

2023—2024

Benefit Summary

Willmar Public Schools



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Contact Information and Benefit Overview

Contact Information

Benefit	Administrator/Contact	Phone	Website
Medical	BlueCross BlueShield of Minnesota	866.543.5966	www.bluecrossmn.com
Dental	Delta Dental	800.448.3815	www.deltadentalmn.org
Vision	VSP	800.877.7195	www.vsp.com
Life	Minnesota Life	651.665.3789 or 800.392.7295	www.ochsinc.com
Accidental Death and Dismemberment	Zurich	800.987.3373	www.zurich.com
Long-Term Disability	Sun Life	800.247.6875	www.sunlife.com
Colonial Benefits	Colonial	800.325.4368	www.coloniallife.com
Employee Assistance Program (EAP)	Beacon	866.950.7656	feelgreat.mybeaconwellbeing.com
ID Theft	Legal Shield	844.535.5186	www.legalshield.com
District Benefits Dept.	Rachel Ree	320.231.8525	reer@willmar.k12.mn.us
District Representative	Katie Boden	612.619.1324	Katie_Boden@ajg.com

Benefits Overview

Benefit Plans

- Medical
- Dental
- Vision
- Life / Accidental Death and Dismemberment
- Long-Term Disability
- Colonial Life Voluntary Benefits
- EAP
- ID Theft

Eligibility

Eligible dependents include your legal spouse and children under age 26.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Qualifying Event Examples

- Legal marital status change
- Change in number of eligible dependents
- Change in dependent status
- Change in employment status

Medical Insurance Networks

Administered by BlueCross BlueShield of Minnesota

A network is a group of medical providers (doctors, clinics and hospitals) with which the health plan has an agreement. The agreement means you get a discount on medical care when you go to these providers. If you have providers you prefer, you'll want to check if they're in the network you're considering. (You can see if a provider is in your network using the Find a Doctor tool on your member website.)

Network Types

Preferred provider organization (PPO) – With this type of network, you can see any doctor in your network — no referral required.

“Open access” CMM – With this type of network, you can go to any doctor, specialist, behavioral health provider or hospital that is in your network for care. Coverage levels vary depending on the provider's network status and the type of service received. Check your benefit plan materials for information about specific networks available to you. When traveling outside the state, you'll be covered by the national BlueCard® network of providers.

Aware® Network -All available medical plans are in the **Aware Network**, which is the largest Blue Cross network featuring access to nearly every physician and hospital in Minnesota

Is a Provider in the Network?

To see if a doctor, clinic or hospital is in a specific network, log in at bluecrossmn.com/findadoctor and use the Find a Doctor tool or call customer service.

Do I Need a Referral?

For most networks, you don't need a referral to see a specialist in your network. In-network specialists are listed in the Find a Doctor tool online or you can call customer service.

\$2,600 Deductible, 20% Coinsurance, \$3,500 OOP VEBA

Administered by BlueCross BlueShield of Minnesota

Plan 1	\$2,600 Deductible, 20% Coinsurance
	In-Network
Lifetime Benefit Maximum	Unlimited
Annual Deductible	\$2,600 per individual / \$5,200 per family
Annual Out-of-Pocket Maximum (Includes deductible)	\$3,500 per individual / \$6,500 per family
Coinsurance	You pay 20% after deductible
Doctors Office	
Preventive Visits	Well-Child Care, Prenatal Care and In Network Preventive services: 100% Covered
Primary Care Office Visit	You pay 20% after deductible
Specialist Office Visit	You pay 20% after deductible
Urgent Care	You pay 20% after deductible
Diagnostic Test (X-rays/tests, blood work)	You pay 20% after deductible
Imaging (CT/PET scans, MRI)	You pay 20% after deductible
Hospital Services	
Emergency Room	You pay 20% after deductible
Inpatient Services	You pay 20% after deductible
Outpatient Surgery	You pay 20% after deductible
Mental Health Services / Substance Abuse Services	
Inpatient Services	You pay 20% after deductible
Outpatient Services	You pay 20% after deductible
Pregnancy Services	
Office Visits	Prenatal care: 100% Covered Postnatal care: You pay 20% after deductible
Childbirth/ Delivery Services	You pay 20% after deductible
Prescription Drugs	
Up to a 31-day supply per prescription	
Generic Drugs	You pay 20% after deductible
Preferred Brand Drugs	You pay 20% after deductible
Non-Preferred Drugs	Not Covered
Specialty Drugs	Preferred: You pay 20% after deductible Non-preferred: Not Covered

\$3,500 Deductible, 0% Coinsurance, \$3,500 OOP HSA/VEBA

Administered by BlueCross BlueShield of Minnesota

Plan 2	\$3,500 Deductible, 0% Coinsurance
	In-Network
Lifetime Benefit Maximum	Unlimited
Annual Deductible	\$3,500 per individual / \$7,000 per family
Annual Out-of-Pocket Maximum (Includes deductible)	\$3,500 per individual / \$7,000 per family
Coinsurance	You pay 0% after deductible
Doctors Office	
Preventive Visits	Well-Child Care, Prenatal Care and In Network Preventive services: 100% Covered
Primary Care Office Visit	You pay 0% after deductible
Specialist Office Visit	You pay 0% after deductible
Urgent Care	You pay 0% after deductible
Diagnostic Test (X-rays/tests, blood work)	You pay 0% after deductible
Imaging (CT/PET scans, MRI)	You pay 0% after deductible
Hospital Services	
Emergency Room	You pay 0% after deductible
Inpatient Services	You pay 0% after deductible
Outpatient Surgery	You pay 0% after deductible
Mental Health Services / Substance Abuse Services	
Inpatient Services	You pay 0% after deductible
Outpatient Services	You pay 0% after deductible
Pregnancy Services	
Office Visits	Prenatal: 100% Covered Postnatal: You pay 0% after deductible
Childbirth/ Delivery Services	You pay 0% after deductible
Prescription Drugs	
	Up to a 31-day supply per prescription
Generic Drugs	You pay 0% after deductible
Preferred Brand Drugs	You pay 0% after deductible
Non-Preferred Drugs	Not Covered
Specialty Drugs	Preferred: You pay 0% after deductible Non-preferred: Not Covered

\$6,350 Deductible, 0% Coinsurance, \$6,350 OOP HSA/VEBA

Administered by BlueCross BlueShield of Minnesota

Plan 3	\$6,350 Deductible, 0% Coinsurance
	In-Network
Lifetime Benefit Maximum	Unlimited
Annual Deductible	\$6,350 per individual / \$12,700 per family
Annual Out-of-Pocket Maximum (Includes deductible)	\$6,350 per individual / \$12,700 per family
Coinsurance	You pay 0% after deductible
Doctors Office	
Preventive Visits	Well-Child Care, Prenatal Care and In Network Preventive services: 100% Covered
Primary Care Office Visit	You pay 0% after deductible
Specialist Office Visit	You pay 0% after deductible
Urgent Care	You pay 0% after deductible
Diagnostic Test (X-rays/tests, blood work)	You pay 0% after deductible
Imaging (CT/PET scans, MRI)	You pay 0% after deductible
Hospital Services	
Emergency Room	You pay 0% after deductible
Inpatient Services	You pay 0% after deductible
Outpatient Surgery	You pay 0% after deductible
Primary Care Office Visit	You pay 0% after deductible
Specialist Office Visit	You pay 0% after deductible
Urgent Care	You pay 0% after deductible
Diagnostic Test (X-rays/tests, blood work)	You pay 0% after deductible
Imaging (CT/PET scans, MRI)	You pay 0% after deductible
Mental Health Services / Substance Abuse Services	
Inpatient Services	You pay 0% after deductible
Outpatient Services	You pay 0% after deductible
Pregnancy Services	
Office Visits	Prenatal: 100% Covered Postnatal: You pay 0% after deductible
Childbirth/ Delivery Services	You pay 0% after deductible
Prescription Drugs	
Generic Drugs	You pay 0% after deductible
Preferred Brand Drugs	You pay 0% after deductible
Non-Preferred Drugs	You pay 0% after deductible
Specialty Drugs	Preferred: You pay 0% after deductible Non-preferred: Not covered

Medical Coverage Cost

Medical: BlueCross BlueShield Aware 2023-2024			
	\$2600-80% VEBA	\$3500-100% HSA/VEBA	\$6350-100% HSA/VEBA
Single	\$762.69	\$738.46	\$607.81
EE + Spouse	\$1,613.72	\$1,562.46	\$1,286.02
EE + Child(ren)	\$1,240.64	\$1,201.23	\$988.71
Family	\$2,419.00	\$2,342.16	\$1,927.77

Employee contributions are paid via payroll deduction on a pre-tax basis. District contributions and employee cost information is available on the plan contribution matrix at willmarschools.benefithub.com

Health Savings Account

Administered by Wex



Willmar Public Schools is continuing to offer the option for Health Savings Accounts (HSA) for our employees participating in the HDHP. HSAs are special tax-exempt trusts to be used to pay and/or reimburse you for qualified medical, dental and vision expenses and/or use as retirement savings. Any unused funds will rollover from year to year

A Health Savings Account (HSA) is a tax-advantaged personal savings account that works with an HSA-compatible high-deductible health plan, such as the District's \$3,500 100% HSA Plan. The HSA balance can be used to pay for qualifying medical expenses during the year or saved for retirement.

