2027

Benefit Summary



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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 39-40 where Notice of Creditable Coverage begin for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. 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.

Introduction/Highlights

ROCORI School District is pleased to provide competitive benefits that you can tailor to meet your needs and the needs of your family. This benefits guide outlines your 2027 employee benefits through **ROCORI School District.**

Eligibility

You and your dependents are eligible to participate in **ROCORI School District's** benefits plans on your date of hire. Eligible dependents include your spouse and children up to age 26. Coverage must be elected within 30 days of your eligibility date or of a qualifying life event.

Annual Open Enrollment

Towards the end of each year, **ROCORI School District** offers an open enrollment period to give you the chance to change your current benefit elections. During open enrollment, you can review your current elections and make changes for the upcoming year. The benefit choices you make during the annual open enrollment period will remain in effect for the entire upcoming year.

Qualifying Life Event

You cannot change your benefit coverage during the plan year unless you experience or have a qualifying life event. The Internal Revenue Service (IRS) defines a qualifying life event as a change in:

- Marital Status: Marriage, divorce, legal separation, or annulment.
- Number of dependents: Birth, adoption, or change in work schedule by you, your spouse, or your dependent if it affects eligibility.
- Dependent Status: Gain or loss of eligibility because of age.
- Spouse's Annual Enrollment: Spouse makes changes that impact your benefit elections.
- Qualified Medical Child Support Order (QMCSO)

If you have questions relating to a qualifying life event, contact **ROCORI School District at (320) 685-4903**.



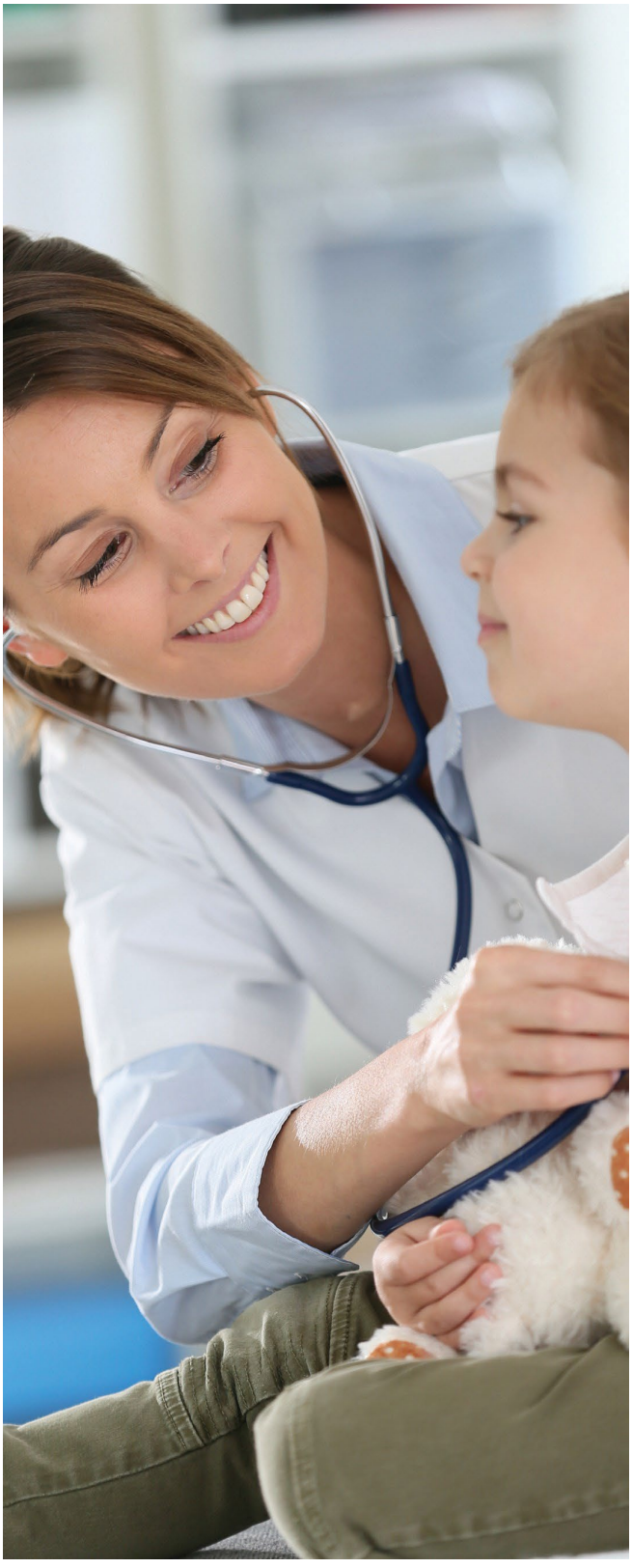
Benefits Overview

ROCORI School District is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical).

