



EMPLOYEE BENEFITS GUIDE

January 1, 2023 – December 31, 2023



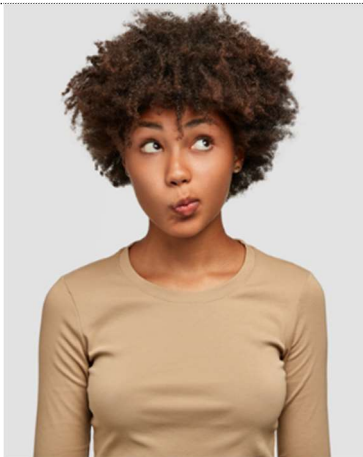
OPEN ENROLLMENT

IT'S THAT TIME OF YEAR AGAIN!

MANDATORY OPEN ENROLLMENT IS 11/14 – 11/18

CALL CENTER SUPPORT IS 11/16 – 11/18

- This is your **once-a-year opportunity to enroll or make changes to your benefits** without experiencing a qualified life event (marriage/divorce, birth/adoption, job change, etc.).
- Elections you make during this open enrollment will be in effect for the next plan year so remember to choose carefully.
- Be sure to review your benefit information before you enroll.



*Have questions?
Need help deciding?
Limited access to a computer?
Need help logging in?
Need help resetting your password?*

If so, we have great news! A Benefit Coach can help!



Get answers to your benefit questions, help deciding and/or complete your enrollment in one easy phone call. You can even get help resetting your password or logging in to enroll.

Call 1-888-592-1840

The Call Center is open
week days from 10 am to 7 pm CST



Please have this information when you enroll

Dependents you want to enroll

- Name
- Social Security #
- Date of Birth

Beneficiaries for Life Insurance

- Name
- Date of Birth
- Relationship to you

REQUIRED: YOU MUST STILL TAKE ACTION EVEN IF YOU WANT TO WAIVE ALL BENEFITS

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Rockford Area Schools is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 29 for more details.

The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © Copyright 2020 Marsh & McLennan Agency. All rights reserved.



IMPORTANT CONTACTS

Benefit	Carrier	Contact	
Medical	Medica	800-952-3455	www.medica.com
Dental	Metlife	800-275-4638	www.metlife.com
Life and Disability	Metlife	800-275-4638	www.metlife.com
<u>Voluntary Benefits –</u> Vision Accident Critical Illness Hospital Indemnity	Metlife	800-275-4638	www.metlife.com
Reimbursement Accounts HSA/FSA	HR Simplified	888-318-7472	www.hrsimplified.com
Retirement & Savings	VALIC AIG Christopher Simenson	612-799-9914	Christopher.simenson@aig.com
Retirement & Savings	VALIC AIG Dave Wymer	612-599-4061	David.wymer@aig.com
Retirement & Savings	VOYA Brenton Ruebling	651-665-4300	bruebling@capitalstreet.biz
Retirement & Savings	Empower Jonathan Fredman	763-746-8521	jonathan.fredman@marshmma.com

Human Resources			
Miranda Harrison	HR Director	763-477-9165 EXT4009	harrisonm@rockford.k12.mn.us

Enrolling

IMPORTANT:

- Please refer to your collective bargaining contract or employment agreement for full eligibility and premiums of your benefits

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Select, review and submit your desired coverage.
- Be sure to complete beneficiary information for Life and AD&D benefits.

Check with Human Resources if you have questions.

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, or Health Care or Dependent Care Flexible Spending Accounts unless you experience a Qualified Life Event, such as marriage or the birth of a child. If you experience a Qualified Life Event (examples below), you should contact Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event).

Qualified Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage



MEDICAL



Rockford Area Schools' medical coverage provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescriptions** — copay or coinsurance

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically has a lower deductible, pays more and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting www.medica.com. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident, critical illness and/or hospital indemnity insurance to help offset your out-of-pocket medical costs.

