Employee Benefit Guide

South St. Paul
Public Schools

2025

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

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

Overview

Your benefits are an important part of your compensation.

Your Benefits

When you think about your total compensation package, remember all your benefits. Along with your pay, South St. Paul Public Schools has provided a benefit program with real financial value. A great deal of time and effort has been invested in designing, funding, and maintaining a quality benefit plan. But you and your family can also play an important role in getting the most from your benefits by making sure that you understand them.

Select your benefits carefully

When possible, you are offered options so that you can select the plan that best fits your needs. To get the most value from your benefits, carefully consider which options are right for you and your family. Because your premiums are generally deducted on a pretax basis, IRS regulations may prohibit you from making enrollment changes until the end of the plan year, unless you experience a family status change. Qualified status changes can be found on page 14 of this booklet.

Inside this booklet

This booklet describes your 2025 employee benefits. For each benefit plan, you will find a description of your coverage, as well as information about eligibility, enrollment, costs and contact information. This booklet is intended to provide a summary of each of your benefit plans. Although care was taken to correctly describe these plans, you should consult your actual certificate for full details.

All plan certificates of coverage can be found on our District website under the Human Resources page.

Benefit Plans Offered

» Medical

» Dental

» Basic Life Insurance/AD&D (excludes Teachers)

» Supplemental Life/AD&D (All employees; no dependents)

» Long-Term Disability

» Flexible Spending Accounts (FSA)

» Employee Assistance Programs

» Retirement Plans

Eligibility

Eligibility is based on your collective bargaining agreement (CBA) or employment agreement.

If you are an active employee and elect coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under age 26.

Every eligible employee has a one-time eligibility period; 30 days from your board-approved hire date.

All employees must complete enrollment indicating coverage elections, waived coverage and beneficiary information.

Additional information is available on the district's website

www.sspps.org

Under the Human Resources Page

South St. Paul Public Schools

Medical Benefits

Administered by HealthPartners

Health Insurance is designed to provide protection for you and your dependents in the event that you require medical care. Remember that you can help to keep your plan costs low. Although you are not required to see a network provider, your expenses will be less when you seek care within the network. Most importantly, make sure you understand your plan so that you can use your medical benefits wisely.

South St. Paul Schools provides three different plan options:

HEALTHPARTNERS OPEN ACCESS $500-$35 COPAY PLAN	
» Traditional open access PPO medical plan » No referrals to see in-network providers	» Deductible: $500 person; $1,500 family » Out-of-pocket maximum: $1,500 person; $3,000 family » Preventive Care 100% » Office visits and Urgent Care: $35 copay
HEALTHPARTNERS OPEN ACCESS $1,500-$35 COPAY PLAN	
» Traditional open access PPO medical plan » No referrals needed to see in-network providers	» Deductible: $1,500 person; $4,500 family » Out-of-pocket maximum: $4,500 person; $9,000 family » Preventive Care 100% » Office visits and Urgent Care: $35 copay
HEALTHPARTNERS OPEN ACCESS $3,300 DEDUCTIBLE HSA PLAN	
» High Deductible Health Plan (HDHP) » No referrals needed to see in-network providers	» Deductible: $3,300 person; $6,600 family » Out-of-pocket maximum: $5,400 person; $10,800 family » Preventive Care 100% » Office visits and Urgent Care: 80% coverage after deductible

Current medical provider listings are available at www.healthpartners.com.

On the following pages is a brief summary of the key elements of your medical plan choices. Please refer to the benefit plan booklet(s) for specific benefits, limitations and exclusions.

