



EMPLOYEE BENEFITS GUIDE

2026-2027



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ENROLLMENT & ELIGIBILITY

Welcome to the Jamestown Public Schools Benefits Program!

Jamestown Public Schools strives to provide a balanced, comprehensive benefits program for its employees. The Jamestown Public Schools Employee Benefits program offers core benefits, such as Medical, Dental, Vision, and Life insurance as well as voluntary & supplemental benefits that help maximize your coverage options.

The premium deductions for benefits are taken out September through May.

This booklet is designed to help you understand the coverages, premiums and options for this year. This is a reference for you and your family to make informed insurance decisions based on your specific needs. If you have questions, please contact your Human Resources Department.

Enrollment Instructions

All full-time employees working at least **30 hours per week** are eligible for coverage on the **1st day of the month following date of hire**. If you terminate employment or change to a part-time status, your coverage will terminate on the last day of the month in which the change/termination occurs.

Please note: It is important that you enroll in a timely manner. If you do not enroll within your first 30 days of employment, you will not be eligible to enroll without a qualifying life event until the next open enrollment period.

Open enrollment for benefits beginning September 1, 2026 will begin on August 3, 2026 and last through August 21, 2026.

Qualifying Life Events

The following events allow you to change your benefits outside the open enrollment period:

- You get married, divorced, or legally separated
- You add a dependent child through birth, adoption, or change in custody
- Your spouse or a dependent passes away
- Your dependent loses coverage or gains other coverage
- Your spouse loses or qualifies for coverage through his or her employer

If you have a change in status, you must notify Human Resources to complete the necessary change forms within **30 days** of the change. You will need to present documentation, such as a birth, marriage, or divorce decree.

???

*Not sure if you have a qualifying event?
Need help changing your elections?
Please contact Human Resources.*

TERMINOLOGY

Medical Insurance Terminology

Deductible

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance plan makes any payments for healthcare services rendered. This is an annual amount calculated during the plan year.

Coinsurance

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after the deductible is met, and can vary based on the plan design.

Out-of-Pocket Maximum (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, Copays and Coinsurance all accumulate towards the OOPM. In-network and out-of-network OOPM have separate accumulations.

Explanation of Benefits (EOB)

When you incur an expense, a claim is filed on your behalf with Blue Cross Blue Shield of ND. Once Blue Cross Blue Shield of ND processes the claim, you will receive an EOB. The EOB tells you the total amount of the claim, what the provider must "write off" based on their provider contract with Blue Cross Blue Shield of ND, what Blue Cross Blue Shield of ND paid and what you owe on the claim. The EOB also shows what's accumulated toward your annual deductible and OOPM, if applicable.

Copays

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically, you might see a copay for prescription drugs.

Preventive Care

These are services you receive when you are not sick or injured with the intention of helping you stay healthy. Preventive care services include annual physicals, wellness screenings, and well-child care.

In-Network

In-network refers to providers or healthcare facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts.

Out-of-Network (OON)

Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments are subject to separate deductibles and OOPM. When you receive care from an OON provider, you may need to submit the claim on your own.

Certificate of Coverage

The Certificate of Coverage is a summary of the master plan document. It is available for members through their own secure member website. If changes are made to the master plan, amendments to the Certificate of Coverage will be posted.

MEDICAL PLAN



Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of an unexpected illness and injury. Routine exams and regular preventive care provide an inexpensive review of your health. Identifying small problems early through preventive screenings can help prevent those things from turning into significant issues. In most cases, early detection leads to a more effective and cost-contained treatment plan.

Jamestown Public Schools offers a PPO Medical plan option through Blue Cross Blue Shield (BCBS) of North Dakota. The BCBS Medical plan covers a wide range of services, from preventive and routine care, to hospitalization and surgery. This is a general summary of your benefits; please refer to your Summary of Benefits and Coverage (SBC) or a copy of the policy for additional details.

*Visit www.bcbsnd.com/members.rx-tools to view the list of covered medications and which medications fall under the Preventive category.

Benefits	In-Network
Annual Deductible Single / EE + Dependent / Family	\$1,250 / \$1,875 / \$2,500
Out-of-Pocket Maximum Single / EE + Dependent / Family	\$10,600 / \$15,900 / \$21,200
Preventive Care	Covered 100%
Office Visits	\$40 Primary / Specialist, then covered 80%
Emergency Room	Covered 80% After Deductible
Urgent Care	\$75 Copay, then covered 80%
Inpatient Hospital	Covered 80% After Deductible
Outpatient Hospital	Covered 80% After Deductible
Chiropractic Visits	\$40 Copay, then covered 80%
Mental Health Inpatient Outpatient	Covered 80% After Deductible First 5 visits plan pays 100%, then a \$40 Copay and 80% After Deductible
Prescriptions Value Based Drugs (see BCBSND list) Formulary Formulary Specialty Non-Formulary Non-Formulary Specialty	\$0 Copay \$20 Copay, then covered 80% \$150 + 20% Coinsurance \$20 Copay, then covered 50% \$150 + 50%

FIND A NETWORK PROVIDER

Log on to www.bcbsnd.com/members/find-a-doctor to find providers in the Blue Cross Blue Shield of North Dakota network and save money.

