



EASTERN CARVER
COUNTY SCHOOLS



2026 Benefits Guide

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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 page 28 for more details.**

Welcome!

At Eastern Carver County Schools, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Matthew Brain
Executive Director of Human Resources



Eligibility

Eligible Employees:

You may enroll in the Eastern Carver County Schools Employee Benefits Program if you are a Full-Time employee working at least 30 Hours per Week and all previously eligible retirees and early retirees are eligible.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court- appointed legal guardianship, as well as children of same sex state-registered domestic partners.

When Coverage Begins:

The effective date for your benefits is 07/01/2026. Newly hired employees and dependents will be effective in Eastern Carver County Schools's benefits programs First of Month Following Date of Hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Benefit Resource Center

Starting this year there is a new resource to answer benefit questions, the USI Benefits Resource Center (BRC). Specialists there can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan, and which aren't. They work directly with insurance carriers to resolve tricky issues regarding claims and denials of service — and more!

The Benefit Resource Center is ready and waiting to answer your questions and help you resolve issues with your benefit plans. Once you're ready, here's what you can expect when you reach out:

How can I contact the BRC?

- **Call 1-855-874-0742**– the BRC is open 8 a.m. - 5 p.m. MST Monday-Friday. If you call during off hours, you can leave a message and a benefit specialist will return your call.
- **Email BRCCentral@usi.com** – if you'd prefer, you can also email the BRC with your question or issue.
- **Text BRCCentral@usi.com** – you can even text the BRC. Please note that while the BRC may receive text messages, they will call you back since text messages are not HIPAA compliant.

Have the BRC contact information at your fingertips! Add the BRC as a contact to your phone by scanning the QR Code here:

If you don't speak with someone immediately, you can expect to receive a response within one business day, though usually you'll hear back the same day.

How fast will I get a resolution?

It depends. Since the BRC often works on complex issues, immediate resolution may not be possible. However, your benefit specialist will provide details on timing so you can know when to expect a follow up/resolution.

How is this different than calling the carrier myself?

Since the BRC is constantly working with carriers, they've established specific contacts to ensure timely and accurate responses—they're not calling the general 1-800 number. And since they are well-versed in solving member issues, they will follow up with you and the carrier until a resolution is found.

Additionally, the BRC keeps detailed notes on your issue on secure, HIPAA-compliant software, so you won't have to explain your entire story ten times. Once a resolution is found, they'll work with you to ensure you fully understand the insurance mechanics of why things happened the way they did and how to avoid future challenges.



Medical Insurance

This year the medical plans will be offered by Blue Cross Blue shield of MN. There are two different network options and three different plans. Two of the plans are HSA compatible.

The Aware Network offers a wide range of coverage options at a higher premium. The High Value Network offers a narrow range of coverage options at a lower premium.

The chart on the following page is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefits Coverage	Blue Cross and Blue Shield \$6,500 HSA		Blue Cross and Blue Shield \$3,500 HSA		Blue Cross and Blue Shield \$1,500	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible						
Individual	\$6,500	\$13,000	\$3,500	\$7,000	\$1,500	\$3,000
Family	\$13,000	\$26,000	\$7,000	\$14,000	\$3,000	\$6,000
Embedded or Aggregate	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Coinsurance	100%	100%	80%	50%	80%	50%
Maximum Out-of-Pocket*						
Individual	\$6,500	\$13,000	\$5,000	\$10,000	\$4,000	\$8,000
Family	\$13,000	\$26,000	\$10,000	\$20,000	\$8,000	\$16,000
Physician Office Visit						
Primary Care	100% after deductible	100% after deductible	80% after deductible	50% after deductible	\$25 copay	50% after deductible
Specialty Care	100% after deductible	100% after deductible	80% after deductible	50% after deductible	\$40 copay	50% after deductible
Preventive Care						
Adult Periodic Exams	100%	100%	100%	100%	100%	100%
Well-Child Care	100%	100%	100%	100%	100%	100%
Diagnostic Services						
X-ray and Lab Tests	100% after deductible	100% after deductible	80% after deductible	50% after deductible	100%	50% after deductible
Complex Radiology	100% after deductible	100% after deductible	80% after deductible	50% after deductible	100%	50% after deductible
Urgent Care Facility	100% after deductible	100% after deductible	80% after deductible	80% after deductible	\$40 copay	50% after deductible
Emergency Room Facility Charges*	100% after deductible	100% after deductible	80% after deductible	80% after deductible	\$100 copay	\$100 copay
Inpatient Facility Charges	100% after deductible	100% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	100% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible

Benefits Coverage	Blue Cross and Blue Shield \$6,500 HSA		Blue Cross and Blue Shield \$3,500 HSA		Blue Cross and Blue Shield \$1,500	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Mental Health						
Inpatient	100% after deductible	100% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Outpatient	100% after deductible	100% after deductible	80% after deductible	50% after deductible	\$25 copay	50% after deductible
Substance Abuse						
Inpatient	100% after deductible	100% after deductible	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Outpatient	100% after deductible	100% after deductible	80% after deductible	50% after deductible	\$25 copay	50% after deductible
Other Services						
Chiropractic	100% after deductible	100% after deductible	80% after deductible	50% after deductible	\$25 copay	50% after deductible
Retail Pharmacy (30 Day Supply)						
Generic (Tier 1)	0% after deductible	0% after deductible	20% after deductible	50% after deductible	\$20 copay	50% after deductible
Preferred (Tier 2)	0% after deductible	0% after deductible	20% after deductible	50% after deductible	\$30 copay	50% after deductible
Non-Preferred (Tier 3)	0% after deductible	0% after deductible	20% after deductible	50% after deductible	\$30 copay	50% after deductible
Preferred Specialty (Tier 4)	0% after deductible	0% after deductible	20% after deductible	50% after deductible	20% up to \$200 copay	50% after deductible
Mail Order Pharmacy (90 Day Supply)						
Generic (Tier 1)	0% after deductible	Not covered	20% after deductible	Not covered	\$40 copay	Not covered
Preferred (Tier 2)	0% after deductible	Not covered	20% after deductible	Not covered	\$60 copay	Not covered
Non-Preferred (Tier 3)	0% after deductible	Not covered	20% after deductible	50% after deductible	\$60 copay	Not covered
Preferred Specialty (Tier 4)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

Aware® Network — The largest Blue Cross network featuring access to nearly every physician and hospital in Minnesota.

High Value Network — A network of providers throughout Minnesota. Some of the care systems included are HealthEast, Children’s, Allina Health, CentraCare Health, M Health Fairview, Lakewood, Sanford Health, Gundersen Health, and Winona Health.

FIND A DOCTOR

- Log in at bluecrossmn.com/BCA to find providers in your specific network
 - Not a member? Visit bluecrossmn.com/FindCare and select the network: BlueCard® PPO
- Or call **1-800-810-BLUE (2583)**
(Also applies to Blue Cross Blue Shield Global® Core)

SmithRx

New Pharmacy Benefit Partner: SmithRx

We are transitioning to SmithRx as our new pharmacy benefit manager (PBM). SmithRx partners with your medical plan to manage prescription drug coverage, pricing, and access to medications.

Their goal is to make prescription drugs easier to understand, more affordable, and transparent, while helping members get the medications they need with as little disruption as possible.

What to Expect During the Transition

For most employees, there will be little to no change in how prescriptions are filled. You can typically continue using your current pharmacy and medications.

However, as part of the transition, SmithRx may:

- Review current prescriptions to ensure coverage continues smoothly
- Identify potential cost-saving opportunities
- Help with any required changes, such as switching to covered alternatives or enrolling in savings programs

Important: Watch for Communication from SmithRx

To support a smooth transition and help you avoid delays or higher costs, **SmithRx may contact you directly.**

This outreach may include:

- Letters mailed to your home
- Phone calls
- Emails or text messages
- Notifications through the SmithRx member portal
- These communications are legitimate and important. They may involve:

Confirming medication details

Helping you enroll in savings or support programs

Providing next steps if a medication requires action

Please do not ignore outreach from SmithRx. Responding promptly can help ensure uninterrupted access to your medications and prevent delays at the pharmacy.

