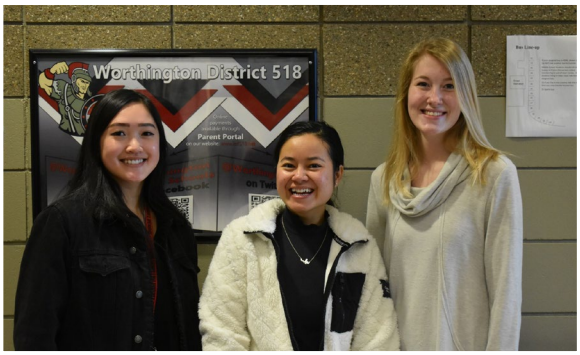


2022-2023

EMPLOYEE BENEFITS GUIDE

Updated 4/28/22

Worthington ISD 518 will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. PEC's Benefit Counselors will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision. Please read this guidebook carefully as you prepare to make your elections for the upcoming Open Enrollment.

Annual enrollment for 2022-2023 plan year will be an **Active** enrollment, meaning that you must call the Benefits Service Center to complete your enrollment process by either electing, changing, or waiving benefits.

Worthington ISD 518's 2022-2023 Benefits Highlights

- STD, Universal Life, Accident, Critical Illness and Hospital Indemnity are new plans offered through Trustmark

The 2022-2023 benefit period will be July 1, 2022 through June 30, 2023.

STRIVING TO PROVIDE A BETTER BENEFITS SOLUTION

ABOUT THIS BENEFITS GUIDEBOOK

TOC ELIGIBILITY MEDICAL HSA FSA DENTAL VISION LIFE AND AD&D DISABILITY VOLUNTARY BENEFITS LEGAL NOTICES CONTACTS

This Benefits Guidebook describes Worthington ISD 518's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any and all elements of Worthington ISD 518's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by Worthington ISD 518.

HOW TO ENROLL

**Avoid making quick decisions - enroll early!*

You have the option of calling one of our Benefits Counselors at the Benefits Service Center to learn more about your benefits and complete your enrollment process by either electing, changing, or waiving benefits.

BENEFITS EFFECTIVE DATE

You cannot make any changes to your benefits during the year, unless you experience a Qualifying Life Event (QLE). See page 5 for additional information. Examples of QLEs include:

- New Hires. Your coverage begins the first of the month following your date of hire.
- Current Employees. Any changes you make during the annual open enrollment period will become effective on July 1.

The benefits plan year is July 1 through June 30.

Professional Enrollment Concepts

Benefits Service Center:
855-441-6259

Monday – Friday: 8:00 AM – 7:00 PM CST
Saturday: 9:00 AM – 3:00 PM CST

Before you speak with a Benefit Counselor, please have the following information ready:
dependents' names, birth dates, social security numbers, addresses, and phone numbers.

TABLE OF CONTENTS

Note: *This PDF is interactive, you may click in on the above navigation bar to jump to desired page thruought the guide. TOC page numbers listed below are also interactive.*

ELIGIBILITY

Worthington ISD 518 encourages the health and financial well-being of its employees by providing access to quality and affordable healthcare. Eligible employees have access to Worthington ISD 518's comprehensive benefits program. Worthington ISD 518 may conduct an audit requesting supporting documentation on all eligible dependents at any time during the plan year.

Please thoroughly review this Benefits Guide to learn more about these options.

EMPLOYEE ELIGIBILITY

Employees who work a minimum of 20 hours per week and are at least age 18 years old are eligible to participate in the benefits program. Employees working 30 hours or more per week are considered full time. New hires have an effective date of the first of the month following date of hire.

Once your enrollment is completed, you may not make any changes to your elections unless you have a Qualifying Life Event or your hours worked per week drop below the minimum.

DEPENDENT ELIGIBILITY

You may also cover your eligible dependents, including:

- Legal Spouse
- Your child(ren) under age of 26
- Your unmarried dependent child(ren) of any age who are dependent on you for support as a result of a physical or mental handicap, or disability due to a serious injury or illness. Your child must be properly enrolled for coverage under the Plan as your eligible dependent on the date his or her eligibility would otherwise end.

QUALIFYING LIFE EVENTS

If you experience a Qualifying Life Event (QLE), such as getting married or having a baby, please contact HR; proof of the QLE must be submitted to your HR department within 30 days to change current benefit election.

QLE Examples:

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age or change in student status);
- A change in associate's, spouse's, or dependents' work hours;
- A termination or commencement of employment of associate's spouse or eligible dependent with coverage;
- An entitlement to Medicare or Medicaid;
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.

Employee Medical Benefits

MEDICAL

TOC ELIGIBILITY MEDICAL HSA FSA DENTAL VISION LIFE AND AD&D DISABILITY VOLUNTARY BENEFITS LEGAL NOTICES CONTACTS

The medical program, administered by Sanford Health Plan, provides the framework for your health and well-being. To better meet the varying needs of our employees, Worthington ISD 518 offers six medical plans described below and following pages.

Carefully assess which medical plan best suits your needs.

Physician coverage is offered through a PPO network and both in and out-of-network providers are available.

PLAN NETWORKS

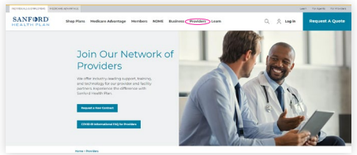
Sanford has two networks for staff to choose from, Sanford TRUE: Focus Network and Sanford Signature Options: Broad Network.

- Sanford TRUE: Focus Network is a Sanford only plan with no out-of-network coverage. The benefit with the Sanford TRUE Focus Network is the premiums are lower, but you want to ensure where you are going for your medical needs.
- Sanford Signature Options: Broad Network has a little higher premium, and a broader range for your medical coverage.

Once you choose which network you wish to enroll in (Focus or Broad), select your plan, and then determine if you need single or family coverage.

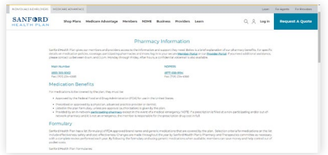
NETWORK PROVIDER

See www.sanfordhealthplan.com or call **1-800-752-5863** for a list of network providers.



PRESCRIPTION PROVIDER

If you need drugs to treat your illness or condition more information about prescription drug coverage is available at sanfordhealthplan.com/pharmacy.