FLEXIBLE SPENDING ACCOUNTS

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

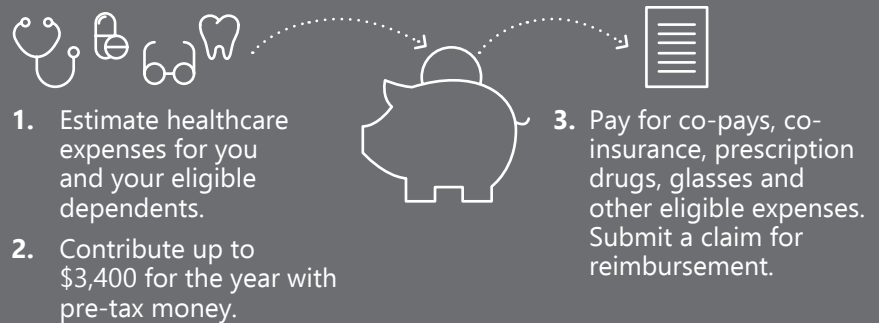
The FSA is an optional account where you can set aside money for health care expenses and/or dependent care on a pre-tax basis.



Healthcare FSA

You may use FSA funds for Qualified healthcare expenses incurred by your tax dependents even if they are not enrolled in your medical plan. The Healthcare FSA allows you to set aside up to \$3,400 pre-tax money to pay for a variety of qualified medical, dental, vision, and pharmacy expenses.

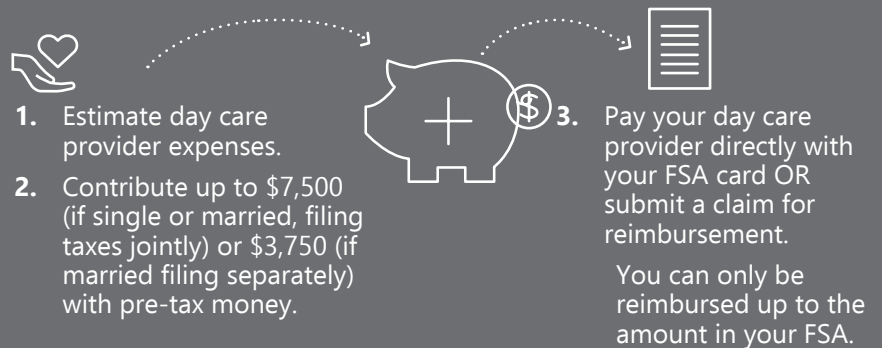
HOW THE HEALTHCARE FSA WORKS



Dependent Care FSA

The Dependent Care FSA allows you to set aside pre-tax income to use for child care expenses or adult day care while you and your spouse work or attend school full time to care for a child under age 13 or an adult who is incapable of caring for themselves. You may contribute up to \$7,500 per year if you file your taxes as married filing jointly or \$3,750 per year if filing separately. This is a "use it as you accrue it" account.

How the Dependent Care FSA Works





WAYS TO SAVE WITH A HEALTHCARE FSA

What's Eligible?

- Co-pays & Co-insurance
- Deductibles
- Diagnostic Testing & Prescriptions

Details on Items

- Medical Providers & Pharmacies
- Clinics & Labs
- Over-the-counter
- Gauze
- Crutches & Wrist Supports
- Contact lens solution

For Whom?

- Yourself
- Dependents claimed on your tax return:
- Spouse
- Children up to age 26

Employees must re-enroll each year in order to continue participating in the flex program.

HealthEquity®

PLAN CAREFULLY!

- Annual contribution amounts you elect for the plan year must be set during enrollment and can not be changed except for changes in family status.
- Expenses must be incurred during the plan year – “use it or lose it!” You must submit your claims by March 31st of the following year.

WHAT ELSE DO I NEED TO KNOW?

- Jamestown Public Schools has partnered with Health Equity to administer the FSA.
- Keep all your receipts with your tax records as they may be required if you need to substantiate your expense.
- The Health Care FSA is independent of the Dependent Care FSA and you cannot transfer funds between accounts.
- You can login to www.healthequity.com to check your account balance, file new claims, set up direct deposit, check the status of a claim, and much more.

