2027

South Washington County Schools

Benefit Summary

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your district. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Contact Information

If you have specific questions about a South Washington County Schools' benefit plan, please contact the administrator listed below, or the District's Human Resources Department.

BENEFIT	GROUP/ POLICY #	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	3204	HealthPartners	952.883.5000	www.healthpartners.com
Kavira	N/A	Kavira	763.373.3856	www.kavirahealth.com
Dental	3204	HealthPartners	952.883.5000	www.healthpartners.com
Vision	1026057	EyeMed	866.939.3633	www.eyemed.com
Life/AD&D	147018	The Standard	800.628.8600	www.standard.com
Long Term Disability	147018	The Standard	800.368.1135	www.standard.com
Accident, Critical Illness, Hospital Indemnity	147018	The Standard	800.634.1743	www.standard.com
Employee Assistance Program	N/A	Health Advocate with The Standard	888.293.6948	members.healthadvocate.com
Identity Protection	N/A	Allstate	800.789.2720	www.allstateidentityprotection.com
Flex Spending Accounts	N/A	Benefit Resource (BRI)	888.717.1320 320.457.0058	www.benefitresource.com
VEBA/HRA	N/A	Benefit Resource (BRI)	888.717.1320 320.457.0058	www.benefitresource.com
Gallagher Marketplace	N/A	Gallagher	N/A	c2mb.ajg.com/gmha/benefits/
Retirement	N/A	Teachers Retirement Association (TRA)	651.296.2409	www.minnesotatra.org
Retirement	N/A	Public Employees Retirement Association (PERA)	651.296.7460	www.mnpera.org

BENEFITS DEPARTMENT			
Kim Shirek	Benefits Specialist	651.425.6263	benefits@sowashco.org
Brittani Beatty	Benefits Specialist	651.425.6251	benefits@sowashco.org

For questions about general benefit coverage, please refer to your benefit certificates/summary plan descriptions (SPD) posted on the District website or your Human Resources Department.

Overview

Your benefits are an important part of your compensation.

Your Benefits

When you think about your total compensation package, don't forget about your benefits. Along with your pay, South Washington County Schools has provided a benefit program with real financial value. Your benefits package will improve your life and the lives of your family members. A great deal of time and effort has been invested in designing, funding, and maintaining a quality benefit plan. But you and your family can also play an important role in getting the most from your benefits by making sure that you understand them.

Select Your Benefits Carefully

When possible, you are offered options so that you can select the plan that best fits your needs. To get the most value from your benefits, carefully consider which options are right for you and your family. Because your premiums are generally deducted on a pretax basis, IRS regulations may prohibit you from making enrollment changes until the end of the plan year, unless you experience a family status change. Qualified status changes can be found on page 34 of this booklet.

Inside This Booklet

This booklet describes your 2027 employee benefits. For each benefit plan, you will find a description of your coverage, as well as information about eligibility, enrollment, costs and contact information. This booklet is intended to provide a summary of each of your benefit plans. Although care was taken to correctly describe these plans, you should consult your actual certificate for full details.

All plan certificates of coverage can be found on our District website.

Total Rewards

At South Washington County Schools, we provide our employees with a total rewards package. Total rewards is everything that an employee values in the employment relationship.

The Benefit Plans Offered Are

- Medical
- Dental
- Vision
- Life Insurance/AD&D
- Supplemental Life
- Dependent Supplemental Life
- Long-Term Disability
- Voluntary Accident, Critical Illness and Hospital Indemnity
- Voluntary Identity Protection
- Flexible Spending Accounts
- Employee Assistance Program
- Retirement Plans

Eligibility

Insurance eligibility is defined by collective bargaining contracts and employment agreements.

If you are an active employee and elect coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under age 26.

Every eligible employee has a one-time eligibility period; 30 days from your board-approved hire date.

All employees must complete an enrollment form indicating coverage elections, waived coverage and beneficiary information.

Medical Benefits

Administered by HealthPartners

Health Insurance is designed to provide protection for you and your dependents in the event that you require medical care. Remember that you can help to keep your plan costs low. Although you are not required to see a network provider, your expenses will be less when you seek care within the network. Most importantly, make sure you understand your plan so that you can use your medical benefits wisely.

Employees have the option to choose the Open Access Network or Achieve Network at the time of enrolling in a medical plan. In addition to selecting a plan design, you will also have to select a network.

The Open Access Network does not limit members to what providers you can see as long as they are in the HealthPartners network. Expenses may vary based on the provider you choose to visit and monthly premiums will be higher.

The Achieve Network narrows the options of providers a member may visit, but the discounts and premium savings will be greater. As long as you see Primary Care Providers, Specialists and Hospital Providers within the Achieve Network, members will not need referrals. More information on the Achieve Network can be found on page 14.

$15 COPAY PLAN	
• No referrals to see in-network providers	• No Deductible • Out-of-pocket maximum: $1,200 person; $3,600 family • Preventive Care 100% • Office visits and Urgent Care: $15 copay
$25 COPAY PLAN	
• No referrals to see in-network providers	• No Deductible • Out-of-pocket maximum: $1,200 person; $3,600 family • Preventive Care 100% • Office visits and Urgent Care: $25 copay
$1,000 DEDUCTIBLE (WITH HRA/VEBA)	
• High Deductible Health Plan (HDHP) • No referrals needed to see in-network providers • Employer-funded HRA/VEBA paired with this plan	• Deductible: $1,000 person; $2,000 family • Out-of-pocket maximum: $2,000 person; $4,000 family • Preventive Care 100% • Office visits and Urgent Care: You pay 20% after deductible
$3,000 DEDUCTIBLE (WITH HRA/VEBA)	
• High Deductible Health Plan (HDHP) • No referrals needed to see in-network providers • Employer-funded HRA/VEBA paired with this plan	• Deductible: $3,000 person; $6,000 family • Out-of-pocket maximum: $4,500 person; $9,000 family • Preventive Care 100% • Office visits and Urgent Care: You pay 20% after deductible
CIGNA NETWORK	
If you live, travel or go to school outside of Minnesota, you have access to a national network of participating providers at in-network benefit levels. Along with your current HealthPartners provider network, your health plan includes the Cigna Network of clinics, hospitals and doctors when you get care outside of Minnesota. Be sure to use Cigna providers for in-network benefits (lower deductibles and less money out-of-pocket). Visit **www.healthpartners.com/public/find-care** to search for participating providers.	

Current medical provider listings are available at **www.healthpartners.com**.

For more information on the District's plans, go to **sowashco.org/careers/benefits**.

On the following pages is a brief summary of the key elements of your medical plan choices. Please refer to the benefit plan booklet(s) for specific benefits, limitations and exclusions.

Medical Plans Summary — Open Access $15 Copay Plan

PLAN HIGHLIGHTS Partial listing of covered services	IN-NETWORK Care from a network provider	OUT-OF-NETWORK Care from an out-of-network provider
DEDUCTIBLE AND OUT-OF-POCKET		
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	No Deductible	$300 per person; $900 per family
Calendar year medical out-of-pocket maximum	$1,200 per person; $3,600 per family	$4,000 per person
Calendar year prescription out-of-pocket maximum	$500 per person; $1,000 per family	
PREVENTIVE HEALTHCARE		
Routine physical and immunizations	You pay nothing	You pay 35% after deductible
Prenatal care office visits	You pay nothing	You pay nothing
Well child office visits	You pay nothing	You pay nothing
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay $15 per visit	You pay 35% after deductible
Physical, occupational and speech therapy	You pay $15 per visit	You pay 35% after deductible
Chiropractic care	You pay $15 per visit	You pay 35% after deductible
CONVENIENCE CARE		
Convenience clinics (retail clinics)	You pay $5 per visit	You pay 35% after deductible
Telehealth and E-visit care	You pay $5 per visit	You pay 35% after deductible
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay $15 per visit	You pay $15 per visit
Emergency care at a hospital ER	You pay $100 per visit	You pay $100 per visit
Ambulance	You pay 10% coinsurance	You pay 10% after deductible
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 10% coinsurance	You pay 35% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 10% coinsurance	You pay 35% after deductible
Outpatient MRI and CT scan	You pay 10% coinsurance	You pay 35% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 10% coinsurance	You pay 35% after deductible
PHARMACY **(31-day supply, 1 cycle of oral contraceptives, 93-day supply for mail order)**	**PARTICIPATING PHARMACIES**	**NON-PARTICIPATING PHARMACIES**
	Pharmacy benefits do not include all drug classes. See plan materials for additional information.	
Retail Copayment for 1-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	 You pay $15 You pay $15 You pay $30	 You pay 35% after deductible You pay 35% after deductible You pay 35% after deductible
Mail Order Copayment for 3-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	 You pay $30 You pay $30 You pay $60	Out-of-network mail order is not covered
Specialty	See Specialty Drug list on www.healthpartners.com/hp/pharmacy/druglist	
Specialty Drugs	You pay 20% up to $200 maximum per prescription per month	You pay 35% after deductible

