

2025

Benefit Summary

Ancillary Open Enrollment

Willmar Public Schools



Table of Contents

Contact Information	3
Health Savings Account	4
Flexible Spending Account.....	5
Vision Insurance	6
Basic Life and AD&D Insurance	7
Voluntary Life and AD&D Insurance	8
Voluntary Short Term Disability Insurance	9
Long Term Disability Insurance.....	10
Accident.....	11
Hospital Indemnity	12
Critical Illness.....	13
Employee Assistant Program (EAP)	14
Additional AD&D Insurance	15
ID Shield.....	17
Legal Notices.....	19

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

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

Contact Information and Benefit Overview

Contact Information

Benefit	Administrator/Contact	Phone	Website
Vision	VSP	800.877.7195	www.vsp.com
Life & AD&D	Symetra	800.796.3872	www.symetra.com
Voluntary Life & AD&D	Symetra	800.796.3872	www.symetra.com
Voluntary Short-Term Disability	Symetra	800.796.3872	www.symetra.com
Long-Term Disability	Symetra	800.796.3872	www.symetra.com
Hospital Indemnity	Symetra	800.796.3872	www.symetra.com
Critical Illness	Symetra	800.796.3872	www.symetra.com
Accident	Symetra	800.796.3872	www.symetra.com
Additional AD&D Insurance	Zurich	800.987.3373	www.zurich.com
ID Theft	Legal Shield	844.535.5186	www.legalshield.com
District Benefits Dept.	Rachel Ree	320.231.8525	reer@willmar.k12.mn.us
District Representative	Colleen Schumann	952.356.3559	Colleen_Schumann@aig.com

Benefits Overview

Benefit Plans

- Vision
- Life / Accidental Death and Dismemberment
- Short-Term Disability
- Long-Term Disability
- Hospital Indemnity
- Critical Illness
- Accident
- EAP
- Additional AD&D Insurance
- ID Theft

Premiums:

The premiums listed in this guide reflect monthly rates over 12 months. Please refer to the Enrollment System (Frontline-HRMS) for premium deductions calculated for your position's deduction schedule.

Eligibility

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

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

Qualifying Event Examples

- Legal marital status change
- Birth or Adoption of a dependent
- Change in dependent status
- Change in employment status

Health Savings Account

Administered by Wex



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

A Health Savings Account (HSA) is a tax-advantaged personal savings account that works with an HSA-compatible high-deductible health plan. The District's \$3,500 -100% and \$6,350-100% plans are both qualified high deductible health plans and can be paired with an HSA. The HSA balance can be used to pay for qualifying medical expenses during the year or saved for retirement.

2025	
HSA annual contribution limits	Single: \$4,300 Family: \$8,550
HSA catch-up contribution Ages 55+	\$1,000

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

Flexible Spending Account

Administered by Wex



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

Health Care FSA

If an employee is enrolled in a Medical Plan through **Willmar Public Schools**, they can also enroll in a Flexible Spending Account (FSA). This account allows an employee to set aside pre-tax dollars to pay for eligible medical, dental and vision expenses. Employees who are enrolled in a medical FSA may contribute up to \$3,300 per year on a pre-tax basis. **For those employees also enrolled in the HSA plan, the medical FSA becomes “Limited Purpose” restricting your spending to just dental and vision expenses.**

- Expenses must be incurred by you, your legal spouse, or your other eligible dependents.
- **The maximum calendar year contribution for the Medical Reimbursement and Limited Purpose spending account is \$3,300.**
- Only expenses incurred during your participation in the plan are eligible for reimbursement.
- Your participation in the reimbursement account ends when you leave **Willmar Public Schools** or you no longer meet the eligibility requirements.
- You may submit claims for expenses incurred after your termination date only if you elect COBRA continuation coverage and make the required contributions.

Dependent Care FSA

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

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

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

If an employee wants to participate in the Full Health Care, Limited Health Care and/or Dependent Care FSA for 2025, they must enroll during the annual enrollment period, even if they participated the prior year.

