

2023 Benefits Guide





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Your 2023 Benefits Enrollment

New Hire Enrollment

New Hires are eligible to enroll in Benefits on **date of hire**.

How to use your Benefits Guide

Sectional Navigation

Use the icons on the left to skip ahead to any section of this guide you want to explore.

Informational Icons

When you see any of these icons, click to open documents, watch informational videos, see more information, or link out to carrier websites.



Mid-Year Changes

Once Open Enrollment ends, the only time you are allowed to make changes to your benefits elections in the middle of the year is if you experience a qualified mid-year change. Examples may include getting married or divorced, having a baby or adopting, or gaining or losing coverage.

You must notify Human Resources **within 30 days** of the mid-year event to be eligible to change your elections.

WELCOME

Welcome to
OPEN
ENROLLMENT



ONEDIGITAL



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Plansource Login Instructions

- To enroll in benefits, go to: <https://benefits.plansource.com>.
- Enter your username and password.

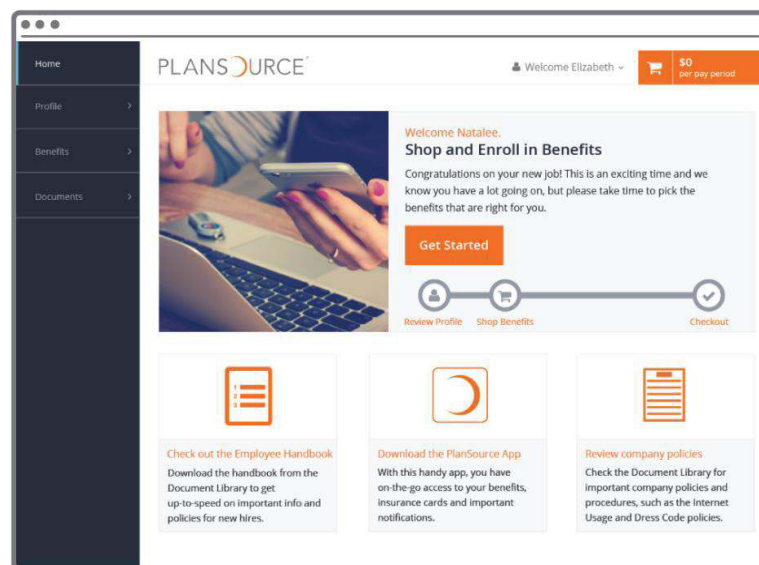
The screenshot shows the Plansource login page. At the top is the 'PLANSOURCE' logo. Below it is the heading 'Login'. There are two input fields: 'Username' and 'Password'. The 'Username' field has a placeholder text 'Username'. The 'Password' field has a placeholder text 'Password' and a small eye icon to its right. Below the fields is an orange 'Login' button. At the bottom of the form is a link that says 'NEED HELP?' in blue text.

Username: Your username is the first initial of your first name, up to the first six letters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be twillia1234.

Password: Your initial password is your birthdate in the YYYYMMDD format.

So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.



Homepage

On the Homepage, click “Get Started” to begin.



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Important Contacts

Human Resources

Ashley Xiong
xionga@stillwaterschools.org

Medical

BlueCross BlueShield | 866.873.5943
www.bluecrossmn.com
Group# 178486
Network: bluecrossmn.com/findadoctor

Dental

Delta Dental | 651.406.5901
www.deltadentalMN.org
Group# 000406

Vision

VSP | 800.877.7195
vsp.com
Group# 12014766



Life Insurance

TheStandard | 888.937.4783
www.standard.com
Group# 165864

Disability

TheStandard | 888.937.4783
www.standard.com
Group# 165864

EAP

TheStandard | 888.293.6948
<https://members.healthadvocate.com/ha/#>

Flexible Spending & VEBA

OneBridge | 888.865.1628
myonebridge.com

Legal

ARAG | 800.247.4184
ARAGlegal.com/myinfo
Access Code: 10483isd



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Medical Plans

Medical insurance helps you pay for preventive care, routine health needs, prescriptions, and advance procedures by cost-sharing with your insurance provider.

In-Network Benefits		BCBS Gold Plan <i>(This plan is closed only available to eligible employees)</i>	BCBS \$2,000/\$3,500 Deductible CMM
Deductible	Individual: \$0 Family: \$0		\$2,000 \$3,500
Inpatient Deductible	Individual: \$200 Family: \$400		N/A N/A
Office Visits	Primary Care: \$30 Specialist: \$30 Urgent Care: \$30		100%* 100%* 100%*
Procedures	Inpatient: 100%* Outpatient: No Charge Emergency Room: \$100		100%* 100%* \$100
Prescriptions	Preferred Generic: \$20 Brand: \$30 Non-preferred: Not Covered		\$20 \$30 \$Not Covered
Out-of-Pocket Maximum	Individual: \$1,000 Family: \$1,500		\$2,000 \$3,500

* Deductible applies first

The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents and/or plan document(s) that govern the terms and conditions of the plans described in this guide, the underlying insurance and/or plan documents will govern in all cases. The insurance carrier will determine the actual rates based upon the final member enrollment, plan selection, funding, type, and eligibility criteria. Until that time, and the carrier's final communication, the rates will be subject to change.



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Well@Work Stillwater Schools



Well@Work Stillwater Area Public Schools: Health care where you work

You don't need to go out of your way to get to the doctor's office – quality health care is available close to where you work.

HealthPartners physician assistants and nurse practitioners are here and ready to help you and your family members feel great. Your Well@Work clinic can help with:

- Personalized preventive care
- Managing chronic conditions
- Lab tests and immunizations
- Minor illnesses and injuries

With Well@Work, taking charge of your health is easier and more convenient than ever.

To schedule an appointment:

1. Visit <https://www.healthpartners.com/Stillwaterschedule>
2. Click 'Schedule online', and sign into your HealthPartners account or click 'Find an appointment first' if you don't have a HealthPartners account.
3. Select 'Primary care' as your visit type
4. Answer the questions about your visit – including if you want a phone or video visit
5. Select Stillwater Well@Work clinic when it appears
6. After answering a few questions, you will be asked to create an account if you don't have one



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Wellness Benefits



Telemedicine

Your life is an adventure, and Telemedicine afford you the convenience of receiving medical care while on the go. Instead of spending your day and dollars at an Urgent Care facility, **connect with a board-certified doctor over the phone or by video chat to receive immediate and cost-effective care** wherever life's journey may take you.



Employee Assistance Program

You encounter more than just health concerns throughout your life. Manage life's curveballs with a confidential and complimentary program designed to provide counseling, support, and resources for a variety of personal issues like stress and anxiety, relationship struggles, substance abuse, eldercare, financial worries, and much more!

Get the FREE support you need today!

888-293-6948



Employee Wellbeing

If you think your physical health alone is related to your overall performance, think again, Total Wellbeing as a whole is comprised of 5 elements, and to build your overall wellbeing, you have to make sure to excise all of them!



Physical



Communal



Financial



Emotional



Career &
Purpose

The following description of available benefit election options are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance carrier or plan for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition, or element of the policies, plans, or certificates of coverage that govern the benefit options described in this summary.



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Dental Plan

Good dental hygiene has substantial impact on your overall health. Prevent both oral conditions and other diseases through regular preventive dental care.

