



# 2025 BENEFIT GUIDE

January 1, 2025 - December 31, 2025

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some basic questions you may have about your benefits.

## BENEFIT ELIGIBILITY

### Who is Eligible

The following individuals are eligible to participate in Lakota's benefits program:

- Active full and part-time employees on date of hire
- Your legally married spouse\*
- Your dependent children up to age 26
- Your unmarried children aged 26 or older who are mentally or physically disabled and who rely on you for support and care

*\*Coordination of Benefits form is required for LSSA and LEA to enroll spouses in medical and dental coverage.*

## BENEFIT ENROLLMENT

### Enrollment Period

#### **New Hire and Newly Eligible Enrollment**

Newly hired or newly eligible employees must make their elections within 30 days of their date of hire. Benefits are effective on date of hire.

Call the Benefits Assistance Line  
(Monday – Friday, 9am – 5pm EST) at  
833-202-9966.

Or schedule an appointment through this  
calendar link

# PLAN CONTRIBUTIONS

Per Pay Premiums	Employee Only	Employee + One	Family
<b>Medical Plans</b>			
<b>PPO Plan Blue Access Network</b> Full-Time (Board 85%, Employees 15%) LSSA, 21-30 hours/week (Board 50%, Employees 50%) Part-Time LEA (Board 75%, Employees 25%)	\$75.15 \$250.49 \$125.25	\$136.78 \$455.94 \$227.97	\$193.33 \$644.44 \$322.22
<b>High-Performance Network</b> Full-Time (Board 85%, Employees 15%) LSSA, 21-30 hours/week (Board 50%, Employees 50%) Part-Time LEA (Board 75%, Employees 25%)	\$67.63 \$225.44 \$112.72	\$123.10 \$410.35 \$205.18	\$174.00 \$579.99 \$290.00
<b>HDHP Blue Access Network</b> Full-Time (Board 85%, Employees 15%) LSSA, 21-30 hours/week (Board 50%, Employees 50%) Part-Time LEA (Board 75%, Employees 25%)	\$53.67 \$178.87 \$89.44	\$97.68 \$325.57 \$162.79	\$138.06 \$460.17 \$230.09
<b>HDHP High-Performance Network</b> Full-Time (Board 85%, Employees 15%) LSSA, 21-30 hours/week (Board 50%, Employees 50%) Part-Time LEA (Board 75%, Employees 25%)	\$48.30 \$160.98 \$80.49	\$87.91 \$293.02 \$146.51	\$124.25 \$414.15 \$207.08
<b>Dental Plan</b>			
Full-Time (Board 85%, Employees 15%) LSSA, 21-30 hours/week (Board 50%, Employees 50%) Part-Time LEA (Board 75%, Employees 25%)	\$3.83 \$12.77 \$6.39	\$6.46 \$21.55 \$10.77	\$9.02 \$30.07 \$15.04
<b>Vision</b>	\$4.59	\$9.17	\$14.76
<b>Basic Life and AD&amp;D</b>	No Cost – Employer-Paid Benefit		
<b>Voluntary Benefits</b>	<i>Voluntary Life and AD&amp;D, Short-Term Disability, Long-Term Disability, Critical Illness, Accident, and Hospital Indemnity</i> Cost varies by elected coverage amount		
<b>Health Savings Account (HSA)</b>	2025 Max Annual Contribution: \$4,300 Single / \$8,550 Family Additional \$1,000 “Catch-up” contribution permitted if age 55+		
<b>Flexible Savings Account (FSA)</b>	<b>HCFSA &amp; LFSA:</b> Personal contributions permitted up to \$3,300 annually (through 12/31/2025) <b>DCFSA:</b> Personal contributions permitted up to \$5,000 annually (through 12/31/2025)		

## IMPORTANT CONTACTS

Location	Contact	Phone Number	Email Address	
Lakota Local Schools Treasurer's Office		513-644-1170	<a href="mailto:benefits@lakotaonline.com">benefits@lakotaonline.com</a>	
BPA Benefit Counselors		(833) 202-9966	N/A	
HUB International Employee Advocacy Team		(844) 694-6726	<a href="mailto:HRT.HA.EEAdvocacy@hubinternational.com">HRT.HA.EEAdvocacy@hubinternational.com</a>	
Benefit	Carrier	Group Number	Phone Number	Website/Email
Medical	Anthem	L03537	844-995-1752	<a href="http://www.anthem.com">www.anthem.com</a>
Pharmacy	ARORx	N/A	(833) 306-4092	<a href="mailto:rx@arorx.com">rx@arorx.com</a>
Employee Assistance	Telus Health	N/A	844-246-7674	<a href="https://one.telushealth.com">https://one.telushealth.com</a>
Dental	SunLife	967871	800-247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a> <a href="mailto:clientservices@sunlife.com">clientservices@sunlife.com</a>
Vision	EyeMed	1030751	866-939-3633	<a href="http://www.eyemed.com">www.eyemed.com</a>
Life, Disability, and Worksite	Aflac	STD & Worksite: AGC0003084368	(Life) 800-433-3036 (STD) 800-206-8826 (LTD)	<a href="https://learn.aflac.com/lakota">https://learn.aflac.com/lakota</a>
Tax Savings Accounts	HealthEquity	N/A	866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>

# MEDICAL/Rx COVERAGE

There are two network options – Blue Access PPO and High-Performance Network (HPN). The plans share the same network benefits, but the HPN utilizes a different, narrower network and does not have any out-of-network benefits. Please review the network prior to making your election.