HSA annual contribution limits	Single: \$3,850 Family: \$7,750
HSA catch-up contribution Ages 55+	\$1,000

There are many benefits of an HSA, such as any contributions are tax free, and any balance in the HSA belongs to the employee. Because of the favorable tax status, other eligibility requirements apply. An employee cannot be covered under any other non-HSA qualified health insurance, such as a spouse's plan or Medicare and cannot be claimed as a tax dependent on someone else's tax return.

HSA AND HDHP LIMITS		
	2022	2023
HSA contribution limit (employer and employee)	Individual: \$3,650 Family: \$7,300	Individual: \$3,850 Family: \$7,750
Catch-up contributions for ages 55+	\$1,000	\$1,000
HDHP minimum qualifying deductible	Individual: \$1,400 Family: \$2,800	Individual: \$1,500 Family: \$3,000
HDHP maximum out-of-pocket limit	Individual: \$7,050 Family: \$14,100	Individual: \$7,500 Family: \$15,000
Excepted-benefit HRA contribution limit	\$1,800	\$1,950

HSA/VEBA: Wex

HSA's & VEBA's are funding vehicles which provide a way for employees to pay for healthcare, dental and vision expenses on a tax-free basis. VEBA is an available option with all three of the District's health plan offerings. HSA is only available with Plan #2 (\$3500-100%) and Plan #3 (\$6350-100%). While VEBA's and HSA's are similar in function, there are unique differences and features between them. Please review the information on the next page when considering which fund is right for you.

HSA/VEBA: Wex	
District Contribution to HSA/VEBA	Varies: See plan contribution matrix at willmarschools.benefithub.com

Flexible Spending Accounts: Wex

Flexible spending accounts allow employees to use pre-tax dollars to pay for dependent day care and/or unreimbursed health care expenses. Eligible expenses must be incurred during the plan year, and unused funds do not carry over from year to year. More information on flexible spending can be found at www.wexinc.com.

Differences in HSA and VEBA

HSA	VEBA
Allows Employee Contributions	Employer Contributions Only
Tax-Dependents Only	Kids up to age 26
Dependents do NOT need to be Covered on the Plan	Dependents Must be Covered by Group Health Plan
No MnSure Plan Premiums	Allows Individual Plan Premiums
No Medigap Plans	Allows Medigap Plans
Must have "Qualified" Plan	No Plan Requirement
No Medicare/TriCare	Secondary Coverage Okay
Can be Liquidated	Requires Medical Spend-Down
Makes FSA Limited	Allows Full FSA
Both Funds Allow Transition to Beneficiary Upon Death	



To determine your district contribution to your HSA or VEBA please visit the Willmar Public School's Benefit Hub Website (willmarschools.benefithub.com)

Flexible Spending Account

Administered by Wex



Out-of-pocket health care and dependent care expenses can add up quickly. Ordinarily these expenses are paid with after-tax dollars. A Flexible Spending Account allows employees to pay for dental, vision and/or dependent day care expenses using pre-tax dollars. The money set aside in a flexible spending account is not subject to Social Security, federal or state income taxes.

Health Care FSA

If an employee is enrolled in a Medical Plan through **Willmar Public Schools**, they can also enroll in a Flexible Spending Account (FSA). This account allows an employee to set aside pre-tax dollars to pay for eligible medical, dental and vision expenses. Employees who are enrolled in a medical FSA for may contribute up to \$3,050 per year on a pre-tax basis. **For those employees also enrolled in the HSA plan, the medical FSA becomes "Limited Purpose" restricting your spending to just dental and vision expenses.**

- Expenses must be incurred by you, your legal spouse, or your other eligible dependents.
- **The maximum calendar year contribution for the Medical Reimbursement and Limited Purpose spending account is \$3,050.**
- Only expenses incurred during your participation in the plan are eligible for reimbursement.
- Your participation in the reimbursement account ends when you leave **Willmar Public Schools** or you no longer meet the eligibility requirements.
- You may submit claims for expenses incurred after your termination date only if you elect COBRA continuation coverage and make the required contributions.

Dependent Care FSA

This account allows an employee to set aside pre-tax dollars to pay for eligible dependent care expenses. The maximum contribution amount is \$5,000 (\$2,500 if married and file taxes separately). The deadline for sending in Dependent Care FSA claims that were incurred during the Plan Year, is March 31st.

- Eligible dependents are your children who are under age 13 or your eligible dependents of any age who are mentally or physically handicapped and incapable of caring for themselves. Care can be given in your home or in a facility outside of your home.
- **The maximum contribution is the lesser of: \$5,000 per calendar year, per family (or \$2,500 if married and filing taxes separately), or the lowest earned income of you or your spouse.**

Estimate expenses carefully. IRS rules require any money remaining in these account at year-end be forfeited

If an employee wants to participate in the Full Health Care, Limited Health Care and/or Dependent Care FSA for 2023, they must enroll during the annual enrollment period, even if they participated the prior year.

BlueCross BlueShield Get Active Program

Small steps can lead to big rewards

With the Get Active program, simply track your daily steps or your favorite fitness activity and earn points that translate to real dollars.

START EARNING IN THREE EASY STEPS

1 Register

Register at bluecrossmn.com/bca or download the Blue Care Advisor app.

2 Complete the Health Assessment

Once you're logged in, you'll find the Health Assessment under "Benefits." Based on your results, you'll receive personalized recommendations including helpful tips and resources.



Earn 100 points for completing the Health Assessment

3 Start tracking

Link your fitness tracker or favorite fitness app to automatically record your activities, activity. You can also track things manually, so everything counts — even yard work!



5,000 steps = 5 points
7,000 steps = 7 points
10,000 steps = 10 points
(max per day)



10 points = \$1
Earn a maximum of
\$240 per year



If you forget to track a day, catching up is easy. Simply go into the app and log your past activity manually up to 30 days prior.



Earn your points anytime throughout the year — there's no monthly requirement.

4 Collect your reward

Redeem your points in the Reward Center for \$10, \$25 or \$50 e-gift cards.



Points expire at the end of the program year so make sure you cash in on your hard work!

The reward may result in a taxable event for either you or your plan sponsor. Consult your tax advisor. If it is unreasonably difficult due to a medical condition for an individual to participate (or if it is medically inadvisable for an individual to attempt to participate), Blue Cross will provide an alternative program. For more information about obtaining an reasonable alternative, please call the number on the back of your member ID card. Points do not roll over to the next health plan year.



**Employees and spouses*
can earn
UP TO \$240
ANNUALLY**

*Employees and spouses must be enrolled in the Blue Cross and Blue Shield of Minnesota health plan.

QUESTIONS?

If you have questions, please call the number on the back of your member ID card.



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



What you can expect

- Typically costs less than an in-person visit*
- Easy registration
- Processed like a regular claim

*Depending on your health plan, all or some of the cost may be covered.

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

Learn how to live your best life

More than 114 million Americans who have addressable mental health conditions will never seek face-to-face therapy due to social stigma, accessibility and cost.¹

In fact, three out of four people don't get the help they need.² Now there's an easy way to get it, in the privacy of your own home. If you're concerned about stress, depression, social anxiety, insomnia or substance use, Learn to Live is an online cognitive behavioral program that can help you work through those issues when and where it's convenient for you — and it's proven to work.

HERE'S HOW IT WORKS

A quick online assessment determines which programs would benefit you the most. Eight interactive lessons then help you explore situations that trigger negative emotions and give you tips, tricks and strategies to work through them. It is part of your health plan so there is no additional cost to you, and it is completely confidential.

Learn to Live can help you get a handle on stress, depression, social anxiety, insomnia and substance use so you're in control — not your emotions.

To get started, visit learntolive.com/partners and use code **BCBSMN**.



What is Cognitive Behavioral Therapy (CBT)?