In-Network Benefits

Delta Dental PPO & Premier Network

Deductible

Basic Services, Endodontics, Oral
Surgery and Major: **\$35/Person**
Prosthetic Repairs & Adjustments and
Prosthetics: **\$50/Person**

Preventive Services

100% covered

Basic Services

You pay 30%*

Major Services

You pay 30% / 40%*

Annual Maximum Benefit

\$1,500 per person

Orthodontic Care (Ages 8-18)

**You pay 50%;
\$1,500 lifetime maximum benefit**

*** Deductible applies first**



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Vision Plan

Vision coverage is **only offered to employees enrolled in the Gold Plan** for medical insurance. Refer to the carrier benefit summary for the exact benefit level associated with your plan

In-Network Benefits

VSP Vision Plan

Vision Exams

\$10 copay

Lenses

Single: \$35
Lined Bifocal: \$35
Lined Trifocal: \$35

Frames

\$130 allowance

Contact Lenses

Disposable: \$130 Allowance
Medically Necessary: \$35 Copay

Frequency of Services

Exam: Every 12 months
Lenses: Every 12 months
Frames: **Every 24 months**
Contact Lenses: Every 12 months



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Savings Plans

Flexible Spending Account



Save tax dollars and receive an advanced loan to assist with qualified expenses with an FSA. Determine your per paycheck contribution in the beginning of the year, and then spend those funds on qualified health expenses or dependent care expenses as needed before the plan year ends.

2023 FSA Maximum Contributions:

Healthcare FSA:	\$3,050
Healthcare FSA Rollover Amount:	\$610
Dependent Care FSA:	\$5,000

Health Reimbursement Arrangement

A Health Reimbursement Arrangement (HRA) is an IRS-approved, employer-funded health benefit used to reimburse employees for out-of-pocket medical expenses. There are different types of HRAs you can have, so learn more about your specific plan by reviewing your plan documents.

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Life insurance

Basic Life and AD&D

You can't put a price tag on your life, but you can protect your loved ones with life insurance in the event of a premature loss.

Basic Life Benefit:
Refer to Benefit Cost Sheet

For Voluntary Life and AD&D: You must submit an Evidence of Insurability (EOI) form to the insurance carrier if you select an amount of insurance over the "Guarantee Issue Amount (GI)". Any coverage amount over the GI is subject to the carrier's approval. If approved, you will receive a letter in the mail notifying you of the approval.

Voluntary Life and AD&D

You can purchase additional life and AD&D insurance for you and your dependents. This plan is optional and paid 100% by you through payroll deductions if you choose to sign up.

	Benefit	Guarantee Issue for New Hires
Employee	Increments of \$1,000 up to \$300,000	\$150,000
Spouse	Increments of \$5,000 up to 50% of employee's amount	\$30,000
Child	\$5,000 or \$10,000	\$10,000

Disability insurance

Accidents and illnesses happen and often when we least expect them. Ensure you are financially prepared to stay afloat in the midst of a medical condition with disability insurance.

Long-Term Disability

Voluntary Long term disability insurance can start paying once the short-term disability coverage period ends.

Benefit	Refer to Benefit Cost Sheet
Duration	To Age 65
Elimination period	120 Days

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Legal Program

Legal coverage is available through ARAG and can help you address common situations like:

- Wills & Estate Planning
- Tax Issues
- Real Estate &
- Home Ownership
- Driving Matters
- Debt-Related Matters
- Criminal Matters
- Consumer Protection



Access Code: 10483isd

Carrier Resources

Your employer offers a handful of non-traditional benefits through your insurance carriers to support you and your family as you juggle life's demands.



Amplifon



Omada



**Life Services
Toolkit**



Travel Assistance

The following description of available benefit election options are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance carrier or plan for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition, or element of the policies, plans, or certificates of coverage that govern the benefit options described in this summary.



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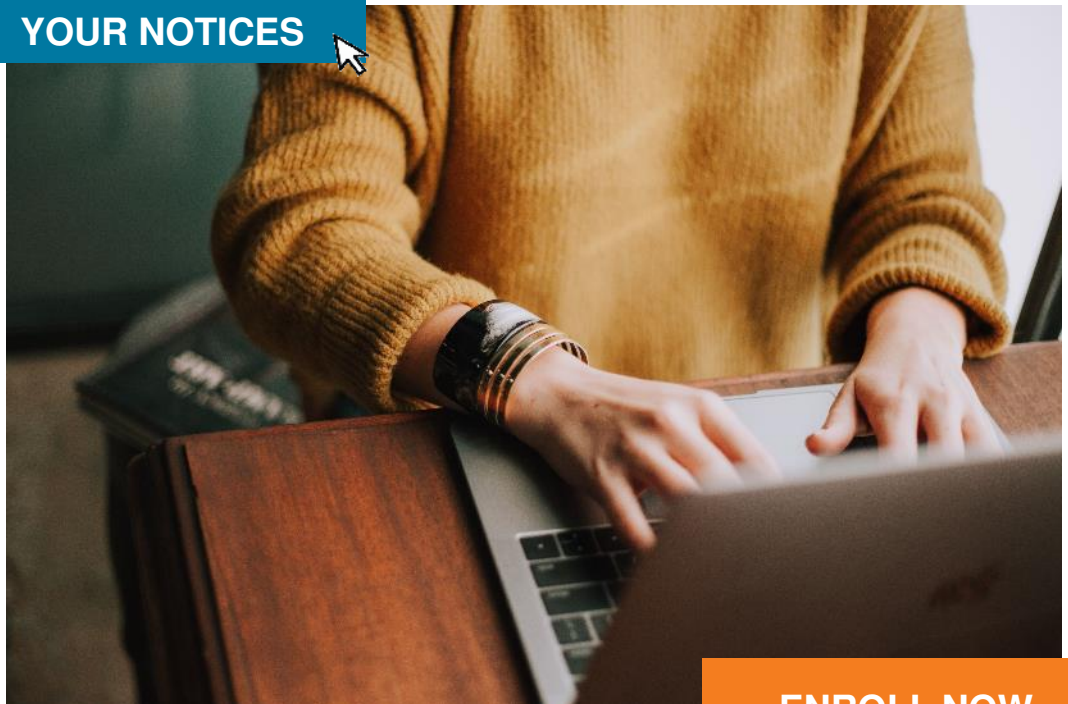


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Employee Notices

Please review the following required employee notices detailing your rights and options. You can also request a paper copy of any of these notices at any time.