HMO - TRUE - Focus Network			
Coverage	*Plan*		*Monthly Premium July 1, 2022- June 30, 2023:*
Single Coverage	**Plan 1**	$500 Deductible, 2x OPM - SINGLE	$677.97
	Plan 3	$1000 Deductible, 2x OPM - SINGLE	$645.95
	Plan 5	HDHP Embedded $2800 100% - SINGLE	$534.56
Family Coverage	**Plan 1**	$500 Deductible, 2x OPM - FAMILY	$1,694.93
	Plan 3	$1000 Deductible, 2x OPM - FAMILY	$1,614.88
	Plan 5	HDHP Embedded $2800 100% - FAMILY	$1,336.38
PPO - SIGNATURE - Broad Network			
Coverage	*Plan Key*		*Monthly Premium July 1, 2022- June 30, 2023:*
Single Coverage	**Plan 2**	$500 Deductible, 2x OPM - SINGLE	$845.51
	Plan 4	$1000 Deductible, 2x OPM - SINGLE	$805.57
	Plan 6	HDHP Embedded $2800 100% - SINGLE	$666.65
Family Coverage	**Plan 2**	$500 Deductible, 2x OPM - FAMILY	$2,113.77
	Plan 4	$1000 Deductible, 2x OPM - FAMILY	$2,013.94
	Plan 6	HDHP Embedded $2800 100% - FAMILY	$1,666.63

Please speak to a licensed Benefits Counselor for personalized rates. Cost is an estimate and varies based on employee master agreement.

Medical Plan Summary*	Plan 1 - HMO $500	Plan 2 - PPO $500		Plan 3 - HMO $1,000	Plan 4 - PPO $1,000		Plan 5 - HMO HSA	Plan 6 - PPO HSA	
	In-Network	*In-Network*	*Out-of-Network*	*In-Network*	*In-Network*	*Out-of-Network*	*In-Network*	*In-Network*	*Out-of-Network*
Deductible									
Individual	$500	$500	$1,000	$1,000	$1,000	$2,000	$2,800	$2,800	$5,600
Family*	$1,000	$1,000	$2,000	$2,000	$2,000	$4,000	$5,600	$5,600	$11,200
Coinsurance (Your Cost)	30%	30%	50%	30%	30%	50%	0%	0%	20%
Out-of-Pocket Maximum									
Individual	$1,000	$1,000	$2,000	$2,000	$2,000	$4,000	$2,800	$2,800	$11,200
Family*	$2,000	$2,000	$4,000	$4,000	$4,000	$8,000	$5,600	$5,600	$22,400
Office Visits									
Preventive Services	No Charge	No Charge	50% after deductible	No Charge	No Charge	50% after deductible	No Charge	No Charge	20% after deductible
Primary Care Physician	$35 copay	$35 copay	50% after deductible	$35 copay	$35 copay	50% after deductible	No charge after ded.	No charge after ded.	20% after deductible
Specialist Physician	$35 copay	$35 copay	50% after deductible	$35 copay	$35 copay	50% after deductible	No charge after ded.	No charge after ded.	20% after deductible
Chiropractic Physician	$35 copay	$35 copay	50% after deductible	$35 copay	$35 copay	50% after deductible	No charge after ded.	No charge after ded.	20% after deductible
Lab and X-Ray									
Diagnostic Test (x-ray, blood work)	No Charge	No Charge	50% after deductible	No Charge	No Charge	50% after deductible	No charge after ded.	No charge after ded.	20% after deductible
Imaging (CT/PET scans, MRIs)	30% after deductible	30% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible	No charge after ded.	No charge after ded.	20% after deductible
Urgent Care	$35 copay	$35 copay		$35 copay	$35 copay		No charge after ded.	No charge after ded.	
Emergency Room	$150 copay	$150 copay		$150 copay	$150 copay		No charge after ded.	No charge after ded.	
Inpatient	30% after deductible	30% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible	No charge after ded.	No charge after ded.	20% after deductible
Outpatient	30% after deductible	30% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible	No charge after ded.	No charge after ded.	20% after deductible
Pregnancy									
Office Visits	No Charge	No Charge	50% after deductible	No Charge	No Charge	50% after deductible	No Charge	No Charge	20% after deductible
Childbirth/Delivery Professional Services	30% after deductible	30% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible	No charge after ded.	No charge after ded.	20% after deductible
Childbirth/Delivery Facility Services	30% after deductible	30% after deductible	50% after deductible	30% after deductible	30% after deductible	50% after deductible	No charge after ded.	No charge after ded.	20% after deductible

*Plans listed above are only a summary of coverages for full detailed information please see SBCs. No Out-of-Network for HMO plans.
**Applied collectively to all Covered Persons in the same family.

MEDICAL - PRESCRIPTION DRUGS

When you enroll in medical coverage, you automatically receive prescription drug coverage. Please note that for some drugs, pre-authorization might be required.

Vaccines such as flu shots are covered at pharmacies under OptumRx

One of the fastest growing health care expenses is prescription drugs. Understand your options! Most brand name drugs have generic equivalent or a generic alternative that is equal in strength, purity, and quality. Generic drugs are typically less expensive — ask for them!

Prescription Drug Plan Summary*	Plan 1 - HMO $500	Plan 2 - PPO $500		Plan 3 - HMO $1,000	Plan 4 - PPO $1,000		Plan 5 - HMO HSA	Plan 6 - PPO HSA	
	In-Network	*In-Network*	*Out-of-Network*	*In-Network*	*In-Network*	*Out-of-Network*	*In-Network*	*In-Network*	*Out-of-Network*
Drugs (30-day supply, copay per prescription)									
Preventive	N/A	N/A	N/A	N/A	N/A	N/A	$5 copay**	$5 copay**	N/A
Tier 1	$0-15 copay	$0-15 copay	N/A	$0-15 copay	$0-15 copay	N/A	No charge after ded.	No charge after ded.	N/A
Tier 2	$35 copay	$35 copay	N/A	$35 copay	$35 copay	N/A	No charge after ded.	No charge after ded.	N/A
Tier 3	$50 copay	$50 copay	N/A	$50 copay	$50 copay	N/A	No charge after ded.	No charge after ded.	N/A

*Plans listed above are only a summary of coverages for full detailed information please see SBCs. No Out-of-Network for HMO plans.
**Copay does not apply to deductible.

GENERICS SAVE YOU MONEY

Generic drugs are just as effective and cost less than brand-name drugs (saving you and our health plan money). When you fill a prescription, make sure to choose generic. If a generic drug is available and you request a brand-name drug, many plans require you to pay more money out-of-pocket.

RETAIL PROGRAM

You typically can purchase up to a 30-day supply of your prescription medication from any retail pharmacy that participates in the ExpressScripts network. Just present them with your prescription ID card when you drop off your prescription.