Medical Plans Summary — Achieve Network $15 Copay Plan

PLAN HIGHLIGHTS Partial listing of covered services	IN-NETWORK Care from a network provider	OUT-OF-NETWORK Care from an out-of-network provider
DEDUCTIBLE AND OUT-OF-POCKET		
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	No Deductible	$3,000 per person; $6,000 per family
Calendar year medical out-of-pocket maximum	$1,200 per person; $3,600 per family	$6,000 per person; $12,000 per family
Calendar year prescription out-of-pocket maximum	$500 per person; $1,000 per family	
PREVENTIVE HEALTHCARE		
Routine physical and immunizations	You pay nothing	You pay 50% after deductible
Prenatal care office visits	You pay nothing	You pay nothing
Well child office visits	You pay nothing	You pay nothing
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay $15 per visit	You pay 50% after deductible
Physical, occupational and speech therapy	You pay $15 per visit	You pay 50% after deductible
Chiropractic care	You pay $15 per visit	You pay 50% after deductible
CONVENIENCE CARE		
Convenience clinics (retail clinics)	You pay $5 per visit	You pay 50% after deductible
Telehealth and E-visit care	You pay $5 per visit	You pay 50% after deductible
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay $15 per visit	You pay $15 per visit
Emergency care at a hospital ER	You pay $100 per visit	You pay $100 per visit
Ambulance	You pay 10% coinsurance	You pay 10% after deductible
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 10% coinsurance	You pay 50% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 10% coinsurance	You pay 50% after deductible
Outpatient MRI and CT scan	You pay 10% coinsurance	You pay 50% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 10% coinsurance	You pay 50% after deductible
PHARMACY **(31-day supply, 1 cycle of oral contraceptives, 93-day supply for mail order)**	**PARTICIPATING PHARMACIES**	**NON-PARTICIPATING PHARMACIES**
	Pharmacy benefits do not include all drug classes. See plan materials for additional information.	
Retail Copayment for 1-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $15 You pay $15 You pay $30	You pay 50% after deductible You pay 50% after deductible You pay 50% after deductible
Mail Order Copayment for 3-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $30 You pay $30 You pay $60	Out-of-network mail order is not covered
Specialty	See Specialty Drug list on www.healthpartners.com/hp/pharmacy/druglist	
Specialty Drugs	You pay 20% up to $200 maximum per prescription per month	You pay 50% after deductible

Medical Plans Summary — Open Access $25 Copay Plan

PLAN HIGHLIGHTS Partial listing of covered services	IN-NETWORK Care from a network provider	OUT-OF-NETWORK Care from an out-of-network provider
DEDUCTIBLE AND OUT-OF-POCKET		
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	No Deductible	$300 per person; $900 per family
Calendar year medical out-of-pocket maximum	$1,200 per person; $3,600 per family	$4,000 per person
PREVENTIVE HEALTHCARE		
Routine physical and immunizations	You pay nothing	You pay 45% after deductible
Prenatal care office visits	You pay nothing	You pay nothing
Well child office visits	You pay nothing	You pay nothing
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay $25 per visit	You pay 45% after deductible
Physical, occupational and speech therapy	You pay $25 per visit	You pay 45% after deductible
Chiropractic care	You pay $25 per visit	You pay 45% after deductible
CONVENIENCE CARE		
Convenience clinics (retail clinics)	You pay $10 per visit	You pay 45% after deductible
Telehealth and E-visit care	You pay $10 per visit	You pay 45% after deductible
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay $25 per visit	You pay $25 per visit
Emergency care at a hospital ER	You pay $100 per visit	You pay $100 per visit
Ambulance	You pay 20% coinsurance	You pay 20% after deductible
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 20% coinsurance	You pay 45% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 20% coinsurance	You pay 45% after deductible
Outpatient MRI and CT scan	You pay 20% coinsurance	You pay 45% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 20% coinsurance	You pay 45% after deductible
PHARMACY **(31-day supply, 1 cycle of oral contraceptives, 93-day supply for mail order)**	**PARTICIPATING PHARMACIES**	**NON-PARTICIPATING PHARMACIES**
	Pharmacy benefits do not include all drug classes. See plan materials for additional information.	
Retail Copayment for 1-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $15 You pay $15 You pay $30	You pay 45% after deductible You pay 45% after deductible You pay 45% after deductible
Mail Order Copayment for 3-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $30 You pay $30 You pay $60	Out-of-network mail order is not covered
Specialty	See Specialty Drug list on www.healthpartners.com/hp/pharmacy/druglist	
Specialty Drugs	You pay 20% up to $200 maximum per prescription per month	You pay 45% after deductible

Medical Plans Summary — Achieve Network $25 Copay Plan

PLAN HIGHLIGHTS Partial listing of covered services	IN-NETWORK Care from a network provider	OUT-OF-NETWORK Care from an out-of-network provider
DEDUCTIBLE AND OUT-OF-POCKET		
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	No Deductible	$3,000 per person; $6,000 per family
Calendar year medical out-of-pocket maximum	$1,200 per person; $3,600 per family	$6,000 per person; $12,000 per family
PREVENTIVE HEALTHCARE		
Routine physical and immunizations	You pay nothing	You pay 50% after deductible
Prenatal care office visits	You pay nothing	You pay nothing
Well child office visits	You pay nothing	You pay nothing
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay $25 per visit	You pay 50% after deductible
Physical, occupational and speech therapy	You pay $25 per visit	You pay 50% after deductible
Chiropractic care	You pay $25 per visit	You pay 50% after deductible
CONVENIENCE CARE		
Convenience clinics (retail clinics)	You pay $10 per visit	You pay 50% after deductible
Telehealth and E-visit care	You pay $10 per visit	You pay 50% after deductible
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay $25 per visit	You pay $25 per visit
Emergency care at a hospital ER	You pay $100 per visit	You pay $100 per visit
Ambulance	You pay 20% coinsurance	You pay 20% after deductible
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 20% coinsurance	You pay 50% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 20% coinsurance	You pay 50% after deductible
Outpatient MRI and CT scan	You pay 20% coinsurance	You pay 50% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 20% coinsurance	You pay 50% after deductible
PHARMACY **(31-day supply, 1 cycle of oral contraceptives, 93-day supply for mail order)**	**PARTICIPATING PHARMACIES**	**NON-PARTICIPATING PHARMACIES**
	Pharmacy benefits do not include all drug classes. See plan materials for additional information.	
Retail Copayment for 1-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $15 You pay $15 You pay $30	You pay 50% after deductible You pay 50% after deductible You pay 50% after deductible
Mail Order Copayment for 3-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $30 You pay $30 You pay $60	Out-of-network mail order is not covered
Specialty	See Specialty Drug list on www.healthpartners.com/hp/pharmacy/druglist	
Specialty Drugs	You pay 20% up to $200 maximum per prescription per month	You pay 50% after deductible

Medical Plans Summary — Open Access $1,000 Deductible (with HRA/VEBA)

PLAN HIGHLIGHTS Partial listing of covered services	IN-NETWORK Care from a network provider	OUT-OF-NETWORK Care from an out-of-network provider
DEDUCTIBLE AND OUT-OF-POCKET		
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	$1,000 per person; $2,000 per family	$1,500 per person; $3,000 per family
Calendar year medical out-of-pocket maximum	$2,000 per person; $4,000 per family	$3,000 per person; $6,000 per family
PREVENTIVE HEALTHCARE		
Routine physical and immunizations	You pay nothing	You pay 30% after deductible
Prenatal care office visits	You pay nothing	You pay nothing
Well child office visits	You pay nothing	You pay nothing
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 30% after deductible
Physical, occupational and speech therapy	You pay 20% after deductible	You pay 30% after deductible
Chiropractic care	You pay 20% after deductible	You pay 30% after deductible
CONVENIENCE CARE		
Convenience clinics (retail clinics)	You pay 20% after deductible	You pay 30% after deductible
Telehealth and E-visit care	You pay 20% after deductible	You pay 30% after deductible
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay 20% after deductible	You pay 20% after deductible
Emergency care at a hospital ER	You pay 20% after deductible	You pay 20% after deductible
Ambulance	You pay 20% after deductible	You pay 20% after deductible
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 30% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 20% after deductible	You pay 30% after deductible
Outpatient MRI and CT scan	You pay 20% after deductible	You pay 30% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 20% after deductible	You pay 30% after deductible
PHARMACY **(31-day supply, 1 cycle of oral contraceptives, 93-day supply for mail order)**	**PARTICIPATING PHARMACIES**	**NON-PARTICIPATING PHARMACIES**
	Pharmacy benefits do not include all drug classes. See plan materials for additional information.	
Retail Copayment for 1-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	 You pay $12 You pay $35 You pay $50	 You pay 30% after deductible You pay 30% after deductible You pay 30% after deductible
Mail Order Copayment for 3-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	 You pay $24 You pay $70 You pay $100	Out-of-network mail order is not covered
Specialty	See Specialty Drug list on www.healthpartners.com/hp/pharmacy/druglist	
Specialty Drugs	You pay 20% up to $200 maximum per prescription per month	You pay 30% after deductible

Medical Plans Summary — Achieve Network $1,000 Deductible (with HRA/VEBA)

