

2025

# Employee Benefit Guide





# About Your Benefits

At Big Lake Schools, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Big Lake Schools benefits. If you have any questions, feel free to reach out to Jordan Janke at (763) 262-5281.



## Eligibility and Enrollment

You are eligible to participate in Big Lake Schools benefits if you are a full-time employee working at least 20 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

Your benefits begin on the first of the month following your hire date.

## Making Changes to Your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

Keep in mind, the changes you make must be directly related to the event.

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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 23-24 where Notice of Creditable Coverage and begin for more details.**



# Medical Coverage Costs

Below are the full-time, monthly premium costs for employees and/or families who elect health coverage.

Part-time employee rates are pro-rated and calculated based on contractual agreements. Please contact the HR department with questions.

\*Premiums are shown per month effective **January 1, 2025:**

ADVANTAGE HIGH PLAN		
	Single	Family
Total Monthly Premium	\$868.84	\$2,287.52
District Pays	\$742.00	\$1,685.00
Employee Pays	\$126.84	\$602.52

ADVANTAGE VALUE PLAN		
	Single	Family
Total Monthly Premium	\$783.10	\$2,058.70
District Pays	\$742.00	\$1,685.00
Employee Pays	\$41.10	\$373.70

HSA PLAN		
	Single	Family
Total Monthly Premium	\$604.56	\$1,580.88
District Pays	\$742.00	\$1,685.00
Employee Pays	\$0.00	\$0.00
Monthly Employer HSA Contribution	\$137.44	\$104.12

\*Note: District contributions are based on the teacher's contract. Please check your handbook or employment agreement for your specific District contribution.

## Member ID Card

**\*\* Important! \*\***

Once enrolled you will receive TWO ID cards. One card will be sent from your health plan which is to be used for medical services. The second card is from CVS and should be used for all pharmacy charges.

If you have questions please call Innovo at 952-746-3101 or 800-829-5601 or email: [service@innovomn.com](mailto:service@innovomn.com)

You can also visit [www.innovomn.com](http://www.innovomn.com) for additional plan summary and clinic directory information.



# Step by Step Instructions for Enrollment in the Public Employees Insurance Program Advantage Plan



To help explain your options in the Public Employees Insurance Program, we have created the following guide.

## Step 1 – Choose Your Plan Level

The Public Employees Insurance Program Advantage Plan has cost sharing features that will help you and your employer to better control health care costs while maintaining flexibility in access to doctors and clinics. The Public Employees Insurance Program offers two Plan choices:

- **Advantage (High)**
- **Advantage (Value)**
- **HSA (Low)**

Choose the Benefit Level that best fits your needs. The premium and cost sharing will vary based on the Benefit Level you choose. You may change your Benefit Level each year during your group's annual open enrollment.

## Step 2 – Choose Your Health Plan/Network

The Public Employees Insurance Program offers two different Health Plans/Networks to choose from:

- **HealthPartners**
- **Blue Cross Blue Shield**

Choose the network carrier that best fits your needs. Your network selection will not affect the cost of the plan; nor will it affect the premium rate. The benefits are similar under each network. You may change your Health Plan/Network level each year during your group's annual renewal.

## Step 3 – Choose Your Primary Care Clinic

Primary Care Clinics have been placed into one of four cost levels, depending on the care system in which the provider participates and that care system's total cost/quality of delivering health care. The amount of cost sharing that is paid for health care services varies depending upon the cost level of the Health Plan and Network that you choose.

- **Select a primary care clinic (PCC) for each family member**

Each family member must select a primary care clinic (PCC). Family members may choose different PCCs – even in a different cost level, but all family members must enroll with the same Plan Level and Network choice. Your enrollment form should include the primary care clinic # associated with your network carrier.

All primary care clinics are broken into four tier levels that determine the benefits received by that family member. A list of participating clinics is available online to help you make your primary care clinic selection. This list includes your primary care clinic's clinic number that you will need in order to enroll. You can change clinics by calling the phone number on your ID card.

Most medical care is coordinated through a Primary Care Clinic (PCC) and you will generally need a referral to see a specialist (referrals to a specialist's office will be covered at the same cost level as your PCC). **You may self-refer to certain specialists including OBGYN, chiropractors, routine vision, and mental health/chemical dependency practitioners, providing the practitioner is part of the carrier's self-referral network. No referrals needed for urgent care and emergencies.**

A statewide primary care clinic listing and health plan documents, including the Summary Benefit Comparisons (SBC's) for all plan levels, are available online at [www.innovomn.com](http://www.innovomn.com).

**IMPORTANT!** Once enrolled you will receive **TWO** ID cards. One card will be sent from your health plan (HP, BCBS,) which is to be used for **medical services**. The second card from CVS is to be used for all **pharmacy charges**. If you have questions please call us at 952.746.3101 or 800.829.5601 or email us at [shawn@innovomn.com](mailto:shawn@innovomn.com).