MAIL-ORDER PROGRAM

If you take a maintenance medication (a prescription you take on a regular basis for a chronic condition — such as diabetes, blood pressure or birth control), use the mail-order option. You can often receive up to a 90 day supply of medication for less than you would pay at a retail pharmacy. The prescription arrives at your door, saving you time and money.

Health Management & Lifestyle Medicine

Sanford Health Plan wants to help you take charge of your personal health with free access to wellness and health management benefits to support your journey.

Nurse Case Management

A registered nurse is available to assist you with all your chronic health care and complex medical needs and questions.

Nutrition Consults

Speak with a registered dietitian to help determine how to best meet your nutritional needs, lose weight or manage chronic conditions through your diet.

Tobacco Cessation

Get the support you need to kick a tobacco habit for good by understanding your health insurance benefits and by receiving one-on-one coaching.

Behavioral Health Case Management

Receive help understanding your diagnosis, appointments, medication and the community resources available to you.

Exercise Consults

Connect with a wellness educator for personalized guidance that helps you safely and effectively accomplish your fitness goals.

Wellness Coaching

Achieve a higher level of well-being and performance in life and work through phone sessions with a Sanford Health Plan Certified Health and Wellness Coach.

Questions? Call customer service at **(800) 843-8583** any Monday through Friday from 8 a.m. to 5 p.m.

Online tools

Sanford Health Plan offers online resources to empower you to manage your health care coverage.

Your secure member portal, *my*SanfordHealthPlan, gives you quick and easy access to benefit details, claims and more. Your member ID is all you need to access your account at **sanfordhealthplan.com**.

Your online wellness portal makes it easier to commit to your health and well-being by storing and tracking important health data, challenging co-workers and getting support on your journey.

Preventive health guidelines and other screenings

Sanford Health Plan is committed to helping you stay healthy. We believe staying up to date with preventive health care is a key part of disease prevention.

Take advantage of these services! Preventive care and screenings are available for no cost, or very low cost, if using an in-network provider. Prior authorization (approval) is not necessary and services can be received once per calendar year.

For questions, please contact Customer Service by calling the number on your member ID card.

Services are provided as listed, unless your plan document(s) state otherwise. If a plan is a "grandfathered health plan" under the ACA, it may not include certain coverages for the provision of preventive health services without any cost sharing. Please see your Certificate of Insurance as cost sharing amounts may apply based upon the benefit plan selected.

Preventive versus diagnostic care	
Free Preventive Care	• Tests used to prevent or identify health problems and you do not have symptoms • Tests are done for screening purposes and may be based on age and/or family history • You have not been diagnosed with a medical issue
Diagnostic Care If a service is billed as diagnostic, a copay, deductible and/or coinsurance may apply.	• You have a symptom, are sick or are being seen because of a known medical issue • Your provider wants to monitor, diagnose or treat a health problem(s)

SANFORD HEALTH PLAN

Sanford Health Plan

Video Visits

Your guide to getting started

See a provider without leaving home

Sanford Health Plan Video Visits make it easy for you to connect with a board-certified urgent care provider from the comfort of home. Using your desktop, tablet or mobile device, you can see a provider within minutes, giving you quick, convenient access to quality care.

What to expect

During your visit, a provider can assess your symptoms, develop a treatment plan and send a prescription to your pharmacy of choice, if needed.

$0 Urgent care 24/7*

Our providers can help with common conditions, including:

- Coughs and colds
- Flu-like symptoms
- Sinus congestion and discomfort
- Allergies, skin and eye irritations
- UTIs and bladder infections

Behavioral health

- Take care of your mental health by scheduling a visit with a therapist, psychologist or psychiatrist for concerns such as anxiety, depression or a social disorder.
- Your Sanford Health Plan standard office-visit cost share will apply to these services.

Steps for getting started

Desktop
Visit sanfordhealthplan.com/virtualcare.

Mobile
Search your App Store or Google Play for "Sanford Video Visits" and download the app.

Connect
Sign up or log in. Then, start a visit with a provider anytime, anywhere.

**HSA-qualified High Deductible Health Plans (HDHP) are not eligible for $0 video visits but do qualify for discounted visits for which Health Savings Account (HSA) dollars may be used.*

159-727-850 Rev. 3/22

Cost
The cost of video visits depend on your health insurance coverage. Credit, debit, HSA and FSA are accepted. **Further details at sanfordhealthplan.com/virtualcare.**

Convenient
Connect with a provider 24/7. Referrals and prescriptions are available if necessary.

Quality
All video visit providers are board certified.

Easy to use
Install the app and sign up to start a visit.

SANFORD HEALTH PLAN

Fitness Center Reimbursement

Frequently Asked Questions

The Fitness Center Reimbursement program provides up to $20 monthly reimbursement when you use your fitness center at least 12 days per month.

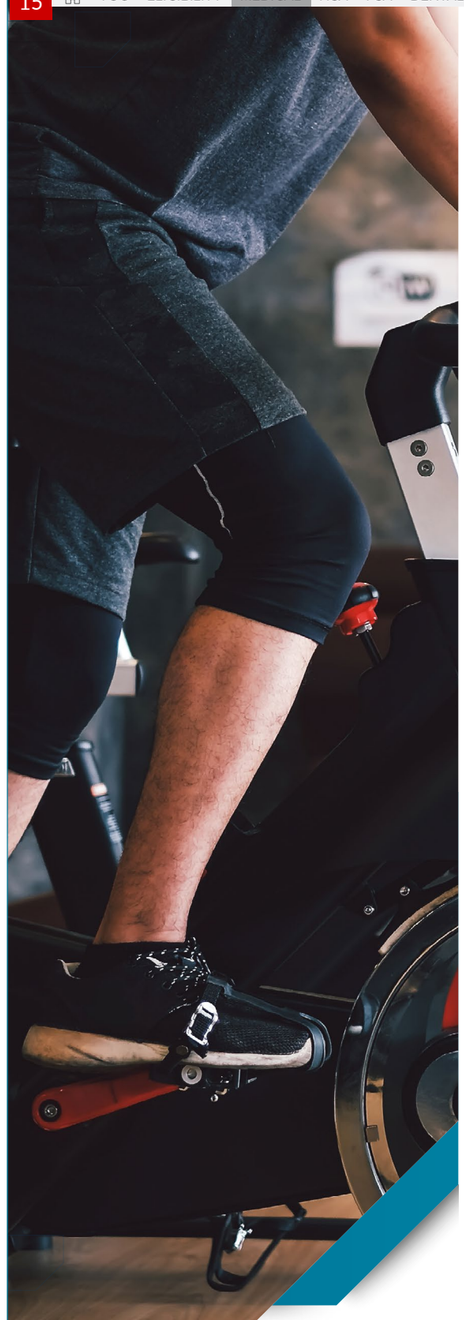
How do I get started?

