



WORTHINGTON
DISTRICT 518

2026-2027
EMPLOYEE
BENEFITS GUIDE



Worthington ISD 518 will be utilizing Employee Navigator services for our benefit enrollment this year. The Human Resources department will provide you with a detailed explanation of your entire benefit program. They will review your benefits with you on an individual, confidential basis. Please read this guidebook carefully as you prepare to make your elections for the upcoming Open Enrollment.

Annual enrollment for 2026-2027 plan year will be a passive enrollment. If you do not wish to make any changes, your current benefit elections will automatically roll over into the new plan year (excluding Flexible Spending Accounts and HSA employee contributions), with an effective date of July 1, 2026.

Worthington ISD 518's 2026-2027 Benefits Highlights

- **Changes to medical plan and rates**
- **Dental rate increase**
- **HSA/FSA - 2026 Annual Limits Increased**

The 2026-2027 benefit period will be July 1, 2026 through June 30, 2027.

**STRIVING TO
PROVIDE
A BETTER
BENEFITS
SOLUTION**

ABOUT THIS BENEFITS GUIDEBOOK



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 Human Resources representatives or self-service 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.

- 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.

Human Resources Department
507-372-2172

Visit [page 31](#) for detailed self-serve instructions.

Monday – Friday: 8:00 AM – 4:30 PM CST

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

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.
- Coverage from birth: Coverage for the newborn, mother, spouse, and any dependents becomes effective on the newborn's date of birth.

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

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

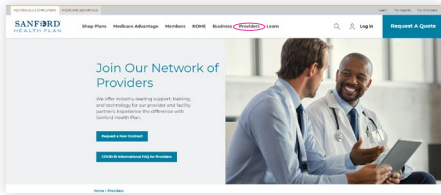
Sanford has two networks for staff to choose from, Sanford TRUE: Focus Network and Sanford Signature Options: Broad Network.

- 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.

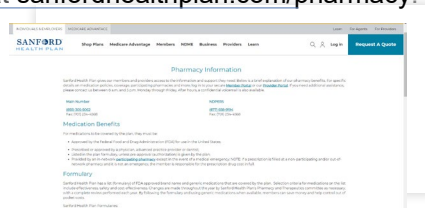
NETWORK PROVIDER

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 Key		Monthly Premium July 1, 2026- June 30, 2027:
Single Coverage	Plan	\$1,000 Deductible, 2x OPM - SINGLE	\$871.80
	Plan	HDHP Non-Embedded \$1700 100%-SINGLE	\$822.53
	Plan	HDHP Embedded \$3500 100% - SINGLE	\$690.57
Family Coverage	Plan	\$1,000 Deductible, 2x OPM - FAMILY	\$2,179.51
	Plan	HDHP Non-Embedded \$1700 100% FAMILY	\$2,056.34
	Plan	HDHP Embedded \$3500 100% - FAMILY	\$1,726.43
PPO - SIGNATURE - Broad Network			
Coverage	Plan Key		Monthly Premium July 1, 2026- June 30, 2027:
Single Coverage	Plan	\$1,000 Deductible, 2x OPM - SINGLE	\$1,087.17
	Plan	HDHP Non-Embedded \$1700 100%-SINGLE	\$1,025.81
	Plan	HDHP Embedded \$3500 100% - SINGLE	\$861.23
Family Coverage	Plan	\$1,000 Deductible, 2x OPM - FAMILY	\$2,717.93
	Plan	HDHP Non-Embedded \$1700 100%-FAMILY	\$2,564.54
	Plan	HDHP Embedded \$3500 100% - FAMILY	\$2,153.08

Cost is an estimate and varies based on employee master agreement.