Benefits Offered

- Medical
- Voluntary Dental
- Vision
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- VEBA
- Long Term Disability



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	UnitedHealthcare	866.801.4409	www.uhc.com
Voluntary Dental	UHC Dental	800.445.9090	www.whyuhc.com/dentalPPO
Vision	UHC Vision	800.638.3120	www.myuhcvision.com
Health Savings Account	Wex	800.492.0669	www.wexinc.com
Flexible Saving Account	Wex	800.492.0669	www.wexinc.com
VEBA	Wex	800.492.0669	www.wexinc.com
ROCORI School District	Shelly Acheson	320.685.4903	achesons@rocori.k12.mn.us



Medical Benefits

Administered by UHC

You have a choice of three medical plans through UnitedHealthcare. Below is an overview of the plan benefits. Please see your Summary of Benefits and Coverage for a complete description of services, and refer to your contract for medical rates.

Plan Name	$6,500 HSA	$4,250 HSA	$3,500 HSA
In-Network Benefits	Choice Plus	Choice Plus	Choice Plus
Deductible Type	Embedded	Embedded	Embedded
Calendar Year (CY) Deductible (Individual / Family)	$6,500 / $13,000	$4,250 / $8,500	$3,500 / $7,000
CY Out-of-Pocket Max (Individual / Family)	$6,500 / $13,000	$4,250 / $8,500	$3,500 / $7,000
Coinsurance (member pays after deductible)	0%	0%	0%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	0% after deductible	0% after deductible	0% after deductible
Specialist Visit	0% after deductible	0% after deductible	0% after deductible
Urgent Care	0% after deductible	0% after deductible	0% after deductible
Emergency Room	0% after deductible	0% after deductible	0% after deductible
Inpatient Hospital	0% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	0% after deductible	0% after deductible
Chiropractic (visit limits may apply)	0% after deductible	0% after deductible	0% after deductible
Phys/Occ/Speech Therapy (visit limits may apply)	0% after deductible	0% after deductible	0% after deductible
Diagnostic Test (X-ray, blood work)	0% after deductible	0% after deductible	0% after deductible
Imaging (CT/PET scan, MRI)	0% after deductible	0% after deductible	0% after deductible
Prescription Drug Benefit			
Retail	31 days	31 days	31 days
Tier I / Tier II / Tier III	0% after deductible	0% after deductible	0% after deductible
Specialty	0% after deductible	0% after deductible	0% after deductible
Mail Order	93 days	93 days	93 days
Tier I / Tier II / Tier III	0% after deductible	0% after deductible	0% after deductible
Out-of-Network Benefits			
Deductible Type	Embedded	Embedded	Embedded
CY Deductible (Individual / Family)	$10,000 / $20,000	$10,000 / $20,000	$10,000 / $20,000
Out-of-Pocket Max Type	Embedded	Embedded	Embedded
CY Out-of-Pocket Max (Individual / Family)	$15,000 / $30,000	$15,000 / $30,000	$15,000 / $30,000
Coinsurance (member pays after deductible)	50%	50%	50%

Medical Coverage Cost

Below are the full-time, monthly premium costs for employees and/or families who elect health coverage.

Part-time employee rates are pro-rated and calculated based on contractual agreements. Please contact the HR department with questions.

Premiums are shown per month effective **JANUARY 1, 2027. Please note that the below are the total rates for the plan. Please find your portion in your contract.**

$3,500 HSA Choice Plus				
	Single	Single + Spouse	Single + Child(ren)	Family
Total Monthly Premium	$846.13	$1,765.50	$1,513.32	$2,352.93

$4,250 HSA Choice Plus				
	Single	Single + Spouse	Single + Child(ren)	Family
Total Monthly Premium	$777.88	$1,622.87	$1,391.15	$2,163.21

$6,500 HSA Choice Plus				
	Single	Single + Spouse	Single + Child(ren)	Family
Total Monthly Premium	$689.19	$1,437.50	$1,232.40	$1,916.65



Prescription Drug Coverage

How prescription costs are determined

The **Prescription Drug List (PDL)** is a list of commonly prescribed medications covered by the plan. Medications are placed into tiers that represent the cost you pay out of pocket. Choosing medications in the lower tiers may save you money.

All three plans use the **Advantage 3-tier PDL**.

	$6,500 HSA	$4,250 HSA	$3,500 HSA
Tier 1	0% after deductible	0% after deductible	0% after deductible
Tier 2	0% after deductible	0% after deductible	0% after deductible
Tier 3	0% after deductible	0% after deductible	0% after deductible

$0 costs on insulin and other vital prescription drugs

The UnitedHealthcare Vital Medication Program offers these select prescription drugs at no out-of-pocket cost to you: insulin (rapid, short and long-acting); epinephrine (allergic reactions); glucagon (hypoglycemia, or low blood sugar); naloxone (opioid overuse); and albuterol inhaler (asthma).

Advantages of home delivery

Home delivery offers no-cost standard shipping, a 3-month supply of a maintenance medication, and savings on medication costs. You can also set up refill reminders and access a pharmacist 24/7 for questions about medications.

