

2026

Benefit Summary



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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 24-25 where Notice of Creditable Coverage begin for more details.

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.

Introduction/Highlights

ROCORI School District is pleased to provide competitive benefits that you can tailor to meet your needs and the needs of your family. This benefits guide outlines your 2026 employee benefits through **ROCORI School District**.

Eligibility

You and your dependents are eligible to participate in **ROCORI School District's** benefits plans on your date of hire. Eligible dependents include your spouse and children up to age 26. Coverage must be elected within 30 days of your eligibility date or of a qualifying life event.

Annual Open Enrollment

Towards the end of each year, **ROCORI School District** offers an open enrollment period to give you the chance to change your current benefit elections. During open enrollment, you can review your current elections and make changes for the upcoming year. The benefit choices you make during the annual open enrollment period will remain in effect for the entire upcoming year.

Qualifying Life Event

You cannot change your benefit coverage during the plan year unless you experience or have a qualifying life event. The Internal Revenue Service (IRS) defines a qualifying life event as a change in:

- Marital Status: Marriage, divorce, legal separation, or annulment.
- Number of dependents: Birth, adoption, or change in work schedule by you, your spouse, or your dependent if it affects eligibility.
- Dependent Status: Gain or loss of eligibility because of age.
- Spouse's Annual Enrollment: Spouse makes changes that impact your benefit elections.
- Qualified Medical Child Support Order (QMCSO)

If you have questions relating to a qualifying life event, contact **ROCORI School District at (320) 685-4903**.



