St. Michael-Albertville School District Benefits

2026-2027

Insurance Benefit Options

The following benefits are offered to eligible employees. See your individual benefits summary for the options available to you.

- Medical
- Dental
- Flexible Spending Account (FSA)
- VEBA Health Reimbursement Arrangement (HRA)*
- Health Savings Account (HSA)*
- Basic Life and AD&D
- Supplemental Life
- Long-Term Disability

**Depends on medical plan selection.*



Medical Insurance Definitions

Definitions

Network

- A network is a group of health care providers who have agreed to provide you with discounted, pre-negotiated rates on care.
- If you visit a provider that is not part of your network, these pre-negotiated rates do not apply.
- Effective July 1, 2026, STMA's medical insurance plans use the HealthPartners **Open Access** network.
- Check to see if your doctor is in-network or search for providers by using the HealthPartners Find a Provider tool.

Definitions

Deductible

- The amount of money you must pay out of pocket before your insurance plan begins paying benefits. Once your deductible has been reached, insurance will pay 100% of covered services for the remainder of the plan year.

Coinsurance

- The percentage of claims charged by your healthcare provider that you are responsible for paying until you reach your out-of-pocket maximum.

Out-of-Pocket Maximum

- This is the worst-case scenario – the most you could be required to pay in a plan year.



Medical Insurance Options

Medical Insurance Options
2026-2027 Plan Year (July 1 – June 30)

You have the choice of four high-deductible medical plans through HealthPartners:

- $1850 VEBA Plan – using the **Open Access** network
- $4250 HSA Plan – using the **Open Access** network
- $4250 Hybrid Plan – using the **Open Access** network
- $6350 MVP Plan – using the **Open Access** network

Deductibles accumulate on the **calendar** year (January through December), with a 4th quarter carryover for VEBA, HSA and Hybrid plans (not eligible for MVP plans). They reset each year on January 1.

Medical Insurance Options
2026-2027 Plan Year (July 1 – June 30)

Services	VEBA Plan	HSA and Hybrid Plans	MVP Plan
Annual Deductible (combined in- and out-of-network)	$1,850 individual $3,700 family	$4,250 individual $8,250 family	$6,350 individual ($8,250 out of network) $12,700 family ($16,500 out of network)
Out-of-Pocket Maximum (in-network)	$1,850 individual $3,700 family	$4,250 individual $8,500 family	$6,350 individual $12,700 family
Out-of-Pocket Maximum (out-of-network)	$3,500 individual $6,500 family	$4,375 individual $8,750 family	$10,000 individual $20,000 family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care (i.e. well baby, prenatal care, routine physicals, etc.) **Children's eye exam**	100%	100%	100%
Physician services (i.e. illness, injury visits) **Diagnostic tests (x-rays, blood work, imaging)** **Outpatient surgery** **Urgent and emergency care** **Inpatient services** **Mental health** **Behavioral health** **Substance use services** **Childbirth/delivery services** **Home health care** **Medical equipment**	100% after deductible* (percentage of coverage may vary if out-of-network services are used)	100% after deductible* (percentage of coverage may vary if out-of-network services are used)	100% after deductible* (percentage of coverage may vary if out-of-network services are used)
Prescription Drugs (patient pays the difference if name brand is selected and generic is available)	100% after deductible for 31-day supply (retail) or 90-day supply (mail order)* No coverage for drugs not on the preferred list	100% after deductible for 31-day supply (retail) or 90-day supply (mail order)* No coverage for drugs not on the preferred list	100% after deductible for 31-day supply (retail) or 90-day supply (mail order)* No coverage for drugs not on the preferred list



Medical Insurance Rates

Effective July 1, 2026

Medical Insurance Rates
Effective July 1, 2026

Coverage Level	$1850 VEBA Plan	$4000 HSA Plan	$4000 Hybrid Plan	$6350 MVP Plan
Single	$807.32	$726.60	$726.60	$652.48
Family	$2,339.58	$2,105.65	$2,105.65	$1,890.85

