Osseo Area Schools



## Osseo Area Schools

# Your Benefits

Effective January - December 2026

# Making benefit selections

## Eligibility

### Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

**Your Spouse**

You may cover your legal spouse.

**Your children**

Dependent children are eligible until age 26 regardless of student or marital status.

### Ineligible

- Divorced or Legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners, unless your employer states otherwise
- Foster children
- Sisters, brothers, parents or in-laws, etc.

## How to Enroll

Read your materials and make sure you understand all of the options available.

- Login to your Staff Portal to add or drop dependents, change plans, waive coverage.
- Come prepared with dates of birth, social security numbers, and legal names of any dependents you live with to enroll in benefits.
- Remember to review your beneficiaries.
- Complete and submit your EOI form if your enrollment requires it.

Enroll now!

## Enrolling in coverage

Your benefit plans are in effect January 1 – December 31, 2026.

### Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices for medical coverage are in effect from January - December of the following year unless you have a qualifying life event. All other coverages are elected during the July open enrollment.

### If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within **30 days** of your life event (**60 days for changes involving Medicaid eligibility**). Documentation may be required.

Take a look at your benefits in your open enrollment video now!

The underlying plan contract or document governs all aspects of the plan. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

# Key terms

**We've removed as much jargon as possible.**

But you'll probably still encounter some terms as you enroll in and use your benefits. **Here's what to know:**

### Balance billing
When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays. **Medical**: balance billing is in addition to – and does not count towards – your out-of-pocket maximum. *The No Surprises Act prohibits balance billing under certain circumstances.*

### Coinsurance
After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

### Copay
A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

### Deductible
The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

### In-network
In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

### Out-of-pocket maximum
The most you'll pay for **covered** in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.
*The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.*

### Pre/Prior-authorization
Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

### Primary care physician
A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Learn more about **insurance costs** ›

# Contact information

**Please contact HR with any questions!**

**Benefits Assistance: 763-391-7007**

**Payroll Employee Assistance: 763-391-7283**

**Annual Notices**

We're required to tell you about certain rights and responsibilities you have as an employee of Osseo Area Schools.

View Your Notices

| | | |
|---|---|---|
| **Medical / Rx** | **PEIP**<br>PEIP Home Page<br>Enrollment Instructions | Customer Service:<br>952-746-3101 |
| **Dental** | **Delta Dental**<br>Client Portal | Customer Service:<br>Toll Free: 1-800-448-3815<br>Local: 651-406-5901 |
| **Health Savings Account (HSA)**<br>**Flexible Spending Account (FSA)** | **Benefit Extras**<br>Client Portal | Customer Service:<br>952-435-6858 |
| **Life & AD&D**<br>**Long-Term Disability**<br>**Employee Assistance Program (EAP)** | **Lincoln Financial**<br>Client Portal<br>EAP Portal | Customer Service:<br>800-423-2765<br><br>EAP Phone:<br>888-628-4824<br><br>Username: LFGSupport<br>Password: LFGSupport1 |