Medical Plan Summary*	HMO-True \$1000	PPO- Broad \$1000		HMO-True \$1,700 HSA	PPO- Broad \$1,700 HSA		HMO-True \$3500 HSA	PPO- Broad \$3500 HSA	
	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
Deductible									
Individual	\$1,000	\$1,000	\$2,000	\$1,700	\$1,700	\$3,400	\$3,500	\$3,500	\$7,000
Family*	\$2,000	\$2,000	\$4,000	\$3,400	\$3,400	\$6,800	\$7,000	\$7,000	\$14,000
Coinsurance (Your Cost)	30%	30%	50%	0%	0%	20%	0%	0%	20%
Out-of-Pocket Maximum									
Individual	\$2,000	\$2,000	\$4,000	\$1,700	\$1,700	\$6,800	\$3,500	\$3,500	\$14,000
Family*	\$4,000	\$4,000	\$8,000	\$3,400	\$3,400	\$13,600	\$7,000	\$7,000	\$28,000
Office Visits									
Preventive Services	No Charge	No Charge	50% after deductible	No Charge	No Charge	20% after deductible	No Charge	No Charge	20% after deductible
Primary Care Physician	\$35 copay	\$35 copay	50% after deductible	No Charge after ded.	No Charge after ded.	20% after deductible	No Charge after ded.	No Charge after ded.	20% after deductible
Specialist Physician	\$35 copay	\$35 copay	50% after deductible	No Charge after ded.	No Charge after ded.	20% after deductible	No Charge after ded.	No Charge after ded.	20% after deductible
Chiropractic Physician	\$35 copay	\$35 copay	50% after deductible	No Charge after ded.	No Charge after ded.	20% 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 after ded.	No Charge after ded.	20% 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	No Charge after ded.	No Charge after ded.	20% after deductible	No Charge after ded.	No Charge after ded.	20% after deductible
Urgent Care	\$35 copay	\$35 copay		No Charge after ded.	No Charge after ded.		No Charge after ded.	No Charge after ded.	
Emergency Room	\$150 copay	\$150 copay		No Charge after ded.	No Charge after ded.		No Charge after ded.	No Charge after ded.	
Inpatient	30% after deductible	30% after deductible	50% after deductible	No Charge after ded.	No Charge after ded.	20% after deductible	No Charge after ded.	No Charge after ded.	20% after deductible
Outpatient	30% after deductible	30% after deductible	50% after deductible	No Charge after ded.	No Charge after ded.	20% 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	20% after deductible	No Charge	No Charge	20% after deductible
Childbirth/Delivery Professional Services	30% after deductible	30% after deductible	50% after deductible	No Charge after ded.	No Charge after ded.	20% 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	No Charge after ded.	No Charge after ded.	20% 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*	HMO-TRUE \$1,000			PPO- Broad \$1,000			HMO-True \$1,700			PPO- Broad \$1,700 HSA			HMO-True \$3,500 HSA			PPO- Broad \$3,500 HSA		
	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	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	\$5 copay**	\$5 copay**	N/A	\$5 copay**	\$5 copay**	N/A	\$5 copay**	\$5 copay**	N/A	\$5 copay**	\$5 copay**	N/A	\$5 copay**	\$5 copay**	N/A
Tier 1	\$0-15 copay	\$0-15 copay	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A
Tier 2	\$35 copay	\$35 copay	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A
Tier 3	\$50 copay	\$50 copay	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	N/A	No charge after ded.	No charge after ded.	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, *mySanfordHealthPlan*, 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.

Features

Health Trackers

- LEVEL 1 JANE DOE (2)
- Team
- Coach
- Community
- HSA 2026 Complete
- Latest Weight: 150 lbs
- Latest Blood Pressure: 105 Systolic / 70 Diastolic
- Latest Heart Rate: 75 bpm

Session Progress

TEAM (1)

UPCOMING SESSION

UPCOMING SESSION	DATE	TIME	LOCATION
Beverages	Monday, Jul 01	2:00 AM	

MY PROGRESS

1 2 3 4 5 6 7 8 9 10 11 12

Challenge Goals

- MY AWARDS
- STEPS: 57% (40,000 / 70,000 steps Weekly Goal)
- STRENGTH: 67% (40 / 60 minutes Weekly Goal)
- FRUITS & VEGETABLES: 71% (28 / 39 servings Weekly Goal)



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

<p>Free Preventive Care</p>	<ul style="list-style-type: none"> • 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
<p>Diagnostic Care If a service is billed as diagnostic, a copay, deductible and/or coinsurance may apply.</p>	<ul style="list-style-type: none"> • 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 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
- Allergies, skin and eye irritations
- Flu-like symptoms
- UTIs and bladder infections
- Sinus congestion and discomfort

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.



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 at 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.

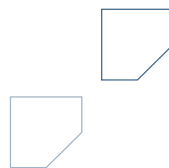
What if I terminate my gym membership?

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.



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 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.

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

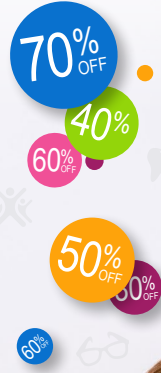
Install the app and sign up to start a visit.

