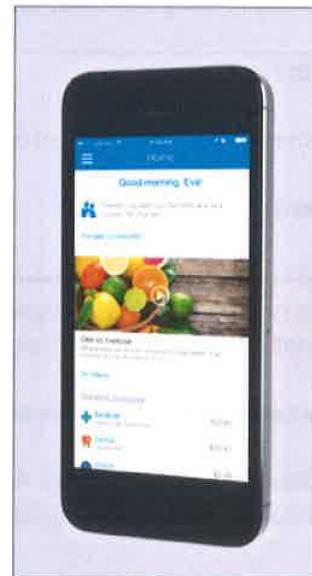
To access the mobile app:

## **You manage some of the most important things in life on your phone. Your benefits are no different!**

- Enroll in your benefits and make updates during open enrollment
- Make qualified life event changes to your benefits any time
- Update your personal information
- Access an extensive library of educational videos
- Log in with secure, fingerprint authentication

### **Download the app today!**

1. Install the BENEFITFOCUS® App from Google Play or the Apple App Store.
2. Enter the company ID shown below.
3. Log into your benefits using the same username and password you use on your computer!



**Company ID: isd77benefits**

## **HEALTH INSURANCE**

The District currently offers four health insurance plan options through Blue Cross Blue Shield of Minnesota. A general overview of these health insurance plan options can be found on pages 15-22 of this handbook. Coverage for new employees becomes effective on the date of hire. Employees may change health plan options during open enrollment with changes being effective July 1 each year.

## **DENTAL INSURANCE**

The District offers a dental plan through Delta Dental of Minnesota to employees covered by an employment agreement that includes dental insurance. Coverage for new employees becomes effective on the date of hire. A general overview of the dental plan can be found on page 25 of this handbook.

Voluntary Dental Plan - For employees who are not covered by an employment agreement that includes dental insurance, a voluntary dental plan is available to eligible employees, which they may participate in at their own expense. Coverage for new employees becomes effective on date of hire. A general overview of the voluntary dental plan can be found on page 26 of this handbook.

## **LIFE INSURANCE**

The District provides eligible employees with group term life insurance coverage in the amount specified by your employment agreement. The life insurance policy includes an accidental death and dismemberment (AD&D) provision. Employees eligible for life insurance coverage have the option to purchase supplemental term life insurance coverage which is paid for through payroll deduction. If supplemental life insurance is purchased at the time the employee initially becomes eligible for life insurance, no health history is required. Otherwise, a health history is required.

You have 30 days from the date you first become eligible for coverage to enroll in the life insurance plan with no limitations. If you wish to enroll at a later date, you will be required to provide satisfactory evidence of good health to the insurance carrier in order to be approved for coverage. You may change your beneficiary information at any time by logging into your Benefitfocus portal.

## **LONG-TERM DISABILITY INSURANCE**

The District provides eligible employees with long-term disability (LTD) insurance. Your employment contract defines your eligibility for coverage and the employee cost toward the premium.

*For eligibility requirements and the amounts that the District will contribute toward the premiums for any of the insurance benefits, please refer to your employment agreement.*

## SPECIAL ENROLLMENT

The only time that employees or eligible family members may enroll in the school district's insurance plans is at the annual open enrollment period or with a qualifying event. The notice period is thirty (30) days.

### Special Enrollment Qualifying Events

Loss of Minimum Essential Coverage (does not include loss due to failure to pay premiums or rescission):

- Loss of eligibility for employer-sponsored coverage
- Termination of employment or reduction in hours
- Legal separation or divorce
- Loss of dependent child status
- Death of employee
- Move outside HMO service area
- Employee becomes entitled to Medicare
- Gaining or becoming a dependent due to marriage
- Gaining a dependent due to birth, adoption or placement for adoption
- An individual gains or loses eligibility for Medicaid or MinnesotaCare

## COBRA CONTINUATION INFORMATION

COBRA is part of the federal legislation passed in 1986 known as the Consolidated Omnibus Budget Reconciliation Act. This legislation provides employees and their dependents with the right to continue group insurance benefits under the employer's group contract in instances when coverage would otherwise end. This coverage is at the individual's own expense and lasts for a specified period of time depending upon the reason the coverage was lost.

