

2020

Benefits Enrollment Guide

Bloomington Schools ISD #271



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The following descriptions of available benefit elections options, are purely informational and have been provided to you for illustrative purposes only. Payment of benefits will vary from claim to claim within a particular benefit option and will be paid at the sole discretion of the applicable insurance provider for each benefit option. The terms and conditions of each applicable policy or certificate of coverage will provide specific details and will govern in all matters relating to each particular benefit option described in this summary. In no case will any information in this summary amend, modify, expand, enhance, improve or otherwise change any term, condition or element of the policies or certificates of coverage that govern the benefit options described in this summary.

ENROLLMENT AND ELIGIBILITY

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "change in status."

How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- Locate your enrollment/change forms.
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact your HR department.

Whom Can You Add to Your Plan?

Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners, unless your employer states otherwise
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Change in Status

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a change in status. As with a new enrollee, you must submit your paperwork within 30 days of the change or you will be considered a late enrollee.

Examples of changes in status:

- You get married, divorced or legally separated
- You have a baby or adopt a child
- You or your spouse takes an unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost

Did you know?



Open Enrollment is the only chance to make changes, unless you experience a "change in status."

PACKAGE OVERVIEW

Bloomington Schools ISD #271 offers eligible employees a comprehensive benefit package that provides both financial stability and protection. Our offering provides flexibility for employees to design a package to meet their unique needs.

Effective July 1, 2020:

- Medical benefit plan with PreferredOne with
- Dental benefit plans with Delta Dental
- Vision benefit plan with EyeMed
- Basic Life/AD&D and Long Term Disability moving to The Hartford (pending board approval)
- Accident and Critical Illness benefit plans with Voya
- Health Savings Account with Health Equity
- Dependent Care Flexible Spending Account with Benefit Extras
- Employee Assistance Program with Fairview
- Healthy Savings Plan

After you have enrolled in insurance coverage, you will receive additional information in the mail from the insurance carriers. This information will contain your personal identification cards. In the meantime, you can look up providers for your plans on the internet.

HR at Bloomington Schools ISD #271:

Mary Gorman, Human Resources

952-681-6444

mgorman@isd271.org



MEDICAL PLAN

For this plan year, you can choose the following medical option. Refer to the carrier benefits summary for the exact benefit levels associated with your plan.

Carrier Name	PreferredOne	
Type of Plan	PPO/HDHP	
Office Visits	In Network	Out of Network
Primary	Deductible then 0%	Deductible then 20%
Specialist	Deductible then 0%	Deductible then 20%
Pharmacy		
Deductible	Integrated with Medical Deductible	
Retail Standard	Deductible then 0%	Covered at out of network benefit level. Please see plan design.
Retail Specialty		
Mail Order (90 days - Standard)		
Common Services		
In-Patient Facility	Deductible then 0%	Deductible then 20%
Out-Patient Facility	Deductible then 0%	Deductible then 20%
Urgent Care	Deductible then 0%	Deductible then 20%
Emergency Room	Deductible then 0%	
Annual Deductible		
Individual	\$1,400	
Family	\$2,800	
Coinsurance	0%	20%
Annual Out of Pocket	Includes Deductible	
Individual	\$1,400	\$6,900
Family	\$2,800	\$13,800
Maximum Benefits	Unlimited - LTM	

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HEALTH SAVINGS ACCOUNT (HSA)

Option for High Deductible Health Plan (HDHP)

For employees who elect the HDHP, you have the option of opening a Health Savings Account (HSA). The HSA-eligible plan provides a way to save money that becomes available in future years for health care expenses.

- In 2020 individuals can contribute up to \$3,550 and families can contribute up to \$7,100 to their HSA (these totals represent the total of employee and employer contributions).
- If you are 55 or older, you can make a \$1,000 catch-up contribution.
- Contributions to an HSA can be made on a pre-tax or post-tax basis, and funds within the HSA grow without incurring taxes. Funds are withdrawn tax-free for healthcare related needs without having to file receipts, although you should keep your receipts in case you are ever audited.
- Money deposited in the HSA by the employee AND employer immediately become the employee's asset and is portable.

Pre-Tax Plan	What is this account and how does it work?	Maximum Contribution Allowed	Can money in accounts be "rolled over"?
Health Savings Account (HSA)	An HSA account can be funded with pre-tax dollars by you, your employer or both to help pay for eligible medical expenses.	Employee only coverage: \$3,550 Family coverage: \$7,100 Catch up contribution (55 year of age or older): \$1,000	Yes, amounts left in your HSA account can be rolled over year to year and is portable if you leave employment of the company



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DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS (FSA) WITH BENEFIT EXTRAS

Who is Eligible and When

All Benefit Eligible employees. Please check with your HR representative for specific eligibility requirements.

