

YOUR BENEFITS

Medical • VEBA • Dental • Vision • Disability • Life • and more!



OUR MISSION

Columbia Heights Public Schools
Creating worlds of opportunity for each and every learner
"All Belong, All Succeed"



2024 Benefit Guide

Prepared For:

COLUMBIA
HEIGHTS
PUBLIC SCHOOLS



CREATING WORLDS OF OPPORTUNITY FOR EACH AND EVERY LEARNER
— ALL BELONG, ALL SUCCEED —

Our Employees Are Our Most Valuable Asset

At Columbia Heights ISD 13 we are committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure, and maintain a work-life balance.

Stay Healthy

- Medical, Dental, Vision
- Flexible Spending Accounts
- Health Savings Accounts

Feeling Secure

- Disability Insurance
- Retirement Benefits
- Life and Accidental Death & Dismemberment Insurance

Work-Life Balance

- Employee Assistance Program
- Discretionary and Sick Time

Contact Information for Benefit Vendors

Page:

- [5] **Health Insurance**
Blue Cross Blue Shield
1-866-873-5943
www.bluecrossmn.com
- [18] **Dental Insurance**
Delta Dental
800-448-3815
www.deltadentalmn.org
- [21] **Vision Insurance**
VSP
800-877-7195
www.vsp.com
- [24] **Long Term Disability (LTD) Insurance**
Madison National Life
800-627-3660 ext. 1291
www.nisbenefits.com
- [26] **Life Insurance**
Madison National Life
800-627-3660 ext. 1291
www.nisbenefits.com
- [29] **Accidental Death and Dismemberment (AD&D) Insurance**
Zurich
800-627-3660 ext. 1291
www.nisbenefits.com



Contact Information for Benefit Vendors

Page:

- [31] **Flexible Spending Account (FSA) & VEBA**
MedSurety
952-303-5700
www.medsurety.com
- [34] **COBRA**
See section
- [36] **Employee Assistance Program (EAP)**
TELUS Health
866-451-5465
www.niseap.com
- [40] **Identity Theft Protection**
IDX Identity Theft Recovery
800-939-4170
www.idx.us
- [42] **Group Legal**
Legal Shield
866-288-5229
www.legalshield.com/info/legalplan
- [47] **Voluntary Benefits**
Aflac
800-992-3522
www.aflac.com



Health Insurance



Who is Eligible and When

- Active Employees who work at least 30 hours per week (.75 to 1.00 FTE)
- Any employees working less than 30 hours per week (< .75 FTE), please refer to your employment contract
- Coverage effective on date of hire

Carrier Name and Website Address

- Blue Cross Blue Shield
- www.bluecrossmn.com

Network Provider and Website Address

- Aware Network
- www.bluecrossmn.com/find-a-doctor/#/home


Prescription Provider Name and Website Address

- FlexRX Open
- www.bluecrossmn.com -> “Find a Doctor or RX” -> “Find a Drug” -> “Search covered drug lists” -> Use the drop down menu and select FlexRx Open

MEDICAL PLAN SUMMARIES

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
COLUMBIA HEIGHTS ISD 13

Coverage Period: Beginning on or after 07/01/2024
Coverage for: Individual/Family | **Plan Type:** PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit bluecrossmn.com or call 1-866-873-5943. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-873-5943 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$0 individual / \$0 family medical in-network \$300 individual / \$900 family medical out-of-network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Well child care, prenatal care and in-network preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$2,500 individual / \$2,500 family medical in-network \$2,500 individual / \$5,000 family medical out-of-network \$300 individual / \$500 family drug in-network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members on this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges (unless balanced billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use an in-network provider ?	Yes. Your network is Aware. See bluecrossmn.com/find-a-doctor/#/home or call 1-866-873-5943 for a list of in-network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your in-network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .



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

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay /office visit, no charge for all other services	20% coinsurance	None
	Specialist visit	\$20 copay /office visit, no charge for all other services	20% coinsurance	None
	Preventive care/screening/immunization	No charge	Well child: No charge Adult: 20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	20% coinsurance	May require prior authorization.
	Imaging (CT/PET scans, MRIs)	No charge	20% coinsurance	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at bluecrossmn.com	Preferred generic drugs	\$8.00 copay /prescription (retail) \$24.00 copay /prescription (mail service) \$24.00 copay /prescription (90dayRx retail)	Not covered	Covers up to a 31-day supply (retail prescription); 90-day supply (mail service prescription and 90dayRx retail prescription). Insulin listed on preferred


MEDICAL PLAN SUMMARIES

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Preferred brand drugs	\$16.00 copay /prescription (retail) \$48.00 copay /prescription (mail service) \$48.00 copay /prescription (90dayRx retail)	Not covered	generic/preferred brand of the covered list are covered at zero cost-sharing . May require prior authorization.
	Non-preferred generic drugs	\$32.00 copay /prescription (retail) \$96.00 copay /prescription (mail service) \$96.00 copay /prescription (90dayRx retail)	Not covered	
	Non-preferred brand drugs	\$32.00 copay /prescription (retail) \$96.00 copay /prescription (mail service) \$96.00 copay /prescription (90dayRx retail)	Not covered	
	Specialty drugs	No charge	Not covered	Covers up to a 31-day supply (participating specialty drug network supplier prescription).
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% coinsurance	May require prior authorization.
	Physician/surgeon fees	No charge	20% coinsurance	May require prior authorization.
If you need immediate medical attention	Emergency room care	\$40 copay /visit	\$40 copay /visit; deductible does not apply	Out-of-network services apply to the in-network deductible and out-of-pocket limit .
	Emergency medical transportation	20% coinsurance	20% coinsurance ; deductible does not apply	
	Urgent care	\$20 copay /office visit; no charge for all other services	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% coinsurance	None
	Physician/surgeon fee	No charge	20% coinsurance	None
If you need mental health, behavioral health, or substance use services	Outpatient services	\$20 copay /office visit, no charge for all other services	20% coinsurance	Services for marriage/couples counseling are not covered. May require prior authorization.
	Inpatient services including adult mental health treatment	No charge	20% coinsurance	Services for marriage/couples counseling are not covered. May require prior authorization.
If you are pregnant	Office visits	Prenatal care: No charge Postnatal care: \$20 copay /office visit, no charge for all other services	Prenatal care: No charge Postnatal care: 20% coinsurance	Cost-sharing does not apply for preventive services . Depending on the type of services, other cost-sharing may apply. Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery professional services	No charge	20% coinsurance	
	Childbirth/delivery facility services	No charge	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	20% coinsurance	Combined 120 visits per person per benefit period. May require prior authorization.
	Rehabilitation services	No charge	20% coinsurance	Out-of-network : Occupational, physical, and speech therapy are limited to a combined limit of 20 services per benefit period. May require prior authorization.
	Habilitation services	No charge	20% coinsurance	
	Skilled nursing care	No charge	20% coinsurance	Combined 120 days per person per benefit period. May require prior authorization.
	Durable medical equipment	No charge	20% coinsurance	May require prior authorization.
	Hospice service	No charge	Not covered	None
If your child needs dental or eye care	Children's eye exam	No charge	Age 0 through 5: No charge Age 6 through 18: 20% coinsurance	None
	Children's glasses	Not covered	Not covered	No coverage for these services
	Children's dental check-up	Not covered	Not covered	No coverage for these services