PLAN HIGHLIGHTS Partial listing of covered services	IN-NETWORK Care from a network provider	OUT-OF-NETWORK Care from an out-of-network provider
DEDUCTIBLE AND OUT-OF-POCKET		
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	$1,000 per person; $2,000 per family	$3,000 per person; $6,000 per family
Calendar year medical out-of-pocket maximum	$2,000 per person; $4,000 per family	$6,000 per person; $12,000 per family
PREVENTIVE HEALTHCARE		
Routine physical and immunizations	You pay nothing	You pay 50% after deductible
Prenatal care office visits	You pay nothing	You pay nothing
Well child office visits	You pay nothing	You pay nothing
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 50% after deductible
Physical, occupational and speech therapy	You pay 20% after deductible	You pay 50% after deductible
Chiropractic care	You pay 20% after deductible	You pay 50% after deductible
CONVENIENCE CARE		
Convenience clinics (retail clinics)	You pay 20% after deductible	You pay 50% after deductible
Telehealth and E-visit care	You pay 20% after deductible	You pay 50% after deductible
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay 20% after deductible	You pay 20% after deductible
Emergency care at a hospital ER	You pay 20% after deductible	You pay 20% after deductible
Ambulance	You pay 20% after deductible	You pay 20% after deductible
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 50% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 20% after deductible	You pay 50% after deductible
Outpatient MRI and CT scan	You pay 20% after deductible	You pay 50% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 20% after deductible	You pay 50% after deductible
PHARMACY **(31-day supply, 1 cycle of oral contraceptives, 93-day supply for mail order)**	**PARTICIPATING PHARMACIES**	**NON-PARTICIPATING PHARMACIES**
	Pharmacy benefits do not include all drug classes. See plan materials for additional information.	
Retail Copayment for 1-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $12 You pay $35 You pay $50	You pay 50% after deductible You pay 50% after deductible You pay 50% after deductible
Mail Order Copayment for 3-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $24 You pay $70 You pay $100	Out-of-network mail order is not covered
Specialty	See Specialty Drug list on www.healthpartners.com/hp/pharmacy/druglist	
Specialty Drugs	You pay 20% up to $200 maximum per prescription per month	You pay 50% after deductible

Medical Plans Summary — Open Access $3,000 Deductible (with HRA/VEBA)

PLAN HIGHLIGHTS Partial listing of covered services	IN-NETWORK Care from a network provider	OUT-OF-NETWORK Care from an out-of-network provider
DEDUCTIBLE AND OUT-OF-POCKET		
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	$3,000 per person; $6,000 per family	$6,000 per person; $12,000 per family
Calendar year medical out-of-pocket maximum	$4,500 per person; $9,000 per family	$7,000 per person; $14,000 per family
PREVENTIVE HEALTHCARE		
Routine physical and immunizations	You pay nothing	You pay 40% after deductible
Prenatal care office visits	You pay nothing	You pay nothing
Well child office visits	You pay nothing	You pay nothing
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 40% after deductible
Physical, occupational and speech therapy	You pay 20% after deductible	You pay 40% after deductible
Chiropractic care	You pay 20% after deductible	You pay 40% after deductible
CONVENIENCE CARE		
Convenience clinics (retail clinics)	You pay 20% after deductible	You pay 40% after deductible
Telehealth and E-visit care	You pay 20% after deductible	You pay 40% after deductible
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay 20% after deductible	You pay 20% after deductible
Emergency care at a hospital ER	You pay 20% after deductible	You pay 20% after deductible
Ambulance	You pay 20% after deductible	You pay 20% after deductible
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 40% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 20% after deductible	You pay 40% after deductible
Outpatient MRI and CT scan	You pay 20% after deductible	You pay 40% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 20% after deductible	You pay 40% after deductible
PHARMACY **(31-day supply, 1 cycle of oral contraceptives, 93-day supply for mail order)**	**PARTICIPATING PHARMACIES**	**NON-PARTICIPATING PHARMACIES**
	Pharmacy benefits do not include all drug classes. See plan materials for additional information.	
Retail Copayment for 1-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $20 You pay $35 You pay $60	You pay 40% after deductible You pay 40% after deductible You pay 40% after deductible
Mail Order Copayment for 3-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	You pay $40 You pay $70 You pay $120	Out-of-network mail order is not covered
Specialty	See Specialty Drug list on www.healthpartners.com/hp/pharmacy/druglist	
Specialty Drugs	You pay 20% up to $200 maximum per prescription per month	You pay 40% after deductible

Medical Plans Summary — Achieve Network $3,000 Deductible (with HRA/VEBA)

PLAN HIGHLIGHTS Partial listing of covered services	IN-NETWORK Care from a network provider	OUT-OF-NETWORK Care from an out-of-network provider
DEDUCTIBLE AND OUT-OF-POCKET		
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	$3,000 per person; $6,000 per family	$8,000 per person; $16,000 per family
Calendar year medical out-of-pocket maximum	$4,500 per person; $9,000 per family	$16,000 per person; $32,000 per family
PREVENTIVE HEALTHCARE		
Routine physical and immunizations	You pay nothing	You pay 50% after deductible
Prenatal care office visits	You pay nothing	You pay nothing
Well child office visits	You pay nothing	You pay nothing
OFFICE VISITS		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 50% after deductible
Physical, occupational and speech therapy	You pay 20% after deductible	You pay 50% after deductible
Chiropractic care	You pay 20% after deductible	You pay 50% after deductible
CONVENIENCE CARE		
Convenience clinics (retail clinics)	You pay 20% after deductible	You pay 50% after deductible
Telehealth and E-visit care	You pay 20% after deductible	You pay 50% after deductible
EMERGENCY CARE		
Urgently needed care at an urgent care clinic or medical center	You pay 20% after deductible	You pay 20% after deductible
Emergency care at a hospital ER	You pay 20% after deductible	You pay 20% after deductible
Ambulance	You pay 20% after deductible	You pay 20% after deductible
INPATIENT HOSPITAL CARE		
Illness or injury, mental/chemical healthcare	You pay 20% after deductible	You pay 50% after deductible
OUTPATIENT CARE		
Scheduled outpatient procedures	You pay 20% after deductible	You pay 50% after deductible
Outpatient MRI and CT scan	You pay 20% after deductible	You pay 50% after deductible
DURABLE MEDICAL EQUIPMENT		
Durable medical equipment and prosthetics	You pay 20% after deductible	You pay 50% after deductible
PHARMACY **(31-day supply, 1 cycle of oral contraceptives, 93-day supply for mail order)**	**PARTICIPATING PHARMACIES**	**NON-PARTICIPATING PHARMACIES**
	Pharmacy benefits do not include all drug classes. See plan materials for additional information.	
Retail Copayment for 1-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	 You pay $20 You pay $35 You pay $60	 You pay 50% after deductible You pay 50% after deductible You pay 50% after deductible
Mail Order Copayment for 3-month supply Generic from the Formulary Brand from the Formulary Medications not on the Formulary	 You pay $40 You pay $70 You pay $120	Out-of-network mail order is not covered
Specialty	See Specialty Drug list on www.healthpartners.com/hp/pharmacy/druglist	
Specialty Drugs	You pay 20% up to $200 maximum per prescription per month	You pay 50% after deductible

Achieve Network

Administered by HealthPartners

Lower your cost and improve health outcomes while giving employees access to the best care in your community. The Achieve network lets you do this and more. You can see any doctor in the Achieve Network. If you need additional care with a specialist, your primary care doctor can help you find a doctor, or you can go to **www.healthpartners.com/achieve** to find a specialist doctor in network - no referral needed.

Clinics and Hospitals in the Achieve Network:

- Amery Hospital & Clinic
- Burnsville Family Physicians
- CentraCare Health
- Children's Hospitals and Clinics
- Entira Family Health Clinics
- Gillette Children's Specialty Healthcare
- HealthPartners Clinics
- Hudson Hospital & Clinic
- Hutchinson Health
- Lakeview Clinic
- Lakeview Hospital
- Methodist Hospital
- North Suburban Family Physicians
- Northwest Family Physicians
- Park Nicollet Clinics
- Regions Hospital
- Ridgeview Medical Center
- Riverway Clinic
- Stillwater Medical Group
- St. Francis Regional Medical Center
- TRIA Orthopedic Center
- Westfields Hospital & Clinic
- And more!

Search the Achieve Network at **www.healthpartners.com/achieve**

Medical Insurance Terminology

Unfamiliar terminology can make choosing a medical plan confusing. To help you navigate your benefit options, we have provided the following definitions of common medical insurance terms.

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 amount is an annual amount calculated during the plan year, January through December.

Copays

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically you would see a copay for office visits and prescription drugs.

Coinsurance

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after a 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. District plans OOPM calculate on the plan year; January through December. 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 HealthPartners. Once HealthPartners 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 HealthPartners, what HealthPartners paid and what you owe on the claim. The EOB also shows what’s accumulated toward your annual OOPM and deductible, if applicable.

Health Reimbursement Arrangement/Voluntary Employees Beneficiary Association (HRA/VEBA)

A tax-free medical expense account funded by the District on your behalf if you enroll in the $1,000 or $3,000 HDHP.

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.

Cigna Network

The national Cigna Network provides coast-to-coast access to doctors, clinics and hospitals. The national network offers coverage for employees who live, travel or have dependents who go to school outside the HealthPartners / Minnesota service area. Visit **healthpartners.com/public/find-care** for a list of providers.

Open Access (OA)

Members are not required to select a primary care provider, nor do they need referrals to seek care for specialty needs.

Achieve Network

The Achieve Network narrows the options of providers a member may visit, allowing savings to be greater.

High-Deductible Health Plan (HDHP)

A health plan that gives you more control over your healthcare spending by offering lower monthly premiums in exchange for higher deductibles and out-of-pocket limits.

Certificate of Coverage (COC)

The Certificate of Coverage is a summary of the master plan document and is available on the District’s website or by calling HealthPartners Member Services. If changes are made to the master plan, you will receive amendments to the Certificate of Coverage.

Formulary Drugs

Formulary drugs are the prescription medications covered under your medical insurance with the maximum plan benefit. If your provider prescribes a non-formulary medication, you will have coverage, but a higher copay will be assessed.