NEAR-SITE CLINIC

WALK-IN CARE, URGENT CARE, PRIMARY CARE

Most General Medical Visits Are at No Cost to Employees

Great Availability During Open Hours

No Appointments Required for Urgent Care and Minimal Wait Times for Walk-In Care

Preventive Care Focused

Trusted Care with Caring Providers

Medallus Locations:

2701 Uptown Way S
Fargo, ND 58104
701-248-1123

721 A 1st Ave
Jamestown, ND 58401
701-401-8496

2705 Sunset Drive
Mandan, ND 58554
701-253-0568

www.medallusmedicalnd.com - be sure to check our website for updates on new locations and services!



NEAR-SITE CLINIC

Medallus Medical
701-368-4380

www.jamestownurgentcare.com



GLP-1 DRUG COVERAGE

Alternative No Cost Benefit for Diabetic Care and Managed Medical Weight Loss For the Employees/Dependents on the Jamestown Public Schools Medical Insurance Plan.

In an effort to provide professional clinical counseling, one on one diet and life-style guidance and affordability, Jamestown Public Schools has partnered with Medallus Medical as an optional GLP-1 prescribing resource for our Jamestown Public Schools groups, their employees and dependents.

Semaglutide

Take better control of your insulin and weight today with Semaglutide. Named Ozempic in the Diabetic Class and Wegovy in the Weight Loss Class. Medallus will screen for qualifying markers and assist you in getting started - which includes introduction to optional Registered Dietitians for lifestyle and behavior management programs.

Tirzepatide

Take better control of your insulin and weight today with Tirzepatide. Named Mounjaro in the Diabetic Class and Zepbound in the Weight Loss Class. Tirzepatide's dual agonism of GLP-1 and GIP offers a comprehensive approach to glucose control and weight loss.

Diabetic Diagnosis for GLP-1 Drugs:

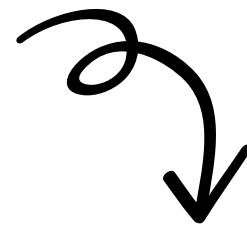
Brand-formulary \$20 + 20% coinsurance

\$0 copay / 90-day supply utilizing Medallus and a compound pharmacy

Non-Diabetic Diagnosis for GLP-1 Drugs:

No coverage through health plan

\$250 copay / 90-day supply utilizing Medallus and a compound pharmacy



Contact Us Today To See If You Qualify!



MEDICAL GAP PLAN 1

MORE SOLUTIONS TO MEET YOUR NEEDS

TransConnect covers certain out-of-pocket expenses such as deductibles, co-pays, and co-insurance that are incurred in inpatient and select outpatient settings.

Certificate Deductible: \$0 (*this plan does not include a deductible*)

Inpatient Hospital Benefits: \$1,500 per Covered Person, 3 Times per Family

- The benefit amount selected is per insured person (or multiplied by three, for an insured family)
- This policy pays out-of-pocket costs for: inpatient hospital stays, inpatient procedures, inpatient physician charges, inpatient mental health and substance abuse treatment, routine nursery care for dependent children

Outpatient Hospital Benefits: \$1,500 per Covered Person, 3 Times per Family

This policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemo-therapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRI's, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident in a hospital emergency room (ER) or urgent care center
- Treatment in the ER for an appendicitis, or kidney stones
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center

Ambulance Benefit: \$2,000 per Covered Person, 3 Times per Family

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center for injuries sustained in an accident. Ambulance transportation must be within 72 hours of the accident and must be provided by a licensed professional ambulance company.

Additional Benefit Options

- Infusion Therapy Rider
- Emergency Condition Benefit Endorsement - pays for treatment received in a hospital emergency room or urgent care center for sickness when the insured person is not subsequently considered an inpatient.
- Dependent Child Pregnancy - pays for treatment or medical care of a dependent child's pregnancy after a waiting period of 10 months.
- Accident Indemnity Benefit Rider - \$1,000 per covered person per accident
- Critical Illness Indemnity Benefit Rider - \$10,000 per covered person



Coverage Type	Monthly Premium
Employee	\$58.56
Employee + Spouse	\$116.65
Employee + Children	\$109.25
Family	\$175.37

MEDICAL GAP PLAN 2

MORE SOLUTIONS TO MEET YOUR NEEDS

TransConnect covers certain out-of-pocket expenses such as deductibles, co-pays, and co-insurance that are incurred in inpatient and select outpatient settings.