**You**, the employee, and any dependents covered under your policy, have a right to choose continuation of coverage for up to **18 months** in any health, dental or life plan you may currently be enrolled in, if:

- You lose your benefits because you have had a significant reduction in hours, or,
- Your employment ends for reasons other than gross misconduct

Your **Spouse** and **Dependent Children** may choose continuation of coverage for 36 months, if previously covered under your plan, due to one of the following qualifying events:

- The death of the covered employee, or
- Divorce or legal separation, or
- The employee's entitlement to Medicare

The length of continuation for these events will be determined by Federal COBRA law or State Continuation mandates, whichever is applicable. These situations will be handled on a case by case basis.

Additionally, the **Dependent Child** of a covered employee may choose continuation for up to **36 months** if the dependent ceases to be a “dependent child” under the plan rules, which means:

- They have reached age 26

Continuation coverage may be terminated for any of the following reasons, whichever event occurs first:

- The payment of the required premium fails to be made in a timely manner, or
- ISD #77 ceases to provide any group health coverage to its employees, or
- The continuation period has expired

Under State and Federal Law, the employee or family member has the responsibility to inform Mankato Area Public Schools within 60 days from the date of any of these qualifying events in order to be eligible for coverage continuation. Upon election of coverage, premium payments will be due retroactive to the date of the qualifying event.

Additional information about COBRA Continuation may be obtained from the Benefits Specialist in the Business Office.

**Mankato ISD**  
**\$300 Aware Traditional Plan - Basic +**  
**July 1, 2021**

**Coinsurance reflects member responsibility**

	Basic Level In network Aware National Network: Blue Card Traditional	Major Medical Level
<b>Calendar-year deductible</b> no fourth quarter carryover	Medical \$300 individual (3 per family)	
<b>Coinsurance Level – What the member pays</b>	Deductible then 20% coinsurance	
<b>Calendar-year out-of-pocket maximum</b>  Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$2,240 individual \$4,480 family  Prescription \$2,000 individual \$4,000 family	
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>well-child care to age 6</li> <li>prenatal care</li> <li>preventive medical evaluations age 6 and older</li> <li>cancer screening</li> <li>preventive hearing and vision exams</li> <li>immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	Deductible then 20% coinsurance of eligible charges not covered under the Basic level
<b>Omada®</b> <ul style="list-style-type: none"> <li>diabetes management program (Type 2 Program)</li> <li>diabetes and cardiovascular disease prevention program (Generic Program)</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>e-visits</li> <li>retail health clinic (office visit)</li> <li>physician office visits</li> <li>office and outpatient lab diagnostic imaging</li> <li>allergy injections and serum</li> <li>Urgent Care professional services</li> </ul>	Not applicable  Not applicable Not applicable 0% coinsurance for the first \$150 per calendar year  0% coinsurance for the first \$150 per calendar year  Not applicable	Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance of eligible charges not covered under the basic level Deductible then 20% coinsurance of eligible charges not covered under the basic level Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>chiropractic manipulation (office visit)</li> <li>chiropractic therapy</li> <li>home health care</li> <li>physical therapy, occupational therapy, speech therapy (office visit)</li> <li>physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Not applicable Not applicable 0% coinsurance Not applicable  Not applicable	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	0% coinsurance	Deductible then 20% coinsurance of eligible charges not covered under the basic level

	Basic Level In network <i>Aware</i> National Network: Blue Card Traditional	Major Medical Level
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services &amp; diagnostic imaging</li> <li>• radiation therapy</li> <li>• <b>chemotherapy</b></li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	0% coinsurance for the first \$150 per year.  0% coinsurance Not applicable 0% coinsurance Not applicable	Deductible then 20% coinsurance eligible charges not covered under the basic level Not applicable Deductible then 20% coinsurance Not applicable Deductible then 20% coinsurance
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	0% coinsurance for the first \$150 if accident related. Remaining services deductible then 20% coinsurance  0%	
<b>Durable Medical Equipment</b>	Not applicable	Deductible then 20% coinsurance
<b>Bariatric surgery</b>	0% coinsurance	Deductible then 20% coinsurance of eligible charges not covered under the basic level
<b>Assisted Fertilization</b>	0% coinsurance	Deductible then 20% coinsurance of eligible charges not covered under the basic level
<b>Mental Health Care/Substance Abuse Services</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	0% coinsurance  Not applicable 0% coinsurance	Deductible then 20% coinsurance of eligible charges not covered under the basic level Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <b>retail (31-day limit)</b> <b>FlexRx preferred drug list – closed plan design</b> <ul style="list-style-type: none"> <li>• preferred generic</li> <li>• preferred brand</li> <li>• non-preferred</li> </ul>	\$10 copay \$10 copay No coverage	No coverage No coverage No coverage
<ul style="list-style-type: none"> <li>• <b>90dayRx – Mail order pharmacy (90-day limit)</b></li> </ul> <b>FlexRx preferred drug list – closed plan design</b> <ul style="list-style-type: none"> <li>• preferred generic</li> <li>• preferred brand</li> <li>• non-preferred</li> </ul>	\$30 copay \$30 copay No coverage	No coverage No coverage No coverage
<ul style="list-style-type: none"> <li>• <b>90dayRx – Retail pharmacy (90-day limit)</b></li> </ul> <b>FlexRx preferred drug list – closed plan design</b> <ul style="list-style-type: none"> <li>• preferred generic</li> <li>• preferred brand</li> <li>• non-preferred</li> </ul>	\$30 copay \$30 copay No coverage	No coverage No coverage No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only.  Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).  The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available.	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit [bluecrossmnonline.com](http://bluecrossmnonline.com).