Find a covered medication

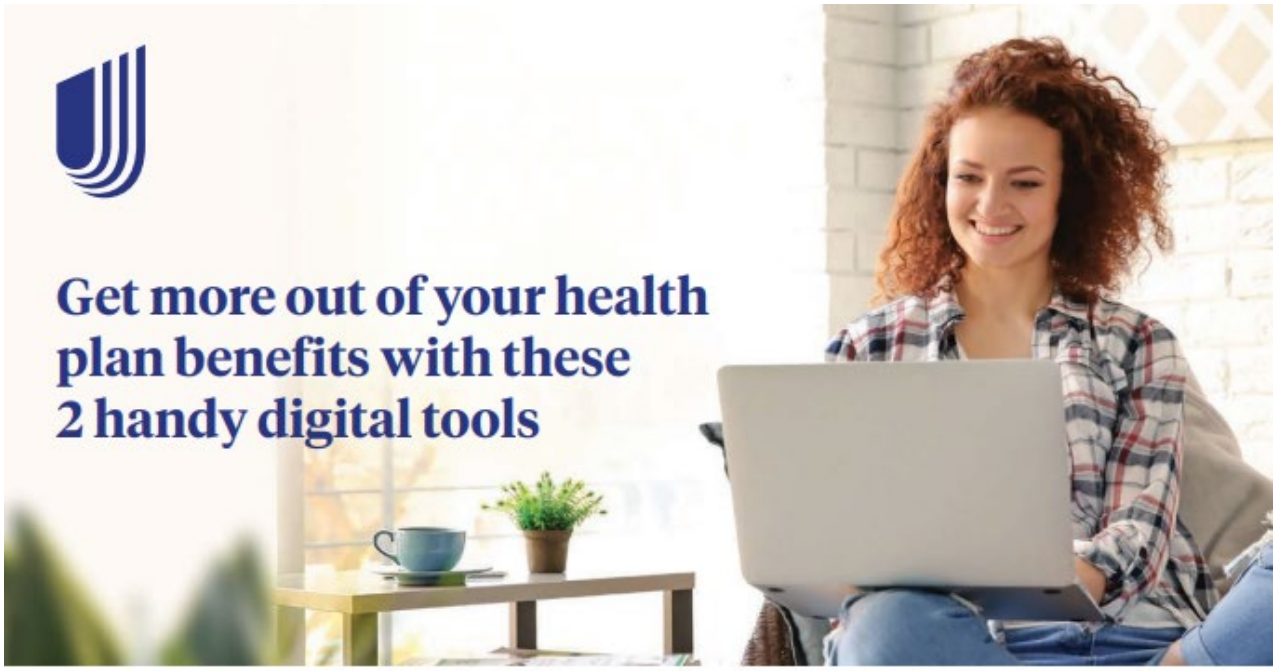
Visit whyuhc.com/choiceplus/pharmacy-plans to search for a covered medication. Select Advantage 3-tier for View PDL, and enter your prescriptions one at a time, including the dosage and form. To find a network pharmacy near you, scroll down, select “Search for a pharmacy,” enter your address and select “Search.”

Once you’re a member, you have 3 ways to search: select the Prescriptions icon on the UnitedHealthcare app; look for the Pharmacy Benefits button on myuhc.com; or call the number on your health plan ID card.

Manage your pharmacy benefits on the go

Through the UnitedHealthcare® app and myuhc.com®, you can enroll in home delivery, find network pharmacies, refill prescriptions and set up reminders, estimate and compare medication costs, and confirm medication coverage and find cost-saving options.

Optum Rx is a pharmacy benefit manager and affiliate of UnitedHealthcare Insurance Company. All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website terms of use under the Benefits & Costs section or under Cost Estimates from the homepage of the Mobile application. The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.



The UnitedHealthcare® app and myuhc.com®

Whether on the go or online, you'll have access to resources designed to help you:

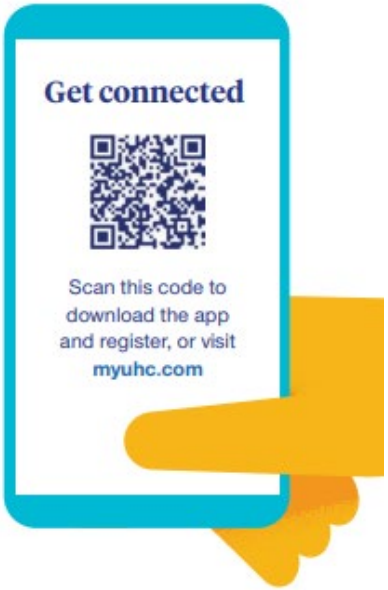
- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

Register once to access both tools

Start by downloading the UnitedHealthcare app or going to **myuhc.com** and then:

- Tap **Register Now** on the app, or select **Register** on the website
- Fill in the required fields and create your username and password
- Enter your contact information and select SMS text or phone call for two-factor authentication—then, agree to the terms and conditions
- Opt in to paperless delivery from your communication preferences

Now you're registered for—and connected to—the app and the website.



United Healthcare

Questions about your health plan? We've got answers.

Help is just a call away

Whether you have questions about a new claim, need to find a doctor or just want to better understand your plan benefits, our Advocates are here to help. Get help finding care, making sense of a bill, accessing plan benefits you didn't know were there and a whole lot more.

We simplify the health care experience and help you:

- Understand your benefits and claims
- Learn more about your prescriptions*
- Find support if you have a child with complex needs**
- Get answers about a bill or payment
- Locate care and cost options
- Explore your plan's health and well-being benefits

Lean on us

Advocacy support is easy to access and focused on you. Get the most out of your plan benefits—and your health.