# Minnesota Public Employees Insurance Program (PEIP)
# Advantage Health Plan HSA-Compatible 2026 Benefits Schedule

See Plan Details

| Benefit Provision | Cost Level 1 – You Pay | Cost Level 2 – You Pay | Cost Level 3 – You Pay | Cost Level 4 – You Pay |
|---|---|---|---|---|
| **A. Preventive Care Services**<br>• Routine medical exams, cancer screening<br>• Child health preventive services, routine immunizations<br>• Prenatal and postnatal care and exams<br>• Adult immunizations<br>• Routine eye and hearing exams | Nothing | Nothing | Nothing | Nothing |
| **B. Annual First Dollar Deductible ***<br>Combined Medical/Pharmacy (**single coverage**) | $1,750 | $2,250 | $3,250 | $4,250 |
| Combined Medical/Pharmacy (**family coverage**) | $3,500 per family member<br>$4,000 per family | $3,750 per family member<br>$4,500 per family | $5,250 per family member<br>$6,500 per family | $6,750 per family member<br>$8,500 per family |
| **C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care**<br>• Outpatient visits in a physician's office<br>• Chiropractic services<br>• Urgent Care clinic visits (in- or out-of-service-area / in- or out-of-network) | $45 copay per visit<br>annual deductible applies | $55 copay per visit<br>annual deductible applies | $105 copay per visit<br>annual deductible applies | $130 copay per visit<br>annual deductible applies |
| • Outpatient office visits for mental health and substance use disorder | $0 copay per visit<br>annual deductible applies | $0 copay per visit<br>annual deductible applies | $75 copay per visit<br>annual deductible applies | $100 copay per visit<br>annual deductible applies |
| **D. Network Convenience Clinics & Online Care** | $0 copay<br>annual deductible applies | $0 copay<br>annual deductible applies | $0 copay<br>annual deductible applies | $0 copay<br>annual deductible applies |
| **E. Emergency Care** (in- or out-of-service-area / in- or out-of-network)<br>• Emergency care received in a hospital emergency room | $250 copay<br>annual deductible applies | $300 copay<br>annual deductible applies | $350 copay<br>annual deductible applies | $600 copay<br>annual deductible applies |
| **F. Inpatient Hospital Copay** | $400 copay<br>annual deductible applies | $650 copay<br>annual deductible applies | $1,500 copay<br>annual deductible applies | 50% coinsurance<br>annual deductible applies |
| **G. Outpatient Surgery Copay** | $250 copay<br>annual deductible applies | $400 copay<br>annual deductible applies | $800 copay<br>annual deductible applies | 50% coinsurance<br>annual deductible applies |
| **H. Hospice and Skilled Nursing Facility** | Nothing after<br>annual deductible | Nothing after<br>annual deductible | Nothing after<br>annual deductible | Nothing after<br>annual deductible |
| **I. Prosthetics and Durable Medical Equipment** | 20% coinsurance<br>annual deductible applies | 25% coinsurance<br>annual deductible applies | 30% coinsurance<br>annual deductible applies | 50% coinsurance<br>annual deductible applies |
| **J. Lab** (including allergy shots), **Pathology, and X-ray** (not included as part of preventive care and not subject to office visit or facility copayments) | 20% coinsurance<br>annual deductible applies | 25% coinsurance<br>annual deductible applies | 30% coinsurance<br>annual deductible applies | 50% coinsurance<br>annual deductible applies |
| **K. MRI/CT Scans** | 20% coinsurance<br>annual deductible applies | 25% coinsurance<br>annual deductible applies | 30% coinsurance<br>annual deductible applies | 50% coinsurance<br>annual deductible applies |
| **L. Other expenses not covered in A – K above, including but not limited to:**<br>• **Ambulance**<br>• **Home Health Care**<br>• **Outpatient Hospital Services** (non-surgical)<br>  • Radiation/chemotherapy<br>  • Dialysis<br>  • Day treatment for mental health and chemical dependency<br>  • Other diagnostic or treatment related outpatient services | 20% coinsurance<br>annual deductible applies | 25% coinsurance<br>annual deductible applies | 30% coinsurance<br>annual deductible applies | 50% coinsurance<br>annual deductible applies |
| **M. Prescription Drugs**<br>30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives. | $30 tier one<br>$50 tier two<br>$75 tier three<br>annual deductible applies | $30 tier one<br>$50 tier two<br>$75 tier three<br>annual deductible applies | $30 tier one<br>$50 tier two<br>$75 tier three<br>annual deductible applies | $30 tier one<br>$50 tier two<br>$75 tier three<br>annual deductible applies |
| **N. Plan Maximum Out-of-Pocket Expense****<br>(including prescription drugs) **Single Coverage** | $3,250 | $3,250 | $4,250 | $5,250 |
| **Family Coverage**<br>Combined in- and out-of-area services for both single and family coverage | $5,250 per family member<br>$6,500 per family | $5,250 per family member<br>$6,500 per family | $7,250 per family member<br>$8,500 per family | $7,250 per family member<br>$10,500 per family |

This chart applies only to in-service area coverage. Out-of-service area coverage is available outside the PEIP Advantage Plan's service area. Members pay a $1,750 single or $4,000 family deductible (separate and distinct from the deductibles listed in section B above) and 30% coinsurance that will apply to the out-of-pocket maximums described in section N above. Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N.