The fitness center reimbursement form is paperless. You can enroll and manage your account all online. To enroll for the first time, have your Sanford Health Plan member ID card and banking information on hand.

1. Go to **NIHCArewards.org** and click "First Time Enrollment." Select Sanford Health Plan from the drop down menu.
2. Search for your fitness center location by zip code. Select your center and click "Enroll Online." If your gym does not appear in the search results, try increasing the search radius.
3. Agree to the terms of service, and then enter your contact, health plan and banking information.
4. Click "Submit" and you are enrolled.

How and when will I be reimbursed?

If you go to the gym at least 12 times a month, you will receive a direct deposit. Payments are made the month following the workout month. They occur after the 21st of the month or up to 4 business days.



What if my gym's fees are less than $20 per month?

You will receive reimbursement for the amount you actually pay for gym membership per month.

My gym has multiple locations. Can I work out at any location and have it counted toward my 12 workouts per month?

You must choose one home fitness location. Only the location you enrolled with will count toward your monthly credit.

What if I don't receive my reimbursement?

You can view the status of your reimbursement in your account a **NIHCArewards.org**. If there was an error that needs to be resubmitted, contact your fitness center. For assistance with other errors, contact Sanford Health Plan. It is your responsibility to ensure your gym visits are recorded correctly and payments are received.

What if I terminate my gym membership?

If you voluntarily cancel your fitness center membership or become delinquent in your membership dues, you will not be eligible for reimbursements. If you move your gym membership to a new facility, log on to **NIHCArewards.org** and select your new gym to continue receiving reimbursements.

For other questions regarding fitness center reimbursements, contact Sanford Health Plan at **memberservices@sanfordhealth.org** or **(888) 234-7779.**

The Fitness Center Reimbursement program may not be available to all members. Check with your employer to find out if this program is included in your employee benefits.

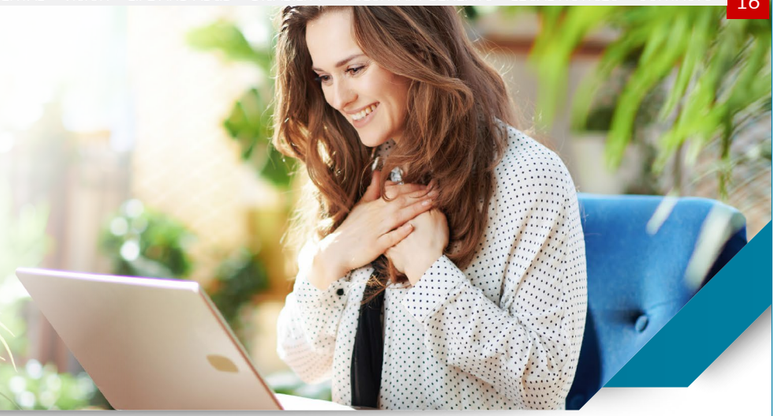
The IRS considers reimbursements received through this benefit as taxable income. Talk to your employer about how this tax will be administered.

SANFORD HEALTH PLAN

315-234-879 Rev. 2/22

Behavioral Health Support

with Sanford Health Plan Video Visits



When to see a mental health professional

- Take care of your mental health by scheduling a visit with a therapist, psychologist or psychiatrist for concerns such as anxiety, depression addiction or substance abuse, job stress and burnout, or a social disorder.
- The cost of a behavioral health video visit is often the same or less than an in-person visit, depending on your health insurance coverage.

See a provider without leaving home

Sanford Health Plan Video Visits make it easy for you to connect with a board-certified behavioral health specialist from the comfort of home. Using your desktop, tablet or mobile device, you can see a provider within minutes, giving your quick, convenient access to quality care.

What to expect

During your visit, a provider can assess your symptoms, develop a treatment plan and send a prescription to your pharmacy of choice, if needed.

Steps for getting started

Desktop
Visit sanfordvideovisits.com.

Mobile
Search your App Store or Google Play for "Sanford Video Visits" and download the app.

Connect
Sign up or login in. Then, start a visit with a provider anytime, anywhere.

Cost
The cost of video visits depend on your health insurance coverage. Credit, debit, HSA and FSA are accepted.

Convenient
Connect with a provider 24/7. Referrals and prescriptions are available if necessary.

Quality
All video visit providers are board certified.

Easy to use
Install the app and sign up to start a visit.

SANFORD HEALTH PLAN

The coverage you need +Perks

With Sanford Health Plan, your health insurance comes with perks. Because when you're able to save more, you can do more of what you love. As a valued member, enjoy discounts from local and national retailers on products and services in a variety of categories, including:

- Apparel
- Auto
- Dental
- Electronics
- Entertainment
- Health and wellness
- Restaurants
- Vision

- Go to **sanfordhealthplan.com** and click on the Member Perks button
- Have your Member ID card ready to enter your Member ID number
- Create your account
- ***Start Saving!***

SANFORD HEALTH PLAN

HEALTH SAVING ACCOUNT

A Health Savings Account (HSA) administered by Hello Further, works with a High Deductible Health Plan (HDHP), and lets you set aside a portion of your paycheck, before taxes, into an account to help you pay for qualified medical expenses that aren't covered by your plan. It can also help you plan for future medical expenses. You must be enrolled in a HDHP medical plan in order to participate.

How does an HSA work?
In 2022, the IRS increased the HSA contribution limit. **You can deposit up to $3,650 for yourself or up to $7,300 for your family, into your HSA.** For those **55 and older, $1,000 catch-up (additional) contributions can be made to your HSA**. Contributions above the yearly limit are called excess contributions and could be subject to a six percent excise tax. You can use money in your HSA to pay for insurance deductibles and medical care/supplies like dentistry, ophthalmology, and prescription drugs.

When you enroll, an account will be created for you. You'll be given access to a secure, easy-to-use web portal where you can track your account balance and submit requests for reimbursements. In addition, you'll be issued an HSA Benefits Card you can use at point-of-sale to pay for qualified medical expenses. You can request reimbursement distributions by calling **855-363-2583**. Payment will be made based on your available funds. Distributions can be made payable to you or a provider.

Note: HSA funds can roll over from year to year! Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time.

Fund Availability:
Your contribution amount is available as it comes out of your paycheck each pay period.