MEDICAL PLAN COMPARISON

	\$2,000 Deductible – 80/20	\$3,500 – 100% HSA	\$5,000-100% HSA
Deductible			
Employee Only	\$2,000	\$3,500	\$5,000
Family	\$4,000	\$7,000	\$10,000
Out of Pocket Maximum			
Employee Only	\$3,000	\$3,500	\$5,000
Family	\$6,000	\$7,000	\$10,000
Preventive Care	100%	100%	100%
Convenience/Virtual Care			
Primary Care	80% after deductible	100% after deductible	100% after deductible
Specialist Visit	80% after deductible	100% after deductible	100% after deductible
Urgent Care	80% after deductible	100% after deductible	100% after deductible
Diagnostic Lab Work	80% after deductible	100% after deductible	100% after deductible
Diagnostic Test (x-ray, MRI, CT)	80% after deductible	100% after deductible	100% after deductible
Emergency Room	80% after deductible	100% after deductible	100% after deductible
In/Out Patient Hospital	80% after deductible	100% after deductible	100% after deductible
Generic Drugs	\$15	100% after deductible	100% after deductible
Preferred Brand Drugs	\$35		
Non-Preferred Brand Drugs	\$60		
Specialty Preferred Drugs	80% after ded.		

This is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the policy. If there are any discrepancies between the illustrations contained herein and the insurance carrier proposal or contract, the insurance carrier materials prevail.

MEDICAL NETWORKS

2 different network options available to you – Passport Choice and Elect. A brief summary of each network is noted below. Elect offers a lower premium for use across many providers in the metro and is always in network for virtual and emergency care.

MEDICA PASSPORT

<https://www.medica.com/find-care/select-employer-provided-plan/medica-choice-passport-with-united-healthcare-choice-plus>

The Passport Network is Medica's Open Access Network. This contains the largest network of providers and a referral is not needed as long as the provider is within the network. For those outside of MN, this network utilizes the United HealthCare Choice Plus Network

MEDICA ELECT

<https://www.medica.com/find-care/select-employer-provided-plan/medica-elect>

Who's in the network? The following care systems are included in the Medica Elect network:

You enroll in a primary care clinic. This is the main place you'll go when you need care. Each family member can choose a different primary care clinic. Your primary care clinic is affiliated with a care system. If you need to see a specialist or go to the hospital, make sure they're in your care system. Each family member can choose a different care system, as long as it's in the Medica Elect network. The care systems you can choose from are listed below. If you can't get the care you need within your care system, you can ask for a referral to see a provider in another Medica Elect care system.

- Allina Medical Clinics
- Children's Health Network
- Hennepin Healthcare
- Integrity Health Network
- Lakeview Medical Care System
- Minnesota Healthcare Network
- Park Nicollet Health Services
- RiverWay/North Suburban Clinics
- St. Luke's Care System



Medica Programs

Fit Choices

Medica provides a \$20 credit (max. 2 covered adults under the plan) toward individual health club membership dues when you meet your monthly attendance requirement of 12 visits per month. Log on to www.medica.com for additional information and a listing of facilities.

Employee Assistance Program (EAP)

Medica offers a toll-free hotline 24 hours a day, 365 days a year with counselors who can help resolve personal and work concerns, family problems, and financial difficulties. For more information call 1-800-626-7944.

Sanvello

Sanvello gives you access to clinically proven techniques based on cognitive behavioral therapy for dealing with stress, anxiety, depression and whatever else you may be going through. From coping tools to meditations, to guided journeys, you'll get help to manage your moods and thoughts so you can understand what works for you to feel better.



CallLink Nurse Line

Employees and their covered dependents have access to support through Medica for ongoing health concerns. Members are able to call registered nurses to help answer your health questions, provide tips on self-care, and help you choose appropriate care. They are available 24 hours a day and can be reached at 800-962-9497.

Virtual Care Options

Virtual care is a convenient way to get care for many common conditions. Connect with a provider from your computer or mobile device to get a diagnosis, treatment plan and prescription (if needed).

- **Amwell** – 24/7 online clinic available in every state, each visit is \$59 or less. You have a video visit with a board-certified doctor or nurse practitioner using the web or mobile app.
- **Virtuwell** – 24/7 online clinic available in select states (including MN). Each visit is \$49 or less. You have a visit with a certified nurse practitioner.
- **Your clinic** – many clinics offer virtual care, online care, or e-visits.



Mail Order Pharmacy Program

Order up to a 3-month supply of your medication without waiting in lines at your local pharmacy, and having your medication shipped directly to your home.