For the HealthPartners plans, please see the complete Formulary Drugs List available at **www.healthpartners.com/hp/pharmacy/druglist** under “2027 PreferredRx”

Need Help Selecting your Medical Plan?

It's important to consider your options when selecting your medical plan. Deciding on a plan is a personal decision for you and your family and the "best" option may not always be the most expensive plan. When choosing the plan that's right for you, it's important to think about your total costs:

Fixed costs (annual premium contributions) + Variable costs (out-of-pocket expenses) = Total Costs.

Here are a few things to think about when choosing a medical plan:

- Consider the monthly employee contribution. Based on your usage of the plan, you could save money. Would you prefer to have a higher payroll deduction and lower costs out-of-pocket, or would you prefer a lower payroll deduction and higher out-of-pocket expenses?
- How do you and your family use your healthcare? Consider the number of office visits you make in an average year, the number and cost of prescription drugs you use, and the number of foreseeable hospital visits you anticipate in the upcoming plan year (pregnancy, chronic conditions, etc.).
- Want more control over your healthcare dollars? With the $1,000 Deductible Plan and the $3,000 Deductible Plan, the cost of coverage (your monthly premium) is lower, but you generally pay more at the time of service than you would if you were enrolled in one of the copay plans that the District offers. It's a different way of thinking about the total cost of care. Instead of paying for coverage you might not actually use (in higher premium contributions), a high-deductible health plan lets you pay for only the healthcare services you use.
- The $1,000 and $3,000 high deductible plans are paired with a HRA/VEBA contribution. Your HRA/VEBA account is available to reimburse you for expenses incurred on the HDHP. The HRA/VEBA annual contribution is divided into 3 contributions; 50% on January 15, 25% on July 15 and the final 25% on October 15.
- Will you be covering dependents that live outside of the HealthPartners provider area? Your dependents will have access to Cigna providers and have in-network benefits!
- Consider the following examples per the teacher and paraprofessional premium rates of high and low utilization plan years.
- All employee premium cost sheets are posted on the district website. If you are not full-time, the district premium contribution may be prorated per your union contract.

Real Life Examples

0.8 - 1.0 FTE Teachers – Open Access Network

The following medical plan examples compare costs for a high-utilization (reflecting a year with numerous medical events) and a low-utilization year; single and family. Premiums for your Health/Dental insurance will be automatically deducted from your paycheck before taxes are taken out unless you elect otherwise.

EMPLOYEE ON SINGLE COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$15 Copay Open Access Plan	$25 Copay Open Access Plan	$15 Copay Open Access Plan	$25 Copay Open Access Plan
Annual maximum out-of-pocket	$1,200	$1,200	$1,200	$1,200
Rx maximum out-of-pocket	$500	N/A	$500	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$90	$150	$15	$25
Prescription (generic) antibiotic (5 for HIGH, 1 for LOW)	$75	$75	$15	$15
Prescription (brand) (4 for HIGH, 1 for LOW) (12-month supply by mail order)	$480	$480	$120	$120
Heart Surgery (total claim cost; $40,000) Applies to high-utilization year only	$1,055	$495	N/A	N/A
Annual cost for medical and Rx services	$1,700	$1,200	$150	$160
Annual cost for EE premium contributions	$5,814	$6,146	$5,814	$6,146
District VEBA contribution	N/A	N/A	N/A	N/A
Total Annual Cost	$7,514	$7,346	$5,964	$6,306

EMPLOYEE ON FAMILY COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$15 Copay Open Access Plan	$25 Copay Open Access Plan	$15 Copay Open Access Plan	$25 Copay Open Access Plan
Annual maximum out-of-pocket (per person and per family)	$1,200 $3,600	$1,200 $3,600	$1,200 $3,600	$1,200 $3,600
Rx maximum out-of-pocket	$1,000	N/A	$1,000	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Well-child visits	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$90	$150	$15	$25
Prescription (generic) antibiotic (6 for HIGH, 1 for LOW)	$90	$90	$15	$15
Prescription (non-formulary) (10 on HIGH, 1 on LOW)	$300	$300	$30	$30
Prescription (brand) (6 on HIGH, 1 on LOW) (12-month supply by mail order)	$720	$720	$120	$120
Auto Accident (3 family members injured) (total claim cost; $150,000) Applies to high-utilization year only	$3,400	$2,340	N/A	N/A
Annual cost for medical and Rx services	$4,600	$3,600	$180	$190
Annual cost for EE premium contributions	$23,795	$24,572	$23,795	$24,572
District VEBA contribution	N/A	N/A	N/A	N/A
Total Annual Cost	$28,395	$28,172	$23,975	$24,762

Real Life Examples

0.8 - 1.0 FTE Teachers – Open Access Network

The following medical plan examples compare costs for a high-utilization (reflecting a year with numerous medical events) and a low-utilization year; single and family. Premiums for your Health/Dental insurance will be automatically deducted from your paycheck before taxes are taken out unless you elect otherwise.

EMPLOYEE ON SINGLE COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$1,000 Open Access High Deductible	$3,000 Open Access High Deductible	$1,000 Open Access High Deductible	$3,000 Open Access High Deductible
Annual maximum out-of-pocket	$2,000	$4,500	$2,000	$4,500
Rx maximum out-of-pocket	N/A	N/A	N/A	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$600	$600	$100	$100
Prescription (generic) antibiotic (5 for HIGH, 1 for LOW)	$60	$100	$12	$20
Prescription (brand) (4 for HIGH, 1 for LOW) (12-month supply by mail order)	$1,120	$1,120	$280	$280
Heart Surgery (total claim cost; $40,000) Applies to high-utilization year only	$220	$2,680	N/A	N/A
Annual cost for medical and Rx services	$2,000	$4,500	$392	$400
Annual cost for EE premium contributions	$2,719	$1,180	$2,719	$1,180
District VEBA contribution	($3,000)	($3,000)	($3,000)	($3,000)
Total Annual Cost	$1,719	$2,680	$111	($1,420)

EMPLOYEE ON FAMILY COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$1,000 Open Access High Deductible	$3,000 Open Access High Deductible	$1,000 Open Access High Deductible	$3,000 Open Access High Deductible
Annual maximum out-of-pocket (per person and per family)	$2,000 $4,000	$4,500 $9,000	$2,000 $4,000	$4,500 $9,000
Rx maximum out-of-pocket	N/A	N/A	N/A	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Well-child visits	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$600	$600	$100	$100
Prescription (generic) antibiotic (6 for HIGH, 1 for LOW)	$75	$120	$12	$20
Prescription (non-formulary) (10 on HIGH, 1 on LOW)	$500	$600	$50	$60
Prescription (brand) (6 on HIGH, 1 on LOW) (12-month supply by mail order)	$1,680	$1,680	$280	$280
Auto Accident (3 family members injured) (total claim cost; $150,000) Applies to high-utilization year only	$1,145	$6,000	N/A	N/A
Annual cost for medical and Rx services	$4,000	$9,000	$442	$460
Annual cost for EE premium contributions	$14,734	$10,406	$14,734	$10,406
District VEBA contribution	($3,000)	($3,000)	($3,000)	($3,000)
Total Annual Cost	$15,734	$16,406	$12,176	$7,866

Real Life Examples

0.8 - 1.0 FTE Teachers – Achieve Network

The following medical plan examples compare costs for a high-utilization (reflecting a year with numerous medical events) and a low-utilization year; single and family. Premiums for your Health/Dental insurance will be automatically deducted from your paycheck before taxes are taken out unless you elect otherwise.

EMPLOYEE ON SINGLE COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$15 Copay Achieve Plan	$25 Copay Achieve Plan	$15 Copay Achieve Plan	$25 Copay Achieve Plan
Annual maximum out-of-pocket	$1,200	$1,200	$1,200	$1,200
Rx maximum out-of-pocket	$500	N/A	$500	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$90	$150	$15	$25
Prescription (generic) antibiotic (5 for HIGH, 1 for LOW)	$75	$75	$15	$15
Prescription (brand) (4 for HIGH, 1 for LOW) (12-month supply by mail order)	$480	$480	$120	$120
Heart Surgery (total claim cost; $40,000) Applies to high-utilization year only	$1,055	$495	N/A	N/A
Annual cost for medical and Rx services	$1,700	$1,200	$150	$160
Annual cost for EE premium contributions	$4,908	$5,224	$4,908	$5,224
District VEBA contribution	N/A	N/A	N/A	N/A
Total Annual Cost	$6,608	$6,424	$5,058	$5,384

EMPLOYEE ON FAMILY COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$15 Copay Achieve Plan	$25 Copay Achieve Plan	$15 Copay Achieve Plan	$25 Copay Achieve Plan
Annual maximum out-of-pocket (per person and per family)	$1,200 $3,600	$1,200 $3,600	$1,200 $3,600	$1,200 $3,600
Rx maximum out-of-pocket	$1,000	N/A	$1,000	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Well-child visits	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$90	$150	$15	$25
Prescription (generic) antibiotic (6 for HIGH, 1 for LOW)	$90	$90	$15	$15
Prescription (non-formulary) (10 on HIGH, 1 on LOW)	$300	$300	$30	$30
Prescription (brand) (6 on HIGH, 1 on LOW) (12-month supply by mail order)	$720	$720	$120	$120
Auto Accident (3 family members injured) (total claim cost; $150,000) Applies to high-utilization year only	$3,400	$2,340	N/A	N/A
Annual cost for medical and Rx services	$4,600	$3,600	$180	$190
Annual cost for EE premium contributions	$21,366	$22,102	$21,366	$22,102
District VEBA contribution	N/A	N/A	N/A	N/A
Total Annual Cost	$25,966	$25,702	$21,546	$22,292

Real Life Examples

0.8 - 1.0 FTE Teachers – Achieve Network

The following medical plan examples compare costs for a high-utilization (reflecting a year with numerous medical events) and a low-utilization year; single and family. Premiums for your Health/Dental insurance will be automatically deducted from your paycheck before taxes are taken out unless you elect otherwise.