South St. Paul Public Schools

Medical Plans Summary – HealthPartners Open Access Plan $500-$35 Copay Plan

PLAN HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE AND OUT-OF-POCKET		
Calendar year deductible	$500 / person; $1,500 / family	$1,000 / person; $2,000 / family
Calendar year medical out-of-pocket maximum	$1,500 / person; $3,000 / family	$3,000 / person; $6,000 / family
PREVENTIVE HEALTHCARE		
Routine physical, eye examinations, postnatal care	You pay nothing	You pay 20% after deductible
Prenatal and well-child care	You pay nothing	You pay nothing
Immunizations	You pay nothing	You pay 20% after deductible
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay $35 per visit	You pay 20% after deductible
Physical, occupational and speech therapy	You pay $35 per visit	You pay 20% after deductible
Chiropractic care	You pay $35 per visit	You pay 20% after deductible
Allergy injections	You pay nothing	You pay 20% after deductible
CONVENIENCE CARE		
Convenience clinics (retail), eVisits, online care	You pay $35 per visit	You pay 20% after deductible
Online Care–Virtuwell	First three visits free, then same as Convenience Care benefit	You pay 100% – No coverage
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay 20% after deductible	You pay 20% after deductible
Emergency care at a hospital ER	You pay 20% after deductible	HealthPartners in-network benefit
Ambulance	You pay 20% after deductible	HealthPartners in-network benefit
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 20% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 20% after deductible	You pay 20% after deductible
Outpatient MRI and CT scan	You pay 20% after deductible	You pay 20% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 20% after deductible	You pay 20% after deductible
PHARMACY (31-day supply, 93-day supply for mail order)	PARTICIPATING PHARMACIES	NON-PARTICIPATING PHARMACIES
Retail Copayment for 1-month supply		
» Generic from the Formulary	You pay $12	You pay 20% after deductible
» Brand from the Formulary	You pay $35	You pay 20% after deductible
» Medications not on the Formulary	You pay $50	You pay 20% after deductible
HealthPartners Mail Order Copayment for 3-month supply (no OON coverage)		
» Generic from the Formulary	You pay $24	
» Brand from the Formulary	You pay $70	
» Medications not on the Formulary	You pay $100	
Specialty	See Specialty Drug list on healthpartners.com	
» Specialty Drugs	You pay 20% up to $200 max	You pay 20% after deductible

Medical Plans Summary – HealthPartners Open Access Plan $1,500-$35 Copay Plan

PLAN HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE AND OUT-OF-POCKET		
Calendar year deductible	$1,500 / person; $4,500 / family	$3,000 / person; $9,000 / family
Calendar year medical out-of-pocket maximum	$4,500 / person; $9,000 / family	$9,000 / person; $18,000 / family
PREVENTIVE HEALTHCARE		
Routine physical, eye examinations, postnatal care	You pay nothing	You pay 20% after deductible
Prenatal and well-child care	You pay nothing	You pay nothing
Immunizations	You pay nothing	You pay 20% after deductible
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay $35 per visit	You pay 20% after deductible
Physical, occupational and speech therapy	You pay $35 per visit	You pay 20% after deductible
Chiropractic care	You pay $35 per visit	You pay 20% after deductible
Allergy injections	You pay nothing	You pay 20% after deductible
CONVENIENCE CARE		
Convenience clinics (retail), eVisits, online care	You pay $35 per visit	You pay 20% after deductible
Online Care–Virtuwell	First three visits free, then same as Convenience Care benefit	You pay 100% – No coverage
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay 20% after deductible	You pay 20% after deductible
Emergency care at a hospital ER	You pay 20% after deductible	HealthPartners in-network benefit
Ambulance	You pay 20% after deductible	HealthPartners in-network benefit
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 20% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 20% after deductible	You pay 20% after deductible
Outpatient MRI and CT scan	You pay 20% after deductible	You pay 20% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 20% after deductible	You pay 20% after deductible
PHARMACY (31-day supply, 93-day supply for mail order)	PARTICIPATING PHARMACIES	NON-PARTICIPATING PHARMACIES
Retail Copayment for 1-month supply		
» Generic from the Formulary	You pay $12	You pay 20% after deductible
» Brand from the Formulary	You pay $35	You pay 20% after deductible
» Medications not on the Formulary	You pay $50	You pay 20% after deductible
HealthPartners Mail Order Copayment for 3-month supply (no OON coverage)		
» Generic from the Formulary	You pay $24	
» Brand from the Formulary	You pay $70	
» Medications not on the Formulary	You pay $100	
Specialty	See Specialty Drug list on healthpartners.com	
» Specialty Drugs	You pay 20% up to $200 max	You pay 20% after deductible

Medical Plans Summary – HealthPartners Open Access Plan $3,300 Deductible HSA Plan