Cognitive behavioral therapy is based on the principle that negative emotions are created by thoughts *surrounding* situations that upset us — not the situation itself. By learning how to change these thoughts and behaviors, we can move past depression, stress and anxiety.

BlueCross BlueShield Plan Information

Your plan info at your fingertips

There's nothing more important than your health, and Blue Care AdvisorSM is the new way to guide you through your healthcare journey. Registering at your member website is the first step to getting personalized information about your health plan.

You can easily access your personal plan information, resources and tools on your member website. When your member ID card arrives (in the mail), go online and register at bluecrossmn.com/login. Once registered, you can:

- Find doctors, clinics, hospitals and pharmacies
- View claims and Explanations of Healthcare Benefits (EOBs)
- Send secure emails to customer service
- View, print, email or order member ID cards
- Check health financial accounts balances (if applicable)

Blue Care AdvisorSM is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

You'll need your member ID card to register.
Be sure to have it handy.

HOW TO REGISTER

- 1 Click "Register"
- 2 Fill out the registration fields using the information on your member ID card
- 3 Create your login ID and password
- 4 Validate your email address
- 5 Log in to see your personal information

UNDERSTANDING YOUR MEMBER ID CARD

Member name

Each family member covered by your plan will have an ID card. This includes minor children.

Member ID number

Your member ID number helps providers look up your plan details. We also use it to track expenses.

BlueCross BlueShield	
ELIZABETH SAMPLENAME	Ind Ded \$
000000000000	Out Ntwk \$
GRP XXXXXXXX	Fam Ded \$
Svc Type XXX	Ind OOP \$
Care Type XXXX	Fam OOP \$
RxBIN XXXXXX	
RxPCN XXX	

SYMBOLS PRINT HERE

Group number

This identifies your employer's plan.

Plan details

Questions?
Contact information is on the back of your ID card.

of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association, is serving only as the claims administrator.

The sample shown is a guide only. The information and the format of your card may vary.

BlueCross BlueShield Plan Resources

Know where to go for care

Knowing where to go for the right care can help save you time and money. Get familiar with your options now, before you need care.

WHEN YOU NEED	USE	ACCESS/AVAILABILITY	WAIT TIME	COST
 MEDICAL ADVICE	Common health concerns addressed by phone	Call the nurse line.	 short to medium	\$0 – \$
 CARE QUICKLY	Online care Colds, cough or flu, bladder infections, mental health*	Visit doctorondemand.com/bluecrossmn 24 hours a day, seven days a week or check with your provider.	 short	\$
 CARE TODAY	Convenience clinic Minor illnesses or injuries, screenings and vaccinations	No appointment necessary. Often available nights and weekends.	 short	\$\$
 CARE SOON	Office visit Preventive care, screenings and vaccines, or referrals to specialty care	Call your clinic to schedule an appointment. Days and hours vary.	 varies	\$\$ – \$\$\$
 CARE NOW	Urgent care Minor cuts, sprains and burns, skin rashes, fever and flu, X-rays and lab testing	No appointment necessary. Available seven days a week, but specific hours vary.	 varies	\$\$\$\$
 CARE IMMEDIATELY	Emergency room (ER) Chest pain, shortness of breath, uncontrolled bleeding, poisoning or other life-threatening illnesses or injuries	Immediately call 911 or go to your nearest ER anytime.	 longer, unless life-threatening	\$\$\$\$\$

Please note: The conditions listed are for example only and not a complete list.

*Mental health visits are by appointment only, 7 a.m. to 10 p.m. local time.

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

Make sure your doctor and clinic/hospital are in your network before receiving care. This will make sure you receive the highest level of benefits. Each healthcare provider is an independent contractor and not our agent.

Discover how to build healthy habits that last

Feel healthy for life with Omada®.

Omada is an online program that can help you lose weight, feel great and lower your risk for type 2 diabetes and heart disease.

Omada combines science and support to help you develop healthy habits that last. You get personal support and interactive tools to get and keep you motivated:

- One-on-one guidance from a professional health coach
- A welcome kit with a wireless smart scale and other tools to track your progress
- An online peer group for motivation from people who get it
- Interactive weekly lessons on nutrition, fitness, sleep and stress
- On-the-go convenience with a mobile app
- And more

This program is available at no cost to you and adult family members if you qualify. Find out by answering a few quick questions — it just takes a minute.



Did you know?

Less than 3% of Americans actually live a healthy lifestyle

*Mayo Clinic Proceedings;
April 2016 Volume 91, Issue 4,
www.mayoclinicproceedings.org

Visit omadahealth.com/bcbsmn1 today.

BlueCross BlueShield Support Resources

SUPPORT RESOURCES

Integrated health and wellbeing platform

Blue Care Advisor connects you to everything you need to easily manage your healthcare. Find in-network healthcare providers along with cost estimates on care. Access claims, medical spending and wellness tools in one convenient location. Plus, track your daily activities to help meet your health goals.

- Log in at bluecrossmn.com/bca

Blue Care Advisor™ is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

Wellness discount marketplace

Get significant savings on personal care, fitness and wellness goods and services from Blue365®.

- Visit blue365deals.com/bcbsmn or log in to your member website

Blue365® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

Health management

Receive professional support for managing chronic or serious health conditions. Includes education, treatment plan support and community resource information.

- Call the number on the back of your member ID card

Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-866-489-6948

Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Visit bluecrossmn.com or call 1-888-662-BLUE (2583). TTY users, call 711.

Diabetes and heart disease prevention

Get professional health coaching online and supportive tools and resources, including a digital scale, through Omada® to help prevent diabetes and/or heart disease.

- Visit omadahealth.com/BCBSMN1. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.



FOR A HEALTHIER TOMORROW, SCHEDULE YOUR PREVENTIVE VISIT TODAY

The best time to start thinking about your health is *before* you get sick, and routine checkups can catch health problems early.

Learn more at bluecrossmn.com/visits.

Dental Benefits – Delta Dental

Administered by Delta Dental of Minnesota

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the **Willmar Public Schools** dental benefit plan.

	In-Network (Premier or PPO)	Out-of-Network
Calendar Year Deductible Individual/Family	\$25 / \$75 (Waived for diagnostic & preventive services)	\$25 / \$75 (Waived for diagnostic & preventive services)
Annual Plan Maximum	\$1,200 In and Out of Network Combined	\$1,200 In and Out of Network Combined
Preventive and Diagnostic Care	100%	100%
Oral Exam	100%	100%
Dental or Periodontal Cleaning	100%	100%
X-Rays	100%	100%
Fluoride Treatment (Age 18 Max.)	100%	100%
Space Maintainers	100%	100%
Basic Care	70%	70%
Emergency treatment for pain relief	70%	70%
Amalgam (silver) Filings (back teeth)	70%	70%
Prefabricated or stainless steel crown	70%	70%
Composite (white) Filings (front teeth)	70%	70%
Non-surgical periodontics	70%	70%
Endodontics (root canal therapy)	70%	70%
Surgical periodontics	70%	70%
Complex oral surgery	70%	70%
Major Services	50%	50%
Composite (white) Filings (back teeth)	50%	50%
Restorative crowns & onlays	50%	50%
Bridges, dentures & partial dentures	50%	50%
Repair/Re-cementing of crowns & onlays	50%	50%
Orthodontic Services	Not Covered	

[Find a Delta Dental Dentist](#)

Want a simple way to keep more cash in your pocket? The next time you visit a dentist, go to one who participates in your plan's network!

To learn more about your provider network, visit <https://www.deltadentalmn.org/find-a-dentist/#/start>

Or, you can call Delta Dental of Minnesota Member Services at **1-800-448-3815**.

Dental Coverage Cost

Dental: Delta Dental of MN 2022-2023			
	Total Monthly Premium	District Contribution	Employee Monthly Cost
Single	\$35.00	Varies by bargaining unit	Varies by bargaining unit
EE + Spouse	\$70.00	Varies by bargaining unit	Varies by bargaining unit
EE + Child(ren)	\$90.00	Varies by bargaining unit	Varies by bargaining unit
Family	\$110.00	Varies by bargaining unit	Varies by bargaining unit

Employee contributions are paid via payroll deduction on a pre-tax basis. District contributions and employee cost information is available on the plan contribution matrix at willmarschools.benefithub.com.

Vision Benefits – VSP

Administered by VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from a VSP doctor

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$10	See frame and lenses
FRAME	\$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$80 Walmart*/Sam's Club*/Costco* frame allowance	Included in Prescription Glasses	Every 12 months
LENSES	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
PRIMARY EYECARE SM	- Retinal screening for members with diabetes - Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. - Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. - Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses - 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.		
	Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.

