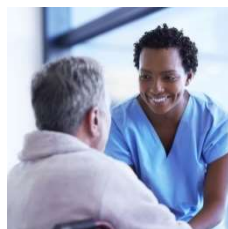
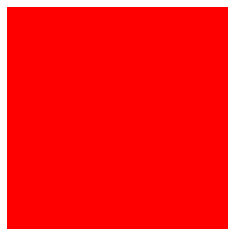
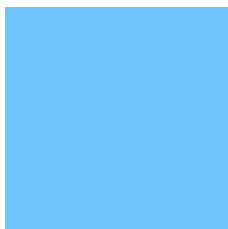
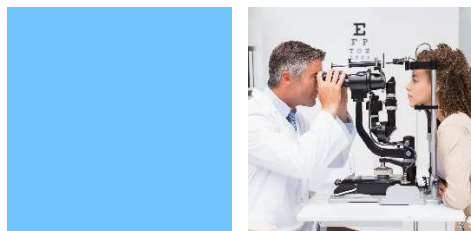




School District 622

NORTH ST. PAUL | MAPLEWOOD | OAKDALE

Ready for tomorrow



2024-2025 Benefit Guide

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This summary is not a legal document and does not replace or supersede the "Evidence of Coverage" policy, the Summary Plan description, or collective bargaining agreements. Please refer to the Evidence of Coverage/insurance policy/Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage.

School District 622 reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Evidence of Coverage/ policy/Summary Plan Description in whole or in part at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right.

Benefits Message

Welcome to School District 622!

ISD 622 provides benefits designed to help you stay healthy, feel secure and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to make ISD 622 a great place to work.

Questions? Please contact the Benefits Office at benefits@isd622.org.

Enrollment

Who is Eligible?

Eligibility is based on your bargaining unit contract and/or the Affordable Care Act. Eligible employees may also enroll their legal spouse and eligible dependent children (up to the age of 26), a legally adopted child, a child placed for adoption, or a child for whom the employee has permanent legal custody. Documentation establishing dependent eligibility must be provided. Please visit www.isd622.org/staff - HR - Benefits for more information regarding acceptable documentation.

When and How Do I Enroll?

Enrollment must occur within 30 days of the Qualifying Life Event or Benefits Eligibility Date via the District's online benefits system, Alight Worklife.

Logging into Alight Worklife

<https://worklife.alight.com/isd622/>

User Name: Social Security Number (no dashes)

Password: Birth date (in MMDDYYYY format)

How Do I Pay for Coverage?

Premiums are paid pre-tax through payroll deduction. The deduction is calculated by multiplying the months of coverage by the monthly cost and dividing by the number of paychecks remaining for insurance coverage.

Deduction schedule (pay dates listed):

Teachers: 24 deductions, August 31 to May 31

Full-time Custodians & Clerical, Principals, 12-month Non-Units, Year-Round Teachers:

24 deductions, July 14 to June 28

All other groups: 16 deductions, October 13 to May 31

Benefits and deductions will be adjusted based on enrollment and eligibility.

Where Do I Find...

A View of My Current Benefits?

Log into Alight Worklife and click on *View your Coverage* at the right of the page.

Plan details?

Summary plan descriptions on the District website at www.isd622.org/staff - HR - Benefits and on Alight Worklife, under "Insurance" at top of page.

Cost?

Page 8 of this booklet or the District website at www.isd622.org/staff - HR - Benefits; click on the benefit summary for your specific bargaining unit.

Alight Worklife Instructions?

District website at www.isd622.org/staff - HR - Benefits or after you log into Alight Worklife, under "Resources" at top of page.

When may I make changes?

Changes to coverage may be made during Open Enrollment or within 30 days of a Qualifying Life Event such as marriage, birth, or divorce, etc. or within 60 days for loss or gaining coverage under Medicaid or a state child health plan. Changes to your specific health plan, such as moving from the Copay Health Plan to the Teacher VEBA Health Plan may occur only during Annual Open Enrollment.

Documentation supporting the Life Event must be provided. Visit www.isd622.org/staff - HR - Benefits for more information.

When is My Coverage Effective?

- As a new employee or in a new position:
 - First contract day: health, flexible spending, long-term disability, and life insurance
 - First day of the next month: vision, dental and legal insurance.
- As a Qualified Life Event
 - The date of the Qualifying Life Event.

Not all benefits listed may apply to your specific position.

Health Insurance

School District 622 offers employees a Traditional copay plan and two High Deductible health plans, all administered by BlueCross BlueShield. The chart on the following page is a brief outline of the plans. For complete plan details, please refer to the Summary Plan Description and the Summary of Benefits and Coverage (SBC) found on Alight Worklife, under “Insurance” at top of page.

You may also find your SBC at www.isd622.org/staff - HR - Benefits under your specific bargaining unit.

How Does a High Deductible (HDHP) Work?

High Deductible Plans with a Reimbursement Account (HSA and VEBA)

1. You seek medical care, and your provider submits the charges to BlueCross
2. BlueCross processes the claims, applies their discount, and sends the Explanation of Benefits (EOB) to the provider, and the
3. provider sends you the bill for the amount you owe
4. If you have an HSA, you pay the doctor using provided checks, bill pay, or MEDSURETY debit card
5. If you have a VEBA, you pay the doctor using the MEDSURETY debit card; if you use another form of payment, you may submit a claim and receive reimbursements from your VEBA account.

Note: For the ACA health plan, there is not a health account established by the District, but you may establish one on your own through a bank or financial institution.

How Does a Copay Plan Work?