# Minnesota Public Employees Insurance Program (PEIP)

## Advantage Health Plan High Option 2025 Benefits Schedule

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
<b>A. Preventive Care Services</b> <ul style="list-style-type: none"> <li>• Routine medical exams, cancer screening</li> <li>• Child health preventive services, routine immunizations</li> <li>• Prenatal and postnatal care and exams</li> <li>• Adult immunizations</li> <li>• Routine eye and hearing exams</li> </ul>	Nothing	Nothing	Nothing	Nothing
<b>B. Annual First Dollar Deductible *</b> (single/family)	\$250 / 500	\$400 / 800	\$750 / 1,500	\$1,500 / 3,000
<b>C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care</b> <ul style="list-style-type: none"> <li>• Outpatient visits in a physician's office</li> <li>• Chiropractic services</li> <li>• Urgent Care clinic visits (in-service-area / in- or out-of-network)</li> </ul>	\$35 copay per visit annual deductible applies	\$40 copay per visit annual deductible applies	\$70 copay per visit annual deductible applies	\$90 copay per visit annual deductible applies
<ul style="list-style-type: none"> <li>• Outpatient office visits for mental health and substance use disorder</li> </ul>	\$0 copay per visit not subject to deductible	\$0 copay per visit not subject to deductible	\$50 copay per visit annual deductible applies	\$70 copay per visit annual deductible applies
<b>D. Network Convenience Clinics &amp; Online Care</b>	Nothing	Nothing	Nothing	Nothing
<b>E. Emergency Care</b> (in service area / in or out of network) <ul style="list-style-type: none"> <li>• Emergency care received in a hospital emergency room</li> </ul>	\$100 copay not subject to deductible	\$125 copay not subject to deductible	\$150 copay not subject to deductible	\$350 copay not subject to deductible
<b>F. Inpatient Hospital Copay</b>	\$100 copay annual deductible applies	\$200 copay annual deductible applies	\$500 copay annual deductible applies	25% coinsurance annual deductible applies
<b>G. Outpatient Surgery Copay</b>	\$60 copay annual deductible applies	\$120 copay annual deductible applies	\$250 copay annual deductible applies	25% coinsurance annual deductible applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing	Nothing	Nothing	Nothing
<b>I. Prosthetics and Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance annual deductible applies
<b>J. Lab</b> (including allergy shots), <b>Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance annual deductible applies	10% coinsurance annual deductible applies	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies
<b>K. MRI/CT Scans</b>	10% coinsurance annual deductible applies	15% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies
<b>L. Other expenses not covered in A – K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Home Health Care</li> <li>• Outpatient Hospital Services (non-surgical)               <ul style="list-style-type: none"> <li>• Radiation/chemotherapy</li> <li>• Dialysis</li> <li>• Day treatment for mental health and chemical dependency</li> <li>• Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	5% coinsurance annual deductible applies	5% coinsurance annual deductible applies	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$18 tier one \$30 tier two \$55 tier three	\$18 tier one \$30 tier two \$55 tier three	\$18 tier one \$30 tier two \$55 tier three	\$18 tier one \$30 tier two \$55 tier three
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs</b> (single/family)	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100	\$1,050 / 2,100
<b>O. Plan Maximum Out-of-Pocket Expense</b> (excluding prescription drugs) (single/family)	\$1,700 / 3,400 Combined in- and out-of-area services	\$1,700 / 3,400 Combined in- and out-of-area services	\$2,400 / 4,800 Combined in- and out-of-area services	\$3,600 / 7,200 Combined in- and out-of-area services

Important note: this chart describes coverage within the PEIP Advantage Plan's service area. Covered out-of-area services have a different cost-sharing structure: claims will be processed at Cost Level 3 with the out-of-pocket maximums described in section O above, and with a separate out-of-area deductible (\$750 single/\$1,500 family). Most care must be received within the national network of the selected plan administrator.

Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N.

This Plan uses an embedded deductible: if any family member reaches the individual deductible, then the deductible is satisfied for that family member. If any combination of family members reaches the family deductible, then the deductible is satisfied for the entire family.



# Minnesota Public Employees Insurance Program (PEIP)

## Advantage Health Plan Value Option 2025 Benefits Schedule

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
<b>A. Preventive Care Services</b> <ul style="list-style-type: none"> <li>• Routine medical exams, cancer screening</li> <li>• Child health preventive services, routine immunizations</li> <li>• Prenatal and postnatal care and exams</li> <li>• Adult immunizations</li> <li>• Routine eye and hearing exams</li> </ul>	Nothing	Nothing	Nothing	Nothing
<b>B. Annual First Dollar Deductible *</b> (single/family)	\$600 / 1,200	\$400 / 800	\$1,300 / 2,600	\$2,100 / 4,200
<b>C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care</b> <ul style="list-style-type: none"> <li>• Outpatient visits in a physician's office</li> <li>• Chiropractic services</li> <li>• Urgent Care clinic visits (in-service-area / in- or out-of-network)</li> </ul>	\$35 copay per visit annual deductible applies	\$40 copay per visit annual deductible applies	\$100 copay per visit annual deductible applies	\$125 copay per visit annual deductible applies
<ul style="list-style-type: none"> <li>• Outpatient office visits for mental health and substance use disorder</li> </ul>	\$0 copay per visit not subject to deductible	\$0 copay per visit not subject to deductible	\$80 copay per visit annual deductible applies	\$105 copay per visit annual deductible applies
<b>D. Network Convenience Clinics &amp; Online Care</b>	Nothing	Nothing	Nothing	Nothing
<b>E. Emergency Care</b> (in service area / in or out of network) <ul style="list-style-type: none"> <li>• Emergency care received in a hospital emergency room</li> </ul>	\$225 copay not subject to deductible	\$250 copay not subject to deductible	\$275 copay not subject to deductible	\$500 copay not subject to deductible
<b>F. Inpatient Hospital Copay</b>	\$150 copay annual deductible applies	\$325 copay annual deductible applies	\$750 copay annual deductible applies	30% coinsurance annual deductible applies
<b>G. Outpatient Surgery Copay</b>	\$100 copay annual deductible applies	\$175 copay annual deductible applies	\$350 copay annual deductible applies	35% coinsurance annual deductible applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing	Nothing	Nothing	Nothing
<b>I. Prosthetics and Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	25% coinsurance	35% coinsurance annual deductible applies
<b>J. Lab</b> (including allergy shots), <b>Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance annual deductible applies	15% coinsurance annual deductible applies	25% coinsurance annual deductible applies	35% coinsurance annual deductible applies
<b>K. MRI/CT Scans</b>	10% coinsurance annual deductible applies	15% coinsurance annual deductible applies	25% coinsurance annual deductible applies	35% coinsurance annual deductible applies
<b>L. Other expenses not covered in A – K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Home Health Care</li> <li>• Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> <li>• Radiation/chemotherapy</li> <li>• Dialysis</li> <li>• Day treatment for mental health and chemical dependency</li> <li>• Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	10% coinsurance annual deductible applies	10% coinsurance annual deductible applies	20% coinsurance annual deductible applies	35% coinsurance annual deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$25 tier one \$45 tier two \$70 tier three	\$25 tier one \$45 tier two \$70 tier three	\$25 tier one \$45 tier two \$70 tier three	\$25 tier one \$45 tier two \$70 tier three
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs</b> (single/family)	\$1,250 / 2,500	\$1,250 / 2,500	\$1,250 / 2,500	\$1,250 / 2,500
<b>O. Plan Maximum Out-of-Pocket Expense</b> (excluding prescription drugs) (single/family)	\$2,600 / 5,200 Combined in- and out-of-area services	\$1,700 / 3,400 Combined in- and out-of-area services	\$3,800 / 7,600 Combined in- and out-of-area services	\$4,800 / 9,600 Combined in- and out-of-area services

Important note: this chart describes coverage within the PEIP Advantage Plan's service area. Covered out-of-area services have a different cost-sharing structure: claims will be processed at Cost Level 3 with the out-of-pocket maximums described in section O above, and with a separate out-of-area deductible (\$750 single/\$1,500 family). Most care must be received within the national network of the selected plan administrator.

Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N.

This Plan uses an embedded deductible: if any family member reaches the individual deductible, then the deductible is satisfied for that family member. If any combination of family members reaches the family deductible, then the deductible is satisfied for the entire family.



# Minnesota Public Employees Insurance Program (PEIP)

## Advantage Health Plan HSA-Compatible 2025 Benefits Schedule

Benefit Provision	Cost Level 1 – You Pay	Cost Level 2 – You Pay	Cost Level 3 – You Pay	Cost Level 4 – You Pay
<b>A. Preventive Care Services</b> <ul style="list-style-type: none"> <li>Routine medical exams, cancer screening</li> <li>Child health preventive services, routine immunizations</li> <li>Prenatal and postnatal care and exams</li> <li>Adult immunizations</li> <li>Routine eye and hearing exams</li> </ul>	Nothing	Nothing	Nothing	Nothing
<b>B. Annual First Dollar Deductible *</b> Combined Medical/Pharmacy (single coverage)	\$1,750	\$2,250	\$3,250	\$4,250
Combined Medical/Pharmacy (family coverage)	\$3,500 per family member \$4,000 per family	\$3,750 per family member \$4,500 per family	\$5,250 per family member \$6,500 per family	\$6,750 per family member \$8,500 per family
<b>C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care</b> <ul style="list-style-type: none"> <li>Outpatient visits in a physician's office</li> <li>Chiropractic services</li> <li>Urgent Care clinic visits (in- or out-of-service area / in-or out-of-network)</li> </ul>	\$45 copay per visit annual deductible applies	\$55 copay per visit annual deductible applies	\$105 copay per visit annual deductible applies	\$130 copay per visit annual deductible applies
<ul style="list-style-type: none"> <li>Outpatient office visits for mental health and substance use disorder</li> </ul>	\$0 copay per visit annual deductible applies	\$0 copay per visit annual deductible applies	\$85 copay per visit annual deductible applies	\$110 copay per visit annual deductible applies
<b>D. Network Convenience Clinics &amp; Online Care</b>	\$0 copay annual deductible applies	\$0 copay annual deductible applies	\$0 copay annual deductible applies	\$0 copay annual deductible applies
<b>E. Emergency Care</b> (in- or out-of-service-area / in- or out-of-network) <ul style="list-style-type: none"> <li>Emergency care received in a hospital emergency room</li> </ul>	\$250 copay annual deductible applies	\$300 copay annual deductible applies	\$350 copay annual deductible applies	\$600 copay annual deductible applies
<b>F. Inpatient Hospital Copay</b>	\$400 copay annual deductible applies	\$650 copay annual deductible applies	\$1,500 copay annual deductible applies	50% coinsurance annual deductible applies
<b>G. Outpatient Surgery Copay</b>	\$250 copay annual deductible applies	\$400 copay annual deductible applies	\$800 copay annual deductible applies	50% coinsurance annual deductible applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing after annual deductible	Nothing after annual deductible	Nothing after annual deductible	Nothing after annual deductible
<b>I. Prosthetics and Durable Medical Equipment</b>	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
<b>J. Lab</b> (including allergy shots), <b>Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility copayments)	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
<b>K. MRI/CT Scans</b>	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
<b>L. Other expenses not covered in A – K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>Ambulance</li> <li>Home Health Care</li> <li>Outpatient Hospital Services (non-surgical)               <ul style="list-style-type: none"> <li>Radiation/chemotherapy</li> <li>Dialysis</li> <li>Day treatment for mental health and chemical dependency</li> <li>Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	20% coinsurance annual deductible applies	25% coinsurance annual deductible applies	30% coinsurance annual deductible applies	50% coinsurance annual deductible applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.	\$30 tier one \$50 tier two \$75 tier three annual deductible applies	\$30 tier one \$50 tier two \$75 tier three annual deductible applies	\$30 tier one \$50 tier two \$75 tier three annual deductible applies	\$30 tier one \$50 tier two \$75 tier three annual deductible applies
<b>N. Plan Maximum Out-of-Pocket Expense**</b> (including prescription drugs) <b>Single Coverage</b>	\$3,250	\$3,250	\$4,250	\$5,250
<b>Family Coverage</b> Combined in- and out-of-area services for both single and family coverage	\$5,250 per family member \$6,500 per family	\$5,250 per family member \$6,500 per family	\$7,250 per family member \$8,500 per family	\$7,250 per family member \$10,500 per family

This chart applies only to in-service area coverage. Out-of-service area coverage is available outside the PEIP Advantage Plan's service area. Members pay a \$1,750 single or \$4,000 family deductible (separate and distinct from the deductibles listed in section B above) and 30% coinsurance that will apply to the out-of-pocket maximums described in section N above. Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N.

Emergency Care and Urgent Care received in-service area or out-of-service area or in or out-of-network claims will process based on C and E above. Deductible will be applied to in-service area benefit.

\*The family Deductible is the **maximum amount** that a family must pay in deductible expenses in any one calendar year. The family Deductible is not the amount of expenses a family must incur before any family member can receive benefits. Individual family members only need to satisfy their individual deductible once to be eligible for benefits. Once the family Deductible has been met, deductible expenses for the family are waived for the balance of the year.

\*\*The family Out-of-Pocket Maximum is the **maximum amount** that a family must pay in any one calendar year. The per-family member embedded Out-of-Pocket Maximum is the maximum amount that a family must pay in any one calendar year on behalf of any individual family member.





# Health Savings Account

## Health Savings Account (HSA) - Administered by Health Equity

Flexible, affordable, and easy to use, a Health Savings Account (HSA) empowers you and your family to take charge of your health, money, and future.