Monthly Employee Cost	Single	Single + 1	Single + Children	Family
	\$8.74	\$16.98	\$17.87	\$25.98

Life Insurance

Administered by Securian Financial

Willmar ISD

Plan Summary - Group Term Life and AD&D Insurance



securian
FINANCIAL®



Group Life Insurance Program

Your employer provides benefit eligible employees Term Life and Accidental Death & Dismemberment (AD&D) Insurance through Securian Financial - administered by Ochs.

LIFE and AD&D INSURANCE

Protect yourself and your family from the unexpected loss of life and income during working years. Life Insurance provides a financial benefit to beneficiaries upon death; AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere.

HOW MUCH LIFE INSURANCE DO YOU NEED?

Check out the life insurance calculator at LifeBenefits.com/InsuranceNeeds.



Insurance helps cover

- Funeral/burial costs
- Medical bills
- Taxes & living expenses (i.e. mortgage, childcare)

Automatically Enrolled Coverage - employer paid

Employee
Basic Term Life and AD&D

Enrolled

Amount varies - depending on job classification

- Includes a matching AD&D benefit

Elect Supplemental Coverage - employee paid

Employee
Term Life and AD&D

Elect

up to **\$750,000** maximum

- Elect in **\$5,000 increments**
- Includes a matching AD&D benefit

Spouse
Term Life and AD&D

Elect

up to **\$250,000** maximum

- Elect in **\$5,000 increments**
- Includes a matching AD&D benefit

Child
Term Life

Elect

\$10,000 or \$15,000 each child

- One premium insures all eligible children from live birth to age 26
- Includes first newborn child benefit

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible for coverage.

Life Insurance

Administered by Securian Financial

MONTHLY COST
Employee or Spouse
Supplemental Term Life and AD&D
 See rate grid for easy cost calculation.

Age	Rate per \$1,000
<25	\$0.07
25-29	\$0.08
30-34	\$0.09
35-39	\$0.11
40-44	\$0.12
45-49	\$0.17
50-54	\$0.25
55-59	\$0.41
60-64	\$0.62
65-69	\$1.02
70-74	\$2.08
75*	\$2.08

*Rates beyond age 75 are available upon request.
 Rates increase with age and all rates are subject to change.

MONTHLY COST
Child Life

\$10,000	\$15,000
\$1.40	\$2.10

One premium insures all eligible children.

ENROLL NOW

Enroll for coverage by the enrollment deadline. Premiums will be automatically deducted from your paycheck.

BENEFICIARY DESIGNATIONS

Naming a beneficiary is an important right of life insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your elections periodically.

ADDITIONAL FEATURES

- **Waiver of Premium** - If you become totally and permanently disabled, according to the terms of your certificate, life insurance premiums may be waived.
- **Accelerated Benefit** - If an insured person is diagnosed with a terminal illness, as defined in your certificate, he/she may be eligible to request early payment of the life insurance in force.
- **Continuation** - If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage, if elected during the limited enrollment period. Premiums may be higher than those paid by active employees. Contact your employer or Ochs for information.

NEWLY HIRED EMPLOYEES

A special guaranteed issue opportunity is available for newly hired employees during their initial 31 day enrollment period. No evidence of insurability is required for the following **guaranteed amounts**:

- **Employee** - up to **\$250,000**
- **Spouse** - up to **\$50,000**
- **Child** - **all coverage**

Evidence of insurability is required for elections above the guaranteed amounts.

ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, no evidence of insurability is required for the following **guaranteed amounts**:

- **Child** - **all coverage**

Evidence of insurability is required for all other elections.

OTHER ENROLLMENT

If your policy or employer allows enrollment outside of their designated enrollment periods, **elections will require evidence of insurability**. If you experience a family status change, check with your employer within 31 days to confirm guaranteed issue eligibility.



Contact Ochs
 ochs@ochsinc.com
 651-665-3789 or 1-800-392-7295

Life Insurance

Administered by Securian Financial



Employee and Spouse Supplemental Term Life & AD&D Monthly Rates (based on age)

Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74*
Rate per \$1,000 Coverage Amount	\$0.07	\$0.08	\$0.09	\$0.11	\$0.12	\$0.17	\$0.25	\$0.41	\$0.62	\$1.02	\$2.08
\$5,000	0.35	0.40	0.45	0.55	0.60	0.85	1.25	2.05	3.10	5.10	10.40
\$10,000	0.70	0.80	0.90	1.10	1.20	1.70	2.50	4.10	6.20	10.20	20.80
\$20,000	1.40	1.60	1.80	2.20	2.40	3.40	5.00	8.20	12.40	20.40	41.60
\$30,000	2.10	2.40	2.70	3.30	3.60	5.10	7.50	12.30	18.60	30.60	62.40
\$40,000	2.80	3.20	3.60	4.40	4.80	6.80	10.00	16.40	24.80	40.80	83.20
\$50,000	3.50	4.00	4.50	5.50	6.00	8.50	12.50	20.50	31.00	51.00	104.00
\$60,000	4.20	4.80	5.40	6.60	7.20	10.20	15.00	24.60	37.20	61.20	124.80
\$70,000	4.90	5.60	6.30	7.70	8.40	11.90	17.50	28.70	43.40	71.40	145.60
\$80,000	5.60	6.40	7.20	8.80	9.60	13.60	20.00	32.80	49.60	81.60	166.40
\$90,000	6.30	7.20	8.10	9.90	10.80	15.30	22.50	36.90	55.80	91.80	187.20
\$100,000	7.00	8.00	9.00	11.00	12.00	17.00	25.00	41.00	62.00	102.00	208.00
\$110,000	7.70	8.80	9.90	12.10	13.20	18.70	27.50	45.10	68.20	112.20	228.80
\$120,000	8.40	9.60	10.80	13.20	14.40	20.40	30.00	49.20	74.40	122.40	249.60
\$130,000	9.10	10.40	11.70	14.30	15.60	22.10	32.50	53.30	80.60	132.60	270.40
\$140,000	9.80	11.20	12.60	15.40	16.80	23.80	35.00	57.40	86.80	142.80	291.20
\$150,000	10.50	12.00	13.50	16.50	18.00	25.50	37.50	61.50	93.00	153.00	312.00
\$160,000	11.20	12.80	14.40	17.60	19.20	27.20	40.00	65.60	99.20	163.20	332.80
\$170,000	11.90	13.60	15.30	18.70	20.40	28.90	42.50	69.70	105.40	173.40	353.60
\$180,000	12.60	14.40	16.20	19.80	21.60	30.60	45.00	73.80	111.60	183.60	374.40
\$190,000	13.30	15.20	17.10	20.90	22.80	32.30	47.50	77.90	117.80	193.80	395.20
\$200,000	14.00	16.00	18.00	22.00	24.00	34.00	50.00	82.00	124.00	204.00	416.00
\$210,000	14.70	16.80	18.90	23.10	25.20	35.70	52.50	86.10	130.20	214.20	436.80
\$220,000	15.40	17.60	19.80	24.20	26.40	37.40	55.00	90.20	136.40	224.40	457.60
\$230,000	16.10	18.40	20.70	25.30	27.60	39.10	57.50	94.30	142.60	234.60	478.40
\$240,000	16.80	19.20	21.60	26.40	28.80	40.80	60.00	98.40	148.80	244.80	499.20
\$250,000	17.50	20.00	22.50	27.50	30.00	42.50	62.50	102.50	155.00	255.00	520.00
\$260,000	18.20	20.80	23.40	28.60	31.20	44.20	65.00	106.60	161.20	265.20	540.80
\$270,000	18.90	21.60	24.30	29.70	32.40	45.90	67.50	110.70	167.40	275.40	561.60
\$280,000	19.60	22.40	25.20	30.80	33.60	47.60	70.00	114.80	173.60	285.60	582.40
\$290,000	20.30	23.20	26.10	31.90	34.80	49.30	72.50	118.90	179.80	295.80	603.20
\$300,000	21.00	24.00	27.00	33.00	36.00	51.00	75.00	123.00	186.00	306.00	624.00
\$350,000	24.50	28.00	31.50	38.50	42.00	59.50	87.50	143.50	217.00	357.00	728.00
\$400,000	28.00	32.00	36.00	44.00	48.00	68.00	100.00	164.00	248.00	408.00	832.00
\$450,000	31.50	36.00	40.50	49.50	54.00	76.50	112.50	184.50	279.00	459.00	936.00
\$500,000	35.00	40.00	45.00	55.00	60.00	85.00	125.00	205.00	310.00	510.00	1,040.00
\$550,000	38.50	44.00	49.50	60.50	66.00	93.50	137.50	225.50	341.00	561.00	1,144.00
\$600,000	42.00	48.00	54.00	66.00	72.00	102.00	150.00	246.00	372.00	612.00	1,248.00
\$650,000	45.50	52.00	58.50	71.50	78.00	110.50	162.50	266.50	403.00	663.00	1,352.00
\$700,000	49.00	56.00	63.00	77.00	84.00	119.00	175.00	287.00	434.00	714.00	1,456.00
\$750,000	52.50	60.00	67.50	82.50	90.00	127.50	187.50	307.50	465.00	765.00	1,560.00

*Additional rates available upon request. Rates change according to age brackets.
Rate Grid Willmar ISD.doc

Rev 10-2021

AD&D Insurance

Administered by Zurich



Willmar ISD 347

Trustees of Schools Insurance Fund presents
Group Accidental Death & Dismemberment Insurance Plan • GTU 3514257
...protection against the unexpected

The following is a brief description of the Voluntary Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this plan, please see the policy.