**VIEW
YOUR NOTICES**



ENROLL NOW

Benefits Enrollment

Your company uses PlanSource to make enrollment and future changes easy on employees. This system will allow you to make all of your benefit elections online without any forms. You can also access this system throughout the plan year to review benefit information or make demographic or enrollment changes.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

STILLWATER AREA PUBLIC SCHOOLS ISD NO. 834

Coverage Period: Beginning on or after 07/01/2023

Coverage for: Individual/Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit bluecrossmn.com or call 1-866-873-5943. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-873-5943 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$2,000 individual / \$3,500 family medical combined in-network and out-of-network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Well child care, prenatal care and in-network preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$2,000 individual / \$3,500 family medical and drug combined in-network and out-of-network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges (unless balanced billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use an in-network provider ?	Yes. Your network is Aware. See bluecrossmn.com/find-a-doctor/#/home or call 1-866-873-5943 for a list of in-network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your in-network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .
--	-----	--



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	0% coinsurance	None
	Specialist visit	0% coinsurance	0% coinsurance	None
	Preventive care/screening/immunization	No charge	Well child: No charge Adult: 0% coinsurance ; deductible does not apply	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	0% coinsurance	May require prior authorization.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	0% coinsurance	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at bluecrossmn.com	Preferred generic drugs	\$20.00 copay , deductible does not apply/prescription (retail) \$40.00 copay , deductible does not apply/prescription (mail service) \$40.00 copay , deductible does not apply/prescription (90dayRx retail)	\$20.00 copay , deductible does not apply/prescription (retail)	Covers up to a 34-day supply, or 100 units, whichever is greater (retail prescription). 90-day supply (mail service prescription and 90dayRx retail prescription). No coverage for mail service and 90dayRx retail services from out-of-network providers . No coverage for non-preferred drugs. May require prior authorization.
	Preferred brand drugs	\$30.00 copay , deductible does not apply/prescription (retail) \$60.00 copay , deductible does not apply/prescription (mail service) \$60.00 copay , deductible does not apply/prescription (90dayRx retail)	\$30.00 copay , deductible does not apply/prescription (retail)	
	Non-preferred generic drugs	Not covered	Not covered	
	Non-preferred brand drugs	Not covered	Not covered	

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Specialty drugs	Refer to applicable prescription drug cost sharing	Not covered	Covers up to a 34-day supply (participating specialty drug network supplier prescription). May require prior authorization.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance for outpatient hospital facility & ambulatory surgery center	0% coinsurance	May require prior authorization.
	Physician/surgeon fees	0% coinsurance for outpatient hospital facility & ambulatory surgery center	0% coinsurance	
If you need immediate medical attention	Emergency room care	\$100 copay /visit, deductible does not apply	\$100 copay /visit, deductible does not apply	Out-of-network services apply to the in-network deductible and out-of-pocket limit .
	Emergency medical transportation	0% coinsurance	0% coinsurance	
	Urgent care	0% coinsurance	0% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	0% coinsurance	None
	Physician/surgeon fee	0% coinsurance	0% coinsurance	None
If you need mental health, behavioral health, or substance use services	Outpatient services	0% coinsurance	0% coinsurance	Services for marriage/couples counseling are not covered. May require prior authorization.
	Inpatient services including residential adult mental health treatment	0% coinsurance	0% coinsurance	
If you are pregnant	Office visits	Prenatal care: No charge Postnatal care: 0% coinsurance	Prenatal care: No charge Postnatal care: 0% coinsurance	Cost sharing does not apply for preventive services . Depending on the type of services, other cost sharing may apply. Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery professional services	0% coinsurance	0% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	0% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	0% coinsurance	May require prior authorization.
	Rehabilitation services	0% coinsurance for occupational therapy, physical therapy, and speech therapy	0% coinsurance for occupational therapy, physical therapy, and speech therapy	May require prior authorization.

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Habilitation services	0% coinsurance for occupational therapy, physical therapy, and speech therapy	0% coinsurance for occupational therapy, physical therapy, and speech therapy	
	Skilled nursing care	0% coinsurance	0% coinsurance	Combined 120 days per person per benefit period. May require prior authorization.
	Durable medical equipment	0% coinsurance	0% coinsurance	May require prior authorization.
	Hospice service	0% coinsurance	Not covered	None
If your child needs dental or eye care	Children's eye exam	No charge	Age 0 through 5: No charge Age 6 through 18: No charge	None
	Children's glasses	Not covered	Not covered	No coverage for these services
	Children's dental check-up	Not covered	Not covered	No coverage for these services

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|--------------------------------------|--|------------------------|
| • Acupuncture | • Hearing aids (Adult) | • Private-duty nursing |
| • Cosmetic surgery | • Long-term care | • Routine foot care |
| • Dental care (Adult) (and children) | • Non-emergency care when traveling outside the U.S. | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|---------------------|-------------------------|----------------------------|
| • Bariatric surgery | • Infertility treatment | • Routine eye care (Adult) |
| • Chiropractic care | | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is Minnesota Department of Commerce at 1 800-657-3602; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or, Department of Health and Human Services, Center for Consumer Information, and Insurance Oversight, at 1-877-267-2323 x 61565 or www.cciio.cms.gov. For more information on your rights to continue coverage, contact Blue Cross at 1-866-873-5943. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.mnsure.org or call 1-855-366-7873.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Blue Cross at 1-866-873-5943; Minnesota Department of Commerce at 1 800-657-3602; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA

For more information about limitations and exceptions, see the [plan](#) or policy document at bluecrossmn.com

(3272) or www.dol.gov/ebsa/healthreform. If you are covered under a [plan](#) offered by the State Health Plan, a city, county, school district, Service Cooperative, or church plan, you may contact the Department of Health and Human Services Health Insurance team at 1-888-393-2789.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-903-2583.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-537-7720.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-855-315-4017.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-902-2583.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/delivery professional services
 Childbirth/delivery facility services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$60

The total Peg would pay is	\$2,060
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Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,900
Copayments	\$100
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$20

The total Joe would pay is	\$2,020
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Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic tests](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$100
Coinsurance	\$0

<i>What isn't covered</i>	
Limits or exclusions	\$0

The total Mia would pay is	\$2,100
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The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Notice of Nondiscrimination Practices

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
 - Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.
- If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus - M495
PO Box 64560
Eagan, MN 55164-0560
- or by telephone at: 1-800-509-5312

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by telephone at: 1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Access Services:

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711. Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711. Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမူကတိကညီကိုးနီး, တကယ့်နမူကတိကတလီတဖန်နီး. ကိ: 1-866-251-6744 လာ TTYအကိ, ကိ: 711 တက့.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهااتف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711. Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yánílt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowolgo éí ná'ahoot'i'. Kojí éí béesh bee hodiílnih 1-855-902-2583. TTY biniyégo éí 711 jì' béesh bee hodiílnih.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

STILLWATER AREA PUBLIC SCHOOLS ISD NO. 834

Coverage Period: Beginning on or after 07/01/2023

Coverage for: Individual/Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit bluecrossmn.com or call 1-866-873-5943. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-873-5943 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$0 individual / \$0 family medical in-network \$100 individual / \$300 family medical out-of-network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Not applicable	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	\$200 individual \$400 family inpatient hospital/facility provider deductible	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	\$1,000 individual / \$1,500 family medical and drug combined in-network and out-of-network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges (unless balanced billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .

Will you pay less if you use an in-network provider?	Yes. Your network is Aware. See bluecrossmn.com/find-a-doctor/#/home or call 1-866-873-5943 for a list of in-network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your in-network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay /office visit; no charge for all other services	\$30 copay /office visit, deductible does not apply; 20% coinsurance for all other services	None
	Specialist visit	\$30 copay /office visit, no charge for all other services	\$30 copay /office visit, deductible does not apply; 20% coinsurance for all other services	None
	Preventive care/screening/immunization	No charge	Well child: 20% coinsurance Adult: 20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% coinsurance	May require prior authorization.
	Imaging (CT/PET scans, MRIs)	No charge	20% coinsurance	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at bluecrossmn.com	Preferred generic drugs	\$20.00 copay /prescription (retail) \$40.00 copay /prescription (mail service) \$40.00 copay /prescription (90dayRx retail)	\$20.00 copay , deductible does not apply/prescription (retail)	Covers up to a 34-day supply, or 100 units, whichever is greater (retail prescription). 90-day supply (mail service prescription and 90dayRx retail prescription).