MEDICAL PLAN SUMMARIES

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
COLUMBIA HEIGHTS ISD 13

Coverage Period: Beginning on or after 07/01/2024
Coverage for: Individual/Family | **Plan Type:** PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit bluecrossmn.com or call 1-866-873-5943. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-873-5943 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$1,200 individual / \$2,400 family medical and drug combined in-network and out-of-network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Well child care, prenatal care and in-network preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$1,200 individual / \$2,400 family medical and drug in-network \$3,500 individual / \$6,500 family medical and drug out-of-network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members on this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges (unless balanced billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use an in-network provider ?	Yes. Your network is Aware. See bluecrossmn.com/find-a-doctor/#/home or call 1-866-873-5943 for a list of in-network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your in-network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

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

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	None
	Specialist visit	0% coinsurance	20% coinsurance	None
	Preventive care/screening/immunization	No charge	Well child: No charge Adult: 20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	20% coinsurance	May require prior authorization.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at bluecrossmn.com .	Preferred generic drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	Covers up to a 31-day supply (retail prescription); 90-day supply (mail service prescription and 90dayRx retail prescription).
	Preferred brand drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	Insulin listed on preferred generic/preferred brand of the covered list are covered at zero cost-sharing . May require prior authorization.


MEDICAL PLAN SUMMARIES

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Non-preferred generic drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	
	Non-preferred brand drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	
	Specialty drugs	Refer to applicable prescription drug cost sharing	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	20% coinsurance	May require prior authorization.
	Physician/surgeon fees	0% coinsurance	20% coinsurance	May require prior authorization.
If you need immediate medical attention	Emergency room care	0% coinsurance	0% coinsurance	Out-of-network services apply to the in-network deductible and out-of-pocket limit .
	Emergency medical transportation	0% coinsurance	0% coinsurance	
	Urgent care	0% coinsurance	20% coinsurance	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	None
	Physician/surgeon fee	0% coinsurance	20% coinsurance	None
If you need mental health, behavioral health, or substance use services	Outpatient services	0% coinsurance	20% coinsurance	Services for marriage/couples counseling are not covered. May require prior authorization.
	Inpatient services including adult mental health treatment	0% coinsurance	20% coinsurance	Services for marriage/couples counseling are not covered. May require prior authorization.
If you are pregnant	Office visits	Prenatal care: No charge Postnatal care: 0% coinsurance	Prenatal care: No charge Postnatal care: 20% coinsurance	Cost-sharing does not apply for preventive services . Depending on the type of services, other
	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	cost-sharing may apply. Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	20% coinsurance	Combined 120 visits per person per benefit period. May require prior authorization.
	Rehabilitation services	0% coinsurance for occupational therapy, physical therapy, and speech therapy	20% coinsurance for occupational therapy, physical therapy, and speech therapy	Out-of-network : Occupational, physical, and speech therapy are limited to a combined limit of 20 services per benefit period. May require prior authorization.
	Habilitation services	0% coinsurance for occupational therapy, physical therapy, and speech therapy	20% coinsurance for occupational therapy, physical therapy, and speech therapy	
	Skilled nursing care	0% coinsurance	20% coinsurance	Combined 120 days per person per benefit period. May require prior authorization.
	Durable medical equipment	0% coinsurance	20% coinsurance	May require prior authorization.
	Hospice service	0% coinsurance	Not covered	None
If your child needs dental or eye care	Children's eye exam	No charge	Age 0 through 5: No charge Age 6 through 18: 20% coinsurance	None
	Children's glasses	Not covered	Not covered	No coverage for these services
	Children's dental check-up	Not covered	Not covered	No coverage for these services


MEDICAL PLAN SUMMARIES

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
COLUMBIA HEIGHTS ISD 13

Coverage Period: Beginning on or after 07/01/2024
Coverage for: Individual/Family | **Plan Type:** PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit bluecrossmn.com or call 1-866-873-5943. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-873-5943 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$1,850 individual / \$3,700 family medical and drug combined in-network and out-of-network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Well child care, prenatal care and in-network preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$1,850 individual / \$3,700 family medical and drug in-network \$3,500 individual / \$6,500 family medical and drug out-of-network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members on this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges (unless balanced billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use an in-network provider ?	Yes. Your network is Aware. See bluecrossmn.com/find-a-doctor/#/home or call 1-866-873-5943 for a list of in-network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your in-network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

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

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	None
	Specialist visit	0% coinsurance	20% coinsurance	None
	Preventive care/screening/immunization	No charge	Well child: No charge Adult: 20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	20% coinsurance	May require prior authorization.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at bluecrossmn.com	Preferred generic drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	Covers up to a 31-day supply (retail prescription); 90-day supply (mail service prescription and 90dayRx retail prescription).
	Preferred brand drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	Insulin listed on preferred generic/preferred brand of the covered list are covered at zero cost-sharing . May require prior authorization.


MEDICAL PLAN SUMMARIES

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Non-preferred generic drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	
	Non-preferred brand drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	
	Specialty drugs	Refer to applicable prescription drug cost sharing	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	20% coinsurance	May require prior authorization.
	Physician/surgeon fees	0% coinsurance	20% coinsurance	May require prior authorization.
If you need immediate medical attention	Emergency room care	0% coinsurance	0% coinsurance	Out-of-network services apply to the in-network deductible and out-of-pocket limit .
	Emergency medical transportation	0% coinsurance	0% coinsurance	
	Urgent care	0% coinsurance	20% coinsurance	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	None
	Physician/surgeon fee	0% coinsurance	20% coinsurance	None
If you need mental health, behavioral health, or substance use services	Outpatient services	0% coinsurance	20% coinsurance	Services for marriage/couples counseling are not covered. May require prior authorization.
	Inpatient services including adult mental health treatment	0% coinsurance	20% coinsurance	Services for marriage/couples counseling are not covered. May require prior authorization.
If you are pregnant	Office visits	Prenatal care: No charge Postnatal care: 0% coinsurance	Prenatal care: No charge Postnatal care: 20% coinsurance	Cost-sharing does not apply for preventive services . Depending on the type of services, other
	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	
If you need help recovering or have other special health needs	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	cost-sharing may apply. Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Home health care	0% coinsurance	20% coinsurance	Combined 120 visits per person per benefit period. May require prior authorization.
	Rehabilitation services	0% coinsurance for occupational therapy, physical therapy, and speech therapy	20% coinsurance for occupational therapy, physical therapy, and speech therapy	Out-of-network : Occupational, physical, and speech therapy are limited to a combined limit of 20 services per benefit period. May require prior authorization.
	Habilitation services	0% coinsurance for occupational therapy, physical therapy, and speech therapy	20% coinsurance for occupational therapy, physical therapy, and speech therapy	
	Skilled nursing care	0% coinsurance	20% coinsurance	Combined 120 days per person per benefit period. May require prior authorization.
	Durable medical equipment	0% coinsurance	20% coinsurance	May require prior authorization.
	Hospice service	0% coinsurance	Not covered	None
If your child needs dental or eye care	Children's eye exam	No charge	Age 0 through 5: No charge Age 6 through 18: 20% coinsurance	None
	Children's glasses	Not covered	Not covered	No coverage for these services
	Children's dental check-up	Not covered	Not covered	No coverage for these services


