



2024-25 Benefits Enrollment Guide



2024-2025 Benefits Guide

Open Enrollment is each April with benefit elections being effective July 1 of each year. New employees must make benefit elections within 30 days from their hire date and benefits are effective on the hire date.

Published by the Lakeville Area Schools
Human Resources

17630 Juniper Path, Suite A, Lakeville, Minnesota 55044
Copyright © Lakeville Area Schools 2024

Questions or concerns about this booklet?
benefits@isd194.org | 952-232-2007

TABLE OF CONTENTS

Enrolling in Benefits	6
Medical Coverage	7
SolarteHealth - Amplify Network	12
Medical Self Insurance - Being a Conscious Consumer	13
Flexible Spending Accounts (FSA)	14
Health Reimbursement Account (HRA)	15
CompleteCare	16
Dental	17
Vision	21
Legal	23
Life and Accidental Death & Dismemberment (AD&D)	24
Long-Term Disability (LTD)	24
Additional Medical Benefits	25
HealthiestYou	25
Blue Care Advisor	26
Omada	26
Learn to Live	27
Employee Assistance Program (EAP)	28
Contacts	30
Questions and Answers	31
Annual Notifications	32
Medicare Part D Creditable Coverage Notice	47

The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by Lakeville Area Schools. The text throughout this guide was taken from the summary plan descriptions and benefit information provided by the insurance carriers. While every effort was taken to accurately report district benefits, discrepancies or errors are

possible. In a case of a discrepancy between the Benefits Guide and the actual insurance carrier plan document, the actual insurance carrier plan document will prevail.

Enrolling in Benefits

Who is Eligible?

Please see the chart below to view who is eligible for each benefit option.

Benefit	Provider	Must Work at Least:
Medical Insurance	Blue Cross Blue Shield of Minnesota	- Teachers - 20 hours/week - All other staff - 30 hours/week
Dental Insurance	Delta Dental	- Teachers - 20 hours/week - All other staff - 30 hours/week
Vision Insurance	EyeMed	20 hours/week
Flexible Spending Accounts (Medical)	Medsurety	20 hours/week
Flexible Spending Accounts (Dependent Care)	Medsurety	20 hours/week
Basic Life Insurance and AD&D	Madison National Life Insurance	- Teachers - 20 hours/week - All other staff - 30 hours/week
Long-Term Disability	Madison National Life Insurance	- Teachers - 20 hours/week - All other staff - 30 hours/week
Pre-paid Legal Insurance	LegalEase	20 hours/week
Opt-Out of Medical Insurance	Complete Care	Must be currently enrolled in Medical Insurance

When to Enroll

The open enrollment period runs from each spring. The benefits elected during open enrollment will be effective from July 1, 2024 through June 30, 2025.

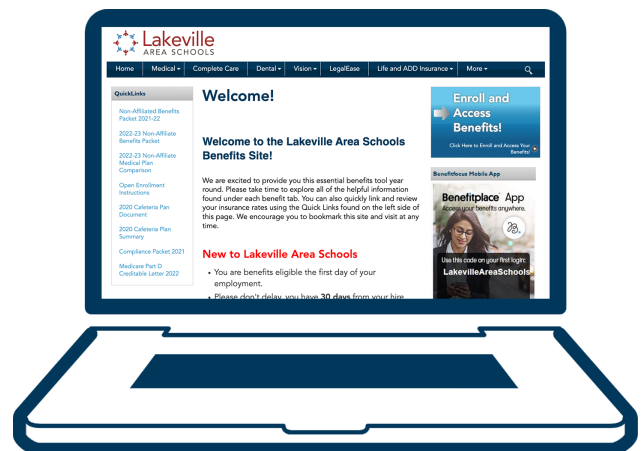
IMPORTANT! Open enrollment closes at 5pm on the final day. Once closed, you will not be able to make any benefit changes. The only exception is if you experience a qualifying life event.

How to Enroll

You will complete your enrollment through the [Benefitfocus portal](#). View the [Benefitfocus Instructions](#) and [Adding Dependents to Benefitfocus](#) for a step by step guides to using the Benefitfocus system. You can make changes to your benefit elections throughout the open enrollment period, or your new hire period.

When to Make Changes

Unless you have a qualifying life event, you cannot make changes to the benefits you elect during open enrollment, or the new hire period, until the next open enrollment period. Qualifying life events can include: loss of other benefits, marriage, divorce, birth or adoption of a child, death of a spouse or child, or change in employment status for you or a spouse. Changes must be submitted within 30 days of the qualifying event & documentation of the event is required.



Medical Coverage

For the 2024-2025 plan year, Lakeville Area Schools will continue to offer the **\$20 Copay Plan**, the **\$500 Deductible Plan**, and the **High Deductible Plan. Blue Cross Blue Shield of Minnesota** will continue to be the health plan carrier for all district medical plans.

Go to <https://www.bluecrossmn.com/> to search for a provider in the Aware Minnesota/PPO National Network and to track claims and healthcare costs. Download the Blue Care Advisor app to view your medical insurance information from your phone.

Services	\$20 Copay Plan	\$500 Deductible Plan	High Deductible Plan
Plan Year Deductible	\$0 Individual \$0 Family	\$500 Individual \$1,500 Family	\$4,000 Individual \$8,000 Family
Coinsurance (What the member pays)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Out-of-pocket max	\$500 Individual \$1,000 Family	\$1,500 Individual \$2,500 Family	\$4,000 Individual \$8,000 Family
Preventive Care	\$0 Member Cost	\$0 Member Cost	\$0 Member Cost
Physician Services	\$20 Copay	Deductible then 20% coinsurance	Deductible then 0% coinsurance
Other Professional Services	\$20 Copay	Deductible then 20% coinsurance	Deductible then 0% coinsurance
Inpatient Hospital Services	0%	Deductible then 20% coinsurance	Deductible then 0% coinsurance
Outpatient Hospital Services	\$20 Copay	Deductible then 20% coinsurance	Deductible then 0% coinsurance
Emergency Care	\$100 Copay	Deductible then 20% coinsurance	Deductible then 0% coinsurance
Medical Supplies	0%	Deductible then 20% coinsurance	Deductible then 0% coinsurance
Behavioral Health	\$20 Copay	Deductible then 20% coinsurance	Deductible then 0% coinsurance
Prescription Drugs - Generic - Preferred - Non-Preferred - Specialty	\$10 Copay \$25 Copay \$40 Copay \$25 Copay	\$10 Copay \$25 Copay \$40 Copay \$25 Copay	Deductible then 0% coinsurance for all Preventive drugs listed here are covered at 0% coinsurance and are not subject to the deductible. Preferred & non-preferred brand coverage outlined in Plan Benefit Summary.

Benefits in the above chart are for in-network services. Please refer to the benefit summaries at the links below for more specific information for both in-network and out of network services.

- [\\$20 Copay Plan Benefit Summary](#) & [Coverage Booklet](#)
- [\\$500 Deductible Plan Benefit Summary](#) & [Coverage Booklet](#)
- [High Deductible Plan Benefit Summary](#) & [Coverage Booklet](#)

- BCBS [Member Resource Guide & Summary of All Plans](#)

Your Cost for Medical in 2024-2025

Below are the payroll deductions by each bargaining group that will be effective July 1, 2024. Please find your bargaining groups rates below.

Teachers

Rates shown below are for teachers working a .75 FTE and above and are deducted once per month on the first paycheck of the month. The district provides a monthly contribution into an HRA if you enroll in the High Deductible plan. Teachers working a .5 FTE - .74 FTE, please view the [Part-Time Teacher Rates](#) document.

