Shakopee PUBLIC SCHOOLS
EDUCATION FORWARD

Benefit Enrollment Guide

2024-2025

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A Message from Shakopee School District Human Resources

At Shakopee School District we recognize our ultimate success depends on our talented and dedicated staff. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This guide will help you choose the type of plan and level of coverage that is right for you.

Open Enrollment will begin on Monday, May 6, 2024, and will end on Friday, May 17, 2024, at midnight CST. Changes made during this Open Enrollment are effective July 1, 2024, and will go through June 30, 2025.

You can also view overviews of our benefit plans by accessing our website, www.shakopee.k12.mn.us.

Eligibility

Eligible Employees:

You may enroll in the Shakopee School District Employee Benefits Program if you are a Full-Time employee working minimum hours of service per week (see contract for specific eligibility).

Enroll in Benefits through PlanSource at **https://benefits.plansource.com**

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is July 1, 2024. Newly hired employees and dependents will be effective their date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a Qualified Life Event.

Qualified Live Event Change:

A qualified life event is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some Qualified Life Event changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)
- Ineligibility of self or dependent due to age (turning 26)
    - Ex. Children turning 26 and losing coverage through a parent's plan

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your life event. Failure to request a life event change within 30 days of the event may result in your having to wait until the next Open Enrollment period to make your change. Please contact Brady Lutz in Benefits to make these changes.

Changes in Benefit Elections

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefit plans. All elections and changes take effect on the first day of the plan year, July 1, 2024. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts (FSA). To continue your FSA benefits, you must re-enroll each plan year.

You must make benefit elections in Plansource for the 2024-2025 plan year in order to participate in the District employee benefit plans. **Deadline for enrollment is Midnight CST on Friday, May 17, 2024.**

Medical Insurance

For this plan year, you can choose from the following medical options. Refer to Medica's benefits summaries for the exact benefit levels associated with your plan choice. Refer to contracts for the district contribution amount to your coverage.

	Medica $2600 Choice Passport and Elect Plans		Medica $5000 Choice Passport and Elect Plans	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	$2,600	$4,000	$5,000	$10,000
Family	$5,200	$8,000	$10,000	$20,000
Coinsurance	0%	20%	0%	30%
Maximum Out-of-Pocket				
Individual	$2,600	$6,000	$5,000	$15,000
Family	$5,200	$12,000	$10,000	$30,000
District VEBA or HSA Contributions*				
VEBA and/or HSA*	VEBA: $1,300 / Employee $2,300 / Employee + 1 or family		VEBA or HSA: $1,500 / Employee $2,600 / Employee + 1 or Family	
Physician Office Visit				
Primary Care	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Specialty Care	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Preventive Care				
Adult Periodic Exams	0%	20% after deductible	0%	30% after deductible
Well-Child Care	0%	0%	0%	0%
Diagnostic Services				
X-ray and Lab Tests	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Complex Radiology	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Urgent Care Facility	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Emergency Room Facility Charges	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient Facility Charges	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Outpatient Facility & Surgical Charges	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Mental Health and Substance Abuse				
Inpatient	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Outpatient	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Retail Pharmacy (30 or 90-Day Supply)				
Generic and Preferred Brand	0% after deductible	20% after deductible	0% after deductible	30% after deductible
Designated preventive drugs Refer to "Medica Preventive Drug List"	0%	Not covered	0%	Not covered
Specialty	0% after deductible	Not covered	0% after deductible	Not covered

***Except for teachers working less than 1.0 FTE. For those teachers, multiply your FTE by the VEBA or HSA contribution amount for what you will receive. No contributions are made to Building Subs.**

Designated Preventive Drugs are covered 100%, even before you reach your deductible. These are considered maintenance drugs used to treat common disease states. Examples include:

- Diabetes – Injectable and Oral agents
- Coronary Artery Disease: High Cholesterol
- Hypertension: High Blood Pressure
- Mental Health: Antidepressants
- Respiratory: Asthma

Full Annual Cost of Medical Insurance

Medical Plan Costs				
Plan	$2600 Plan		$5000 Plan	
	Choice Passport	Elect	Choice Passport	Elect
Single	$11,419.80	$10,361.04	$9,689.40	$8,803.56
Single + 1	$24,805.56	$22,486.56	$21,015.60	$19,075.56
Family	$30,903.96	$28,050.00	$26,239.44	$23,851.80

Shakopee School District Funding for Medical Insurance

Shakopee School District funds employee benefits in multiple ways. It is important to recognize this funding, as it is a part of your compensation package. One way the District funds your benefits is by paying for a portion of your per-pay-period premiums that are taken out of your paycheck.

Please review your individual bargaining contract for the District's contribution to your medical plan.