PLAN HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE AND OUT-OF-POCKET		
Calendar year deductible	$3,300 / person; $6,600 / family	$6,000 / person; $12,000 / family
Calendar year medical out-of-pocket maximum	$5,400 / person; $10,800 / family	$10,800 / person; $21,600 /family
PREVENTIVE HEALTHCARE		
Routine physical, eye examinations, postnatal care	You pay nothing	You pay 40% after deductible
Prenatal and well-child care	You pay nothing	You pay nothing
Immunizations	You pay nothing	You pay 40% after deductible
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 40% after deductible
Physical, occupational and speech therapy	You pay 20% after deductible	You pay 40% after deductible
Chiropractic care	You pay 20% after deductible	You pay 40% after deductible
Allergy injections	You pay 20% after deductible	You pay 40% after deductible
CONVENIENCE CARE		
Convenience clinics (retail), eVisits, online care	You pay 20% after deductible	You pay 40% after deductible
Online Care–Virtuwell	You pay 20% after deductible	You pay 100% – No coverage
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay 20% after deductible	HealthPartners in-network benefit
Emergency care at a hospital ER	You pay 20% after deductible	HealthPartners in-network benefit
Ambulance	You pay 20% after deductible	HealthPartners in-network benefit
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 40% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 20% after deductible	You pay 40% after deductible
Outpatient MRI and CT scan	You pay 20% after deductible	You pay 40% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 20% after deductible	You pay 40% after deductible
PHARMACY (31-day supply, 93-day supply for mail order)	PARTICIPATING PHARMACIES	NON-PARTICIPATING PHARMACIES
Retail Copayment for 1-month supply		
» RxPlus Preventive Formulary	You pay $12/generic; $45/brand	You pay 40% after deductible
» Generic from the Formulary	You pay 20% after deductible	You pay 40% after deductible
» Brand from the Formulary	You pay 20% after deductible	You pay 40% after deductible
» Medications not on the Formulary	You pay 20% after deductible	You pay 40% after deductible
HealthPartners Mail Order Copayment for 3-month supply (no OON coverage)		
» RxPlus Preventive Formulary	You pay $24/generic; $90/brand	
» Generic from the Formulary	You pay 20% after deductible	
» Brand from the Formulary	You pay 20% after deductible	
Specialty	See Specialty Drug list on healthpartners.com	
» Specialty Drugs	You pay 20% after deductible	You pay 40% after deductible

Medical Insurance Terminology

Unfamiliar terminology can make choosing a medical plan confusing. To help you navigate your benefit options, we have provided the following definitions of common medical insurance terms.

Deductible

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance plan makes any payments for healthcare services rendered. This amount is an annual amount calculated during the plan year, January through December.

Copays

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically you would see a copay for office visits and prescription drugs.

Coinsurance

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Out-of-Pocket Maximum (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, copays and coinsurance all accumulate towards the OOPM. District plans OOPM calculate on the plan year; January through December. In-network and out-of-network OOPM have separate accumulations.

Explanation of Benefits (EOB)

When you incur an expense, a claim is filed on your behalf with HealthPartners (HP). Once HP processes the claim, you will receive an EOB. The EOB tells you the total amount of the claim, what the provider must "write off" based on their provider contract with HP, what HP paid and what you owe on the claim. The EOB also shows what's accumulated toward your annual OOPM and deductible, if applicable.

Health Savings Account (HSA)

As a participant in this qualified HDHP plan, you are eligible to establish a tax-free medical savings account outside of the district. You are allowed to make contributions up to the IRS maximums.

In-Network

In-network refers to providers or healthcare facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts.

Out-of-Network (OON)

Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments are subject to separate deductibles and OOPM. When you receive care from an OON provider, you may need to submit the claim on your own.

Open Access (OA)

All of the District-offered plans are OA. Members are not required to select a primary care provider, nor do they need referrals to seek care for specialty needs.

High-Deductible Health Plan (HDHP)

A qualified health plan that gives you more control over your healthcare spending by offering lower monthly premiums in exchange for higher deductibles and out-of-pocket limits.

Summary Plan Description (SPD)

The SPD is a summary of the master plan document available to you by contacting HP or the District's Human Resources Department. If changes are made to the master plan, you will receive amendments to the SPD.

Formulary Drugs

Formulary drugs are the prescription medications covered under your medical insurance with the maximum plan benefit. If your provider prescribes a non-formulary medication, you will have coverage, but a higher copay will be assessed.

Please see the complete Formulary Drug List available at www.healthpartners.com, hover over "Services' and click on "Pharmacy," then "Search our drug lists (formularies)"

South St. Paul Public Schools

Need Help Selecting Your Medical Plan?

It's important to consider your options when selecting your medical plan. Deciding on a plan is a personal decision for you and your family and the "best" option may not always be the most expensive plan. When choosing the plan that's right for you, it's important to think about your total costs:

Fixed costs (annual premium contributions) + Variable costs (out-of-pocket expenses) = Total Costs

Here are a few things to think about when choosing a medical plan...