**\*Lowest out-of-pocket costs:** in-network providers

**Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit [bluecrossmnonline.com](http://bluecrossmnonline.com) or call Blue Cross customer service at the number on the back of your member ID card.

The Omada program is from Omada Health, Inc., an independent company providing digital intensive behavioral counseling program.

**Embedded deductible** – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.



BlueCross and BlueShield are registered service marks of Blue Cross and Blue Shield of Minnesota. © 2018 Blue Cross and Blue Shield of Minnesota. All rights reserved.

**Mankato ISD**  
**\$750 Aware Deductible copay**  
**July 1, 2021**

**Coinsurance reflects member responsibility**

	In network MN Network: Aware National Network: Blue Card Traditional	Out of network
<b>Calendar-year deductible</b> No Fourth quarter carryover	Medical \$750 individual \$1,500 family	
<b>Coinsurance Level – What the member pays</b>	Deductible then 20% coinsurance	
<b>Calendar-year out-of-pocket maximum</b> Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$2,000 individual \$4,000 family Prescription \$2,000 individual \$4,000 family	
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	
<b>Omada®</b> <ul style="list-style-type: none"> <li>• diabetes management program (Type 2 Program)</li> <li>• diabetes and cardiovascular disease prevention program (Generic Program)</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• Urgent Care professional services</li> </ul>	0% after \$20 copay  0% coinsurance 0% after \$20 copay 0% coinsurance Deductible then 20% coinsurance 0% after \$20 copay	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance 0% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	0% after \$20 copay Deductible then 20% coinsurance Deductible then 20% coinsurance 0% after \$20 copay  Deductible then 20% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 20% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	0% coinsurance 0% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	0% coinsurance 0% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance

	In network MN Network: Aware National Network: Blue Card Traditional	Out of network
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	
<b>Durable Medical Equipment</b>	Deductible then 20% coinsurance	Deductible then 20% coinsurance
<b>Bariatric surgery</b>	Deductible then 20% coinsurance	Deductible then 20% coinsurance
<b>Assisted Fertilization</b>	Deductible then 20% coinsurance	Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 20% coinsurance 0% after \$20 copay Deductible then 20% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <b>retail (31-day limit)</b> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul>	0% after \$10 copay 0% after \$10 copay	No coverage No coverage
<b>Specialty drug list</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> </ul>	0% after \$10 copay 0% after \$10 copay	No coverage
<b>90dayRx – Mail order pharmacy (90-day limit)</b> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul>	0% after \$30 copay 0% after \$30 copay	No coverage No coverage
<b>90dayRx – Retail pharmacy (90-day limit)</b> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul>	0% after \$30 copay 0% after \$30 copay	No coverage No coverage
	<p>90dayRx applies to participating retail and/or mail service pharmacy only.</p> <p>Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).</p> <p>The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available.</p>	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit [bluecrossmnonline.com](http://bluecrossmnonline.com).

**\*Lowest out-of-pocket costs:** in-network providers

**Highest out-of-pocket costs:** out-of-network nonparticipating providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

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**Embedded deductible** – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.