Coverage Level	\$20 Copay	\$500 Deductible	High Deductible	HRA District Monthly Contribution High Deductible Plan Only
Employee	\$290.01/month	\$91.55/month	\$0.00/month	\$71.20/month
Employee + 1	\$633.83/month	\$200.18/month	\$0.00/month	\$157.87/month
Family	\$769.83/month	\$243.77/month	\$0.00/month	\$191.98/month

LEAF

Rates shown below are deducted once per month on the first paycheck of the month for 12 month employees. 9, 10 and 11 month employees rates shown below are deducted from every paycheck, for 18 paychecks, starting on the September 30th paycheck and ending on the June 15th paycheck. Employees will pre-pay for July & August premiums with higher per paycheck premiums from September 30th through June 15th. The district provides a monthly contribution into an HRA if you enroll in the High Deductible plan. Employees will receive monthly HRA contributions on the first paycheck of the month. 9, 10 and 11 month employees will receive September and October's HRA contributions on the 10/15 paycheck and in June, they will receive June, July and August's HRA contributions on the 6/15 paycheck.

Coverage Level	\$20 Copay 12 Month Rates	\$500 Deductible 12 Month Rates	High Deductible 12 Month Rates	HRA District Monthly Contribution High Deductible Plan Only
	9, 10 & 11 Month Rates	9, 10 & 11 Month Rates	9, 10 & 11 Month Rates	
Employee	\$290.01/month	\$91.55/month	\$0/month	\$71.20/month
	\$193.34 for 18 paychecks	\$61.03 for 18 paychecks	\$0 for 18 paychecks	
Employee + 1	\$633.83/month	\$200.18/month	\$0/month	\$157.87/month
	\$422.55 for 18 paychecks	\$133.45 for 18 paychecks	\$0 for 18 paychecks	
Family	\$769.83/month	\$243.77/month	\$0/month	\$191.98/month
	\$513.22 for 18 paychecks	\$162.51 for 18 paychecks	\$0 for 18 paychecks	

Non-Licensed Instructors

Rates shown below are deducted every paycheck starting on the September 30th paycheck and ending on the June 15th paycheck. Employees will pre-pay for July & August premiums with higher per paycheck premiums from September 30th through June 15th. The district provides a monthly contribution into an HRA if you enroll in the High Deductible plan. Employees will receive September and October's HRA contributions on the 10/15 paycheck and in June, they will receive June, July and August's HRA contributions on the 6/15 paycheck.

Coverage Level	\$20 Copay	\$500 Deductible	High Deductible	HRA District Monthly Contribution High Deductible Plan Only
Employee	\$193.34 for 18 paychecks	\$61.03 for 18 paychecks	\$0.00 for 18 paychecks	\$71.20/month
Employee + 1	\$422.55 for 18 paychecks	\$133.45 for 18 paychecks	\$0.00 for 18 paychecks	\$157.87/month
Family	\$513.22 for 18 paychecks	\$162.51 for 18 paychecks	\$0.00 for 18 paychecks	\$191.98/month

Small Wonders Instructors

Rates shown below are deducted once per month on the first paycheck of the month. The district provides a monthly contribution into an HRA if you enroll in the High Deductible plan.

Coverage Level	\$20 Copay	\$500 Deductible	High Deductible	HRA District Monthly Contribution High Deductible Plan Only
Employee	\$290.01/month	\$91.55/month	\$0.00/month	\$71.20/month
Employee + 1	\$633.83/month	\$200.19/month	\$0.00/month	\$157.87/month
Family	\$769.83/month	\$243.77/month	\$0.00/month	\$191.98/month

Custodian & Maintenance

Rates shown below are deducted once per month on the first paycheck of the month. The district provides a monthly contribution into an HRA if you enroll in the High Deductible plan.

Coverage Level	\$20 Copay	\$500 Deductible	High Deductible	HRA District Monthly Contribution High Deductible Plan Only
Employee	\$290.01/month	\$91.55/month	\$0.00/month	\$71.20/month
Employee + 1	\$633.83/month	\$200.18/month	\$0.00/month	\$157.87/month
Family	\$769.83/month	\$243.77/month	\$0.00/month	\$191.98/month

Student Nutrition

Rates shown below are deducted every paycheck starting on the September 30th paycheck and ending on the June 15th paycheck. Employees will pre-pay for July & August premiums with higher per paycheck premiums from September 30th through June 15th. The district provides a monthly contribution into an HRA if you enroll in the High Deductible plan. Employees will receive September and October's HRA contributions on the 10/15 paycheck and in June, they will receive June, July and August's HRA contributions on the 6/15 paycheck.

Coverage Level	\$20 Copay	\$500 Deductible	High Deductible	HRA District Monthly Contribution High Deductible Plan Only
Employee	\$179.79 for 18 paychecks	\$47.48 for 18 paychecks	\$0.00 for 18 paychecks	\$91.52/month
Employee + 1	\$520.91 for 18 paychecks	\$231.82 for 18 paychecks	\$0.00 for 18 paychecks	\$10.33/month
Family	\$881.42 for 18 paychecks	\$530.71 for 18 paychecks	\$240.22 for 18 paychecks	\$0.00/month

Principals & Deans

Rates shown below are deducted once per month on the first paycheck of the month. The district provides a monthly contribution into an HRA if you enroll in the \$500 Deductible, or High Deductible plan.

Coverage Level	\$20 Copay	\$500 Deductible	HRA District Monthly Contribution - \$500 Deductible	High Deductible	HRA District Monthly Contribution - High Deductible
Employee	\$290.01/month	\$238.68/month	\$147.13/month	\$0.00/month	\$71.20/month
Employee + 1	\$633.83/month	\$521.38/month	\$321.19/month	\$0.00/month	\$157.87/month
Family	\$769.83/month	\$633.58/month	\$389.81/month	\$0.00/month	\$191.93/month

Non-Affiliated

Rates shown below are deducted once per month on the first paycheck of the month for Non-Affiliated staff who are paid 12 months. Staff who are not paid 12 months of the year will have 18 pay period deductions taken from every paycheck starting on the September 30th paycheck and ending on the June 15th paycheck. 18 pay period employees pre-pay for July & August premiums with higher per paycheck premiums from September 30th through June 15th.

The district provides a monthly contribution into an HRA if you enroll in the \$500 Deductible, or the High Deductible plan. 18 pay period employees will receive September and October's HRA contributions on the 10/15 paycheck and in June, they will receive June, July and August's HRA contributions on the 6/15 paycheck.

Coverage Level	\$20 Copay	\$500 Deductible	HRA District Monthly Contribution - \$500 Deductible	High Deductible	HRA District Monthly Contribution - High Deductible
Employee	\$290.01/month	\$216.55/month	\$125.00/month	\$0.00/month	\$71.20/month
	\$193.34 for 18 paychecks	\$144.37 for 18 paychecks		\$0.00 for 18 paychecks	
Employee + 1	\$633.83/month	\$450.19/month	\$250.00/month	\$0.00/month	\$157.87/month
	\$422.55 for 18 paychecks	\$300.13 for 18 paychecks		\$0.00 for 18 paychecks	
Family	\$769.83/month	\$535.44/month	\$291.67/month	\$0.00/month	\$191.98/month
	\$513.22 for 18 paychecks	\$356.96 for 18 paychecks		\$0.00 for 18 paychecks	

Cabinet

Rates shown below are deducted once per month on the first paycheck of the month. The district provides a monthly contribution into an HRA if you enroll in the \$500 Deductible, or the High Deductible plan.