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Preferred brand drugs	\$30.00 copay /prescription (retail) \$60.00 copay /prescription (mail service) \$60.00 copay /prescription (90dayRx retail)	\$30.00 copay , deductible does not apply/prescription (retail)	No coverage for mail service and 90dayRx retail services from out-of-network providers . No coverage for non-preferred drugs. May require prior authorization.
	Non-preferred generic drugs	Not covered	Not covered	
	Non-preferred brand drugs	Not covered	Not covered	
	Specialty drugs	Refer to applicable prescription drug cost sharing	Not covered	Covers up to a 34-day supply (participating specialty drug network supplier prescription). May require prior authorization.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge for outpatient hospital facility & ambulatory surgery center	20% coinsurance	May require prior authorization.
	Physician/surgeon fees	No charge for outpatient hospital facility & ambulatory surgery center	20% coinsurance	
If you need immediate medical attention	Emergency room care	\$100 copay /visit	\$100 copay /visit	Out-of-network services apply to the in-network deductible and out-of-pocket limit .
	Emergency medical transportation	No charge	0% coinsurance	
	Urgent care	\$30 copay /office visit; no charge for all other services	\$30 copay /office visit, deductible does not apply; 20% coinsurance for all other services	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% coinsurance	None
	Physician/surgeon fee	No charge	20% coinsurance	None
If you need mental health, behavioral health, or substance use services	Outpatient services	\$30 copay /office visit; no charge for all other services	\$30 copay /office visit, deductible does not apply; 0% coinsurance , deductible does not apply for all other services	May require prior authorization.
	Inpatient services including residential adult mental health treatment	No charge	0% coinsurance	

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	Prenatal care: No charge	Prenatal care: 20% coinsurance Postnatal care: \$30 copay /office visit, does not apply; 20% coinsurance for all other services	Cost sharing does not apply for preventive services . Depending on the type of services, other cost sharing may apply. Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	No charge	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	20% coinsurance	May require prior authorization.
	Rehabilitation services	No charge for occupational therapy, physical therapy, and speech therapy	20% coinsurance for occupational therapy, physical therapy, and speech therapy	May require prior authorization.
	Habilitation services	No charge for occupational therapy, physical therapy, and speech therapy	20% coinsurance for occupational therapy, physical therapy, and speech therapy	
	Skilled nursing care	No charge	20% coinsurance	May require prior authorization.
	Durable medical equipment	No charge	20% coinsurance	May require prior authorization.
	Hospice service	No charge	Not covered	None
If your child needs dental or eye care	Children's eye exam	No charge	Age 0 through 5: 20% coinsurance Age 6 through 18: 20% coinsurance	None
	Children's glasses	Not covered	Not covered	No coverage for these services
	Children's dental check-up	Not covered	Not covered	No coverage for these services

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Hearing aids (Adult)
- Routine foot care
- Cosmetic surgery
- Long-term care
- Weight loss programs
- Dental care (Adult) (and children)
- Non-emergency care when traveling outside the U.S.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult)
- Chiropractic care
- Private-duty nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is Minnesota Department of Commerce at 1 800-657-3602; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or, Department of Health and Human Services, Center for Consumer Information, and Insurance Oversight, at 1-877-267-2323 x 61565 or www.cciio.cms.gov. For more information on your rights to continue coverage, contact Blue Cross at 1-866-873-5943. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.mnsure.org or call 1-855-366-7873.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Blue Cross at 1-866-873-5943; Minnesota Department of Commerce at 1 800-657-3602; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. If you are covered under a [plan](#) offered by the State Health Plan, a city, county, school district, Service Cooperative, or church plan, you may contact the Department of Health and Human Services Health Insurance team at 1-888-393-2789.

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-903-2583.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-537-7720.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-855-315-4017.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-902-2583.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$30
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/delivery professional services
 Childbirth/delivery facility services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$10
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$70

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$30
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$400
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$420

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$0
■ Specialist copayment	\$30
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic tests](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$200

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

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 - Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.
- If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus - M495
PO Box 64560
Eagan, MN 55164-0560
- or by telephone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by telephone at: 1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Access Services:

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Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကျိန်ဒီး, တံကဟ့ၣ်နကျိန်တံမၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTYအဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهااتف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yánílt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowolgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jì' béesh bee hodíílnih.

Your Well@Work Clinic is here for you.

Bringing you flexible options and high-quality care. Well@Work can diagnose and treat most routine needs in-person, by phone and by video including:

Ear, nose, & throat

Bronchitis
Common cold*
Ear infection
Influenza (seasonal)*
Laryngitis*
Pink eye*
Seasonal allergies*
Sinus infection*
Strep throat
Upper respiratory infection*

Lab services & immunizations

Blood sugar screening
Cholesterol screening
Lipid panel
Strep screening
Pap smear
Pregnancy test
Test results follow up*

Sexual health

Birth control*
Sti screening & treatment

Gastrointestinal issues

Diarrhea*
Vomiting *
Constipation follow-up*

Infections, skin & rash

Acne*
Athlete's foot*
Cold sore*
Eczema*
Insect bites*
Minor burns
Poison ivy/oak*
Rash*
Ringworm*
Warts*
Sunburn*

Stable chronic conditions

Asthma follow up*
Anxiety follow up*
Depression follow up*
Medication follow up*
Diabetes (type ii)*
Blood sugar reporting*
GERD
Headaches
High blood pressure
High cholesterol
Irritable bowel syndrome
Low back pain follow up*
Osteoarthritis
Thyroid
Tobacco cessation*
Weight management*
Menopause symptoms*

Other common issues

Bladder infection (uti)*
Yeast infection*

Preventive care

Cancer screening
Men's health
Screening referrals*
Well exams
Women's health
And more!

Call **952-967-7661**
for an appointment.

Location:

**5701 Stillwater Blvd N
Stillwater, MN 55082**

Hours:

**Mon. 6 a.m. to 2:30 p.m.
Tues. 9:30 a.m. to 6 p.m.
Wed. 6 a.m. to 2:30 p.m.
Thurs. 9:30 a.m. to 6 p.m.
Fri. 6 a.m. to 2:30 p.m.**

*= Can be treated virtually (phone or video visit)



ONLINE CARE

FEELING SICK? GET CARE QUICK.

All you need is a smartphone, tablet or computer to get fast, convenient care with Doctor On Demand[®] by Included Health.

Let the doctor come to you

With Doctor On Demand, video visits can be done in just minutes — with no travel time. It's quick, it's convenient and it saves you money.

Board-certified doctors are available 24/7, 365 days a year to treat many common medical conditions. You can also schedule next-day appointments to see licensed psychologists and psychiatrists between 7 a.m. and 10 p.m., local time.