Find self-serve tools and resources
in the SmithRx Member Portal



*SMS text rates apply if SmithRx has the updated member contact information. You can update your contact information in the member portal - simply click your profile to add your email and phone number.

Get started with SmithRx in 3 easy steps!

1. Update your Rx insurance with your pharmacy

You will soon receive a new benefits ID card, which will have your SmithRx plan information. Be sure to provide the pharmacy with this new card before filling your medication. The BIN, PCN, & group ID allows your pharmacy to find SmithRx in their system.

2. Sign up for the Member Portal

Once your plan is active, you will have access to the SmithRx Member Portal. Here, you can view your plan details, find your medications for the lowest price at a pharmacy near you, view your prior authorization status, and more.

3. Connect with Us for More Savings

At SmithRx, our mission is to help you save money on your medications. If you have a prescription eligible for savings, our Connect Team will reach out to you via phone, text, email and a notification in your Member Portal.

Simply connect with a Patient Access Specialist to start saving!

Retail Pharmacy Network

SmithRx partners over 65,000 retail pharmacies across the nation, including major national chains, regional chains, grocers and independent pharmacies. So chances are, you can keep using your current pharmacy. Here are just a few of the retail pharmacies in our network.



Mail Order Pharmacies

Take advantage of the cost savings and convenience of mail order services through our preferred partners:



Specialty Pharmacy Network

Costco Specialty Pharmacy and Senderra are available to fill your specialty medications.



Tip: Use the “Find My Meds” tool in the SmithRx Member Portal to locate pharmacies offering the lowest medication prices under your plan.

Monthly Medical Rates

\$6,500 HSA High Value Employee Medical Contributions (Monthly)

Employee	\$620.91
Employee & Child(ren)	\$1,350.00
Employee & Spouse	\$1,416.36
Family	\$2,145.36

\$6,500 HSA Aware Employee Medical Contributions (Monthly)

Employee	\$676.33
Employee & Child(ren)	\$1,466.38
Employee & Spouse	\$1,538.20
Family	\$2,328.24

\$3,500 HSA High Value Employee Medical Contributions (Monthly)

Employee	\$719.21
Employee & Child(ren)	\$1,556.45
Employee & Spouse	\$1,632.56
Family	\$2,469.77

\$3,500 HSA Aware Employee Medical Contributions (Monthly)

Employee	\$783.91
Employee & Child(ren)	\$1,692.30
Employee & Spouse	\$1,774.88
Family	\$2,683.26

\$1,500 High Value Employee Medical Contributions (Monthly)

Employee	\$853.55
Employee & Child(ren)	\$1,838.54
Employee & Spouse	\$1,928.08
Family	\$2,913.05

\$1,500 Aware Employee Medical Contributions (Monthly)

Employee	\$931.13
Employee & Child(ren)	\$2,001.47
Employee & Spouse	\$2,098.77
Family	\$3,169.09







Nice Health Care

What is Nice?

Nice is an integrated primary care clinic that brings medical visits, medications, labs, imaging, physical therapy, and mental health therapy to you.

The Nicest Benefit

Nice Healthcare® offers these amazing services to patients **at no cost**:

-  Virtual chat and video visits with clinicians
-  In-person visits with 35 labs and physical tests
-  550+ medications can be prescribed by our clinicians
-  Virtual physical therapy
-  Virtual mental health therapy
-  In-home X-rays and EKG services



Visit nice.healthcare

Who's covered – anyone covered by our medical plan plus any dependents who are eligible to be covered under our medical plan that live in your household.

What does NICE cost? Nothing – all Nice Healthcare services are free.

The Clinic That Comes To You

We offer our clinician services in parts of Arizona, Colorado, Idaho, Indiana, Iowa, Minnesota, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wisconsin.