1. You seek medical care
2. You pay copay at time of visit
3. The provider submits the claim to BlueCross
4. BlueCross applies discount, verifies deductible and, if there are deductible eligible expenses, sends you and the provider an Explanation of Benefits (EOB)
5. Provider sends you the bill for amount you owe (i.e. deductible)

Is My Doctor and Clinic in the Network?

All health plans utilize the Aware Provider Network. To search the provider network online, go to [BlueCross BlueShield Aware Network](#)



Health Insurance Plan Summaries

BlueCross BlueShield Contact Information

Member Services: 651-662-8000

Website: www.bluecrossmn.com

Group Number: 306220

Network: Aware

	Copay Plan Preferred	ACA Plan Preferred	Teacher VEBA Plan Preferred	HSA Plan Preferred	Nutrition Services VEBA Plan Preferred
Service	In-Network	In-Network	In-Network	In-Network	In-Network
Available To	All Units	All Units	Teachers	BIS, Clerical, Ed. Assist, LPN/ARN, Local 70, Non-Units, Paraeducators, Principals	Nutrition Services
Deductible Year	Jan-Dec	July-June	July-June	July-June	July-June
	Employee Pays	Employee Pays	Employee Pays	Employee Pays	Employee Pays
Deductible	\$400 individual \$1,000 family	\$6,400 individual ² \$12,800 family	\$2,200 Individual ⁴ \$4,400 Family	\$3,200 Individual ⁶ \$6,400 Family	\$1,350 Individual ⁸ \$2,700 Family
Medical Out-of-Pocket Maximum	\$700 individual \$1,400 family	\$6,400 individual ³ \$12,800 family	\$2,200 Individual ⁵ \$4,400 Family	\$3,200 Individual ⁷ \$6,400 Family	\$1,350 Individual ⁹ \$2,700 Family
Prescription Out-of-Pocket Maximum	\$500 per person \$750 per family	Combined with medical	Combined with medical	Combined with medical	Combined with medical
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Health Care	0%	0%	0%	0%	0%
Well@Work Clinic	0%	0%	0%	0%	0%
Office Visits & Urgent Care	\$35 copay ¹	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Convenience/Retail Clinics & Virtuwel, Doc on Demand	\$0 copay	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient & Outpatient Hospital, Ambulance	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency Room	\$75 copay	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Durable Medical Equipment	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Home Health Services	\$35 copay ¹	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Retail Pharmacy	34-day supply/ 100 units	31-day supply	31-day supply	31-day supply	31-day supply
Generic Formulary	\$8 copay	0%	0%	0%	0%
Generic Non-Formulary	\$40 copay	after deductible	after deductible	after deductible	after deductible
Formulary Brand	\$20 copay	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Non-Formulary Brand Specialty	\$40 copay	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Mail Order Pharmacy	2 copays for a 90-day supply	0% after deductible	0% after deductible	0% after deductible	0% after deductible

¹ Non-Preferred Copay Plan has a \$55 copay

² Non-Preferred ACA Plan has a Deductible of Individual \$6,650 / \$13,300 Family

³ Non-Preferred ACA Plan has an out-of-pocket max of Individual \$6,650 / Family \$13,300

⁴ Non-Preferred Teacher VEBA Plan has a Deductible of Individual \$2,450 / Family \$4,900

⁵ Non-Preferred Teacher VEBA Plan has an out-of-pocket max of Individual \$2,450 / Family \$4,900

⁶ Non-Preferred HSA Plan has a Deductible of Individual \$3,450 / Family \$6,900

⁷ Non-Preferred HSA Plan has an out-of-pocket max of Individual \$3,450 / Family \$6,900

⁸ Non-Preferred Nutrition Service VEBA Plan has a Deductible of Individual \$1,600 / Family \$3,200

⁹ Non-Preferred Nutrition Service VEBA Plan has an out-of-pocket max of Individual \$1,600 / Family \$3,200

Preferred/Non-Preferred status is based on completion of the District's wellness incentive program.

Health Savings Account

Eligibility – BIS, Clerical, Education Assistants, LPN/ARN, Local 70, Non-Unit, Paraeducators and Principals with the HSA Health Plan

A Health Savings Account (HSA) is a financial account owned by an individual. The District's HSA accounts are administered by MEDSURETY. Details about the HSA:

- Associated with a High Deductible Health Plan (HDHP)
- Contributions are to pay for current and future qualifying medical, dental and vision expenses.
- Eligible expenses may be reimbursed for employee, spouse and tax dependents; they do not need to be enrolled in the District's HSA Health Plan
- You can also contribute. The total employee and employer contributions cannot exceed IRS maximums
 - ◆ Calendar Year 2024: Single \$4,150 / Family \$8,300
 - ◆ Calendar Year 2025: Single \$4,300 / Family \$8,550
 - ◆ Age 55+ may contribute an additional \$1,000 per year
- No "use it or lose it" as unused funds rollover each year
- Interest earned is tax free and investment opportunities are available
- A beneficiary to the account funds may be named
- Portable – You maintain ownership of the account even if you change health plans or employers
- Monthly Admin Fee of \$3.00

HSA Contribution

- Where applicable, District contributions to the HSA will be the surplus of the District Contribution compared to the health/vision rate
- For full-time Clerical, Driver/Custodian, Non-Units and Principals contributions are made each paycheck July through June; 24 paychecks. For all other groups, contributions are made each paycheck October through May; 16 paychecks.