- Rates listed above are the total monthly premium for each plan, before district contributions are applied
- District contributions to the monthly premium vary by employee group
- VEBA and/or HSA contributions vary by employee group



Medical Insurance Value-Adds

Additional Member Tools

Value-Added Benefits

- 24/7 virtual care available through Doctor on Demand and Virtuwell
- LifeMart – save money on major purchases and everyday essentials
- Medication management - access pharmacy navigators, prescription shopping tools, and mail order prescriptions
- Omada – digital lifestyle change program
- myStrength – mental and behavioral health support
- Wellbeing resources - Wellbeats virtual fitness program, pregnancy care, cancer support, and weight management coaching



Dental Insurance

2026-2027 Plan Year (July 1 – June 30)

Dental Insurance Overview

- STMA's dental insurance is provided by HealthPartners through their Open Access network.
  - Find in-network dentists and clinics at www.healthpartners.com/dentalopenaccess.
  - You will pay less if you see an in-network dentist, but you have the freedom to see any dentist you choose.

Key Terms	
Deductible	The amount you are responsible to pay before your dental plan helps to cover costs (not including premiums)
Coinsurance	A percent of the costs that you pay; your plan covers the remainder
Annual maximum	The most your dental plan will pay for dental care each year; you are responsible for the rest

Dental Insurance Benefits

- 100% preventive coverage
- 80% restorative work
- 50% implants and prosthetics (annual maximums apply)
- In-network annual maximum: $1,500
- Out-of-network annual maximum: $1,000