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**Mankato ISD**  
**\$3,250 Aware Classic RX**  
**July 1, 2021**

**Coinsurance reflects member responsibility**

	In network MN Network: Aware National Network: Blue Card Traditional	Out of network
<b>Calendar-year embedded deductible</b> no fourth quarter carryover	Medical and prescription combined \$3,250 individual \$6,500 family	
<b>Coinsurance Level – What the member pays</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Calendar-year out-of-pocket maximum</b> The in- and out-of-pocket maximums cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$3,250 individual \$6,500 family	Medical and prescription combined \$3,625 individual \$6,750 family
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> <ul style="list-style-type: none"> <li>• diabetes management program (Type 2 Program)</li> <li>• diabetes and cardiovascular disease prevention program (Generic Program)</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• Urgent Care professional services</li> </ul>	Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance  Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance

	In network MN Network: Aware National Network: Blue Card Traditional	Out of network
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Bariatric surgery</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Assisted Fertilization</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network retail (31-day limit) FlexRx drug list – Closed plan design</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance	No coverage No coverage
<b>Specialty Preferred Drug List</b>	Deductible then 0% coinsurance	No coverage
<b>• 90dayRx – Mail order pharmacy (90-day limit) FlexRx drug list – Closed plan design</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance	No coverage No coverage
<b>• 90dayRx – Retail pharmacy (90-day limit) FlexRx drug list – Closed plan design</b> <ul style="list-style-type: none"> <li>• Preferred generic</li> <li>• Preferred brand</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance	No coverage No coverage
	<p>90dayRx applies to participating retail and/or mail service pharmacy only.</p> <p>Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).</p> <p>The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available.</p>	

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**\*Lowest out-of-pocket costs:** In-network providers

**Highest out-of-pocket costs:** out-of-network nonparticipating providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

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# Mankato ISD

\$6,350 Aware

July 1, 2021

## Coinsurance reflects member responsibility

	In network MN Network: Aware National Network: Blue Card PPO	Out of network
<b>Calendar-year deductible</b> The in- and out-of-network maximums are accumulate separately No fourth Quarter carryover <b>Coinsurance Level – What the member pays</b>	Medical and prescription combined \$6,350 individual \$12,700 family  Deductible then 0% coinsurance	Medical and prescription combined \$8,250 individual \$16,500 family  Deductible then 20% coinsurance
<b>Calendar-year out-of-pocket maximum</b> The in- and out-of-pocket maximums accumulate separately Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$6,350 individual \$12,700 family	Medical and prescription combined \$10,000 individual \$20,000 family
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>well-child care to age 6</li> <li>prenatal care</li> <li>preventive medical evaluations age 6 and older</li> <li>cancer screening</li> <li>preventive hearing and vision exams</li> <li>immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> <ul style="list-style-type: none"> <li>diabetes management program (Type 2 Program)</li> <li>diabetes and cardiovascular disease prevention program (Generic Program)</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>e-visits</li> <li>retail health clinic (office visit)</li> <li>physician office visits</li> <li>office and outpatient lab diagnostic imaging</li> <li>allergy injections and serum</li> <li>Urgent Care professional services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>chiropractic manipulation (office visit)</li> <li>chiropractic therapy</li> <li>home health care</li> <li>physical therapy, occupational therapy, speech therapy (office visit)</li> <li>physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>facility lab services</li> <li>facility diagnostic imaging</li> <li>chemotherapy and radiation therapy</li> <li>scheduled outpatient surgery</li> <li>urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance

	In network MN Network: Aware National Network: Blue Card PPO	Out of network
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Bariatric surgery</b>	No coverage	No coverage
<b>Assisted Fertilization</b>	No coverage	No coverage
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <ul style="list-style-type: none"> <li>• retail (31-day limit)</li> </ul> <b>Flex Rx drug list</b> <ul style="list-style-type: none"> <li>• Preferred Generic</li> <li>• Preferred Brand</li> <li>• Non-preferred</li> </ul> <ul style="list-style-type: none"> <li>• Specialty drug list</li> <li>• Preferred Generic</li> <li>• Preferred Brand</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	No coverage No coverage No coverage
<ul style="list-style-type: none"> <li>• 90dayRx – Mail order pharmacy (90-day limit)</li> </ul> <b>Flex Rx drug list</b> <ul style="list-style-type: none"> <li>• Preferred Generic</li> <li>• Preferred Brand</li> <li>• Non-preferred</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	No coverage No coverage No coverage
<ul style="list-style-type: none"> <li>• 90dayRx – Retail pharmacy (90-day limit)</li> </ul> <b>Flex Rx drug list</b> <ul style="list-style-type: none"> <li>• Preferred Generic</li> <li>• Preferred Brand</li> <li>• Non-preferred</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	No coverage No coverage No coverage
	<p>90dayRx applies to participating retail and/or mail service pharmacy only.</p> <p>Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).</p> <p>The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available.</p>	