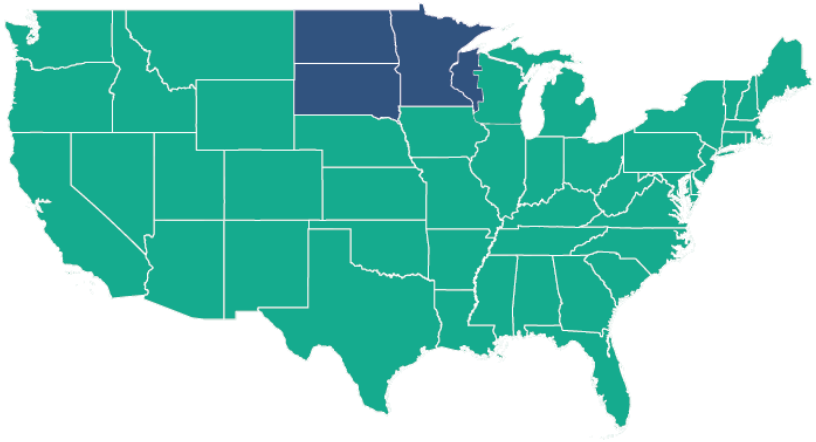
Medica Networks

New this year, there will be two different Medica Networks to choose from, Choice Passport and Elect. The benefits are the same for both networks.

Choice Passport (open access network)

This is an open access national network which includes providers in every state. This is the same network that Medica had in place last year. If it's important to have access to a wider range of doctors and other providers, the Medica Choice Passport network may be the better option for you.

- **One of the largest networks in the nation**
- **No referrals needed when you see network providers**
- **Nationwide network coverage when you travel**
  - Medica Service Area
  - National Coverage through UnitedHealthcare



Medica Choice® Passport		
• 1 million+ providers and nearly 7,300+ hospitals • 1,500,000+ doctors	• More than 64,000 pharmacies including 24-hour pharmacies	• Convenience and urgent care

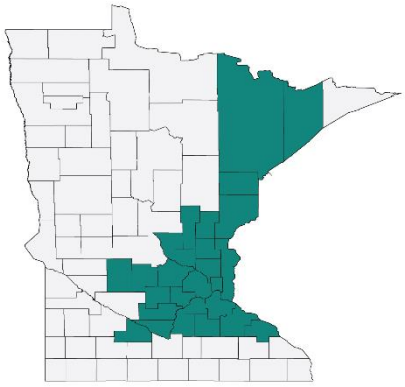
Elect Network

The Elect Network is a new network option this year. The Medica Elect network offers a new member experience that's made health care easy for you. You'll still get the care you need, whenever you need it. Plus you can get that care from providers and systems you know and trust. The Medica Elect network is smaller, but therefore come with lower premium costs.

- Choose your own primary care clinic (PCC) – each family member on your plan can select their own too.
- Access your PCC's affiliated care system of clinics, hospitals, and specialists — or choose a different care system (also available to every family member on your plan).
- Get coordinated care directly from your primary care clinic for all non-emergency needs.
- Bypass the need for referrals when you see specialists in your care system.

By the numbers:

- 75,000+ providers
- 190+ clinics
- 220+ hospitals



Nine care systems

- Allina Medical Clinic
- Children's Health Network
- Hennepin Healthcare
- Integrity Health Network
- Lakeview Health
- Minnesota Healthcare Network
- Park Nicollet Health Services
- Riverway-North Suburban Clinics
- St. Luke's

Referrals

When care is not available within your care system, your PCC can make a referral for a doctor in the Medica Elect network but outside your care system. Your PCC can also make referrals for providers outside the Medica Elect Network, with pre-approval (prior authorization) from Medica.

Changing your PCC

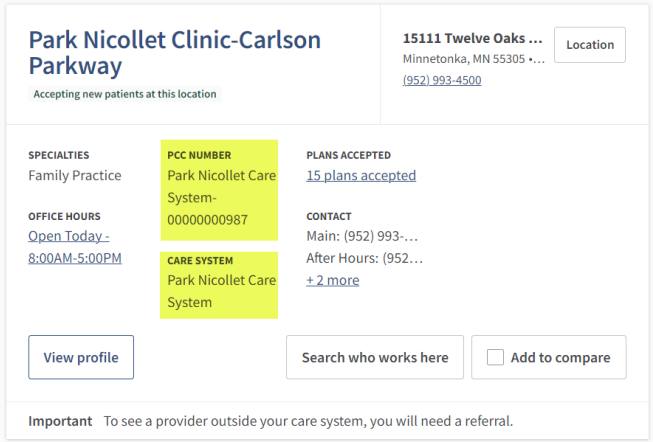
Need to see a different provider? You can change your PCC (and the affiliated care system that comes with it) as often as once a month. Changes made by the 20th of the month go into effect the first day of the month after you make your request.

To search a general list of primary care clinics in a certain area:

1. https://www.medica.com/find-care/select-employer-provided-plan/medica-elect
2. Choose *Find a Provider or Facility* under Facilities and Providers
3. If needed, change location (at the top right of page)
4. Choose *Facilities by Name*
5. Leave the search bar blank and click the *magnifying glass*
6. Click Filters and scroll down and choose, *Eligible Primary Care Clinic (PCC)*
7. In your results, clinics/facilities should have a PCC ID, which looks like this: PCCID: 0000000123.
8. The primary care clinic designates the care system. You will also see the care system affiliation noted.