MEDICAL PLAN SUMMARIES

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
COLUMBIA HEIGHTS ISD 13

Coverage Period: Beginning on or after 07/01/2024
Coverage for: Individual/Family | **Plan Type:** PPO

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE:** Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [bluecrossmn.com](https://www.bluecrossmn.com) or call 1-866-873-5943. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-873-5943 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$6,350 individual / \$12,700 family medical and drug in-network \$8,250 individual / \$16,500 family medical and drug out-of-network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes. Well child care, prenatal care and in-network preventive care services are covered before you meet your deductible .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$6,350 individual / \$12,700 family medical and drug in-network \$10,000 individual / \$20,000 family medical and drug out-of-network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members on this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges (unless balanced billing is prohibited), and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use an in-network provider ?	Yes. Your network is Aware. See bluecrossmn.com/find-a-doctor/#/home or call 1-866-873-5943 for a list of in-network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your in-network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

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

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	None
	Specialist visit	0% coinsurance	20% coinsurance	None
	Preventive care/screening/immunization	No charge	Well child: No charge Adult: 20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	20% coinsurance	May require prior authorization.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at bluecrossmn.com	Preferred generic drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	Covers up to a 31-day supply (retail prescription); 90-day supply (mail service prescription and 90dayRx retail prescription).
	Preferred brand drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	Insulin listed on preferred generic/preferred brand of the covered list are covered at zero cost-sharing . May require prior authorization.

MEDICAL PLAN SUMMARIES

Common Medical Event	Services You May Need	What you Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Non-preferred generic drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	
	Non-preferred brand drugs	0% coinsurance /prescription (retail) 0% coinsurance /prescription (mail service) 0% coinsurance /prescription (90dayRx retail)	Not covered	
	Specialty drugs	Refer to applicable prescription drug cost sharing	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	20% coinsurance	May require prior authorization.
	Physician/surgeon fees	0% coinsurance	20% coinsurance	May require prior authorization.
If you need immediate medical attention	Emergency room care	0% coinsurance	0% coinsurance	Out-of-network services apply to the in-network deductible and out-of-pocket limit .
	Emergency medical transportation	0% coinsurance	0% coinsurance	
	Urgent care	0% coinsurance	20% coinsurance	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	None
	Physician/surgeon fee	0% coinsurance	20% coinsurance	None
If you need mental health, behavioral health, or substance use services	Outpatient services	0% coinsurance	20% coinsurance	Services for marriage/couples counseling are not covered. May require prior authorization.
	Inpatient services including adult mental health treatment	0% coinsurance	20% coinsurance	Services for marriage/couples counseling are not covered. May require prior authorization.
If you are pregnant	Office visits	Prenatal care: No charge Postnatal care: 0% coinsurance	Prenatal care: No charge Postnatal care: 20% coinsurance	Cost-sharing does not apply for preventive services . Depending on the type of services, other
	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	cost-sharing may apply. Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	20% coinsurance	Combined 120 visits per person per benefit period. May require prior authorization.
	Rehabilitation services	0% coinsurance for occupational therapy, physical therapy, and speech therapy	20% coinsurance for occupational therapy, physical therapy, and speech therapy	Out-of-network : Occupational, physical, and speech therapy are limited to a combined limit of 20 services per benefit period. May require prior authorization.
	Habilitation services	0% coinsurance for occupational therapy, physical therapy, and speech therapy	20% coinsurance for occupational therapy, physical therapy, and speech therapy	
	Skilled nursing care	0% coinsurance	20% coinsurance	Combined 120 days per person per benefit period. May require prior authorization.
	Durable medical equipment	0% coinsurance	20% coinsurance	May require prior authorization.
	Hospice service	0% coinsurance	Not covered	None
	Children's eye exam	No charge	Age 0 through 5: No charge Age 6 through 18: 20% coinsurance	None
If your child needs dental or eye care	Children's glasses	Not covered	Not covered	No coverage for these services
	Children's dental check-up	Not covered	Not covered	No coverage for these services

MEDICAL PLAN SUMMARIES

Excluded Services & Other Covered Services:

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

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

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

- | | | |
|---------------------|-------------------------|----------------------------|
| • Chiropractic care | • Hearing aids | • Routine eye care (Adult) |
| | • Infertility treatment | |

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

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

Does this plan provide Minimum Essential Coverage? Yes.

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

Does this plan Meet the Minimum Value Standards? Yes.

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

Language Access Services:

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

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

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

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

Notice of Nondiscrimination Practices

Effective July 18, 2016

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

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

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

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

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

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

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

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

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

Employer and Employee Contributions

Medical Insurance 2024-2025			
VEBA Plan	Monthly Premium	Employer Monthly Premium Contribution	Employee Monthly Premium
Single \$1200	834.53	723.02	111.51
Family \$2400	2230.28	1837.55	392.73
Single \$1850	777.31	723.02	54.29
Family \$3700	2077.37	1837.55	239.82
Single Minimum Value Plan	553.63	553.63	0.00
Family Minimum Value Plan	1479.59	1479.59	0.00

Medical Insurance 2024-2025			
Plan Name	Monthly Premium	Employer Monthly Premium Contribution	Employee Monthly Premium
Single Double Gold (Sunset 2016)	1027.38	823.02	204.36
Family Double Gold (Sunset 2016)	2745.66	2037.55	708.11

VEBA (Voluntary Employees' Beneficiary Association)

The VEBA is a tax-free healthcare savings plan, funded entirely by the district. You pay no taxes on the balance, the interest earned, or on any withdrawals. It can help you pay for qualified medical, dental, and vision expenses now or in the future. It may also be used to pay for health insurance premiums when you retire. You may visit the MedSurety website at www.medsurety.com for a list of eligible expenses.

When you enroll in one of the three High Deductible medical plans through the district, you are automatically enrolled in a VEBA account. VEBA accounts are funded twice per year – 2 months' worth of contributions in July, and the remaining amount in September. If your employment terminates before September 1st you will not receive the second deposit. Any expenses that exceed your available balance will be out-of-pocket for you. If you are newly hired midyear, you will receive one lump sum deposit of the pro-rated amount (based on your hire date) in your first year only.

The amount the district contributes depends on the plan and tier level you choose. As of the 2024-2025 school year, below are the contribution amounts:

Plan Name	July Contribution	September Contribution
VEBA 1200/2400 Single plan	\$200	\$1,000
VEBA 1200/2400 Family plan	\$400	\$2,000
VEBA 1850/3700 Single plan	\$200	\$1,000
VEBA 1850/3700 Family plan	\$400	\$2,000
Minimum Value Single plan	\$538.78	\$2,693.90
Minimum Value Family plan	\$1,115.92	\$5,579.60

Funds are available as you receive them. If you are in need of all funds in July due to extenuating circumstances, a VEBA Hardship Request form may be turned in to the Benefits Office for review. Contact Heather Lynch in Human Resources to request a form. Hardship forms will **not** be accepted after the last teaching day of the school year.