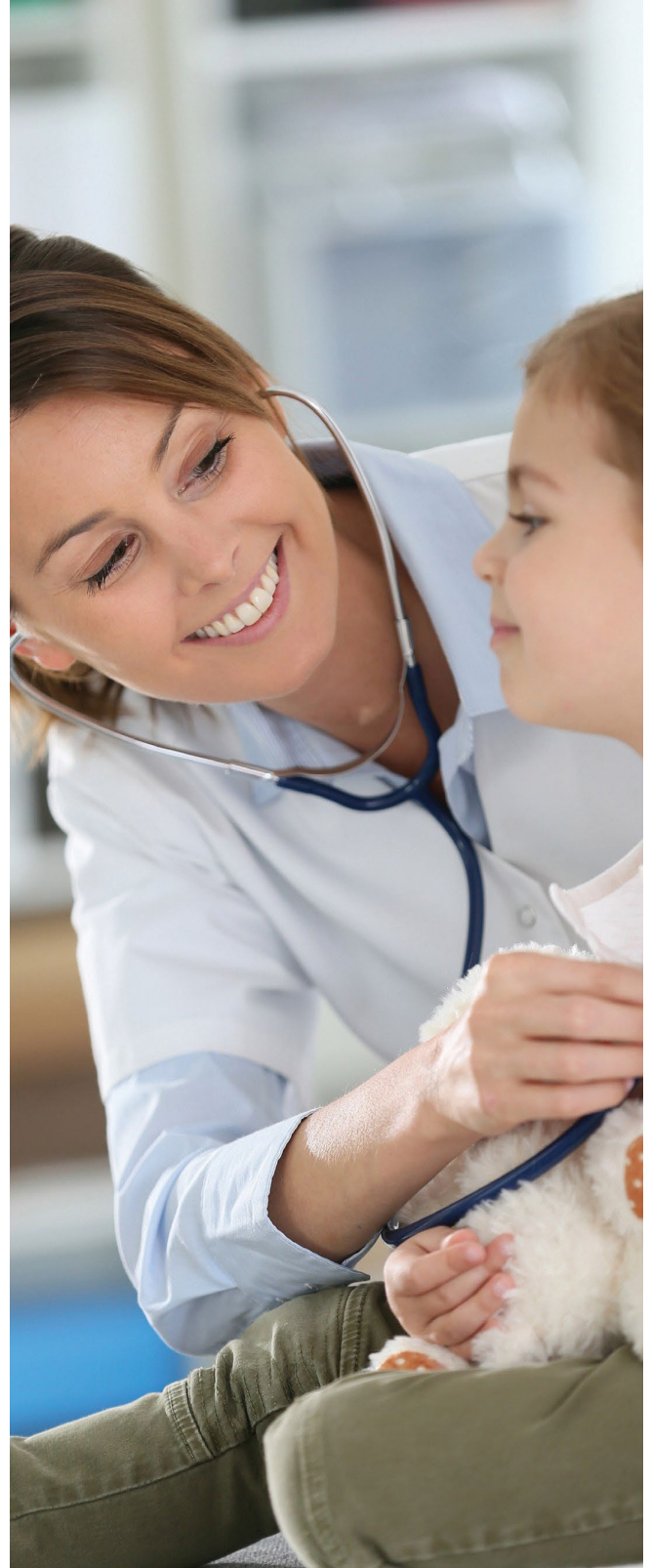
Benefits Overview

ROCORI School District is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical).

Benefits Offered

- Medical
- Voluntary Dental
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- VEBA
- Long Term Disability



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	BCBS	651.662.8000	www.bluecrossmn.com
Voluntary Dental	Delta Dental	612.224.3244	www.DeltaDentalMN.org
Health Savings Account	Wex	800.492.0669	www.wexinc.com
Flexible Saving Account	Wex	800.492.0669	www.wexinc.com
VEBA	Wex	800.492.0669	www.wexinc.com
ROCORI School District	Shelly Acheson	320.685.4903	achesons@rocori.k12.mn.us



Medical Benefits

Administered by BCBS of MN

You have a choice of three medical plans through Blue Cross Blue Shield of Minnesota. Below is an overview of the plan benefits. Please see your Summary of Benefits and Coverage for a complete description of services, and refer to your contract for medical rates.

Plan Name	\$6,500 HSA	\$4,250 HSA	\$3,500 HSA
In-Network Benefits	Aware	Aware	Aware
Deductible Type	Embedded	Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)	\$6,500 / \$13,000	\$4,250 / \$8,500	\$3,500 / \$7,000
CY Out-of-Pocket Max (Individual / Family)	\$6,500 / \$13,000	\$4,250 / \$8,500	\$3,500 / \$7,000
Coinsurance (member pays after deductible)	0%	0%	0%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	0% after deductible	0% after deductible	0% after deductible
Specialist Visit	0% after deductible	0% after deductible	0% after deductible
Urgent Care	0% after deductible	0% after deductible	0% after deductible
Emergency Room	0% after deductible	0% after deductible	0% after deductible
Inpatient Hospital	0% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	0% after deductible	0% after deductible
Chiropractic (visit limits may apply)	0% after deductible	0% after deductible	0% after deductible
Phys/Occ/Speech Therapy (visit limits may apply)	0% after deductible	0% after deductible	0% after deductible
Diagnostic Test (X-ray, blood work)	0% after deductible	0% after deductible	0% after deductible
Imaging (CT/PET scan, MRI)	0% after deductible	0% after deductible	0% after deductible
Prescription Drug Benefit			
Retail	31 days	31 days	31 days
Tier I / Tier II / Tier III	0% after deductible	0% after deductible	0% after deductible
Specialty	0% after deductible	0% after deductible	0% after deductible
Mail Order	93 days	93 days	93 days
Tier I / Tier II / Tier III	0% after deductible	0% after deductible	0% after deductible
Out-of-Network Benefits			
Deductible Type	Embedded	Embedded	Embedded
CY Deductible (Individual / Family)	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Pocket Max Type	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	\$15,000 / \$30,000	\$15,000 / \$30,000	\$15,000 / \$30,000
Coinsurance (member pays after deductible)	50%	50%	50%

Medical Coverage Cost

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, 2026**. **Please note that the below are the total rates for the plan. Please find your portion in your contract.**