» Consider the monthly employee contribution. Based on your usage of the plan, you may save money. Would you prefer to have a higher payroll deduction and lower costs out of pocket, or would you prefer a lower payroll deduction and higher out-of-pocket expenses?

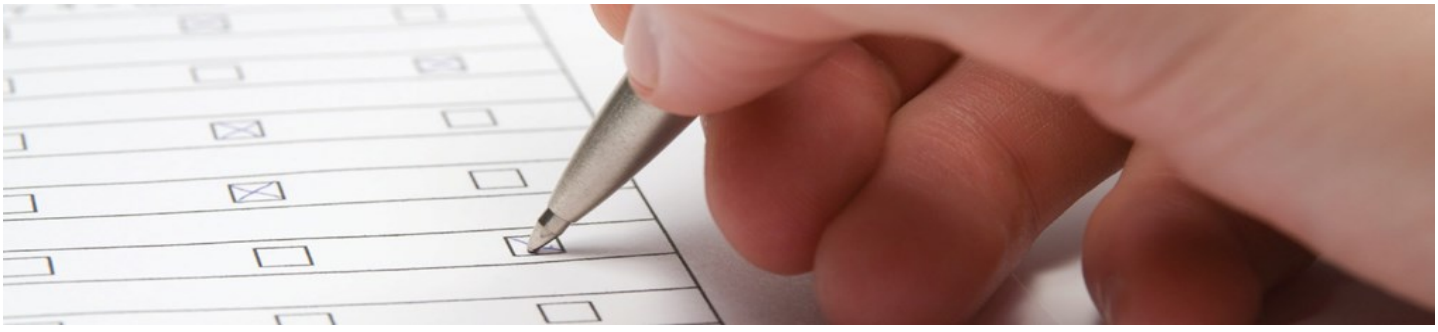
» **Employer/Employee premium cost sheets are available on the District's website.**

» How do you and your family use your healthcare? Consider the number of office visits you make in an average year, the number and cost of prescription drugs you use, and the number of foreseeable hospital visits you anticipate in the upcoming plan year (pregnancy, chronic conditions, etc.).

» Want more control over your healthcare dollars? With the Open Access $3,300 Deductible plan, the cost of coverage (your monthly premium) is lower, but you generally pay more at the time of service than you would if you were enrolled in the copay plan that the District offers. It's a different way of thinking about the total cost of care. Instead of paying for coverage you might not actually use (in higher premium contributions), a high-deductible health plan lets you pay for only the healthcare services you use.

» The $3,300 deductible plan is an HSA-qualified plan, which would allow you to open an HSA account on your own if you so choose.

» Will you be covering dependents that live outside of the HealthPartners' provider area? Since HealthPartners partners with Cigna health providers for their national network, your dependents will have access to those providers and receive in-network benefits!



South St. Paul Public Schools

Dental Benefits — HealthPartners

Dental coverage is designed to provide protection to you and/or your family in the event that you require dental services during the year. Your plan is designed to encourage regular visits to your dentist, which is essential to maintaining oral health, and to provide coverage for basic diagnostic and preventive dental needs.

Your deductibles and annual maximums are accumulated January to December.

Employer/Employee premium cost sheets are available on the District's website.

	IN-NETWORK	OUT-OF-NETWORK
Deductible	None	$25/person; $75/family
Annual Maximum	Plan pays $2,000/person	Plan pays $1,000/person
Implant Maximum*	Plan pays $500/person	Plan pays $500/person
Preventative Dental Services (cleanings, exams, x-rays)	100% coverage	80% coverage after deductible
Basic Dental Services (fillings)	100% coverage	80% coverage after deductible
Basic Dental Services (root canal therapy, oral surgery, simple extractions, periodontics)	80% coverage	50% coverage after deductible
Special Care (restorative crowns and onlays)	50% coverage	50% coverage after deductible
Prosthetic Services (bridges, full/partial dentures, dental implants)	50% coverage	50% coverage after deductible

*Included in annual maximum

Current dental provider listings are available at www.healthpartners.com.

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

South St. Paul Public Schools

Flexible Spending Account (FSA) — Medsurety

Healthcare Reimbursement FSA

You can set aside up to $3,300 in a Healthcare Reimbursement FSA each year to help pay for out-of-pocket medical, dental and vision expenses for you, your spouse and your dependent child(ren). Below is a brief list of such expenses:

» Deductibles, coinsurance and/or copays under a health, dental or vision plan

» Eye glasses, contact lenses, cleaning and wetting solutions

» Orthodontia expenses

» Lasik eye surgery or radial keratotomy

Federal tax rules define which health expenses are eligible for reimbursement from a Healthcare Reimbursement FSA. For more information, refer to the list of eligible expenses or the Flexible Benefit Plan Summary on the District's website.