You will receive a debit card from Further in order to access the funds. You can use the card at any provider's office or merchant that accepts the card. Please refer to the Benefits page on the district website to view a Frequently Asked Questions document for more information on how to use the card. If you are also enrolled in a Flexible Spending Account (FSA), you can use the same card for both. Funds will be depleted from the FSA first before VEBA funds are accessed.

The VEBA earns interest and can also be used for investments. A beneficiary can be named on the account and is strongly recommended. Beneficiaries can be designated on the MedSurety website by logging in to your account, or by filling out a Beneficiary Designation form.

Questions regarding your VEBA account can be referred to MedSurety at 952-303-5799 or to Heather Lynch in Human Resources.

Dental Insurance



Who is Eligible and When

- Active Employees who work at least 30 hours per week (.75 to 1.00 FTE)
- Any employees working less than 30 hours per week (< .75 FTE), please refer to your employment contract
- Coverage effective on date of hire

Carrier Name and Website Address

- Delta Dental
- www.deltadentalmn.org

Network Provider and Website Address

Dental Insurance 2024-2025			
	Monthly Premium	Employer Monthly Premium Contribution	Employee Monthly Premium
Single	44.15	17.50	26.65
Employee + Family	107.79	30.50	77.29

Delta Dental of Minnesota

Delta Dental PPOSM &
Delta Dental Premier[®]

Columbia Heights Schools ISD # 13

Group # 4107

Plan Benefit Highlights			
Network(s)	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Participating*
Coverage Year Plan Maximum <small>Per person</small>	\$1,500		
Lifetime Ortho Maximum <small>Per eligible covered person</small>	\$1,000		
Deductible <small>Per person / per family per calendar year No deductible for diagnostic and preventive services or orthodontics</small>	\$50/person \$100/family		
Eligible Dependents	Spouse Dependent children up to age 26		

Covered Services	Dental Benefit Plan Coverage		
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space Maintainers	100%	100%	100%
Basic Services Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth Composite resin restorations (white fillings) on posterior (back) teeth shall be limited to the allowances for amalgam fillings Denture adjustments and repairs Bridge repair	80%	80%	80%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
Periodontics Surgical/Nonsurgical periodontics	80%	80%	80%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
Major Restorative Crowns Crown repair	80%	80%	80%
Prosthetics + Dentures (full and partial) Bridges	50%	50%	50%
Orthodontics Treatment for the prevention/ correction of malocclusion <i>Available for dependent children only, ages 8-18</i>	50%	50%	50%



Prefer to Speak to Someone
Contact customer service

Toll Free: 1-800-448-3815
Local: 651-406-5901
Monday –Friday: 7am-7pm c.s.t.

Visit Our Website
DeltaDentalMN.org

Administered by: Delta Dental of Minnesota
 P.O. Box 59238
 Minneapolis, MN 55459

DDMN.4.12.16.1



Vision Insurance



Who is Eligible and When

- Active Employees who work at least 30 hours per week (.75 to 1.00 FTE)
- Any employees working less than 30 hours per week (< .75 FTE), please refer to your employment contract
- Coverage effective on date of hire

Carrier Name and Website Address

- VSP
- www.vsp.com

Network Provider and Website Address

Vision Insurance 2024-2025

Low Plan	Monthly Premium	Employer Monthly Premium Contribution	Employee Monthly Premium
Single	5.12	0.00	5.12
Employee + Spouse	10.23	0.00	10.23
Employee + Child(ren)	10.95	0.00	10.95
Employee + Family	17.50	0.00	17.50

Vision Insurance 2024-2025

High Plan	Monthly Premium	Employer Monthly Premium Contribution	Employee Monthly Premium
Single	7.37	0.00	7.37
Employee + Spouse	11.80	0.00	11.80
Employee + Child(ren)	12.05	0.00	12.05
Employee + Family	19.43	0.00	19.43

	VSP Choice Materials Only Plan	VSP Choice Plan
Exams	N/A	<ul style="list-style-type: none"> WellVision Exam covered every 12 months after \$10 Copay
Essential Medical Eye Care	<ul style="list-style-type: none"> Retinal imaging for eligible members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	
Frame Allowance	<ul style="list-style-type: none"> \$100 Frame allowance every 24 months 	<ul style="list-style-type: none"> \$120 Frame allowance every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, or lined trifocal lenses for adults after \$10 copay for glasses Impact-resistant lenses for dependent children covered after copay for glasses every 12 months 	<ul style="list-style-type: none"> Single vision, lined bifocal, or lined trifocal lenses for adults after \$25 copay for glasses Impact-resistant lenses for dependent children covered after copay for glasses every 24 months
Lens Enhancements	<ul style="list-style-type: none"> Standard Progressive lenses covered in-full 30% average savings on lens enhancements, like Scratch-resistant coating and UV protection 	<ul style="list-style-type: none"> Standard Progressive lenses covered in-full 30% average savings on lens enhancements, like Scratch-resistant coating and UV protection
Contact Lens Allowance (instead of glasses)	<ul style="list-style-type: none"> \$140 allowance for contacts lenses and Copay up to \$60 for contacts lens exam (fitting and evaluation) every 12 months 	<ul style="list-style-type: none"> \$120 allowance for contacts lenses and Copay up to \$60 for contacts lens exam (fitting and evaluation) every 12 months
Retinal Imaging	N/A	<ul style="list-style-type: none"> No more than a \$39 Copay on routine retinal screening as an enhancement to a WellVision Exam

Get the Savings You Need.

Visit **vsp.com/offers** to see all the Exclusive Member Extras. Take advantage of exclusive special offers for you and the whole family! Save on your favorite frame brands and contact lenses and get discounts on wellness products and services that make your life easier.

\$20

Enjoy an Extra \$20 on Featured Frame Brands.

40%

Save up to 40% on popular lens enhancements*.

Like vision loss, hearing loss can have a huge impact on your quality of life. TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP Vision Care members.

As a VSP member, you can save up to 60% on a pair of hearing aids with TruHearing. Your dependents and even extended family members are eligible too.

Learn more about this VSP Exclusive Member Extras at **truhearing.com/vsp**.

TruHearing™

Long Term Disability Insurance



Who is Eligible and When

- Active employees who work at least 30 hours per week (.75 FTE) are automatically enrolled.
- For employees who work less than 30 hours per week (< .75 FTE), please refer to your employment contract.