Employee Group	District Contribution to the HSA (monthly)	
	Family	Single
Behavior Intervention Specialist	\$0.00	\$36.37
Clerical – 10 mo, Full-Time (hired before 8/7/92)	\$0.00	\$36.37
Clerical – 10 mo, Full-Time (hired after 8/7/92)	\$0.00	\$36.37
Clerical – 11 mo, Full-Time (hired before 8/7/92)	\$0.00	\$36.37
Clerical – 11 mo, Full-Time (hired after 8/7/92)	\$0.00	\$36.37
Clerical – 12 mo, Full-Time	\$0.00	\$36.37
Education Assistants	\$0.00	\$22.05
LPN/ARN	\$0.00	\$22.05
Local 70 – 12 mo, Full-Time	\$0.00	\$36.37
Student Contact Day Driver	\$0.00	\$36.37
Non-Unit 1 (≥ 1872 annual hours), Associate Admin	\$0.00	\$36.37
Non-Unit – Nurses	\$0.00	\$36.37
Non-Unit 2 (≥ 1520 annual hours)	\$0.00	\$36.37
Paraeducators	\$0.00	\$36.37
Principals	\$0.00	\$36.37

VEBA

Eligibility – Teachers VEBA Health Plan and Nutrition Services VEBA Health Plan

A VEBA Account is a financial account held in the employee's name. The District's VEBA accounts are administered by MEDSURETY. Details about the VEBA:

- Associated with a VEBA health plan
- Contributions to the account are to pay for current and future medical expenses
- Eligible expenses may be reimbursed for employee, spouse, and dependents up to the age of 26; they do not need to be enrolled in the District's VEBA Health Plan
- Employer only contributions
- No "use it or lose it" as unused funds rollover each year
- Interest earned is tax free and investment opportunities are available
- No beneficiary can be named to the account
- VEBA money may be used to pay medical rates (post-employment)
- Portable – You maintain ownership of the account even if you change health plans or employers
- Monthly Admin Fee of \$3.00

VEBA Contributions

Contributions to the VEBA account are set amounts determined by the bargaining units and the District. The contribution amounts can't be individualized or modified during the year. The July deposit will be made by July 1 and then the subsequent monthly deposits, August through June are made around the 20th of each month.

Teachers

Effective July 1, 2024 contributions to the VEBA trust account will be 80% of deductible.

- For Employees with 12 months of Coverage
 - Single coverage: the contribution is \$1,760 annually (\$550 deposited in VEBA account in July 2024 with deposits of \$110 each month thereafter through June 2025).
 - Family coverage: the contribution is \$3,520 annually (\$1,100 deposited in VEBA account in July 2024 with deposits of \$220 each thereafter through June 2025).
- Employees with less than 12 months of coverage i.e. a new employee or who changes coverage mid-year, the deposit calculation based on number of months with single/family coverage, the amount that has been deposited and the number of months (deposits) remaining until June 2025.

Nutrition Services

Effective July 1, 2024, the annual contributions to the VEBA trust account will be \$1,271.64 for single coverage and \$3,452.40 for family coverage. The contributions will be deposited in equal monthly installments.

HSA and VEBA contact information

MEDSUREITY Member Services 1-888-816-4234

www.MEDSUREITY.com

Health Insurance Monthly Cost Effective July 1, 2024

Health Plans	Copay Plan	ACA Plan	Teacher VEBA Plan	HSA Plan	Nutrition Services VEBA Plan
Office Visit Copay	\$35	-	-	-	-
Individual Deductible	\$400	\$6,400	\$2,200	\$3,200	\$1,350
Single Monthly Rate	\$932.60	\$546.71	\$902.62	\$693.75	\$932.60
Family Monthly Rate	\$2,622.82	\$1,593.37	\$2,439.90	\$1,985.63	\$2,622.82

Employee Group*	District Contribution Per Month	Employee's Cost Per Month	Employee's Cost Per Month	Employee's Cost Per Month	Employee's Cost Per Month	Employee's Cost Per Month
Behavior Intervention Specialist						
Single	\$730.12	\$202.48	\$0.00	-	\$0.00	-
Family	\$1,713.86	\$908.96	\$0.00	-	\$271.77	-
CLERICAL - 10 Mo, 11 Mo, 12 Mo, Full-Time						
Single	\$730.12	\$202.48	\$0.00	-	\$0.00	-
CLERICAL - 10 Mo, Full-Time (Hired after 8/7/92)						
Family	\$1,439.64	\$1,183.18	\$153.73	-	\$545.99	-
CLERICAL - 11 Mo, Full-Time (Hired after 8/7/92)						
Family	\$1,576.75	\$1,046.07	\$16.62	-	\$408.88	-
CLERICAL - 12 Mo, Full-Time						
Family	\$1,713.86	\$908.96	\$0.00	-	\$271.77	-
EDUCATION ASSISTANT						
Single	\$715.80	\$216.80	\$0.00	-	\$0.00	-
Family	\$1,680.25	\$942.57	\$0.00	-	\$305.38	-
LPN/ARN						
Single	\$715.80	\$216.80	\$0.00	-	\$0.00	-
Family	\$1,680.25	\$942.57	\$0.00	-	\$305.38	-
LOCAL 70 - 12 Mo, Full-Time						
Single	\$730.12	\$202.48	\$0.00	-	\$0.00	-
Family	\$1,713.86	\$908.96	\$0.00	-	\$271.77	-
LOCAL 70 - STUDENT CONTACT DAY DRIVER						
Single	\$730.12	\$202.48	\$0.00	-	\$0.00	-
Family	\$730.12	\$1,892.70	\$863.25	-	\$1,255.51	-
NON-UNITS 1(≥ 1872 annual hours), Associate Admin						
Single	\$730.12	\$202.48	\$0.00	-	\$0.00	-
Family	\$1,713.86	\$908.96	\$0.00	-	\$271.77	-
NON-UNITS – Nurses						
Single	\$730.12	\$202.48	\$0.00	-	\$0.00	-
Family	\$1,434.75	\$1,188.07	\$158.62	-	\$550.88	-
NON-UNITS 2 (≥ 1520 annual hours)						
Single	\$730.12	\$202.48	\$0.00	-	\$0.00	-
Family	\$730.12	\$1,892.70	\$863.25	-	\$1,255.51	-
NUTRITION SERVICES (Hired after 3/1/93)						
Single	\$566.00	\$366.60	\$0.00	-	-	\$366.60
Family	\$1,258.00	\$1,364.82	\$335.37	-	-	\$1,364.82
PARAEDUCATORS (Hired after 8/31/98)						
Single	\$730.12	\$202.48	\$0.00	-	\$0.00	-
Family	\$730.12	\$1,892.70	\$863.25	-	\$1,255.51	-
PRINCIPALS						
Single	\$730.12	\$202.48	\$0.00	-	\$0.00	-
Family	\$1,713.86	\$908.96	\$0.00	-	\$271.77	-
TEACHERS						
Single (.5 FTE and above)	\$730.12	\$202.48	\$0.00	\$172.50	-	-
Family (.75 FTE and above)	\$1,713.86	\$908.96	\$0.00	\$726.04	-	-