FEEL BETTER FAST

Doctor On Demand is just a phone call away to get the care you need for your physical and mental health:

- Cold and flu
- Sinus infections
- Nausea and vomiting
- Asthma
- Allergies and rashes
- Urinary tract infections
- Headaches and migraines
- Stress and anxiety
- Insomnia
- Depression and mood swings
- Trauma and loss



How much a visit costs*

The cost is typically less than an in-person visit.

- **Medical:**

Up to \$60

- **Psychology:**

\$75 - \$144

- **Psychiatry:**

Up to \$288 first visit;
up to \$131 follow-up

*Depending on your health plan, all or some of the cost may be covered. Pricing shown is for 2023 and subject to change.

To learn more, or to sign up now, visit
doctorondemand.com/bluecrossmn.

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M01548R05 (10/22)



Delta Dental of Minnesota

Delta Dental PPO™ &
Delta Dental Premier®

Stillwater Area Public Schools

Client #000406

Plan Benefit Highlights			
Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Calendar Year Plan Maximum Per person	\$1,500		
Lifetime Ortho Maximum Per eligible covered person	\$1,500		
Deductible No deductible for diagnostic and preventive services & orthodontics Per person on Basic Services, Endodontics, Oral Surgery and Major Restorative Services	\$35/person		
Per person on Prosthetic Repairs & Adjustments and Prosthetics	\$50/person		
Eligible Dependents	Spouse and dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space Maintainers	100%	100%	100%
Basic Services Sealants Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth	70%	70%	70%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	70%	70%	70%
Periodontics Surgical/Nonsurgical periodontics	70%	70%	70%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	70%	70%	70%
Major Restorative Crowns Composite resin restorations (white fillings) on posterior (back) teeth	70%	70%	70%
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repairs	60%	60%	60%
Prosthetics Dentures (full and partial) Bridges Standard Implant Coverage	60%	60%	60%
Orthodontics Treatment for the prevention/ correction of malocclusion <i>Available for dependent children only, ages 8 through 18</i>	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.



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



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, 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



Delta Dental of Minnesota

A Look at Your VSP Vision Coverage

With VSP and INDEPENDENT SCHOOL
DISTRICT NO. 834, your health comes first.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

vsp
vision care

More Ways
to Save

Extra

\$20

**to spend on
Featured Brands†**

bebe	CALVIN KLEIN
COLE HAAN	DRAGON.
FLEXON	LACOSTE
Nike	and more

See all brands and offers
at **vsp.com/offers**.

+

Up to

40%

**Savings on
lens enhancements‡**

Create an account today.

Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

INDEPENDENT SCHOOL DISTRICT NO. 834 and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

07/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$35	
FRAME*	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart®/Sam's Club® frame allowance \$70 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Anti-glare coating Tints/Light-reactive lenses Scratch-resistant coating UV protection Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$0 \$0 \$0 \$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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VSP, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM



PROGRAM DESCRIPTION

Employee Assistance Program



What Is EAP?

At some point, we all need help coping or making difficult decisions. The Employee Assistance Program makes it easy to access support, guidance and resources.¹ EAP is there for you and your family through your Group Long Term Disability insurance from Standard Insurance Company (The Standard). And it's confidential — information will be released only with your permission or as required by law.

Health AdvocateSM provides our EAP services.² Their professionals can help with referrals to support groups, a network counselor, community resources or your health plan. If necessary, their professionals can connect you to emergency services.



Coordinating with your health plan(s)

An EAP counselor will make every effort to coordinate with in-network providers if you need more than the included EAP sessions. They'll also share available resources and referral options.

EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft resolution
- Online will preparation and other legal documents

¹ The EAP service is provided through an arrangement with Health Advocate, which is not affiliated with The Standard, to groups of 10 – 2,499 covered employees. This service is only available while insured under The Standard's Long Term Disability (LTD) policy. The Standard may change providers or terminate service at any time. Health Advocate is solely responsible for providing and administering the service.

² Health Advocate, Inc. is a national health advocacy, patient advocacy and assistance company. Their expertise in EAP and work/life services stretches back nearly 40 years to 1979. Their highest priority is treating members with respect and dignity, protecting their privacy and working to eliminate the stigma often associated with using mental health services. Health Advocate's services cover more than 55,000 clients and 32 million lives. Their services also help support managers, supervisors and HR professionals. Health Advocate is headquartered in Plymouth Meeting, PA, with more locations in the western, central, and eastern parts of the U.S.

Using EAP**Getting Help Is Easy**

Connect with EAP support by phone, email, online and live chat. There's even a mobile app.

Contact EAP 24 Hours a Day, Seven Days a Week

888.293.6948 (phone)

For TTY services dial 711

answers@healthadvocate.com

healthadvocate.com/standard3

Online Resources

Visit healthadvocate.com/standard3 to explore articles, webinars, financial calculators, health assessments and web links to many government and nonprofit services.

**Get the EAP Mobile App**

- ① Visit Google Play or the App Store.
- ② Find the EAP Mobile App.
- ③ Choose *The Standard — EAP — 3 Visits*.

**Who Is Eligible to Use EAP Services?**

- You
- Your spouse
- Domestic partner
- Married or unmarried dependent children to age 26¹
- All other household members

EAP services are available for up to 30 days after your coverage and/or employment ends. If you pass away, your dependents can use the services for up to 90 days.

¹ Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Counseling Services

When you contact EAP, you'll have the support of a master's level counselor who can do an immediate assessment, consult and refer you for help.

Counseling Sessions

Your program offers up to **three counseling sessions** for each issue that each eligible person wants to address. Sessions can be in person, on the phone, through video or by text.



Counseling sessions can be:

- In person
- On the phone
- Through video
- By text

How Referrals Work

- Life-threatening emergencies have appropriate care coordinated upon initial contact.
- Urgent appointments are offered and available within 24 hours.
- Routine appointments are offered and available within five business days.

A Network of Qualified Providers

- National network of more than 62,000 providers
- Network in place for over 30 years
- Open-panel policy (no closed networks)

Standards for Clinical Providers

- Minimum of a master's degree
- State licensure

Consistent Support

A master's level counselor coordinates your telephone intake, case management and follow up to ensure continuity of care.

Legal and Financial Services

Legal Services

EAP can connect you with resources to help with legal issues.

- Nationwide panel of attorneys
- Up to 30-minute free face-to-face or telephone consultation for each separate legal matter
- 25% discount if you retain an in-network attorney
- Coverage for most legal issues, including civil, personal/family, credit, elder law, tax law, real estate and estate planning
- Online will preparation and other legal documents

Financial Services

EAP provides support to help with financial concerns.

- Up to 30-minute free financial counseling session for each issue from Certified Consumer Credit Counselors, Certified Credit Report Reviewers and financial planners
- Identity theft consultations and free identity theft kit if your identity has been stolen

Money Management

- Spending habits
- Budgeting strategies
- Managing credit
- Managing debt
- Debt consolidation
- Financial planning information
- Goal setting
- Credit report and credit score issues
- Homeownership and other personal finance issues



WorkLife Services

WorkLife Services

EAP comes with WorkLife Services. WorkLife Specialists can provide resources and referrals for important needs like parenting, special needs children, caregiver management, education, adoption, daily living and care for your pet, child or elderly loved one.

Online Savings and Discount Center

The savings center is available on the EAP website. Get up to 50% discounts on name-brand, practical and luxury items. Save on travel, restaurants, flowers, home, apparel and more.