Coverage Level	\$20 Copay	\$500 Deductible	HRA District Monthly Contribution - \$500 Deductible	High Deductible	HRA District Monthly Contribution - High Deductible
Employee	\$290.01/month	\$238.67/month	\$147.12/month	\$0.00/month	\$71.20/month
Employee + 1	\$633.83/month	\$521.37/month	\$321.18/month	\$0.00/month	\$157.87/month
Family	\$769.83/month	\$633.57/month	\$389.80/month	\$0.00/month	\$191.98/month

SolarteHealth - Amplify Network

The **Amplify network with SolarteHealth** is an added network that gives employees access to many medical services at ZERO COST to you.

This network is available to you and your dependents to use for your non-emergency healthcare services. You and your dependents must be enrolled in a district Blue Cross Blue Shield medical plan in order to use the Amplify network. Your deductible, copay and coinsurance are waived when you use the Amplify network. You pay nothing out of pocket when using the Amplify network, in return saving you FSA and HRA dollars.

SolarteHealth's Amplify network offers access to over 160 providers across the twin cities at ZERO COST. Specialities in the Amplify network include:

- | | |
|--|---|
|  Primary Care |  Gastroenterology |
|  OBGYN |  Mental health |
|  Dermatology |  Orthopedics |
|  Endocrinology |  Same day surgeries |
|  Imaging |  Urology |



SolarteHealth offers Patient Advocates to assist in scheduling your care, making your experience efficient and hassle-free. When you're searching for healthcare services, simply call your SolarteHealth patient advocate to verify coverage and schedule at 1-800-890-4017 or visit <http://solartehealth.com>

SolarteHealth + Amplify

Real Prices

Amplify practitioners set their own prices for healthcare, without inflating costs to cover administrative burdens and they are dramatically lower than standard contracted rates from an insurance company. This saves you money! Because of those savings, they are willing to pay 100% of the bill when you see an Amplify practitioner.

Real Choices

You choose the practitioners you want to see at the location, date and time that works best for you.

Real Care

Real care decisions are made between you and your practitioner. There is no insurance company or other third-party operating in the middle, denying care or delaying procedures for administrative reasons.

Scan to see participating providers!



Medical Self Insurance - Being a Conscious Consumer

The dramatic rise in health insurance costs over the past few years have caused many public sector organizations to find innovative ways to continue offering quality health benefits to their employees. With no end to the increases in sight, we have to work together to keep our health benefit costs as low as possible.

The district has self-insured medical insurance. Having self-insured medical insurance means that the district takes on most of the cost of medical claims. The district collects premiums from the employees and takes on the responsibility of paying employees and dependents medical claims. The benefit of being self-insured is that the district determines the increase to insurance premiums each year instead of the insurance company. This allows the district to keep insurance premiums at a lower cost to employees. The increase in insurance premiums each year is entirely predicated on the claims from the participants on the health insurance plan.

It is important for all employees and dependents on the district's medical insurance to be conscious consumers. The less we have in medical claims as a group, the lower the district's insurance premiums will be. Educating yourself on how to be a conscious consumer is very important for our district medical plan. The district offers several additional medical benefits that you can use when enrolled on the district medical insurance that helps you save money and lowers the cost of medical claims as a group. Please see "[Additional Medical Benefits](#)" later on in this book. Please view the information below for educational pieces on how to be a conscious consumer. In the end, we all want the same thing – access to high-quality healthcare at a reasonable cost. And we know that we can accomplish this goal by working together.

Know where to go to get care

- [Infographic: ER vs Urgent Care vs. Telehealth](#)
- [Video: Save Time and Money with Virtual Doctor Visits](#)
- [PDF: Behavioral Health Levels of Care](#)
- [PDF: Extended Recovery Options after Illness, Surgery or Traumatic Accident](#)

Don't forget to shop around

- [PDF: How to save on prescription medications](#)
- [VIDEO: Understanding in-network and out-of-network providers](#)
- [QUIZ: Medical tests: How much do you know?](#)
- [PDF: When to seek out a billing advocate](#)

Tips to save on prescription medications

- [PDF: 5 ways to save on prescription medications](#)
- [Use GoodRx.com to price shop different pharmacies right from your computer.](#)
- [Try Blinkhealth.com to find mail order drugs that may cost less than going through your insurance plan.](#)
- [Take advantage of pharmaceutical assistance programs. Learn more at RxAssist.com](#)

Flexible Spending Accounts (FSA)

There are two types of Flexible Spending Accounts, the **HealthCare FSA** and **Dependent Care FSA**. Both types of FSA's allow you to contribute pretax dollars into a reimbursement account, saving you money on taxes. You must re-enroll in an FSA every year at open enrollment to elect the amount you want to contribute.

HealthCare FSA

A HealthCare FSA is a type of health spending account that an employee can contribute through payroll deduction to set aside pre-tax money to use for IRS qualified healthcare expenses, like medical, pharmacy, dental, and vision. The maximum amount you can contribute is \$3,200 for the 2024-2025 plan year. With a healthcare FSA, you get the full amount you contributed on July 1, 2024. You do not need to wait until the funds have been deducted from your paycheck to use the funds.

You can rollover up to \$610/year of unused FSA funds into the 2024-25 plan year. You must enroll in an FSA for the next plan year to be eligible to receive the rollover amount of \$610 or less. Anything leftover at the end of the plan year in excess of \$610 will be lost. Qualified expenses for spouses and dependents under 27 claimed on your tax return are eligible for reimbursement from your FSA.

The IRS did increase the health care rollover limit for the next plan year. Staff will be able to roll \$640 in unused 2024-25 plan year funds to the 2025-26 plan year. This increase does not apply to the 2023-24 plan year.

Dependent Care FSA

A Dependent Care FSA is a type of spending account that an employee can contribute through payroll deduction to set aside pre-tax money to use for the cost of care for eligible dependents so that you or a spouse can work or attend school full-time. The maximum amount you can contribute is \$5,000 for the 2024-2025 plan year. Common dependent care expenses include daycare for children under 13, elderly daycare and daycare for members of your family with disabilities. Any unused funds at the end of the plan year will be lost.

Medsurety

FSAs are administered by Medsurety. Visit the [Medsurety portal](#) for access to your FSA account. Medsurety provides a debit card to employees enrolled in the HealthCare FSA which helps automate the process of paying for eligible healthcare expenses. You may also submit claims online through the [Medsurety Portal](#) or through the Medsurety mobile app.

For help with accessing your Medsurety account or submitting claims contact Medsurety customer

Video Resource: [FSA-HRA Employee Education Video Series from NIS Benefits](#)



service team at customerservice@medsurety.com or 952-303-5700.

You are NOT eligible to enroll in a healthcare FSA if

Health Reimbursement Account (HRA)

An HRA, or **health reimbursement account**, is a type of health spending account provided by your employer. The money in it pays for qualified expenses, like medical, pharmacy, dental and vision.

Eligibility

You must be enrolled in the High Deductible health plan to be eligible to receive a monthly HRA contribution from the district. Employees enrolled in the \$500 Deductible health plan and are part of certain bargaining groups (LASA, Cabinet & Non-Affiliated) are also eligible for a monthly HRA contribution from the district. If you are enrolled in an HRA-eligible medical plan, you will automatically be enrolled in an HRA. Please see the medical rates for your bargaining group on pages 5-7 for the monthly HRA contribution amounts.