Orthodontia Expenses: Typically, a portion of an orthodontia contract (25% to 35%) is for expenses incurred immediately to complete initial orthodontia work. The remainder of the contract balance is divided over the remaining months of treatment. Under some contracts, the remaining months may span over a two-or three-year period. You may only receive reimbursements under your Healthcare Reimbursement FSA for expenses you incur during that plan year.

Limited Purpose Reimbursement FSA

If you are enrolled in a HSA Medical Plan, you can set aside up to $3,300 in a Limited Purpose Reimbursement FSA each year to help pay for out-of-pocket dental and vision expenses for you, your spouse and your dependent child(ren). Medical claims can be paid from your HSA account. Below is a brief list of such expenses:

» Deductibles, coinsurance and/or copays under a health, dental or vision plan

» Orthodontia expenses

» Lasik eye surgery or radial keratotomy

Federal tax rules define which health expenses are eligible for reimbursement from a Limited Purpose Reimbursement FSA. For more information, refer to the list of eligible expenses or the Flexible Benefit Plan Summary on the District's website.

The following illustrates how the Section 125 Flexible Spending Account works.

EXAMPLE: An employee's annual gross pay is $24,000. The employee's portion of premium and additional election to the FSA totals $3,500 for the year.

	WITHOUT FSA	WITH FSA
Gross Pay	$24,000	$24,000
Less Premiums and FSA Contributions	$0	-$3,500
Taxable Income	$24,000	$20,500
Less Taxes (Federal, State and FICA estimated at 30%)*	-$7,200	-$6,150
Less Premium and Out-of-Pocket Expenses	-$3,500	-$3,500
Plus Reimbursement from FSA	$0	+$3,500
Take-Home Pay	$13,300	$14,350

*Taxes are illustrated for example purposes only. Reduced Social Security Tax (FICA) may result in less Social Security benefit.

The annual difference of $1,050 shows the value of paying for insurance premiums and other out-of-pocket expenses with pretax dollars. In this example, the employee has an additional $1,050 "in-pocket" throughout the year, versus having paid that amount in taxes.

South St. Paul Public Schools

Flexible Spending Account (FSA) — Medsurety

Dependent Care Reimbursement FSA

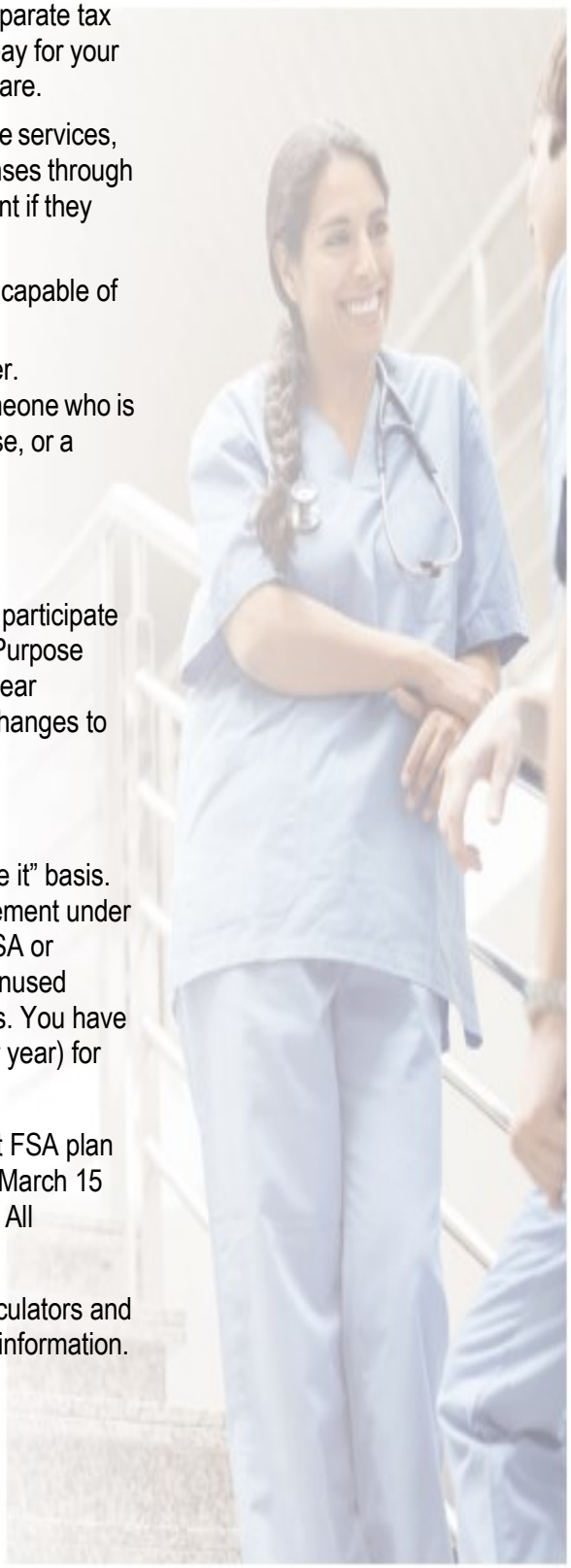
You can set aside up to $5,000 (up to $2,500 if you're married and filing separate tax returns) in a Dependent Care Reimbursement FSA each year to help you pay for your eligible dependent care expenses, such as daycare for your child or elder care.