Otherwise, when searching a specific clinic/facility name:

1. https://www.medica.com/find-care/select-employer-provided-plan/medica-elect
2. Choose *Find a Provider or Facility* under Facilities and Providers
3. If needed, change location (at the top right of page)
4. Choose *Facilities by Name*
5. Enter the name of the clinic/facility
6. In your results, look for the clinic's Care System listing. That's where you'll find the clinic's PCC ID, which looks like this: PCCID: 0000000123. If no PCC ID comes up, you can't choose the clinic as a primary care clinic.



Here is an example of the information provided.

Medica Value Adds

My Health Rewards by Medica

My Health Rewards by Medica® is powered by Virgin Pulse, a leader in digital health and wellness solutions. My Health Rewards is an online tool and app that helps members take small steps to eat healthier, sleep more, stress less, or reach other health goals.

Members have different ways to earn rewards, including tracking physical activity and learning about healthy living. The activities include:

- Assessing your health through preventive care
- Personalizing your health journey by connecting your fitness tracker
- Choosing tools and programs that work for you, such as sleep and nutrition guidance

You'll earn points by making small, everyday changes. Those points can add up to $220 annually.

Go to the mobile app or sign into your account at Medica.com/MyHealthRewards to get started.

24-Hour Health Support with CallLink

Medica CallLink connects you with an experienced nurse or advisor for information and advice about general health issues, self-care for minor injuries and illnesses, or finding a new provider. CallLink is available 24 hours a day, 365 days a year to answer your questions and help you make smart decisions about your health. Just call 1 (800) 962-9497 (TTY users, call 711).

Healthy Pregnancy & Parenting Program

Tap into personalized guidance, support, and coaching for your entire parenthood journey with the Ovia Health apps. They give you on-demand support and clinically backed guidance to help you achieve your health goals, whether that's tracking your period, getting pregnant or navigating pregnancy, postpartum and parental wellness. Once your plan starts, download Ovia Parenting, Ovia Pregnancy or Ovia Fertility for free from the App Store or Google Play. Enter your employer and health plan information to access all the unique tools and features.

Ovia Pregnancy

- Weekly baby development summaries
- Daily articles and tips
- Supportive weekly videos
- Return-to-work planning tools and support
- Unlimited in-app coaching with nurse health coaches

Ovia Parenting

- Learn about child development, and health
- Track baby's feedings, diapers, and sleep
- Get guidance and support for mental health and wellness
- Access thousands of parenting articles and tips
- Unlimited in-app coaching with nurse health coaches

Omada

Chronic Condition Support

Build healthy habits that last. Help reduce your risk for chronic disease through Omada for Prevention, a digital lifestyle change program. Combining the latest technology with ongoing personal support, you can make the changes that matter most — whether that's around eating, activity, sleep or stress. It's an approach that can help you lose weight and reduce your risks for type 2 diabetes and heart disease.

The Omada program is a preventive service and is covered 100% for qualifying Shakopee Public Schools health plan enrollees (age 18) who are at risk for type 2 diabetes or heart disease.

What you'll get with Omada:

- ✓ A plan built around you
- ✓ Dedicated health coach
- ✓ Wireless smart scale
- ✓ Interactive weekly lessons

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

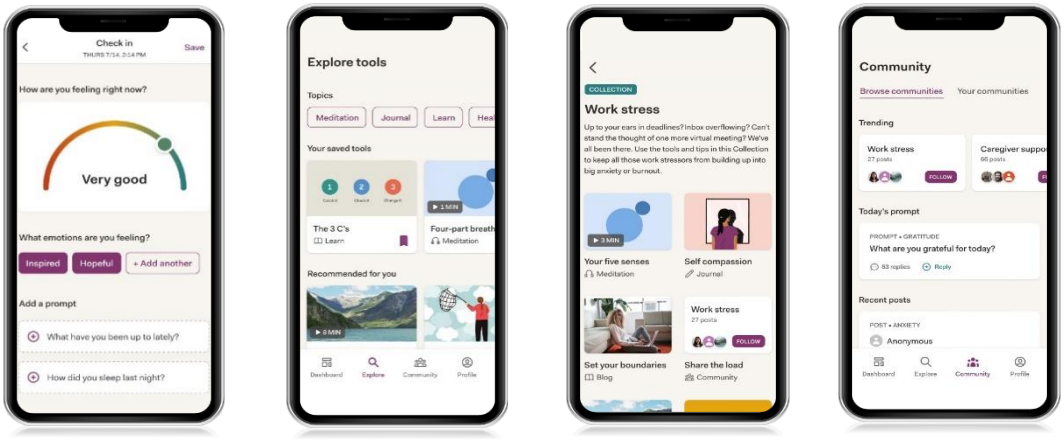
Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do".

Get started at omadahealth.com/omadaformedica

Behavioral Health Support:

Self-Care by AbleTo: Four types of support

Self-Care offers self-paced access to four types of evidence-based mental health support. Members have the flexibility to choose any type of support at any time.