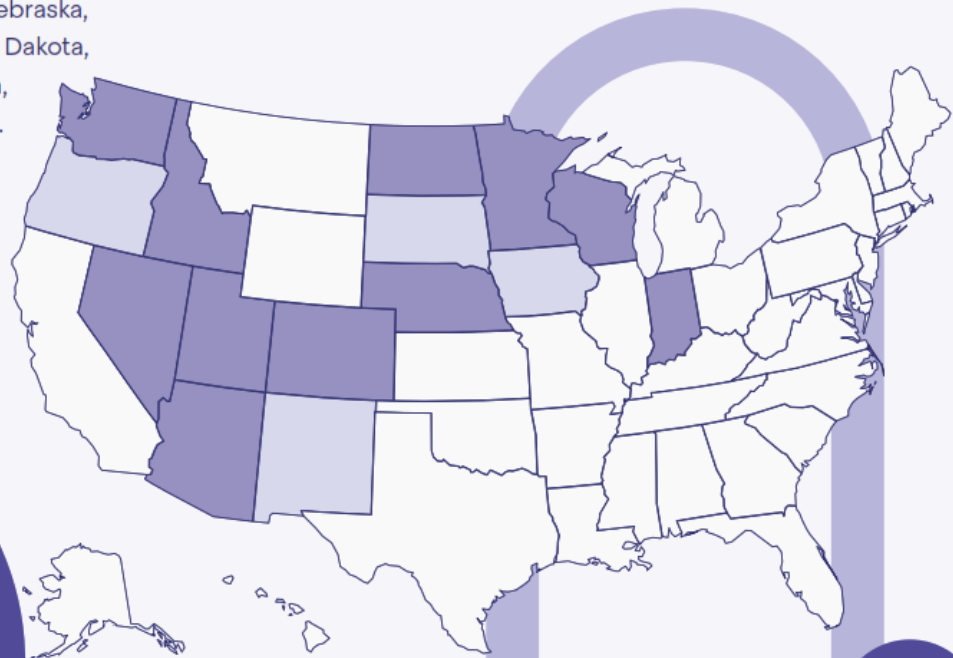
-  Virtual Only
-  Virtual & In-Person

Online Visit Hours (Local Time)

mon - fri 7am - 6pm
sat - sun 9am - 12am

In-Person Visit Hours (Local Time)

mon - fri 9am - 5pm



Download
the app



Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates so your unused funds grow over time.



- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

2026 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2026 TAX YEAR:

- \$4,400 Individual
- \$8,750 Family
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense in the event that you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.



Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Eastern Carver County Schools allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

Maximum Annual Election	
Health Care FSA	\$3,400
Dependent Care FSA	\$7,500





Dental Insurance

Eastern Carver County Schools will continue to offer Delta Dental Benefits.

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. Eastern Carver County Schools will continue to offer Delta Dental benefits. To find a dentist by name or location, go to <https://www.deltadentalmn.org/find-a-dentist> or call dental customer service at the number listed on the back of your ID card.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Delta Dental of Minnesota		
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$25	\$25
Family	\$75	\$75
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	\$1,500	\$1,500
Preventive	100%	100%
Basic	80%	80%
Major	80%	80%

Employee Contributions (Monthly)	
Dental	
Employee	\$47.00
Employee + 1	\$94.00
Family	\$155.00

Vision Insurance

Eastern Carver County Schools will continue to offer EyeMed Vision Benefits. Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.

With your EyeMed membership, you get discounts on laser vision correction through nationwide providers who are part of the U.S. Laser Vision network. Learn more about Lasik at www.eyemedlasik.com.

EyeMed Vision Care	
Copay	
Routine Exams (Annual)	\$10 copay
Vision Materials	
Materials Copay	\$20 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts + Covered in lieu of frames. (Medically necessary contacts may be covered at a higher benefit level.)	Elective contacts covered \$0 Copay + 15% Off Balance over \$150 allowance every 12 months
Frames	Covered at \$0 copay + 20% off balance over \$150 allowance every 24 months

Employee Contributions (Monthly)	
Employee	\$5.80
Employee + 1	\$11.02
Family	\$16.18



40% OFF
additional complete pair of prescription eyeglasses

20% OFF
non-covered items, including non-prescription sunglasses

Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).