Eligibility

Class I: All eligible employees of schools associated with the Willmar ISD 347 who have enrolled by Joinder Agreement in the Trust.

You may elect to include coverage for your eligible dependents under the Family Plan.

Eligible dependents include your legally married spouse and your unmarried dependent children from birth to 19 years of age, or to age 26 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance.

No individual may be covered more than once under this plan. You cannot be covered as a spouse or dependent child of another employee.

Benefit Amount

Class I: You may purchase a benefit from a minimum of \$25,000 to a maximum of \$300,000 in increments of \$25,000. However, amounts applied for in excess of \$150,000 must not exceed ten (10) times your base annual pay excluding overtime, bonuses and commissions.

Benefit Amounts for Your Dependents

The benefit amount for your covered dependents will be a percentage of your benefit amount, as follows:

Plan Selected	% Spouse	% Child(ren)
Spouse only:	50%	0
Dependent Child(ren) only:	0	15%
Spouse and Dependent Child(ren)	50%	10%

Maximum benefit amount of \$25,000 for dependent child(ren).

Reduction of Benefits at Age 70

At age 70, for the insured employee only, your benefit amount will be reduced based on your previous benefit amount per the following schedule:

Age at Date of Loss	Percent of Benefit Amount
70-74	65%
75-79	45%
80-84	30%
85 & Over	15%

AD&D Insurance

Administered by Zurich



Benefits Provided

If you have an accident that results in any of the following losses, Zurich American Insurance Company may pay certain benefit amounts shown within 365 days of the date of the accident to you or your designated beneficiary. If the accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Loss of:	Benefit Amount
(1) Life	100% of benefit amount
(2) Both hands or both feet	100% of benefit amount
(3) One hand and one foot	100% of benefit amount
(4) One hand or one foot plus the sight of one eye	100% of benefit amount
(5) Sight of both eyes	100% of benefit amount
(6) Speech and Hearing	100% of benefit amount
(7) Speech or Hearing	50% of benefit amount
(8) One hand, one foot, or sight of one eye	50% of benefit amount
(9) Thumb and index finger of the same hand	25% of benefit amount

Loss of Use of:	Benefit Amount
(1) Four Limbs	100% of benefit amount
(2) Three Limbs	75% of benefit amount
(3) Two Limbs	66% of benefit amount
(4) One Limb	50% of benefit amount

Cost and Method of Payment

- The monthly cost for **Employee Only** coverage is \$.026 for each \$1,000 of benefit amount.
- The monthly cost for the **Family Plan** is \$.04 for each \$1,000 of benefit amount.

Premium payments will be deducted automatically from your pay. For example, if you had selected one of the benefit amounts below, your monthly cost would be:

Benefit Amount	PLAN I Monthly Cost Employee Only	PLAN II Monthly Cost Family Plan
\$ 25,000	\$.65	\$ 1.00
50,000	1.30	2.00
75,000	1.95	3.00
100,000	2.60	4.00
125,000	3.25	5.00
150,000*	3.85	6.00
175,000*	4.55	7.00
200,000*	5.20	8.00
225,000*	5.85	9.00
250,000*	6.50	10.00
275,000*	7.15	11.00
300,000*	7.80	12.00

* Benefit amounts in excess of \$150,000 may not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

Waiver of Premium Benefit

If you become totally disabled (as defined in the policy), we will waive your premium provided your disability has continued for a period greater than six (6) consecutive months. Premium payments shall continue for the six (6) months of continuous Total Disability. After this six (6) month period, premium shall be waived until the earliest of the following: 1) you are no longer totally disabled because of the injury; 2) the policy terminates; or 3) you attain age 70.

Long-Term Disability

Administered by SunLife

Long-Term Disability Insurance



COMMON CAUSES OF DISABILITY

- ✓ Musculoskeletal conditions
- ✓ Circulatory conditions
- ✓ Cancer
- ✓ Nervous system disorders
- ✓ Injuries

HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability insurances replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

BENEFITS (You can purchase this coverage at a group rate.)

Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace 66.67% of your Total Monthly Earnings, up to a monthly maximum. No medical questions are asked up to the Guaranteed Issue amount of the monthly maximum
When benefits begin	Benefits begin as soon as 90 days from the date of your disability.
Benefits may be paid for	Up to age 65, but not less than 5 years, if you are age 60 or under at the start of disability. If you become disabled after age 60, additional benefit duration restrictions apply.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

LONG-TERM DISABILITY FAST FACTS

34.6 months

The length of the average long-term disability claim.¹

You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.

WILMAR SCHOOL DISTRICT 347

Long-Term Disability

Administered by SunLife



	Class 1	Class 2	Class 3
Class description	Administrators	Teachers	Confidential Secretaries
Waiting Period	None	None	None
Maximum benefit %	66.67% of monthly earnings	66.67% of monthly earnings	66.67% of monthly earnings
Maximum monthly benefit	\$8,334	\$5,000	\$4,167
Guaranteed Issue amount	\$8,334	\$8,334	\$4,167
Elimination Period	90 days	90 days	90 days
Definition of Disability	24 months own occupation; loss of duties and loss of earnings required	24 months own occupation; loss of duties and loss of earnings required	24 months own occupation; loss of duties and loss of earnings required
Earnings Test	80% during the own occupation period and 80% during the any occupation period	80% during the own occupation period and 80% during the any occupation period	80% during the own occupation period and 80% during the any occupation period
Minimum benefit	\$50	\$50	\$50
Contributions	Contributory	Contributory	Contributory
Participation requirement	60%	60%	55%
Employer contribution %	0%	0%	0%
	Class 4	Class 5	
Class description	Custodial	Clerical, Aides, and Food Service Employees	
Waiting Period	None	None	
Maximum benefit %	66.67% of monthly earnings	66.67% of monthly earnings	
Maximum monthly benefit	\$4,167	\$4,167	
Guaranteed Issue amount	\$4,167	\$4,167	
Elimination Period	90 days	90 days	
Definition of Disability	24 months own occupation; loss of duties and loss of earnings required	24 months own occupation; loss of duties and loss of earnings required	
Earnings Test	80% during the own occupation period and 80% during the any occupation period	80% during the own occupation period and 80% during the any occupation period	
Minimum benefit	\$50	\$50	
Contributions	Contributory	Contributory	
Participation requirement	55%	55%	
Employer contribution %	0%	0%	

Long-Term Disability

Administered by SunLife



Frequently asked questions

Do I need to answer any health questions to enroll?

If you contribute to the cost of your insurance, you may need to complete health questions if you don't elect coverage when it's first available to you and you want to elect at a later date, or if you want to increase coverage. To answer health questions, please fill out our Evidence of Insurability application. Health questions must be approved by Sun Life before coverage takes effect. Please see your Certificate for details.

How do I file a Long-Term Disability claim?

If you become disabled after the effective date of coverage, check with your employer to make sure you are eligible for benefits. You can file a claim with us by downloading forms from our website. We'll ask you and your doctor to provide information about your medical condition and your expected recovery.

How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the policy's definition of disability. Generally, disability is defined as your inability to perform some or all of your job duties due to your injury, illness or pregnancy and may require that you have also had a certain percentage of earnings loss due to your disability. Please see your Certificate for details.

What if I have a pre-existing condition?

If you become disabled within 12 months of your insurance taking effect or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

Can I work while I'm disabled?

Your plan is designed to encourage and support your return to work. If you are able to work part-time, for example, you may receive part of your benefit while working.

Will income from other sources affect my benefit?

Your benefit may be reduced by Social Security benefits; disability benefits from retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave; and return-to-work earnings. For more information or to determine if this coverage is appropriate for you, contact your benefits administrator.