- **Assessments and tracking.** Daily mood tracking and notifications help members build awareness of their emotional state in the moment and over time. Weekly assessments track their progress and result in recommendations for focused content and tools that best support the member's well-being. They may also result in recommendations for higher-intensity support as needed.
- **Mental health skills and tools.** This type of support helps members learn and practice evidence-based mental health skills. Examples include CBT skills, identifying thinking errors and challenging thoughts; breathing and mindfulness activities; sleep tracking; and journaling. Self Care includes brief explanations of each tool and how best to use them. Members also get recommendations for specific tools based on their needs, individual goals, assessment results and engagement patterns.
- **Collections.** A library of topical content helps members learn and apply skills relevant to coping with life situations, seasonal needs (back to school, tax preparation and holidays) or current events. Examples include work stress, parenting and social injustice. Collections help drive ongoing engagement by delivering content that is relevant to members' lives.
- **Community.** Structured chats and discussion boards help members feel validated and less alone. Individuals can post messages, view others' posts and support others in Community with positive and supportive messages. Self Care structures communities around specific, guided topics like Gratitude, Work Stress and Parenting. By bringing people together around topics of shared interest, communities promote engagement and practice of mental health skills.

Virtual Care

Virtual care, also known as online care or an e-visit, is a convenient way to get care for many common conditions. Connect with a provider from your computer or mobile device to get a diagnosis, treatment plan and a prescription sent to the pharmacy of your choice (if needed).

COMMON CONDITIONS THAT CAN BE TREATED			
Allergies	Ear Pain	Pink Eye	Bladder Infection
Flu	Rashes	Bronchitis	High Blood Pressure
Sinus Infection	Cold and Cough	Migraines	Other Non-Urgent Common Health Conditions

Medica provides two virtual care providers for you to utilize:

Amwell – A 24/7 online clinic available in every state (except Arkansas). Each visit is $64 or less per medical visit. Price may vary for mental health related visits.

Download the free Amwell app or on your computer go to amwell.com

Virtuwell – A 24/7 online clinic available in select states, including Wisconsin and Minnesota.

Each visit is $79 or less. Go to virtuwell.com and create an account. Take a quick online interview that checks your medical history and makes sure your problem can be treated online. A nurse practitioner will review your case and write a personalized treatment plan. You'll get an email or text when your plan is ready.

Shakopee School District Funding for Medical Insurance

Another way the Shakopee School District funds employee benefits is by contributing to either a Voluntary Beneficiary Association (VEBA) or a Health Savings Account (HSA), depending on the type of health plan you are enrolled in. These contributions are meant to help employees with medical costs that would otherwise need to be paid out of pocket.

District VEBA or HSA Contributions		
	Medica $2600 Choice Passport and Elect Plans	**Medica $5000 Choice Passport and Elect Plans**
VEBA and/or HSA*	VEBA: $1,300 / Employee $2,300 / Employee + 1 or family	VEBA or HSA: $1,500 / Employee $2,600 / Employee + 1 or Family

***Except for teachers working less than 1.0 FTE. For those teachers, multiply your FTE by the VEBA or HSA contribution amount for what you will receive. No contributions are made to Building Subs.**

Voluntary Employee Beneficiary Association(VEBA)

A Voluntary Employee Beneficiary Association (VEBA) plan is a unique, tax-free health care savings plan funded entirely by your employer. It can pay for qualified medical expenses now or in the future, plus it can be used to pay health insurance premiums when you retire. Your account is administered by Medsurety. Visit their website at www.medsurety.com or call 952-303-5700 if you have any questions.

You don't pay taxes on the account balance, interest earned, or on qualified withdrawals.

You can use your VEBA for the following expenses:

- Medical expenses that your plan doesn't cover, such as out-of-pocket expenses until you reach your deductible or copayments, coinsurance and prescription drugs
- Health insurance premiums like COBRA during transition or Medicare in retirement
- Certain health expenses that your plan may not cover such as Dental and Vision care

You can NOT use your VEBA for the following expenses:

- Current health insurance monthly premiums
- Expenses that aren't on the list of IRS-qualified expenses

What you need to know about VEBA's:

- Money rolls over from year to year (there is no "use it or lose it" rule)
- Works with any of the three health plans offered
- As soon as the employer funds the account, the money belongs to you (even if you change jobs or medical plans)
- Can be paired with an FSA
- Can be paired with an HSA, but becomes limited to dental and vision expenses

How to Submit Claims

Access Medsurety's Consumer Portal to submit your claims online.

1. Go to www.medsurety.com and click **Login**.
2. Choose **EMPLOYEE Login**.
3. Enter your User ID (first time logging in – **Last name and last 4 digits of your SSN**). Click Next.
4. Enter the password (first time logging in = **SetUp01!**).
5. Click **Login.**

Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA. The $5,000 / $10,000 Deductible plan is a qualified plan. The Health Savings Account is administered by Medsurety. Visit their website at www.medsurety.com or call 952-303-5700 if you have any questions. **Submit your claims through the Medsurety online portal following the instructions on the previous page.**

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents [IRS definition of dependent] for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. You are only able to use what has been contributed to your account, but there is no "use it or lose it" rule, so your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes,
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
    - The $5,000/$10,000 plan is the only QHDHP Shakopee offers.
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose FSA is allowed).

2024 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2024 TAX YEAR:

- $4,150 Individual
- $8,300 Family
- If you are age 55 and over, you may contribute an extra $1,000 catch up contribution.

Flexible Spending Accounts (FSA)

The Flexible Spending Account (FSA) plan with Medsurety allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a Medical FSA, Limited Purpose FSA, and a Dependent Care FSA. You pay no federal or state income taxes on the money you place in an FSA. **You must enroll in an FSA each year if you wish to participate in one or both plans.** Visit their website at www.medsurety.com or call 952-303-5700 if you have any questions.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.