Find an eye doctor (Select Network)

- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

Locate an EyeMed provider at eyedoclocator.eyemedvisioncare.com. Just enter select Insight Network and location.



Life and AD&D

Eastern Carver County Schools offers Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan. The benefit amount is defined by your benefit class.



Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes. Beneficiaries can be updated at any time.

Voluntary Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

You may purchase additional Life/AD&D insurance with Standard Insurance if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

You are guaranteed coverage, up to the Guaranteed Issue amount listed below, without answering medical questions if you enroll when you are first eligible (upon hire).

Employees: between \$10,000 and \$150,000 in increments of \$10,000.

The Guaranteed Issue Amount is \$100,000.

Spouses: between \$5,000 and \$75,000, in increments of \$5,000.

The Guaranteed Issue Amount is \$50,000.

Dependent child(ren): An amount of \$5,000 or \$10,000 for each eligible child from birth to 26 years.

Optional Life Rates		
Age	Employee and Spouse	Child(ren)
		Monthly Cost
Under 30	\$0.050	All Eligible Children: \$0.180 per \$1,000
30–34	\$0.060	
35–39	\$0.080	
40–44	\$0.130	
45–49	\$0.210	
50–54	\$0.340	
55–59	\$0.540	
60–64	\$0.840	
65–69	\$1.510	
70–74	\$2.420	
75–99	\$3.830	

Long-Term Disability Insurance

Eastern Carver County Schools offers long-term income protection through Standard Life and Accident Insurance Co in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 66.67% of your monthly base pay. Benefit payments begin after 60 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Benefit Amount:	66.67% for all employee groups
Elimination Period:	60 days for all employee groups
Maximum Benefit Period:	To age 65 (in most cases*)
Definition of Disability:	Unable to perform one or more of the material duties of your Own Occupation earning less than 80% of your indexed predisability earnings
Own Occupation Period:	24 months following the end of the elimination period
Survivor Benefit:	3 times the Lifetime Maximum Benefit
Limitations and Exclusions:	Benefits for Mental and Nervous and Substance Abuse claims are limited to 24 months unless hospital confined



Accident

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Standard Insurance accident coverage helps offer peace of mind when an accidental injury occurs.

Benefit	Amount	Benefit	Amount
Initial Care		Injuries	
Hospital Benefits		Fractures	
Critical Care Unit Admission (once per year)	\$1,500	Open Reduction	Up to \$8,000
Daily Hospital Confinement (per day up to 365 days)	\$300	Closed Reduction	Up to \$4,000
Daily Rehabilitation Facility (per day up to 90 days per accident)	\$100	Dislocations	
Hospital Admission	\$1,500	Open Reduction	Up to \$5,000
Ambulance		Closed Reduction	Up to \$2,500
Ground	\$400	Burns Benefit varies by degree and surface area	
Air	\$2,000	Second-Degree Burns	\$200 - \$1,000
Lodging (per night up to 30 days per accident)	\$175	Third-Degree Burns	\$5,000 - \$10,000
Surgery Benefit		Additional Injuries	
Open, Abdominal, Thoracic	\$1,500	Concussion	\$150
Exploratory	\$200	Eye Injury	\$200
Emergency Dental Benefit		Coma	\$7,500
Extraction	\$100	Lacerations	\$75 - \$500
Crown	\$200	Paralysis	Paraplegia: 30% of Death Benefit Quadriplegia: 50% of Death Benefit
Follow-Up Care		Loss of Finger, Toe, Hand, Foot, Sight or Hearing	
Accident Follow-Up Treatment (up to 2)	\$50 / visit	Loss of both hands, feet, sight of both eyes, hearing in both ears or any combination of two or more losses	30% of Death Benefit
Physical Therapy Up to 3 visits per person per accident	\$50 / visit	Loss of one hand, foot, sight of one eye, or hearing in one ear	15% of Death Benefit
Transportation Up to 30 days per accident	\$150	Loss of one finger or one toe	2% of Death Benefit
Prosthetic Device or Artificial Limb		Tendon / Ligament / Rotator Cuff Injury	
One Per Covered Accident	\$500	Tendon / Ligament / Rotator Cuff Repair (one)	\$750
Skin Grafts	25% of burn benefit	Knee Cartilage Repair	\$750

Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but Standard Insurance coverage can help offer financial protection in the event you are diagnosed. Standard optional critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

Coverage Amount (Guarantee Issue)	
Employee:	\$30,000 in increments of \$10,000
Spouse:	\$20,000 in increments of \$5,000
Child(ren):	50% of Employee Benefit Amount (at no additional charge)

Attained Age Monthly Premium – Premier – Plan 3											
Employee											
Blended											
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$2.00	\$2.50	\$3.40	\$4.50	\$6.50	\$9.70	\$13.90	\$18.70	\$26.80	\$38.20	\$63.40
\$20,000	\$4.00	\$5.00	\$6.80	\$9.00	\$13.00	\$19.40	\$27.80	\$37.40	\$53.60	\$76.40	\$126.80
\$30,000	\$6.00	\$7.50	\$10.20	\$13.50	\$19.50	\$29.10	\$41.70	\$56.10	\$80.40	\$114.60	\$190.20

Spouse											
Blended											
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$1.00	\$1.25	\$1.70	\$2.25	\$3.25	\$4.85	\$6.95	\$9.35	\$13.40	\$19.10	\$31.70
\$10,000	\$2.00	\$2.50	\$3.40	\$4.50	\$6.50	\$9.70	\$13.90	\$18.70	\$26.80	\$38.20	\$63.40
\$15,000	\$3.00	\$3.75	\$5.10	\$6.75	\$9.75	\$14.55	\$20.85	\$28.05	\$40.20	\$57.30	\$95.10
\$20,000	\$4.00	\$5.00	\$6.80	\$9.00	\$13.00	\$19.40	\$27.80	\$37.40	\$53.60	\$76.40	\$126.80



Hospital Indemnity

A hospital indemnity plan works to complement your medical coverage paying in addition to what your health plan may or may not cover. It pays a lump sum amount directly to you to use however you choose, like for out-of-pocket medical costs such as deductibles, co-pays, or non-covered services.

Covered Benefits	
	Hospital Indemnity
First Day Benefits	
*Day of Admission	
First Hospital Day*	\$1,000
First ICU Day*	\$1,000
Confinement Benefits	
Hospital Confinement	\$100 / day up to 365 days
ICU Confinement	\$400 / day up to 30 days

Monthly 2026-2027 Hospital Indemnity Premiums	
Employee	\$10.18
Employee + Spouse	\$17.23
Employee + Child(ren)	\$14.29
Family	\$25.54

Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It's free...Your employer covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential...Your EAP has been set up with VITAL Worklife Inc., an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

Call Vital WorkLife anytime, day or night

800.383.1908

www.VITALWorkLife.com

Username: eccs

Password: member

Changes in Benefit Elections

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2026 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero (\$0) elections.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.



Contact Information

Have Questions? Need Help?

Eastern Carver County Schools is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.



The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Mountain & Central Standard Time at 855-874-0742 or via e-mail at BRCCentral@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Carrier Customer Service