A Health Savings Account is a personal account which the IRS has deemed as a tax advantaged bank account when used for medical expenses. This account is your personal property even beyond employment with Big Lake Schools. Big Lake School District partially funds your account and you may also voluntarily contribute to your account. Unused balances stay in your account tax-free. There are no “use it or lose it” rules.

### Eligibility:

You must be enrolled in the PEIP HSA Compatible Plan.

### HSA Contributions:

HSA contributions are tax-free, they earn interest tax-free and withdrawals are tax-free when used for qualified health related expenses. Neither your employer nor your HSA bank tracks how you use your HSA funds. Therefore, it is important that you keep track of your health related receipts as proof of any tax-free withdrawals.

### Big Lake Schools HSA contribution:

Big Lake Schools will contribute to employees' Health Savings Account on a monthly basis. Contribution amounts are based on the difference between the district's contribution and the premium per month. In order to receive the contribution, you must have established your HSA and be employed at the time of each installment.

	2025 HSA Contribution Limits
<b>Individual</b>	\$4,300
<b>Family</b>	\$8,550
<b>Catch-up Contributions</b> (age 55 and older)	\$1,000 additional

Note: HSA limits include both employer and employee contributions.

To find information on eligible expenses for your HSA, go to [www.irs.gov](http://www.irs.gov) and search for Publication 502.







# Health Savings Account

## Your personal HSA Contributions:

You can make voluntary HSA contributions by either:

- Electing to reduce your taxable income through the Section 125 Premium Payment Plan. Big Lake Schools will deposit your election into your HSA account on a pre-tax basis.
- Depositing money (example: from your checking or savings account) directly to your HSA: Because contributions are tax-free, you would deduct this amount on your annual tax return Form 1040. You have until you file your income tax return (until April 15th) to contribute to your HSA for that tax year. Please seek tax advice from your tax professional.

Your maximum contribution is the difference between the IRS annual max and Big Lake Schools' contribution to your HSA.

## You can contribute to the IRS annual maximum if:

- You are covered on a High Deductible Health Plan for the full calendar year.
- You are not covered for the full calendar year BUT you remain covered for the entire following year.
- If neither of these apply, you must pro-rate your contribution by the number of months you are covered by a qualified High Deductible Health Plan.

## You may NOT contribute to an HSA or receive employer contributions if:

- You are enrolled in Medicare or TRICARE.
- You are "double covered" with a non-qualified High Deductible Health Plan.
- You can be claimed as a dependent on another person's tax return.
- You are eligible for a Health Care Flexible Spending Account (FSA) that is not a Limited Health Care FSA, or a Health Reimbursement Account (HRA) as a subscriber or dependent.

## Examples of qualifying HSA withdrawals:

- Over-the-counter drugs, medicines, and products: Cold, cough, and flu medicine; allergy and sinus medication; sleep aids; acne medications; digestive aids; feminine products, etc.

## Examples of Non-qualifying HSA withdrawals:

- Cosmetic surgery, teeth whitening, dietary supplements, etc.
- Claims incurred prior to establishing your HSA.
- Non-qualified withdrawals will be included as income and subject to a 20% penalty.

Additional information can be found at: <http://www.irs.gov/pub/irs-pdf/p969.pdf>





# Flexible Spending Account

## Flexible Spending Account (FSA) - Administered by Health Equity

Easy and convenient, a Flexible Spending Account (FSA) allows you and your family to save money on medical, dental, and vision expenses.

Big Lake School's FSA plan years runs from January 1, 2025 - December 31, 2025. Any remaining balance in your FSA at the end of the plan year will be forfeited and not carried over into the next year or converted into cash.

Upon your enrollment into the FSA, you have the opportunity to set aside funds each pay period on a pre-tax basis. These contributions are determined by you and can only be changed one time per year during open enrollment (or for a qualifying event). The full amount of the medical FSA is available for use as of the first of the year.

Although HSA participants are not eligible to participate in a full FSA, they may enroll in a Limited FSA. Under the Limited FSA, HSA participants can fund an FSA for any eligible dental and/or vision expenses as well as any post-deductible medical expenses over the IRS statutory limits for HSA eligibility, which is \$1,400 for single and \$2,800 for family in 2025.

### FSA Contribution Limits

Healthcare FSA Spending Limit: \$3,200

Limited purpose FSA Spending Limit: \$3,200

Dependent Care Spending Limit: \$5,000

To find information on eligible expenses for your health care and dependent care FSA, go to [www.healthequity.com](http://www.healthequity.com)

## Accessing Your Accounts on the Go with the HealthEquity App

The HealthEquity mobile app provides easy, on-the-go access to all of your health accounts. The free app provides comprehensive tools to help you manage transactions and maximize your health savings. Download the app with the Apple App Store or Google Play.

### Register your Account

Prior to downloading the app, your account must be activated via the HealthEquity website in order to use the mobile app.

Once you have registered your account on the website, you can then download the mobile app

to tap into convenient, powerful tools:

**On-the-go access:** You can access all account types wherever you go.

**Photo documentation:** Simply take a photo with your device to initiate claims and payments.

**Send payments and reimbursements:** You can send payments to providers or reimburse yourself for out-of-pocket expenses.

**Manage debit card transactions:** Link your debit card transactions to claims and documentation.

**View claims status:** View the status of claims as well as link payments and documentation to claims.

**Make claims:** Create new reimbursement claims for FSA and HRA transactions.

**For help with the mobile app, contact us at: 866.346.5800 available every hour of every day!**



# Dependent Care Reimbursement Flexible Spending Account (FSA)

## Dependent Care Reimbursement Flexible Spending Account (FSA) - Administered by Health Equity

You can save money on your dependent care and day care expenses with a Dependent Care Reimbursement Flexible Spending Account (FSA). You have the opportunity to set aside funds each pay period on a pre-tax basis to help you pay for your eligible dependent care expenses, such as day care for your child or elder care. Per paycheck contributions, which are determined by you and can only be changed one time per year during Open Enrollment (or for a qualifying event), will be deposited into your FSA account. You pay no federal income or Social Security taxes on your contributions to an FSA - which means more money in your pocket.