Emergency Care and Urgent Care received in-service area or out-of-service area or in or out-of-network claims will process based on C and E above. Deductible will be applied to in-service area benefit.

*The family Deductible is the **maximum amount** that a family must pay in deductible expenses in any one calendar year. The family Deductible is **not** the amount of expenses a family must incur before any family member can receive benefits. Individual family members only need to satisfy their individual deductible once to be eligible for benefits. Once the family Deductible has been met, deductible expenses for the family are waived for the balance of the year.

**The family Out-of-Pocket Maximum is the **maximum amount** that a family must pay in any one calendar year. The per-family member embedded Out-of-Pocket Maximum is the maximum amount that a family must pay in any one calendar year on behalf of any individual family member.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

# Minnesota Public Employees Insurance Program (PEIP)
# Advantage Health Plan High Option 2026 Benefits Schedule

See Plan Details

| Benefit Provision | Cost Level 1 – You Pay | Cost Level 2 – You Pay | Cost Level 3 – You Pay | Cost Level 4 – You Pay |
|---|---|---|---|---|
| **A. Preventive Care Services**<br>• Routine medical exams, cancer screening<br>• Child health preventive services, routine immunizations<br>• Prenatal and postnatal care and exams<br>• Adult immunizations<br>• Routine eye and hearing exams | Nothing | Nothing | Nothing | Nothing |
| **B. Annual First Dollar Deductible** * (single/family) | $250 / 500 | $400 / 800 | $750 / 1,500 | $1,500 / 3,000 |
| **C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care**<br>• Outpatient visits in a physician's office<br>• Chiropractic services<br>• Urgent Care clinic visits (in-service-area / in- or out-of-network) | $35 copay per visit<br>annual deductible applies | $40 copay per visit<br>annual deductible applies | $70 copay per visit<br>annual deductible applies | $90 copay per visit<br>annual deductible applies |
| • Outpatient office visits for mental health and substance use disorder | $0 copay per visit<br>not subject to deductible | $0 copay per visit<br>not subject to deductible | $40 copay per visit<br>annual deductible applies | $60 copay per visit<br>annual deductible applies |
| **D. Network Convenience Clinics & Online Care** | Nothing | Nothing | Nothing | Nothing |
| **E. Emergency Care** (in service area / in or out of network)<br>• Emergency care received in a hospital emergency room | $100 copay<br>not subject to deductible | $125 copay<br>not subject to deductible | $150 copay<br>not subject to deductible | $350 copay<br>not subject to deductible |
| **F. Inpatient Hospital Copay** | $100 copay<br>annual deductible applies | $200 copay<br>annual deductible applies | $500 copay<br>annual deductible applies | 25% coinsurance<br>annual deductible applies |
| **G. Outpatient Surgery Copay** | $60 copay<br>annual deductible applies | $120 copay<br>annual deductible applies | $250 copay<br>annual deductible applies | 25% coinsurance<br>annual deductible applies |
| **H. Hospice and Skilled Nursing Facility** | Nothing | Nothing | Nothing | Nothing |
| **I. Prosthetics and Durable Medical Equipment** | 20% coinsurance | 20% coinsurance | 20% coinsurance | 25% coinsurance<br>annual deductible applies |
| **J. Lab** (including allergy shots), **Pathology, and X-ray** (not included as part of preventive care and not subject to office visit or facility copayments) | 10% coinsurance<br>annual deductible applies | 10% coinsurance<br>annual deductible applies | 20% coinsurance<br>annual deductible applies | 25% coinsurance<br>annual deductible applies |
| **K. MRI/CT Scans** | 10% coinsurance<br>annual deductible applies | 15% coinsurance<br>annual deductible applies | 25% coinsurance<br>annual deductible applies | 30% coinsurance<br>annual deductible applies |
| **L. Other expenses not covered in A – K above, including but not limited to:**<br>• **Ambulance**<br>• **Home Health Care**<br>• **Outpatient Hospital Services** (non-surgical)<br>  • Radiation/chemotherapy<br>  • Dialysis<br>  • Day treatment for mental health and chemical dependency<br>  • Other diagnostic or treatment related outpatient services | 5% coinsurance<br>annual deductible applies | 5% coinsurance<br>annual deductible applies | 20% coinsurance<br>annual deductible applies | 25% coinsurance<br>annual deductible applies |
| **M. Prescription Drugs**<br>30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives. | $18 tier one<br>$30 tier two<br>$55 tier three | $18 tier one<br>$30 tier two<br>$55 tier three | $18 tier one<br>$30 tier two<br>$55 tier three | $18 tier one<br>$30 tier two<br>$55 tier three |
| **N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs** (single/family) | $1,050 / 2,100 | $1,050 / 2,100 | $1,050 / 2,100 | $1,050 / 2,100 |
| **O. Plan Maximum Out-of-Pocket Expense** (excluding prescription drugs) (single/family) | $1,700 / 3,400<br>Combined in- and out-of-area services | $1,700 / 3,400<br>Combined in- and out-of-area services | $2,400 / 4,800<br>Combined in- and out-of-area services | $3,600 / 7,200<br>Combined in- and out-of-area services |