SANFORD
HEALTH PLAN

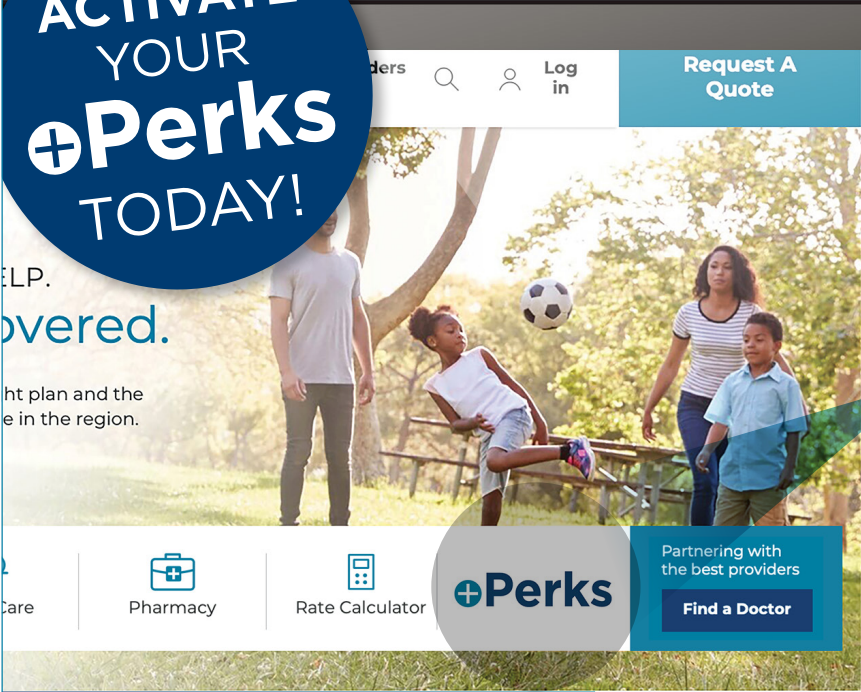
The coverage you need **+Perks**

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



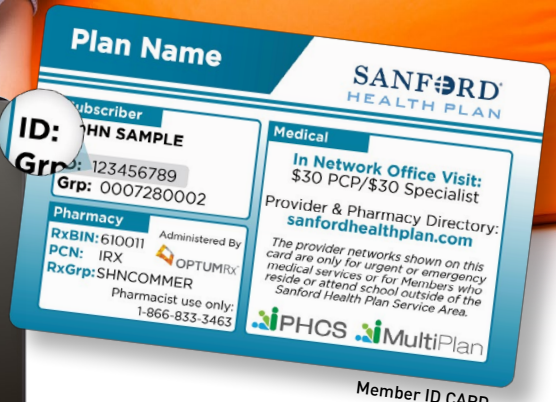
ACTIVATE YOUR +Perks TODAY!



HELP.
covered.
ht plan and the
e in the region.

Care Pharmacy Rate Calculator

If you need assistance, contact Customer Service at (800) 752 5863.



Member ID CARD

- 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 Wex Benefits, 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 2026, the IRS increased the HSA contribution limit. **You can deposit up to \$4,400 for yourself or up to \$8,750 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 **(866) 451-3399**. 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 2026

	Single	Family
Maximum HSA contribution for 2026 per IRS Regulations	\$4,400	\$8,750

*For those 55 and older, an additional \$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. **Flexible Medical Account expenses are limited to \$3,400 per plan year. Dependent Care Reimbursement Account expenses are limited to \$7,500 per plan year, or \$3,750, 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 (FSA) **Health Care Reimbursement Account is \$3,400.**
- The maximum annual contribution to the **Dependent Care Account is \$7,500.**
- The Plan Year is July 1, 2026– June 30, 2027.
- 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	\$45.26
Employee + Spouse	\$93.18
Employee + Child(ren)	\$121.70
Family	\$177.12

VISION

WORTHINGTON ISD 518
Policy #: 010-43521



Vision Plan Benefits

	VSP Choice Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$47
Single Vision Lenses	Covered in full	Up to \$48
Bifocal Lenses	Covered in full	Up to \$69
Trifocal Lenses	Covered in full	Up to \$85
Lenticular Lenses	Covered in full	Up to \$125
Progressive Lenses	See lens options	NA
Frames	\$150	\$45
Contacts (elective)	Up to \$150	Up to \$105
Contacts (medically necessary)	Covered in full	Up to \$ 210

Deductible

Annual Eye Exam	\$10	\$10
Eyeglass Lenses or Frames	\$25	\$25

Benefit Frequencies (months)

Based on Date of Service

Exam/Lens/Frame	12/12/24
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Member cost for lens options (May vary by prescription, options chosen and retail location)

Progressive Lenses	Up to provider's contracted fee for lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to Lined Bifocal allowance
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

Employee (EE)	\$8.44
Employee + Spouse	\$16.48
Employee + Children	\$14.80
Family	\$22.84

Please speak to an HR representative for personalized rates.