Carrier Name and Website Address

- Madison National Life
- www.nisbenefits.com

Employee Pays

- 0%

Class	Class Title/Eligibility	Effective Date	Elimination Period (period of total	Benefit %
3	Non-Affiliated Professionals and Licensed Employees	Date of Hire	60 consecutive working days	66-2/3
4	Non-Licensed Employees	Date of Hire	60 consecutive working days	66-2/3
6	Part-Time Teachers who work at least .50 FTE but less than .75 FTE	Date of Hire	60 consecutive working days	66-2/3

Life Insurance



Who is Eligible and When

- Active employees who work at least 30 hours per week (.75 FTE) are automatically enrolled.
- For employees who work less than 30 hours per week (< .75 FTE), please refer to your employment contract.

Carrier Name and Website Address

- Madison National Life
- www.nisbenefits.com

Employee Pays

- 0%

Class #	Class Title/Eligibility	Basic Life	Supplemental Life
3	Licensed Employees	\$50,000	\$10,000 increments to a maximum of \$300,000
4	Clerical, Custodial, Professional Group A, Education Assistants, and Food Service Employees	\$50,000	\$10,000 increments to a maximum of \$300,000
9	Non-Licensed Community Education and Professional Group B Employees	\$25,000	\$10,000 increments to a maximum of \$300,000
11	Part-Time Certified Employees who work at least .50 FTE but less than .75 FTE	\$50,000	\$10,000 increments to a maximum of \$300,000

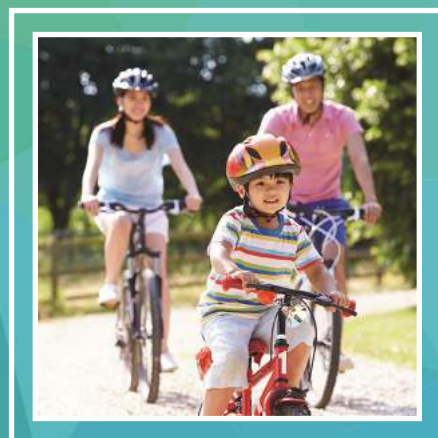
Dependent Life

<p>Dependent Life</p> <p>Child Limiting Age: 21 or 25 if full-time student</p>	<p>Spouse: \$10,000</p> <p>Child: \$2,000</p> <p>Infant: \$200</p>
<p>Basic Life coverage:</p> <p>Supplemental & Dependent Life:</p>	<p>Paid by the district (Classes 3, 4, 9)</p> <p>Pro-rated for class 11</p> <p>Paid by the employee</p>
Minnesota Continuation:	18 Month Minnesota Continuation Applies to Life
Minnesota Continuation and Retirement:	MN Continuation applies to retiring employees. MN Continuation runs concurrently with any other Retiree coverage.
Conversion Provision:	Included – must apply within 31 days
Beneficiary Administration:	Employers should request regular updates and maintain for their own records. Employees should also maintain a copy of the most recent beneficiary form for their records.

Employee & Spouse Rates Per \$1,000	
Under 30	\$.06
30-34	\$.07
35-39	\$.09
40-44	\$.13
45-49	\$.18
50-54	\$.29
55-59	\$.59
60-64	\$.81
65-69	\$1.75
70+	\$4.50

Dependent Life	\$2.97 per unit
Child Life	\$.123 per \$1,000

Voluntary AD&D



Accidental Death and Dismemberment

Policy: Zurich – GTU4380634

Policy: Zurich – GTU4380634

Class Title and Eligibility	Option 1: Employee Only	Option 2: Family
All Other Eligible Employees	\$50,000 increments to a maximum of the lesser of 10 times annual salary or \$500,000	\$50,000 increments to a maximum of the lesser of 10 times annual salary or \$500,000

Benefit Amounts for Dependents	<p>Spouse/Domestic Partner only: 50% of Employee Election</p> <p>Dependent Child(ren) only: 15% Employee Election</p> <p>Spouse/Domestic Partner and Child(ren):</p> <ul style="list-style-type: none"> • 40% Employee Election for Spouse/Domestic Partner • 10% Employee Election for Child(ren)
Reduction Schedule	<p>Class 01: Benefits do not reduce</p> <p>Class 02: At age 70 for the insured employee benefits will reduce to 65%; at age 75 benefits will reduce to 45%; at age 80 benefits will reduce to 30% and at age 85 and over benefits will</p>
Employee Premium Contribution	Premium is paid by the Employee.
Coma Benefit	Included
Exposure and Disappearance Coverage	Included
Travel Assistance Coverage	Included

Flexible Spending Account



Who is Eligible and When

All eligible employees working a minimum of 30 hours per week.

Benefits You Receive:

Flexible Spending Accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money.

Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. The current limit on salary reduction contributions to a health FSA offered under a cafeteria plan is \$2,500 and is applicable to both grandfathered and non-grandfathered health FSAs. This limit is indexed for cost-of-living adjustments in subsequent years. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

Dependent Care FSA

The Dependent Care FSA lets employees use pre-tax dollars toward qualified dependent care such as caring for children under the age of 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. This is a use it or lose it account, no carry over to future years. This is a tax savings benefit. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

COBRA



What is COBRA?

COBRA (shorthand for consolidated Omnibus Budget Reconciliation Act of 1985) is a federal law that requires employees of 20 or more employees who offer health care benefits to offer the option of continuing this coverage to individuals who would otherwise lose their benefits due to termination of employment, reduction in hours or certain other events. Individual states may also have COBRA-like laws that apply.

Which Benefits are Covered?

The following types of plans generally need to be offered to employees when COBRA is triggered (but only if they are offered to employees):

- Health care plans
- Medical spending accounts
- Dental plans

Which Events Trigger COBRA?

Events that trigger coverage are known as qualifying events. The following are qualifying events:

- An employee's voluntary or involuntary termination of employment, unless it is for gross misconduct
- An employee's reduction in hours of employment (e.g., full time or part time)
- A covered spouse's divorce or legal separation from an employee
- An employee's death
- An employee's entitlement to Medicare
- A covered dependent's change in status (for example, reaching an age that no longer qualifies the dependent for coverage under the parent's health plan)
- Active military duty when you don't voluntarily maintain health coverage
- Failure to return to work at the end of family and medical leave where coverage was in effect
- Your business bankruptcy

How long does COBRA coverage last?

Depending upon the type of event and who the beneficiary is, coverage could continue for 18 or 36 months after the date of the event of the coverage loss.:

- In the case of termination of employment or reduction in hours – 18 months for the employee and any covered dependents
- In the case of qualifying events for reasons other than termination of employment or reduction in Hours – 36 months of coverage

Employee Assistance Program



Who Is Eligible and When

- All employees at date of hire

Benefits You Receive

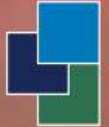
When you are dealing with personal situations, it can be difficult to be your best at work or at home. That's why Columbia Heights offers the Employee Assistance Program (EAP) administered by TELUS Health. The EAP gives you a place to turn for support any time of the day, or night, and 365 days a year. Support is available for whatever issues employees might be facing, including depression, marriage and relationships, legal issues, child/elder care challenges, parenting issues, financial concerns, grief management or substance abuse.

You can contact our FREE Employee Assistance Program toll-free at 866-451-5465 or you can visit the website at www.niseap.com.