Vision Benefits – VSP

Administered by VSP



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

Your coverage from a VSP doctor

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	• Routine retinal screening	Up to \$39	
PRESCRIPTION GLASSES		\$10	See frame and lenses
FRAME*	<ul style="list-style-type: none"> • \$170 Featured Frame Brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$150 Walmart/Sam's Club frame allowance • \$80 Costco frame allowance 	Included In Prescription Glasses	Every calendar year
LENSES	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children 	Included In Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> • Discover all current eyewear offers and savings at vsp.com/offers. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 		
	Laser Vision Correction <ul style="list-style-type: none"> • Average of 15% off the regular price; discounts available at contracted facilities. 		
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> • Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. • Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

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

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

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance Administered by Symetra

Willmar School District provides basic life and accidental death and dismemberment (AD&D) insurance through Symetra at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates. More information on Voluntary Life insurance can be found on the next page.

	How it Works	Basic Life and AD&D
Life	Your beneficiaries receive this benefit if you pass away	Amount of Coverage Varies by Unit/Contract. Please see your employment contract determine your basic employer paid life amount.
AD&D	You (or your beneficiaries) receive this benefit if you pass away as the result of an accident or if you are seriously injured in an accident	The AD&D benefit will match the amount of basic life insurance outlined in your contract.



Keep Your Beneficiaries Up to Date

You must designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes. If you would like to update your beneficiary, you can do so in by reaching out to human resources.

For more information and a full summary of this benefit, please visit <https://britehr.app/willmarindependentschool/1>

Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance Administered by Symetra

If you want additional life insurance coverage for yourself, your spouse, or your children, above and beyond the amount that the school district purchases for you, you can purchase voluntary coverage at our group rates. When purchasing voluntary life insurance, you will be automatically enrolled in AD&D coverage in the same amount as your life insurance election. (Ex: If you elect \$30,000 of voluntary life coverage for yourself, you will also automatically be enrolled in \$30,000 AD&D)

As a new hire, you are able to elect up to the guaranteed issue amounts with no evidence of insurability (EOI) needed. If you elect an amount of coverage above the guaranteed issue amount, you will need to complete an electronic evidence of insurability form (see below link). Once EOI is completed the carrier, Symetra, will send you a notice of either approval or denial of the coverage amount that you elected that exceeds the guaranteed issue amount.

	How it Works	Voluntary Life and AD&D (Employee-paid benefit)	Guaranteed Issue Amount
Life	Your beneficiaries receive this benefit if you pass away	<p>Employee: Increments of \$5,000 up to \$750,000</p> <p>Spouse: Increments of \$5,000 up to \$250,000, not to exceed 100% of the employee elected amount</p> <p>Child(ren) (Live Birth to 26 years old): \$10,000 or \$15,000</p>	<p>Employee: \$250,000</p> <p>Spouse: \$50,000</p> <p>Child(ren): \$15,000</p>
AD&D	You (or your beneficiaries) receive this benefit if you pass away as the result of an accident or if you are seriously injured in an accident You will automatically be enrolled in AD&D in the same amount as your voluntary life election.		

Monthly Rates per \$1,000 of coverage (Life and AD&D):

Employee Rates are based on Employee Age

*Spouse Rates are based on Spouse Age

Child Rate is \$2.30 for \$10,000 or \$3.45 for \$15,000

Electronic Evidence of Insurability (EOI)

If you elect voluntary life coverage amounts in excess of the guaranteed issue amounts you can use the below link to complete evidence of insurability (EOI)!

<https://symetra.uniblox.live/WUEmC/ybt29>

AGE *	RATE (Life & AD&D)
Under 25	\$0.070
25 - 29	\$0.080
30 - 34	\$0.090
35 - 39	\$0.110
40 - 44	\$0.120
45 - 49	\$0.170
50 - 54	\$0.250
55 - 59	\$0.410
60 - 64	\$0.620
65 - 69	\$1.020
70 - 74	\$2.080
75+	\$2.080
Child(ren)	\$2.30(\$10k) or \$3.45 (\$15k)

For more information and a full summary of this benefit, please visit <https://britehr.app/willmarindependentschool/1>

Voluntary Short Term Disability (Employee Paid)

Administered by Symetra

Short-term disability insurance replaces a portion of your income if you become too sick or injured to work. Benefit payments for an approved claim will begin once a certain amount of time has passed—called the **elimination period**—after the start of your disabling condition. You'll receive these benefits for a limited time or until you return to work. Accommodations may be made for a gradual return to work.

As a new hire, you may enroll in voluntary STD coverage and **no evidence of insurability is needed!** If you choose to enroll at a later time (such as open enrollment in future years) you will need to complete evidence of insurability.

Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 12 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

	Benefit Amount	Elimination Period	Maximum Benefit Duration	Who Pays for the Premium?
Short-term Disability	You receive 60% of your income up to \$1,500 per week.	Benefits begin after 7 days of absence from work due to illness or injury.	12 weeks	Employee

Monthly Rates per \$10 of weekly benefit:

AGE	RATE
Under 25	\$0.583
25 - 29	\$0.692
30 - 34	\$0.627
35 - 39	\$0.461
40 - 44	\$0.398
45 - 49	\$0.402
50 - 54	\$0.428
55 - 59	\$0.502
60 - 64	\$0.557
65 - 69	\$0.713
70 - 74	\$0.913
75+	\$0.913

How to Calculate Your Rate:

$$\frac{\$}{\text{(rate)}} \times \frac{\text{(your weekly salary} \times .60 \text{ to a maximum of } \$1,500)}{10} = \frac{\$}{\text{Monthly Voluntary Short Term Disability cost}}$$

Electronic Evidence of Insurability (EOI)

If you elect newly elect STD coverage amounts LATE (LATE is any time after your new hire enrollment period, such as open enrollment) you can use the below link to complete evidence of insurability (EOI)!

If you are a new hire, no EOI is needed!

<https://symetra.uniblox.live/WUEmC/ybt29>

For more information and a full summary of this benefit, please visit <https://britehr.app/willmarindependentschool/1>

Long Term Disability (Employee/Employer Paid)

Administered by Symetra

Long-term disability insurance replaces a portion of your income if you become too sick or injured to work for an extended period of time. Benefit payments for an approved claim will begin once a certain amount of time has passed—called the **elimination period**—after the start of your disabling condition.

As a new hire, you may enroll in LTD coverage and **no evidence of insurability is needed!** If you choose to enroll at a later time (such as open enrollment in future years) you will need to complete evidence of insurability.

Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 12 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

	Benefit Amount	Elimination Period	Maximum Benefit Duration	Who Pays for the Premium?
Long-term Disability	You receive 66.67% of your income up to \$8,334* per week. <i>*Please see contract for benefit maximum amount specific to your contract/unit.</i>	Benefits begin after 90 days of absence from work due to illness or injury.	Reduced Benefit Duration (To Age 65)	Employee & Employer** <i>**Employer Contribution may or may not apply. Please see your contract to determine if you receive a contribution from the district towards your LTD</i>

How to Calculate Your Rate:

$$\frac{\$0.200}{\text{(rate)}} \times (\text{your monthly salary} \times .6667) \text{ / } 100 = \$ \text{ Monthly Long Term Disability Cost}$$

note: this amount cannot exceed the benefit maximum amount listed in your contract

Monthly Rate per \$100 of monthly covered payroll:

RATE	
All Employees	\$0.200

NOTE: if your contract states that you receive a contribution towards LTD premiums, you will subtract that amount from the cost you calculate above.

Example: Someone earning \$50,000 per year will pay \$66.67 of monthly premium

Example: Someone earning \$50,000 per year AND their contract states they have a monthly employer contribution of \$50 the employee will pay \$16.67 in monthly premium (\$66.67-\$50.00)

Electronic Evidence of Insurability (EOI)

If you elect newly elect STD coverage amounts LATE (LATE is any time after your new hire enrollment period, such as open enrollment) you can use the below link to complete evidence of insurability (EOI)!

If you are a new hire, no EOI is needed!

<https://symetra.uniblox.live/WUEmC/ybt29>

For more information and a full summary of this benefit, please visit <https://britehr.app/willmarindependentschool/1>

Accident

Administered by Symetra

Accident insurance is a type of insurance coverage that provides financial protection in the event of an accident resulting in injury or disability. It is designed to supplement existing health insurance plans by offering additional benefits specifically for accidents. Accident insurance typically covers medical expenses, hospital stays, emergency room visits, and other related costs. This type of insurance is especially beneficial for individuals who engage in high-risk activities or have physically demanding jobs, as it offers financial support during unexpected accidents. This is a 100% voluntary benefit.