Pairing an FSA with an HRA

An employee does have the option to enroll in an FSA if they are on a medical plan that receives an HRA from the district. This is a great way to save your HRA funds for future healthcare expenses, such as during retirement. Another great reason for enrolling in an FSA and saving your HRA funds is the HRA funds are invested, so your available healthcare dollars can grow over time. [Click here](#) for a comparison on Medical Savings Accounts.

More HRA Information

- Only employers are able to contribute to an HRA. Employees do not have the option to set aside money into an HRA.
- You can't use the funds until the district has contributed the funds into your HRA. This happens once per month on the first paycheck of the month.
- Reimbursements from your HRA are tax-free for eligible healthcare expenses.
- HRA funds roll-over year to year. If you leave employment with the district, your HRA balance stays with you.
- Qualified healthcare expenses for spouses and dependents under 27 claimed on your tax return are eligible for reimbursement from your HRA.

Medsurety

HRAs are administered by Medsurety. Visit the [Medsurety portal](#) for access to your HRA account. Medsurety provides a debit card to employees who receive an HRA which helps automate the process of paying for eligible healthcare expenses. If you are enrolled in an FSA and receive an HRA from the district, Medsurety will use FSA funds first when using your debit card. You may also submit claims online through the [Medsurety Portal](#) or through the Medsurety mobile app.

For help with accessing your Medsurety account or submitting claims contact Medsurety customer service team at customerservice@medsurety.com or 952-303-5700.



Employees with an HRA account will only be able to see 90% of their total HRA balance in the Medsurety portal. To see your whole available HRA balance, you will need to log into [BPAS](#). Click here to see a [BPAS/Medsurety enrollment guide](#). The plan code you will need to create your BPAS account is **LAKARE1429T**.

Video Resource:

[HSA-HRA Employee Education Video Series from NIS Benefits](#)

CompleteCare



CompleteCare reimburses you and your dependents for eligible health care expenses and premium expenses incurred under alternate group health coverage.

CompleteCare Benefits

- Co-pays, deductibles and coinsurance reimbursed by CompleteCare. Up to \$9,100/ single and \$18,200/family per year.
- No premium contribution deducted from your paycheck.
- You will be reimbursed for the premium contribution paid for alternate coverage if it exceeds the premium contribution you would have paid to remain on the Lakeville Area Schools medical plan, up to a monthly maximum of \$200/single, \$400/single + 1 and \$600/family. If the cost of alternate coverage is less than you would have paid for the Lakeville Area Schools medical plan, the premium contribution reimbursement is \$0.

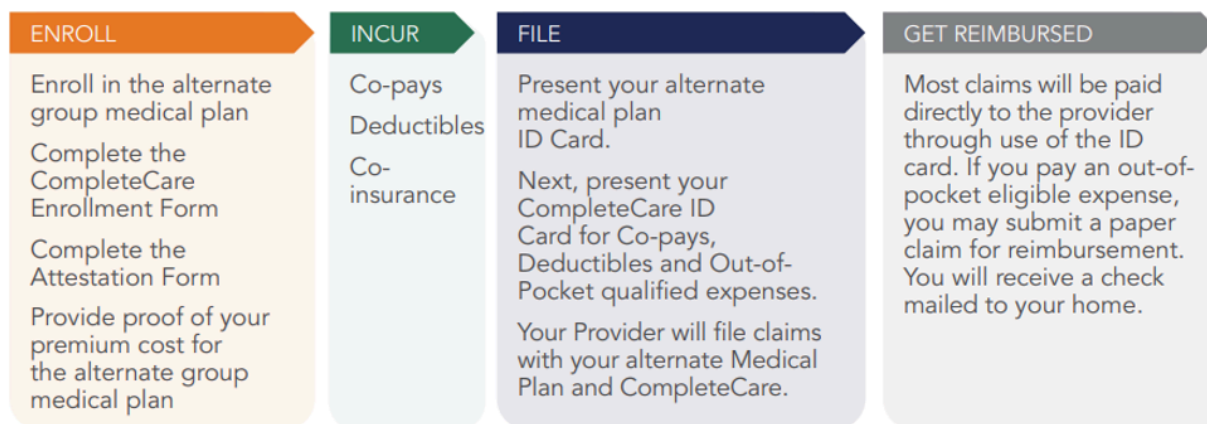
Eligibility

Current employees must be enrolled in the Lakeville Area Schools Medical plan to be eligible for CompleteCare. New employees are not eligible for CompleteCare.

IRS Rules

- You may be enrolled in an HRA or FSA. You CANNOT be reimbursed from both CompleteCare and your HRA or FSA.
- You are NOT eligible for CompleteCare if your alternate coverage:
 - is contributing to a Health Savings Account (HSA)
 - is Medicare, Medicaid, Tricare or an Individual Policy.
 - is a Limited Benefit Health Plan

How Does CompleteCare Work?



For more information, please contact **Catilize Health** at 877-872-4232 or CompleteCare@catilizehealth.com

Dental

For the 2024-2025 plan year, Lakeville Area Schools will continue to offer dental insurance coverage through **Delta Dental of Minnesota**. The district only offers one dental plan, but has 2 networks within the plan. You will receive the deepest discounts when you go to a provider that is part of the PPO network. With out-of-network dentists, the plan will pay the same percentage as a Premier Network dentist, but the reimbursement will be based on out-of-network rates. You may be billed the difference. You do not need to be enrolled in the district medical insurance to enroll in the dental insurance. The dental plan year runs from January - December. To search providers that are in-network, please visit www.deltadentalmn.org and click on "Find a Dentist."



Plan Benefit Highlights			
Network(s)	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Participating*
Calendar Year Plan Maximum (Per person)	None	\$1,000	\$1,000
Lifetime Ortho Maximum (Per person)	\$1,250	\$1,000	\$1,000
Eligible Dependents	Spouse / Dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
Diagnostic & Preventive Services - Exams - Cleanings - X-Rays - Fluoride treatments - Space Maintainers - Sealants	100%	100%	100%
Basic Services - Emergency treatment for relief of pain - Amalgam restorations (silver fillings) - Composite resin restorations (white fillings) or anterior (front) teeth	100%	85%	85%
Endodontics - Root canal therapy on permanent teeth - Pulpotomies on primary teeth for dependent children	100%	85%	85%
Periodontics Surgical / Nonsurgical periodontics	100%	85%	85%
Oral Surgery - Surgical / Nonsurgical extractions - All other covered oral surgery	100%	85%	85%
Major Restorative - Crowns - Composite resin restorations (white fillings) on posterior (back) teeth	75%	75%	75%
Prosthetics - Dentures (full and partial) - Bridges	75%	75%	75%
Prosthetic Repairs and Adjustments Denture adjustments and repairs	75%	75%	75%
Orthodontics - Treatment for the prevention / correction of malocclusion - Available per covered person starting at age 8	50%	50%	50%

Your Cost for Dental in 2024-2025

The payroll deductions for your bargaining group are listed below. These bargaining group rates take effect July 1, 2024. The district does not offer a Single+1 dental option. For Single+1 coverage, you would elect Family coverage.

Teachers

Rates shown below are for teachers working a .75 FTE and above and are deducted once per month on the first paycheck of the month. The district provides a monthly contribution into an HRA if you enroll in the High Deductible plan. Teachers working a .5 FTE - .74 FTE, please view the [Part-Time Teacher Rates](#) document.

Coverage Level	Paycheck Deduction Amount
Employee	\$7.00/month
Family	\$67.00/month

LEAF

Rates shown below are deducted once per month on the first paycheck of the month for 12 month employees. 9, 10 and 11 month employees rates shown below are deducted every paycheck starting on the September 30th paycheck and ending on the June 15th paycheck.