Not all bargaining unit classifications are listed. A full list of rates including payroll deductions, specific to your bargaining unit can be found at www.isd622.org/staff - HR - Benefits and by clicking on your bargaining units.

ACA Eligible Plan Effective July 1, 2024

BlueCross BlueShield Network: Aware

Health Plans	Copay Plan	ACA Plan
Office Visit Copay	\$35	-
Individual Deductible	\$400	\$6,400
Single Monthly Rate	\$921.28	\$535.39
Family Monthly Rate	\$2,598.53	\$1,569.08

Employee Group	District Contribution Per Month	Employee's Cost Per Month	Employee's Cost Per Month
Affordable Care Act Eligibility			
Single	\$430.39	\$490.89	\$105.00
Family	\$430.39	\$2,168.14	\$1,138.69

Who is Eligible?

Employees who are not eligible under the stipulations of a bargaining unit contract may be eligible based on the hours worked per week. The Benefits Office determines and notifies employees that are eligible under the ACA. If you have any questions regarding your eligibility, please contact the Benefits Office at benefits@jsd622.org.

About Affordable Care (ACA) Eligibility

Under the ACA, an eligible employer may be assessed a fee (penalty) if they do not offer an eligible employee affordable and minimum value health care. The District is considered an eligible employer (50 or more employees). Employees are considered an eligible employee when 1) they are expected to work an average 30 hours a week upon hire or position change or 2) in the last 12 months have averaged 30 hours a week. ACA eligible employees are offered affordable and minimum value coverage through the ACA Health Plan. ACA eligible employees also have the option to elect the Copay Health Plan.

Note:

- There is not a health savings account associated with this plan through the District. The plan is considered a qualified high deductible health plan meaning it is eligible for an accompanying health savings account (HSA). The HSA would need to be established with a bank or another financial institution.
- Please see the "Prescription Drug Coverage and Medicare Notice" on Page 21 regarding the ACA Health Plan and creditable coverage.

Wellness Incentive-BlueCross Rewards Program

Enrollment in any District 622 health plan provides you the opportunity to maintain lower copays or deductibles by achieving the Preferred Benefit via the BlueCross Rewards Program. With the Wellness Incentive program, in addition to qualifying for the Preferred Benefit, you can also earn rewards in the form of gift cards!

The Rewards Program is available via your BlueCross online account. Go www.bluecrossmn.com/BCA

- If you have already signed up for a BlueCross account, sign in using your username/password.
- If you have not set up a BlueCross account, click on “Member Login” in the upper right corner.

The Preferred Benefit*

The Wellness Incentive program will be point based starting July 1, 2024. To qualify for the Preferred Benefit effective July 1, 2025, you will need to earn **600** points by April 30, 2025.

The Rewards

For gift card redemption, 10 points equal a dollar which means by reaching the 600 point threshold for the Preferred Benefit, you also may redeem \$60 worth of gift cards! A maximum of \$200 may be redeemed from July 2024 through June 2025. Points are redeemed for gift cards through your BlueCross online account.

Earning Points: You must earn **600** reward points by **April 30, 2025** to qualify for the Preferred Benefit.

	Points	Notes/Details
Online Health Assessment	100	Complete via your BlueCross online account
Well@Work Biometric Screening	400	<ul style="list-style-type: none"> • Must be completed at the ISD 622 Well@Work Clinic. • Complete the Wellness Incentive form available at the Well@Work clinic. • Complete attestation via BlueCross online account
Get Active (Daily tracking)	5-10/day	Track manually or synch a fitness device/app
Sleep Well (Daily tracking)	5/day	Track manually or synch a fitness device/app
Eat Smart (Daily tracking)	5/day	Track manually or synch a fitness device/app
Smoking Cessation	100	Complete via your BlueCross online account
Annual Physical	200	<ul style="list-style-type: none"> • May be completed at the ISD 622 Well@Work Clinic or primary clinic. • If completed at the Well@Work clinic, complete the Wellness Incentive form available at the Well@Work clinic and complete attestation via BlueCross online account
Healthy Habits (Daily tracking)	5/day	> Breath > Meditate > Read > Drink Water > Eat Fruit > Eat Veggies > Make Coffee > Feel Grateful > Connect > Power Down > Stretch
Explore & Learn (Become familiar with BlueCross website)	5/topic	> Understand your plan > See your claims > Search for care > Rate a doctor > Build a care team
Health Check (Preventative Care & Routine Exams)	200/exam or screening	> Breast Cancer Screening > Colon Cancer Screening > Diabetes Eye Exam > Lipid & Kidney Tests > A1C > Cervical Cancer Screening

*Preferred Benefit

- For those on the Copay health plan: a \$20 differential of the office visit copay
- For those on the high deductible health plans, Teacher VEBA, Nutrition Services VEBA, HSA, and the ACA; a \$250 deductible differential

For example, if an employee on the Copay health plan chooses not to participate in the Wellness Incentive, then July 1, 2025 the employee, spouse and dependents (if on the plan) will have an office visit copay \$20 greater than those that completed the Wellness program.