The premium rates are as follows:

Voluntary Benefit 100% Employee Paid	Monthly Employee Cost
Employee	\$8.34
Employee + Spouse	\$14.04
Employee + Child(ren)	\$16.69
Family	\$22.44

	Benefit Amount (per person, per accident unless otherwise noted)
Emergency Care & Diagnostics	
Ambulance: Ground / Air	\$400 Ground; \$1,500 Air
Emergency Room	\$400
Major Diagnostic Testing (MRI, CT Scan, EEG)	\$300
X-Ray	\$200
Pain Management/Epidural	\$250
Initial Doctor's Visit	\$400
Accident Hospitalization & Surgical Benefits	
Hospital Admission / ICU Admission	\$2,000 Hospital; \$4,000 ICU
Hospital Confinement / ICU Confinement	\$400 per day Hospital; \$1,200 per day ICU
Rehabilitation/Skilled Nursing Facility	\$350 per day
Blood/Plasma/Platelets	\$400
Surgery	Varies from \$300—\$3,000 Please refer to full plan summary
Transportation	\$500 per trip
Family Lodging	\$150 per night (up to 30 nights)
Coma	\$10,000 (after 7 day duration)
Follow Up Care	
Follow Up Doctor's Visit (6 visits per covered accident)	\$200
Physical Therapy (Up to 10 visits per accident)	\$100 per visit
Chiropractic Visit (Up to 10 visits per accident)	\$100 per visit
Medical Equipment (1 appliance per covered accident)	\$500
Prosthetic Device (1 device per covered accident)	\$2,000

	Benefit Amount (per person, per accident unless otherwise noted)
Common Injuries & Other Benefits	
Burns	Varies from \$125—\$20,000 Please refer to full plan summary
Paralysis	Varies from \$3,750—\$15,000 Please refer to full plan summary
Lacerations	Varies from \$100—\$800 Please refer to full plan summary
Emergency Dental Work	\$150 extraction; \$300 crown repair
Eye Injuries (removal of foreign object/ surgery repair)	\$200
Specific Injuries (Ruptured Disc, Tendons/ Ligaments, Torn Knee Cartilage, Concussion)	Varies from \$200—\$900 Please refer to full plan summary
Dislocations	Varies from \$150—\$5,000 Please refer to full plan summary
Fractures	Varies from \$400—\$5,000 Please refer to full plan summary
Accidental Death & Dismemberment	Varies from \$2,500—\$50,000 Please refer to full plan summary
Child Organized Sports Benefit	Included: Additional 25% of accident benefits (\$5,000 per person/per accident maximum)

For more information and a full summary of this benefit,
please visit
<https://britehr.app/willmarindependentschool/1>

Hospital Indemnity

Administered by Symetra

Hospital indemnity insurance is a supplemental insurance that provides employees with financial protection during a hospitalization. It offers a fixed cash benefit for each day of hospitalization, covering expenses not fully covered by primary health insurance. This benefit can be used for deductibles, co-pays, transportation, and non-medical costs. Unlike traditional health insurance, hospital indemnity insurance does not require meeting a deductible or co-pay before receiving benefits. It is particularly beneficial for employees with high-deductible health plans or those expecting significant medical expenses.

The premium rates are as follows:

<i>Voluntary Benefit 100% Employee Paid</i>	Monthly Employee Cost
Employee	\$10.45
Employee + Spouse	\$22.28
Employee + Child(ren)	\$17.13
Family	\$31.01

Inpatient Hospital Benefits	
500 days lifetime maximum unless otherwise noted	
Hospital Confinement	\$1,000 first day, \$100 day 2+, 365 incident(s) per person, per calendar year
Intensive Car Unit	\$1,000 first day, \$400 day 2+, 30 incident(s) per person, per calendar year
Substance Abuse Facility	\$100 per day, 30 day(s) per person, per calendar year
Mental Health Facility	\$100 per day, 30 day(s) per person, per calendar year
Nursing Facility This benefit is paid only if following a covered hospital stay of at least three consecutive days	\$100 per day, 30 day(s) per person, per calendar year
Pregnancy Limitation Period	None
Plan is HSA compatible	Yes

For more information and a full summary of this benefit, please visit <https://britehr.app/willmarindependentschool/1>

Critical Illness

Administered by Symetra

Critical illness insurance is a type of insurance coverage that provides financial protection in the event of a serious illness. It is designed to supplement existing health insurance plans by offering additional benefits specifically for critical illnesses. Critical illness insurance covers a predetermined list of illnesses. If you are enrolled and diagnosed with one of these covered illnesses, you will receive a lump sum payment that can be used to cover medical expenses, treatment costs, and other financial obligations. This type of insurance is especially beneficial as it provides a financial safety net during a time when individuals may be unable to work or face significant medical expenses. It offers peace of mind and helps alleviate the financial burden associated with critical illnesses. This is a 100% voluntary benefit.