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**\*Lowest out-of-pocket costs:** In-network providers

**Highest out-of-pocket costs:** out-of-network nonparticipating providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

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## **HEALTH SAVINGS ACCOUNT (Paired with Consumer-Directed Health Plan)**

### **What's an HSA?**

An HSA is a unique, tax-advantaged financial account that works with a specifically designed, high-deductible health plan. A high-deductible health plan gives you a lower monthly premium in exchange for a higher deductible (that's the amount you pay out-of-pocket before the health plan kicks in; just like car insurance). The combination of a high-deductible health plan and an HSA gives you effective, affordable and reliable health care coverage.

### **How your HSA works with your CDHP health plan:**

1. You enroll in a qualified high-deductible health plan through your employer
2. After you set up your HSA, you, your employer or both of you can contribute to your account
3. Use your health benefits, per your health plan and benefit design
4. As you incur expenses toward your health plan deductible and out-of-pocket maximum, you have the option to use the money in your HSA to pay for your portion of these expenses

Further is the administrator of your HSA. Your HSA dollars are deposited with Further and you get your money quickly when you need to pay for a health care expense.

### **Benefits of an HSA:**

- Your HSA gives you a triple tax benefit
- Your HSA contributions reduce your taxable income
- Money in your account earns interest tax free
- Withdrawals are tax free, when used for eligible medical expenses
- You decide when and how to spend your HSA dollars
- You can use your account to pay for eligible expenses that aren't covered by your health plan; expenses like deductibles and coinsurance, dental care, orthodontia, and vision care
- No "use it or lose it." Money not used in one year rolls over and is added to your balance the next year
- You, your employer or both of you can contribute to the HSA in a given year
- Your HSA works with your health plan
- Fast, easy access to your HSA dollars when you use your HSA debit card or online reimbursements with direct deposit
- Further gives you tools and support to manage your account online, anytime
- You can invest a portion of your unused HSA dollars (once your balance reaches \$1,000) in a variety of stocks, bonds and mutual funds. Or, leave the money in your account and let it grow
- The money in your HSA belongs to you, even if you change jobs or retire

Use your HSA for eligible expenses, including covered and non-covered health care expenses.

## **Eligible**

You can use the money in your HSA to pay for eligible medical expenses like:

- Medical and dental deductibles and co-payments
- Prescription drugs
- Vision expenses
- Over-the-counter medical supplies
- Orthodontia

## **Ineligible**

You cannot use your HSA to pay for:

- Weight-loss programs
- Athletic club memberships
- Cosmetic surgery and procedures
- Diaper service
- Health programs offered by resort hotels, health clubs, gyms
- Supplements or Vitamins
- Travel for general health improvement
- Tuition and travel expenses for a child with special needs at a particular school



Delta Dental of Minnesota

**Delta Dental PPO™ &  
Delta Dental Premier®**

**Mankato ISD #77**

Client #647

Plan Benefit Highlights			
Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
<b>Calendar Year Plan Maximum</b> Per person	\$1,000	\$1,000	\$1,000
<b>Deductible</b> Per person / per family per calendar year <i>No deductible for diagnostic and preventive services</i>	\$25/person \$75/family	\$25/person \$75/family	\$25/person \$75/family
<b>Eligible Dependents</b>	Spouse and dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
<b>Diagnostic &amp; Preventive Services</b> Exams Cleanings X-rays Fluoride treatments Space Maintainers	100%	100%	100%
<b>Basic Services</b> Sealants Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth	80%	80%	80%
<b>Endodontics</b> Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
<b>Periodontics</b> Surgical/Nonsurgical periodontics	80%	80%	80%
<b>Oral Surgery</b> Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
<b>Major Restorative</b> Crowns and crown repair Composite resin restorations (white fillings) on posterior (back) teeth	80%	80%	80%
<b>Prosthetic Repairs and Adjustments</b> Denture adjustments and repairs Bridge repairs	80%	80%	80%
<b>Prosthetics</b> Dentures (full and partial) Bridges	50%	50%	50%

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

\*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.