Participating in the Wellness Incentive program to qualify for the Preferred plan is available to all employees. If you think you might be unable to meet the standard for the Preferred plan under Wellness Incentive program, please contact the District Benefits Office at benefits@isd622.org

Well@Work Clinic

School District 622 has a Well@Work Clinic managed by HealthPartners. Employees and dependents 18 months or older enrolled in the District health plan are eligible to be seen at the Well@Work Clinic. All services provided at the clinic are at no cost to you. You'll see an advanced care practitioner who is a Physician Assistant or Nurse Practitioner. If a medication prescribed is available at the Well@Work clinic, it will be dispensed for free. Note that the Well@Work clinic cannot fill prescriptions from doctors at other clinics.

Services provided at the Well@Work Clinic:

- Cold & flu
- Strep throat
- Sprains
- Seasonal allergies
- Ear infections
- Some primary care services
- Sinus infections
- Back pain
- Lab tests

Location

District Education Center
2520 12th Ave E
North St. Paul, MN 55109

Days

Monday, Wednesday and Friday
Tuesday and Thursday

Hours

6 a.m. to 2 p.m.
10 a.m. to 6 p.m.

Make an Appointment

www.healthpartners.com/NSPSchedule

HealthPartners Appointment Line: 952-967-6857

Enter clinic through the double doors at the Northwest entrance. Parking is available in front of the clinic on the south side of the street as designated by the "Clinic Parking" signs.

Members on a Qualified High Deductible Health Plan may only receive preventive services at the Well@Work Clinic.



Vision Insurance

School District 622 provides Vision Insurance through VSP. The vision insurance is bundled with the health insurance election meaning dependents on the health plan will also be covered under the VSP vision plan. *Exception:* Part-Time Local 70 employees may elect the vision and health coverage separately.

VSP does not issue ID cards. Your clinic will confirm your eligibility and coverage directly with VSP. Find a VSP provider at www.vsp.com or call 1-800-877-7195.

Group Number: 8113037
Network: Choice



Type of Service	VSP	
	In-Network	Out-of-Network
Exams • Once every 12 months *	\$0	Up to \$50
• Additional exams beyond routine care such as treatment of immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, etc.	\$20 per exam	N/A
Lenses (Single Vision, lined bifocal and lined trifocal) • Once every 12 months *	\$10 copay	Single: up to \$40 Bifocal: up to \$60 Trifocal: up to \$80
Frames • Once every 24 months *	<u>Frame allowance</u> ~\$250 <i>featured</i> frame brands ~\$200 other frame brands ~\$110 frames from Costco 20% discount over allowance	Up to \$50
Contacts (instead of glasses) • Once every 12 months *	\$200 allowance for contacts and contact lens exam (fitting and evaluation)	Up to \$105
Lens Enhancements	<u>Included (no cost)</u> ~Progressive lenses ~Anti-glare coating ~Tints/Light-reactive lenses ~Impact-resistant lenses ~Scratch-resistant coating ~UV protection Average savings of 30% on other elected lens enhancements	N/A

* From date of last service

Dental Insurance

School District 622 provides dental coverage through Delta Dental. The following charts outline the cost and coverage. Please refer to the summary plan description for complete plan details. Choosing an in-network dentist provides the greatest benefit. To find a participating dentist, visit www.deltadentalmn.org or call 800-448-3815.

Group Number: 100278 Network: PPO and Premier

Employee Group	District Contribution Per Month	Employee's Cost Per Month
<ul style="list-style-type: none"> •BIS hired prior 7/1/24 • 12mo Clerical • 12mo Local 70 • Student Contact Day Drivers • Non-Units • Teachers • Principals 	100%	Single or Family: \$0.00
<ul style="list-style-type: none"> • 10 month Clerical • 11 month Clerical 	\$91.48 \$100.19	Single or Family: \$14.82 Single or Family: \$6.11
<ul style="list-style-type: none"> • Part-Time Local 70 	Single or Family: \$71.10	Single or Family: \$35.20
<ul style="list-style-type: none"> • Education Assistants • LPN/ARN 	Single or Family: \$66.30	Single or Family: \$40.00
<ul style="list-style-type: none"> •BIS hired after 7/1/24 • Part-Time Clerical • Nutrition Services •Paraeducators 	Single or Family: \$64.37	Single or Family: \$41.93

Type of Service	Delta Dental
	In-Network
Annual Deductible	\$25 per person/\$75 per family
Annual Maximum Benefit: Per Person	\$2,000
Deductible and Maximum Benefit Year	January 1 to December 31
Preventive Care: Exams, cleanings, x-rays, fluoride treatments, space maintainers	100% covered Deductible does not apply
Basic Services: Emergency treatment, silver & white fillings	90% covered
Major Restorative: Crowns, composite resin, restoration on back teeth	90% covered
Oral Surgery	100% covered
Endodontics, Periodontics	90% covered
Prosthetics: Dentures, bridges	90% covered
Orthodontics Lifetime Maximum (Deductible does not apply) Eligible dependent children up to the age of 26	\$3,000 Per eligible child



Flexible Spending Accounts

The District's Flexible Spending Account (FSA) is administered by MEDSURETY. The FSA plan allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. There are two FSA options: health care spending account and a dependent care spending account. You may enroll in the options independent of each other. You pay no federal or state income taxes on the money you place in an FSA. The FSA's are administered on a plan year from July 1 to June 30.