Coverage Details	
Benefit Amounts	
Employee Benefit	Choose amount: \$10,000, \$20,000, \$30,000 or \$40,000
Spouse Benefit	Choose amount: \$5,000, 10,000, \$15,000 or \$20,000
Child Benefit	Choose amount: \$2,500, \$5,000, \$7,500 and \$10,000
Coverage Details	
Voluntary Critical Illness insurance provides a lump sum payment if a covered condition is diagnosed after coverage takes effect for the individual. Covered conditions include critical illnesses and/or conditions, as specified below.	
Core Benefits	Invasive Cancer: 100%, Minor Cancer: 50%, Skin Cancer: \$500, Heart Attack: 100%, Stroke: 100%, Coronary Artery Disease Needing Surgery or Angioplasty: 25%, Sudden Cardiac Arrest: 100%, Major Organ Failure: 100%, Occupational HIV: 100%, End-Stage Renal Failure: 100%, Loss of Sight: 100%, Loss of Speech: 100%, Loss of Hearing: 100%, Paralysis: 100% (Covers Sickness and Accident), Severe Burns: 100%
Neurological Conditions	ALS/Other Motor Neuron Disease: 100%, Advanced Alzheimer's: 100%, Parkinson's Disease: 100%, Advanced Multiple Sclerosis: 100%, Coma: 100% (Covers Accident and Sickness), Dementia: 100%, Benign Brain Tumor: 100%
Childhood Conditions	Major Congenital Structural Anomaly: 100%, Congenital Metabolic Disorder: 100%, Congenital Chromosomal Abnormality: 100%, Chronic Medical Condition Commonly Diagnosed in Childhood: 100%, Autism Severity Level 3: 100%, Autism Severity Level 2: 50%
Other Benefits	Occupational Tuberculosis: 100%, Occupational Hepatitis: 100%, Infectious Disease: 25% (Minimum Hospital Stay: 5 Days)
Additional Occurrences	If you are diagnosed with a Covered Critical Illness, and you are then, at least one day later, diagnosed with a different Covered Critical Illness, we will also pay the additional Critical Illness benefit for the second covered condition.
Additional Benefits	
Health Screening Benefit	Pays an annual benefit amount of \$100 for x-ray and laboratory tests only incurred by the employee, spouse, or child. Annual physical is included. Childhood vaccinations are included.
Recurrence Benefit	Pays an additional benefit of 100% of the critical illness benefit when a specific critical illness recurs more than 6 month(s) after the first diagnosis. Each condition is payable an unlimited number of times unless otherwise specified in the certificate.

	Employee Attained Age	Per \$1,000
Employee Only	29 and Under	\$0.32
	30-39	\$0.48
	40-49	\$0.86
	50-59	\$1.67
	60-69	\$2.73
	70 and Over	\$5.34
	Employee Attained Age	Per \$1,000
Spouse Only	29 and Under	\$0.32
	30-39	\$0.44
	40-49	\$0.83
	50-59	\$1.87
	60-69	\$3.60
	70 and Over	\$6.40
	Employee Attained Age	Per \$1,000
Child Only	Child --per \$1,000 Benefit	\$0.65

Cost is dependent upon how much coverage is selected and the age of the employee as of the effective date. Monthly rates per \$1,000 of benefit are shown to the left.

For more information and a full summary of this benefit, please visit <https://britehr.app/willmarindependentschool/1>

Employee Assistant Program (EAP)

Administered by DisabilityGuidance/ComPsych

It's tough for employees to do their best at work when faced with challenges such as finding child or elder care, dealing with substance abuse or managing family relationships. That's where the DisabilityGuidanceSM EAP can help.

Program highlights

Five confidential face-to-face sessions

Enrolled employees and their household family members are eligible for up to five confidential sessions with a counselor, financial planner or lawyer each calendar year.

- Consultations may be face-to-face or by phone.
- Sessions are per household and may be divided between the three types of professionals.
- Counselors provide an assessment of concerns and refer participants to appropriate resources and providers.
- Financial and legal professionals assist with matters such as tax-filing questions, debt issues, guardianship and power of attorney.
- An additional five sessions are available in the event of a covered disability claim.

Will preparation

EAP also includes will preparation services via the "Featured Programs" section of www.guidanceresources.com. Employees can create a simple, legally binding will for just \$14.99; printing and mailing services are available for an additional fee. Prices may be subject to change—contact ComPsych[®] for additional information.

Who's eligible?