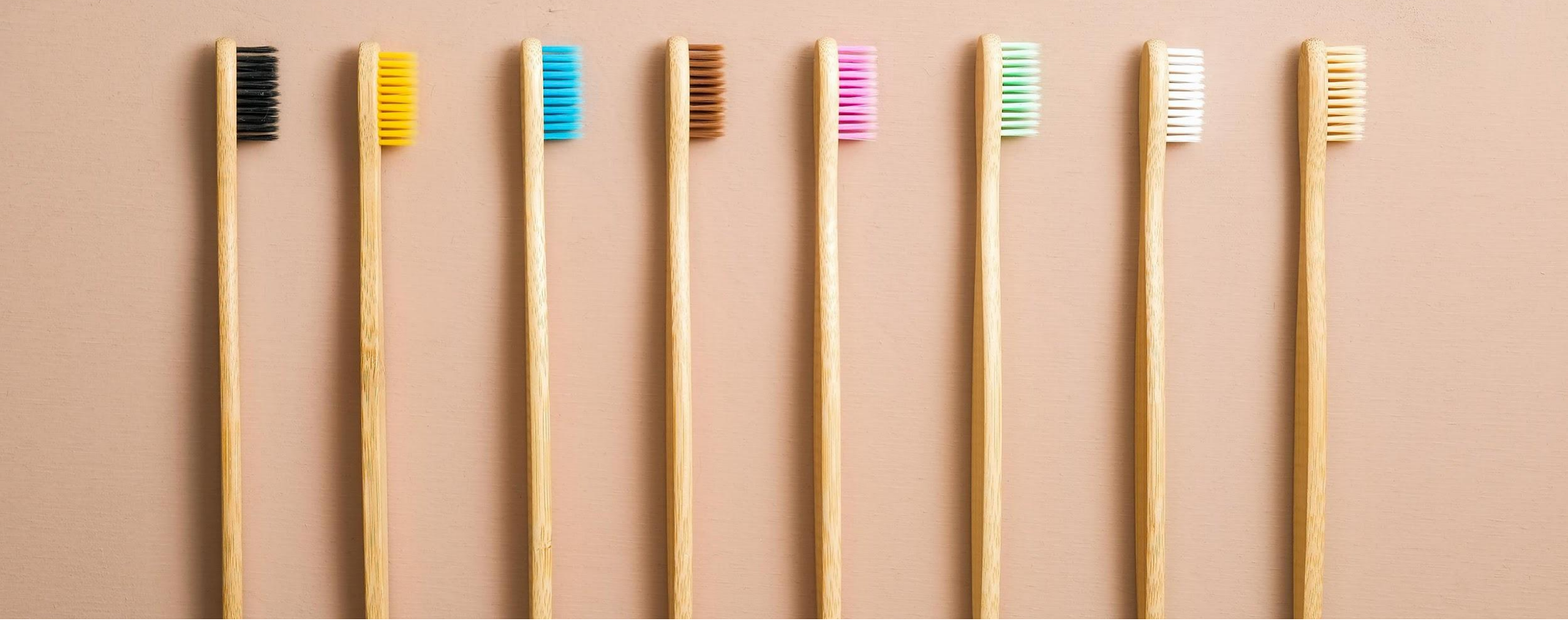


HealthPartners Little Partners Program

Added benefit for members

HealthPartners Little Partners Program

- This program provides your children 12 years old and younger with 100% dental coverage when they see an in-network dentist:
  - Deductibles, coinsurance, and annual benefit maximums do not apply
- Little Partners does not cover orthodontic care.
- Visit https://www.healthpartners.com/lp/plan/little-partners-dental/ to learn more.



Dental Insurance Rates

Effective July 1, 2026

Dental Insurance Rates
Effective July 1, 2026

Coverage Level	Monthly Premium
Single	$51.02
Family	$151.09

- Rates listed above are the total monthly premium for each plan, before district contributions are applied
- District contributions to the monthly premium vary by employee group



Flexible Spending Accounts (FSA), VEBA Health Reimbursement Arrangements (HRA), and Health Savings Accounts (HSA)

Flexible Spending Accounts
FSAs

- Healthcare FSA
  - This plan allows you to set aside funds through payroll deductions and use pre-tax dollars to pay for eligible, out-of-pocket medical, dental, and/or vision expenses.
- Dependent Care FSA
  - This plan will allow you to set aside funds through payroll deductions and use pre-tax dollars to pay for your eligible dependent day care expenses

- STMA's FSA administrator is **WEX Health**.
- "Use It or Lose It" rule
  - Under IRS rules, flexible spending accounts are "use it or lose it". This means that if you contribute to a flexible spending account and do not use the money, any unused amount is forfeited after the plan year (and any runout period) ends.

Flexible Spending Accounts

How FSAs Work

1. Start by estimating what your eligible healthcare and/or dependent day care costs will be for the year.
   - *Remember: estimate only what you think you will use up to the IRS annual limits.*
     - Healthcare FSA 2026 Limit: **$3,400 for 2026-2027 plan year** July 1 - June 30 (up to $680 can roll over to the next year)
     - Dependent Care FSA 2026 Limit: $7,500 per household per calendar year
2. Submit your enrollment
   - The amount you elect is divided over your paychecks for the year and deposited to your account each payroll
     - The full amount you elect for a healthcare FSA is available for use on day one
     - The amount you elect for a dependent care FSA is available when deposited
     - You will receive a debit card for your healthcare FSA
3. Use your FSA dollars
   - Use your debit card for the healthcare FSA
   - Submit manual claims for reimbursement online through WEX



Healthcare FSA

Healthcare FSA
Claims Substantiation

- Most claims require documentation; you will be notified by email if this is needed
  - Two reminders will be sent
  - If no response is received after two reminders, your card will be deactivated
- Defined office visits and prescription payments are often automatically approved
  - NOTE: Keep all documentation of your expenses for your income tax files.

If you use your debit card, you do not need to file a separate claim online.