MENTAL HEALTH RESOURCES

Resource	Services Offered	Where to go
Medica Employee Assistance Program	<ul style="list-style-type: none"> • 5 free counseling sessions per issue • Online screening tool, interactive resources 	<ul style="list-style-type: none"> • Call 1-800-626-7944
Medica Behavioral Health	<ul style="list-style-type: none"> • Mental Health and substance abuse care • Staff can help you get the right care when you need it. available 24/7 	<ul style="list-style-type: none"> • Call 1-800-848-8327 or visit medica.com/FindADoctor • Select your plan and click on <i>Find a mental health provider</i>
Sanvello	<ul style="list-style-type: none"> • 24/7 on demand access to clinically proven techniques for dealing with stress, anxiety, depression, or whatever else you may be going through • Coping tools • Guided journey • Community support 	<ul style="list-style-type: none"> • Download the app • After creating an account, select "Upgrade Via Insurance" • Search for Medica • Enter info from your Medica ID Card
Live and Work Well	<ul style="list-style-type: none"> • Website offering health resources and personalized support services • Available 24/7 • Take free assessments • Access substance use disorder helpline 	<ul style="list-style-type: none"> • Go to liveAndWorkWell.com • Call the Substance Abuse Disorder helpline at 1-855-780-5955
Amwell	<ul style="list-style-type: none"> • 24/7 online clinic • Cost per visit may vary depending on your plan and type of service • Behavioral health care services including therapy and psychiatry 	<p>Go to amwell.com/cm Download the free app Or call 844-733-3627</p>
988 Suicide & Crisis Line	<ul style="list-style-type: none"> • 24/7 support • Free • Support to those in suicidal crisis or emotional distress 	<ul style="list-style-type: none"> • Call or text 988 • Go to 988lifeline.org

OVIA HEALTH | Fertility, Pregnancy and Parenting Support

Three mobile apps that span the reproductive health and parenting spectrum



Ovia Fertility

- Understand cycle predictions and fertility calendar
- Track symptoms, moods, medications and more
- Receive feedback alerts on potential medical concerns
- Learn about infertility health programs



Ovia Pregnancy

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



Ovia Parenting

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



1. Get started by downloading one of the three apps from the App Store or Google Play.
2. Then sign up and choose “I have Ovia Health as a benefit.”
3. Enter your state, health plan, employer name and personal details.

MY HEALTH REWARDS

For all employees enrolled in Medica

Online tool that helps you take small steps to reach your health goals - earn rewards for healthy behaviors!

1 Complete cards, track healthy habits, view challenges, and more.

2 View stats including steps, workouts, and active minutes.

3 Detailed program progress, points, and REWARDS.

4 Wirelessly sync your Max or Buzz activity tracker.

Members 18 years and older can earn up to \$220 in gift cards funded by Medica

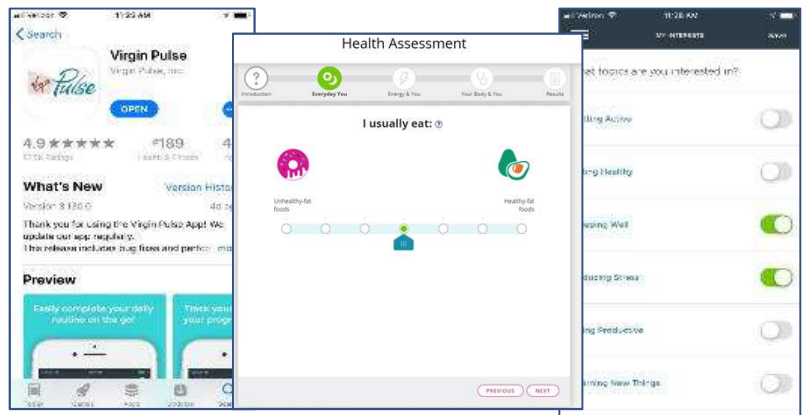


Getting started is easy!

Download the App

Take the health assessment

Save your interests



Available for iOS and Android.

GETTING STARTED IS EASY!

1. Download the free Virgin Pulse App
2. Open the app and click on Create Account
3. Search for Medica on the sponsor organization list. Then choose **Medica MyHealth Rewards**.
4. Follow the steps to sign up! Be sure to enter your name exactly as it appears on your Medica ID card.