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	Blue Cross Blue Shield	952.883.5000	www.bluecrossmn.com
Pharmacy Benefit Partner	SmithRx	844.454.5201	www.smithrx.com/portal
Nice Healthcare	Nice Healthcare	888.972.8341	www.nice.healthcare
Dental PPO	Delta Dental of Minnesota	800.328.1188	www.deltadentalmn.org
Vision	EyeMed Vision Care	866.939.3633	www.eyemedvisioncare.com
Life and AD&D	Standard Life and Accident Insurance Co	888.937.4783	www.standard.com
Voluntary Life and AD&D	Standard Life and Accident Insurance Co	888.937.4783	www.standard.com
Long Term Disability (LTD)	Standard Life and Accident Insurance Co	952.883.5000	www.standard.com
Employee Assistance Program (EAP)	VITAL Worklife Inc.	800.383.1908	www.VITALworklife.com
Flex Plan	HSA Bank	800.657.6246	www.hsabank.com
Health Savings Account	HSA Bank	800.657.6246	www.hsabank.com
Voluntary Critical Illness	Standard Life and Accident Insurance Co	888.937.4783	www.standard.com
Hospitalization Only	Standard Life and Accident Insurance Co	888.937.4783	www.standard.com
Accident	Standard Life and Accident Insurance Co	888.937.4783	www.standard.com
Bentek	Bentek	877.523.6835	www.mybentek.com
ECCS Human Resources	ECCS Human Resources	952.556.6253	www.district112.org/staff-portal/benefits



EASTERN CARVER COUNTY SCHOOLS HAS TEAMED UP WITH BENTEK®



About Bentek

The Bentek platform offers year-round access to view, enroll, and manage your employee benefits. Bentek makes it easy with 24/7 access from a desktop, tablet, or smartphone.

Get Started

- 1 Log on to:
<https://accounts.mybentek.com/login>
- 2 Select:
"Create an Account"
- 3 Follow the instructions to set up a password and an email address as a username

Explore Your Benefits

- Create an Account
- Review Your Benefits
- Check Beneficiaries
- Find Resources

Access Bentek



Scan to Login!

Need Help?

Bentek provides outstanding technical support. Call, chat, or email us Monday – Friday, 8:30 am to 5 pm EST.

We can help with technical support:

- Creating an Account
- Enrolling in benefits
- Updating beneficiaries
- And more!

For help with benefit questions or decisions, contact your benefits administrator.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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;
- Prosthesis; 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 this plan.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Human Resources
11 Peavey Road, Chaska MN 55318
952-556-6253

Your Information. Your Rights. Our Responsibilities.

*Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.*

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission:
Marketing purposes
Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information

If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relating the

content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Important Notice from Eastern Carver County 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 Eastern Carver County 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. Eastern Carver County Schools has determined that the prescription drug coverage offered by the Blue Cross Blue Shield Plans for the plan year 2026 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, the following options may apply:

- You may stay in the Blue Cross Blue Shield Plans and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
 - During the Medicare prescription drug annual enrollment period, or
 - If you lose Blue Cross Blue Shield Plans creditable coverage.
- You may stay in the Blue Cross Blue Shield Plans and also enroll in a Medicare prescription drug plan. The Blue Cross Blue Shield Plans will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Blue Cross Blue Shield Plans and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Blue Cross Blue Shield Plans you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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 Eastern Carver County 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 Eastern Carver County 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: 07/01/2026
Name of Entity/Sender: Eastern Carver County Schools
Contact--Position/Office: Human Resources
Address: 11 Peavey Road, Chaska MN 55318
Phone Number: 952-556-6253

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 January 31, 2026. 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.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<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>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfir/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<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>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<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>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@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
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
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)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
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)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	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/
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://mywvhipp.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 January 31, 2026, 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 ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

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.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 these factors in determining whether to purchase a health plan through the Marketplace.

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

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

² An 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.

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 and either- submit a new application or update an existing application on 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 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:

Name of Entity/Sender:	Eastern Carver County Schools
Contact--Position/Office:	Human Resources
Address:	11 Peavey Road, Chaska MN 55318
Phone Number:	952-556-6253

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Eastern Carver County Schools		4. Employer Identification Number (EIN) 41-6000464	
5. Employer address 11 Peavey Road		6. Employer phone number 952-556-6253	
7. City Chaska		8. State MN	9. ZIP code 55318
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		12. Email address BuskerH@District112.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Working 30 hours per week.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse and dependent child(ren) up to age 26.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.