Big Lake School's FSA plan year runs on a calendar year from January 1st to December 31st. Any remaining balance in your FSA at the end of the plan year will be forfeited and not carried over into the next year or converted into cash.

### 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 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.
- For more information on claiming the Dependent Care FSA Reimbursement and eligible Dependent Care Expenses, visit [www.healthequity.com](http://www.healthequity.com).

### Dependent Care Spending Limit for Reimbursement

- \$5,000 if filing jointly
- \$2,500 if filing single

### Plan Participation Requirements

You do not have to be enrolled in the company medical, dental or vision to enroll in an FSA. You manage your FSA funds; you may not use money from your Health Care FSA or Health Savings Account (HSA) to pay for dependent care expenses, or vice versa. You must re-enroll every year during Open Enrollment in order to participate in the FSA benefit plan.

### Here's How an FSA Works

- You decide the annual amount (up to the maximum) you want to contribute to the Dependent Care FSA based on your estimated dependent/childcare/elder care expenses.
- Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
- You pay for dependent care eligible expenses when incurred and then submit a reimbursement claim form or file the claim online.
- You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

### Use It or Lose It...

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 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 (and any run-out period) ends.



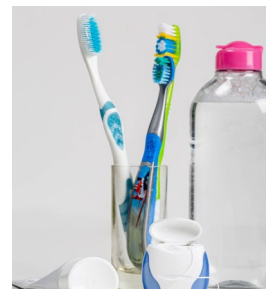
# Dental Coverage

## Administered by : Delta Dental of MN

Eligibility for coverage is based upon employees working for 30+ hours/week.

Good oral care enhances your overall physical health, appearance, and mental well-being. Keep your teeth healthy and your smile bright with Big Lake School's dental benefit plan through Delta Dental of MN.

This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs.



	PPO	Delta Premier	Out-of-Network
<b>Annual Maximum</b>	\$1,000	\$1,000	\$1,000
<b>Lifetime Ortho Maximum</b> <i>(Child only—ages 8-18)</i>	\$1,000	\$1,000	\$1,000
<b>Annual Deductible</b> <i>Does not apply to Preventive and Diagnostics</i>	\$25/person; \$75/family	\$25/person; \$75/family	\$25/person; \$75/family
<b>Diagnostic &amp; Preventive</b>	You pay \$0	You pay \$0	You pay \$0
<b>Basic Restorative Care</b> <i>Amalgam &amp; Resin Fillings</i>	You pay 15%	You pay 15%	You pay 15%
<b>Oral Surgery</b> <i>Simple Extractions</i>	You pay 15%	You pay 15%	You pay 15%
<b>Endodontic Therapy</b> <i>Root Canal</i>	You pay 15%	You pay 15%	You pay 15%
<b>Periodontics</b> <i>Gum disease</i>	You pay 15%	You pay 15%	You pay 15%
<b>Major Restoratives</b> <i>Gold foil restorations</i>	You pay 50%	You pay 50%	You pay 50%
<b>Prosthetics and Implants</b>	You pay 50%	You pay 50%	You pay 50%
<b>Orthodontics</b>	You pay 50%	You pay 50%	You pay 50%

Big Lake Schools contributes to the monthly employee premiums. These rates are effective January 1, 2025:

Monthly Rates	Single	Family
<b>Total Premium</b>	\$47.08	\$135.64
<b>District pays</b>	\$45.58	\$45.58
<b>You pay</b>	\$1.50	\$90.06

\*Note: District contributions are based on the teacher's contract. Please check your handbook or employment agreement for your specific District contrition.

## AMPLIFON

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids.

Call (855) 531-5694 or visit [www.amplifonusa.com/deltadentalmn](http://www.amplifonusa.com/deltadentalmn) for information.

## MAXIMUM ALLOWABLE FEE

Maximum allowable fee refers to dentists who have agreed to accept fee as payment in full.

Employee may be responsible for paying any difference to non-participating dentist. This is applicable to out-of-network providers.



# Vision Coverage

## Administered by : EyeMed

Eligibility for coverage is based upon employees working for 30+ hours/week.

Caring for your eyes is an important aspect of your overall health. This plan allows you to save money on your eye care purchases. To find an eye care professional, log on to [www.eyemed.com](http://www.eyemed.com) and select the Insight Network. Enrollees will receive a welcome kit with ID cards. Note: vision exams are not provided by this plan.

Benefit	In-Network (Insight)	Out-of-Network
<b>Frequency</b>		
<b>Frames</b>	Once every 12 months	
<b>Lenses or Contact Lenses</b>	Once every 12 months	
<b>Frames</b>	\$0 copay; \$150 allowance; 20% discount on remaining balance	Up to \$105
<b>Standard Plastic Lenses</b>		
<b>Single</b>	\$25 copay	Up to \$30
<b>Bifocal</b>	\$25 copay	Up to \$50
<b>Trifocal</b>	\$25 copay	Up to \$70
<b>Standard Progressive</b>	\$80 copay	Up to \$50
<b>Contact Lenses</b>		
<b>Elective</b>	\$0 copay; \$150 allowance; 15% discount on remaining balance	Up to \$105
<b>Medically Necessary</b>	\$0 copay; paid in full	Up to \$300
<b>Additional Pairs Discount</b>	40% off additional pairs of glasses and a 15% discount on conventional lenses once benefit is used	
<b>Items not Covered by Plan</b>	20% off any item not covered by the plan, including non-prescription sunglasses	
<b>Lasik or PRK</b>	Lasik or PRK from US Laser Network 15% off retail price or 5% off promotional price	

Monthly Rates	
<b>Employee</b>	\$6.23
<b>Employee + Spouse</b>	\$11.84
<b>Employee + Child(ren)</b>	\$12.46
<b>Family</b>	\$18.32





# Additional Benefits

## LIFE AND DISABILITY

Eligibility for Life Insurance coverage is for employees working 20+ hours/week. Eligibility for Disability insurance is for employees working 30+ hours/week.

Big Lake offers long-term disability (LTD) and basic life insurance for all employees through New York Life. Eligible employees are automatically enrolled in both of these benefits. For specific coverage information go to the staff intranet under Human Resources.