Coverage Level	Paycheck Deduction Amount	
Employee	12 month employees	\$7.00/month
	9, 10, 11 month employees	\$4.67 for 18 paychecks
Family	12 month employees	\$94.00/month
	9, 10, 11 month employees	\$62.67 for 18 paychecks

Non-Licensed Instructors

Rates shown below are deducted every paycheck starting on the September 30th paycheck and ending on the June 15th paycheck.

Coverage Level	Paycheck Deduction Amount
Employee	\$14.00 for 18 paychecks
Family	\$72.00 for 18 paychecks

Small Wonders Instructors

Rates shown below are deducted once per month on the first paycheck of the month.

Coverage Level	Paycheck Deduction Amount
Employee	\$26.00/month
Family	\$113.00/month

Custodian & Maintenance

Rates shown below are deducted once per month on the first paycheck of the month.

Coverage Level	Paycheck Deduction Amount
Employee	\$17.00/month
Family	\$104.00/month

Student Nutrition

Rates shown below are deducted every paycheck starting on the September 30th paycheck and ending on the June 15th paycheck.

Coverage Level	Paycheck Deduction Amount
Employee	\$11.33 for 18 paychecks
Family	\$69.33 for 18 paychecks

Principals & Deans

Rates shown below are deducted once per month on the first paycheck of the month.

Coverage Level	Paycheck Deduction Amount
Employee	\$0.00/month
Family	\$0.00/month

Non-Affiliated

Rates shown below are deducted once per month on the first paycheck of the month.

Coverage Level	Paycheck Deduction Amount
Employee	\$0.00/month
Family	\$0.00/month

Cabinet

Rates shown below are deducted once per month on the first paycheck of the month.

Coverage Level	Paycheck Deduction Amount
Employee	\$0.00/month
Family	\$0.00/month

Log in to view your Delta Dental benefits

Visit <https://www.deltadentalmn.org/myaccount> and click on "Login Here" under the Employer Plans. To register, follow the steps when you click on "Sign Up!"

Customer Service

Available Monday – Friday 7 a.m. – 7 p.m. via phone at 651-406-5901.

Vision

For the 2024-2025 plan year, Lakeville Area Schools will continue to offer vision insurance coverage through EyeMed. EyeMed offers in-network and out-of-network benefits to you and your covered dependents. The chart on this page shows an overview of benefits from EyeMed.



To find in-network providers, visit <https://eyedoclocator.eyemedvisioncare.com/member>. The network for our coverage is the INSIGHT network.

Summary of Benefits		
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Frames	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$91
Standard Plastic Lenses - Single Vision - Bifocal - Trifocal - Standard Progressive Lens - Premium Progressive Lens - Tier 1 - Tier 2 - Tier 3 - Tier 4 - Lenticular	\$25 Co-pay \$25 Co-pay \$25 Co-pay \$85 \$105 - \$130 \$105 \$115 \$130 \$85 Co-pay, 20% off charge less \$120 allowance \$25 Co-pay	- Up to \$30 - Up to \$50 - Up to \$70 - Up to \$50 - Up to \$50 - Up to \$50 - Up to \$50 - Up to \$50 - Up to \$50 - Up to \$70
Lens Options (paid by member and added to base price of lens) - UV Treatment - Tint (Solid and Gradient) - Standard Plastic Scratch Coating - Standard Polycarbonate - Standard Polycarbonate - Kids under age 19 - Standard Anti-Reflective Coating - Premium Anti-Reflective Coating - Tier 1 - Tier 2 - Tier 3 - Photochromic / Transitions - Polarized - Other Add-Ons and Services	\$15 \$15 \$15 \$40 \$40 \$45 \$57 - \$68 \$57 \$68 80% of charge \$75 20% off retail price 20% off retail price	- N/A - N/A - N/A - N/A - N/A - N/A - N/A - N/A - N/A - N/A - N/A - N/A - N/A - N/A
Contact Lenses - Conventional - Disposable - Medically Necessary	\$0 Co-pay; \$130 allowance ; 15% off balance over \$130 \$0 Co-Pay; \$130 allowance; plus balance over \$130 \$0 Co-pay, Paid-in-Full	- Up to \$130 - Up to \$130 - Up to \$210
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price.	N/A
Hearing Care Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency - Lenses or Contact Lenses - Frame	- Once every 12 months - Once every 12 months	

Your Cost for Vision in 2024-2025

The following are monthly and bi-monthly premiums for the District's various employee groups.

Teachers, 12 Month LEAF, Small Wonders Instructors, Custodians, Principals, Non-Affiliated & Cabinet

Rates shown below are monthly rates.

Employee	\$5.12/month
Employee + Spouse	\$9.73/month
Employee + Children	\$10.25/month
Employee + Family	\$15.07/month

9, 10 & 11 Month LEAF, Student Nutrition & Non-Licensed Instructors

Rates shown below are deducted every paycheck starting on the September 30th paycheck and ending on the June 15th paycheck.

Employee	\$3.41 for 18 paychecks
Employee + Spouse	\$6.49 for 18 paychecks
Employee + Children	\$6.83 for 18 paychecks
Employee + Family	\$10.05 for 18 paychecks

Other EyeMed Information

You can elect EyeMed vision insurance regardless of whether you are enrolled in medical or dental insurance with the District.

Customer Service: 1-866-804-0982

Legal

For the 2024-2025 plan year, Lakeville Area Schools will continue to offer legal insurance coverage through **LegalEASE**. LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues



What you get with a LegalEASE Plan

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience who are matched to meet your needs
- In-Network and Out-of-Network coverage
- Concierge help navigating common individual or family legal issues

More Information

For more information visit:

www.legaleaseplan.com/lakeville

Call: 1-855-230-9380 and reference "Lakeville Area Schools"



HOME & RESIDENTIAL

Purchase of Primary Residence, Sale of Primary Residence, Refinancing of Primary Residence, Vacation or Investment Home Sale/Purchase/Refinancing, Tenant Dispute, Tenant Security Deposit Dispute, Landlord Dispute with Tenant, Security Deposit Dispute with Tenant, Construction Defect Dispute, Neighbor Dispute, Noise Reduction Dispute, Foreclosure



FINANCIAL & CONSUMER

Debt Collection: Pre-litigation Defense & Trial Defense, Bankruptcy (Chapter 7 or 13), Tax Audits, Student Loan Refinancing/Collection Defense, Document Preparation, Consumer Dispute, Small Claims Court, Financial Advisor, Mail Order or Internet Purchase Dispute, Bank Fee Dispute, Cell Phone Contract Dispute, Warranty Dispute, Healthcare Coverage Disputes and Records, Identity Theft Defense



AUTO & TRAFFIC

Traffic Ticket, Serious Traffic Matters (Resulting in Suspension or Revocation of License), Administrative Proceeding (Regarding Suspension or Revocation of License), First-time Vehicle Buyer, Vehicle Repair and Lemon Law Litigation, DUI/DWI Defense



FAMILY

Separation, Divorce, Post-Divorce Proceedings, Prenuptial Agreement, Name Change, Guardianship/Conservatorship, Adoptions, Juvenile Court Proceedings



ESTATE PLANNING & WILLS

Will or Codicil, Living Will, Health Care Power of Attorney, Living Trust Document, Probate of Small Estate



GENERAL

Civil Litigation Defense, Incompetency Defense, Initial Law Office Consultation, Review of Simple Documents, Discounted Contingency Fees, Mediation, Misdemeanor Defense, Identity Theft Assistance

Limitations apply. Please visit <https://www.legaleaseplan.com/lakeville> for specific plan benefits.