EMPLOYEE ON SINGLE COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$1,000 Achieve High Deductible	$3,000 Achieve High Deductible	$1,000 Achieve High Deductible	$3,000 Achieve High Deductible
Annual maximum out-of-pocket	$2,000	$4,500	$2,000	$4,500
Rx maximum out-of-pocket	N/A	N/A	N/A	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$600	$600	$100	$100
Prescription (generic) antibiotic (5 for HIGH, 1 for LOW)	$60	$100	$12	$20
Prescription (brand) (4 for HIGH, 1 for LOW) (12-month supply by mail order)	$1,120	$1,120	$280	$280
Heart Surgery (total claim cost; $40,000) Applies to high-utilization year only	$220	$2,680	N/A	N/A
Annual cost for medical and Rx services	$2,000	$4,500	$392	$400
Annual cost for EE premium contributions	$2,556	$1,109	$2,556	$1,109
District VEBA contribution	($3,000)	($3,000)	($3,000)	($3,000)
Total Annual Cost	$1,556	$2,609	($52)	($1,491)

EMPLOYEE ON FAMILY COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$1,000 Achieve High Deductible	$3,000 Achieve High Deductible	$1,000 Achieve High Deductible	$3,000 Achieve High Deductible
Annual maximum out-of-pocket (per person and per family)	$2,000 $4,000	$4,500 $9,000	$2,000 $4,000	$4,500 $9,000
Rx maximum out-of-pocket	N/A	N/A	N/A	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Well-child visits	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$600	$600	$100	$100
Prescription (generic) antibiotic (6 for HIGH, 1 for LOW)	$75	$120	$12	$20
Prescription (non-formulary) (10 on HIGH, 1 on LOW)	$500	$600	$50	$60
Prescription (brand) (6 on HIGH, 1 on LOW) (12-month supply by mail order)	$1,680	$1,680	$280	$280
Auto Accident (3 family members injured) (total claim cost; $150,000) Applies to high-utilization year only	$1,145	$6,000	N/A	N/A
Annual cost for medical and Rx services	$4,000	$9,000	$442	$460
Annual cost for EE premium contributions	$12,560	$8,492	$12,560	$8,492
District VEBA contribution	($3,000)	($3,000)	($3,000)	($3,000)
Total Annual Cost	$13,560	$14,492	$10,002	$5,952

Real Life Examples

Paraprofessionals – Open Access Network

The following medical plan examples compare costs for a high-utilization (reflecting a year with numerous medical events) and a low-utilization year; single and family. Premiums for your Health/Dental insurance will be automatically deducted from your paycheck before taxes are taken out unless you elect otherwise.

EMPLOYEE ON SINGLE COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$15 Copay Open Access Plan	$25 Copay Open Access Plan	$15 Copay Open Access Plan	$25 Copay Open Access Plan
Annual maximum out-of-pocket	$1,200	$1,200	$1,200	$1,200
Rx maximum out-of-pocket	$500	N/A	$500	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$90	$150	$15	$25
Prescription (generic) antibiotic (5 for HIGH, 1 for LOW)	$75	$75	$15	$15
Prescription (brand) (4 for HIGH, 1 for LOW) (12-month supply by mail order)	$480	$480	$120	$120
Heart Surgery (total claim cost; $40,000) Applies to high-utilization year only	$1,055	$495	N/A	N/A
Annual cost for medical and Rx services	$1,700	$1,200	$150	$160
Annual cost for EE premium contributions	$14,850	$14,520	$14,850	$14,520
District VEBA contribution	N/A	N/A	N/A	N/A
Total Annual Cost	$16,550	$15,720	$15,000	$14,680

EMPLOYEE ON FAMILY COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$15 Copay Open Access Plan	$25 Copay Open Access Plan	$15 Copay Open Access Plan	$25 Copay Open Access Plan
Annual maximum out-of-pocket (per person and per family)	$1,200 $3,600	$1,200 $3,600	$1,200 $3,600	$1,200 $3,600
Rx maximum out-of-pocket	$1,000	N/A	$1,000	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Well-child visits	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$90	$150	$15	$25
Prescription (generic) antibiotic (6 for HIGH, 1 for LOW)	$90	$90	$15	$15
Prescription (non-formulary) (10 on HIGH, 1 on LOW)	$300	$300	$30	$30
Prescription (brand) (6 on HIGH, 1 on LOW) (12-month supply by mail order)	$720	$720	$120	$120
Auto Accident (3 family members injured) (total claim cost; $150,000) Applies to high-utilization year only	$3,400	$2,340	N/A	N/A
Annual cost for medical and Rx services	$4,600	$3,600	$180	$190
Annual cost for EE premium contributions	$41,622	$40,737	$41,622	$40,737
District VEBA contribution	N/A	N/A	N/A	N/A
Total Annual Cost	$46,222	$44,337	$41,802	$40,927

Real Life Examples

Paraprofessionals – Open Access Network

The following medical plan examples compare costs for a high-utilization (reflecting a year with numerous medical events) and a low-utilization year; single and family. Premiums for your Health/Dental insurance will be automatically deducted from your paycheck before taxes are taken out unless you elect otherwise.

EMPLOYEE ON SINGLE COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$1,000 Open Access High Deductible	$3,000 Open Access High Deductible	$1,000 Open Access High Deductible	$3,000 Open Access High Deductible
Annual maximum out-of-pocket	$2,000	$4,500	$2,000	$4,500
Rx maximum out-of-pocket	N/A	N/A	N/A	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$600	$600	$100	$100
Prescription (generic) antibiotic (5 for HIGH, 1 for LOW)	$60	$100	$12	$20
Prescription (brand) (4 for HIGH, 1 for LOW) (12-month supply by mail order)	$1,120	$1,120	$280	$280
Heart Surgery (total claim cost; $40,000) Applies to high-utilization year only	$220	$2,680	N/A	N/A
Annual cost for medical and Rx services	$2,000	$4,500	$392	$400
Annual cost for EE premium contributions	$3,507	$1,751	$3,507	$1,751
District VEBA contribution	($1,227)	($1,227)	($1,227)	($1,227)
Total Annual Cost	$4,280	$5,024	$2,672	$924

EMPLOYEE ON FAMILY COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$1,000 Open Access High Deductible	$3,000 Open Access High Deductible	$1,000 Open Access High Deductible	$3,000 Open Access High Deductible
Annual maximum out-of-pocket (per person and per family)	$2,000 $4,000	$4,500 $9,000	$2,000 $4,000	$4,500 $9,000
Rx maximum out-of-pocket	N/A	N/A	N/A	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Well-child visits	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$600	$600	$100	$100
Prescription (generic) antibiotic (6 for HIGH, 1 for LOW)	$75	$120	$12	$20
Prescription (non-formulary) (10 on HIGH, 1 on LOW)	$500	$600	$50	$60
Prescription (brand) (6 on HIGH, 1 on LOW) (12-month supply by mail order)	$1,680	$1,680	$280	$280
Auto Accident (3 family members injured) (total claim cost; $150,000) Applies to high-utilization year only	$1,145	$6,000	N/A	N/A
Annual cost for medical and Rx services	$4,000	$9,000	$442	$460
Annual cost for EE premium contributions	$20,875	$16,169	$20,875	$16,169
District VEBA contribution	($1,227)	($1,227)	($1,227)	($1,227)
Total Annual Cost	$23,648	$23,942	$20,090	$15,402

Real Life Examples

Paraprofessionals – Achieve Network

The following medical plan examples compare costs for a high-utilization (reflecting a year with numerous medical events) and a low-utilization year; single and family. Premiums for your Health/Dental insurance will be automatically deducted from your paycheck before taxes are taken out unless you elect otherwise.

EMPLOYEE ON SINGLE COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$15 Copay Achieve Plan	$25 Copay Achieve Plan	$15 Copay Achieve Plan	$25 Copay Achieve Plan
Annual maximum out-of-pocket	$1,200	$1,200	$1,200	$1,200
Rx maximum out-of-pocket	$500	N/A	$500	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$90	$150	$15	$25
Prescription (generic) antibiotic (5 for HIGH, 1 for LOW)	$75	$75	$15	$15
Prescription (brand) (4 for HIGH, 1 for LOW) (12-month supply by mail order)	$480	$480	$120	$120
Heart Surgery (total claim cost; $40,000) Applies to high-utilization year only	$1,055	$495	N/A	N/A
Annual cost for medical and Rx services	$1,700	$1,200	$150	$160
Annual cost for EE premium contributions	$13,851	$13,540	$13,851	$13,540
District VEBA contribution	N/A	N/A	N/A	N/A
Total Annual Cost	$15,551	$14,740	$14,001	$13,700

EMPLOYEE ON FAMILY COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$15 Copay Achieve Plan	$25 Copay Achieve Plan	$15 Copay Achieve Plan	$25 Copay Achieve Plan
Annual maximum out-of-pocket (per person and per family)	$1,200 $3,600	$1,200 $3,600	$1,200 $3,600	$1,200 $3,600
Rx maximum out-of-pocket	$1,000	N/A	$1,000	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Well-child visits	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$90	$150	$15	$25
Prescription (generic) antibiotic (6 for HIGH, 1 for LOW)	$90	$90	$15	$15
Prescription (non-formulary) (10 on HIGH, 1 on LOW)	$300	$300	$30	$30
Prescription (brand) (6 on HIGH, 1 on LOW) (12-month supply by mail order)	$720	$720	$120	$120
Auto Accident (3 family members injured) (total claim cost; $150,000) Applies to high-utilization year only	$3,400	$2,340	N/A	N/A
Annual cost for medical and Rx services	$4,600	$3,600	$180	$190
Annual cost for EE premium contributions	$38,945	$38,113	$38,945	$38,113
District VEBA contribution	N/A	N/A	N/A	N/A
Total Annual Cost	$43,545	$41,713	$39,125	$38,303

Real Life Examples

Paraprofessionals – Achieve Network

The following medical plan examples compare costs for a high-utilization (reflecting a year with numerous medical events) and a low-utilization year; single and family. Premiums for your Health/Dental insurance will be automatically deducted from your paycheck before taxes are taken out unless you elect otherwise.