Important note: this chart describes coverage within the PEIP Advantage Plan's service area. Covered out-of-area services have a different cost-sharing structure: claims will be processed at Cost Level 3 with the out-of-pocket maximums described in section O above, and with a separate out-of-area deductible ($750 single/$1,500 family). Most care must be received within the national network of the selected plan administrator.

Members pay the drug copayment described at section M above to the out-of-pocket maximum described at section N.

This Plan uses an embedded deductible: if any family member reaches the individual deductible, then the deductible is satisfied for that family member. If any combination of family members reaches the family deductible, then the deductible is satisfied for the entire family.

# Employee Assistance Program (EAP)



Lincoln Financial℠

See plan details

## Employee Assistance Program

You encounter more than just health concerns throughout your life. Manage life's curveballs with a confidential and complimentary program designed to provide counseling, support, and resources for a variety of personal issues like stress and anxiety, relationship struggles, substance abuse, eldercare, financial worries, and much more!

## 24/7/365 Access to Care.

1-886-451-5465

www.GuidanceResources.com

**Username: LFGSupport**
**Password: LFGSupport1**

## The recipe to living well

There are **five** ingredients to wellbeing — each is just as important as the others:

**Social & Emotional**
Healthy, supportive relationships with family, friends, and most importantly, yourself. Effectively managing feelings and emotions and practicing healthy ways to manage stress and adapt to challenges

**Physical**
Having good health and the energy to perform your job life outside of work, such as spending time with family and friends, or participating in activities you enjoy. Think of physical wellbeing as nutrition, staying hydrated, getting rest, avoiding illness through vaccines, preventive screenings, and following doctors' orders!

**Financial**
The ability to effectively understand and plan for day-to-day expenses, short-term, and long-term goals, like paying back student loans, saving for a house, sending children to college, retirement, or caring for aging family members

**Purpose**
Connection to your passion, the reason you get out of bed every day.

**Community**
Feeling connected to where you live, work and play through activities such as volunteering and mentoring.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



# Health Savings Account (HSA)

**An HSA through Benefit Extras is paired with your HSA Medical Plan.**

Save pre-tax money for health care expenses – **or retirement**!

BENEFIT EXTRAS, INC.

See plan details | Benefit Extras Portal Guide

## Contributions

Osseo Area Schools contributes to your Health Savings Account (HSA) when you elect the HSA medical plan and meet IRS eligibility requirements.

You may also contribute tax-free funds to save for current and future health expenses:

| | If you cover yourself only | If you cover dependents |
|---|---|---|
| **The District contributes up to:** | Varies by contract* | Varies by contract* |
| **IRS maximum contribution (2026)** | $4,400 | $8,750 |

***Please refer to your employment contract for district contribution details.**

**55 or older?** You can contribute an extra $1,000 per year in catch-up contributions.

## HSA funds

**Using your money**

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is always yours and available for qualified health care expenses – even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties. Keep your receipts!