\$3,500 HSA Aware				
	Single	Single + Spouse	Single + Child(ren)	Family
Total Monthly Premium	\$887.75	\$1,855.38	\$1,589.05	\$2,467.93

\$4,250 HSA Aware				
	Single	Single + Spouse	Single + Child(ren)	Family
Total Monthly Premium	\$838.35	\$1,752.13	\$1,500.62	\$2,330.59

\$6,500 HSA Aware				
	Single	Single + Spouse	Single + Child(ren)	Family
Total Monthly Premium	\$710.03	\$1,483.94	\$1,270.93	\$1,973.86



BlueCross BlueShield of Minnesota Plan Features

The Following programs are offered at no additional cost by BlueCross BlueShield of Minnesota.

www.bluecrossmn.com

Find A Doctor

- Log in at bluecrossmn.com/bca to find providers in your specific network.
- Not a member? Visit bluecrossmn.com/FindADoctor.
- Or call 1-800-810-BLUE (2583)

Blue Care Advisor

This portal brings together your health, wellness and navigation needs into one easy-to-use platform. Members can get answer to questions, additional value adds and more in one location.

Small steps can lead to big benefits—and rewards. Simply track your daily steps or your favorite fitness activity and earn points that translate to real dollars. Employees and spouses can earn up to \$240 Annually. Register at bluecrossmn.com/bca or download the Blue Care advisor app.

Doctor on Demand - *Virtual Care*

Doctor On Demand keeps you healthy at home by connecting you immediately to a board-certified doctor through live video on your smartphone or iPad. We can treat the most common non-emergency medical issues and can write prescriptions if needed. Set up your account by visiting DoctorOnDemand.com/bluecrossmn.

Pharmacy Benefits

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (Drug List). Using your pharmacy network and formulary medications can help you save money.

To find an in-network retail pharmacy and check to see if your drug is covered, log in to your member website.

- Pharmacy search: Your pharmacy network name is “Classic”. If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.
- Medication search: The name of your formulary or medication list “KeyRx”. Medications not on your formulary may cost you more.

Find a pharmacy

www.myprime.com/en/find-pharmacy.html

Find my Medications

www.myprime.com/en/medicines.html#find-medications

BlueCross BlueShield of Minnesota Plan Features

The Following programs are offered at no additional cost by BlueCross BlueShield of Minnesota.

www.bluecrossmn.com

Omada - Diabetes and Heart Disease Prevention

Omada is a digital lifestyle change program for people at risk for chronic conditions such as:

- Prediabetes
- Hypertension
- High cholesterol
- Cardiovascular disease.

Participants learn how to apply meaningful changes around eating, activity, sleep, and stress, and then focus on sustaining those behaviors. Program is available at no additional cost to members. Note: you must apply and be accepted into program. Once accepted member will be assigned a health coach and join a cohort of others individuals who joined the program.

Learn more at: omadahealth.com/bcbsmn1

Learn to Live - Online Behavioral Health Program

Over 114 million Americans with treatable conditions never seek therapy due to social stigma, accessibility and cost. Learn to Live provides online programs and assessments for members (age 13 or older) living with stress, depression or social anxiety. Programs are based on principals of cognitive behavioral therapy. To get started, visit learntolife.com/partners and use code Blue4.

Quitting Tobacco Support

Quitting tobacco support provides professional support by a wellness coach through a series of calls to help you achieve your goals. The support includes up to five calls from a wellness coach, a comprehensive workbook, 30- and 90-day follow-up calls, unlimited use of a toll-free support line, and other ongoing support as needed. Call 1.888.662.2583 today!



Flexible Spending Accounts (FSAs)

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no state income, federal income or Social Security taxes on your contributions to an FSA. Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

- Healthcare Spending Limit \$3,400
- Dependent Care Spending Limit \$7,500

ROCORI School District offers two full Flexible Spending Accounts and one limited scope account offering participating employees a convenient way to use pre-tax dollars to pay for non-covered health care and dependent care expenses.