EMPLOYEE ON SINGLE COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$1,000 Achieve High Deductible	$3,000 Achieve High Deductible	$1,000 Achieve High Deductible	$3,000 Achieve High Deductible
Annual maximum out-of-pocket	$2,000	$4,500	$2,000	$4,500
Rx maximum out-of-pocket	N/A	N/A	N/A	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$600	$600	$100	$100
Prescription (generic) antibiotic (5 for HIGH, 1 for LOW)	$60	$100	$12	$20
Prescription (brand) (4 for HIGH, 1 for LOW) (12-month supply by mail order)	$1,120	$1,120	$280	$280
Heart Surgery (total claim cost; $40,000) Applies to high-utilization year only	$220	$2,680	N/A	N/A
Annual cost for medical and Rx services	$2,000	$4,500	$392	$400
Annual cost for EE premium contributions	$2,630	$979	$2,630	$979
District VEBA contribution	($1,227)	($1,227)	($1,227)	($1,227)
Total Annual Cost	$3,403	$4,252	$1,795	$152

EMPLOYEE ON FAMILY COVERAGE — COST TO MEMBER				
	HIGH UTILIZATION		LOW UTILIZATION	
SERVICES	$1,000 Achieve High Deductible	$3,000 Achieve High Deductible	$1,000 Achieve High Deductible	$3,000 Achieve High Deductible
Annual maximum out-of-pocket (per person and per family)	$2,000 $4,000	$4,500 $9,000	$2,000 $4,000	$4,500 $9,000
Rx maximum out-of-pocket	N/A	N/A	N/A	N/A
Annual Physical	$0	$0	$0	$0
Preventive cancer screenings	$0	$0	$0	$0
Well-child visits	$0	$0	$0	$0
Office visits for illness (6 visits for HIGH, 1 visit for LOW) ($100 cost per visit)	$600	$600	$100	$100
Prescription (generic) antibiotic (6 for HIGH, 1 for LOW)	$75	$120	$12	$20
Prescription (non-formulary) (10 on HIGH, 1 on LOW)	$500	$600	$50	$60
Prescription (brand) (6 on HIGH, 1 on LOW) (12-month supply by mail order)	$1,680	$1,680	$280	$280
Auto Accident (3 family members injured) (total claim cost; $150,000) Applies to high-utilization year only	$1,145	$6,000	N/A	N/A
Annual cost for medical and Rx services	$4,000	$9,000	$442	$460
Annual cost for EE premium contributions	$18,523	$14,099	$18,523	$14,099
District VEBA contribution	($1,227)	($1,227)	($1,227)	($1,227)
Total Annual Cost	$21,296	$21,872	$17,738	$13,332

kavira.

Kavira Health

Kavira is a benefit available to district employees who are enrolled in one of South Washington County School's medical plans. If you are eligible for Kavira, your spouse and eligible dependent children under the age of 26 can also access the benefit, even if they are not enrolled in the district medical plan with you.

Kavira's experienced team of clinicians provide same-day primary and urgent care via home visits and telehealth. No more trips to the doctor - all care is provided through house or office visits and via Kavira's mobile app.

There are no copays, insurance hassles, or surprise bills. Members can do everything online or in the mobile app, including messaging, scheduling house visits, requesting prescription refills, and videochatting with Kavira providers. A Kavira provider will work with you to assess your symptoms and answer any questions you may have.

Benefit Highlights

- **Who has access**– You, your spouse and your children under the age of 26 have free* access to Kavira
- **Free visits**—Chat, Video, In-Person House and Office Visits
- **Medications** – 300 free medications: our providers can diagnose, treat and prescribe
- **Labs**– 30 free labs available; access to thousands of other heavily discounted labs
- **Hours of Service**– Weekdays available for house visits and telehealth from 8am-7pm; weekends available for telehealth– only from 10am-2pm

*some labs may cost extra

Acute Conditions we treat:

- Asthma
- Athlete's foot
- Bronchitis
- Bug bites
- Cold sores
- Cough, cold & flu
- Diarrhea
- Ear concerns (pain, drainage, wax)
- Gout flare up
- Hand, foot, mouth
- Insomnia
- Muscle or joint pain
- Pink eye
- Rashes, skin conditions, burns
- Many More

Chronic Conditions we treat:

- Acne
- Anemia (mild) evaluation
- Anxiety / Mild-moderate depression
- Asthma
- Constipation
- Diabetes type 2
- Eczema
- Epi-pen refills
- Gout
- Hair Loss
- Heartburn (GERD)
- High cholesterol
- Hypertension
- Hypothyroidism
- Obesity
- Osteoarthritis
- Seasonal allergies

Preventive:

- Wellness exams
- Contraception
- Sports Physicals
- Tobacco/ nicotine cessation
- Wellness goals

Imaging (non-emergency)

- X– Rays
- EKG's

Additional Services

- 30 free labs
- 300 free Rx's

Download the App
KaviraHealth.com/Download
Call or Text: 763.373.3856

Preventive Health and Wellness

Preventive Health

By taking a proactive role in your healthcare, you will make better decisions about your medical care that will ultimately reduce your healthcare costs. Did you know that preventable illnesses and chronic disease account for 8 of the 9 leading causes of death? Preventive care is the first step to maintaining good health, and your health plan covers preventive care 100%!

Employee Wellness

Each year our Employee Wellness program offers employees the opportunity to participate in a variety of speakers and challenges focused on mindset, meals, and movement. Previous opportunities have included:

- **Master Your Motivation for a Fit, Strong and Healthy Body**

  A motivational presentation followed by a 30-day strength building challenge.
- **833 STEP Challenge**

  A 30-day 10,000 steps a day challenge that is fueled by friendly team competition, fun, and encouragement.
- **Get Out of Your Own Way for a Healthier, Happier Life**

  A workshop to break out of limiting beliefs and behaviors so that you can live the life of your dreams.

MyRewards

Employees and their dependents ages 18 and older who are enrolled in the districts medical plan will have access to HealthPartners My Rewards program. Through my rewards, each eligible member can earn up to $245 each calendar year on a reloadable reward card to be spent at your discretion. To access your account, log into your HealthPartners member account, and navigate to the Programs & Perks Page to find the My Rewards page.

Our wellness efforts are designed to support healthy lifestyles and have fun while doing it!

Dental Benefits

Administered by HealthPartners

Dental coverage is designed to provide protection to you and/or your family in the event that you require dental services during the year. These plans are designed to encourage regular visits to your dentist which is essential to maintaining oral health, and to provide coverage for basic diagnostic and preventive dental needs.

Your deductibles and annual maximums are accumulated January to December.

	HealthPartners Dental Tiered PPO Network		
	Level 1	**Level 2**	**Out-of-Network**
Calendar Year Plan Maximum (per person)	$1,000		
Implant Maximum (included in annual maximum)	$500		
Lifetime Ortho Maximum (Per dependent ages 18 and under)	$1,500		
Annual Deductible	None	None	None
Diagnostic & Preventive Services Exams, cleanings, x-rays, fluoride treatments, space maintainers	100%	80%	80%
Basic Services Fillings, Extractions, Root Canals, Periodontal, Oral Surgery, Repair of Dentures	80%	80%	80%
Endodontics Root canals on permanent teeth once per lifetime per tooth	80%	80%	80%
Periodontics	80%	80%	80%
Oral Surgery & Surgical Extractions	80%	80%	80%
Major Restorative Crowns and composite resin restorations	80%	80%	80%
Prosthetics/Repairs Dentures, Bridges, Implants	50%	50%	50%
Orthodontics (Dependents ages 18 and under)	50%	50%	50%

Current dental provider listings are available at **www.healthpartners.com/dentaltieredA**

Note: Dentists who have signed a participating network agreement with HealthPartners have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.

Orthodontic Work in Progress

HealthPartners will cover a member in active orthodontic treatment (bands have been placed) and pay up to the orthodontic maximum.

The member's level of benefits is dependent on their HealthPartners product. If their orthodontist is not part of the HP network, the coverage will be paid at the out-of-network orthodontics benefit level, if applicable. If their product does not cover orthodontic benefits outside the network, they will need to receive care from an in-network orthodontist to receive benefits.