HSA Contribution for 2022		
	Single	*Family*
Maximum HSA contribution for 2022 per IRS Regulations	$3,650	$7,300
*For those 55 and older, an addititional $1,000 contribution can be made to your HSA		

FLEXIBLE SPENDING ACCOUNT

Worthington ISD 518 provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Account. You can save approximately 25% of each dollar spent on these expenses when you participate in the FSA. **Health Reimbursement Account expenses are limited to $2,850 per plan year. Dependent Care Reimbursement Account expenses are limited to $5,000 per plan year, or $2,500, if married and filing separately.**

Health Care Reimbursement FSA
Flexible Spending Accounts provide you the opportunity to pay for out-of-pocket medical, dental, and vision care expenses with pre-tax dollars. You may also contribute pre-tax dollars to this plan for eligible out-of-pocket expenses even if you do not participate in the medical, dental or vision plans.

Dependent Care FSA
The Dependent Care FSA lets Worthington ISD 518 employee's use pre-tax dollars towards qualified dependent care such as caring for children under the age 13 or caring for elders. Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

General Rules and Restrictions
Be sure to choose your annual elections carefully. Please remember you cannot change your benefit elections during the Plan Year, unless you have a qualified change in status, such as (Please refer to Summary Plan Description for details of qualified changes):

- Marriage
- Birth or Adoption
- Death
- Employment status change for employee or spouse

KEY POINTS

- The maximum annual contribution to the **Health Care Reimbursement Account is $2,850.**
- The maximum annual contribution to the **Dependent Care Account is $5,000**.
- The Plan Year is July 1, 2022 – June 30, 2023.
- Services must be incurred in the plan year to be reimbursable.

DENTAL

We will continue to offer dental insurance through Delta Dental of Minnesota. To receive the maximum benefit you will want to go to a PPO or Premier Dentist compared to an out-of-network Dentist. A listing of PPO and Premier Dentists can be viewed online at the following link deltadentalmn.org.

Note: You cannot move from plan to plan throughout the year. The plan you choose now will be in place until the next Open Enrollment, unless you have a Qualifying Life Event.

Dental Plans Summary	Delta Dental PPO	Delta Dental Premier	Non-Participating*
Calendar Year Deductible			
Individual	$50	$50	$50
Family	$150	$150	$150
Annual Benefit Maximum	$1,250	$1,250	$1,250
Diagnostic & Preventive			
Oral Exams, Cleanings, Routine X-rays	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
Basic			
Sealants, Endodontics, Periodontics	Plan Pays 80%, You pay 20%	Plan Pays 80%, You pay 20%	Plan Pays 80%, You pay 20%
Major			
Oral Surgery**, Prosthetics***, Prosthetic Repairs and Adjustments***, etc.	Plan Pays 50-55%, You pay 50-45%	Plan Pays 50%, You pay 50%	Plan Pays 50%, You pay 50%
Orthodontia (Available for dependent children through 18)***			
Child Only	50%	50%	50%
Lifetime Maximum	$1,000	$1,000	$1,000

*Dentists who have signed a participating network agreement with Delta Dental 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.
**Oral Surgery services covered after a 6 month waiting period is satisfied.
***Prosthetics, Prosthetics Repairs and Adjustments and Orthodontics services covered after a 12 month waiting period is satisfied.

Monthly Rates	Dental
Employee	$36.78
Employee + Spouse	$75.72
Employee + Child(ren)	$98.90
Family	$143.92

Please speak to a licensed Benefits Counselor for personalized rates. Cost is an estimate and varies based on employee master agreement.

VISION

We will continue to offer Vision Insurance through Ameritas. The high (VSP) vision plan will not receive a vision insurance card, but the low vision plan will receive a card. When electing the high (VSP) plan, you will give your clinic your social security number to look up your benefits in their system.

Vision Plan Summary	Focus Plan - High		Vision Perfect Plan - Low
	In-Network Member Cost	*Out-of-Network Reimbursement*	*In-Network Member Cost*
Deductibles			
Eye Glass Lenses or Frames*	$10 copay	$10 copay	$10 copay
Maximum Calendar Year	Covered in Full	Up to $43	N/A
Lenses			
Single Bifocal Trifocal Lenticular Progressive	Covered in Full Covered in Full Covered in Full Covered in Full See lens options	Up to $26 Up to $43 Up to $60 Up to $91 N/A	Up to $40 Up to $60 Up to $75 Up to $80 Up to $80
Contact Lenses**			
Fit & Follow Up Exams Elective Medically-Necessary	Up to $60 Up to $105 Covered in Full	No benefit Up to $100 Up to $210	N/A Up to $140 Up to $140
Frames	$120 allowance	Up to $40	$100
Service Frequencies			
Exams Lenses & Contact Lense Frames	Every 12 months Every 12 months Every 24 months		N/A Every 12 months*** Every 24 months***

*Deductible applies to the first service received
**Contact lenses are in lieu of eyeglasses and frames
***Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).

Monthly Rates	Focus Plan - High	Vision Perfect Plan - Low
Employee	$9.32	$6.20
Employee + 1	$17.40	$11.32
Employee + 2 or More	$26.80	$16.12

Please speak to a licensed Benefits Counselor for personalized rates. Cost is an estimate and varies based on employee master agreement.

See the world in a whole new way!

BASIC LIFE AND AD&D

You have the option to elect Basic Life and Accidental Death and Dismemberment (AD&D) Insurance coverage through Madison National Life. Please **call** the Benefits Service Center **for your maximum amount coverage, premium and to designate or update beneficiary information**.

How Are Life and AD&D Insurance Different?

AD&D insurance covers exactly what its name states: accidental death & dismemberment. What does this mean? In the event of a fatal accident or an accident that results in you losing your eyesight, speech, hearing, limb or use of a limb AD&D will pay you or your beneficiaries one-times your salary. Life insurance pays your beneficiaries even if the cause of death is not accidental. The amount is equal to your Basic Life benefit.

Note: Benefit does not have an age reduction but benefit does terminates at retirement.

PERA - VOLUNTARY TERM LIFE AND AD&D

The NCPERS Life Insurance plan, through Prudential Insurance Company, is offered to all employees who participate in the Public Employee Retirement Association (PERA). The plan is not applicable for any staff who are members of the Teacher Retirement Association. Through your employer PERA, eligible staff are automatically a member of the National Conference on Public Employee Retirement Systems (NCPERS) and offered this voluntary life insurance plan. For a flat rate of **$16 a month**, you can help protect everything you've worked so hard for, even after you're gone.

NCPERS Public Employee Financial Protection Plan gives your family extra financial security when they need it most: when you're no longer there to help provide for them. This coverage is guaranteed issue, which means there are no medical questions or exams.**You can never lose coverage because of a change in your age or health.**

NCPERS' PUBLIC EMPLOYEE FINANCIAL PROTECTION PLAN INCLUDES:

For You: Group Decreasing Term Life

With Group Decreasing Term Life Insurance, your family can have insurance protection against the unexpected. The money can go toward paying for funeral expenses, mortgage, rent, credit card bills, college tuition, and other expenses.