Certificate Deductible: \$0 (*this plan does not include a deductible*)

Inpatient Hospital Benefits: \$5,000 per Covered Person, 3 Times per Family

- The benefit amount selected is per insured person (or multiplied by three, for an insured family)
- This policy pays out-of-pocket costs for: inpatient hospital stays, inpatient procedures, inpatient physician charges, inpatient mental health and substance abuse treatment, routine nursery care for dependent children

Outpatient Hospital Benefits: \$2,500 per Covered Person, 3 Times per Family

This policy also pays benefits (separate from the inpatient hospital benefits) for:

- Radiation therapy or chemotherapy authorized by a radiologist, chemo-therapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician's office
- X-rays, MRI's, CT scans, PET scans, diagnostic ultrasounds, and electrocardiogram (EKG) tests, stress tests, and cardiac catheterization
- Treatment for injury due to an accident in a hospital emergency room (ER) or urgent care center
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- Critical Illness Indemnity Benefit Rider - \$10,000 per covered person

Coverage Type	Monthly Premium
Employee	\$116.27
Employee + Spouse	\$242.61
Employee + Children	\$213.72
Family	\$359.24



ELIGIBILITY

Employees must be actively employed qualifying as an eligible insured (defined by the employer) and have an employer's basic, major medical, or comprehensive medical plan.

IMPORTANT POLICY PROVISIONS

You select the benefit amounts for employees, paid only for deductibles, co-insurance, and co-pays incurred when your major medical plan pays for specified treatments and care.

HOW TO SUBMIT A CLAIM

Employees receive an ID card after enrollment. This should be presented at the time of service so providers are paid directly after the employee's major medical carrier determines what is owed. If this is not done at time of service, employees can submit a *TransConnect*® claim form, UB04, or CMS1500 (the itemized service provider's bill), and the Explanation of Benefits (EOB) from the major medical carrier showing what is owed after what they paid.

EXCLUSIONS

No benefits are payable for any expenses incurred:

- During any period the insured person is not insured under the Comprehensive Medical Plan
- As the result of suicide or any attempted suicide, while sane or insane
- For any intentionally self-inflicted injury or Sickness
- For rest care or rehabilitative care and treatment
- For voluntary abortion except:
 - Where the insured person's life would be endangered if the fetus were carried to term; or
 - Where medical complications have arisen from abortion
- For pregnancy of a Dependent child
- As a result of an insured person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority
- As a result of an insured person's commission of a felony
- As a result of an insured person's participation in a contest of speed in power driven vehicles, parachuting, or hang gliding
- As a result of an insured person's traveling in or descending from any vehicle or device for aerial navigation, unless as a fare paying passenger on a scheduled or a charter flight operated by a scheduled airline
- As a result of an insured person's being intoxicated as defined by the laws of the jurisdiction in which the loss occurred or under the influence of a controlled substance unless administered by a Physician or taken according to the Physician's instructions
- For sex changes, except for medically necessary treatment including gender affirmation surgery for gender dysphoria and related health conditions
- For experimental treatment, drugs, or surgery. As it pertains to this exclusion, experimental treatment, drugs or surgery means:
 - The drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and approval for marketing has not been given at the time the drug or device is furnished;
 - Reliable evidence shows that the drug, device or medical treatment or procedure is the subject of on-going phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, or its efficacy as compared with the standard means of treatment or diagnosis;

- Reliable evidence shows that the consensus among experts regarding the drug, device, or medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, safety, or efficacy as compared with the standard means of treatment or diagnosis;
- The drug or device is used for a purpose that is not approved by the FDA; or
- Surgery or therapy not endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies
- For any loss that occurred while on active duty status in the armed forces of any country. If you notify us of such active duty, we will refund any premiums paid for any period for which no benefits are provided as a result of this exclusion
- For Accident or Sickness arising out of or in the course of any occupation for compensation, wage or profit. (not applicable to sole proprietors or partners not covered by Workers' Compensation)
- For dental or vision services, unless:
 - Resulting from an Accident occurring while the insured person's insurance under the Policy is in force and such services are performed within 12 months of the date of such Accident;
 - Due to congenital disease or anomaly of an insured newborn child; or
 - Consisting of a surgical procedure to remove cataracts
- For routine examinations such as health exams, periodic check-ups, or routine physicals
- For any expense for which benefits are excluded under the insured person's Comprehensive Medical Plan
- For expenses related to Radiation Therapy or Chemotherapy such as: prescribed medications for side effects, physical exams, checkups, treatment consultations and planning, or any similar expenses. Radiation Therapy or Chemotherapy does not include laser or stereotactic surgery

TERMINATION OF INSURANCE

Insurance on an insured will end on the earliest of the following dates:

- The end of the last period for which premium has been paid
- The policy is terminated
- The employer ceases to participate in this insurance
- The insured retires
- The insured ceases to be on active service
- The insured's coverage in the underlying medical plan ends

Insurance on a dependent will end on the earliest of the following dates:

- The insured's insurance terminates
- The end of the last period for which premium has been paid
- The dependent no longer meets the definition of dependent
- The dependent's coverage in the underlying medical plan ends
- The policy is modified so as to exclude dependent insurance

The company may end the insurance if:

- Any insured person submits a fraudulent claim
- Participation requirements are not met
- On any premium due date, if the company or employer sends written notice 31 days in advance requesting termination
- If the underlying medical plan terminates

This is a brief summary of *TransConnect*® Supplemental Medical Expense insurance, **underwritten by Transamerica Life Insurance Company (TLIC)**, Cedar Rapids, Iowa. TLIC is not an authorized insurer in New York. Policy form series TMLB1000-1119 and TCLB1000-1119. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusions apply and may vary by state. Refer to the policy, certificate, and riders for complete details.