Healthcare FSA
Eligible Expenses

You CAN use your FSA for:

- ✔ Qualified medical treatment or care
- ✔ Expenses that aren't covered by your medical plan:
  - ✔ Out-of-pocket costs
  - ✔ Copays and coinsurance amounts
- ✔ Prescription drugs
- ✔ Other health expenses not included in your medical plan:
  - ✔ Dental expenses
  - ✔ Vision expenses
- ✔ Visit the FSA store for eligible items – www.fsastore.com

You CANNOT use your FSA for:

- X Expenses that are not on the list of IRS qualified expenses (*see IRS code section 213d)*
- X Expenses that aren't related to medical treatment or care
- X Health insurance premiums



Dependent Care FSA

Dependent Care FSA
General Rules

Your eligible dependents include:

- ✔ All dependent children under the age of 13
- ✔ A spouse or dependent child who lives with you and is incapable of self-care

The IRS needs the following information from you:

- ✔ Daycare provider's name
- ✔ Daycare provider's address
- ✔ Daycare provider's taxpayer ID (or Social Security number)

Dependent Care FSA

Eligible Expenses

You CAN use your FSA for:

- ✔ Licensed day care facilities
- ✔ Licensed pre-school and after-school programs
- ✔ In-home care services
- ✔ Elder care
- ✔ Special day camp expenses

You CANNOT use your FSA for:

- X Kindergarten or school tuition
- X School lunches and food items
- X School activity fees
- X Overnight camp
- X Care provided by someone who is your dependent (i.e., an older child, your spouse, or a grandparent who lives with you)

Remember to save your receipts with your income tax records.



VEBA Health Reimbursement Arrangement (HRA)

VEBA Health Reimbursement Arrangements

What is a VEBA?

- VEBA (Voluntary Employee Beneficiary Association) is a type of Health Reimbursement Arrangement (or HRA)
- This is a spending account that is used to reimburse employees for eligible medical expenses on a tax-free basis
- Your VEBA is paired with the **$1850 VEBA medical plan** or the **$4250 Hybrid medical plan**
- VEBA HRAs are funded with employer dollars only – employees cannot contribute to these accounts with their own money
  - Contributions vary by employee group – please review your insurance benefits summary for the amount you are eligible for.
- STMA's VEBA administrator is WEX Health
- No "Use it or Lose it" rule – the money in your VEBA will carry over every year

VEBA Health Reimbursement Arrangements

How VEBAs Work

1. Submit your enrollment in a medical plan tied to a VEBA.
   - *The only plans eligible for VEBA contributions are:*
     - $1850 VEBA plan
     - $4250 Hybrid plan
2. STMA's contributions are divided over the year and deposited to your account on a monthly basis
   - Deposits occur with the first payroll each month (i.e., September's VEBA contributions are deposited with the 9/15 payroll)
3. Use your VEBA dollars
   - Use your debit card or submit claims for reimbursement online through WEX
   - Your dollars can be used for you and any dependents covered on an employer-sponsored plan
   - If you elected a Healthcare FSA, those dollars will be used first

VEBA Health Reimbursement Arrangements
Claims Reimbursement and Substantiation

- When you have an expense, submit a claim for reimbursement to WEX including supporting documentation
- Supporting documentation may be:
  - A copy of your Explanation of Benefits (EOB)
  - An itemized receipt
  - A copy of your bill from the provider showing the date of service and type of care received
- You typically do not have to pay your bill before you get reimbursed



Health Savings Accounts (HSA)

Health Savings Accounts (HSA)

What is a Health Savings Account?