For You: Accidental Death & Dismemberment (AD&D)

Your beneficiary can receive an additional benefit for loss of your life resulting from an accident. You may also be eligible for a benefit if you are in an accident which results in specific injuries. Injuries covered may include loss of sight, coma, or dismemberment of hands or feet.*

For Your Family: Spouse and Dependent Group Decreasing Term Life

At no added cost, this plan provides Dependent Group Decreasing Term Life Insurance for your spouse or domestic partner and a flat benefit for all of your dependent children. The benefit amount will be paid to you in a lump sum on an eligible dependent's death, and the benefit amount will be determined by your age at that time.

* See the Booklet-Certificate with complete plan information, including limitations and exclusions.

Retirement Coverage

Coverage can be continued into retirement if you are insured as an active member and continue to receive a benefit upon retiring. Simply authorize the retirement system to deduct your contributions from your retirement check. Your premium will remain the same regardless of your age.

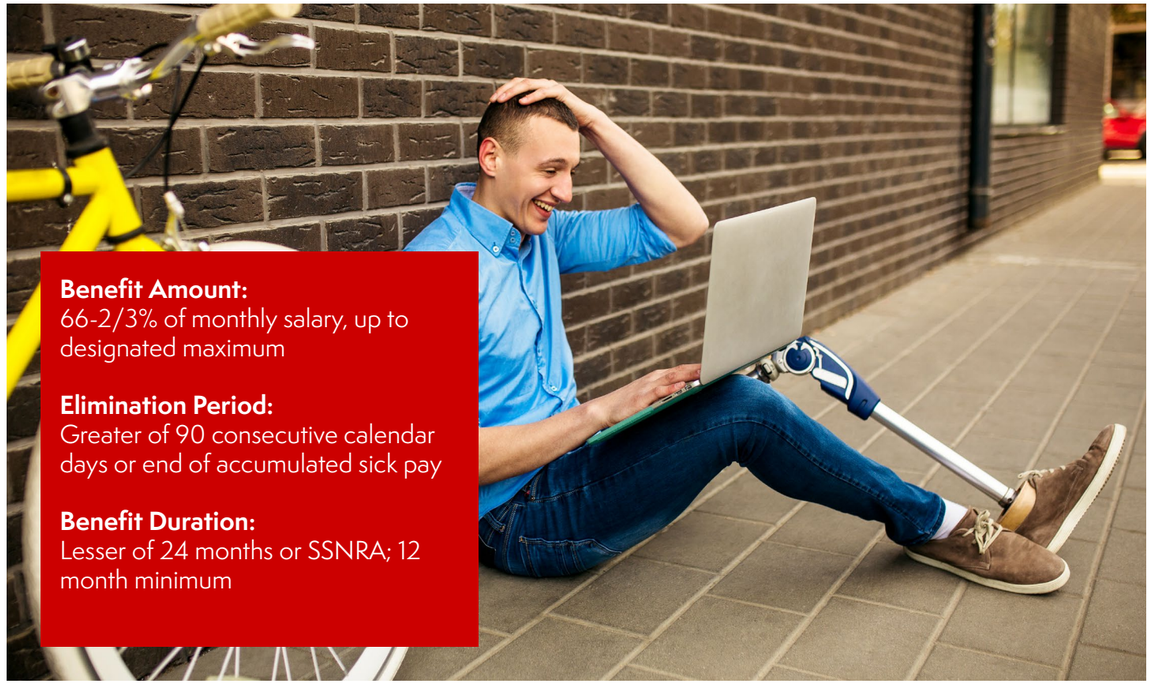
BENEFITS SUMMARY

- Guaranteed coverage—no medical exams or questions required
- 24/7 coverage on or off the job
- Spouse and dependent coverage included
- AD&D coverage included

LONG-TERM DISABILITY

If you miss work due to injury or major illness, the Disability Plans help ensure that part of your income continues. Our Disability Plan, administered by Madison National Life, covers a portion of your income until you can return to work or until you reach the maximum payment duration.

Long-Term Disability (LTD) insurance helps safeguard your long-term financial security. LTD benefits replace a portion of your monthly income while you are unable to work. Under the LTD plan, you are eligible for benefits if you have been continuously unable to work for an extended period of time because of illness or injury. Please **call** the Benefits Service Center **for your maximum amount coverage**. **Worthington ISD 518 provides this benefit at no cost to employees.**



Benefit Amount:
66-2/3% of monthly salary, up to designated maximum

Elimination Period:
Greater of 90 consecutive calendar days or end of accumulated sick pay

Benefit Duration:
Lesser of 24 months or SSNRA; 12 month minimum

Long-Term Disability	
Minimum Monthly Benefit	$100
Pre-Existing Conditions Exclusion	3 months/3 months/12 months
Recurrent Disability	6 months
Maternity Coverage	Included
Survivor Benefit	3-Month Lump-Sum Paid to Beneficiary

New!

SHORT-TERM DISABILITY

Short Term Disability (STD) benefits is provided as a voluntary basis administered by Trustmark. If you choose to enroll, you are responsible for premium payment. STD insurance protects a portion of your income if you become partially or totally disabled for a short period of time. This plan covers injuries and illnesses for off-the-job only.

Please refer to your Summary Plan Description for details or contact the Benefits Department for specific benefits.

Benefit Amount:
60% of your monthly base earnings in increments of $100, up to $6,000

Elimination Period:
7th day after accident/sickness

Benefit Period:
3 months

You can use the money however you choose, be it for groceries, out-of-pocket expenses, or anything else. The cost is based on your age upon coverage and will not increase when moving into the next age bracket.

Please speak to a licensed Benefits Counselor for personalized rates.

UNIVERSAL LIFE

Trustmark's fully-portable Universal Life with LTC solutions address differing employee needs for permanent life insurance. This is available for employees, their spouse, and their children. This plan offers flexible, comprehensive benefits and enables you to adjust your death benefit, cash value, and premiums as your financial needs change.