How is my benefit taxed?

If you or your employer pays for all or part of the cost of coverage on a pre-tax basis, all or part of your benefit amount will be Form W-2 taxable income. In these situations, FICA tax deductions may reduce the amount we will pay you.

The group disability insurance policies described in this advertisement provide disability income insurance only.

1. "Chances of Disability," Council for Disability Awareness, disabilitycanhappen.org, last accessed April 2019.

Read the *Important information* section for more details including limitations and exclusions.

800-247-6875 • sunlife.com/us

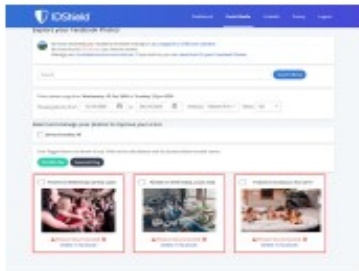
Long-Term Disability Insurance

ID Shield



Identity Theft and Privacy Protection

Protect your identity and privacy while giving yourself peace of mind.



IDShield provides a scan of your social media accounts alerting you of posts and images that could be harmful to your reputation.

AFFORDABLE IDENTITY AND PRIVACY PROTECTION

EMPLOYEE	FAMILY
\$6.50	\$12.50
PER MONTH	PER MONTH

FOR MORE INFORMATION, VISIT

benefits.legalshield.com/willmar



360° Degree Protection

IDShield monitors your identity, credit, financial accounts, social media accounts, and provides device and online privacy reputation management.



Real-Time Alerts

If a threat is detected to your identity or credit you will receive an alert. You can view your alerts on the IDShield mobile app, member portal and receive them by email.



Full-Service Restoration and Unlimited Consultation

If your identity is stolen IDShield provides you direct access to a dedicated Licensed Private Investigator, who will restore your identity to its pre-theft status, guaranteed. You can also talk to an identity theft specialist about any identity theft or online privacy concern. In the event of an emergency, IDShield provides 24/7 emergency assistance.



Financial Protection

Financial account monitoring and a \$1 Million Identity Fraud Protection Plan for unauthorized electronic fund transfers and identity theft related expenses.



Mobile App

The IDShield mobile app makes it easy for you to protect your identity and privacy and track your credit score with IDShield's monthly credit score tracker.



When I spoke with my investigator, she was very caring and understanding about my situation and helped me tremendously. I feel like a huge weight has been lifted off my shoulders."

K.C. - IDShield Member



POWERED BY LEGALSHIELD

ID Shield

IDShield provides coverage for today's identity and privacy protection needs at an affordable rate. The IDShield plan includes:

	MONITORED INFORMATION	• Mother's Maiden Name • Investment Account Numbers • Social Security Number • Medical ID Number	• Passport Number • Driver's License Number • Usernames/ Passwords • National Provider Identifier Number	• Bank Account Numbers • Credit/Debit/Retail Cards • And More!
	MONITORING AND DETECTION	• High Risk Application Monitoring • Public Record Monitoring • Sex Offender Monitoring • Financial Account Monitoring • Social Media Monitoring	• Court and Criminal Record Monitoring • Credit Monitoring (TransUnion) • Telecom Monitoring • Child Monitoring (Family Plan Only) • Internet and Dark Web Monitoring • Online Chat Rooms and Social Feeds Monitoring	• Payday Loan Monitoring • Local, State and Federal Database Monitoring • Reputation Score • Reputation Management • And More!
	REAL-TIME ALERTS	• Hard Credit Inquiry Alerts • Identity Threat Alerts	• Social Media Alerts • Sex Offender Alerts	• Financial Account Alerts
	UNLIMITED CONSULTATION	• Medical Data Reports • Assistance in Analyzing and Interpreting Credit Reports • Lost/Stolen Wallet Assistance	• Consultation on Common Trends and Scams • Identity Theft Consultation • Online Privacy Management	• Data Breach, Identity Theft and Financial Account Safeguards • Cyberbullying Protection
	COMPREHENSIVE IDENTITY RESTORATION	• Full-Service Restoration by Licensed Private Investigators	• \$1 Million Identity Fraud Protection Plan • 3B Credit Report Pre- and Post-Restoration	• Pre-Existing Identity Theft Restoration • Unlimited Service Guarantee
	GENERAL	• 24/7 Emergency Access • Auto-Monitoring • Mobile App	• Direct Access to Licensed Private Investigators	• Monthly Credit Score Tracker • Live Member Support

IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Reimbursement Policy ("Policy") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expense reimbursement and legal costs as a result of a covered identity fraud. The amount of coverage is dependent on the type of identity theft plan. See a Policy for complete terms, coverage, conditions and limitations related to family members who are eligible for coverage under the Policy. See a benefit overview for a summary description of benefits for the Policy coverage.

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Making life a Little Easier



Beacon Wellbeing



Making life a little easier

When life's challenges come your way, let us help. We provide confidential information, guidance and support to help you reach your personal and professional goals, manage your busy schedule and bounce back from hardships. You and your household members can call any time, 24 hours a day, seven days a week.

Our counselors are licensed, highly trained professionals who are committed to making your life easier. The service is confidential and available at no charge to you.

How we help

What do you want to achieve? Receive support with:

- Marriage and relationship issues
- Stress management
- Financial planning, for example, family budgeting, debt consolidation and saving for retirement
- Depression and anxiety
- Living with someone who misuses drugs or alcohol
- Personal goals such as weight loss and quitting smoking
- Finding care for an aging parent
- Legal concerns

- Conflict resolution at home or on the job
- Adjusting to life events such as divorce or the birth of a child
- Finding work/life balance
- Building fulfilling relationships
- Living healthier
- Achieving professional goals
- Grief and loss
- Estate planning
- Parenting skills
- Learning to be more assertive
- Recovering from adversity
- Improving your self-esteem
- Feelings of loneliness

Online information and resources

Locate service providers in your area and receive access to thousands of articles, videos, audio files, and quizzes to help make your life easier.

Site topics include:

- Marriage
- Divorce
- Depression
- Stress
- Managing emotions
- Substance Use Disorder treatment and recovery
- Parenting
- Working with others
- Debt and credit
- Financial planning

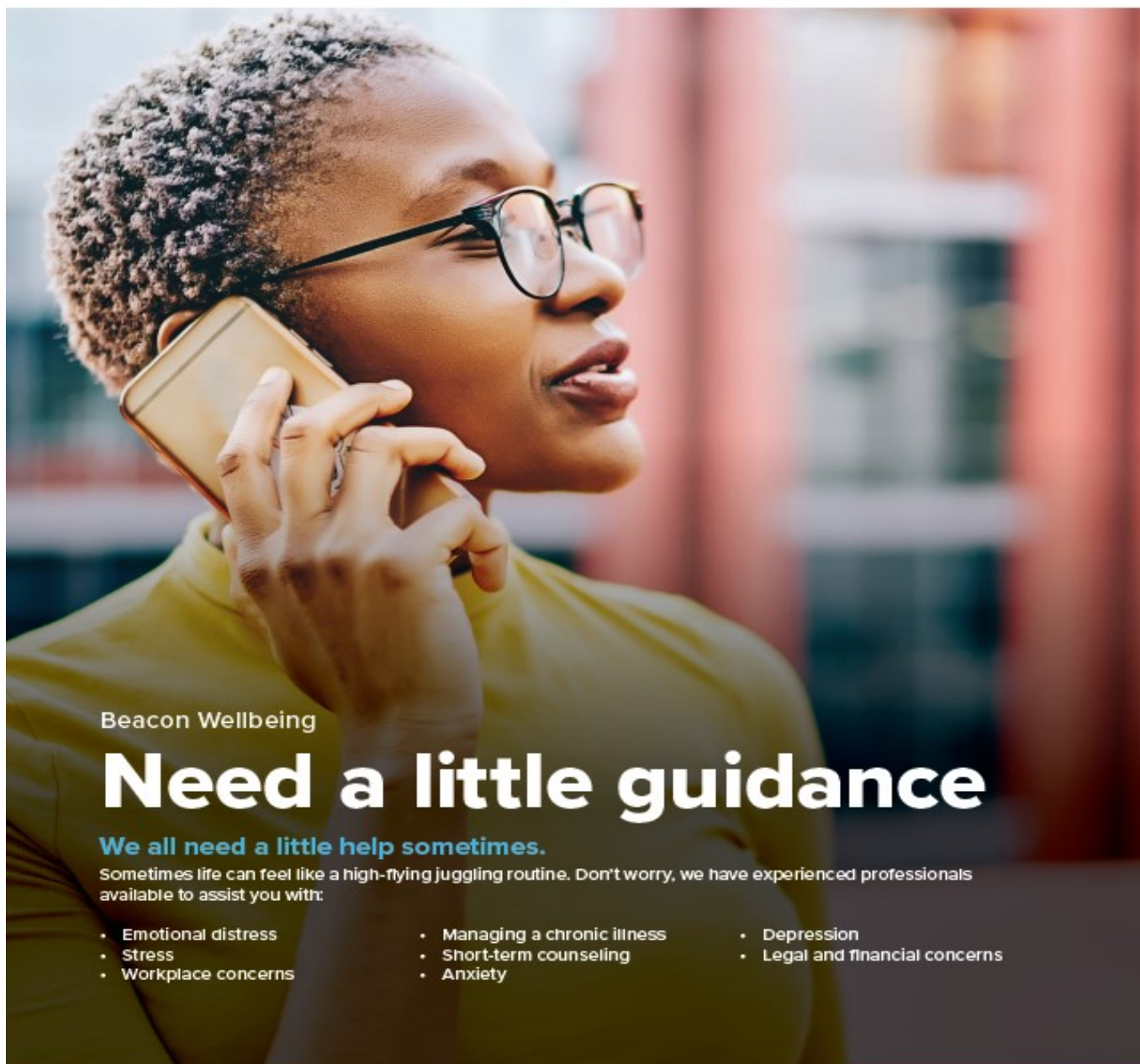
 feelgreat.mybeaconwellbeing.com  866-950-7656