A Limited Purpose FSA provides reimbursement for dental and vision expenses ONLY. This can only be used in conjunction with the HSA Plan.

- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.
- The full amount of your election will be available immediately after July 1, 2024 (for Medical/Limited Purpose FSA accounts only).

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
    - You will be able to rollover up to $640 of unused Medical FSA funds into the next plan year.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as only $640 of unused Medical/Limited Purpose FSA funds can be rolled over into the next plan year. Re-enrollment is required each year.

MAXIMUM ANNUAL ELECTION	
Medical FSA: If you are married, both you and your spouse can have a health care FSA with the maximum amount.	$3,200
Dependent Care FSA: (Maximum is $2,500 if married and filing separately.)	$5,000

Dependent Care FSA

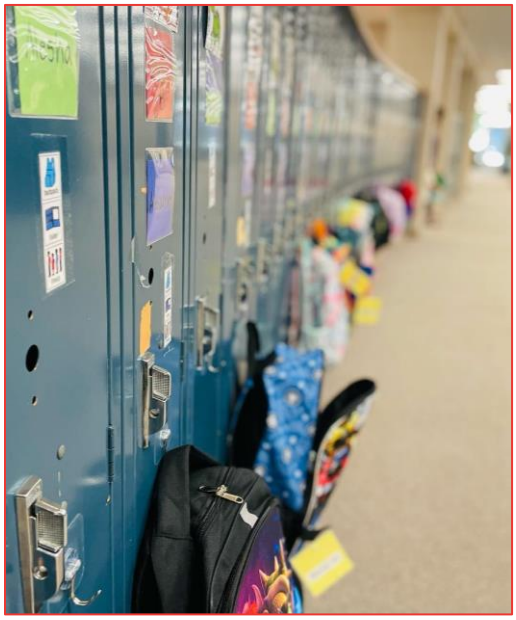
The Dependent Care FSA is a separate election that lets employees use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. Dependent Care FSA accounts are subject to the IRS "use it or lose it" rule and no funds can be rolled into the next plan year. You are also only able to use what funds have already been contributed to your account. Examples of qualified dependent care 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)

Submit your claims to Medsurety's online portal following the instructions on the previous page.

Dental Insurance

	HealthPartners, Inc. Dental	
	In-Network	Out-of-Network
Annual Deductible		
Individual	None	$25
Family	None	$75
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	$1,000	$1,000
Preventive - cleanings, exams, x-rays, fluoride	100%	100%
Basic - Fillings, simple extractions, endodontics, etc.	80%	80%
Special - Restorative crowns and onlays	80%	80%
Major - prosthetics, implants, dentures, bridges, etc.	50%	50%
Orthodontia		
Benefit Percentage	50%	50%
Adults	N/A	N/A
Dependent Child(ren) to age 18	50%	50%
Lifetime Maximum	$1,000	$1,000
Benefit Waiting Periods	N/A	N/A



Dental Benefits

Shakopee School District will continue to offer a dental program. Refer to the carrier benefits summary for the exact benefit level associated with the plan.

Out-of-network coverage: If your dentist charges more than the maximum allowable amount, you may be responsible for the difference.

To find a network provider visit **www.healthpartners.org**.

- Click “Find a Dentist” at the top
- Click “Get Started”
- Enter your zip code

Vision Insurance

You have access to a Vision Plan provided by MetLife which offers eye exams, lenses, frames, and more. Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.

There are two plans to choose from. They both have the same benefits, but you have the option to choose between two networks, the Superior Vision Network and the VSP Network.

Choose the Superior Vision network for a balanced mix of private practice and retail providers, or the VSP Choice network for a mix of predominately independent and some retail providers.

	MetLife Vision Plan
Exams (Once every 12 months)	
Routine Exams	$10 copay
Lenses (Once every 12 months)	
Single	$25 copay
Bifocal	$25 copay
Trifocal	$25 copay
Lenticular	$25 copay
Frames (Once every 24 months)	
Frames	$150 retail allowance after $25 copay
Contact Lenses, in lieu of lenses and frames (Once every 12 months)	
Elective	$150 retail allowance
Medically Necessary	100% covered

Employee Contributions (Monthly)	
MetLife – Vision Plan	
Employee	$7.42
Employee + Spouse	$14.85
Employee + Child(ren)	$17.50
Employee + Family	$26.80

SuperiorVision™

We're here to help
Find a Superior Vision provider at www.metlife.com/vision and select 'Superior Vision by MetLife'.
For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at www.metlife.com/mybenefits.

vsp

We're here to help
Find a VSP Vision provider at www.metlife.com/vision and select "VSP Choice" network.
For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

Life and AD&D

Shakopee School District provides Basic Life and AD&D benefits to eligible employees at no cost. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

MetLife	
Benefit Maximum	Refer to Employment Contracts
Guaranteed Issue	Full Benefit Amount
AD&D Benefit	Matched Life Benefit Refer to Employment Contracts
Conversion Privilege	Included
Waiver of Premium	Included; Eligible to Age 60 & Waived to age 70

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Voluntary Offerings

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life and AD&D Insurance

You may purchase voluntary Life/AD&D insurance with MetLife. In order to receive this coverage, you must apply, complete a health statement (or Evidence of Insurability), and be approved by MetLife. Contributions are based on your age and the amount of coverage elected. Your rate will be determined by the age you are on July 1, 2024. Dependent life rates are not based on age and does not change based on number of children.