Full Scope Flexible Spending Account - Available to those who are not covered by the high deductible health plan or have chosen not to contribute to their HSA. This account will cover (213)d qualified expenses.

Limited Scope Flexible Spending Account - Covers dental and vision expenses for those who are on a High Deductible Health Plan. In addition, once the deductible on your HDHP medical plan is met, your Limited Scope FSA will convert to a Full Scope FSA that can be utilized to pay for (213)d qualified expenses. Under our medical plans, you pay deductible and coinsurance costs out of your own pocket. You also pay the full cost of other items that are not covered by the plan. By participating in this expense reimbursement account, you can pay up to \$3,400 of these (213)d qualified expenses with pre-tax dollars.

Dependent Care Expense Reimbursement Account - If you pay for the care of a dependent child or adult, you know how costly such care can be. Eligible employees who enroll in the expense reimbursement account can choose to contribute up to \$7,500 each plan year to cover such expenses.

Health Savings Account (HSA)

Administered by Wex

As part of the medical plan benefit options, **ROCORI School District** offers a Health Savings Account (HSA) for those employees who choose an HSA high deductible health plan. Employees who choose to open an HSA account select the amount they would like to contribute to their HSA. Individual accounts are set up at Further and the amount deposited will be deducted from the employee's paycheck each pay period and deposited into the account. When funds in the HSA are used for medical tax-qualified expenses the funds are tax free. Each employee will receive a debit card to use for medical expenses or for reimbursing themselves from their account. Funds in the HSA not used in any given year will rollover into the next year's balance or may be used for eligible expenses after termination from employment or retirement.

HSA Eligibility

It is important to note that you may be enrolled in both an HSA and a "limited scope" Flexible Spending Account. An HSA account holder cannot be covered by another health insurance plan, unless that plan is also a Qualified High Deductible Health Plan (QHDHP)/HSA. If you are covered by a spouse's medical insurance plan that is not a QHDHP/HSA or your spouse has a full flexible spending account, you are not eligible to contribute to an HSA plan. Other ineligible coverages include a full HRA (not limited to dental and vision), those enrolled in Medicare, those claimed as a dependent on another's tax return and those covered under TRICARE.

2026 HSA Annual Contribution Limits

- Single – \$4,400
- Family – \$8,750
- Catchup for 55 and older – Additional \$1,000



VEBA Account

Administered by WEX

Contributions are made by the employer only and can be used to pay for qualified expenses. Money left at the end of the year will rollover to save for health care expenses in future years. Money can also be used to pay for post-employment medical premiums.

	HSA	VEBA
What medical plan can I choose	Either \$3,500, \$4,250 or \$6,500. You choose if it is a VEBA or HSA.	Either \$3,500, \$4,250 or \$6,500. You choose if it is a VEBA or HSA.
What expenses are eligible?	Medical, Prescription, Dental & vision care (See IRS publication 502 for full list)	Medical, Prescription, Dental & vision care (See IRS publication 502 for full list)
When can I use the funds?	Funds are available as you contribute to the account.	Funds are available as the District deposits them in the account.
Can I roll over funds each year?	Yes, funds rollover from year-to-year and are yours to keep (even if you change jobs)	Yes, funds rollover from year to year.
How do I pay for eligible expenses?	With your Wex Debit Card (you can also submit claims for reimbursement online at www.wexinc.com)	With your Wex Debit Card (you can also submit claims for reimbursement online at www.wexinc.com)
How much can I contribute year?	You can contribute \$4,400 for individual coverage or \$8,750 for family coverage (this total includes company funding) in 2026. Members 55 and over can contribute an additional \$1,000 contribution annually.	The District determines the funding each year. (See Pg. 8 and 9 for contributions)
Can I change my contributions throughout the year?	Yes, you can change contributions anytime throughout the year.	No.