## VOLUNTARY LIFE INSURANCE AND AD&D

Big Lake offers supplemental life insurance through New York Life. If you want to enroll or make changes, you may be subject to evidence of insurability provisions. For specific information, go to the staff intranet under Human Resources.

### Employee Voluntary Life Insurance

Employees may purchase additional coverage at one, two, three, four, or five times their annual salary (rounded to the nearest \$1,000) to a maximum of \$500,000.

### Spouse Voluntary Life Insurance

Voluntary Life can be purchased for your spouse in increments of \$5,000 to \$250,000. The amount of life insurance elected for your spouse cannot exceed 50% of the total amount of voluntary life insurance coverage elected by you.

For example, if you have \$100,000 in voluntary life insurance, coverage for your spouse cannot exceed \$50,000.

### Child Voluntary Life Insurance

You can enroll in voluntary life for your child(ren).

Option 1: \$5,000. The maximum benefit for a dependent child who is less than 6 months old is \$500.

Option 2: \$10,000. The maximum benefit for a dependent child who is less than 6 month old is \$1,000.

Employee and Spouse Voluntary Life Insurance Monthly Rates per \$1,000		
Age	Employee	Spouse
< 29	\$0.06	\$0.06
30-34	\$0.08	\$0.08
35-39	\$0.10	\$0.10
40-44	\$0.11	\$0.11
45-49	\$0.165	\$0.165
50-54	\$0.25	\$0.25
55-59	\$0.475	\$0.475
60-64	\$0.73	\$0.73
65-69	\$1.35	\$1.35
70+	\$2.25	*Rates end at age 70
Child Rate	\$0.192	



## Additional Benefits

### Staff Intranet & Employee Navigator



We encourage you to log into Employee Navigator which is available 24/7/365. You can access benefit summaries, forms, link to carriers and more. In addition, these helpful resources can also be found on the Staff Intranet page.

### Employee Assistance Program



Employees have access to an Employee Assistance Program (EAP) provided by New York Life. This program can help employees and their dependents cope with life's every day, and not so every day, challenges. This includes up to 3 face-to-face counseling sessions.

Call **(800) 344-9752** or visit **[guidanceresources.com](https://guidanceresources.com)**





# Retirement

## RETIREMENT

Teacher's Retirement Assoc. (TRA) is the define-benefit pension plan for Minnesota Teachers.

- Date effective 7/1/2024: employer contribution rate 8.75%; employee deduction rate 7.75%
- Date effective 7/1/2025: employer contribution rate 9.50%; employee deduction rate 8.00%

Public Employer Retirement Assoc. (PERA) is the defined-benefit pension plan for our other employees.

- Employer contribution rate 7.5%; employee deduction rate 6.5%

## TAX DEFERRED SAVINGS

For our supplemental retirement plans, the 403(b) and 457 plans, employees may begin contributions at the onset of employment and update the contribution amount on the first payroll of each month. Contributions may also begin or change the service provider two times per year; the first pay dates in October and February. The due date for payroll changes can be found on the payroll calendar on Staff Hub and is the Tuesday the week before the pay date.

### What is a 403(b) Plan?

It is a tax-deferred retirement program that permits an employee to reduce his or her compensation on a pre-tax basis or post-tax (roth) basis (a "deferral") and have the deferral deposited into a 403(b) account that the employee sets up with a 403(b) vendor.

### When are my contributions taxed?

Pre-tax amounts deferred into a 403(b) account, and any earnings on those deferrals, are generally not taxed until the employee makes a withdrawal from his or her 403(b) account following separation from service with the District. Please see your financial representative for taxability on post-tax (roth) deferrals and earnings.

### How do I know which vendor to use?

The District maintains a list of approved 403(b) vendors. A copy of this list is available on the staff intranet under Human Resources. Employees should contact each vendor for information about the 403(b) products and services it offers.

### When are forms due?

Upon hire or to enroll throughout the year, forms can be submitted for the 1st payroll in October and February.





## New York Life Value - Added Service

### Resources for Your Total Health Support from New York Life Group Benefit Solutions (NYL GBS)

#### HEALTH ADVOCACY SERVICES

New York Life Group Benefit Solutions Health Advocacy Services offers you expert assistance with a wide range of healthcare and health insurance issues like answering questions about diagnoses, test results, treatment, medications and more. Your family including spouse, dependents, parents and parents-in-law are all eligible for these services.

This program provides 24/7 service when you need them, at no additional cost to you.

Call **(866) 799-2725** for more information.

#### WILL PREPARATION PROGRAM

You have access to an online will preparation tool that allows you to build state-specific customized wills and other legal documents such as last wills, living wills and power of attorney documents.

You can also find information on estate planning, identity theft information and insurance planning kits to help protect you and your family.

Call **(888) 724-2262** for more information.

Learn more by visiting [nylgbs.mysecureadvantage.com](http://nylgbs.mysecureadvantage.com)

#### IDENTITY THEFT PROGRAM

Identity theft is a fast growing crime, victimizing over 11 million people a year. NYL GBS identity theft program provides access to personal case managers who give step-by-step assistance and guidance to employees who have had their identity stolen.

This program provides real time support, 24/7/365 in every country. Features include:

- Access to personal case managers
- Education website with helpful tips
- An identity theft resolution kit
- Assistance with credit reports and documents

Call **(888) 724-2262** for more information.

Learn more by visiting [nylgbs.mysecureadvantage.com](http://nylgbs.mysecureadvantage.com)

More information can be obtained on StaffHub.

### Secure Travel



Whenever you travel domestically or internationally, this program will provide emergency medical, financial, legal and communication assistance.

Services include 24-hour multi-lingual assistance, pre-departure services, medical evacuation services, assistance with lost or stolen items, travel arrangements for companion or dependent child and prescription refill services.

Call **(888) 226-4567** for more information.

### Survivor Assurance



This program is available for beneficiaries at no cost to provide peace of mind during times of need. Services include bereavement assistance, counseling, telephonic legal and/or financial consultation.

Call **(800) 570-3778** for more information.



# Accident Insurance

Administered by : New York Life

Benefits that may help cover costs such as those not covered by your medical plan.