Universal Life Plan Summary	
Spouse	• Age range: 18 to 64 • Guaranteed Issuance: $3 per week or $20,000
Children	• Age range: <23 for children (full-time student/dependent 18 to 22) ; <19 years for grandchildren • Guaranteed Issuance: $3.25 through $4.54 per week
Plan Features	• Universal Life Events: Designed to match the needs of insureds throughout their lifetime. Universal LifeEvents pays a higher death benefit during an employee's working years, when expenses are high and families need maximum protection. At age 70 (or the 15th policy anniversary, whichever is later), when financial needs are typically lower, the death benefit reduces to one third. However, higher benefits for LTC never reduce — they continue for the life of the policy, to help meet one's greater need for LTC in retirement. • Convalescent Care Accelerated Death Benefit (LTC): Built-in: Designed to accelerate Death Benefit at 4% per month for up to 25 months to pay for long-term care in an assisted living or long-term care facility, or home health care or adult day care. No benefit will be paid for any condition during the six (6) months immediately prior to the Effective Date of this rider. Payments proportionately reduce the death benefit. (With a death benefit of $100,000, $4,000 per month is available for 25 months to pay for long-term care.) • Additional Term Life Insurance: Built-in: Fully restores the death benefit reduced by LTC each time a benefit is paid. Allows beneficiaries to receive the full death benefit. (For a policy valued at $100,000, the policy will have doubled in value – $100,000 paid in LTC benefits $100,000, if all 25 months of LTC are paid, restored death benefit.) • Terminal Illness Benefit: Accelerates 75% of death benefit amount when life expectancy is 24 months or less, as compared with 50% and 6- or 12-month life expectancies commonly seen in the industry.

Please speak to a licensed Benefits Counselor for personalized rates.

ACCIDENT

You do everything you can to keep your family safe, but accidents do happen. Take comfort knowing you have help to manage the medical costs associated with accidental injuries that occur both on and off-the-job. Trustmark's Accident Insurance provides additional coverage to help cover medical expenses and living costs when you unexpectedly get hurt.

Accident Plans Summary	Plan
Accident Follow-Up Treatment	$100
Fractures	Up to $10,000
Dislocations	Up to $8,000
Burns	Up to $20,000
Concussion	$200
Doctor's Office Visit (Including Urgent Care, Walk-In Clinic & Chiropractic)	$100
Tendon/Ligament/Rotator Cuff	Up to $1,200
Surgery	Up to $2,000
Laceration	Up to $800
Loss of finger, toe, hand, foot or sight of an eye	Up to $30,000
Hospital Admission	$2,000
Hospital Confinement (per day up to 365 days)	$400
Hospital ICU (up to 15 days per accident)	$800
Torn Knee Cartilage	Up to $1,000
Prosthetic Device or Artificial Limb	Up to $2,000
Physical Therapy (per visit, up to six visits)	$50
Ambulance	$200 Ground / $1,000 Air
Appliance	$200
Blood, Plasma, Platelets	$600
Emergency Room Treatment	Up to $300

Please speak to a licensed Benefits Counselor for personalized rates.

New!

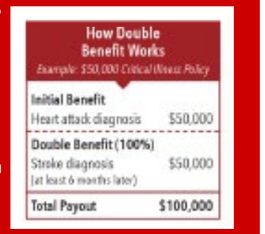
CRITICAL ILLNESS

Critical Illness with Cancer Insurance through Trustmark protects you and your family in the event of a serious illness or other medical condition with portable coverage. Payments are made directly to you and can be applied to claims, household bills, or other expenses as needed. In addition, Critical Illness Insurance provides a **health screening benefit of $100** per insured person per calendar year.

Double Benefit: Built-In:

Provides two lump-sum benefits, with a second benefit payable for a subsequent and different diagnosis.

- Available at 50% of the original benefit.
- Plus, 25% of the total benefit will be paid once each for carcinoma in situ and coronary artery bypass surgery.



Health Screening Benefit: Built-In

This benefit reimburses the cost of a screening test, $100, every calendar year for each insured with no coordination of coverage.

- Low-dose mammography
- Pap smear for women over age 18
- Flexible sigmoidoscopy
- Hemoccult stool specimen
- Colonoscopy
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Prostate-specific antigen (PSA) test for prostate cancer
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Thermograph
- Serum protein electrophoresis (blood test for myeloma
- Serum cholesterol test to determine HDL and LDL levels

Critical Illness Plan Summary

Benefit Amount	
Employee Spouse Child	$30,000 50% of Employee's Amount 10% of Employee's Amount
Guaranteed Issue	
Employee Spouse Child	$30,000 $15,000 $3,000
Health Screening Benefit	$100
Critical Illness Conditions	• Heart Attack • Stroke • Renal (Kidney) Failure • Major Organ Transplant • Paralysis of two or more limbs • Blindness • ALS (Lou Gehrig's Disease) • Coronary Artery Bypass Surgery (25% benefit)*
Cancer Conditions	• Invasive Cancer (excludes skin cancer and melanoma that is diagnosed as Clarke's Level I or II.) • Carcinoma in situ (25% benefit)*

* If the insured receives the one-time 25% benefit for Carcinoma in situ or Coronary Artery Bypass Surgery, the remaining 75% benefit will be available for a first diagnosis of another covered condition. 25% reduction not applicable when subsequent benefit is included.

Please speak to a licensed Benefits Counselor for personalized rates.

Get Paid for Common Preventive Tests

Voluntary Benefits

Trustmark
benefits beyond benefits

The way people pay for their healthcare is changing. Many employers are offering new and different health insurance plans, including high-deductible options. Whatever you choose, the Health Screening Benefit included in your Trustmark plan can pay you for getting one screening test per calendar year.

Here's how it works: when you file a claim for one of the screening tests listed below, Trustmark will send you a check even if your insurance covers these tests at no cost as part of your employee wellness program. No waiting period from the effective date of this benefit.

- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine levels of HDL and LDL
- Routine mammogram
- Breast ultrasound
- Pap smear (for women over age 18)
- Prostate Specific Antigen (PSA) for prostate cancer
- Colonoscopy
- Flexible sigmoidoscopy
- Cardiac stress test
- Bone marrow testing
- Chest x-ray
- Hemoccult stool specimen
- CA 15-3 blood test for breast cancer
- CA 125 blood test for ovarian cancer
- CEA blood test for colon cancer
- Serum Protein Electrophoresis (SPEP) blood test for myeloma
- Thermography

File Your Claim

To file a claim, simply visit the following website: www.TrustmarkVB.com/claims and click "Go to Online Claims."

After entering your information, click on "File a New Claim," type in what test or service you had and select "Health & Wellness Benefits" to start your claim. You may also call 877.201.9373 for any questions about claims.

During enrollment, a benefit counselor will be available to answer any additional questions you may have. If you have questions after you receive your policy, call us at 800.918.8877.

HOSPITAL STAY PAY

Trustmark's Hospital StayPay plan can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, copays, and deductibles.