Voluntary Dental Benefits

Administered by Delta Dental

Good oral care enhances your overall physical health, appearance, and mental well-being. Keep your teeth healthy and your smile bright with **ROCORI School District** dental benefit plan through Delta Dental.

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.

	Delta Dental PPO™	Delta Dental Premier®	
	In-network	In-network	Out-of-network
Annual Maximum	\$1,000	\$1,000	\$1,000
Annual Deductible <i>Does not apply to Preventive and Diagnostics</i>	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family
Diagnostic & Preventive (Cleanings, exams, X-rays)	100%	100%	100%
Basic Restorative Care <i>Amalgam & White Fillings</i>	80% after deductible	80% after deductible	80% after deductible
Oral Surgery <i>Simple Extractions</i>	50% after deductible	50% after deductible	50% after deductible
Endodontic Therapy <i>Root Canal</i>	50% after deductible	50% after deductible	50% after deductible
Periodontics <i>Gum disease</i>	50% after deductible	50% after deductible	50% after deductible
Major Restoratives <i>Resins, Crowns</i>	50% after deductible	50% after deductible	50% after deductible
Prosthetics and Implants	50% after deductible	50% after deductible	50% after deductible
Orthodontics	N/A	N/A	N/A

Monthly Employee Cost	Single	Employee + Spouse	Employee + Child (ren)	Family
Dental	\$45.08	\$90.18	\$103.14	\$161.78

Please note: This plan is paid in full 100% by the employee.

Long Term Disability

Administered by Madison National Life Insurance Company

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income, and possibly Social Security. Over a long period of time, this can eat through the financial safety nets you've worked hard to build. At no cost to you, this **District paid** benefit provides protection for your most valuable asset – your ability to earn an income. Long-Term disability benefits are considered taxable wages.

	Benefit Summary
Elimination Period	90 days of disability accumulated within a 360-day period before LTD will begin to pay
Percent of Income Replacement	See employment contract for your benefit
Maximum Benefit Period	Social Security Normal Retirement Age



Legal Notices

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: HSA \$3,500 (Individual: 0% coinsurance and \$3,500 deductible; Per family member: 0% coinsurance and \$3,500 deductible; Family: 0% coinsurance and \$7,000 deductible)

Plan 2: HSA \$4,250 (Individual: 0% coinsurance and \$4,250 deductible; Per family member: 0% coinsurance and \$4,250 deductible; Family: 0% coinsurance and \$8,500 deductible)

Plan 3: HSA \$6,500 (Individual: 0% coinsurance and \$6,500 deductible; Family: 0% coinsurance and 13,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 320.685.4903 or achesons@rocori.k12.mn.us

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. 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 or contact your federal loan servicer.

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, 2025. 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

GEORGIA – Medicaid	INDIANA – Medicaid
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	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfcr/ 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: 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	Website: https://www.kancare.ks.gov/ 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: 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	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</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>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<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>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<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>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</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>

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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

HIPAA Special Enrollment Rights

ROCORI School District Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the ROCORI School District 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 Shelly Acheson – Payroll & Benefits Manager at 320.685.4903 or achesons@rocori.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.

Notice of Creditable Coverage

Important Notice from ROCORI School District 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 ROCORI School District 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. ROCORI School District 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 ROCORI School District 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 ROCORI School District 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 ROCORI School District 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 ROCORI School District 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, 2026
Name of Entity/Sender: ROCORI School District
Contact—Position/Office: Shelly Acheson - Payroll & Benefits Manager
Office Address: 534 5th Ave N
Cold Spring, Minnesota 56320-1409
United States
Phone Number: 320.685.4903

Marketplace Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

²An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, **if you or your family members are enrolled in Medicaid or CHIP coverage**, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Shelly Acheson.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



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Prepared by:



Gallagher

Insurance | Risk Management | Consulting