Need A Little Guidance



Beacon Wellbeing is an employee assistance program (EAP) that provides you with personalized guidance and support to help improve your overall health and wellness. Confidential, expert support is available 24/7 at no cost to you.

 feelgreat.mybeaconwellbeing.com  **866-950-7656**

A photograph of a woman with short, curly hair and glasses, wearing a yellow shirt, holding a smartphone to her ear and looking off to the side. The background is blurred, showing what appears to be a building with red columns.

Beacon Wellbeing

Need a little guidance

We all need a little help sometimes.

Sometimes life can feel like a high-flying juggling routine. Don't worry, we have experienced professionals available to assist you with:

- Emotional distress
- Stress
- Workplace concerns
- Managing a chronic illness
- Short-term counseling
- Anxiety
- Depression
- Legal and financial concerns

Work-Life Benefits



Beacon Wellbeing



Work/Life benefits

You and your family have access to your employee support program to help balance life's challenges. When you call the toll-free number, a consultant will respond to your request thoroughly and promptly. Online you'll find resources, articles, locators, links, and interactive tools.

Service overview

- Complementary to other employee benefits
- Accessed by phone, email, or website
- Available any time, any day
- Always confidential
- No cost to you or your family to use the service

Child care services

- Choosing child care
- Summer/holiday care
- Special needs child care
- State child care regulations

Parenting Services

- Family planning including infertility and adoption
- Pregnancy care

- Improving sibling relationships
- Single parenting and blended families

Education services

- Preschool options and K-12 information
- GED/vocational and continuing education information
- Learning disabilities
- Tutors and test preparation
- Education financing

Adult care services

- Care for older adults including home care, assisted living, nursing homes and special needs
- Home safety
- Navigating Medicare and Medicaid services
- Hospice information
- Transportation services
- Paying for care and caregiver support

Daily living services

- Travel and recreation
- Pet care
- Housing locator services
- Home improvement services
- Automotive services
- Relocation help
- Health and wellness

Career services

- Skill building and career training
- Interviewing techniques
- Stress management
- Transition and relocation

Colonial Benefits



Individual Short-Term Disability

Short Term Disability replaces a portion of your income to help make ends meet if you are totally disabled due to a covered accident or covered sickness that happens outside of work. Have you thought about what you would do if you were unable to work? How would you cover the cost of your daily living expenses? Colonial Life's Short-Term Disability Insurance provides a monthly benefit to replace lost income in the event of a covered accident or illness. This coverage helps you to maintain your lifestyle.

- 3 Month Benefit Period
- Choice of Elimination / Waiting Period
- Off Job Accident & Sickness Coverage
- Coverage includes maternity (9-month birth exclusion applies) and partial disability benefits.
- Protect up to 60% of your monthly income: \$400 - \$4,000 in \$100 increments.
- Benefits are paid directly to you, regardless of any other insurance you may have with other companies.
- **PORTABLE:** If you change jobs you can take your coverage with you at the same affordable rates.
- **OWN OCCUPATION** definition of disability and **WORLDWIDE COVERAGE.**
- **LEVEL PREMIUMS:** rates do not increase as you get older.
- **Monthly Rates**

3 Months	0 Days Accident / 7 Days Sickness Elimination Period									
Monthly Benefit	\$400	\$700	\$1000	\$1200	\$1500	\$1800	\$2000	\$2200	\$2500	\$3000
Age 17-49	\$10.84	\$18.97	\$27.10	\$32.52	\$40.65	\$48.78	\$54.20	\$59.62	\$67.75	\$81.30
Age 50-64	\$12.88	\$22.54	\$32.20	\$38.64	\$48.30	\$57.96	\$64.40	\$70.84	\$80.50	\$96.60
Age 65-74	\$15.04	\$26.32	\$37.60	\$45.12	\$56.40	\$67.68	\$75.20	\$82.72	\$94.00	\$112.80

AA Risk – MN Off Job Rates. Disclaimer: Underwriting may apply. Sample rates. Other benefit options available. For cost and complete details, please see your sales representative

Individual Medical Bridge

Medical Bridge provides benefits to help pay for deductible and coinsurance costs, as well as everyday living expenses. HSA compliant. Below are highlights:

- **Provides** peace of mind should the unexpected occur
- **Provides** a lump-sum benefit for hospital confinement
- **Benefits** are paid directly to you
- **Plan** is portable, you can take it with you at the same rates should you change jobs or retire
- **Medical Treatment Package - Accident Only** - pays benefits for accident only treatment of emergency room, doctor visit etc
- **12 Deductions / Monthly Rates**

PLAN 1				
\$500 Hospital Confinement Benefit Medical Treatment Package	Employee Only	Employee & Spouse	Employee & Dependent Children	Employee, Spouse & Dependent Children
Employee Age 17-49	\$6.60	\$12.65	\$11.20	\$17.25
Employee Age 50-59	\$9.10	\$17.20	\$13.70	\$21.80
Employee Age 60-64	\$12.30	\$23.30	\$16.90	\$27.90
Employee Age 65-74	\$17.10	\$32.55	\$21.70	\$37.15
PLAN 1				
\$1,500 Hospital Confinement Benefit Medical Treatment Package	Employee Only	Employee & Spouse	Employee & Dependent Children	Employee, Spouse & Dependent Children
Employee Age 17-49	\$15.70	\$30.05	\$23.50	\$37.85
Employee Age 50-59	\$21.70	\$41.00	\$29.50	\$48.80
Employee Age 60-64	\$29.60	\$56.10	\$37.40	\$63.90
Employee Age 65-74	\$40.10	\$76.35	\$47.90	\$84.15

Disclaimer: Underwriting may apply. MN rates. Rates may vary.

Colonial Benefits

Group Accident Insurance

Common injuries like major cuts, fractures or dislocations can result in hundreds of dollars in out-of-pocket medical expenses and time missed from work. Colonial's Group Accident Insurance helps cover unexpected expenses such as Co-pays, deductibles, co-insurance and includes benefits for initial care (ambulance, ER, Doctor's Office visit, etc...), hospitalization, follow up care plus accidental death & dismemberment benefits. The plan includes:

- **On/Off Job** Accident Coverage with ability to cover your spouse & dependent children
- **Benefits** are paid directly to you
- **Guarantee Issue**
- **Plan is portable**, you can take it with you at the same rates should you change jobs or retire
- **Health Screening Benefit:** \$50 benefit annually
- **12 Deductions / Monthly Rates-MN Situs State**

	Plan 2
Name Insured:	\$13.12
Employee & Spouse:	\$21.11
One-parent Family:	\$23.17
Two-parent Family:	\$31.16

Disclaimer: Underwriting may apply. MN rates.

Group Critical Illness Insurance 6000

Colonial Life's Group Critical Care insurance helps your employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as heart attack or stroke. It provides a lump sum benefit to help with the out-of-pocket medical and/or non-medical expenses of a critical illness.