Care whenever you need it
Try 24/7 Virtual Visits to speak with a doctor anytime, virtually anywhere, from your mobile device or computer. To get started, sign in at **myuhc.com®**.

Connect with us
Call the number on your health plan ID card, sign in to **myuhc.com** and click on Chat, or open the UnitedHealthcare® app for assistance on the go.

United Healthcare







There for what matters™



Choose a benefits package that may provide a financial safety net

UnitedHealthcare Benefit Ally® is an employer-provided suite of supplemental health products bundled with your medical plan that may help offset unexpected costs due to unplanned health events.

With Benefit Ally, support may be in sight

When facing a health crisis, your primary focus should be on getting better, not on your medical expenses. Choosing a plan with Benefit Ally means that, if you experience a covered health emergency, you won't need to file a claim or submit a receipt for your supplemental plan. When an **eligible medical event** is identified, you'll automatically receive a check in the mail that you can use for anything from medical expenses to groceries—whatever you may need.

Accident Protection

- Emergency room (ER) visits
- Urgent care visits
- X-rays

Critical Illness

- Cancer
- Heart attack
- Stroke

Hospital Indemnity

- Hospital admissions
- Hospital and intensive care unit (ICU) stays

Here's an example* of Benefit Ally at work

Say you fracture your leg and need emergency care, physician visits and crutches. As part of your medical plan, you're still responsible for initial cost-shares like copays and deductibles. With Benefit Ally, your supplemental plan is included, and you'll get a check in return.

Initial care/hospital care		Follow-up care/common injuries	
ER visit	**$100**	Crutches	**$100**
Diagnostics: X-ray	**$50**	Follow-up physician visit	**$50**
Initial physician visit	**$50**	Fracture benefit (leg)	**$1,250**
Your total payment:	**$200**	**Your total payment:**	**$1,400**

You receive a check for **$1,600** and can use it however you choose

*For illustrative purposes only. Example is based on a Value plan design. Individual results may vary. For more information, refer to plan benefit materials. Payout from member's Benefit Ally coverage will be triggered when UnitedHealthcare identifies a qualifying medical event.

Questions?

See the plan documents for benefit details

THESE POLICIES PROVIDE LIMITED BENEFITS.

NOT FOR USE IN NEW YORK. BENEFIT ALLY NOT AVAILABLE TO RESIDENTS OF NEW MEXICO

UnitedHealthcare Benefit Ally® offers Accident Protection, Critical Illness, and Hospital Indemnity products provided by UnitedHealthcare Insurance Company. Each product provides separate limited benefits. Accident Protection, Critical Illness and Hospital Indemnity coverages are NOT considered "minimum essential coverage" under the Affordable Care Act and therefore none of the products satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. These products are not available in all states. Benefit Ally is not available to residents of New Mexico. Benefit Ally is not available with plans situs in Connecticut and New York. UnitedHealthcare Insurance Company is located in Hartford, CT. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video[1] through **myuhc.com**® or the UnitedHealthcare® app.



Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,[2] if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually $54 or less.[3]**

Consider 24/7 Virtual Visits for these common conditions and more

- Cough
- Headache
- Sore throat
- Fatigue/weakness
- Nasal discharge
- Difficulty sleeping
- Congestion/sinus pain
- Fever
- Loss of appetite

$54 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit—bringing a potential $ 2,000[4] cost down to $54

Get started

Sign in at **myuhc.com/virtualvisits** | Call **1-866-801-4409**
Download the UnitedHealthcare app

United Healthcare®



Stressed? Anxious? With virtual therapy, getting help may now be easier than ever.

Reaching out may be hard—especially if you might not want anyone to know you're hurting. From the privacy of home and the convenience of your mobile device* or computer, you can receive caring support from a licensed therapist.

Virtual therapy offers confidential counseling and includes:

Private video sessions
Get 1-on-1 support—in your home and at a time that's convenient for you.

Help with coping—for children, teens and adults
Your licensed therapist may provide a diagnosis, treatment and medication if needed.

Similar standard of care as in-person visits
You can see the same therapist with each appointment and establish an ongoing relationship.

Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Addiction
- Anxiety
- Depression
- Mental health disorders

A quicker way for the whole family to get care

A virtual visit for mental health care may be a great way for children and teens to get an appointment.

To find a provider and schedule a visit

Sign in or register on **myuhc.com®**. Then, go to **Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started** and call the provider to set up an appointment. Or call the telephone number on your health plan ID card.

Mental health support for you and your family

No matter the size of the challenge you or a loved one faces, it can be hard to figure out what mental health option best meets the moment. Here, you'll find resources to help you confidently connect with the right support at the right time.