If, in order to maintain employment, you are paying for child care or elder care services, you may be eligible to request reimbursement for some or all of those expenses through this program. Child care or elder care services may qualify for reimbursement if they meet these requirements:

» The child must be under 13 years old or, if older, mentally or physically incapable of caring for himself or herself.

» Must be provided by a facility or caretaker with a registered tax ID number.

» The services may be provided inside or outside your home, but not by someone who is your dependent for income tax purposes, such as an older child, your spouse, or a grandparent who lives with you.



Plan Participation Requirements

Employees must make an election each year and indicate their decision to participate or waive participation under the Healthcare Reimbursement FSA, Limited Purpose Reimbursement FSA and/or Dependent Care Reimbursement FSA. Prior year elections will not carry over to the next plan year. You may not make any changes to your elections, during the plan year, unless you have a qualifying event.

"Use It or Lose It" Rule

Federal tax laws require that a Section 125 Plan operate on a "use it or lose it" basis. This means that if you do not use the entire amount available for reimbursement under your Healthcare Reimbursement FSA, Limited Purpose Reimbursement FSA or Dependent Care Reimbursement FSA for a Plan Year, you will forfeit the unused amount and have no further claim to those monies after the Plan Year ends. You have until March 30 to submit your claims (incurred during the previous calendar year) for reimbursement.

Our Healthcare Reimbursement FSA and Limited Purpose Reimbursement FSA plan does allow a 2.5 month grace period. This allows you to incur claims up to March 15 and reimburse them from any leftover funds you elected the previous year. All reimbursement requests must be submitted by March 30.

Our flex-plan administrator, Medsurety, has online resources, including calculators and information on eligible expenses. Log on to www.medsurety.com for more information.

Flexible Spending Account (FSA) — Medsurety

Qualifying Events

For all programs where premiums and any money set aside on a pretax basis, the ability to add or drop coverage, or change your elections under these programs, is limited to either our Annual Open Enrollment Period or due to a change in family status that affects your eligibility for benefits. These are called Qualified Status Changes.

Qualified Status Changes may include the following and apply to you, your spouse or your eligible dependent(s):

» Marriage, divorce, legal separation or annulment.
» Birth or adoption of a child.
» Death of a spouse or child.
» Change in dependent status.
» Change in daycare provider.
» Commencement or termination of your or your spouse's employment.
» Change from full-time to part-time employment or vice versa by you or your spouse.
» A significant change in your or your spouse's health coverage and/or their insurance premium due to your spouse's employment.
» Taking an unpaid leave of absence by you or your spouse.

In most cases, you have 30 days to notify Human Resources of a qualified status change.

Life and Accidental Death & Dismemberment Insurance and Long Term Disability — The Standard

The District provides Basic Life and Accidental Death & Dismemberment coverage at no cost to you (teachers excluded).

What would happen to your family or financial obligations if something happened to you? Life insurance is designed to provide protection for your dependents or to enable your beneficiary to settle your affairs in the event of your death. Regardless of your age, income, or health status, life insurance may help secure the future of your survivors.
When you enroll in a life insurance policy you need to designate a beneficiary. Since the most current beneficiary on file determines who will receive your benefit, it is important to review your designation from time to time. You can change your beneficiary at any time by going to our online enrollment system and updating your beneficiary information.