OR go to www.medica.com/myhealthrewards to create an account

Level	Points earned	Reward
1	2,000	\$10
2	10,000	\$20
3	25,000	\$50
4	40,000	\$80

\$5/monthly reward upon completion of 7000 steps/15 active minutes/15 workout minutes. 20 days in a calendar month.





Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a debit card to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP).

How a Health Savings Account (HSA) Works

Eligibility



Anyone who is:

- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not an High Deductible Health Plan (HDHP);
- Not entitled to Medicare benefits; or
- Not eligible to be claimed on another person's tax return

Your Contributions



You choose how much to contribute from each paycheck on a pretax basis.

You can contribute up to the IRS maximum of **\$3,850/individual or \$7,750/family**.

You can make an additional "catch-up" contribution of up to \$1,000 per year if you are age 55 or older.

Eligible Expenses



You can use your HSA to pay for medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. *Please note: Funds available for reimbursement are limited to the balance in your HSA.*

Using Your Account



Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.

Your HSA is always yours – no matter what



One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. And if you leave the company or retire, your HSA goes with you.


The Triple Tax Advantage

HSAs offer three significant tax advantages:

1. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses — tax-free.
2. Unused funds grow and can earn interest over time — tax-free.
3. You can save your HSA dollars to use for your health care when you leave the company or retire — tax-free.

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Year 1 Example: You enroll in the HDHP with HSA during enrollment		Year 2 Example: You enroll in the HDHP plan again next year
You contribute \$3,650 for a total of \$3,650		\$2,950 rolls over from last year and you contribute \$3,850 for a total of \$6,800
You use the HSA to pay \$700 of eligible expenses		You use the HSA to pay \$1,250 of eligible expenses
You have \$2,950 in the HSA to roll over to next year!		You have \$5,550 in the HSA to roll over to next year!



Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are three types of FSAs — the Health Care FSA, the Limited Purpose Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** — Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.
- **Limited Purpose Health Care FSA** — Used if you are enrolled in the HDHP medical plan. It works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses.
- **Dependent Care FSA** — Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

Important: The IRS has a “use it or lose it” rule. If you do not incur expenses by the end of the plan year, all unused money will be forfeited with the exception of \$500 which is your plan’s rollover provision.

How the Health Care/Limited Purpose Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to \$3,050 per year, pretax	You may contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to March 31 of the following year for expenses incurred from January 1 to December 31	Submit claims up to March 31 of the following year for expenses incurred from January 1 to December 31
If you do not submit your FSA expenses by March 31, your money will be forfeited per IRS regulations with the exception of \$500.	If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	\$50,000	\$50,000	\$50,000	\$50,000
Account deposit (before taxes)	N/A	\$2,750	N/A	\$5,000
Taxable wages	\$50,000	\$47,250	\$50,000	\$45,000
Federal and Social Security taxes	\$14,325	\$13,609	\$14,325	\$12,894
Expense (after taxes)	\$2,750	N/A	\$5,000	N/A
Take home (net)	\$32,925	\$33,641	\$30,675	\$32,106
Annual tax savings with the FSAs	\$0	\$716	\$0	\$1,431





DENTAL

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures.

How to Find a Participating Dentist – Network PDP Plus

<https://providers.online.metlife.com/findDentist?searchType=findDentistMetLife>

	MetLife Dental Plan	
	In-Network	Out-of-Network
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Benefit Maximum		
Per Individual	\$1,000	
Preventive Care		
Exams, Cleanings, X-rays, Fluoride Treatments	100%	80%
Basic Services		
Fillings, Space Maintainers, Sealants, Simple Extractions, Emergency Exams	80%	50%
Major Services		
Crowns, Inlays/Outlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics	50%	50%





VISION

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Rockford Area Schools offers vision coverage through Metlife. For information on finding a vision provider, visit www.metlife.com/vision to find more