**Growing your money + tax savings**

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

**In retirement**

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties; regular income tax will still apply.

## IRS eligibility requirements

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- **be enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not** be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be enrolled in Medicare A or B, Tricare, or certain VA benefits.

If you're **married:** you and your spouse need to have separate HSAs. You can decide how to divide the total family contribution limit between the two accounts.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



# Flexible Spending Accounts (FSAs)

**Pay for qualifying expenses with tax-free money using a Flexible Spending Account through Benefit Extras.**

Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

BENEFIT EXTRAS, INC.

Eligible FSA expenses

## Health care FSA

See details

Pay for eligible medical, prescription, dental, and vision expenses.

| | |
|---|---|
| **2026 maximum contribution:** | **$3,400** |

Rollover up to **$680** in unused funds to next year.

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

## Limited purpose FSA

See details

Pay for eligible dental and vision expenses when you're **also contributing to an HSA**.

| | |
|---|---|
| **2026 maximum contribution:** | **$3,400** |

Rollover up to **$680** in unused funds to next year.

Estimate carefully! Unused funds will be forfeited at the end of the year per IRS regulations.

**Enrolled in an HDHP plan and eligible for HSA contributions**? You're not eligible for a health care FSA; you can contribute to a limited purpose FSA instead.

## Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

| | |
|---|---|
| **2026 maximum contribution:** | **$7,500** |

*Married filing separately: contribute up to $3,750 per person*

**Estimate carefully!** Unused funds will be forfeited at the end of the year per IRS regulations.
Only the amount you've actually contributed is available for use at any one time.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



# Dental insurance

**Your dental coverage is through Delta Dental.**

You'll get in-network preventive care at 100% along with coverage for basic and major dental services.

DELTA DENTAL®

Find an in-network provider

| In-network care | Delta Dental PPO & Premier<br>See plan summary |
|---|---|
| **Annual Deductible (DED)** | $25 single<br>$75 family |
| **Annual maximum benefit** | $1,200 |
| **Diagnostic & Preventive Services**<br>Cleanings, x-rays, exams, fluoride, spacers | 100% covered |
| **Basic Services**<br>Sealants, emergency treatment for pain, fillings, endodontics, periodontics, oral surgery | DED then you pay 20% |
| **Major Services**<br>Crowns, repairs | DED then you pay 20% |
| **Prosthetics**<br>Dentures, bridges, repairs | DED then you pay 20% |
| **Orthodontic care**<br>For covered dependent children ages 8 to 19 | 50% up to $750 Lifetime Maximum |

**See your plan documents for out-of-network benefits.**

Stay **in-network** to avoid **balance billing charges** (*the difference between what an out-of-network provider charges and the amount your insurance pays*).

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



# Life and AD&D insurance

**Financial peace of mind through Lincoln Financial.**

Life insurance pays your beneficiary if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

Lincoln Financial℠

## Employer Paid Basic Life and AD&D Insurance

The district offers basic life and AD&D coverage. Please refer to your employment contract for plan details.

Make sure to **designate a beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

### What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

## Voluntary Life and AD&D Insurance

You may also purchase additional coverage for you, your spouse, and your eligible child(ren). Please refer to your employment contract for plan details.

## Long Term Disability Insurance

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

| | |
|---|---|
| **Benefit** | 66.67% of Monthly Earnings |
| **Maximum Benefit** | Varies by class; please refer to your employment contract for details. |
| **Waiting Period** | 60 Days |
| **Duration** | Up to Social Security Normal Retirement Age (SSNRA) |
| **Cost** | 100% Employer Paid |

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



# Carrier Resources

Your employer offers a handful of non-traditional benefits through your insurance carriers to support you and your family as you juggle life's demands.

**Amplifon Hearing**
Offered through Delta Dental

See plan summary

**LifeKeys**
Offered through Lincoln Financial

See plan summary

**Smile Offers**
Offered through Delta Dental

See plan summary

**TravelConnect**
Offered through Lincoln Financial

See plan summary

**WellnessPath**
Offered through Lincoln Financial

See plan summary

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

ONEDIGITAL

Osseo Area Schools

# 2026 Benefits