Embedded Employee Assistance Program (EAP) with Claimant Assist

Support for Employees* with Life or Disability Insurance Through National Insurance Services



The EAP Program

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you.

Your EAP Service Provider

TELUS Health is a leader in the field of Employee Assistance and has been providing employee assistance services for over 40 years. TELUS Health has the experience to provide the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information you discuss through the EAP is kept confidential in accordance with federal and state laws.

The EAP Process

When you access the EAP, TELUS Health counselors listen and take

action toward finding solutions. The next step may include meeting with a mental health counselor for up to three face-to-face visits, negotiating health insurance benefits, or referrals to community resources for legal and financial services.

Referrals and Resources

You can receive information and a listing of childcare and eldercare resources with confirmed vacancies meeting your specifications. If face-to-face mental health counseling sessions are required, TELUS Health counselors will refer you for counseling at a location that is convenient to your home or work. TELUS Health counselors can also refer you to self-help groups such as Alcoholics Anonymous or Gamblers Anonymous and community financial and legal resources for debt management.

Claimant Assist

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long Term Disability Claimant Services are available to guide and counsel claimants and their immediate family

Under our EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com

Login: NISEAP | **Password:** EAP
(Note: Password Is Case-Sensitive)

Claimant Assist Services Are Available:

866.472.2734

(over)

members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

Virtual Fitness

You have access to a virtual fitness platform through the EAP. LIFT session, one of the leading fitness providers, provides you with an easily accessible, effective and affordable way to reach your fitness goals anytime, anywhere for better health and well-being.

You can work out on your own with personalized programs and access coaches if you have questions, or choose to work under the live supervision of a coach online, in 1-1 personal or group sessions.

Access to Masters-Degreed Counselors 24-Hours a Day Through a Toll-Free Number

Up to three in-person assessment and counseling sessions.

- **Legal Assistance:** Counselors may refer you to a telephone and/or one in-person consultation with an attorney.
- **Financial Assistance:** Telephone consultation with a financial consultant to address questions on budgeting, taxes, and debt consolidation.
- **Eldercare Assistance:** Our specialists can help you locate eldercare options, such as residential care or in home care, provide support in dealing with the emotions of retirement, or legal aspects like estate planning. Use our website to find resources on retirement, from financial planning and calculators, to articles on coping with retirement stress, and filing your retirement days with meaningful activities.
- **Childcare Assistance:** Telephone consultation with a work-life professional to provide information, referrals, and resources related to childcare concerns.
- **Memorial Planning Assistance:** Telephone consultation with a work-life specialist to assist with memorial and funeral planning. Services include identifying potential locations, associated costs for services, and providing information to help coordinate logistics (Available to Life insurance beneficiaries only).

Your EAP and Claimant Assist Administrator:



134 North LaSalle Street, Suite 2200
Chicago, IL 60602

Telephone Assistance:

EAP: 866.451.5465

Claimant Assist: 866.472.2734

Online:

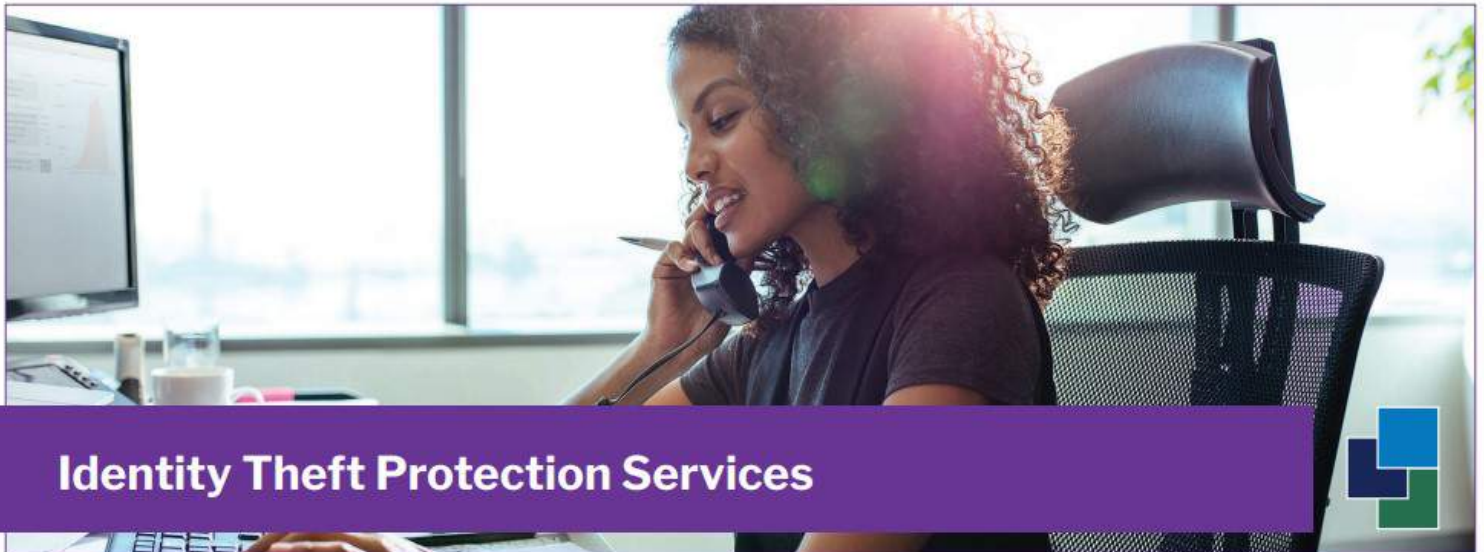
www.niseap.com | Login: NISEAP | Password: EAP

(Note: Password Is Case-Sensitive)

***The EAP is for use by the covered employee only. While issues may concern family members, all contacts to the EAP must be made by the employee.**

Identity Theft Program





Identity Theft Protection Services

In 2022, identity theft impacted at least 422 million individuals.¹ If you are a victim, the IDX Identity Theft Recovery specialists will provide concierge-style service every step of the way. Their expertise will save valuable time during this stressful process.

Your dedicated recovery specialist will work with you until the identity is restored to pre-fraud status. Support may include:

- Assistance with investigation of the suspected identity theft
- Guidance through the recovery process
- Recovery for all 9 types of identity theft
- Advice from trained professionals in identity protection
- Single point-of-contact if you are a victim
- Assistance with notifying law enforcement or local government agencies
- Limited Power of Attorney to work on the victim's behalf
- Documentation including fraud affidavit
- And much more



<https://app.idx.us/account-creation/NIS>
855.205.6010

"It was great knowing I had someone to help me resolve my identity theft issues and I didn't have to spend hours trying to figure out how to handle it on my own" - IDX member, Needham, MA

¹ <https://www.iii.org/fact-statistic/facts-statistics-identity-theft-and-cybercrime>

Resolution services offered to you by your employer and:



Corporate Headquarters: 300 North Corporate Drive, Suite 300
Brookfield, WI 53045
Offices Nationwide: 800.627.3660 | www.NISBenefits.com



a Horace Mann company
PO Box 5008, Madison, WI 53705

Identity theft assistance services are provided by IDX, which is not affiliated with Madison National Life Insurance Company, Inc. Services provided by IDX are not part of Madison National Life's insurance products, and Madison National Life is not responsible for any acts or omissions of IDX in connection with or arising under identity theft assistance services. Access to IDX program is conditioned upon your employer remaining a Madison National Life customer and the program terms and conditions. This program does not provide credit repair services or any form of legal advice.