Up-to-date information regarding our compensation practices can be found in the disclosures section of our website at tebcs.com.

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TRANSAMERICA®

VOLUNTARY DENTAL PLAN

Your dental health is a priority. We offer generous coverage through Equitable. You have two dental plans to choose from.

The Dental Plan encourages preventive treatment and allows you to achieve good oral health while minimizing your out-of-pocket dental expenses. Dentists whom have signed a participating network agreement with Equitable have agreed to accept the maximum allowable amount as payment in full. Out of network benefits are payable for services rendered by a dentist who is not a participating provider. Out of network benefits are paid at the 99th percentile of Reasonable & Customary charge.

Dental Plan	Plan 1	Plan 2
Plan Year Deductible Individual Family	\$50 \$150	\$50 \$150
Annual Benefit Maximum	\$1,250 per participant	\$2,250 per participant
Preventive & Diagnostic (Deductible does not apply)	Covered 100%	Covered 100%
Restorative Services (Silver Fillings, White Fillings, and Simple Extractions)	Covered 70% after deductible	Covered 80% after deductible
Surgical Services (Endodontics, Periodontics, Crown, Dentures/Bridges, Implants)	Covered 40% after deductible	Covered 50% after deductible
Oral Surgery	Covered 70% after deductible	Covered 50% after deductible
Orthodontics	Not Covered	Child Only - up to age 19 Lifetime Max: \$2,000 Covered 50% after deductible



EQUITABLE

Monthly Premium		
Coverage Type	Plan 1	Plan 2
Employee	\$38.56	\$58.28
Employee +1	\$76.32	\$117.47
Family	\$136.45	\$223.24

LOOKING FOR A DENTIST?

1-866-444-6001
www.equitable.com

VOLUNTARY VISION PLAN

Jamestown Public Schools offers a comprehensive voluntary Vision Plan provided by Equitable on the VSP Network. The Vision Plan helps pay the cost of periodic eye examinations and necessary lenses and frames, if prescribed. Employees working 20 hours or more per week are eligible.

Vision Plan	Copay
Exam <i>Every 12 months</i>	\$10 copay
Lenses Single Vision Bifocal Trifocal Standard Progressive	\$25 copay \$25 copay \$25 copay \$55 copay
Frames - <i>Every 12 months</i> Retail Allowance Discount Beyond Allowance	Up to \$150 20%
Contact Lenses - <i>Every 12 months</i> Conventional Disposable Medically Necessary	Up to \$150 Up to \$150 Covered in full

Coverage Type	Monthly Premium
Employee	\$9.32
EE + 1	\$18.64
Family	\$30.01



EQUITABLE



EMPLOYEE ASSISTANCE PROGRAM

An Employee Assistance Program (EAP) offers short-term confidential counseling on all aspects of life at no cost to you. Employees and household members can confidentially address and resolve personal and work related challenges including:

- **Relationship issues:** Marriage counseling, family counseling, parent/child counseling, etc.
- **Emotional health issues:** Stress, anxiety, depression, grief, elder parent challenges
- **Drug and alcohol issues:** Assessments, evaluation and prevention education) - this does not include treatment
- **Workplace issues:** Sexual harassment, dealing with difficult people, handling conflict, changes, job stress
- **Crisis counseling:** Talk to a counselor 24/7
- **Wellness Education classes:** Drug & alcohol education, stress management, parenting, couples education
- **Legal issues:** Family law (divorce, wills, custody) and civil law (housing, harassment, motor vehicle). Receive free telephonic advice from a local lawyer and a 25% discount with the lawyer if additional assistance is required.
- **Financial Issues:** Budget counseling, debt management, retirement planning, student loan planning or repayment through the Village Financial Resource Center.

The number of sessions available to a covered individual's household is equal to the number of household members times (x) four (4). As an example, a household with five (5) members would have access to a maximum of 20 sessions (5 members x 4/member = sessions) per 12 month period. Any number of those sessions can be used by any member of the household up to the total number. **There is a minimum of 8 sessions per household.**



Confidential Assistance is available 24
hours a day, 7 days a week!
Call 1-800-627-8220 to schedule an
appointment.
www.villageEAP.com

LIFE, AD&D, AND LTD BENEFITS

Basic Life and AD&D

Jamestown Public Schools provides basic life coverage as well as Accidental Death and Dismemberment coverage for all active, full-time employees working at least 20 hours per week.