Type of Service	In-Network
Exam	\$10 Copay – Also covered 100% under medical preventive
Frame Once every 24 months	\$25 Copay, \$130 Allowance, 20% off balance over \$130
Lenses Once every 12 months	Single Vision - Copay Bifocal - \$25 Copay Trifocal - \$25 Copay Lenticular - \$25 Copay Standard Progressive - \$80 Copay Premium Progressive 1 - \$110 Copay Premium Progressive 2 - \$120 Copay Premium Progressive 3 - \$135 Copay Premium Progressive 4 - \$200 Copay
Lens Enhancements Once every 12 months	Standard Anti-Reflective: \$45 Copay Premium Anti-Reflective Tier 1: \$57 Copay Premium Anti-Reflective Tier 2: \$68 Copay Premium Anti-Reflective Tier 3: \$85 Copay
Contacts (in lieu of glasses) Once every 12 months	\$130 allowance 15% off balance over \$130

Coverage Level	Monthly Premium
Employee Only	\$8.78
Employee + 1	\$16.50
Family	\$23.49

**This is a voluntary benefit with no district contribution*





LIFE AND AD&D



Life insurance, provided by MetLife, pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

Rockford Area Schools provides all eligible employees a basic life and AD&D benefit at no cost to you! Should you need additional life insurance, please see the next page for additional details.

Basic Life and AD&D	
Life Amount	Per Employment Classification
AD&D Amount	Per Employment Classification

Before You Enroll, Consider this:

1. If you enroll when you first become eligible, Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you will need to provide EOI before any coverage can take effect.
2. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Voluntary life and AD&D insurance allow you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury.

Voluntary Life and AD&D			
	Increments	Guarantee Issue	Maximum
Employee	\$10,000	\$100,000	5 x Annual Salary or \$250,000
Spouse	\$5,000	\$25,000	\$100,000
Children	Flat amount: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000	\$10,000	\$10,000



Disability

Long Term Disability Insurance (LTD)

Long Term Disability (LTD) provides long-term income protection in the event that you become disabled due to a non-occupational illness or injury. LTD provides partial income replacement during your period of disability to help provide you and your family with financial security. This Benefit is dependent on employment contract language, please refer to your employment agreement for additional information

	Long-Term Disability
Who Pays	Rockford Area Schools
Elimination (Waiting Period)	90 days
Percentage of Income Replaced	66.67%
Maximum Benefit	Refer to class
Maximum Duration	Refer to class

Voluntary Hospital Indemnity Insurance

Group Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment.

	Low	High
Hospital Admission	\$500 per insured per calendar year	\$1,000 per insured per calendar year
Daily Hospital Confinement	\$100 per day	\$200 per day
	\$100 per day	\$200 per day
Emergency Room Treatment	\$150 per insured per calendar year	\$150 per insured per calendar year



SUPPLEMENTAL BENEFITS

Just like it sounds, supplemental benefits plans such as accident or critical illness, can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for you, your spouse and children.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance benefits may not cover, such as out-of-pocket expenses, lost income, child care, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll

Consider this:

1. What would happen if you had an accident or became seriously ill and became unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Voluntary Accident Insurance

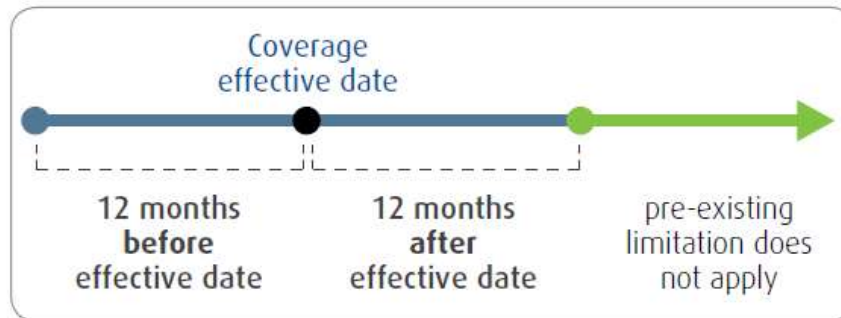
Accident coverage is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

Highly Utilized Benefits	Low Plan	High Plan
Hospital Admission	\$1,000/day	\$1,500/day
Hospital Confinement	\$200/day	\$300/day
Emergency Care Benefit	\$75-\$150 depending on location of care	\$100-\$200 depending on location of care
Follow-up visit	\$75	\$100
Fractures	\$100-\$8,000	\$200-\$10,000
Physical Therapy	\$35	\$50
Ambulance (Ground/Air)	\$300/\$1,000	\$400/\$1,250
Accidental Death and Dismemberment	\$25,000	\$50,000

Voluntary Critical Illness Insurance

Critical Illness coverage provides a lump-sum cash benefit in the event you are diagnosed with a qualifying illness to help offset the unexpected associated costs. The plan will pay regardless of any other insurance. Critical Illness coverage is **not** medical insurance.