Delta Dental of Minnesota

# Mankato ISD #77

Group #647 – Voluntary Plan

## Delta Dental PPO<sup>SM</sup> & Delta Dental Premier<sup>®</sup>

Plan Benefit Highlights			
Network(s)	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Participating*
<b>Calendar Year Plan Maximum</b> Per person	\$1,000	\$1,000	\$1,000
<b>Deductible</b> Per person / per family per calendar year <i>No deductible for diagnostic and preventive services</i>	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family
<b>Eligible Dependents</b>	Spouse and dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
<b>Diagnostic &amp; Preventive Services</b> Exams Cleanings X-rays Fluoride treatments	100%	80%	80%
<b>Basic Services</b> Sealants Space maintainers Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth. Composite resin restorations (white fillings) on posterior (back) teeth will pay at the amalgam allowance	80%	50%	50%
<b>Endodontics +</b> Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	50%	50%	50%
<b>Periodontics +</b> Surgical/Nonsurgical periodontics	50%	50%	50%
<b>Oral Surgery +</b> Surgical/Nonsurgical extractions All other covered oral surgery	50%	50%	50%
<b>Major Restorative ++</b> Crowns Crown repair	50%	50%	50%
<b>Prosthetic Repairs and Adjustments ++</b> Denture adjustments and repairs Bridge repair	50%	50%	50%
<b>Prosthetics ++</b> Dentures (full and partial) Bridges	50%	50%	50%

+ 6 month waiting period applies

++ 12 month waiting period applies

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

\*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.



# Make the Most of Your Benefits



Thank you for choosing Delta Dental of Minnesota as your partner in oral health. Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventative care, such as cleanings and X-rays, and helps cover extensive dental procedures such as crowns and fillings.

## Online Tools for Members:

[www.DeltaDentalMN.org](http://www.DeltaDentalMN.org)



### Save Money, Go In Network:

Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.



### Dental Insurance 101:

Robust member tools including commonly defined insurance terms, videos and frequently asked questions.



### Oral Health Resources:

Access dental and health information including a section dedicated to kids' oral health.



### Cost Estimator:

Use our cost estimator to find out what a dental procedure will cost, or you can always request a pre-treatment estimate from your dentist.



### Prefer to Speak to Someone?

Call our national customer service

Toll Free: 1-800-448-3815

Local: 651-406-5901

Monday-Friday: 7 a.m.-7p.m. central

## Tools Available in the Secure Member Portal



### Coverage Summary:

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



### Claims Inquiry:

View claim status, procedure details, dates of service and applied deductibles.

View your explanation of benefits (EOB) online.

Check out our new feature to opt-out of the paper delivery of your EOB.



### Print ID Cards:

Print a digital or replacement ID card.

### Secure Member Portal Registration

1. On [DeltaDentalMN.org](http://DeltaDentalMN.org), go to the member page and click "Access My Secure Portal"
2. Select the Employer Plan option click "Log In Here" and follow the steps to register.
3. Remember your username and password because you will need them each time you log in.

Learn more about how your oral health connects to your overall health at:

[DeltaDentalMN.org](http://DeltaDentalMN.org)



Delta Dental of Minnesota

## THE FLEXIBLE BENEFITS PLAN – FURTHER

The Flex Plan allows you to re-classify a portion of your paycheck into a pre-tax position. The dollars designated for these expenses will not be included in your taxable income, thereby increasing your take home pay.

The plan requires you to estimate, in advance, the expenses you predict you will have for the year in any of the categories eligible under the plan. These expenses, which you pay yourself, are dollar amounts you can have re-classified on your paycheck as pre-tax dollars. Election forms must be completed and submitted through your BenefitFocus Portal by the designated date in enrollment materials in order to participate for the next plan year. The Plan Year runs from January 1 through December 31.

When you submit your election, the amount you have elected for the year will be divided by the number of your anticipated regular pay periods and will be deducted pre-tax on your checks. As you incur expenses, you complete a “reimbursement request,” attaching copies of receipts for these expenses, and submit them to Further. Those expenses you have incurred will then be reimbursed to you directly by check, or by direct deposit, whichever you choose. This results in your expenses being repaid to you tax-free.

The categories in which you may elect your expenses are:

**Dependent Care:** These are expenses incurred for someone who cares for your child or dependent while you are at work. The expenses for which you may be reimbursed are those which qualify as “Dependent Care Assistance” under Section 129 of the Internal Revenue Code.

**Health Flexible Spending Arrangement (FSA):** Your out-of-pocket medical and dental expenses (not reimbursed by insurance) are elected in this category. Typical expenses are deductibles and co-pays, orthodontia, vision, hearing aid costs, elective surgery, family counseling and treatment programs. A complete listing of eligible medical expenses can be found in IRS Publication 502.