Benefit Type	Low Plan Benefits
<b>Accidental Injury Benefits</b>	
<b>Fracture Benefit</b>	\$100-\$8,000 depending on the fracture and type of repair
<b>Dislocation Benefit</b>	\$100-\$8,000 depending on the dislocation and type of repair
<b>Second or Third Degree Burn Benefit</b>	\$75-\$10,000 depending on the degree of the burn and the percentage of burnt skin
<b>Concussion Benefit</b>	\$500
<b>Coma Benefit</b>	\$7,500
<b>Laceration Benefit</b>	\$25-\$400 depending on the length of the cut and type of repair
<b>Broken Tooth Benefit</b>	Crown: \$200 Extraction: \$100
<b>Eye Injury Benefit</b>	Removal of Foreign Body: \$80 Surgical Repair: \$300
<b>Accident - Medical Services &amp; Treatment Benefits</b>	
<b>Ambulance Benefit</b>	Ground: \$300 Air: \$1,000
<b>Emergency Care Benefit</b>	\$150
<b>Non-Emergency Initial Care Benefit</b>	\$75
<b>Physician Follow-Up Visit Benefit</b>	\$75
<b>Therapy Services Benefit</b> (including physical therapy)	\$35
<b>Pain Management Benefit</b> (for epidural anesthesia)	\$300
<b>Blood/Plasma/Platelets Benefit</b>	\$400
<b>Surgical Repair Benefit</b>	\$100- \$1,500 depending on the type/location of the surgery
<b>Hospital Benefits</b>	
<b>Admission Benefit</b>	\$1,000 for the day of admission
<b>ICU Supplemental Admission Benefit</b>	\$1,000 for the day of admission
<b>Confinement Benefit</b> (paid for up to 365 days per accident)	\$250 per day
<b>ICU Supplement Confinement Benefit</b> (paid for up to 15 days per accident)	\$250 per day
<b>Inpatient Rehabilitation Benefit</b> (paid for up to 45 days per accident)	\$150 per day

Monthly Rates	
<b>Employee</b>	\$6.21
<b>Employee + Spouse</b>	\$12.25
<b>Employee + Child(ren)</b>	\$14.78
<b>Family</b>	\$17.42



# Critical Illness Insurance

Administered by : New York Life

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
<b>Employee</b>	\$10,000, \$20,000, or \$30,0000	Coverage is guaranteed provided you are actively at work
<b>Spouse/Domestic Partner</b>	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.
<b>Dependent Child(ren)</b>	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate

\*For a full list of covered of covered conditions please review the benefit highlights sheet.

Monthly Rates per \$1,000				
Age	Employee	Employee + Spouse	Employee + Children	Family
<26	\$0.43	\$1.05	\$0.43	\$1.05
26-35	\$0.53	\$1.24	\$0.53	\$1.24
36-45	\$0.84	\$1.83	\$0.84	\$1.83
46-55	\$1.40	\$3.02	\$1.40	\$3.02
56-65	\$2.23	\$4.94	\$2.23	\$4.94
66+	\$3.57	\$7.98	\$3.57	\$7.98



# Hospital Indemnity Insurance

Administered by : New York Life

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Hospital Benefits			
Admission Benefit	4 time(s) per calendar year	Admission	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$2,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$400
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care	\$50
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (for Injury or Sickness)	\$50
Other Benefits			
Health Screening Benefit	1 time(s) per calendar year per covered person	Health Screening	\$100

Monthly Rates	
Employee	\$14.30
Employee + Spouse	\$26.13
Employee + Child(ren)	\$22.94
Family	\$34.77



# Universal Life with Long-Term Care

Administered by : Trustmark

## Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. Universal LifeEvents can help.

Universal LifeEvents provides a higher death benefit during your working years, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a plan and benefit amount that provides the right protection for you.

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the ending of one story won't stop the beginning of another.

## Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal LifeEvents includes a long-term care (LTC) benefit that can help pay for these services at any age. This benefit remains at the same level throughout your life, so the full amount is always available when you most need it.

## Here's how it works:

You can collect 4% of your Universal LifeEvents death benefit per month for up to 25 months to help pay for long-term care services.

No medical exams or blood work - just answer a few simple questions.

## Flexible features available:

PLUS: if you collect a benefit for LTC, your full death benefit is still available for your beneficiaries, as much as doubling your benefit.

### Universal LifeEvents sample rates Under age 65

Age at purchase	\$25,000 Universal LifeEvents policy
30	From \$3.49-\$4.59
40	From \$5.05-\$6.71
50	From 7.84-\$10.71

### Universal Life sample rates Age 65+

Age at purchase	\$25,000 Universal LifeEvents policy
65	\$25.22-\$46.09
67	\$28.41-47.44
70	\$34.58-\$59.30

*Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/ or by your employer. An application for insurance must be completed to obtain coverage.*



## Next Steps

### Next Steps: How to enroll in your benefits.

#### Option 1: Self-Serve Enrollment on Employee Navigator

1. Go to [www.employeenavigator.com](http://www.employeenavigator.com). Click on the “Login” button to get started.
2. If this is your first time, click on the “register as a New User” link. If you have already registered and have your username and password, enter them to log in. If you forgot your password, you can request to reset it. A reset password email will be sent to your email address on file.
3. Your first and last name must match your Big Lake School District employee file. The Company Identifier is BigLakeSchools (leave out the spaces between the words). Your PIN is the last 4 digits of your Social Security Number. Enter your Birth Date in mm/dd/yyyy format. Click the Next button.
4. Your user name is your personal employee email address. We encourage you to save your password. You may need it again to view your benefits or make changes. Check the box to agree with terms of use.
5. After you login click “let’s Begin” to complete any required tasks
6. Once you have completed your tasks, click “start Enrollment” to begin your enrollment

#### Option 2: Enroll in benefits via assistance from a telephonic appointment with an Enrollment Counselor

1. Use the QR Code provided to the left to schedule your telephonic appointment. Please make sure you are providing an accurate email address and phone number.
2. Prepare for your appointment by reviewing your benefit guide and talking through options with your family.
3. Complete your enrollment: A counselor WILL CALL YOU at your scheduled appointment time to answer your questions and complete the enrollment process. In preparation for your meeting, please be ready to provide or confirm the following:
  - Date of Birth
  - Social Security Number
  - Address and Phone Number
  - Beneficiary Information (for Life Insurance)
  - Dependent Information: Name, DOB & SSN



Enrollment Services provided  
by Clarity Enrollment Solutions

Visit: [clarityenroll.com](http://clarityenroll.com)

Our Licensed benefit counselors will help:

- Provide education on your benefit options
- Answer any benefit related questions
- Enroll you in your benefits

Helpful Tips: If you use Outlook, gmail or iCalendar, please add this meeting to your calendar!