Anthem Blue Access PPO or High-Performance Network (HPN)	PPO Plan Blue Access / HPN	HDHP Blue Access / HDHP HPN
	Network Benefits	
<b>Annual Deductible</b> <sup>1, 2</sup> (Single /Employee + 1/ Family)	\$600/\$1,200/\$1,800	\$3,300/\$4,000/\$5,500
<b>Coinsurance</b> (Lakota % / Employee %)	80% / 20%	100% / 0%
<b>Out of Pocket Max</b> <sup>1, 3</sup> (Single/Employee + 1/Family)	\$2,500/\$5,000/\$7,500	\$3,500/\$6,000/\$8,500
<b>Preventive Care</b>	Covered in Full	
<b>Office Visit</b> Primary Care Physician Specialist / Non-Premier Specialist Preventive Visits	\$25 Copay \$50 Copay Covered in full	Deductible, then 0% Deductible, then 0% Covered in full
<b>Urgent Care</b>	\$50 Copay	Deductible, then 0%
<b>Emergency Room</b>	\$200 Copay (Waived if admitted)	Deductible, then 0%
<b>Hospital Charges: Inpatient / Outpatient</b>	Deductible, then 20%	Deductible, then 0%
<b>Prescription benefits provided through ARORx (Pharmacy Benefit Manager)</b>		
<b>Retail Prescriptions (Up to 31-day Supply)</b> Tier 1/Tier 2/Tier 3	Copay Only \$15/\$35/\$55	Deductible, then \$15/\$35/\$55

<sup>1</sup> Deductible and Out of Pocket Maximums “reset” every year in January.

<sup>2</sup> The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.

<sup>3</sup> The out-of-pocket maximum is embedded. This means once an individual family member meets the out-of-pocket maximum, that individual's expenses are covered at 100% for the rest of the year.

## DENTAL

SunLife	In-Network
<b>Deductible</b> (Resets each policy year in January)	\$25 Single / \$50 Family
<b>Annual Maximum</b> (Per participant, excluding orthodontics)	\$2,500
<b>Preventive Services</b>	Covered in full
<b>Basic Services</b>	Deductible, then 20%
<b>Major Services</b>	Deductible, then 40%
<b>Orthodontic Services</b> (Adult and Child)	60% to lifetime max of \$1,800

## VISION

EyeMed	In-Network
<b>Exam</b> (1x every 12 months)	\$10 Copay
<b>Frames</b> (1x every 12 months)	\$130 Allowance
<b>Lenses – Single, Bifocal, Trifocal</b> (1x every 12 months)	\$25 Copay
<b>Contact Lenses</b> (1x every 12 months in lieu of glasses)	\$130 Allowance

# TAX SAVINGS ACCOUNTS

HSA	Health Savings Account (HSA) 2025 IRS Maximum Contribution Limits	
	Employee Only	\$4,300
	All Other Tiers	\$8,550
	Age 55+	Additional \$1,000

FSA	Flexible Savings Account (FSA) IRS Maximum Contribution Limits		Eligibility	Qualified Expenses
	Healthcare FSA	\$3,300	Enrolled in PPO or Waived	Medical, Dental, Vision
	Limited Purpose FSA	\$3,300	Enrolled in HDHP	Dental, Vision
	Dependent Care FSA	\$5,000 <sup>1</sup>	Any Employee	Dependent child under age 13 or disabled adult

<sup>1</sup> \$5,000 per family (or \$2,500 each if you are married and file separate tax returns)

## LIFE & DISABILITY INSURANCE

### Basic and Voluntary Life and AD&D

Lakota provides a Basic Life and Accidental Death and Dismemberment benefit for you at **no cost** to you.

Voluntary Life and AD&D is available to you should you wish to have additional coverage. During your **initial eligibility period**, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI) or answering health questions. Elections in excess of the Guaranteed Issue will require EOI.

<b>Incremental Amount (Units)</b>	<u>Employee:</u> \$10,000	<u>Spouse:</u> \$5,000	<u>Child(ren):</u> \$1,000
<b>Guaranteed Issue (GI):</b>	<u>Employee:</u> \$200,000	<u>Spouse:</u> \$50,000	<u>Child(ren):</u> \$10,000
<b>Max Coverage Amount:</b>	<u>Employee:</u> \$500,000	<u>Spouse:</u> \$250,000	<u>Child(ren):</u> \$10,000

### Disability

Disability insurance provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

Short-term Disability (STD) provided at an affordable group rate	
<b>Benefit Percentage</b>	Up to 60% of base salary
<b>Maximum Benefit</b>	Up to \$4,000 per week
<b>Elimination Period (EP)</b>	14 days
<b>Maximum Duration</b>	52 weeks including EP

Long-term Disability (LTD) provided at an affordable group rate	
<b>Benefit Percentage</b>	Up to 60% of base salary
<b>Maximum Benefit</b>	Up to \$7,500 per month
<b>Elimination Period (EP)</b>	360 days
<b>Maximum Duration</b>	Social Security Normal Retirement Age

## VOLUNTARY BENEFITS

### Accident, Critical Illness and Hospital Indemnity Insurance

**Accident insurance** can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. With **critical illness insurance**, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more. **Hospital indemnity insurance** can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization. Accident, Critical Illness and Hospital Indemnity plans are purchased separately.