Wellness discounts are available online through the Health tab on the website, including discounts on NutriSystem, Weight Watchers, Vitamin Shoppe, fitness and personal care.



WorkLife Services provides expert, multilingual telephonic and internet-based consultation and referral for:

- Child care services
- Elder care services
- Health and wellness
- Emotional and well-being
- Daily living resources, relocation and community volunteering

EAP support is immediate, personal,
confidential and available when you need it.

Contact EAP

888.293.6948 (phone)

For TTY services dial 711

answers@healthadvocate.com

healthadvocate.com/standard3

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Today's Bridge to Tomorrow's FSA Benefits

OneBridge Helps You Make The Most Of Your FSA Savings

Flexible Spending Accounts (FSA) allow you to **set aside tax-exempt money to pay for eligible, out-of-pocket healthcare or dependent daycare costs**. You determine the amount you wish to contribute to your FSA annually. This contribution is withdrawn from your paycheck each pay period in equal amounts, before taxes are taken out, **saving you up to \$.30 on every dollar contributed**. It's a smart, easy way to pay for your eligible medical and dependent care expenses.

Health FSA

A Health FSA covers general purpose health expenses, allowing you to pay for eligible medical, dental, prescription, vision and/or hearing expenses not covered by insurance, which may include:

- Copays, Premiums & Deductibles
- Prescriptions & Over-the-Counter (OTC) Items
- Non-Cosmetic Dental Treatments
- Glasses & Contacts
- Hearing Aids
- Orthodontia
- Physical Therapy
- Chiropractic Care

Dependent Care FSA

The OneBridge Dependent Care FSA is perfect if you require childcare or eldercare. This account allows you to pay for expenses such as:

- Before or After School Programs
- Child or Adult Daycare
- Preschool
- Summer Camp

Save Smarter

There are several reasons why enrolling in an FSA makes sense. Perhaps one of the most important reasons is the money you save. An FSA helps **reduce your taxes and increase your take-home pay** due to the fact that you don't pay federal, state income or social security taxes on money placed into your FSA. Take a look at how the numbers could work:

Consider Your Future FSA Savings

See how much you stand to save on qualified healthcare expenses through a OneBridge FSA at onebridgebenefits.com/savings-calculator.

Annual Savings Chart

Your Annual Salary	\$40,000	\$80,000
Health FSA Election	\$1,500	\$2,500
Dependent Care FSA Election	\$0	\$5,000
Your Annual Savings ¹	\$450	\$2,250

Please refer to the OneBridge YourWay FSA Enrollment Guide to learn more about the benefits of participating in the YourWay FSA Plan.

1. Assumes a combined tax rate of 30%. Actual amounts may vary.

ONEBRIDGE BENEFITS - CONFIDENTIAL & PROPRIETARY - ONLY INTENDED TO BE SHARED WITH AUTHORIZED PARTIES
© 2020 OneBridge Benefits. All rights reserved. The terms "saving" and "savings" refer only to tax savings, and actual savings are based on individual tax rates. This document is not intended for tax, financial or legal advice—please consult with your advisor regarding your personal situation.

Legal Insurance from ARAG

Independent School District #834



What does legal insurance cover?

An UltimateAdvisor legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Trusts
- ✓ Wills

What does it cost?

UltimateAdvisor®

\$22.00 monthly



What is legal insurance?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

More details, please! →



See the complete list of what your plan covers at:

ARAGlegal.com/myinfo Access Code: **10483isd**

Let's Talk! Call ARAG at 800-247-4184

Why should you get legal insurance?



Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.



Save thousands of dollars on average, for legal matters by avoiding costly legal fees.*



Find a local attorney easily in ARAG's network – many who average 20+ years of experience.



Address your covered legal situations with a network attorney who is only a **phone call away for legal help and representation.**



Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

How does legal insurance work?

- 1** When you have a legal need, you can go online, use the ARAG Legal app or call Customer Care.
- 2** Next, you'll answer a few questions to confirm coverage and receive a list of local attorneys who can help you.
- 3** Then, meet with a network attorney over the phone, virtually or in person.

Reviews from plan members

"ARAG legal insurance has helped me so much – it's taken all the stress out of the process and has provided me with an excellent lawyer. I am so happy I went with ARAG and I have been recommending it to everyone I know that may benefit from their services."

– Nestor Los Angeles, CA

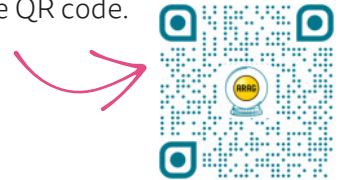


Legal needs are in your future™

You can't predict your future, but you can plan for it, thanks to legal insurance.

Legal insurance provides a benefit you can use to plan for it all – the expected and unexpected times in your life.

Visit ARAGlegal.com/future or scan the QR code.



Diversity, Equity & Inclusion Coverage

ARAG is constantly evolving and adapting to meet the needs of all employees. Whether it's an employee with a disability, a veteran or a member of the LGBTQ+ community, our coverage provides solutions that include:

- ✓ Domestic Partnership Agreement
- ✓ HIPAA/Hospital Visitation Authorization
- ✓ Funeral Directive
- ✓ Gender Identifier Change
- ✓ Social Security/Veterans/Medicare Dispute
- ✓ School Administration Hearing

And, network attorney fees for most covered matters like these are 100% paid in full.

*Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2019 or 2020 and paid by December 31, 2021, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to "The Survey of Law Firm Economics: 2018 Edition."

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, contact us.

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Rev 6/22 200332isd



Frequently Asked Hearing Questions



What causes hearing loss?

- **Excessive noise exposure** is the leading cause of adult hearing loss in the United States.
- **Certain medications** including diuretics and some cardiac and cancer medications.
- **Aging**
- **Certain illnesses and diseases** like meningitis, heart disease, and diabetes.
- **Other factors**, such as obesity, birth defects, head injuries, family history and smoking.

How can I prevent hearing loss?

- Wear hearing protection
- Turn down the volume
- Maintain a healthy lifestyle
- Know your medications

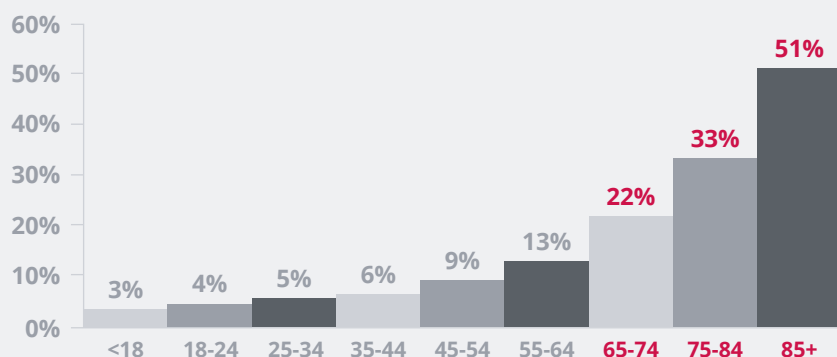
When should I get my hearing checked?

Hearing loss can come on so gradually that you may not even notice it's happening, which is why it's important to have your hearing checked every three to five years. If you are over the age of 50, you should have your hearing tested annually or if you have experienced any of the following:

- **Consistent exposure** to loud noises.
- **Difficulty understanding** in noisy environments.
- Feeling as though people are **not speaking clearly or mumbling**
- **ringing** in your ears.