**NOTE:** If you enroll in the health and dental plans, your share of the insurance premiums is automatically put into a pre-tax position unless you sign a form to waive this benefit. Waivers are available in the Business Office.

**Estimate your expenses carefully!** You will not be able to change your election during the Plan year unless you have an eligible “change in status” such as change in marital or employment status, birth of a dependent, death of spouse or dependent. If you estimate more than you actually spend in that plan year, *you will lose the difference between what you have estimated and what you actually spend.*

If you have questions regarding the Flexible Benefits Program, please call the Benefits Specialist at (507) 207-4011.

Explore the Learning Center at <http://www.hellofurther.com> to find everything you need to know about understanding and managing FSA accounts, and how to maximize your tax advantages.

## EMPLOYEE IDENTIFICATION BADGES

The School Board recognizes the importance of a safe and secure learning environment for its students and staff. Being able to easily determine whether an individual is in a building legitimately is one aspect of providing such an environment. Therefore, all regular employees are issued a photo identification badge which also serves as a key card. As an employee of the school district, employees are required to wear their picture identification whenever they are on school property.

Lost badges should be reported to your building secretary immediately to be inactivated for security purposes. Lost badges will be replaced at a cost to the employee of \$10.00. Employees with broken badges should contact the badge manager at Ext. 4020 for replacement.

Employees who separate from the District are required to turn their badges in to the building secretary or Human Resources Office prior to their departure.

## EMPLOYEE ASSISTANCE PROGRAM

The School District offers an Employee Assistance Program through VITAL Worklife EAP to provide support for employees and their family members for personal issues that are affecting the employee's work performance such as:

- Marital and relationship issues
- Depression, stress and anxiety
- Parenting and child concerns
- Drug and alcohol abuse
- Coping with anger, grief and loss
- Legal and financial problems

Support is available 24 hours every day at no charge to the employee. For assistance through the EAP program, call 1-800-383-1908.

## SCHOOL BOARD POLICIES

All District 77 School Board policies are on the website [www.isd77.org](http://www.isd77.org). Click on Discover MAPS > School Board > District Policies.

It is each employee's responsibility to review the policies on the website. Summaries of selected policies appear below. Please review the full policies on the website for complete information.

**Policy 410, Family and Medical Leave Policy:** The federal Family and Medical Leave Act provides eligible employees with job-protected leave for certain family and medical reasons.

Regular full-time and part-time employees who have been employed by the school district for at least 12 months and have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave are entitled to a total of 12 work weeks of unpaid family or medical leave

during the applicable 12-month period as defined below, plus any additional leave as required by law. Leave may be taken for one or more of the following reasons in accordance with applicable law:

- birth of the employee's child
- placement of an adopted or foster child with the employee
- to care for the employee's spouse, son, daughter, or parent with a serious health condition; and/or
- the employee's serious health condition makes the employee unable to perform the functions of the employee's job
- To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin to the service member (military caregiver leave)
- Any qualifying emergency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty

**Policy 413. Harassment and Violence:** The purpose of this policy is to maintain a learning and working environment that is free from religious, racial, or sexual harassment and violence. The school district prohibits any form of religious, racial, or sexual harassment and violence.

- A. It is the policy of the school district to maintain a learning and working environment that is free from religious, racial, or sexual harassment and violence. The school district prohibits any form of religious, racial, or sexual harassment and violence.
- B. It shall be a violation of this policy for any pupil, teacher, administrator or other school personnel of the school district to harass a pupil, teacher, administrator or other school personnel through conduct or communication of a sexual nature or regarding religion and race as defined by this policy. (For purposes of this policy, school personnel includes school board members, school employees, agents, volunteers, contractors or persons subject to the supervision and control of the district.)
- C. It shall be a violation of this policy for any pupil, teacher, administrator or other school personnel of the school district to inflict, threaten to inflict, or attempt to inflict religious, racial or sexual violence upon any pupil, teacher, administrator or other school personnel.
- D. The school district will act to investigate all complaints, either formal or informal, verbal or written, of religious, racial or sexual harassment or violence, and to discipline or take appropriate action against any pupil, teacher, administrator or other school personnel who is found to have violated this policy.

The District 77 Human Rights Officer is John Lustig, Director of Administrative Services.