How an FSA Works

- Choose a specific amount of money to contribute annually, pre-tax, to one or both accounts during the year.
- The amount is equally divided and deducted each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important Rules to Keep in Mind

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- Re-enrollment is required each year.

Maximum Annual Election	
Health Care FSA	\$3,200
Dependent Care FSA	\$5,000

Debit Card

The FSA Administrator, MEDSURETY, provides a debit card for all VEBA and FSA accounts. Members may use the same debit card for both VEBA and FSA. Note that some documentation may be required for the claims, such as receipts, an Explanation of Benefits etc.

FSA Example

Maximize Your Tax Savings

The main benefit of an FSA is the tax savings it offers. An FSA enables you to pay for out-of-pocket expenses with money you set aside before any taxes are taken out. Without an FSA, you would still pay for these expenses, but you would do so using money remaining in your paycheck after federal taxes are withheld.

Annual Savings Example	With an FSA	Without an FSA
If your taxable income is:	\$28,000	\$28,000
And you deposit this annual amount into an FSA:	\$1,500	\$0
Your taxable income is now:	\$26,500	\$28,000
Subtract federal & Social Security taxes:	\$9,447	\$9,982
If you spend after-tax dollars for eligible expenses:	\$0	\$1,500
Your real spendable income is:	\$17,053	\$16,518
Your annual tax savings with the FSA is:	\$535	

*This example is intended to demonstrate a typical tax savings based on 28% federal and 7.65% FICA taxes. Actual savings will vary based on your individual tax situation. Please consult a tax professional for more information on tax implications of an FSA.

Health Care Flexible Spending Account

The health care flexible spending account may be used for any health, dental, and vision expenses not reimbursed by any other benefit plans. These expenses include, but are not limited to:

- Deductibles
- Copays
- Coinsurance
- Chiropractor
- Over the counter medicine without prescriptions
- Personal Protective Equipment (PPE)
- Dental services
- Orthodontics for adults and children
- Hearing aids
- Some diabetic supplies
- Eyeglasses
- Contact lenses
- Lasik eye surgery
- Medical equipment
- Menstrual products

Your full election amount is available on the first day of the plan year, July 1. The maximum annual contribution is \$3,200. Eligible expenses may be reimbursed for employee, spouse, and dependents up to the age of 26. Individuals do not need to be enrolled in the District's health plan to receive reimbursements.

Note: Enrollment in the HSA health plan and the HSA account prohibits enrollment in the health care flexible spending account due to IRS eligibility rules.

Dependent Care Flexible Spending Account

The dependent care account may be used to pay for dependent care expenses for dependents up to age 13. Qualifying expenses include daycare fees, before and after school care, and local day camp. If you are married, your spouse must either be employed or a full-time student to use a dependent care FSA. The maximum annual contribution is \$5,000. Under IRS guidelines, you can only be reimbursed for dependent care that has already taken place. Also, you can only be reimbursed for the amount you have already contributed to your dependent care FSA.



Employee Assistance Program (EAP)

The District provides an Employee Assistance Program through VITAL Worklife. This benefit is available to **all** District employees, their family or anyone close. VITAL Worklife offers free, confidential counseling to help address all dimensions of a person's well-being including emotional, physical, relational, professional, spiritual and legal/financial.

EAP counselors are ready to give you the type of support you need 365 days a year, 24 hours a day, 7 days a week. Assistance is available over the phone or online. The website offers a wealth of resources including seminars, calculators, checklists, and quizzes. The EAP will also provide three (3) face-to-face visits at no cost. Reach out and they'll listen to your concerns, offer guidance and help you find solutions and next steps that are right for you.

Here are just a few things an EAP can help with:

- Marital/partner issues
- Divorce
- Legal issues
- Child and elder care
- Parenting
- Job stress
- Substance abuse
- Mental and emotional health
- Financial concerns
- Grief and loss
- Personal relationships
- Finding community resources

For Assistance:

Call 800-383-1908

Go to www.vitalworklife.com,

Click on "Member Login" and enter username: isd622 and password: member

More information at www.isd622.org/staff - HR - Benefits



Life Insurance

ISD 622 provides benefit eligible employees with a basic group life and accidental death and dismemberment (AD&D) insurance and pays the full cost of this benefit. You will designate your beneficiary on Alight Worklife.

Some bargaining units have the option to supplement their group life insurance benefits by purchasing additional coverage. The cost is \$.16/1,000 coverage/month. The maximum coverage of the combined Basic and Supplemental policies is \$900,000.

Some bargaining units have the option to purchase dependent life insurance coverage for an eligible spouse and children. There are two options: 1) \$1,000 policy for \$.42/month or 2) \$10,000 policy for \$4.20/month.