In-the-moment support

For support with:

- Stress
- Grief and loss
- Parenting/family challenges
- Self-esteem issues
- Separation and divorce
- Any concerning changes in your loved one's behavior or mood

Employee Assistance Program (EAP)

- Speak confidentially with an experienced well-being professional
- Each member can receive up to 3 no-cost counseling sessions per year—in person or over the phone

Call
1-888-887-4114
Press or say 1 for EAP, then press or say 1 to speak with a well-being specialist

Available 24/7*

Ongoing care

For support with:

- Anxiety and depression
- ADD/ADHD
- Bipolar disorder
- Chronic illness or disability
- Domestic violence and anger
- Eating, gambling or compulsive disorders
- LGBTQ+ care
- Medication management
- Panic attacks/ PTSD
- Substance use

Behavioral health benefits

- May include talk therapy, help with medications and hospitalizations

Visit myuhc.com® for benefit coverage details

Call the number on your health plan ID card

Family doctor or behavioral health provider

- Discuss concerns
- Learn about care options and recommendations based on their knowledge of your loved one's needs and situation

Visit myuhc.com to schedule an appointment with a provider

Call or meet with your family doctor

Crisis care

For immediate support with:

- Use or misuse of alcohol, drugs or other substances
- Misuse of medications

Substance Use Helpline

- Get anonymous support 24/7 for you or someone else
- Connect with an advocate who is trained in substance use and recovery

Call
1-855-780-5955

Available 24/7*

For immediate support with:

- Suicidal thoughts or emotional distress
- Thoughts of harming self or others

Suicide & Crisis Lifeline

- Interpretation services in 150 languages
- For text, fill out a short survey about what you or your loved one is going through, then a counselor will contact you

Call, text or chat
988

Available 24/7*

For immediate support with:

- A life-threatening emergency

Emergency Services

- Provide as many details as possible
- Inform the operator this is because of a mental health crisis so they can send the appropriate personnel to handle the situation with care

Call
911

Available 24/7*

Mind. Body. You.

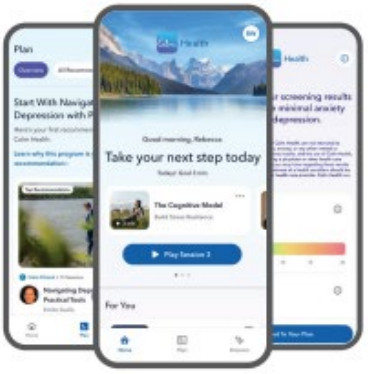
Make the connection with Calm Health.



The Calm Health app provides programs and tools to help support your mental health and well-being – all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

Resources to help support your mental health

To help tailor your Calm Health experience, you'll begin with a short mental health screening. Then, Calm Health will suggest certain programs for you to consider based on where you are in your well-being journey.



Tap into tools and support

The Calm Health app brings you a library of support – including mindfulness content and programs created by psychologists – for a variety of health experiences and life stages. This information is designed to help you:

- **Learn techniques to improve well-being** – Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- **Work toward goals** – Join self-guided self-care programs, and track your progress along the way
- **Support your mind and body** – Access mental health information and support to help you strengthen the mind-body connection

Scan this code to get started

You'll first need to sign in to your account on **myuhc.com**® or the UnitedHealthcare® app. If you don't have an account, select Register to create one.

continued

United Healthcare | Calm Health



Good news—your health plan comes with a way to earn up to $1,000.
UnitedHealthcare Rewards is included in your health plan at no additional cost.

There's so much good to get

With UHC Rewards, a variety of actions—including things you may already be doing, like tracking your steps or sleep—lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	**$65**
Take a health survey	**$25**
Get an annual checkup	**$50**
Get a biometric screening	**$75**

Visit UHC Rewards for the full list of rewardable activities that are available to you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
$1,000

There are 2 ways to get started

On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning

Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to $1,000 for completing rewardable activities

United Healthcare

OnePass Select

Rediscover your passion for health



With One Pass Select™, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan

You and your eligible family members (18+) can get started with One Pass Select when you activate UnitedHealthcare Rewards. Plus, you can use your earnings to help pay for your One Pass Select membership.

Find your fit with One Pass Select

At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.

At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you based on your fitness level and interests.

In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.

$34/mo
Classic
12,000+ gym locations

$69/mo
Standard
14,000+ gym and premium locations

$109/mo
Premium
16,000+ gym and premium locations

$159/mo
Elite
20,000+ gym and premium locations

An enrollment fee may apply.
Or get started with a digital-only plan for $10/mo.
All tiers Classic or above include the digital tier, grocery delivery and additional benefits — at no extra cost.

To get started:

1. Scan this code to download the **UnitedHealthcare® app**
2. Sign in or register
3. Select **UHC Rewards**
4. Select **Redeem rewards** to access One Pass Select

Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program.



Get healthier, at no additional cost to you

Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.



Get a Success Kit delivered right to your door.

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

Join today at enroll.realappeal.com or scan this code

United Healthcare | Real Appeal

Health Management | Wellos



A wellness program built for personalization

Get support to help you make sustainable changes at your own pace

Your Wellos journey starts now

Tracking to help you learn
Personalized suggestions based on your real-life data

Coaching that comes to you
Online coaches and behavior change lessons by your side as you build sustainable habits

Personalized support
Challenges designed to help keep you excited about the changes you're making

Enroll today

Join Wellos at no cost to you!

Download the app or go to wellos.com/member to get started today!

The path to quitting starts here



If you use tobacco and have thought about quitting, **Quit For Life® on Rally Coach™** may be able to help. Get tools and online resources designed to help you quit — and stay quit — at no additional cost.