**Policy 414. Mandated Reporting of Child Neglect or Physical or Sexual Abuse** - School employees are legally required to report suspected child neglect or physical or sexual abuse to the local social service agency, local police department, or local sheriff's department.

**Policy 415. Mandated Reporting of Maltreatment of Vulnerable Adults** – The purpose of this policy is to make clear the statutory requirements of school personnel to report suspected maltreatment of vulnerable adults. It shall be a violation of this policy for any school personnel to fail to report suspected maltreatment of vulnerable adults when the school personnel has reason to believe that a vulnerable adult

is being or has been maltreated, or has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained.

**Policy 416. Drug and Alcohol Testing:** The school district may request or require any employee to undergo drug and alcohol testing if the school district has a reasonable suspicion that the employee:

- a. is under the influence of drugs or alcohol
- b. has violated the school district's written work rules prohibiting the use, possession, sale, or transfer of drugs or alcohol while the employee is working or while the employee is on the school district's premises or operating the school district's vehicles, machinery, or equipment
- c. has sustained a personal injury, as that term is defined in Minn. Stat. § 176.011, Subd. 16, or has caused another employee to sustain a personal injury; or
- d. has caused a work-related accident or was operating or helping to operate machinery, equipment, or vehicles involved in a work-related accident

**Policy 471. Employee Use of Social Media** - This policy addresses employee use of social media in the classroom and provides guidance to employees on the maintenance of professional ethics and boundaries when utilizing social media in their personal and professional lives as school employees. Social media includes social networks, blogs, video sharing, podcasts, wikis, message boards, and online forums. Employees must consider their role as school personnel before posting or communicating content that is obscene, profane, vulgar, harassing, threatening, bullying, libelous, or defamatory or that discusses or encourages any illegal activity or the inappropriate use of alcohol, use of illegal drugs, sexual behavior or sexual harassment. Employees may not disclose information on any social media site that is provide, confidential or owned by the District, its students, or employees or that is protected by data privacy or copyright laws.

**Policy 507. Corporal Punishment** - No employee or agent of the school district shall cause corporal punishment to be inflicted upon a student to reform unacceptable conduct or as a penalty for unacceptable conduct. As used in this policy, the term "corporal punishment" means conduct involving hitting or spanking a person with or without an object, or unreasonable physical force that causes bodily harm or substantial emotional harm.

A teacher or school principal may use reasonable force when it is necessary under the circumstances to correct or restrain a student to prevent bodily harm or death to another. Other school district employees, school bus drivers, or other agents of a school district may use reasonable force when necessary under the circumstances to restrain a student or prevent bodily harm or death to another.

Employees who violate the provisions of this policy shall be subject to disciplinary action as appropriate. Any such disciplinary action shall be made pursuant to and in accordance with applicable statutory authority, collective bargaining agreements and school district policies. Violation of this policy may also result in civil or criminal liability for the employee.

**Policy 514. The Pledge of Allegiance** – The school board recognizes the need to display an appropriate United States flag and to provide instruction to students in the proper etiquette, display, and respect of the flag. The purpose of this policy is to provide the recitation of the Pledge of Allegiance and instruction in school to help further that end.

**Policy 524. Internet Acceptable Use Policy** - This policy sets forth policies and guidelines for access to the school district computer system and acceptable and safe use of the internet, including electronic communications. Employees should review the policy for information about appropriate use of the internet in the school environment.

**Policy 540. Hazing Prohibition** – The purpose of this policy is to maintain a safe learning environment for students and staff that is free from hazing. Hazing activities of any type are inconsistent with the educational goals of the school district and are prohibited at all times. No student, teacher, administrator, volunteer, contractor or other employee of the school district shall plan, permit, direct, condone, encourage, aid, engage or tolerate hazing. Retaliation or false accusations or reports of hazing against a student, teacher, administrator, volunteer, contractor, or other employee are prohibited.

**Policy 542. Bullying Prohibition Policy** – A safe and civil environment is needed for students to learn and attain high academic achievement standards and to promote healthy human relationships. Bullying, like other violent or disruptive behaviors, is conduct that interferes with a student’s ability to learn and/or a teacher’s ability to educate students in a safe environment. No teacher, administrator, volunteer, contractor, or other employee of the school district shall permit, condone, or tolerate bullying. The school district will act to investigate all complaints of bullying reported to the school district and will discipline or take appropriate action against any student, teacher, administrator, volunteer, contractor, or other employee of the school district who is found to have violated this policy.