- This is an account you own that can be used to pay for eligible medical expenses on a tax-free basis
- Your HSA is paired with the **$4250 HSA medical plan** or the **$6350 MVP medical plan**
  - *If you are enrolled in the $4250 Hybrid plan, you can also elect to contribute to an HSA.*
- Both employees and employers can contribute to an HSA
  - STMA's contributions vary by employee group – please review your insurance benefits summary for the amount you are eligible for.
- STMA's HSA administrator is WEX Health
- No "Use it or Lose it" rule – the money in your HSA will carry over every year

Health Savings Accounts (HSA)

How HSAs Work

1. Submit your enrollment in a medical plan tied to a Health Savings Account.
   - *The only plans eligible for HSA contributions are:*
     - $4250 HSA plan
     - $4250 Hybrid plan* (*STMA's contributions are submitted to a VEBA and you can elect to contribute to an HSA*)
     - $6350 MVP plan
   - Make sure you meet the eligibility criteria to contribute to an HSA:
     - You are not claimed as a dependent on someone else's tax return
     - You have no other health plan coverage (including a spouse's medical FSA)
     - You are not enrolled in Medicare
2. Choose the amount you want to contribute to your HSA, up to the IRS limits:
   - 2026 Limit for Single Coverage: **$4,400 for plan year July 1, 2026 - June 30, 2027**
   - 2026 Limit for Family Coverage: **$8,750 for plan year July 1, 2026 - June 30, 2027**
3. The amount you elect is divided over your paychecks for the year and deposited to your account each payroll
   - If you receive a contribution from STMA, this is divided over the year and deposited to your account on a monthly basis. Deposits occur with the first payroll each month.
4. Use your HSA dollars
   - Use your debit card or submit claims for reimbursement online through WEX

Health Savings Accounts (HSA)
Claims Substantiation

- Most claims require documentation; you will be notified by email if this is needed
  - Two reminders will be sent
  - If no response is received after two reminders, your card will be deactivated
- Defined office visits and prescription payments are often automatically approved
  - NOTE: Keep all documentation of your expenses for your income tax files.

If you use your debit card, you do not need to file a separate claim online.

Health Savings Accounts (HSA)
Eligible Expenses

You CAN use your HSA for:

- ✔ Qualified medical treatment or care
- ✔ Expenses that aren't covered by your medical plan:
  - ✔ Out-of-pocket costs
  - ✔ Copays and coinsurance amounts
- ✔ Prescription drugs
- ✔ Other health expenses not included in your medical plan:
  - ✔ Dental expenses
  - ✔ Vision expenses
- ✔ Over-the-counter medications, supplies, and some feminine hygiene products
- ✔ Some long-term care premiums

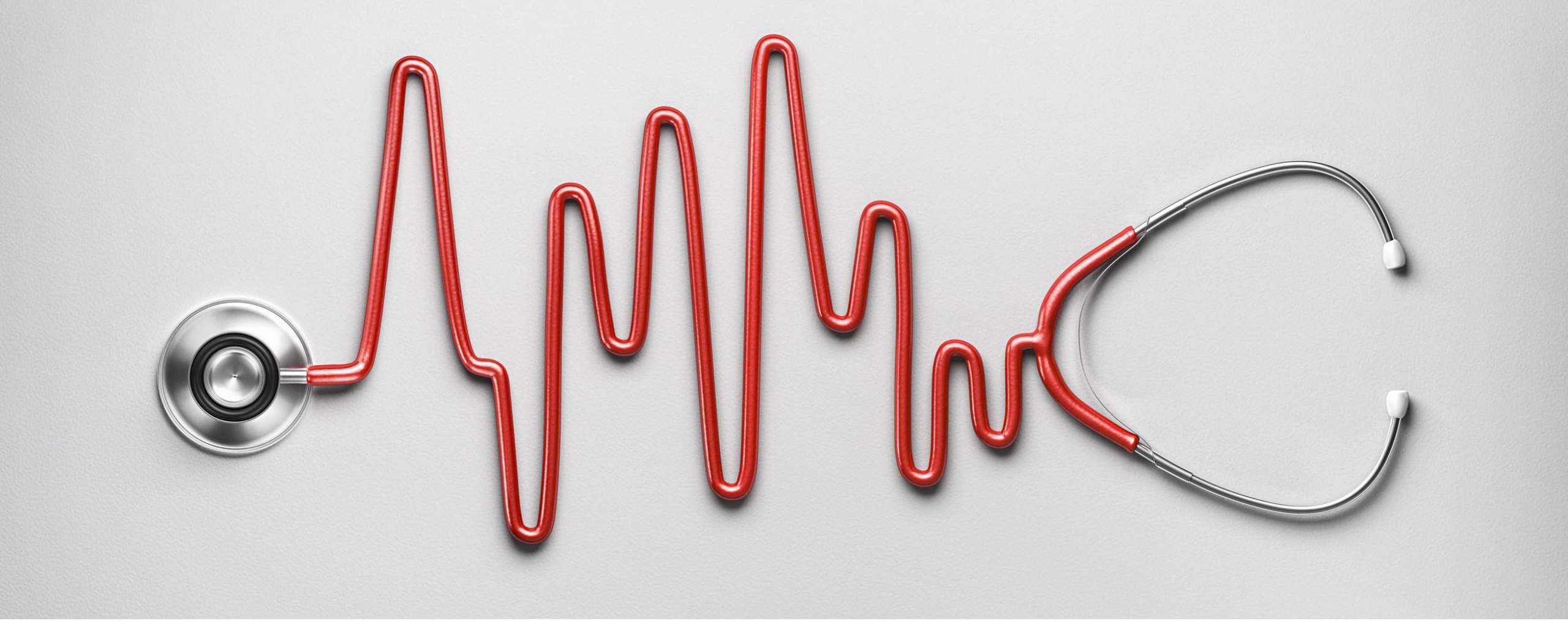
You CANNOT use your HSA for:

- X Expenses that are not on the list of IRS qualified expenses (*see IRS code section 213d)*
- X Health insurance premiums

FSA, VEBA, HSA Plan Administrator

WEX Health

- Access your accounts with WEX Health at www.wexinc.com or through their mobile app to:
  - View your FSA, VEBA, and/or HSA account balances
  - File claims for reimbursement and get updates on their status
  - Edit or change your preferred payment method
  - Report your debit card as lost or stolen, or order new cards
- Contact WEX Health's customer service team for assistance with the online portal, mobile app, or your debit card
  - Call: 1-866-451-3399
  - Email: customerservice@wexhealth.com
  - Live Chat available at www.customer.wexinc.com/contact/health



Life Insurance

2026-2027 Plan Year (July 1 – June 30)

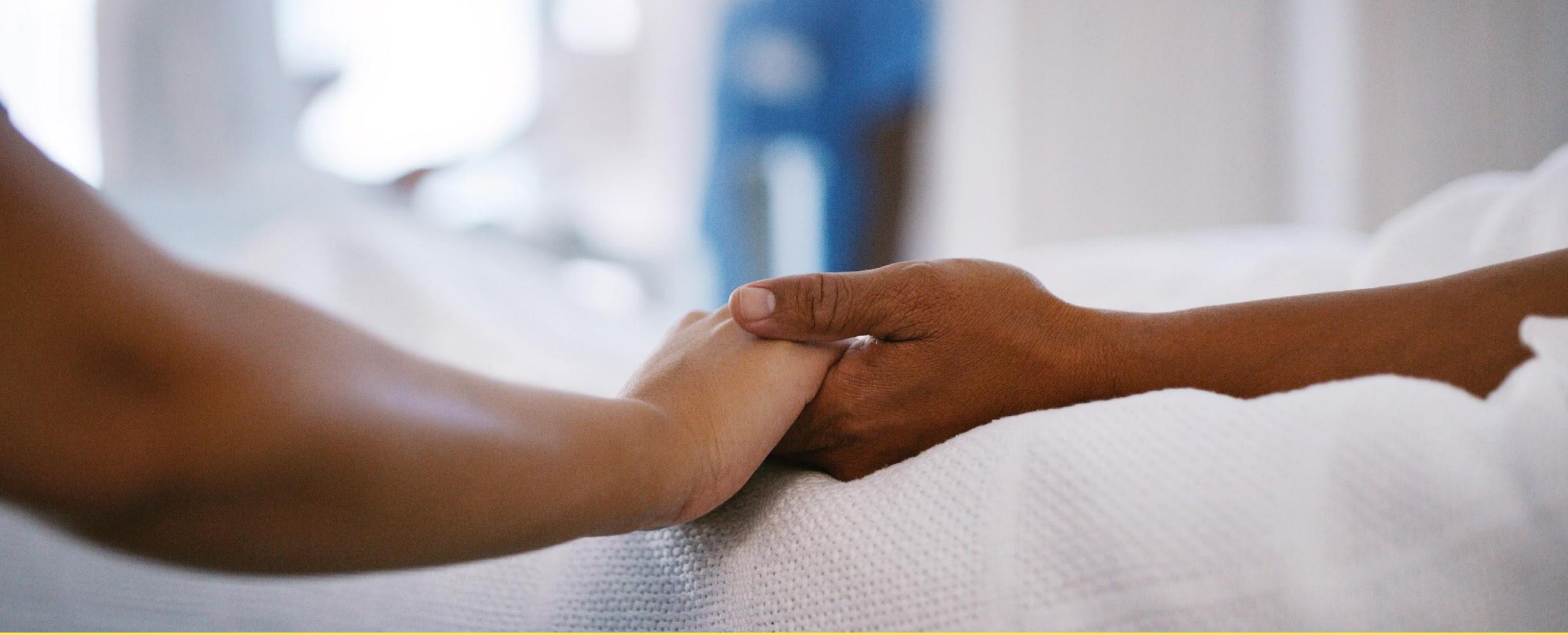
Life Insurance Options
Madison National Life Insurance

Basic Life and Accidental Death & Dismemberment (AD&D)

- Provides financial protection to your beneficiaries in the event of your death
- Eligible employees are automatically enrolled
- Part-time employees have the option to purchase life insurance
- The amount of coverage depends on your employee group (review your insurance benefits summary for the amount you are eligible for)

Supplemental Life Insurance

- An optional, additional life insurance policy
- The full cost of the policy is paid by the employee
- You must be enrolled in basic life insurance coverage to purchase supplemental life insurance



Long-Term Disability Insurance

2026-2027 Plan Year (July 1 – June 30)

Long-Term Disability Insurance
Madison National Life Insurance