Members whose orthodontic treatment is in progress (bands are still in place) should have their treating dentist submit a claim form with the following information:

1. Total treatment cost.
2. Total length of treatment.
3. Down payment.
4. Payments made by previous carrier.

HealthPartners claims will prorate the cost of the remaining treatment to determine what benefit would be available. If a previous carrier has paid a benefit, and that payment is greater than the HealthPartners orthodontic lifetime maximum, no benefit will be available.

Did you know that orthodontic expenses can be reimbursed through your Healthcare Reimbursement Flex Spending Account (FSA)? Typically, a portion of an orthodontia contract (25% to 35%) is for expenses incurred immediately to complete initial orthodontia work. The remainder of the contract balance is divided over the remaining months of treatment. Under some contracts, the remaining months may span over a two- or three-year period. You may only receive reimbursements under your FSA for expenses you incur during that plan year.

Vision Benefits

Administered by EyeMed

Your eye examination and caring for your eyes is important to your overall health. Eye examinations diagnose much more than the need for corrective lenses. An eye examination can uncover more than 30 systemic diseases including hypertension, arteriosclerosis, diabetes, and Graves Disease. This plan allows you to improve your health by saving you money on your eye care purchases.

You have two plans to choose from – one offering Eye Exam and Material benefits; the second offers only Material benefits. Reminder that you receive an annual Eye Exam covered by HealthPartners if you are enrolled in South Washington County Schools' Medical plan. This Vision plan is a voluntary benefit, meaning 100% of the premiums are employee-paid.

Vision Plan			
	Exam + Materials In-Network (Member Cost)	**Materials Only In-Network (Member Cost)**	**Out-of-Network Reimbursement**
Exam (Once every 12 months)	$10 copay	N/A	Up to $40 (Exam + Materials Plan Only)
Lenses (Once every 12 months)			
Single Vision	$25 copay	$25 copay	Up to $40
Bifocal	$25 copay	$25 copay	Up to $60
Trifocal	$25 copay	$25 copay	Up to $80
Lenticular	$25 copay	$25 copay	Up to $70
Lens Enhancements (Once every 12 months)			
Standard Progressive Lenses	$25 copay	$25 copay	Up to $80
Premium Progressive Lenses	$110 – $200 copay	$110 – $200 copay	Up to $80
Frames (Once every 24 months)	$150 allowance (20% off remaining balance)	$150 allowance (20% off remaining balance)	Up to $75
Contact Lenses (Instead of glasses) (Once every 12 months)			
Elective	$150 allowance (15% off remaining balance)	$150 allowance (15% off remaining balance)	Up to $120
Medically Necessary	No cost	No cost	Up to $210
Employee Monthly Contributions			
Employee Only	$7.27	$5.84	
Family	$18.55	$14.89	

Current vision providers in the Insight Network are available at **www.eyemed.com**.

Life and Accidental Death & Dismemberment Insurance

The District offers Basic Life and Accidental Death & Dismemberment coverage to benefit eligible employees. In some cases, this is provided to you by the District at no charge. See the Cost Information spreadsheet on the District website to determine your cost.

What would happen to your family or financial obligations if something happened to you? Life insurance is designed to provide protection for your dependents or to enable your beneficiary to settle your affairs in the event of your death. Regardless of your age, income, or health status, Life Insurance may help secure the future of your survivors.

When you enroll in a Life Insurance policy you need to designate a beneficiary. Since the most current beneficiary on file determines who will receive your benefit, it is important to review your designation from time to time. You can change your beneficiary at any time by filling out a new beneficiary form and returning it to Human Resources.

Supplemental Life

This coverage is offered to employees as a way to supplement the employer-paid Life/AD&D coverage. This coverage also provides employees with a way to obtain coverage for their spouse and/or dependent children. Because this coverage is offered on a group basis through your employer, the cost is generally less than what an employee would find if seeking coverage on their own.

Dependent children are eligible to age 19, or age 25 if a full-time student.

As an eligible employee under this plan, see your rate sheet for available coverage amounts.

Note: If you decline supplemental life coverage for yourself and dependents upon hire and decide you want coverage in the future, you will be required to provide “Evidence of Insurability” on all amounts of coverage and coverage may be denied. For more specific information regarding life and LTD, see your certificates of coverage.

Long-Term Disability

Meeting your basic living expenses can be a real challenge if you become disabled. Long-Term Disability coverage provides a reasonable replacement of monthly earnings to an individual who becomes disabled for an extended period of time, due to accident or illness.

Long-Term Disability coverage provides income when you have been disabled for 90 calendar days or more. Your benefit is 66.67% of your monthly earnings, up to $6,000 per month. This amount may be reduced by other sources of income or disability earnings.

Voluntary Accident Insurance

Administered by Standard

This coverage includes cash benefit payments to help you pay for treatments or procedures due to accidents suffered while off the job. These include hospitalization, emergency room treatment, X-rays, fractures, lacerations and much more. Please see your certificate booklet for specific benefits.

Employee Monthly Contributions	
Employee	$7.35
Employee + Spouse	$11.42
Employee + Child(ren)	$14.06
Family	$21.93

Voluntary Critical Illness Insurance

Administered by Standard

Critical Illness coverage can help cover the extra expenses associated with a serious illness generally not covered by medical and disability income coverage. When a serious illness happens to you or a loved one, this coverage provides you with a lumpsum benefit. You can elect $10,000, $20,000 or $30,000 in coverage for yourself and your Spouse. Dependent children are covered at 25% of employee's election amount at no additional cost, with no health questions. Rates are age-banded and the spouse's rate is based on the employee's age.

Employee and Spouse's Benefit Monthly Contributions						
Employee's Age	18-29	30-39	40-49	50-59	60-69	70+
$10,000	$2.20	$3.50	$7.50	$16.00	$29.80	$52.70
$20,000	$4.40	$7.00	$15.00	$32.00	$59.60	$105.40
$30,000	$6.60	$10.50	$22.50	$48.00	$89.40	$158.10

Voluntary Hospital Indemnity Insurance

Administered by Standard

The Hospital Indemnity plan pays a fixed cash payment to you when you or a covered dependent are admitted to a hospital. The benefit includes a $1,000 payment for a hospital admission (one per year) and an additional $100 per day of confinement in hospital (up to 15 days per admission).

Employee Monthly Contributions	
Employee	$8.54
Employee + Spouse	$14.46
Employee + Child(ren)	$11.88
Family	$21.30

Voluntary Identity Protection Insurance

Administered by Allstate

With operative-sourced dark web monitoring intelligence, financial transaction monitoring, social media reputation monitoring, and more, Allstate can find what others can't. Should fraud or identity theft occur, their Privacy Advocates are always there to fully restore your compromised identity.

- Identity and Credit Monitoring
- Enhanced identity monitoring
- Auto-on alerts
- Dark web monitoring
- High-risk transaction monitoring
- Account activity
- Financial activity monitoring

Employee Monthly Contributions	
Employee	$9.50
Family	$18.50

- Social media monitoring
- Lost wallet protection
- Solicitation reduction
- Digital exposure reports
- Credit alerts
- Access to credit report and score(s)
- Data breach notifications
- Credit Assistance
- Credit lock
- Mobile App

Flexible Spending Account (FSA)

Healthcare Reimbursement FSA

You can set aside $100-$3,400 in a Healthcare Reimbursement FSA each year to help pay for out-of-pocket medical, dental and vision expenses for you, your spouse and your dependent child(ren). Below is a brief list of such expenses:

- Deductibles, coinsurance and/or copays under a health, dental or vision plan
- Eye glasses, contact lenses, cleaning and wetting solutions
- Orthodontia expenses
- Lasik eye surgery or radial keratotomy

Federal tax rules define which health expenses are eligible for reimbursement from a Healthcare Reimbursement FSA. For more information, refer to the list of eligible expenses or the Flexible Benefit Summary Plan Description on the District's webpage at **sowashco.org/careers/benefits**.

Orthodontia Expenses: Typically, a portion of an Orthodontia contract (25% to 35%) is for expenses incurred immediately to complete initial orthodontia work. The remainder of the contract balance is divided over the remaining months of treatment. Under some contracts, the remaining months may span over a two- or three-year period. You may only receive reimbursements under your Healthcare Reimbursement FSA for expenses you incur during that plan year.

Dependent Care Reimbursement FSA

You can set aside $100-$7,500 per household (up to $3,750 if you're married and filing separate tax returns) in a Dependent Care Reimbursement FSA each year to help you pay for your eligible dependent care expenses, such as daycare for your child or elder care.

If, in order to maintain employment, you are paying for child care or elder care services, you may be eligible to request reimbursement for some or all of those expenses through this program. Child care or elder care services may qualify for reimbursement if they meet these requirements:

- The child must be under 13 years old or, if older, mentally or physically incapable of caring for himself or herself.
- Must be provided by a facility or caretaker with a registered tax ID number.
- The services may be provided inside or outside your home, but not by someone who is your dependent for income tax purposes, such as an older child, your spouse, or a grandparent who lives with you.

The following illustrates how the Section 125 Flexible Spending Account works.

Example: An employee's annual gross pay is $24,000. The employee's portion of premium and additional election to the FSA totals $3,500 for the year.

	WITHOUT FSA	WITH FSA
Gross Pay	$24,000	$24,000
Less Premiums and FSA Contributions	$0	-$3,500
Taxable Income	$24,000	$20,500
Less Taxes (Federal, State and FICA estimated at 30%)*	-$7,200	-$6,150
Less Premium and Out-of-Pocket Expenses	-$3,500	-$3,500
Plus Reimbursement from FSA	$0	+$3,500
Take-Home Pay	$13,300	$14,350

*Taxes are illustrated for example purposes only. Reduced Social Security Tax (FICA) may result in less Social Security benefit.