MetLife	
Employee Life and AD&D	Increments of $10,000 to $150,000 Max of 8 times Basic Annual Earnings
Spouse Life and AD&D	Increments of $5,000 to $75,000 Not to exceed 50% of employee amount
Dependent Life and AD&D	$5,000 or $10,000
Conversion Privilege	Included
Waiver of Premium	Included; Eligible to Age 60 & Waived to age 70

Voluntary Life Rates per $1,000	
Under 30	$0.04
30-34	$0.05
35-39	$0.08
40-44	$0.10
45-49	$0.15
50-54	$0.23
55-59	$0.43
60-64	$0.66
65-69	$1.27
70+	$2.06
EE & SP AD&D	$0.02
Child Life	$0.173
Child AD&D	$0.047

Disability Insurance

Voluntary Short-Term Disability

Shakopee School District offers short-term income protection through MetLife in the event you become unable to work due to a non-work-related illness or injury. Benefit payments begin after a two week waiting period. Please see the summary plan description for complete plan details. To apply for coverage as a new entrant to the plan, you will need to complete an application, health statement and MetLife will need to approve your application. Note: your rate will be determined by the age you are on July 1, 2024.

MetLife	
Voluntary Short Term Disability	
Amount	60%
Maximum Weekly Benefit	$1,000
Waiting Period – Accident	14 Days
Waiting Period – Sickness	14 Days
Duration of Benefits	90 Days
MetLife Short Term Disability Rates	
20-29	$0.390
30-34	$0.358
35-39	$0.327
40-44	$0.296
45-49	$0.296
50-54	$0.327
55-59	$0.382
60-64	$0.452
65+	$0.273

Long-Term Disability

Shakopee School District offers long-term income protection through MetLife in the event you become unable to work due to a non-work-related illness or injury. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

MetLife	
Long Term Disability	
Amount	66.67%
Minimum Monthly Benefit	$100
Maximum Monthly Benefit	Refer to Employment Contracts
Elimination Period	90 Days
Duration of Benefits	To Social Security Normal Retirement Age
Pre-Existing Limitation	3 / 12
Definition of Disability	Unable to perform the material duties “AND” at least 20% loss of earnings

Accidental Injury

You have the option to purchase additional voluntary benefits via post-tax payroll deductions through MetLife. This is only offered during Open Enrollment each year.

The MetLife Accident plan is designed to help employees and their families with the out-of-pocket costs associated with an accident. This coverage pays a lump sum benefit based on the type of injury you sustain or the type of treatment you need. Examples of injuries and benefits include:

Covered Injury or Expense	Benefit Amount
Ambulance	$300
Emergency Room	$75 - $150
Urgent Care	$75
Hospital Admission	$1,000
ICU	$500
Hospital Confinement	$200 per day, up to 365 days
Burns	$75 - $10,000
Dislocations	$100 - $8,000
Fractures	$150 - $7500
Lacerations	$50 - $400
Concussion	$250
Coma	$10,000
Physical Therapy	$35
Eye Injury	$100
Appliance	$75 - $750
Blood	$400

Additional information:

- Coverage is available to actively at work Employees, Spouses ages 17-80 if not disabled and Children ages 14 days through 24 years old who are not disabled and/or married
- Coverage is Guarantee Issue, no medical questions
- The plan is portable, so you may continue coverage if you leave the District

	Monthly Rates Includes Wellness Benefit
Employee	$7.15
Employee + Spouse	$13.98
Employee + Children	$16.66
Family	$19.71

Health Screening Benefit

MetLife will provide an annual benefit of $50 per plan year for taking one of the eligible screening/prevention measures. This benefit is paid for each covered member on the policy (i.e. family coverage with employee, spouse, and 2 children covered would have a benefit up to $200 for each plan). **The Health Screening Benefit is available separately under Accident, Critical Illness and Hospital Indemnity plans.** Eligible screening/prevention measures include annual physicals, blood chemistry panel, complete blood count, colonoscopies, eye exams, mammograms, and much more.

Critical Illness

The Met Life Critical Illness plan is designed to help employees and their families with the out-of-pocket costs associated with a critical illness. Critical illnesses include:

- Benign brain tumor
- Major organ failure
- Permanent paralysis of at least 2 limbs as a result of a covered accident
- Blindness
- Stroke
- Cancer
- End stage kidney failure
- Heart attack
- Coma that lasts at least 14 consecutive days
- Coronary artery bypass (50% benefit)

Benefit Amounts	
Employee	$10,000 - $50,000 in $10,000 increments
Spouse	50% of Employee Benefit
Dependent Children	50% of Employee Benefit
Additional Information: Reoccurrence benefit included	