Get coach support
Connect with a coach who will help create a personalized Quit Plan and guide you at every step

Access anytime, anywhere
Manage triggers with help from coach-led group sessions, trackers, text support, and more, all at your fingertips

View quit recommendations
Get real-life tips and plan your path to quit with recommended daily goals, articles and videos

Stay on track with **24/7** support

Quit For Life®

Get started

Go to Myuhc.com > Coverage & Benefits > My Coverage & Benefits > Additional Benefits > View all additional benefits

United Healthcare



The UnitedHealthcare Cancer Support Program (CSP) provides compassionate guidance and answers for you or a family member who's faced with cancer.

How does it work?

If you're preparing for cancer treatment or have already started, a nurse can help you navigate treatment options and find a network provider from a high-quality Centers of Excellence (COE) facility. Here's more of what you can expect:

- **Connect with a nurse** specially trained in oncology for support throughout your treatment journey
- **Get help exploring your options,** finding answers to questions, and managing symptoms and side effects
- **Receive support** working with your doctors, so you feel informed to make decisions for your health
- **Access digital tools** to help provide real-time guidance and identify care needs immediately

180K+
members supported since 2007[1]

96%
of members were satisfied with their Cancer Support nurse[2]

Learn more

Call an oncology nurse at **1-866-936-6002, TTY 711,** from 7 a.m. to 7 p.m. CT, Monday through Friday, or visit **myuhc.phs.com/cancerprograms.**

United Healthcare

Flexible Spending Accounts (FSAs)

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no state income, federal income or Social Security taxes on your contributions to an FSA. Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

- Healthcare Spending Limit $3,400
- Dependent Care Spending Limit $7,500

ROCORI School District offers two full Flexible Spending Accounts and one limited scope account offering participating employees a convenient way to use pre-tax dollars to pay for non-covered health care and dependent care expenses.

Full Scope Flexible Spending Account - Available to those who are not covered by the high deductible health plan or have chosen not to contribute to their HSA. This account will cover (213)d qualified expenses.

Limited Scope Flexible Spending Account - Covers dental and vison expenses for those who are on a High Deductible Health Plan. In addition, once the deductible on your HDHP medical plan is met, your Limited Scope FSA will convert to a Full Scope FSA that can be utilized to pay for (213)d qualified expenses. Under our medical plans, you pay deductible and coinsurance costs out of your own pocket. You also pay the full cost of other items that are not covered by the plan. By participating in this expense reimbursement account, you can pay up to $3,400 of these (213)d qualified expenses with pre-tax dollars.

Dependent Care Expense Reimbursement Account - If you pay for the care of a dependent child or adult, you know how costly such care can be. Eligible employees who enroll in the expense reimbursement account can choose to contribute up to $7,500 each plan year to cover such expenses.

Health Savings Account (HSA)

Administered by Wex

As part of the medical plan benefit options, **ROCORI School District** offers a Health Savings Account (HSA) for those employees who choose an HSA high deductible health plan. Employees who choose to open an HSA account select the amount they would like to contribute to their HSA. Individual accounts are set up at Further and the amount deposited will be deducted from the employee's paycheck each pay period and deposited into the account. When funds in the HSA are used for medical tax-qualified expenses the funds are tax free. Each employee will receive a debit card to use for medical expenses or for reimbursing themselves from their account. Funds in the HSA not used in any given year will rollover into the next year's balance or may be used for eligible expenses after termination from employment or retirement.

HSA Eligibility

It is important to note that you may be enrolled in both an HSA and a "limited scope" Flexible Spending Account. An HSA account holder cannot be covered by another health insurance plan, unless that plan is also a Qualified High Deductible Health Plan (QHDHP)/HSA. If you are covered by a spouse's medical insurance plan that is not a QHDHP/HSA or your spouse has a full flexible spending account, you are not eligible to contribute to an HSA plan. Other ineligible coverages include a full HRA (not limited to dental and vision), those enrolled in Medicare, those claimed as a dependent on another's tax return and those covered under TRICARE.

2027 HSA Annual Contribution Limits

- Single – $4,500
- Family – $9,000
- Catchup for 55 and older – Additional $1,000

VEBA Account

Administered by WEX

Contributions are made by the employer only and can be used to pay for qualified expenses. Money left at the end of the year will rollover to save for health care expenses in future years. Money can also be used to pay for post-employment medical premiums.

	HSA	VEBA
What medical plan can I choose	Either $3,500, $4,250 or $6,500. You choose if it is a VEBA or HSA.	Either $3,500, $4,250 or $6,500. You choose if it is a VEBA or HSA.
What expenses are eligible?	Medical, Prescription, Dental & vision care (See IRS publication 502 for full list)	Medical, Prescription, Dental & vision care (See IRS publication 502 for full list)
When can I use the funds?	Funds are available as you contribute to the account.	Funds are available as the District deposits them in the account.
Can I roll over funds each year?	Yes, funds rollover from year-to-year and are yours to keep (even if you change jobs)	Yes, funds rollover from year to year.
How do I pay for eligible expenses?	With your Wex Debit Card (you can also submit claims for reimbursement online at www.wexinc.com)	With your Wex Debit Card (you can also submit claims for reimbursement online at www.wexinc.com)
How much can I contribute year?	You can contribute $4,500 for individual coverage or $9,000 for family coverage (this total includes company funding) in 2027. Members 55 and over can contribute an additional $1,000 contribution annually.	The District determines the funding each year. (See Pg. 8 and 9 for contributions)
Can I change my contributions throughout the year?	Yes, you can change contributions anytime throughout the year.	No.