- This is an income protection plan that allows you to continue to be paid a portion of your salary in the event you become totally disabled and unable to work for more than 90 days
- Eligible employees are automatically enrolled
- Long-term disability will pay 66-2/3% of your salary up to a maximum monthly benefit



Next Steps

How to Enroll and Make Changes to Your Benefits

How to Enroll

- STMA uses BenefitFocus as its enrollment platform
- BenefitFocus is linked to STMA's single sign-on
  - your login information is the same as your other district logins
- You have 30 days from your first day of work to enroll
- No waiting period: once you enroll, your coverage takes effect as of your first day of work

Changes during the year

After you enroll or a new plan year begins, you generally cannot change your elections. You can change your elections during the district's annual open enrollment period or if you experience a qualifying life event.

Open Enrollment

- A defined time period each year when you can enroll or make changes to your benefits
- STMA's 2026 Open Enrollment is **May 4 – May 18**.
- Changes made during open enrollment are effective July 1.

Qualifying Life Event Examples

- Marriage
- Divorce
- Birth or adoption of a child
- Death of spouse or a child
- Change from full-time to part-time or vice versa by you or your spouse
- Commencement or termination of your spouse's employment
- Turning 26 and losing coverage on your parent's plan

NOTE: Contact HR right away if you experience a qualifying life event. A qualifying life event gives you a 30-day window to make changes to your benefits.



Questions?

Michelle Neu - Benefits & Leave Coordinator
michellen@mystma.org
763.497.6578 ext. 5578

Matt Bohlke - Consultant
mbohlke@zachmaninsurance.com
763.497.2430