Monthly Rates Per $1,000 In Coverage				
Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
>25	$0.26	$0.51	$0.39	$0.65
25 – 29	$0.31	$0.61	$0.45	$0.75
30 - 34	$0.39	$0.77	$0.53	$0.90
35 - 39	$0.51	$1.00	$0.65	$1.14
40 - 44	$0.72	$1.40	$0.86	$1.54
45 - 49	$1.00	$1.97	$1.14	$2.11
50 - 54	$1.29	$2.64	$1.43	$2.78
55 - 59	$1.75	$3.71	$1.89	$3.85
60 – 64	$2.29	$4.95	$2.42	$5.09
65 - 69	$3.13	$6.90	$3.27	$7.03
70 - 74	$4.18	$9.15	$4.31	$9.29
75+	$6.07	$12.87	$6.21	$13.01

To calculate your monthly cost:

_____ / 1,000 x _____ = _____
Benefit amount Rate Monthly Cost

Health Screening Benefit

MetLife will provide an annual benefit of $50 per plan year for taking one of the eligible screening/prevention measures. This benefit is paid for each covered member on the policy (i.e. family coverage with employee, spouse, and 2 children covered would have a benefit up to $200 for each plan). **The Health Screening Benefit is available separately under Accident, Critical Illness and Hospital Indemnity plans.** Eligible screening/prevention measures include annual physicals, blood chemistry panel, complete blood count, colonoscopies, mammograms, and much more.

Hospital Indemnity

You have access to a Hospital Indemnity plan with MetLife that can help you and your family with hospital costs. This plan provides features that could be valuable to you, including:

- Benefits available due to hospitalization and associated treatment
- Portability through Continued Insurance with Premium Payment which gives you the ability to keep your existing coverage when your employment status with your employer changes
- No coordination with other insurance benefits
- You are paid a lump-sum benefit that you can use as you feel necessary
- You and your family will have access to discounts or services that will provide you actionable tools and resources to help you navigate life's twists and turns

MetLife Hospital Indemnity Insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Subcategory	Benefit Limits	Benefit	
Hospital Benefits			
Admission Benefit	4 time(s) per plan year	Admission	$500
		ICU Supplemental Admission (Benefit paid concurrently with the admission benefit when a Covered Person is admitted to ICU)	$500
Confinement Benefit	15 days per plan year - ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement	$100
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$100
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care	$25
Other Benefits			
Health Screening Benefit	1 time(s) per plan year per covered person	Health Screening	$50

	Monthly Rates
Employee	$10.16
Employee + Spouse	$19.08
Employee + Children	$15.78
Family	$24.70

Health Screening Benefit

MetLife will provide an annual benefit of $50 per plan year for taking one of the eligible screening/prevention measures. This benefit is paid for each covered member on the policy (i.e. family coverage with employee, spouse, and 2 children covered would have a benefit up to $200 for each plan). **The Health Screening Benefit is available separately under Accident, Critical Illness and Hospital Indemnity plans.** Eligible screening/prevention measures include annual physicals blood chemistry panel, complete blood count, colonoscopies, eye exams, mammograms, and much more.

MetLife | Accident, Critical Illness, and Hospital Indemnity

Shakopee Public Schools Education Forward

Discover your Health Screening Benefits

Health screenings are an important part of managing your health. That's why your Accident, Critical Illness, and Hospital Indemnity Insurance from MetLife provides a ***$50.00 Health Screening Benefit*** (HSB) for covered screenings and tests. Now, everyone who's enrolled — you, your spouse, and dependent children — can earn a benefit just for taking care of his or her health.

Please note – only 1 Health Screening Benefit per enrolled family member per plan (AX, CI, or HI) **per calendar year**

At least 42% of newly diagnosed cancers in colorectal cancer deaths in the U.S. could be prevented with recommended screenings.[3]

For women in their 40s and 50s, **annual mammogram screenings decrease breast cancer deaths** by 15 to 29%.[4]

Examples of covered screening and prevention tests may include **a routine physical, blood chemistry panel, chest x-ray, complete blood count (CBC), electrocardiogram (EKG), or Electroencephalogram (EEG).** For a complete list of what's covered, please see a copy of your certificate.

Here's an example of how it works. Susan has elected Accident, Critical Illness, *and* Hospital Indemnity.

Susan's doctor conducts a physical for her, her husband, and 2 children. Afterward, Susan contacts MetLife by calling 1-800-GET-MET8 to submit her HSB claim. All Susan needs to provide is her physician's name, phone number and address, plus the test and the date it was completed. A check for Susan's HSB benefits payment is on the way within a few business days once her claim is processed. **Since her family of 4 were all members on the Accident, Critical Illness, and Hospital Indemnity plan and they all received a preventative screening, MetLife mailed Susan a check for $600.00 ($50.00 x 4 members x 3 plans)!**
It's that easy!

Claiming your *$50.00 Health Screening Benefit* (HSB) is as simple as 1-2-3.

1. **Visit MyBenefits at www.metlife.com/mybenefits or call 1-800-GET-MET8 (800-438-6388) 8am-8pm EST. You can also file a claim using the MetLife Mobile App!**

2. **Provide a few details, including:**
   - The name of the Insured, SSN or EEID, Group Name, Certificate Number
   - What date did you have your test?
   - What was the test you had completed?