Dental Insurance

		Network	Out of network
Deductible* — The amount you pay before the plan starts to pay	Employee/family	$50/$150	$50/$150
Coinsurance* — The amount the plan pays once the deductible is met	Diagnostic and preventive services	100%	100%
Basic dental services	Restorations (amalgams or composite)	80%	80%
	Emergency treatment/general services	80%	80%
	Simple extractions	80%	80%
	Oral surgery (including surgical extractions)	80%	80%
	Periodontics	80% / 100% for maintenance	80% / 100% for maintenance
	Endodontics	80%	80%
Major dental services	Inlays/onlays/crowns	50%	50%
	Dentures and removable prosthetics	50%	50%
	Fixed partial dentures (bridges)	50%	50%
	Implants	50%	50%
Annual maximum — The most the plan will pay in the plan year		**$1,500/person/ calendar year**	**$1,500/person/ calendar year**
Orthodontic services	Children up to age 19	50%	50%
	Lifetime ortho maximum	$1,500 / eligible person	$1,500 / eligible person

* Network preventive care is most often covered at 100%. Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.

Dental Insurance – Network

Visit whyuhc.com/dentalPPO to search for a dental provider near you.

- Choose the PPO 30 Network
- Open the directory and select “Continue”
- Change zip code as needed

Highlights of the Dental Preferred Provider Organization (PPO) plan:

- Receive discounted rates by seeing a network dentist
- No referrals are needed to see a specialist
- Get coverage on hundreds of services including crowns, braces, fillings and more
- Preventive services including routine exams and cleanings, are covered at little or no cost to you



Wellness benefits designed to help you stay healthy

- 2 routine checkups in a 12-month period
- Extra cleanings during pregnancy
- Annual oral cancer screenings for covered adults
- Access to teledentistry

If you enroll in both Medical and Dental, you’ll receive a separate ID card for each plan

Monthly Employee Cost				
	Single	Single + Spouse	Single + Child(ren)	Family
Dental	$45.86	$91.74	$104.92	$164.57

Vision Insurance

- When you enroll in a UnitedHealthcare medical plan through **ROCORI School District**, you and your eligible family members are automatically enrolled in an **exam-only vision plan**.
- For coverage that also includes glasses and contacts, you can choose the **Voluntary Vision Plan** from UnitedHealthcare. This optional buy-up plan is also available if you waive medical coverage but still want vision insurance.

Highlights of the UnitedHealthcare Vision plan:

- Comprehensive eye exam
- Frame allowance
- Lens options
- Contact lens benefit that includes major brands
- Discount on additional pairs of glasses



The vision plan does not come with an ID card

Your network vision benefits

Service/product:	Benefit frequency	Network copay/allowance	Out-of-network reimbursement**
Employer paid core plan			
Comprehensive eye exam	Every 12 months	$0 Copay	Up to $40
Voluntary Buy-up plan to cover materials			
Comprehensive eye exam	Every 12 months	$0 Copay	Up to $40
Frames	Every 24 months	$130 allowance	Up to $45
Eyeglass lenses	Every 12 months	$20 copay	Single vision: Up to $40 Lined bifocals: Up to $60 Lined trifocals: Up to $80 Lenticular lenses: Up to $80
Selection contact lenses* • Lens fitting • Covered selection of contact lenses (up to 4 boxes)	Every 12 months	$20 copay	$105 allowance
Non-selection contact lenses* • Contact lenses outside the covered options	Every 12 months	$105 allowance	$105 allowance

* Contact lenses are in lieu of eyeglasses
** Out-of-network reimbursement includes applicable copay

Monthly Employee Cost				
	Single	**Single + Spouse**	**Single + Child(ren)**	**Family**
Voluntary Vision	**$6.65**	**$13.48**	**$15.24**	**$22.94**

Vision Insurance – Network

See which popular contact lens brands are covered by visiting myuhcvision.com

Visit myuhcvision.com to search for a vision provider near you.

- Locate the Provider Quick Search on the right-hand side
- Choose “UnitedHealthcare Vision Plans” under the Network drop down menu
- Enter your zip code or your city and state and select “Search”



Please identify if you’d like your search to include online providers located under the State drop-down menu.

There's always a provider in sight

Our national network of vision providers offers local doctors, well-known retail chains and specialty online retailers, including:

- 1-800 Contacts®
- America's Best
- Costco® Optical
- Express Exam
- Eyeglass World
- For Eyes®
- GlassesUSA.com
- LensCrafters®
- Myeyedr
- Pair Eyewear
- Sam's Club Optical
- Target Optical
- **uhcglasses.com**
- Visionworks®
- Walmart
- Warby Parker

Your costs may be higher for out-of-network care

Please read your plan documents for more information.