Please make sure your phone does not block calls.

The Clarity representative will call you from: 651-400-7300





## Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or the Human Resources department.

Benefit	Administrator	Phone	Website
<b>Medical Insurance</b>	Public Employee Insurance Plan	(952) 743-3101	<a href="http://www.innovomn.com">www.innovomn.com</a>
<b>Dental Insurance</b>	Delta Dental of Minnesota	(800) 553-9536	<a href="http://www.deltadentalmn.org">www.deltadentalmn.org</a>
<b>Health Savings Account (HSA)</b>	HealthEquity	(866) 346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>Flexible Spending Account (FSA)</b>	HealthEquity	(866) 346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>Life and Disability Insurance</b>	New York Life	(800) 225-5695	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Accident Insurance</b>	New York Life	(800) 225-5695	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Critical Insurance</b>	New York Life	(800) 225-5695	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Hospital Indemnity Insurance</b>	New York Life	(800) 225-5695	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
<b>Long Term Care</b>	Trustmark	(847) 615-1500	<a href="http://www.TrustmarkVB.com">www.TrustmarkVB.com</a>





# Annual Notices

## **Notice of Creditable Coverage**

We are required to provide a Medicare Creditable Coverage Notice to any Medicare-eligible members enrolled or seeking enrollment on our medical plan.

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

We are also required to provide this notice which offers information to help employees and their children who are eligible for our health coverage, but need assistance in paying their health premiums, as well as Special Enrollment periods. The notice gives state contact information for Minnesota.

## **Women's Health & Cancer Rights Act**

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

## **HIPAA Special Enrollment Rights**

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

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

We are required to notify you that you may be eligible for the Federal Public Service Loan Forgiveness program.

## **HIPAA Notice of Privacy Practices Reminder**

## **Newborn's and Mother's Health Protection Act**

## **COBRA General Notice**



# Annual Notices

## Notice of Creditable Coverage

### Important Notice from Big Lake School District 727 About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Big Lake School District 727 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Big Lake School District 727 has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join a Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current the Big Lake School District 727 coverage will not be affected. Your current coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current the Big Lake School District 727 coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Big Lake School District 727 and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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



# Annual Notices

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Big Lake School District 727 changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

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

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

**Date:** January 01, 2025  
**Name of Entity/Sender:** Big Lake School District 727  
**Contact—Position/Office:** Jordan Janke—HR Coordinator  
**Office Address:** 501 Minnesota Ave  
Big Lake, Minnesota 55309-9246  
United States  
**Phone Number:** (763) 262-5281



# Annual Notices

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

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



# Annual Notices

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> Phone: 1-800-657-3672	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>



# Annual Notices

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <u>Children's Health Insurance Program (CHIP) (pa.gov)</u> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <u>Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</u> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <u>Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</u> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269





# Annual Notices

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Women's Health & Cancer Rights Act

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

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

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

Plan 1: Advantage Health Plan High Option (Individual: cost level 1: 0% deductible and \$250 deductible, cost level 2: 0% deductible and \$400 deductible, cost level 3: 0% deductible and \$750 deductible, cost level 4: 25% deductible and \$1,500 deductible; Family: cost level 1: 0% deductible and \$500 deductible, cost level 2: 0% deductible and \$800 deductible, cost level 3: 0% deductible and \$1,500 deductible, cost level 4: 25% deductible and \$3,000 deductible)

Plan 2: Advantage Health Plan HSA-Compatible (Individual: cost level 1: 0% deductible and \$1,750 deductible, cost level 2: 0% deductible and \$2,250 deductible, cost level 3: 0% deductible and \$3,250 deductible, cost level 4: 50% deductible and \$4,250 deductible; Per Family member : cost level 1: 0% deductible and \$3,500 deductible, cost level 2: 0% deductible and \$3,750 deductible, cost level 3: 0% deductible and \$5,250 deductible, cost level 4: 50% deductible and \$6,750 deductible; Family: cost level 1: 0% deductible and \$4,000 deductible, cost level 2: 0% deductible and \$4,500 deductible, cost level 3: 0% deductible and \$6,500 deductible, cost level 4: 50% deductible and \$8,500 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at (763) 262-5281 or [j.janke@biglakeschools.org](mailto:j.janke@biglakeschools.org).



# Annual Notices

## HIPAA Special Enrollment Rights

### **Big Lake School District 727 Health Plan Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the Big Lake School District 727 Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

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

**Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

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

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Jordan Janke - HR Coordinator at (763) 262-5281 or [j.janke@biglakeschools.org](mailto:j.janke@biglakeschools.org).

### **Important Warning**

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



# Annual Notices

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

Minnesota Statutes Section 136A. 1792, covers promotion of federal public service loan forgiveness programs. Please be aware that you may be eligible for 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 toward qualifying for PSLF, read the PSLF Questions and Answers documents at [StudentAid.gov/publicservice](https://StudentAid.gov/publicservice) or contact your federal loan servicer.

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Big Lake School District 727 is committed to the privacy of your health information. The administrators of the Big Lake School District 727 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 Jordan Janke - HR Coordinator at (763) 262-5281 or [j.janke@biglakeschools.org](mailto:j.janke@biglakeschools.org).

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following 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).



# Annual Notices

## COBRA General Notice

### Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

#### **\*\* Continuation Coverage Rights Under COBRA\*\***

#### **Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.



# Annual Notices

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

## **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Jordan Janke.**

## **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.



# Annual Notices

## **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov/](http://www.healthcare.gov/).

## **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

## **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

## **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

**Big Lake School District 727**

**Jordan Janke—HR Coordinator**

**501 Minnesota Ave**

**Big Lake, Minnesota 55309-9246**

**United States**

**(763) 262-5281**

<sup>1</sup> <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>



## Notes





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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.