Basic Life & AD&D Benefits	
Employee	\$25,000
Accidental Death (AD&D)	\$25,000
Accelerated Death Benefit	If you are terminally ill, advance payout of 75% not to exceed \$250,000
Age Reduction	35% at age 65, additional 15% at age 70
Conversion	If your employment ends, you can apply for an individual policy without evidence of insurability within 31 days.
Monthly Premium	Refer to District Human Resources

Employees who work more than 20 hours per week are eligible to participate in the plan. Employees will receive pro-rated benefits based on the number of hours worked and the balance of cost will be the responsibility of the employee.

Long-Term Disability Coverage (LTD)

Jamestown Public Schools provides LTD coverage for all active employees working at least 30 hours per week whose regular job assignment extends beyond the school year.

LTD Benefits	
Minimum Benefit	Greater of \$100 or 10% of gross disability payment
Benefits Begin	After 90 day elimination period/30 day accumulation feature
Pre-Existing Condition	3 months prior/12 months insured
Coverage Basis/Maximum Benefit	
Non-Certified Staff	66.67% Up to \$3,000 per month
Teachers	66.67% Up to \$4,200 per month
Administration	66.67% Up to \$6,000 per month
Monthly Premium	Refer to District Human Resources





Voluntary Life Insurance and AD&D

Voluntary Life Insurance is in addition to the basic life insurance. Voluntary Group Life Insurance provides term life insurance at low rates. Current coverage includes financial protection in the event you, your spouse and/or one of your dependents die while covered under this benefit.

Voluntary Life & AD&D Benefits	
Employee	Increments of \$10,000 up to maximum of \$500,000. Guaranteed Issue – up to \$200,000
Spouse	Increments of \$5,000 up to 50% of employee’s life or \$150,000. Guaranteed Issue – up to \$35,000
Unmarried Dependent Children	Increments of \$1,000 up to \$10,000 Live birth to 14 days old: \$500 14 days old-6 months: \$1,000 6 months-26 years: full benefit amount

Age Reduction: Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. Coverage may not be increased after a reduction.

Payment of premium does not guarantee coverage. Employee must be actively at work, and spouses/dependents cannot be sick, injured or confined or coverage may not take effect.

Monthly Premium per \$10,000 Purchased

Age	Cost for Employee & Spouse
15-24	\$0.84
25-29	\$0.96
30-34	\$1.20
35-39	\$1.56
40-44	\$2.76
45-49	\$4.68
50-54	\$7.68
55-59	\$12.00
60-64	\$18.72
65-69	\$33.60
70-74	\$60.24
75+	\$60.24
Children	\$0.84 per \$10,000 of coverage



AD&D (automatically included)	
Employee	\$0.19
Spouse/Child	\$0.19

VOLUNTARY BENEFITS

Additional Coverage Options through Aflac

Jamestown Public Schools has partnered with Aflac to offer additional voluntary benefits that provide you with:

- the ability to off-set the out-of-pocket expenses of your current health plan,
- the ability to protect your income and your assets if an injury, illness, or disability occurs,
- the convenience of premium payment through payroll deduction,
- the ability to take the coverage with you if you leave the company or retire, and
- pays you cash directly regardless of any health insurance you have.

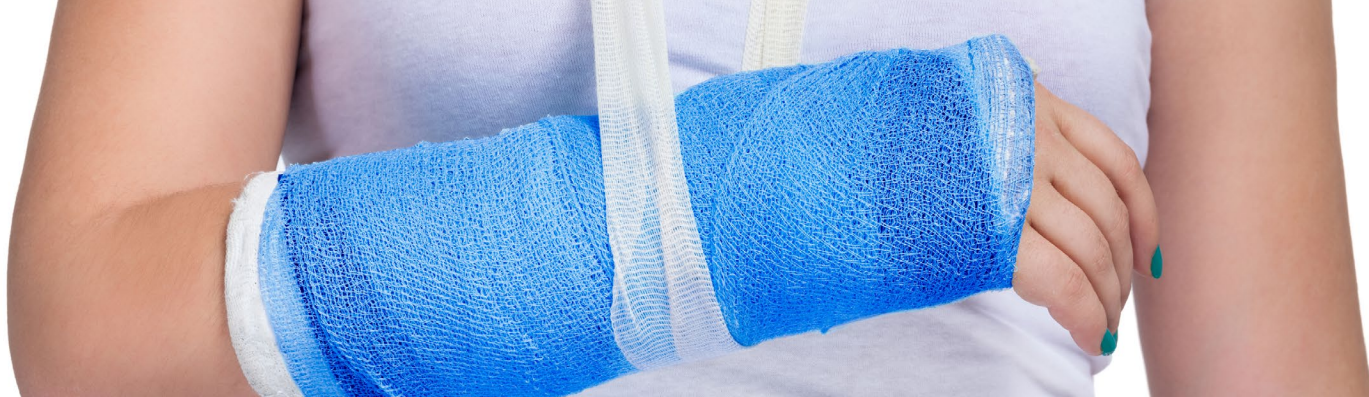
The Following Insurance Plans Are Offered Through Aflac:

- Accident
- Critical Illness
- Hospital Indemnity
- Voluntary Short-Term Disability
- Cancer Insurance



To enroll, visit www.employeenavigator.com





Jamestown Public Schools has teamed up with Aflac to offer you additional voluntary benefits, designed to fill potential coverage gaps and provide a higher level of protection. Voluntary benefits are insurance plans that offer financial security for you and your family, helping to cover unexpected expenses from illness, accidents, and more. These supplemental plans are tailored to cover costs that may not be included in your primary health insurance, ensuring you have extra peace of mind when you need it most. Explore the following options available to you through Aflac:



Accident

This benefit can help offset the out-of-pocket expenses that medical insurance does not cover, including deductibles and copays. Accident insurance pays benefits based on the injury sustained and the treatment required, including emergency-room care and related surgeries.



Critical Illness

Critical illness insurance provides a lump sum benefit to help protect your income and assets when out-of-pocket expenses rise due to illness. The payout can be used however you choose and is in addition to any other insurance coverage. Covered illnesses include Heart Attack, Stroke, Major Organ Failure, End Stage Kidney Failure, Cancers, and Coronary artery bypass surgery. This benefit plan **pays a \$75 annual health screening benefit per enrolled member for completing one of a number of qualified tests. Rates vary per participant.**



Hospital Indemnity

Hospital Indemnity helps cover costs associated with a lengthy hospital stay resulting from a critical illness or accident. This benefit plan **pays a \$100 annual health screening benefit per enrolled member for completing one of a number of qualified tests.**



Short-Term Disability (STD)

Voluntary short-term disability coverage helps protect your income if you're unable to work due to illness or injury, preventing financial hardship. The benefit is 60% of pre-disability earnings up to a weekly maximum of \$1,000 with the benefit paying for up to 13 weeks, when long term disability kicks in. **Rates vary per participant.**

MORE INFORMATION

Contact Aflac for additional information

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Derek_Mosset@us.aflac.com



ENROLLMENT INSTRUCTIONS

Step 1: Log In

Go to www.employeenavigator.com and click Login

- **Returning users:** Log in with the username and password you selected. [Click Reset a forgotten password.](#)
- **First time users:** Click on your Registration Link in the email sent to you by your admin or Register as a new user. Create an account, and create your own username and password.

Step 2: Welcome!

After you login click [Let's Begin](#) to complete your required tasks.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click [Start Enrollment](#) to begin your enrollments.

TIP:

If you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking Start Enrollments"

Step 4: Start Enrollments

After clicking [Start Enrollment](#), you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP:

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)



Participation Required

You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

[Let's Begin!](#)



Onboarding Complete!

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

✓ Onboarding

1. Benefit Enrollment
2. HR tasks

[Start Enrollment](#)

[Dismiss, complete later](#)

You've got 2 items to complete.

- 1 Enroll in your benefits
- 2 Complete HR tasks.

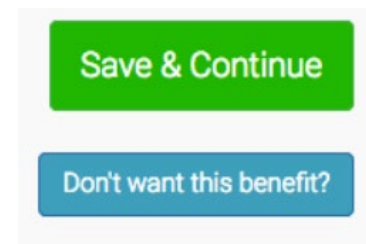
[Start Enrollments](#)

Step 5: Benefit Elections

- To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**
- Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.
- Click **Save and Continue** at the bottom of each screen to save your elections.
- If you do not want a benefit, click **Don't want this benefit** at the bottom of the screen and select a reason from the drop-down menu.

Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)

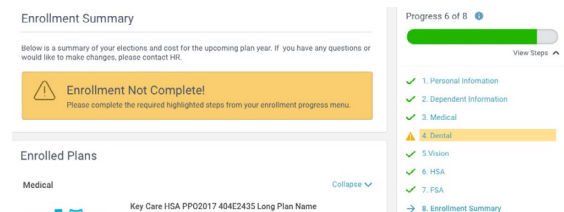


Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



TIP:

if you miss a step you'll see Enrollment Not Complete in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



High Five! Enrollment Complete!

You've only got one more item to complete.