How common is hearing loss?

Hearing loss affects people of all ages. The graphic below shows percentages of hearing loss by age.¹



Do hearing aids really work?

Yes! In fact, about 28.8 million adults who don't have hearing aids could benefit from using one.² Today's hearing aids come in a variety of styles and include features like smartphone connection, automatic volume control, and adaptive noise cancellation.

Do I really need hearing aids?



Even mild hearing loss can negatively affect key areas of your life, including mental health, physical health and income. Untreated hearing loss is more noticeable to others than actually wearing hearing aids.

To learn more, visit www.amplifonusa.com/deltadentalmn
or scan the QR code above.



What kind of hearing aids are available?

Amplifon offers a wide choice of products from the leading brands to meet your lifestyle, technology, and hearing needs. A hearing care professional can help you determine which option is right for you.

How can I check my hearing?

Getting your hearing checked is now easier than ever with in-person and at-home options:

- **Virtual screening** - allows you to confirm if hearing loss is detected from the comfort of home.
- **Professional hearing evaluations** - take place in a hearing care clinic setting. A hearing care professional will work with you to complete an in-depth evaluation of your hearing and propose solutions if hearing loss is indicated.

How can I pay for hearing aids?

Hearing aids are an investment, but don't let the price tag scare you away from getting the treatment you deserve. A few ways to find cost savings include:



Amplifon savings

With Amplifon, you can save an average of 66% off retail.



Financing

Amplifon offers interest-free financing to those who qualify.



HSA, HRA, FSA

You can use your pre-tax dollars from your health savings accounts to help pay for hearing aids.

The Amplifon Package



Custom hearing solutions

—we find the solution that best fits your lifestyle and your budget from one of the top brands.



Risk-free trial—find your right fit by trying your hearing aids for 60 days. 100% money-back guarantee if not completely satisfied, no return or restocking fees.



Continuous care*

—follow-up care to ensure a smooth transition, battery support with a supply of batteries or charging station, and a three-year warranty for loss, repairs, or damage.

To learn more, call 855-531-4694 TTY: 711 | Hours: Mon-Fri 7am - 8pm CT or visit: www.amplifonusa.com/deltadentalmn

¹www.ncbi.nlm.nih.gov/pmc/articles/PMC7010486/; accessed 8/24/21

²NIDCD Epidemiology and Statistics Program, based on December 2015 Census Bureau estimates of the noninstitutionalized U.S. population, personal communication; May 2016

Virtual screening does not take the place of a diagnostic exam by a licensed professional.

Hearing aids cannot restore natural hearing. Your experience will depend on the severity of your hearing loss, accuracy of evaluation, proper fit and ability to adapt to amplification.

***Follow-up care** - for one year following purchase. **Batteries** - two-year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - Exclusions and limitations may apply. Contact Amplifon 855-531-4694 for details.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. The Amplifon Hearing Health Care discount program is not approved for use with any third-party payor program, including government and private third-party payor programs. Delta Dental of Minnesota and Amplifon are independent, unaffiliated companies. Hearing services are administered by Amplifon Hearing Health Care, Corp.

The Life Services Toolkit

We're here to help you cope and plan after the loss of a loved one.



The time after a loved one has died is difficult for a beneficiary. Tasks like planning a funeral and settling estate matters demand your immediate attention. At the same time, daily obligations continue as you grieve your loss.

Standard Insurance Company (The Standard) is here to help. We have partnered with Health AdvocateSM to offer comprehensive and compassionate services to Group Life insurance beneficiaries.¹ These services are available to you for 12 months after you receive your Life claim letter from The Standard.

What to Expect

When you call the Life Services Toolkit phone assistance line, you can expect personalized attention from highly trained counselors to help you determine what services might be right for you. The following services and others are available:

- **Grief Support:** Health Advocate counselors who answer calls from beneficiaries understand the stages of grief and what help you may need at any given time. They can provide immediate support by phone — whether it's been days, weeks or months after a death — or refer you to a counselor in your area. Beneficiaries are eligible for up to six face-to-face sessions.

The counselor you speak with may also offer a grief support kit, if appropriate, chosen specifically for your needs. They understand that sometimes, having something you can refer to, at your own pace, might be helpful. If there are children or teens who have been affected by your loss, the counselor may provide age-appropriate books to you that can help them process the loss.

- **Legal Services:** In addition to online estate planning tools, you can obtain legal assistance from experienced attorneys. You can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. If you wish to retain a participating attorney after the initial consultation, you can receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.



Call the Life Services Toolkit phone assistance line at 800.378.5742. Or you can log in online at standard.com/mytoolkit.

Login: support

continued on next page

Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

¹The Life Services Toolkit is also available to recipients of an Accelerated Death Benefit or Accelerated Benefit for 12 months after the date of payment. It is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, or charities.

- **Financial Assistance:** As a beneficiary, you have access to financial counselors to help with budgeting and credit and debt management. You can schedule up to 30-minute telephone sessions per topic.
- **Support Services:** You can consult work-life experts for help on a variety of issues. Work-life advisors can guide you to resources to help you manage household repairs and chores; find child care and elder care providers; or organize a move or relocation.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

Online Resources Exclusively for Beneficiaries

You can also easily access additional services online at the Life Services Toolkit website: standard.com/mytoolkit. User name: support

- Tools to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements
- Life Planning Resource Guide with tips on tasks to complete after a loved one passes away and settling an estate
- Guidance from qualified experts on ways to cope with grief and loss
- Articles and tools to help manage debt, calculate mortgage and loan payments, and handle other financial matters
- Information on how to avoid identity theft and resolve issues if it does occur
- Tools to prepare a will and create other documents, such as living wills, powers of attorney and advance directives

About Health Advocate Experts

Health Advocate, a leading provider of employee assistance programs and other employee services, hires only clinicians and professional advisors who meet a high standard.

- In-person, local counselors possess a minimum of five years of clinical experience; are licensed in their state of practice; and have experience in grief and loss.
- Attorneys who provide phone consultations and referral network attorneys have a minimum of five years of experience.
- Financial counselors possess bachelor's degrees or equivalent experience. All counselors are required to complete training before interacting with clients and are a Certified Consumer Credit Counselor, Certified Credit Report Reviewer and/or a financial planner.



Explore the world with confidence.

Rely on Travel Assistance when you're away from home.



Standard Insurance Company

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.¹

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from Standard Insurance Company (The Standard).²

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:



Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories



Credit card and passport replacement and missing baggage and emergency cash coordination



Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission



Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains³



Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond



Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization



Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded



Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Contact Travel Assistance

800.872.1414

United States, Canada, Puerto Rico,
U.S. Virgin Islands and Bermuda

Everywhere else
+1.609.986.1234

Text:
+1.609.334.0807

Email:
medservices@assistamerica.com

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](https://www.standard.com)

¹ Travel Assistance is provided through an arrangement with Assist America, Inc. and is not affiliated with The Standard. Travel Assistance is subject to the terms and conditions, including exclusions and limitations of the Travel Assistance Program Description. Assist America, Inc. is solely responsible for providing and administering the included service. Travel Assistance is not an insurance product. This service is only available while insured under The Standard's group policy.

² Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

³ Must be arranged by Assist America, Inc.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Omada|



OMADA EMPOWERS PEOPLE TO BUILD HEALTHY BEHAVIORS THAT LAST

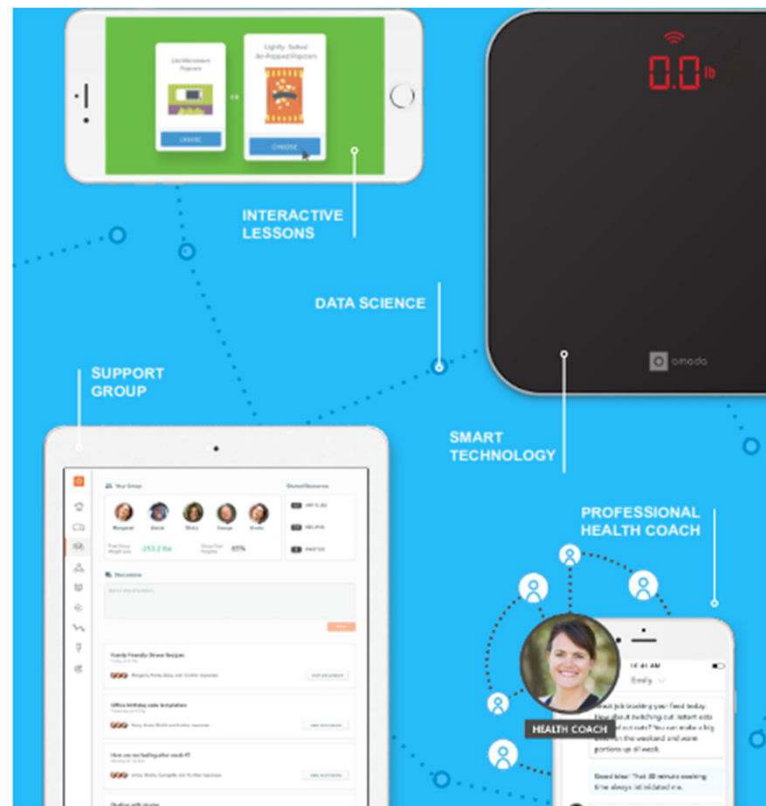
Omada is a digital behavior change program that supports people at risk for obesity-related chronic conditions like type prediabetes and hypertension.

Omada's personalized program includes:

- A connected wireless scale
- Dedicated professional health coach
- Weekly lessons with relevant, engaging content
- Peer support group
- Activity and food tracking/journaling

3

OMADA HEALTH • CONFIDENTIAL



<https://www.omadahealth.com/ISD834>

REQUIRED NOTICES

Newborn and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



Women's Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies.



The law mandates that a member receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy, will receive coverage for:

- reconstruction of the breast on which mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in a manner determined in consultation with the attending physician and the patient, and it will be subject to the same annual deductibles and coinsurance provisions as those established for other benefits under the plan. Please call your medical plan using the number on your identification card or contact the employer for more information.

Health Insurance Marketplace Options and Your Health Coverage

The Health Insurance Marketplace is designed to help individuals find, compare, and purchase private individual health insurance. The Marketplace does not affect your eligibility for coverage in your employer's group health plan.

Individuals may be eligible for a tax credit that lowers the monthly premium of coverage purchased in the Marketplace. However, if you are eligible for an employer's group health plan, you may not be eligible for a tax credit through the Marketplace if the employer group health plan meets the "minimum value" and "affordability" standards set by the Affordable Care Act. Additionally, if you purchase your own health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution towards coverage. This employer contribution - as well as your employee contribution towards coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage you purchase through the Marketplace are made on an after-tax basis.

Open enrollment for individual health insurance coverage through the Marketplace occurs at the end of each calendar year for coverage effective the following January 1st. If you are interested, please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

REQUIRED NOTICES

Availability of HIPAA Privacy Notices

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires health plans to protect the confidentiality of your personal health information ("PHI"). HIPAA also requires that health plans maintain privacy notices which provide a complete description of your rights under HIPAA's privacy rules. For insured coverage, the health insurance plan privacy notices are maintained by the insurance providers. For self-insured coverage, the privacy notice is maintained by your employer. In general, the plans will not use or further disclose PHI except as necessary for treatment, payment, health plan operations and plan administration or as permitted or required by law. Under HIPAA, you have certain rights with respect to your protected health information and the right to file a complaint with the plan or the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA has been violated. Please see the employer for a copy of the Notice of Privacy Practices for your health plans.

Notice of Special Enrollment Rights

If you decline enrollment for yourself or an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in the plans offered by the company if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). You must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You may also be able to enroll if you or your dependents lose eligibility for coverage under Medicaid or a state Children's Health Insurance Plan (CHIP) and request enrollment within 60 days of losing Medicaid or CHIP. You may also be able to enroll if you or your dependents become eligible for state premium assistance from Medicaid or CHIP towards the cost of the group health plan, and request enrollment within 60 days of eligibility for state premium assistance.

Important Notice About Medicare Prescription Drug (Part D) Coverage

If you or one of your dependents is eligible for Medicare (or will be shortly), you may be able to purchase a Medicare prescription drug (Part D) plan or join a Medicare Advantage Plan that includes Part D coverage.

However, if you are enrolled in an employer group medical plan that includes "creditable" prescription drug coverage, you do not need a Medicare Part D plan, and you can enroll in a Medicare Part D plan later without paying a premium penalty. "Creditable" coverage means that the expected amount of paid claims under our prescription drug coverage is at least as much as the expected amount of paid claims under the standard Medicare Part D plan. Creditable coverage can look different between plans, and the insurance carrier makes that determination through its own actuarial analysis.

All the employer group medical plans offered to our employees include prescription drug coverage. However, some of the plans may not provide "creditable" drug coverage. If you or one of your dependents is eligible for Medicare (or will be shortly), please verify that the plan you enroll in has "creditable" coverage prior to your enrollment in plan so that you don't incur a late enrollment penalty later. We also issue a Notice of Creditable or Non-Creditable Coverage each year to plan participants. For a copy of the Notice of Creditable or Non-Creditable Coverage or for more information, please contact the employer. You may also refer to www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

REQUIRED NOTICES

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the DOL website (<https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf>), contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

CREDITABLE COVERAGE NOTICE

Important Notice from Stillwater Area Public Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Stillwater Area Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Stillwater Area Public Schools has determined that the prescription drug coverage offered by Low Deductible and High Deductible Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare, as well as each year between October 15th and December 7th. However, if you lose creditable prescription drug coverage through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current Stillwater Area Public Schools coverage will not be affected. However, if you do decide to join a Medicare drug plan and drop Stillwater Area Public Schools prescription drug coverage, be aware that you and your dependents might not be able to get this coverage back, depending on Stillwater Area Public Schools eligibility policy.

You should also know that if you drop or lose your current coverage with Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

See the contact information below.

NOTE: You'll get this notice each year. You will also get it if this coverage through Stillwater Area Public Schools changes. You also may request a copy should you need it.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help; or
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2023
Name of Entity/Sender:	Stillwater Area Public Schools
Contact--Position/Office:	Human Resources
Address:	1875 Greeley Street South, Stillwater, MN 55082
Phone Number:	651-351-8340