3. **Receive your HSB payment. (If submitting via MyBenefits, payment can be made via EFT. Checks are typically issued within a few business days once your claim has been processed)**

You can submit claims for your spouse and/or dependent children. No hard copy proof is ever required! Please refer to your certificate of coverage for details on the health screening benefit and which tests are applicable based on your coverage.

Add claiming your MetLife Health Screening Benefit to your annual good health to-do list.

For complete details, including covered screenings and tests, please see your insurance coverage certificate on the *MyBenefits* portal at www.metlife.com/mybenefits, or the MetLife Mobile App.

Employee Assistance Program (EAP)

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program through TELUS Health, previously Lifeworks, which is available to you and your family in connection with your group insurance from MetLife. It's confidential – information will be released only with your permission or as required by law.

You, your dependents (including children to age 26) and all household members can contact the program's master's – level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to five phone or video consultations with licensed counselors per issue per year.

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Contact EAP
888-319-7819
24 hours a day, seven days a week

Log on to one.telushealth.com
Username: metlifeeap
Password: eap

Download the mobile app by searching "TELUS Health" on the App Store or Google

USI Mobile App

Shakopee School District is pleased to offer on-the-go access to key benefit information through the USI Mobile App, **MyBenefits2Go**. Download in the App Store or Google Play Store and enter code **M97399** in the app to access your benefit highlights.

- View the full menu of benefits.
- Tap each plan to access contact and policy and details.
- Using your smartphone, take a picture of your ID cards and store the information.
- Find the Benefits Resource Center contact information under "Resources" as well as your HR contact information

Contact Information

Have Questions? Need Help?

Shakopee School District is excited to offer access to the **USI Benefit Resource Center (BRC),** which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Central, Mountain, Pacific and Alaska Standard Time at **855-874-0742** or via e-mail at **BRCMT@usi.com**. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Carrier Customer Service

Additional information regarding benefit plans can be found on PlanSource. Please contact Brady Lutz in Benefits by email **elutz@shakopee.k12.mn.us** or by phone at 952-496-5080 to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical Insurance	Medica	800-952-3455	www.WelcomeToMedica.com/ShakopeeSchools
Voluntary Employee Beneficiary Association Plans (VEBA)	Medsurety	952-303-5700	www.medsurety.com
Health Savings Account	Medsurety	952-303-5700	www.medsurety.com
Flexible Spending Acount	Medsurety	952-303-5700	www.medsurety.com
Dental Insurance	HealthPartners	952-883-5000	www.healthpartners.com
Vision	MetLife	1-800-438-6388	www.metlife.com
Life and AD&D	MetLife	1-800-438-6388	www.metlife.com
Disability Insurance	MetLife	1-800-438-6388	www.metlife.com
Accident, Critical Illness, Hospital Indemnity	MetLife	1-800-438-6388	www.metlife.com
Employee Assistance Program	MetLife	1-888-319-7819	www.one.telushealth.com Username: metlifeeap / Password: eap
Shakopee District Benefits	Brady Lutz	952-496-5080	elutz@shakopee.k12.mn.us
Benefit Resource Center	USI Insurance Services	855-874-0742	BRCMT@usi.com

This brochure summarizes the benefit plans that are available to Shakopee School District eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.

Legal Notices

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

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

- $2,600 Deductible Plan
- $5,000 Deductible Plan

NEWBORNS ACT DISCLOSURE - FEDERAL

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).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Brady Lutz
Shakopee School District Office
1200 Town Square
Shakopee, MN 55379
952-496-5080
elutz@shakopee.k12.mn.us

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization
- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice
- Effective Date: 7/1/2024

Brady Lutz
952-496-5080
elutz@shakopee.k12.mn.us

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Shakopee Schools About Your Prescription Drug Coverage and Medicare

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

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Shakopee Schools has determined that the prescription drug coverage offered by the Shakopee Schools is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Shakopee Schools coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Shakopee Schools coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

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

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

Brady Lutz
952-496-5080
elutz@shakopee.k12.mn.us

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	7/1/2024
Name of Entity/Sender:	Shakopee Schools
Contact--Position/Office:	Brady Lutz
Address:	1200 Shakopee Town Square Shakopee, MN 55379
Phone Number:	952-496-5080

CMS Form 10182-CC **Updated April 1, 2011**

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 premiumassistance 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 yourState 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 dependentsmight 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 eligiblefor 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 January 31, 2023. Contact your State for more informationon eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.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.

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	4. Employer Identification Number (EIN)	
Shakopee School District 720	41-6003781	
5. Employer address	6. Employer phone number	
1200 Shakopee Town Square	952-496-5080	
7. City	8. State	9. ZIP code
Shakopee	Minnesota	55379
10. Who can we contact about employee health coverage at this job?		
Brady Lutz		
11. Phone number (if different from above)	12. Email address	
	elutz@shakopee.k12.mn.us	

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

- As your employer, we offer a health plan to:
  - [X] All employees. Eligible employees are:

    Full-Time employee working minimum hours of service per week (See contract for specific eligibility).

  - [ ] Some employees. Eligible employees are:

- With respect to dependents:
  - [X] We do offer coverage. Eligible dependents are:

    Eligible dependents include your spouse, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

  - [ ] 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.

* 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).