The annual difference of $1,050 shows the value of paying for insurance premiums and other out-of-pocket expenses with pretax dollars. In this example, the employee has an additional $1,050 "in-pocket" throughout the year, versus having paid that amount in taxes.

Plan Participation Requirements and Qualifying Events

Plan Participation Requirements

Since the premiums and any money set aside in these programs are done so on a pretax basis, the ability to add or drop coverage or change your elections under these programs is limited to either our Annual Open Enrollment Period or due to a change in family status that affects your eligibility for benefits.

Employees must make an election each year and indicate their decision to participate or waive participation under the Healthcare Reimbursement FSA and/or Dependent Care Reimbursement FSA. Prior year elections will not carry over to the next plan year. You may not make any changes to your elections, during the plan year, unless you have a qualifying event.

"Use It or Lose It" Rule

Federal tax laws require that a Section 125 Plan operate on a "use it or lose it" basis. This means that if you do not use the entire amount available for reimbursement under your Healthcare Reimbursement FSA or Dependent Care Reimbursement FSA for a Plan Year, you will forfeit the unused amount and have no further claim to those monies after the Plan Year ends. You have until March 31 each year to submit your claims (incurred during the previous calendar year) for reimbursement.

Our plan does allow a 2.5 month grace period. This allows you to incur claims up to March 15 and reimburse them from any leftover funds you elected the previous year. All reimbursement requests must be submitted by March 31.

Our flex-plan administrator, Benefit Resource (BRI), has online resources, including calculators and information on eligible expenses. Log on to **www.benefitresource.com** for more information.

Qualifying Events

For all programs where premiums and any money is set aside on a pretax basis, the ability to add or drop coverage, or change your elections under these programs, is limited to either our Annual Open Enrollment Period or due to a change in family status that affects your eligibility for benefits. These are called Qualified Status Changes.

Qualified Status Changes may include the following and apply to you, your spouse or your eligible dependent:

- Marriage, divorce, legal separation or annulment.
- Birth or adoption of a child.
- Death of a spouse or child.
- Change in dependent status.
- Change in daycare provider.
- Commencement or termination of you or your spouse's employment.
- Change from full-time to part-time employment or vice versa by you or your spouse.
- A significant change in your or your spouse's health coverage and/or their insurance premium due to your spouse's employment.
- Taking an unpaid leave of absence by you or your spouse.

Employee Assistance Program (EAP)

There are times when we all need a little help. An EAP program offers confidential counseling services and resources to help resolve problems that may affect an employee's home or work life. The District offers an employee assistance program for their employees at no cost. If you are referred to resources outside of the employee assistance program, there may be a cost for which you are responsible. These programs are completely confidential and available 24 hours a day, 7 days a week.

The Standard – Employee Assistance Program (EAP)

The Standard Employee Assistance Program is available to all employees and any member of your household. The EAP can help you with the following:

- Childcare and elder care
- Alcohol and drug abuse
- Life improvement
- Difficulties in relationships
- Stress and anxiety with work or family
- Depression
- Personal achievement
- Emotional well-being
- Financial and legal concerns
- Grief and loss
- Identity theft and fraud resolution

Take advantage of online resources:

- Information and articles
- Self-assessment tools
- Child/elder care resource tool
- Legal forms
- Financial calculators
- Convenient services
- Monthly work/life webinars

TELEPHONE	ONLINE RESOURCE
Contact the EAP toll-free at: 888.293.6948 24 hours/day, 7 days/week	Visit **members.healthadvocate.com** in your web browser.

Gallagher Marketplace

Gallagher Marketplace makes it easy for employees to shop non-traditional benefits like **home, auto** and **renters' insurance, extended vehicle warranties, legal** and **identity theft protection, pet insurance and more**. You can also access thousands of discounts from car rentals and hotel stays to home goods and electronics through the PerkSpot Program. With no cost or obligations, a Gallagher representative will help you view multiple quotes side-by-side from top carriers offering a variety of payment plans. By shopping through the Gallagher Marketplace, you are getting benefits at better rates than buying a policy on your own.

How to get started:

- Visit the Gallagher Marketplace to see your available benefits at **c2mb.ajg.com/gmha/benefits/**
- Select a product to view more details
- Click on the partner link to learn more, get a free no obligation quote or apply for coverage
- Enter "South Washington County Schools ISD 833" when prompted

Retirement Plans

In 1931, the Minnesota State Legislature established PERA and TRA as a retirement system for county and local government employees (including school district employees). Both of these pension plans are defined benefit plans. The Human Resources Department is able to answer some general questions regarding the plans; however, for specifics, please contact PERA or TRA direct.

PERA

If you are a non-licensed employee, you automatically become a member of PERA when you are hired and meet earning requirements. As a member of the Coordinated Plan, you contribute 6.5% of your salary to PERA (deducted through payroll), and the District contributes 7.5% of salary.

Public Employees Retirement Association (PERA)

60 Empire Drive, Suite 200 St. Paul, MN 55103

Phone 651.296.7460
Fax 651.297.2547
www.mnpera.org

TRA

If you are a licensed employee, you automatically become a member of TRA when you are hired and meet earning requirements. As a member, you contribute 8% of your salary to TRA (deducted through payroll), and the District contributes 9.81% of salary.

Teachers Retirement Association TRA)
60 Empire Drive, Suite 400
St. Paul, MN 55103 Phone
651.296.2409
Fax 651.297.5999
www.minnesotatra.org

You begin building your retirement benefit your very first day of employment. “Vesting” simply means you have earned enough service credit to be eligible for a monthly lifetime benefit rather than a refund of your contributions.

- PERA — fully vested after three years of service if hired before July 1, 2010, and five years thereafter
- TRA— fully vested after three years of teaching service if service is after May 15, 1989, and five years if service is between June 30, 1987 and May 15, 1989

Tax Sheltered Annuities (TSA)

Employees of South Washington County Schools are eligible to participate in a Tax Sheltered Annuity plan such as the 403(b) or 457 plans offered through the District. Contributions to the TSA plans are made through payroll deduction and are forwarded by the District to the TSA company.

The employee will work directly with the TSA company representative to receive information on the retirement plan requirements and rules. The representative will also assist the employee in selecting investment and retirement options.

Please Note: The IRS has issued a notice on deferred compensation plans of state and local governments that states that employer contributions made after January 1, 2004, to a 457 plan must have social security and Medicare taxes deducted at the time that the employer contribution is made if it is also vested at that time. This provision is a unique characteristic of 457 plans that is not applicable to our District 403(b) plan.

All employer contributions for South Washington County Schools are 100% vested as soon as they are paid into the plan (vested means that the dollars are not subject to forfeiture — they are the employee’s dollars and cannot be taken away). Therefore, if you participate in the 457 plan you will have FICA (Social Security and Medicare) taxes deducted on the dollar value of the employer contribution to your 457 plan.

Tax Advantages

With a TSA program, there are two main tax advantages:

Current Taxable Income Can Be Reduced
Your contributions are deducted before taxes from your salary, reducing your current taxable income. Reducing your current income taxes allows you to save more for retirement.

Tax-Deferred Growth
The earnings credited to the employee’s account are also given tax-deferred treatment. All contributions and earnings are subject to income tax only when withdrawn. Tax deferred growth potentially provides a much higher return than you would receive if you had paid ongoing taxes on your earnings. The money you would normally pay in taxes remains working for you.

District Matching Contribution
Employees may be eligible for matching contributions from the District. Eligible employees will receive the matching contributions, paid on a calendar-year basis, only if they contribute the same amount or more to the TSA. Refer to your union contract to see if you are eligible for matching contributions.

Important Notices

We are required to provide the following notices to all employees upon hire and annually thereafter. In the interest of being environmentally conscious, the District has posted these notices to our District website or they are available by contacting the District's Human Resources Office at 651.425.6263.

Medicare Creditable Coverage Notice

The Medicare Creditable Coverage Notice applies to any Medicare-eligible members enrolled or seeking enrollment on our medical plans. The notice provides documentation that the District health plans provide prescription drug coverage that is expected to pay, on average, as much as the standard Medicare Part D prescription drug coverage. If you are covered on one of the District health plans and later on enroll in Medicare Part D coverage, you will not pay a penalty for the Part D coverage, as long as you do not have a break in your coverage of more than 63 days.

Medicaid and the Children's Health Insurance Program (CHIP) Notice

This notice offers information to help employees and their children who are eligible for our district-sponsored health coverage but need assistance in paying their health premiums, as well as Special Enrollment periods. The notice gives state contact information for both MN and WI.

Women's Health and Cancer Rights Act Notice

The Women's Health and Cancer Rights Act Notice outlines your coverage required by federal law in the event of a mastectomy.

General Notice of COBRA Continuation Coverage Rights

In addition to the above-mentioned annual notices, upon enrollment in our medical, dental and/or life coverage, we are required to send you (and your family) the General Notice of COBRA Continuation Coverage Rights. This notice explains continuation of your coverage and when it may become available to you and/or your family members under the federal COBRA law. It also provides you important information regarding your responsibilities if you were to experience a "qualifying event". For instance, if your dependent child loses eligibility on the District's plan, you must notify Human Resources in writing within 60 days. If you fail to notify the District, your dependent would lose their right to COBRA continuation. This document is important to read so you are aware of the District's and your rights and responsibilities.

Notes

Notes

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