DisabilityGuidanceSM EAP (provided by ComPsych) is available to anyone covered by a Symetra Group Long-Term Disability or Short-Term Disability Income Insurance policy at no additional employer cost. For more information on the full-service GuidanceResources[®] EAP option, which provides valuable tools for HR representatives and managers, contact your Symetra representative.

Employees can call toll-free

1-888-327-9573.

The website, www.guidanceresources.com, provides access to self-assessment tools; tailored searches for child and elder care, attorneys and CPAs; and other helpful services.

Use SYMETRA in the Organization Web ID field to log in.

Additional AD&D Insurance

Administered by Zurich



Willmar ISD 347

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

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

Eligibility

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

You may elect to include coverage for your eligible dependents under the Family Plan. Eligible dependents include your legally married spouse and your unmarried dependent children from birth to 19 years of age, or to age 26 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance. No individual may be covered more than once under this plan. You cannot be covered as a spouse or dependent child of another employee.

Benefit Amount

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

Benefit Amounts for Your Dependents

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

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

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

Reduction of Benefits at Age 70

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

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

Additional AD&D Insurance (Continued)

Administered by Zurich



Benefits Provided

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

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

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

Cost and Method of Payment

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

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

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

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

Waiver of Premium Benefit

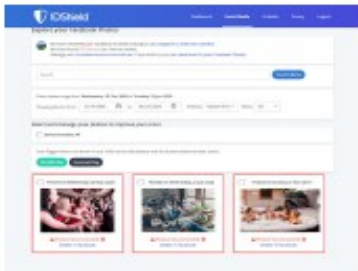
If you become totally disabled (as defined in the policy), we will waive your premium provided your disability has continued for a period greater than six (6) consecutive months. Premium payments shall continue for the six (6) months of continuous Total Disability. After this six (6) month period, premium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

ID Shield



Identity Theft and Privacy Protection

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



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

AFFORDABLE IDENTITY AND
PRIVACY PROTECTION

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

FOR MORE INFORMATION, VISIT

benefits.legalshield.com/willmar



360° Degree Protection

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



Real-Time Alerts

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



Full-Service Restoration and Unlimited Consultation

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



Financial Protection

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



Mobile App

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



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



K.C. - IDShield Member

POWERED BY LEGALSHIELD

Legal Notices

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

Notice of Creditable Coverage

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

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

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

Women's Health & Cancer Rights Act

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

HIPAA Special Enrollment Rights

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

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

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/public-service or contact your federal loan servicer.

Legal Notices

Notice of Creditable Coverage

Important Notice from Willmar Public Schools

About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Willmar Public Schools has determined that the prescription drug coverage offered by the \$2,600-80% VEBA plan and the \$3,500-100% HSA/VEBA medical plans is , on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

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

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

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

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

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

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

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

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

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

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

For more information about Medicare prescription drug coverage:

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

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, 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: Willmar Public Schools
Contact—Position/Office: Liz Windingstad - District Office Human Resources Director
Office Address: 611 5th St SW
Willmar, Minnesota 56201-3218
United States
Phone Number: 320.231.8520

Notice of Non-creditable Coverage

Important Notice from Willmar Public Schools

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Willmar Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Willmar Public Schools has determined that the prescription drug coverage offered by the \$6,350-0% HSA medical plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the \$6,350 Deductible, 0% Coinsurance. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from the \$6,350 Deductible, 0% Coinsurance. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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 decide to drop your current coverage with Willmar Public Schools since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under Willmar Public Schools plan.

Since you are losing creditable prescription drug coverage under Willmar Public Schools plan, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under Willmar Public Schools plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

If you decide to join a Medicare drug plan, Willmar Public Schools current coverage may be affected.

If you do decide to join a Medicare drug plan and drop your Willmar Public Schools coverage, be aware that you and your dependents may be able to get this coverage back.

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

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

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

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

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

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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	January 01, 2025
Name of Entity/Sender:	Willmar Public Schools
Contact—Position/Office:	Liz Windingstad - District Office Human Resources Director
Office Address:	611 5th St SW Willmar, Minnesota 56201-3218 United States
Phone Number:	320.231.8520

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

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

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

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

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

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

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

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

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

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
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Women's Health & Cancer Rights Act

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

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

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

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

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

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

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

HIPAA Special Enrollment Rights

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

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

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

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

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

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

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

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

Important Warning

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



Prepared by:



Gallagher

Insurance | Risk Management | Consulting