	Basic Life and AD&D	Supplemental Life and AD&D	Dependent
Cost	100% paid by District	\$0.16/\$1,000	\$0.42/\$1,000
BIS	\$50,000	N/A	N/A
Clerical	\$35,000	\$25,000	N/A
Education Assistants	\$35,000	N/A	N/A
LPN/ARN	\$35,000	N/A	N/A
Local 70	\$50,000	\$25,000	N/A
Non-Unit	2 or 3 times annual salary, rounded to the nearest \$1,000 to a maximum of \$450,000	Option 1 - \$10,000 Option 2 - 2 times salary Option 3 - 3 times salary	Plan 1 - \$1,000 Plan 2 - \$10,000
Nutrition Services	\$25,000	N/A	N/A
Paraeducators	\$15,000	N/A	N/A
Principals	3 times annual salary, rounded to the nearest \$1,000 to a maximum of \$450,000	Option 1 - \$10,000 Option 2 - 2 times salary Option 3 - 3 times salary	Plan 1 - \$1,000 Plan 2 - \$10,000
Teachers	2 times annual salary, rounded to the nearest \$1,000 to a maximum of \$450,000 or \$50,000	Option 1 - \$10,000 Option 2 - 2 times salary Option 3 - 3 times salary	Plan 1 - \$1,000 Plan 2 - \$10,000

Short/Long Term Disability Insurance

ISD 622 provides benefit eligible employees with short and long-term disability coverage at no cost to the employee. In the event you become disabled and are unable to work, the plan may provide a source of income. After an elimination period (waiting period), approved claims may be paid at 70% of your pre-disability income. The elimination period varies by bargaining unit.

Cost	100% paid by District
Benefit	70% of pre-disability income
Elimination Period	
BIS, Clerical, Education Assistants, LPN/ARN, Local 70, Nutrition Services, Paraeducators	60 Calendar Days
Non-Unit, Principals, Teachers	32 Working Days

Additional Benefits

Legal Insurance

Employees in the Clerical, Non-Unit, Teacher, and Principal employee groups are eligible for legal insurance at no additional cost. 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. For greatest coverage, use an in-network attorney.

Example of situations: Divorce, Real Estate, Wills/Trusts, Name Change, Adoption, Landlord/Tenant Dispute

Coverage includes in office, emergency/after hours and weekend advice, DIY legal documents, online legal tools and resources and identity theft services.

Connect with a network attorney who will: ♦ Review or prepare documents. ♦ Make follow-up calls or write letters on your behalf. ♦ Advise you on legal issues. ♦ Represent you – including if you go to court.

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 network attorneys who can help you. **3)** Then, meet with a network attorney over the phone, virtually or in person.

See the complete list of what your plan covers at: www.ARAGlegal.com/myinfo Access Code: 10484isd or call an ARAG Customer Care Specialist at 800- 247-4184

Tax Shelter Annuities (403b/457)

A tax shelter annuity program is a way to save towards retirement. All employees are eligible to make voluntary pre-tax contributions. The tax shelter annuity account is 100% vested right away.

Bargaining Unit	District Match
Local 70	3.5%
BIS, Clerical, Non-Units, Teachers, Principals	3.6%
Education Assistants, LPN/ARN, Nutrition Services, Paraeducators	No Match

To enroll, set up an account with a District approved tax shelter annuity and complete the District's Salary Reduction Agreement form. You may increase, decrease or stop your contribution anytime throughout the year. Employee and employer contributions are not administered retroactively. Forms are available at www.isd622.org/staff - HR - Benefits.

State Pension Plans

Enrollment and participation amounts are state mandated and automatic.

- Licensed staff such as Teachers are members of the Teachers Retirement Association of Minnesota (TRA). Teachers Retirement Association of Minnesota, 651-296-2409, www.minnesotatra.org.
- Non-licensed staff such as Local 70, Paraeducators and Non-Units are members of the Public Employees Retirement Association (PERA). Public Employees Retirement Association, 651-296-7460, www.mnpera.org.

Contacts

BENEFIT	CARRIER (NETWORK, if applicable)	GROUP NUMBER	PHONE NUMBER	WEBSITE
Dental Insurance	Delta Dental of MN (PPO and Premier)	100278	800-553-9536	www.deltadentalmn.org
Disability Short/Long Term	Madison National Life	6088	800-356-9601	www.madisonlife.com
Employee Assistance Program	VITAL Worklife	-	800-383-1908	www.vitalworklife.com
Health Accounts ♦HSA ♦VEBA ♦FSA	MEDSURETY	USI006	888-816-4234	www.MEDSURETY.com
Health Insurance	BlueCross BlueShield of MN	306220	866-543-5966	www.bluecrossmn.com
Legal Insurance	ARAG Legal Services	10484	800-247-4184	www.ARAGlegal.com/myinfo
Life Insurance	Madison National Life	3569	800-356-9601	www.madisonlife.com
Pension Plan	Teachers Retirement Association of Minnesota	-	651-296-2409	www.minnesotatra.org
	Public Employee Retirement Association	-	651-296-7460	www.mnpera.org
Tax Shelter Annuities	Varies	Varies	Varies	www.isd622.org/staff - HR - Benefits
Vision Benefits	VSP (VSP Signature)	8113037	800-877-7195	www.vsp.com
Well@Work Clinic Appointments	-	-	952-967-6857	www.healthpartners.com/NSPschedule

ISD 622 Benefits Office

www.isd622.org/staff - HR - Benefits
benefits@isd622.org



Online & Mobile Resources

Creating a personal account with the specific insurance companies is easy and helpful! The online accounts and apps are a convenient source to find coverage information, access to view/print the ID cards, find in-network doctors and more!