All trademarks are the property of their respective owner.
For coverage details, including exclusions and limitations, see your official vision plan documents.

A view to more savings

Hearing aids
Savings on advanced-technology hearing aids, starting at $699 each

Everyday eyewear
Shop and save on a wide variety of contact lenses, eyeglasses and sunglasses.

Laser vision correction [1]
Up to 35% off at more than 800 QualSight® LASIK locations

Blue light screen protectors [2]
Up to 30% off screen protectors for select digital devices, and add-ons, such as cases and power

ExpressExam [3]
Renew your eyewear prescription virtually at no additional cost

Myopia management
Consultations at no cost, as well as discounts on treatment through Treehouse Eyes

[1] Up to 35% off the national average of laser vision correction at more than 800 QualSight® LASIK locations nationwide.

[2] Up to 30% off blue light screen filters through ZAGG/Eyesafe.

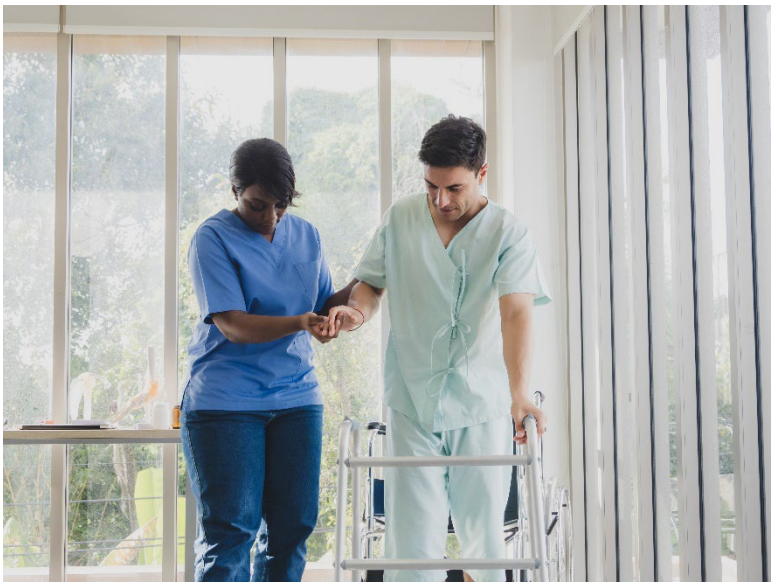
[3] ExpressExam may not be available for all vision plans and is not in all states. ExpressExam is currently not available in DE, DC, HI, ID, KS, LA, MI, NJ, NM, PR, SC, SD and WV, but this list is subject to change.

Long Term Disability

Administered by Madison National Life Insurance Company

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income, and possibly Social Security. Over a long period of time, this can eat through the financial safety nets you've worked hard to build. At no cost to you, this **District paid** benefit provides protection for your most valuable asset – your ability to earn an income. Long-Term disability benefits are considered taxable wages.

	Benefit Summary
Elimination Period	90 days of disability accumulated within a 360-day period before LTD will begin to pay
Percent of Income Replacement	See employment contract for your benefit
Maximum Benefit Period	Social Security Normal Retirement Age



Legal Notices

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HSA $3,500 (Individual: 0% coinsurance and $3,500 deductible; Per family member: 0% coinsurance and $3,500 deductible; Family: 0% coinsurance and $7,000 deductible)

Plan 2: HSA $4,250 (Individual: 0% coinsurance and $4,250 deductible; Per family member: 0% coinsurance and $4,250 deductible; Family: 0% coinsurance and $8,500 deductible)

Plan 3: HSA $6,500 (Individual: 0% coinsurance and $6,500 deductible; Family: 0% coinsurance and 13,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 320.685.4903 or achesons@rocori.k12.mn.us

Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

We are required to notify you that you may be eligible for the Federal Public Service Loan Forgiveness program. Minnesota Statutes Section 136A.1792, covers promotion of federal public service loan forgiveness programs. Please be aware that you may be eligible for federal public service loan forgiveness of the remaining balance due on certain federal student loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers.

For detailed information including how to monitor your progress toward qualifying for PSLF, read the PSLF Questions and Answers documents at StudentAid.gov/publicservice or contact your federal loan servicer.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

MASSACHUSETTS – Medicaid and CHIP	MINNESOTA – Medicaid
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP	SOUTH CAROLINA – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA Special Enrollment Rights

ROCORI School District Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the ROCORI School District Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Shelly Acheson – Payroll & Benefits Manager at 320.685.4903 or achesons@rocori.k12.mn.us.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from ROCORI School District

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ROCORI School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **ROCORI School District has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current ROCORI School District coverage will not be affected.

Your current coverage will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current ROCORI School District coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with ROCORI School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through ROCORI School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1 800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**January 01, 2027**
Name of Entity/Sender:	**ROCORI School District**
Contact—Position/Office:	**Shelly Acheson - Payroll & Benefits Manager**
Office Address:	**534 5th Ave N** **Cold Spring, Minnesota 56320-1409** **United States**
Phone Number:	**320.685.4903**

Marketplace Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income. [1] [2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1]Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2]An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage**, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Shelly Acheson.

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

Prepared by:



Gallagher

Insurance | Risk Management | Consulting

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