Hospital StayPay Plan Summary	Plan
First Day Confinement (Provides one lump-sum benefit upon the first day of confinement in a hospital or when confined to an observation unit of a hospital for more than 20 hours)	$1,500
Daily Confinement (Pays for each day of confinement, up to 365 days)	$100
ICU Confinement (Pays at twice the rate of the selected Daily Confinement benefit, up to 365 days)	$200
Wellness Checks (1 time(s) per calendar year per covered person) Annual Screening Routine Screening Follow-Up Test	 $25 $100 $100
Additional Services Normal Childbirth HSA Rider	 Included Compatible

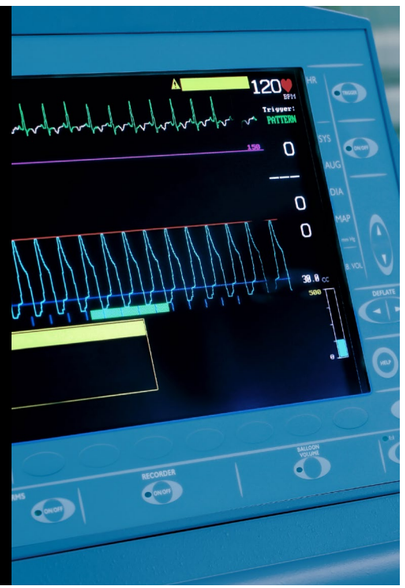
Please speak to a licensed Benefits Counselor for personalized rates.

WELLNESS CHECKS

This benefit promotes good health and wellness by offsetting the cost of annual screenings which include biometric screenings, vision tests or immunizations, routine screenings and follow-up tests. Each covered person can claim once in each of those categories per year.

Eligible Tests Include

- Mammography
- Pap Smear
- Flexible Sigmoidoscopy
- Colonoscopy
- PSA (blood test for prostate cancer)
- Doppler screening for carotid
- CT colonoscopy
- Human papillomavirus (HPV) vaccination
- CA125 Blood Test
- EKG/ECG
- Whole Body Skin Cancer Screening Examination
- Noninvasive screening test for colon cancer that identifies altered DNA and/or blood in stool



LEGAL NOTICES

HIPAA PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan — whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by **Worthington ISD 518** hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information.

It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resource Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

COMPLAINTS

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Plan Administrator.

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, 2016. Contact your State for more information on eligibility **– Pennsylvania - Medicaid**
Website: https://www.gethipppennsylvania .com
Phone: 800.440.0493

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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 states 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 this plan. Refer to the medical insurance section of this guide to find the deductible and coinsurance that apply to you. If you would like more information on WHCRA benefits, call the toll free phone number on your medical id card.

NEWBORNS' ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later 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 enroll within 30 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for such assistance.

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 30 days after the marriage, birth, or placement for adoption.

To request special enrollment or obtain more information, contact your plan administrator.

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 **Worthington ISD 518**. About your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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. **Worthington ISD 518** has determined that the prescription drug coverage offered by **Sanford Health Plan** medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting **Worthington ISD 518** at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current **Worthington ISD 518** prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans Visit www.medicare.gov, call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help, or call 800.633.4222. TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 800.772.1213. TTY users should call 800.325.0778.

Date: July 1, 2022
Name of Entity/Sender: Worthington ISD 518
Contact Office: Human Resources Dept.
Address: 1117 Marine Ave., Worthington, MN 56187
Phone Number: (507) 727-1109

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Kelsey Hagen.

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.

[1] An employer-sponsored 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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: ISD #518 dba Worthington ISD #518	4. Employer Identification Number (EIN): 41-6008522
5. Employer address: 1117 Marine Ave.	6. Employer phone number: (507) 727-1109
7. City: Worthington	8. State: MN / 9. ZIP code: 56187
10. Who can we contact about employee health coverage at this job? Kelsey Hagen	
11. Phone number (if different from above)	12. Email address: Kelsey.Hagen@isd518.net

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

    Employees who work a minimum of 20 hours per week and are at least age 18 years old are eligible to participate in the benefits program. Employees working 30 hours or more per week are considered full time. Medical Insurance for those working 20-30 hours a week will be prorated (refer to applicable Master Agreement). New hires have an effective date of the first of the month following 30 day wait.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    - Legal Spouse, Your child(ren) under age of 26
    - Your unmarried dependent child(ren) of any age who are dependent on you for support as a result of a physical or mental handicap, or disability due to a serious injury or illness. Your child must be properly enrolled for coverage under the Plan as your eligible dependent on the date his or her eligibility would otherwise end.
  - ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

NOTES

CONTACTS

For any questions or concerns you may have regarding your 2022-2023 Benefits you can contact the following:

MEDICAL
Sanford Health Plan
P#: 030098
(800) 752-5863
www.sanfordhealthplan.com

DENTAL
Delta Dental
P#: 100270
(800) 448-3815
DeltaDentalMN.org

VISION
Ameritas
P#: 10-43521
(800) 487-5553
ameritas.com

HEALTH SAVINGS ACCOUNT
Health Equity
(866) 346-5800
healthequity.com

FLEXIBLE SPENDING ACCOUNT
Health Equity
(800) 859-2144
healthequity.com

BASIC TERM LIFE AND AD&D
VOLUNTARY TERM LIFE
LONG TERM DISABILITY
Madison National Life
P#: 001201
(800) 356-9601
www.madisonlife.com

PERA LIFE
National Conference on Public Employee Retirement Systems (NCPERS)
P#:
(800) 525-8056
www.ncpers.org

SHORT TERM DISABILITY
UNIVERSAL LIFE
ACCIDENT
CRITICAL ILLNESS
HOSPITAL STAY PAY
Trustmark
(800) 918-8877
TrustmarkVB.com

HUMAN RESOURCES/ PAYROLL TEAM/403B PLAN*
Worthington ISD 518

Kelsey Hagen - HR Assistant
(507) 727-1109
kelsey.hagen@isd518.net

Jodi Bohn - Payroll Clerk
(507) 372-1104
jodi.bohn@isd518.net

Carmen Johnson - HR Coordinator
(507) 372-1103
carmen.johnson@isd518.net

Kathryn Phillips - HR Generalist
(507) 727-1119
kathryn.phillips@isd518.net

**For questions regarding your 403b Plan, please contact the Worthington ISD 518 HR/Payroll Team for any questions or assistance.*

Benefits Service Center
(Benefits Department)
855-441-6259

Monday – Friday:
8:00 AM – 7:00 PM CST
Saturday:
9:00 AM – 3:00 PM CST

Before you speak with a Benefit Counselor, please have the following information ready:
dependents' names, birth dates, social security numbers, addresses, and phone numbers.

"Excellence in Action"
WORTHINGTON
ISD 518
Bigelow Reading Rushmore Wilmont Worthington

2022-2023
EMPLOYEE BENEFITS GUIDE