Employee Monthly & Bi-Monthly Premiums

Coverage for Employee, Spouse and Dependent Children up to age 2

Teachers, 12 Month LEAF, Small Wonders Instructors, Custodians, Principals, Non-Affiliated & Cabinet
\$18.24/month

9, 10 & 11 Month LEAF, Student Nutrition, Non-Licensed Instructors
\$12.16 for 18 paychecks

Life and Accidental Death & Dismemberment (AD&D)

Lakeville Area Schools will continue to provide eligible employees with basic life and AD&D insurance at no cost to the employee. **Madison National Life Insurance Company** remains the provider of the district Life and AD&D policy. Life and AD&D insurance coverage is for the employee only. The Life Insurance policy amount is different depending on your bargaining group. Please find your bargaining groups policy amount below.



Employee Bargaining Group	Insurance Amount
Teachers	\$50,000
LEAF	\$50,000
Non-Licensed Instructors	\$50,000
Small Wonders Instructors	\$50,000
Custodian & Maintenance	\$50,000
Student Nutrition	\$50,000
Principals & Deans	\$100,000
Non-Affiliated	\$100,000
Cabinet	\$150,000
Superintendent	\$300,000

IMPORTANT! Beneficiaries

Please remember to select a beneficiary for your life insurance policy when enrolling in benefits. Even if you elect to not enroll in benefits with the District, you will want to be sure that you go through the enrollment process to designate a beneficiary for your life insurance policy.

Long-Term Disability (LTD)

Lakeville Area Schools will continue to provide eligible employees with Long-Term Disability (LTD) coverage at no cost to the employee. **Madison National Life Insurance Company** remains the provider of the district LTD policy. LTD insurance is income replacement if you are totally disabled and out of work beyond 90 calendar days. On the 91st day of disability, LTD will pay you 66 2/3% of your salary until you are able to return to work.

Additional Medical Benefits

If you enroll in a district **Blue Cross Blue Shield of Minnesota** medical insurance plan, you gain access to HealthiestYou, Blue Care Advisor, Omada, and Learn to Live. Read on to learn more about these programs:

HealthiestYou

Blue Cross Blue Shield of Minnesota partners with **HealthiestYou**, a free virtual healthcare service that offers access to doctors and licensed therapists 24/7. All you need to do to get started is download the HealthiestYou App and set up an account. Scan the QR code below to download the HealthiestYou app. HealthiestYou is available to any employee and their dependents enrolled in a district Blue Cross Blue Shield medical plan.



Talk to a doctor 24/7

\$0 visit fee - Unlimited Visits

Speak to a licensed doctor by phone or video 24/7 from anywhere.



Expert Medical Services

\$0 visit fee - Unlimited Visits

Receive a second opinion on an existing diagnosis and treatment for any condition.



Mental Health "myStrength Complete"

\$0 visit fee - Unlimited Visits

Connect with a licensed therapist by phone/video. Explore skill building tools and resources based on your ongoing needs and preferences.



Neck/Back Care

\$0 visit fee - Unlimited Visits

Relieve your back pain through guided videos with a certified health coach.



Dermatology

\$0 visit fee - Unlimited Visits

Upload photos of your condition to the app and get a treatment plan from a dermatologist within two business days.

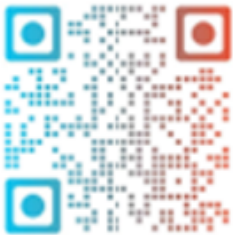


Nutrition

\$0 visit fee - Unlimited Visits

Connect with a certified dietitian and start meeting your nutrition goals today.

Download the App



To Learn more, visit www.healthiestyou.com or click on the links below:

- [HealthiestYou Overview Video](#)
- [HealthiestYou Step by Step Video](#)

Blue Care Advisor for Blue Cross and Blue Shield Insurance Members

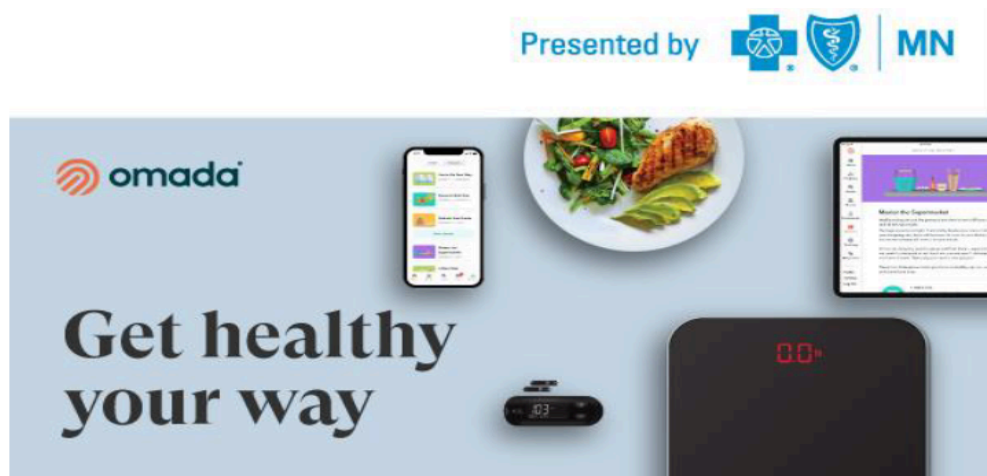


Blue Care Advisor connects you to everything you need to easily manage your healthcare, meet your goals and live healthier.

Blue Cross Blue Shield of Minnesota offers Blue Care Advisor the one stop shop program that makes it easy to find quality, in-network providers near you. Plus, you have access to your cost estimates, claims, wellness tools and rewards. The policy holder and up to one spouse can earn points through the [Get Active Program](#) for completing the health assessment plus additional points when you track your steps. Points can be redeemed for up to \$240 in gift cards.

To register and learn more, visit bluecrossmn.com/bca or download the [Blue Care Advisor app](#) on your smartphone. If you have questions, call the customer service number on the back of your medical insurance card.