Group Legal





Everyone deserves legal protection.

At LegalShield, we've been offering legal plans to our members for over 40 years, creating a world where everyone can access legal protection—and everyone can afford it. Unexpected legal questions arise every day and with LegalShield on your side, you'll have access to a quality law firm 24/7, for covered personal situations. From real estate to speeding tickets to Will preparation, and beyond, we're here to help you with any personal legal matter—no matter how traumatic or how trivial it may seem. Because our dedicated law firms are prepaid, their sole focus is on serving you, rather than billing you.

Our Promise to You

As one of the first companies in North America to provide legal expense plans to consumers, we now provide legal services to over 1.4 million families across the U.S. and Canada—representing approximately 4 million people. And with over 650 employees dedicated to serving you, our promise remains the same: to provide outstanding legal services by quality law firms at an affordable price.

Why LegalShield

For as little as \$20 a month, LegalShield gives you the ability to talk to an attorney on any personal legal matter without worrying about high hourly costs. That's why, under the protection of LegalShield, you or your family can live your lives worry free.

Even better, you don't have to worry about figuring out which attorney to use—we'll do that for you. Our experienced attorneys focus specifically on our members and provide 24/7 access for covered emergencies.

Learn more about the LegalShield Legal Plan at
www.legalshield.com/info/legalplan

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries;
Pre-Paid Legal CasualtySM, Inc.; Pre-Paid Legal Access, Inc.; In FL: Pre-Paid Legal
Services, Inc. of Florida; In VA: Legal Service Plans of Virginia, Inc.; and PPL
Legal Care of Canada Corporation



LegalShield Legal Plan

Expected and unexpected legal issues arise every day. But with a LegalShield Legal Plan, a small monthly fee gets you access to advice and counsel on an unlimited number of personal legal issues from lawyers with an average of 19 years experience.

Advice & Consultation

Advice

Toll-free phone consultations with your Provider Law Firm for any personal legal matter, even on pre-existing conditions

Letters and Phone Calls on Your Behalf

Available at the discretion of your Provider Lawyer

Contract and Document Review

Contract/document review up to 15 pages each

24/7 Emergency Assistance

After-hours legal consultation for covered legal emergencies. Specific coverage depends on plan, such as: if you're arrested or detained, if you're seriously injured, if you're served with a warrant, or if the state tries to take your child(ren).

Family Matters (family plan only) Uncontested Name Change Assistance*

One (1) uncontested name change prepared per member year by Provider Law Firm

Uncontested Adoption Representation*

Representation by your Provider Law Firm for uncontested adoption proceedings

Uncontested Separation/Divorce Representation*

Representation by your Provider Law Firm for uncontested legal separation, uncontested civil annulment and uncontested divorce proceedings

Representation Trial Defense Services

Assistance if you or your spouse are named defendant or respondent in a covered civil action filed in court

Year	Pre-Trial Time	Trial Time	Total
1	2.5	57.5	60
2	3	117	120
3	3.5	176.5	180
4	4	236	240
5	4.5	295.5	300

For more information contact your Independent Associate:

Document Preparation

Standard Will Preparation

- Will preparation and annual reviews and updates for covered members
- Other documents available: Living Will, Health Care Power of Attorney

Residential Loan Document Assistance (family plan only)

Mortgage documents (as required of the borrower by the lending institution) prepared by your Provider Law Firm for the purchase of your primary residence

Auto

Motor Vehicle Services

- Non-criminal moving traffic violation assistance
- Motor vehicle-related criminal charge assistance
- Up to 2.5 hours of help with driver's license reinstatement and property damage collection assistance of \$5,000 or less per claim
- Available 15 days after enrollment
- Available only if member has a valid driver's license and is driving a non-commercial motor vehicle

IRS

IRS Audit Legal Services

- One hour of consultation, advice or assistance when you are notified of an audit by the IRS
- An additional 2.5 hours if a settlement is not achieved within 30 days
- If your case goes to court, you'll receive 46.5 hours of your Provider Law Firm's services
- Coverage for this service begins with the tax return due April 15 of the year you enroll

Additional Benefits

25% Preferred Member Discount

You may continue to use your Provider Law Firm for legal situations that extend beyond plan coverage. The additional services are 25% off the law firm's standard hourly rates. Your Provider Law Firm will let you know when the 25% discount applies, and go over these fees with you.

Your Plan Covers:

Family Plan:

- The member
- The member's spouse/domestic partner
- Never-married dependent children under age 26 living at home
- Dependent children under age 18 for whom the member is legal guardian
- Never married, dependent, children who are full-time college students up to age 26
- Physically or mentally disabled children living at home

Individual Plan:

An individual rate is available for those enrollees who are not married, do not have a domestic partner and do not have minor children or dependents. No family benefits are available to individual plan members. Ask your Independent Associate for details.

*These services are available 90 consecutive days from the effective date of your membership. For detailed information about the legal services provided for personal matters by the LegalShield contract, go to <http://www.legalshield.com/info/legalplan>. Business issues are not included; however, plans providing those services are available.



Access
LegalShield
on the go!

Activate your account on mylegalshield.com and then download our new smartphone app MyLegalShield. With this app, our members have access to their Provider Law Firm at the touch of a button.

Download the
free app from
the App Store
or Google Play.





Millions of people lose their identities every year.



Don't be one of them.

Identity theft has been the top consumer complaint filed with the FTC for 15 years straight. Victims are spending an exorbitant amount of time and money dealing with it. The criminals are getting smarter. And they're not going away. That's why you need a company that's more than a website. You need an established institution that understands all the potential threats, how to prevent them and how to restore any damage done.

**“My investigator gave me great advice
and the next day cleared up my situation.”**

- IDShield member - L.N. in Sioux City, NE



MONITOR MORE OF WHAT MATTERS

We monitor your identity from every angle, not just your Social Security number, credit cards and bank accounts. If any change in your status occurs, you receive an email update immediately.



COUNSEL WHEN YOU NEED IT

Our identity specialists are focused on protecting you. They are available to provide you with a complete picture of identity theft, walk you through all the steps you can take to protect yourself and answer any questions. Plus, they are available 24 hours a day, every day, in the event of an identity theft emergency. We're always here to help, no matter what.



RESTORE YOUR IDENTITY COMPLETELY

IDShield is the only company with an exclusive partnership with Kroll, the worldwide leader in theft investigative services. If a compromise occurs, contact your Licensed Private Investigator who will immediately begin restoring your identity to exactly the way it was.