- **Benefits** are paid directly to you
- **Plan** is portable, you can take it with you at the same rates should you change jobs or retire
- **Cancer** benefit included
- **First Diagnosis** building benefit included
- **Heart** benefits included
- **Infectious Diseases** benefit included
- **12 Deductions / Monthly Rates**

PLAN 2 \$10,000 Benefit	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Non-Tobacco Rates				
Issue Age 17-24	\$6.70	\$9.78	\$6.70	\$9.78
Issue Age 25-29	\$8.96	\$13.12	\$8.96	\$13.12
Issue Age 30-34	\$11.13	\$16.45	\$11.13	\$16.45
Issue Age 35-39	\$16.12	\$23.82	\$16.12	\$23.82
Issue Age 40-44	\$21.00	\$31.18	\$21.00	\$31.18
Issue Age 45-49	\$28.41	\$42.93	\$28.41	\$42.93
Issue Age 50-54	\$36.02	\$54.78	\$36.02	\$54.78
Issue Age 55-59	\$45.27	\$68.73	\$45.27	\$68.73
Issue Age 60-64	\$57.73	\$87.68	\$57.73	\$87.68
Issue Age 65-69	\$65.83	\$100.08	\$65.83	\$100.08
Issue Age 70-74	\$65.83	\$100.08	\$65.83	\$100.08
PLAN 2 \$10,000 Benefit	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Tobacco Rates				
Issue Age 17-24	\$9.68	\$14.11	\$9.68	\$14.11
Issue Age 25-29	\$13.30	\$19.53	\$13.30	\$19.53
Issue Age 30-34	\$16.93	\$24.84	\$16.93	\$24.84
Issue Age 35-39	\$24.81	\$36.86	\$24.81	\$36.86
Issue Age 40-44	\$32.78	\$48.79	\$32.78	\$48.79
Issue Age 45-49	\$44.99	\$67.93	\$44.99	\$67.93
Issue Age 50-54	\$57.30	\$86.97	\$57.30	\$86.97
Issue Age 55-59	\$72.30	\$109.83	\$72.30	\$109.83
Issue Age 60-64	\$92.59	\$140.59	\$92.59	\$140.59
Issue Age 65-74	\$105.59	\$160.39	\$105.69	\$160.39
PLAN 2 \$20,000 Benefit	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Non-Tobacco Rates				
Issue Age 17-24	\$12.10	\$17.68	\$12.10	\$17.68
Issue Age 25-29	\$15.86	\$23.22	\$15.86	\$23.22
Issue Age 30-34	\$19.43	\$28.75	\$19.43	\$28.75
Issue Age 35-39	\$27.92	\$41.22	\$27.92	\$41.22
Issue Age 40-44	\$36.20	\$53.68	\$36.20	\$53.68
Issue Age 45-49	\$49.01	\$74.03	\$49.01	\$74.03
Issue Age 50-54	\$62.22	\$94.58	\$62.22	\$94.58
Issue Age 55-59	\$79.17	\$120.13	\$79.17	\$120.13
Issue Age 60-64	\$102.53	\$155.68	\$102.53	\$155.68
Issue Age 65-74	\$118.73	\$180.48	\$118.73	\$180.48

Disclaimer: Underwriting may apply. MN rates. Rates vary by state.

Colonial Benefits

Group Critical Illness Insurance 6000 (Additional Rates)

PLAN 2 \$20,000 Benefit Tobacco Rates	Employee Only	Employee & Spouse	One-Parent Family	Two-Parent Family
Issue Age 17-24	\$17.28	\$25.21	\$17.28	\$25.21
Issue Age 25-29	\$23.30	\$34.23	\$23.30	\$34.23
Issue Age 30-34	\$29.33	\$43.04	\$29.33	\$43.04
Issue Age 35-39	\$42.71	\$63.46	\$42.71	\$63.46
Issue Age 40-44	\$56.28	\$83.69	\$56.28	\$83.69
Issue Age 45-49	\$77.49	\$116.93	\$77.49	\$116.93
Issue Age 50-54	\$98.90	\$149.97	\$98.90	\$149.97
Issue Age 55-59	\$126.40	\$191.93	\$126.40	\$191.93
Issue Age 60-64	\$164.49	\$249.69	\$164.49	\$249.69
Issue Age 65-74	\$190.49	\$289.29	\$190.69	\$289.29

Disclaimer: Underwriting may apply. MN rates. Rates vary by state.

**The Call Center is available
Monday through Friday,
8:00 am – 5:00 pm.**

Colonial Life Call Center: 1-800-252-3117

***Current Policy Holders Can Contact your
Colonial Life Service Team for more information
on:***

***Claims
General Questions***

***Customer Service: 1-800-325-4368
Service Forms available at: www.coloniallife.com***

Legal Notices

We are required to provide the following notices to all employees upon hire and annually thereafter. In the interest of being environmentally conscious, the District has posted these notices to our District website or they are available by contacting the District's Human Resources Office at 763-600-5013.

Notice of Creditable Coverage

The Medicare Creditable Coverage Notice applies to any Medicare-eligible members enrolled or seeking enrollment on our medical plans. The notice provides documentation that the District health plans provide prescription drug coverage that is expected to pay, on average, as much as the standard Medicare Part D prescription drug coverage. If you are covered on one of the District health plans and later on enroll in Medicare Part D coverage, you will not pay a penalty for the Part D coverage, as long as you do not have a break in your coverage of more than 63 days.

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

This notice offers information to help employees and their children who are eligible for our district-sponsored health coverage, but need assistance in paying their health premiums, as well as Special Enrollment periods. The notice gives state contact information for both MN and WI.

Women's Health & Cancer Rights Act

The Women's Health and Cancer Rights Act Notice outlines your coverage required by federal law in the event of a mastectomy.

HIPAA Special Enrollment Rights

If you are waiving coverage under our medical plans, you may have special enrollment rights if you have a qualified status change.

In addition to the above-mentioned annual notices, upon enrollment in our medical, dental and/or life coverage, we are required to send you (and your family) the General Notice of COBRA Continuation Coverage Rights. This notice explains continuation of your coverage and when it may become available to you and/or your family members under the federal COBRA law. It also provides you important information regarding your responsibilities if you were to experience a "qualifying event". For instance, if your dependent child loses eligibility on the District's plan, you must notify Human Resources in writing within 60 days. If you fail to notify the District, your dependent would lose their right to COBRA continuation. This document is important to read so you are aware of the District's and your rights and responsibilities.

Legal Notices

Notice of Creditable Coverage

Important Notice from Willmar 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 Willmar 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.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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. Willmar Public Schools has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore 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.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Willmar Public Schools coverage will not be affected. Your current coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Willmar Public Schools coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Willmar Public 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 Medicare 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 Medicare 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.

Legal Notices

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Willmar Public Schools changes. You also may request a copy of this notice at any time.

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
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 01, 2023
Name of Entity/Sender:	Willmar Public Schools
Contact—Position/Office:	Liz Fischer— District Office Human Resources Director
Office Address:	611 5th St Sw
	Willmar, Minnesota 56201-3218
	United States
Phone Number:	320.231.8520

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

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

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

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

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

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

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

GEORGIA - Medicaid	INDIANA - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA - Medicaid and CHIP (Hawki)	KANSAS - Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY - Medicaid	LOUISIANA - Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE - Medicaid	MASSACHUSETTS - Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA - Medicaid	MISSOURI - Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA - Medicaid	NEBRASKA - Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA - Medicaid	NEW HAMPSHIRE - Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY - Medicaid and CHIP	NEW YORK - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA - Medicaid	NORTH DAKOTA - Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA - Medicaid and CHIP	OREGON - Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA - Medicaid and CHIP	RHODE ISLAND - Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA - Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS - Medicaid	UTAH - Medicaid and CHIP
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT - Medicaid	VIRGINIA - Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON - Medicaid	WEST VIRGINIA - Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN - Medicaid and CHIP	WYOMING - Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration

Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa

www.cms.hhs.gov

1-866-444-EBSA (3272)

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718,

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: \$2,600 Deductible, 20% Coinsurance (Individual: 20% coinsurance and \$2,600 deductible; Family: 0% coinsurance and \$5,200 deductible)

Plan 2: \$3,500 Deductible, 0% Coinsurance (Individual: 0% coinsurance and \$3,500 deductible; Family: 0% coinsurance and \$7,000 deductible)

Plan 3: \$6,350 Deductible, 0% Coinsurance (Individual: 0% coinsurance and \$6,350 deductible; Family: 0% coinsurance and \$12,700 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 320.231.8520 or windingstade@willmar.k12.mn.us.

HIPAA Special Enrollment Rights

Willmar Public Schools Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Willmar Public Schools Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for 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 this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Liz Fischer— District Office Human Resources Director at 320.231.8520 or fischere@willmar.k12.mn.us.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.



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