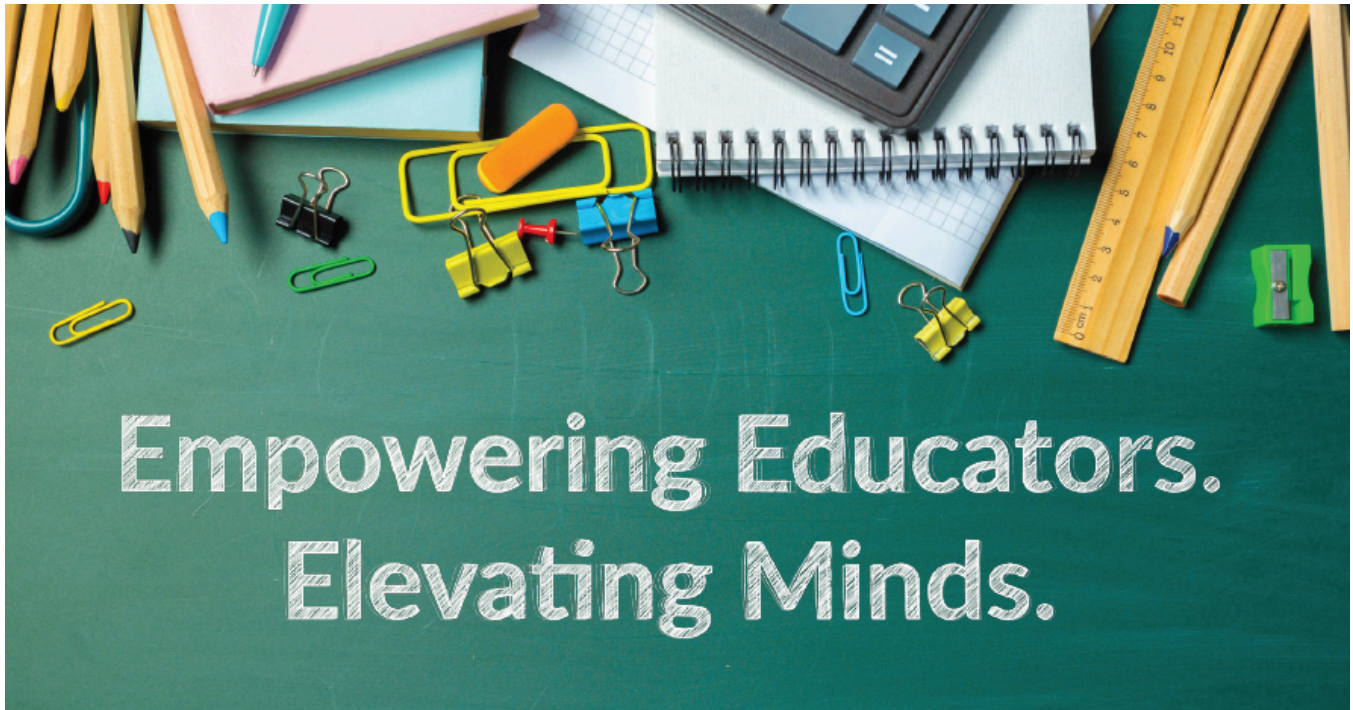
Omada for Blue Cross and Blue Shield Insurance Members



Blue Cross Blue Shield of Minnesota partners with **Omada** to provide a Diabetes prevention/management program at no cost to members who qualify and who are enrolled in a district Blue Cross Blue Shield medical plan. This online program is designed to help you lose weight, feel fantastic and develop long-term healthy habits. Any adult dependent on your medical plan is able to enroll in Omada. Participants of Omada will get:

- **An Omada health coach** for one-on-one coaching and support
- **Scale and blood pressure monitor** to keep you on track
- **A personalized dashboard** to guide your journey
- **An online community** tailored to your interests

For more information or to see if you are eligible, visit omadahealth.com/isd194



The Lakeville Area School District has partnered with Learn to Live to provide online, self-paced mental health support at no cost to you and your family members.* Learn to Live programs help you identify any challenges you may be facing and learn powerful tools that will help you live your best life. Empower yourself and elevate your mind with any of Learn to Live's digital Cognitive Behavioral Therapy (CBT) programs.

Benefits of Learn to Live:

- *Available to those on the BCBS health plan, including family members ages 13+
- No additional cost to you
- Private and confidential
- Coaching available (phone, text or email)

Start Your Journey Today

Visit learntolive.com/welcome/bcbsmn and enter access code **ISD194**

Or scan the QR code to begin



Learn to Live's Online Programs

RESILIENCE | STRESS, ANXIETY & WORRY | DEPRESSION | SOCIAL ANXIETY | INSOMNIA | SUBSTANCE USE | PANIC

© 2023 Learn to Live, Inc. is an independent company offering online cognitive behavioral therapy programs and services.
Learn to Live, Inc. programs and resources are provided in English and Spanish.

The NIS EAP is available to all Lakeville Area Schools Benefit eligible staff.



The EAP Program

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you.

Your EAP Service Provider

TELUS Health is a leader in the field of Employee Assistance and has been providing employee assistance services for over 40 years. TELUS Health has the experience to provide the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information you discuss through the EAP is kept confidential in accordance with federal and state laws.

The EAP Process

When you access the EAP, TELUS Health counselors listen and take

action toward finding solutions. The next step may include meeting with a mental health counselor for up to three face-to-face visits, negotiating health insurance benefits, or referrals to community resources for legal and financial services.

Referrals and Resources

You can receive information and a listing of childcare and eldercare resources with confirmed vacancies meeting your specifications. If face-to-face mental health counseling sessions are required, TELUS Health counselors will refer you for counseling at a location that is convenient to your home or work. TELUS Health counselors can also refer you to self-help groups such as Alcoholics Anonymous or Gamblers Anonymous and community financial and legal resources for debt management.

Claimant Assist

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long Term Disability Claimant Services are available to guide and counsel claimants and their immediate family

Under our EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com

Login: NISEAP | **Password:** EAP
(Note: Password Is Case-Sensitive)

Claimant Assist Services Are Available:

866.472.2734

members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

Virtual Fitness

You have access to a virtual fitness platform through the EAP. LIFT session, one of the leading fitness providers, provides you with an easily accessible, effective and affordable way to reach your fitness goals anytime, anywhere for better health and well-being.

You can work out on your own with personalized programs and access coaches if you have questions, or choose to work under the live supervision of a coach online, in 1-1 personal or group sessions.

Access to Masters-Degreed Counselors 24-Hours a Day Through a Toll-Free Number

Up to three in-person assessment and counseling sessions.

- **Legal Assistance:** Counselors may refer you to a telephone and/or one in-person consultation with an attorney.
- **Financial Assistance:** Telephone consultation with a financial consultant to address questions on budgeting, taxes, and debt consolidation.
- **Eldercare Assistance:** Our specialists can help you locate eldercare options, such as residential care or in home care, provide support in dealing with the emotions of retirement, or legal aspects like estate planning. Use our website to find resources on retirement, from financial planning and calculators, to articles on coping with retirement stress, and filing your retirement days with meaningful activities.
- **Childcare Assistance:** Telephone consultation with a work-life professional to provide information, referrals, and resources related to childcare concerns.
- **Memorial Planning Assistance:** Telephone consultation with a work-life specialist to assist with memorial and funeral planning. Services include identifying potential locations, associated costs for services, and providing information to help coordinate logistics (Available to Life insurance beneficiaries only).

Your EAP and Claimant Assist Administrator:



134 North LaSalle Street, Suite 2200
Chicago, IL 60602

Telephone Assistance:

EAP: 866.451.5465

Claimant Assist: 866.472.2734

Online:

www.niseap.com | Login: NISEAP | Password: EAP
(Note: Password Is Case-Sensitive)

***The EAP is for use by the covered employee only. While issues may concern family members, all contacts to the EAP must be made by the employee.**

Contacts

Lakeville Area Schools District Contact

Andrea Nelson-Walker
Human Resources Benefits Specialist
Phone Number: 952-232-2007
Email: andrea.nelson-walker@isd194.org or
benefits@isd194.org

Blue Cross Blue Shield of Minnesota

Customer Service: 1-866-873-5943
Website: <https://www.bluecrossmn.com/>

SolarteHealth

Customer Service: 1-800-890-4017
Website: <http://solartehealth.com>

Medsurety

Customer Service: 952-303-5700
Email: customerservice@medsurety.com
Website:
<https://medsuretyconsumer.lh1ondemand.com/Login>

CompleteCare

Customer Service: 877-872-4232
Email: CompleteCare@catilizehealth.com

Delta Dental of Minnesota

Customer Service: 651-406-5901
Website: <https://www.deltadentalmn.org/myaccount>

EyeMed

Customer Service: 1-866-804-0982
Website: <https://www.eyemed.com/en-us>

LegaleASE

Customer Service: 1-855-230-9380
Website: <https://www.legaleaseplan.com/lakeville>

HealthiestYou

Website: www.healthiestyou.com

Doctor on Demand

Website: doctorondemand.com/bluecrossmn

Blue Care Advisor

Website: bluecrossmn.com/bca

Omada

Website: omadahealth.com/bcbsmn1

Learn to Live

Website: learntolive.com/partners

Employee Assistance Program

Customer Service: 866-451-5465
Website: www.niseap.com
Username: NISEAP
Password: EAP

Questions and Answers

Do I need to enroll every year?