☒ Enroll in your benefits

1. HR Tasks

Start Tasks

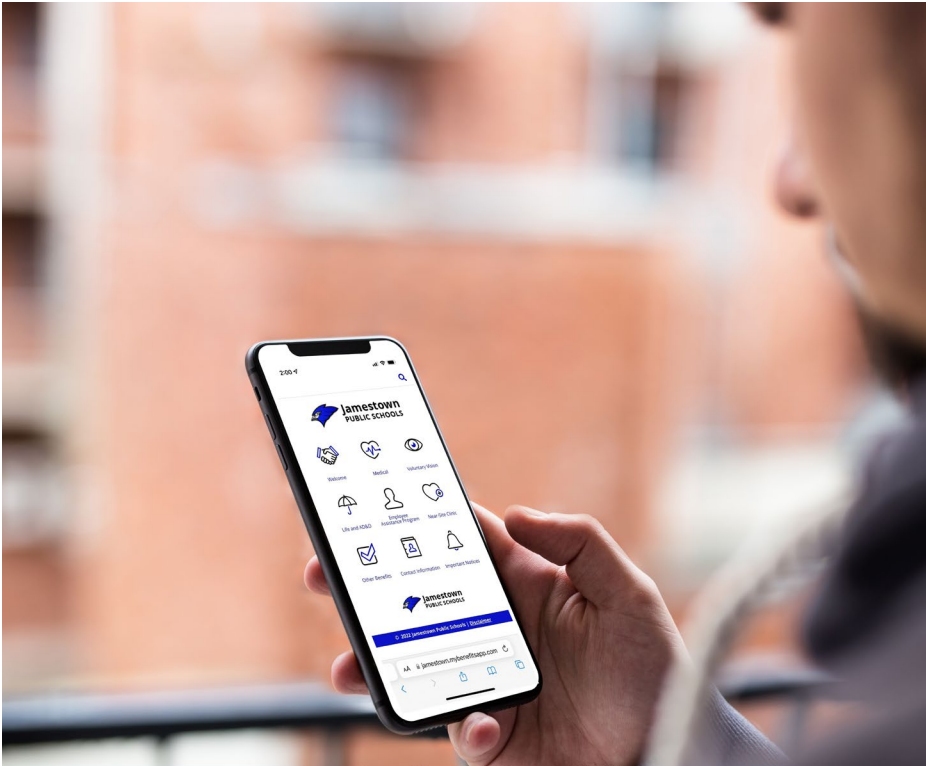
Dismiss, complete later

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!

YOU CAN LOGIN TO REVIEW YOUR BENEFITS 24/7!

MOBILE APP



JAMESTOWN BENEFITS APP

What Information Can I Access on the Benefits Mobile App?

- Download and print benefit related documents and forms
- Quickly find service contact information and on-line resources
- Review benefit plan design information
- Find online provider directories

Will the Mobile App Work on My Device?

Yes, the app is what's known as a "web app", which means there is nothing to download, no need to access an "app store", etc... it's ready for use when you access the site address from your device.

Add to My Home Screen

Simply type the web address into your phone's internet browser and follow the instructions listed above by the photo.

ADD THE ICON TO YOUR SMARTPHONE FOR QUICK ACCESS!

iPhone



Tap the Share Icon in Safari's lower menu bar



Tap the "Add to Home Screen" icon

Android



Tap this Icon in the top right menu bar

Select: "Add to Home Screen"

Windows Phone



Tap this Icon in the lower right corner

Select: "Pin to Start"

Go To
jamestown.mybenefitsapp.com



Jamestown
PUBLIC SCHOOLS

IMPORTANT CONTACTS

Medical Blue Cross Blue Shield of ND 1-844-363-8457 www.bcbsnd.com	Flexible Spending Account (FSA) Health Equity 877-694-3942 www.healthequity.com
Near-Site Clinic Medallus Medical 701-368-4380 www.jamestownurgentcare.com	Dental Equitable 1-866-444-6001 www.equitable.com
Vision Equitable 1-866-444-6001 www.equitable.com	Employee Assistance Program (EAP) Village EAP 1-800-627-8220 www.villageEAP.com Password: VillageEAP
Life Insurance/LTD Lincoln Financial 1-800-423-2765 www.lfg.com	Voluntary Worksite Benefits Aflac Aflac HQ: 1-800-922-4909 Claims Fax: 1-877-442-3522 www.aflac.com
Aflac Local Rep Derek Mosset: Office: 701-952-4909 Cell: 701-934-5495 Fax: 701-952-4910 Derek_Mosset@us.aflac.com	Aflac Local Admin Rep Cindy Wendel: Office: 701-490-0120 Fax: 701-490-3208 districtclaims@yahoo.com



THANK YOU!

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.