IDSHIELD FAMILY
(for you, your spouse/domestic
partner and up to 8 minors)

IDSHIELD INDIVIDUAL
(for you)

IDShield

Identity Consultation Services

Members have unlimited access to identity consultation services provided by Kroll's Licensed Private Investigators. The Investigator will advise members on best practices for identity management tailored to the member's specific situation. Consultative services include:

Privacy and Security Best Practice

- Consult on best practices for the use and protection of a consumer's Social Security number and Personal Identifying Information (PII)
- Provide consultation on current trends, scams and schemes related to identity theft and fraud issues
- Discuss best practices for financial transactions, online activities and consumer privacy
- Provide the knowledge to best protect the member from identity theft and to be aware of their rights under federal and state laws
- Help members interpret and analyze their credit report and take steps to reduce pre-approved credit offers
- Consult with members regarding a public record inquiry, background search or credit freeze

Event-Driven Consultation Support

- Lost/stolen wallet assistance
- Data Exposure/Data Breach
- Safeguards

Alerts and Notifications

- Monthly identity theft updates to help educate and protect
- Data breach notifications

Consultation Services are limited to the solutions, best practices, legislation, and established industry and organizational procedures in place in the United States and Canada as determined beneficial or productive by a Kroll Licensed Private Investigator.

Privacy Monitoring

Black Market Website Surveillance (Internet Monitoring)

Monitors global black market websites, IRC (internet relay chat) channels, chat

rooms, peer-to-peer sharing networks, and social feeds for a member's Personally Identifiable Information (PII), looking for matches of name, date of birth, Social Security number, email addresses (up to 10), phone numbers (up to 10), driver's license number, passport number and/or medical ID numbers (up to 10).

Address Change Verification

Keeps track of a personal mailing address and alerts when a change of address has been requested through the United States Postal Service.

Security Monitoring

Black Market Website Surveillance (Internet Monitoring)

Monitors global black market websites, IRC (internet relay chat) channels, chat rooms, peer-to-peer sharing networks, and social feeds for a member's Personally Identifiable Information (PII), looking for matches of Social Security number, credit card numbers (up to 10) and bank account numbers (up to 10).

Court Records Monitoring

Detects criminal activity that may be associated with an individual's personal information, alerting them to signs of potential criminal identity theft. Credit Monitoring members have access to continuous credit monitoring through TransUnion. The credit monitoring service will alert members to activity up to and including new delinquent accounts, fraud alerts, improved account, new account, new address, new bankruptcy, new employment, new account inquiry, and new public records.

Credit Inquiry Alerts

Members will be notified via email when a creditor requests their TransUnion credit file for the purposes of opening a new credit account. Included are accounts that result in a new financial obligation, such as a new cell phone

account, a lease for a new apartment, or even for an application for a new mortgage.

Quarterly Credit Score Tracker

A quarterly credit score from TransUnion that plots the member's score quarter by quarter on a graph.

Payday Loan Monitoring

Alerts the subscriber when their personal information is associated with short-term, payday, or similar cash-advance loans.

Minor Identity Protection (Family Plan only)

Allows parents/guardians of up to 8 minors under the age of 18 to monitor for potential fraudulent activity associated with their child's SSN. Unauthorized names, aliases and addresses that become associated with a minor's name and date of birth may be detected.

Identity Restoration

Kroll's Licensed Private Investigators

perform the bulk of the restoration work required to restore a member's identity to pre-theft status.

IDShield Service Guarantee

We don't give up until your identity is restored.

We're confident in our ability to help protect your identity, but no one can prevent all identity theft. If you become a victim of identity theft while an IDShield member, we'll spend up to \$5 million using Kroll's industry-leading Licensed Private Investigators to do whatever it takes for as long as it takes to help recover and restore your identity to its pre-theft status.

Purchase of IDShield requires member to have a valid email address.

The following are excluded from the Services: Legal Remedy—Any Stolen Identity Event where the member is unwilling or unable to prosecute or otherwise bring a civil or criminal claim against any person culpable or reasonably believed to be culpable for the fraud or its consequences. Dishonest Acts—Any dishonest, criminal, malicious or fraudulent acts, if the member(s) that suffered the fraud personally participated in, directed or had knowledge of such acts. Financial Loss—Any direct or indirect financial losses attributable to the Stolen Identity Event, including but not limited to, money stolen from a wallet, unauthorized purchases of retail goods or services online, by phone, mail or directly. Pre-existing Stolen Identity Event Limitations—If the victim either had knowledge of, or reasonably should have had knowledge of, the misuse of his/her identity, credit, or other personal information based on information provided, or reasonably available, to the individual prior to enrollment in the program (each a "Prior Misuse"), such Prior Misuse or the consequences caused by it are not covered by the restoration services. However, individuals who have merely experienced the loss or unauthorized exposure of personal identifiers, including credit or debit card data, such as a data breach event, with no indication of actual misuse or identity theft resulting from that event, are not subject to the Prior Misuse exclusion hereunder. Business—The theft or unauthorized or illegal use of any business name, DBA or any other method of identifying business (as distinguished from personal) activity. Third Parties Not Subject to U.S. or Canadian Law—Restoration services do not remediate issues with third parties not subject to United States or Canadian law that have been impacted by an individual's Stolen Identity Event, such as financial institutions, government agencies, and other entities.

Marketed by: Pre-Paid Legal Services, Inc. dba LegalShield® and subsidiaries; Pre-Paid Legal CasualtySM, Inc.; Pre-Paid Legal Access, Inc.; In FL: Pre-Paid Legal Services, Inc. of Florida; In VA: Legal Service Plans of Virginia, Inc.; and PPL Legal Care of Canada Corporation

Voluntary Benefits



403(b), Roth 403(b) & 457 Deferred Compensation

To enroll in a 403(b) or Roth 403(b), contact one of the below vendors to set up an account. Once an account has been created, send in the Salary Reduction Agreement form located on the CHPS Benefits page.

Please review your Employment Agreement or Contract for participation & district match eligibility. Never provide personal information via email; use caution when providing it via voicemail.

VOYA – 403(b) and ROTH 403(b)

Capital Street Financial Services

Office: (651) 665-4300

Daniel Rickett

Toll Free: (800) 728-0144

85 East 7th Place, Suite 275

Fax: 651-665-0121

St. Paul, MN 55101

Email: drickett@capitalstreet.biz

VALIC – 403(b) and ROTH 403(b)

VALIC Financial Advisors, Inc.

Office: (952) 838-7800

Steve Bentley, Financial Advisor

Mobile: (612) 322-3839

7650 Edinborough Way, Suite 320

Toll Free: (800) 728-0144

Edina, MN 55435

Fax: (612) 601-8941

Email: steve.bentley@aig.com

EDUCATORS FINANCIAL SERVICES, Inc. – 403(b)

Joseph Batkiewicz

David Wolfe, Financial Advisor

41 Sherburne Ave

11599 Robinson Drive NW

St. Paul, MN 55103

Coon Rapids, MN 55433

Office: (651) 767-1284

Office: (763) 789-4010

Fax: (651) 292-4815

Fax: (763) 706-3955

Email: joebat@efsadvisors.com

Email: davidw@efsadvisors.com



Heather Lynch, Benefits Specialist
763.528.4584 | LynchH@colheights.k12.mn.us
colheights.k12.mn.us/Benefits