All benefit eligible employees should login and review their elected benefits. Current benefit elections or waivers from the 2023-2024 plan year will rollover to the 2024-2025 plan year. Medical Flexible Spending and Dependent Care Flexible Spending accounts do NOT rollover and you MUST login and elect this benefit option to continue contributing for the 2024-25 plan year.

When is Open Enrollment?

The benefits open enrollment period runs from 8AM April 15 through 5PM April 26, 2024. The benefits elected during open enrollment will be effective from July 1, 2024 through June 30, 2025.

How do I enroll or make changes?

You will complete your benefit enrollment through the [Benefitfocus portal](#). Please view the [Open Enrollment – Benefitfocus Instructions](#) for instructions on how to enroll in benefits.

Who do I contact with Questions?

Contact Andrea Nelson-Walker in Human Resources with any questions you may have.

Andrea Nelson-Walker
Human Resources Benefits Specialist
Phone Number: 952-232-2007
Email: benefits@isd194.org

What are all these compliance notices for?

The federal government requires us to give individuals who are covered under our group health plan(s) the following compliance forms. These notices inform you of certain rights you and your family may have under federal law. In addition to rights under federal law, you may have rights under state law.

You may find it helpful to review this information. Please keep this information with your other written plan materials.

- Special Enrollment Notice
- Initial COBRA Notice
- Health Insurance Marketplace Notices
- HIPAA Notice of Privacy Practices
- WHCRA Notice
- CHIP Notice

Medicare Part D Coverage Notice to be sent separately by the District.

General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA **

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage **must pay** for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Retiree health coverage:

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Lakeville ISD 194, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both); or
- If retiree: Commencement of a proceeding in bankruptcy with respect to the employer.

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: [Andrea Nelson-Walker](#)

The plan procedures for this notice, including a description of any required information or documentation, can be found in the most recent Summary Plan Description or by contacting the Plan Administrator. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator during the 60-day notice period, you will lose your right to elect COBRA continuation coverage.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Name of the Plan:	Blue Cross Blue Shield
Contact Name (or Position):	Andrea Nelson-Walker
Contact Email Address:	andrea.nelson-walker@isd194.org
Contact Phone Number:	952-232-2007

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General information

Beginning in 2014, there is 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. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Jan. 15. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

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 (adjusted to 9.12% for 2023 and 8.39% for 2024), 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 credit¹.

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 [Andrea Nelson-Walker](#)

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 or 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: Lakeville ISD 194
4. Employer Identification Number (EIN): 41-6008222
5. Employer phone number: 952-232-2000
6. Employer address: 17630 Juniper Path, Suite A
7. City: Lakeville 8. State: MN 9. ZIP code: 55044
10. Who can we contact about employee health coverage at this job?: Andrea Nelson-Walker
11. Phone number (if different from above): 952-232-2007
12. Email address: andrea.nelson-walker@isd194.org

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

As your employer, we offer a health plan to:

- ☐ All employees. Eligible employees are:
- ☒ Some employees. Eligible employees are: those who work at least 40hrs per week.

With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are: legal spouse, dependent children up to the age of 26, physically or mentally disabled children (must meet plan criteria) beyond age 26.
- ☐ 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.

NOTICE OF PRIVACY PRACTICE

[Your Information. Your Rights. Our Responsibilities.](#)

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 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 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, and we may say “no” if it would affect your care.

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 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 on page 1.
- ✦ 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.

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.

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.

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, and we will mail a copy to you.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Enrollment Notice

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: [see benefit summaries](#).

If you would like more information on WHCRA benefits, call your plan administrator at [952-232-2007](tel:952-232-2007).

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at [952-232-2007](tel:952-232-2007) for more information.

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 January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.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: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp 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: HHSHIPPPProgram@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: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx 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: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services 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://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
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/mcicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, 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.

OMB Control Number 1210-0137 (expires 1/31/2026)

GRP NBR	GROUP NAME	PLAN NAME	STATUS	Plan
10456714	Lakeville ISD 194	Aware PPO SI w/ Rx	Creditable	Lakeville ISD 194 \$500 Deductible Actives
10456715	Lakeville ISD 194	Aware PPO SI w/ Rx	Creditable	Lakeville ISD 194 \$500 Deductible Actives
10456716	Lakeville ISD 194	Aware PPO SI w/ Rx	Creditable	Lakeville ISD 194 \$500 Deductible Actives
10521956	Lakeville ISD 194	Aware PPO SI w/ Rx	Creditable	Lakeville ISD 194 \$500 Deductible Actives
10456711	Lakeville ISD 194	Aware PPO Copay Plan SI w/ Rx	Creditable	Lakeville ISD 194 \$20 Copay Actives
10456712	Lakeville ISD 194	Aware PPO Copay Plan SI w/ Rx	Creditable	Lakeville ISD 194 \$20 Copay Actives
10456713	Lakeville ISD 194	Aware PPO Copay Plan SI w/ Rx	Creditable	Lakeville ISD 194 \$20 Copay Actives
10521955	Lakeville ISD 194	Aware PPO Copay Plan SI w/ Rx	Creditable	Lakeville ISD 194 \$20 Copay Actives
10786238	Lakeville ISD 194	Aware PPO w/ Rx	Creditable	Lakeville ISD 194 \$4000 HRA Actives
10786862	Lakeville ISD 194	Aware PPO w/ Rx	Creditable	Lakeville ISD 194 \$4000 HRA Actives
10786863	Lakeville ISD 194	Aware PPO w/ Rx	Creditable	Lakeville ISD 194 \$4000 HRA Actives
10786864	Lakeville ISD 194	Aware PPO w/ Rx	Creditable	Lakeville ISD 194 \$4000 HRA Actives

Important Notice from Blue Cross and Blue Shield of Minnesota 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 Blue Cross and Blue Shield of Minnesota and about your options under Medicare's prescription drug coverage. 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. This information can help you decide whether or not you want to join 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.

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. Blue Cross and Blue Shield of Minnesota has determined that the prescription drug coverage offered by Lakeville ISD is, on average for all plan participants, expected to pay out as much as 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 join a Medicare drug plan.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

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 creditable prescription drug coverage through no fault of your own, you will 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 Employer coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Blue Cross coverage, be aware that you and your dependents will be able to get this coverage back, depending on Lakeville ISD's eligibility policy. This may affect your medical coverage as well, so be sure to contact the District's Human Resource's Department.

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 Lakeville ISD 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 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...

See the contact information below. **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 Blue Cross and Blue Shield of Minnesota changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

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 whether or not you are required to pay a higher premium (a penalty).

Date:	10/14/2024
Name of Entity/Sender:	Lakeville ISD
Contact--Position/Office:	Andrea Nelson-Walker, Human Resources
Address:	17630 Juniper Path, Ste A, Lakeville
Phone Number:	952-232-2007

Blue Cross® and Blue Shield® of Minnesota is a nonprofit independent licensee of the Blue Cross and Blue Shield Association.