BlueCare Advisor

Visit www.bluecrossmn.com/BCA click on "Register"

- Find doctors, clinics and hospitals
- Compare Costs for different services and procedures
- View/print/order member ID cards
- View claims and Explanation of Benefits (EOBs)
- Mobile app – Blue Care Advisor



Visit www.vsp.com and click on "Create an Account"

- Review coverage and plan benefits
- Find in-network eye doctor
- See past visits
- View Exclusive Member Extras with savings on:
 - Hearing aids via TruHearing
 - Special offers on frames & sunglasses
 - Eyeconic, VSP's online retailer
 - 20% off additional pairs of glasses



Secure Member Portal

Visit www.deltadentalmn.org, go to "Member" at top of page, click on "Access my Secure Portal"

- Find in-network dentist
- Dental Insurance 101
 - common terms, videos and frequently asked questions
- Cost Estimator
- Plan information and summary
- View Explanation of Benefits (EOB)



Consumer Portal

Visit www.medsurety.com and click on "Login", Choose "EMPLOYEE login"

- View account activity and claim details
- Submit a claim and provide documentation
- Designate a beneficiary (if applicable)
- Manage investments (if applicable)
- Request a debit card
- Report a lost/stolen debit card
- Mobile app - MEDSURETY



Visit www.vitalworklife.com, Click on "Member Login" username: isd622 and password: member

- Well Being Assessments in the area of emotional, relational, physical and more
- Well Being videos, presentations and articles
- Plan Information
- Mobile app – Vital WorkLife
 - Same login as above
 - Ability to call or message directly with Vital Worklife staff

Important Required Notices

Notice from BlueCross and ISD 622 about your Prescription Drug Coverage and Medicare

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. The ACA Health Plan (Preferred) and ACA Health Plan (Non-Preferred) **are NOT creditable** for the plan year July 1, 2024.

Newborns' and Mothers' Health Protection

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 a 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 her 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

403(b) Universal Availability Notice

The Employer (the "District") offers a 403(b) plan for eligible employees of the District. All employees are eligible to participate in the 403(b) plan. A 403(b) plan is a tax-deferred retirement program that permits an employee to reduce their compensation on a pre-tax basis (a deferral) and have the deferral deposited into a 403(b) account that the employee sets up with a 403(b) vendor. Amounts deferred into a 403(b) account and any earnings on these deferrals are generally not taxed until the employee makes a withdrawal from their 403(b) account following separation from the service with the District. The District maintain a list of approved 403(b) vendors and appropriate contact information for each vendor. A copy of this list is available from appendix 1 and 2 of the plan adoption agreements. Employees should contact each vendor for information about the 403(b) products and services it offers. To enroll in a 403(b) plan, an employee must complete necessary paperwork, such a salary reduction agreement (SRA). The SRA will only apply to amount earned after enrolling in the plan. This contribution will continue unless it is modified or revoked in the future. The District has established policies that enable you to increase or decrease your contribution, stop your contribution or change from one authorized 403(b) vendor to another. Employees may get the necessary enrollment forms from the Human Resources department. Additional information on District policies and other 403(b) plan rules can be found at [www.isd622.org/staff - HR - Benefits](http://www.isd622.org/staff-HR-Benefits).

Disclosure to employees: The District has no liability for any employee election participate in the 403(b) plan, choice of 403(b) vendor(s), or expected tax consequences resulting from participating in the 403(b) plan. The District does not provide tax, legal or investment

Women's Health and Cancer Rights Act

This communication is to provide notice as required under the federal Women's Health and Cancer Rights Act, effective October 21, 1998. Please review this information carefully.

As a Plan participant or beneficiary of the North St. Paul - Maplewood - Oakdale Schools - District 622 Health Plan, if you or a covered dependent elects breast reconstruction in connection to a mastectomy, coverage will also be provided for:

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

This coverage will be provided after consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

This notice is provided to you for informational purposes, no action is required on your part.

Please keep this information with your other group health plan documents. If you have any questions regarding this notice, please contact Member Services at the number found on your Medical ID Card.

Important Required Notices continued

HIPAA Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates their employment. If you notify your employer within **30 days** of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within **30 days** from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

Notice of HIPAA Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Important Required Notices continued

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Important Required Notices continued

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- *Example: We use health information about you to develop better services for you.*

Pay for your health services

- We can use and disclose your health information as we pay for your health services.
- *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.
- *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Important Required Notices continued

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and we will mail a copy to you.

If you have any questions about this Notice or about our privacy practices, please contact: School District 622 Benefits Office

Notice of Availability of HIPAA Privacy Practices

To: Participants in the North St. Paul – Maplewood – Oakdale Schools – District 622 Group Health Plan

From: School District 622 Benefits Office

Re: Availability of Notice of Privacy Practices

The North St. Paul – Maplewood – Oakdale Schools – District 622 Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the School District 622 Benefits Office.

Important Notice Regarding Health & Well-being Program

The North St Paul School District's Health & Well-being program is a voluntary wellness program available to all employees enrolled in the health coverage. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Health & Well-being program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease) and complete one wellness activity. Some examples of a qualifying wellness activity include online, telephonic, and paper programs, participating in Frequent Fitness program or a biometric screening. You are not required to complete the HRA or to participate in the wellness programs including in the blood test or other medical examinations.

However, employees who choose to participate in the Health & Well-being program will receive an incentive based on their health plan enrollment of either a \$20 copay differential or deductible differential (\$250/single or \$500/family) for all subscribers on the plan to be effective at the start of the next plan year. The Health & Well-being program (health assessment and one activity by employee and spouse, if applicable) must be completed by March 31. Although you are not required to complete the HRA or wellness program (including participation in the biometric screening), only employees and applicable spouses who do so will receive \$20 copay differential or deductible differential (\$250/single or \$500/family) for all subscribers on the plan.

Important Required Notices continued

The information from your HRA and qualifying wellness program including the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as the wellness portal and coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and North St. Paul Schools may use aggregate information it collects to design a program based on identified health risks in the workplace, The North St Paul School's wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is possibility a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact BlueCross BlueShield directly at 866-543-5966.

Notes

Notes



School District 622

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