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** an HR representative **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 terminate at retirement. This is not a guaranteed issue plan, employees outside of date of hire will be subject to Evidence of Insurability (EOI).



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** an HR representative **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

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, 2026

Name of Entity/Sender: Worthington ISD 518

Contact Office: Human Resources Dept.

Address: 1117 Marine Ave., Worthington, MN 56187

Phone Number: (507) 372-2172

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).



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12/31/2026)

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 9.5%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 9.5% 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

Kathryn Herfurth kathryn.herfurth@isd518.net

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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) 372-2172	
7. City Worthington	8. State MN	9. ZIP code 56187	
10. Who can we contact about employee health coverage at this job? Kathryn Herfurth			
11. Phone number (if different from above)		12. Email address kathryn.herfurth@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:

[Redacted area]

- 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.

SELF-SERVICE INSTRUCTIONS

Visit the [link](#) below and follow the steps to review, enroll or waive your benefit offerings.



Username

Password

[Login](#)

[Reset a forgotten password](#)

[Register as a new user](#)

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

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



Participation Required

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

1. Onboarding
2. Benefits Enrollment
3. HR tasks

[Lets Begin!](#)

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



Onboarding Complete!

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

- ✓ Onboarding
- 1. Benefit Enrollment
- 2. HR tasks

[Start Enrollment](#)

[Dismiss, complete later](#)

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

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

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

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

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

You've got 2 items to complete.

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

[Start Enrollments](#)

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

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

The screenshot shows a benefit selection screen. At the top, it displays a cost of \$138.46 per pay period, effective on 08/07/18. Below this, there are buttons for 'Compare', 'Details', and 'Selected'. A section titled 'How much will it cost?' contains a table:

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

At the bottom of the form, there are buttons for 'Save & Continue' and 'Don't want this benefit?'.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

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

Step 7: Review & Confirm Elections

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

The screenshot shows an 'Enrollment Summary' page. It includes a progress bar for 'Progress 6 of 8' and a list of steps: 1. Personal Information, 2. Dependent Information, 3. Medical, 4. Dental (highlighted), 5. Vision, 6. HSA, 7. FSA, and 8. Enrollment Summary. A warning box states 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below, there is a section for 'Enrolled Plans' showing a 'Medical' plan named 'Key Care HSA PPO2017 404E2435 Long Plan Name'.



High Five! Enrollment Complete!

You've only got one more item to complete.

Enroll in your benefits

1. HR Tasks

Start Tasks

Dismiss, complete later

Step 8: HR Tasks (if applicable)

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

You can login to review your benefits 24/7

CONTACTS

For any questions or concerns you may have regarding your 2026-2027 Benefits you can contact the following:

MEDICAL

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

FLEXIBLE SPENDING ACCOUNT

Wex Benefits Inc.
 (866) 451-3399
www.wexinc.com

SHORT TERM DISABILITY UNIVERSAL LIFE ACCIDENT CRITICAL ILLNESS HOSPITAL STAY PAY

AFLAC

Tricia Jensen
 (605)864-1382
tricia_jensen@us.aflac.com

DENTAL

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

BASIC TERM LIFE AND AD&D VOLUNTARY TERM LIFE LONG TERM DISABILITY

Madison National Life
P#: 001201
 (800) 356-9601
www.madisonlife.com

HUMAN RESOURCES/ PAYROLL TEAM: Worthington ISD 518

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

VISION

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

PERA LIFE

National Conference on Public
 Employee Retirement Systems
 (NCPERS)
 (800) 525-8056
www.ncpers.org

Kathryn Herfurth - HR Specialist
 (507)727-1119
kathryn.herfurth@isd518.net

Victoria Garza- HR Specialist
 (507) 372-1108
victoria.garza@isd518.net

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

HEALTH SAVINGS ACCOUNT

Wex Benefits Inc.
 (866) 451-3399
www.wexinc.com

**Human Resources
 Department
 507-372-2172**

**Monday – Friday:
 8:00 AM – 4:30 PM CST**

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