Supplemental Life and AD&D

This coverage is offered to all eligible employees as a way to supplement the employer-paid Life/AD&D coverage. Because this coverage is offered on a group basis through your employer, the cost is generally less than what an employee would find if seeking coverage on their own.

As an eligible employee under this plan, see your rate sheet for available coverage amounts. This rate sheet, along with additional information, can be found on the District website.

MONTHLY SUPPLEMENTAL LIFE and AD&D RATES	
Age Band	Per $1,000
<25	$0.07
25-29	$0.07
30-34	$0.08
35-39	$0.10
40-44	$0.12
45-49	$0.17
50-54	$0.25
55-59	$0.45
60-64	$0.54
65-69	$0.98
70+	$1.99

Long-Term Disability

Meeting your basic living expenses can be a real challenge if you become disabled. Long-term disability coverage provides areasonable replacement of monthly earnings to an individual who becomes disabled for an extended period of time, due to accident or illness.

Long-term disability coverage provides income when you have been disabled the greater of 65 calendar days or the exhaustion of your sick leave. Your benefit is 66.67% up to a maximum of $13,140 per month. This amount may be reduced by other sourced of income or disability earnings.

South St. Paul Public Schools

Employee Assistance Program (EAP)—Health Advocate through The Standard

There are times when we all need a little help. An EAP program offers confidential counseling services and resources to help resolve problems that may affect an employee's home or work life. The District offers an employee assistance program for their eligible employees at **no cost.** If you are referred to resources outside of the employee assistance program, there may be a cost for which you are responsible. These programs are completely confidential and available 24 hours a day, 7 days a week.

The Standard and Health Advocate Employee Assistance Program (EAP)

The Employee Assistance Program is available to all eligible employees and any member of your household.

The EAP can help you with the following:

» Child care and elder care
» Alcohol and drug abuse
» Life improvement
» Difficulties in relationships
» Stress and anxiety with work or family
» Depression
» Personal achievement
» Emotional well-being
» Financial and legal concerns
» Grief and loss
» Identity theft and fraud resolution

Take advantage of online resources:

» Information and articles
» Child/elder care resource tool
» Convenient services
» Monthly work/life webinars

TELEPHONE	ONLINE RESOURCE
Contact the EAP toll-free at: 1.888.293.6948 24 hours/day, 7 days/week	www.HealthAdvocate.com/Standard3

South St. Paul Public Schools

Retirement Plans

In 1931, the Minnesota State Legislature established PERA and TRA as a retirement system for county and local government employees (including school district employees). Both of these pension plans are defined benefit plans. The Human Resources Department is able to answer some general questions regarding the plans; however, for specific questions, please contact PERA or TRA direct.

PERA

If you are a non-licensed employee, you automatically become a member of PERA when you are hired and meet earning requirements. As a member of the Coordinated Plan,you contribute 6.5% of your salary to PERA (deducted through payroll), and South St. Paul Public Schools contributes 7.5% of salary.

Public Employees Retirement Association (PERA)
60 Empire Drive, Suite 200 St. Paul, MN 55103
Phone: 651.296.7460
Fax: 651.297.2547
www.mnpera.org

TRA

If you are a licensed employee, you automatically become a member of TRA when you are hired and meet earning requirements. As a member, you contribute 7.75% of your salary to TRA (deducted through payroll), and South St. Paul Public Schools contributes 8.75% of salary.

Teachers Retirement Association (TRA)
60 Empire Drive, Suite 400 St. Paul, MN 55103
Phone: 651.296.2409
Fax: 651.297.5999
www.minnesotatra.org

You begin building your retirement benefit your very first day of employment. “Vesting” simply means you have earned enough service credit to be eligible for a monthly lifetime benefit rather than a refund of your contributions.

» PERA – fully vested after three years of service if hired before July 1, 2010, and 5 years thereafter

» TRA – fully vested after three years of teaching service if service is after May 15, 1989, and five years if service is between June 30, 1987 and May 15, 1989

Post Retirement Healthcare Savings Plan

Some employee group contracts provide benefits of a Healthcare Savings Plan, which is administered by the Minnesota State Retirement System (MSRS). The Healthcare Saving Plan (HCSP) is an employer-sponsored program that allows employees tax-free money to use upon termination of employment to pay for eligible healthcare expenses. Eligible expenses include health, dental and long term care insurance premiums, as well as out-of-pocket medical expenses.

Employees will be able to choose investment options provided by the State Board of Investment. Assets in the account will accumulate tax-free, and since payouts are used for approved healthcare expense they will remain tax-free.