There is a pre-existing condition limitation on this plan of 12/12 meaning any diagnosis received 12 months prior to the effective date of coverage is not covered for the first 12 months of the policy term.



Plan Design	<p>List of Covered Conditions: Cancer, Carcinoma in Situ (25%), Benign Brain Tumor, Heart Attack, Stroke, Coronary Artery Bypass (25%), Major Organ Failure, Kidney Failure, Coma, Blindness, Permanent Paralysis, Several Child Conditions covered; Benefit Reduction of 50% at Age 70</p>
Employee Underwriting Offer	<p>\$10,000 Guarantee Issue – Perpetual</p> <p>EE can elect \$5k or \$10k</p>
Spouse & Child Coverage	<p>Spouses: \$5k</p> <p>Child: 50% of EE Amount (No Additional Cost)</p>
Recurrence Benefits	NA
Pre-Existing Condition	12/12 Pre-Ex Limitation
Annual Health Screening Wellness Benefit	\$50 wellness benefit, once per covered person per year

For premium information, please refer to Selerix or contact Human Resources. Premium is based on age and benefit amount.



Retirement

Retirement Savings and 403(b) Plan

Rockford Area Schools' 403(b) plan is administered by Mid-America and includes the following three approved vendors: Voya, VALIC and Empower.

- You may defer your eligible compensation on a pre-tax basis up to the annual IRS limit (\$22,500 in 2023)
- Employees age 50 and over are able to contribute an additional \$7,500 catch up contribution each year
- Contribution rate and investment direction changes can be made at any time
- Employer matching is dependent on employment contract language and years of service, please refer to your employment agreement for additional information

Pension Plans

Teachers Retirement Association (TRA) and Public Employee Retirement Association(PERA)

As a public employee, one of the benefits available to you is a retirement pension. A pension is a type of retirement savings plan paid into while working that provides you with a future monthly lifetime income.

- The Teachers Retirement Association (TRA) provides retirement, disability and survivor benefits to Minnesota's public educators. During your teaching years, a percentage is deducted from every paycheck for your retirement. Your TRA contributions are pretax, reducing your taxable income. Your employer also makes mandatory contributions to your TRA. Your TRA paycheck deductions are determined by Minnesota law. The funds are pooled and managed by the State Board of Investment to pay your eventual benefit. LEARN MORE AT www.minnesotatra.org
- Public Employees Retirement Association (PERA) is a lifetime income, cost-sharing retirement plan for Minnesota public employees. Your PERA pension is a 401(a) defined benefit plan you pay into while working as a public employee. You contribute a percentage of your monthly salary to your PERA account through payroll deductions. Your employer also contributes a percentage to your plan. Contributions rates are determined by law, based on your eligible gross salary and are tax-deferred. After you leave public service, if you are vested, you could qualify for a lifetime PERA retirement benefit. LEARN MORE at www.mnpera.org

Required Notices

HIPAA Special Enrollment Rights Notice

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

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

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Human Resources.

HIPAA Notice of Availability of Notice of Privacy Practices

Rockford Area Schools Environment's maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact your plan administrator.

Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), 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?

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator.

Newborns' And Mothers' Health Protection Act (NMHPA) Notice

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

Medicare Part D Creditable Coverage Notice

Important Notice from Rockford Area Schools About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan while enrolled in Rockford Area Schools coverage as an active employee, please note that your Rockford Area Schools coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Rockford Area Schools coverage as a former employee.

You may also choose to drop your Rockford Area Schools coverage. If you do decide to join a Medicare drug plan and drop your current Rockford Area Schools coverage, be aware that you and your dependents may not be able to get this coverage back.

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

Contact the person listed below for further information your administrator. **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 Rockford Area Schools Environment changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

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

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

For more information about Medicare prescription drug coverage:

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

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

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442

ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIP (855-692-7447)	FLORIDA – Medicaid Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – 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	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid 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	MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki) 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	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	NEW HAMPSHIRE – Medicaid 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	SOUTH DAKOTA - 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: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	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)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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 1/31/2023)