Contributions may be in the form of an employer contribution or a mandated agreement for severance payment per union contract. Those employees whose employment is not governed by a collective bargaining agreement under PELRA are eligible for participation in the HCSP provided by the district in the amounts specified in their individual contracts.

For specifics, contact:

Minnesota State Retirement System Healthcare Savings Plan

60 Empire Drive, Suite 300
St. Paul, MN 55103-3000
Phone 651.296.2761 or 800.657.5757
Fax 651.297.5238

www.msrs.state.mn.us

South St. Paul Public Schools

Tax Sheltered Annuities (TSA)

A 403b is an optional tax-deferred retirement investment offered through the District to all employees. The term 403b refers to sections of the IRS Code which define the rules by which "pre-tax" investments may be made through payroll deductions. Pre-tax investing allows money to be deducted from your pay without current taxation. Participation in a 403b supplements the mandatory defined-benefit pension plan (PERA or TRA) to which you already belong. A list of approved vendors is posted on our district website. Contact the vendor of choice to enroll and establish an account.

Tax Advantages

With a TSA program, there are two main tax advantages:

Current Taxable Income Can Be Reduced

Your contributions are deducted before taxes from your salary, reducing your current taxable income. Reducing your current income taxes allows you to save more for retirement.

Tax-Deferred Growth

The earnings credited to the employee's account are also given tax-deferred treatment. All contributions and earnings are subject to income tax only when withdrawn. Tax deferred growth potentially provides a much higher return than you would receive if you had paid ongoing taxes on your earnings. The money you would normally pay in taxes remains working for you.

District Matching Contribution

Employees may be eligible for matching contributions from the District. Eligible employees will receive the matching contribution only if they contribute the same amount or more to the TSA. Refer to your collectively bargained agreement (CBA), or employment agreement, to see if you are eligible for matching contributions.

South St. Paul Public Schools

Contact Information

If you have specific questions about a South St. Paul Public Schools benefit plan, please contact the administrator listed below, or the District's Human Resources Department.

BENEFIT	GROUP/POLICY	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical and Dental	14293	HealthPartners	952.883.6000 800.862.7412	www.healthpartners.com
Life/AD&D	753349	Standard	800.628.8600	www.standard.com
Long Term Disability	753349	Standard	800.368.2859	www.standard.com
Employee Assistance Program	N/A	Health Advocate through The Standard	888.293.6948	www.HealthAdvocate.com/Standard3
Flex Spending Accounts	N/A	Medsurety	952.303.5700 888.816.4234	www.medsurety.com
Retirement	N/A	Teachers Retirement Association (TRA)	651.296.2409	www.minnesotatra.org
Retirement	N/A	Public Employees Retirement Association (PERA)	651.296.7460	www.mnpera.org
Retirement	N/A	MN Deferred Comp Plan Healthcare Savings Plan	651.296.2761	www.msrs.state.mn.us

HUMAN RESOURCES DEPARTMENT			
Joel Milteer	Director of HR	651.457.9473	jmilteer@sspps.org
Megan Schmidt	HR Manager	651.457.9496	mmschmidt@sspps.org

For questions about general benefit coverage, please refer to your benefit certificates/summary plan description (SPD) posted on the District website under the Human Resources page.

Additional information is available on the District's website

www.sspps.org

Under the Human Resources Page

South St. Paul Public Schools

Annual Notices

We are required to provide the following notices to all employees upon hire and annually thereafter. In the interest of being environmentally conscious, the District has posted these notices to our District website or they are available by contacting the District's Human Resources Office at 651.457.9496.

Medicare Creditable Coverage Notice

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

Medicaid and the Children's Health Insurance Program (CHIP) Notice

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

Women's Health and Cancer Rights Act Notice

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

General Notice of COBRA Continuation Coverage Rights

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

Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

Minnesota Statutes Section 136A.1792, covers promotion of federal public service loan forgivenessprograms. Please be aware that you may be eligiblefor federal public service loan forgiveness of the remaining balance due on certain federal student loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers. For detailed information including how to monitor your progress towards qualifying for PSLF, read the PSLF Questions and Answers documents at StudentAid.gov/publicservice or contact your federal loan servicer.

Annual Notices

HIPAA Special Enrollment

If you are declining enrollment 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 within 30 days after your or your dependents' other coverage ends.

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

HIPAA Privacy Notice

South St. Paul Public Schools is committed to the privacy of your health information. The administrators of the South St. Paul Public Schools Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources

Newborns and Mothers

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

Marketplace Notice

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.