Benefits You Receive

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Dependent Care FSA

The Dependent Care FSA lets employees use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:

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

DENTAL PLANS

For this plan year, you can choose from the following dental options. Refer to the carrier benefits summaries for the exact benefit level associated with your plan choice.

Carrier Name	Delta Dental			
Name of Plan	Comprehensive Plan		Preventive Plan	
Type of Plan	PPO		PPO	
Class	In Network	Premier & Out of Network	In Network	Out of Network
Preventive	0%	0%	0%	20%
Basic Restorative	0%	Deductible then 15%	0%	20%
Major Services	40%	Deductible then 50%	0%	0%
Orthodontia	50%	Not Covered	Not Covered	Not Covered
Plan Details				
Deductible applies to Preventive	No	No	No	No
Endodontics/Periodontics: Basic or Major	Basic	Basic	Major	Major
Orthodontics (Adult/Children)	Adult/Children	Adult/Children	Not Covered	Not Covered
Waiting Periods Applied	No	No	No	No
Deductible				
Person - Calendar Year	Not Applicable	\$50	Not Applicable	Not Applicable
Family - Calendar Year		\$150		
Plan Maximums				
Calendar Year Max	\$1,500	\$1,500	\$500	\$500
Ortho Lifetime Max	\$1,000	\$1,000	Not Covered	Not Covered

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VISION PLAN

For this plan year, you can choose the following vision option. Refer to the carrier benefit summary for the exact benefit level associated with your plan.

Carrier	EyeMed	
Network	Select	
Exam	In Network	Out of Network
Copay	\$10 Copay	Reimbursed to \$35
Frequency	12 Months	
Lenses		
Frequency	12 Months	
Single	\$10 Copay	Reimbursed to \$25
Bifocal	\$10 Copay	Reimbursed to \$40
Trifocal	\$10 Copay	Reimbursed to \$50
Contacts Elective	\$120 Allowance	Reimbursed to \$100
Contacts Medically Necessary	Covered in Full	Reimbursed to \$210
Frames		
Frequency	12 Months	
Frames	\$120 Allowance	Reimbursed to \$50



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LIFE AND AD&D INSURANCE PLAN

Basic Life

Basic Life / AD&D with The Hartford (pending board approval)	
All Eligible Active Employees Who DO NOT Opt Out of the Portion of Their Benefit Exceeding \$50,000	
Life Benefit and AD&D Benefit	2x Annual Salary
Maximum Benefit	Refer to Contract
All Eligible Active Employees Who Opt Out of the Portion of Their Benefit Exceeding \$50,000	
Life Benefit and AD&D Benefit	\$50,000
Dependent Life and AD&D	Spouse: \$2,000 Child Birth to Age 26: \$2,000

Dependent Life

Dependent Group Life with The Hartford (pending board approval)	
Spouse	\$2,000
Child: Birth - 21, 26 If FT Student	\$2,000

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LONG TERM DISABILITY INSURANCE

Carrier Name	The Hartford (pending board approval)
Monthly Benefit	66.67%
Maximum Monthly Benefit	Refer to Contract
Minimum Monthly Benefit	\$100
Elimination Period	90 Days
Definition of Disability	Duties Only
Own Occupation Definition	24 Months
Benefit Duration	SSNRA
Earnings Definition	Base Pay

Did you know?



Over a billion people worldwide live with some form of disability- about 15% of world population.*

*Source: World Health Organization "www.who.int/features/factfiles/disability/en/

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EMPLOYEE ASSISTANCE PROGRAM (EAP) WITH FAIRVIEW

Bloomington Schools ISD #271 provides these services at no cost to employees or their families. No referrals are needed to see an EAP counselor, and you never have to worry about finding a provider who is in your network. And unlike insurance-covered care, you never have a co-pay. In addition, all household family members are covered regardless if they are covered by other benefits.

The call center is open 24 hours a day, 7 days a week. All operators have clinical backgrounds and at minimum a bachelor's degree in the field. You can also talk to a licensed counselor at any time. Instead of waiting weeks to be seen by a counselor, you can contact one anytime.

We offer short-term counseling to help people work through any problems they may be having. Some counseling sessions are done over the phone, while in other instances the employee visits the counselor.

Call Fairview at 612-672-2195

- Stress Management
- Divorce/Marital Problems
- Grief
- Feeling Unmotivated
- Feeling Depressed
- Family Issues
- Feeling Stuck
- Drug and Alcohol Issues



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TELEMEDICINE



What is Telemedicine?

- Telemedicine uses technology to facilitate communication, between a doctor and patient who are not in the same physical location for medical evaluation, diagnosis and treatment.
- Speak to a real live doctor 24/7/365.
- All doctors are US Board Certified, licensed to practice medicine and write prescriptions in the state the caller is located in.
- Experienced doctors are here to help.
- 100% HIPAA Compliant.
- Designed for non-emergency care; 71 % of all medical visits today are non-emergency.

Benefits

- ✓ Remote Access
- ✓ Specialist Availability
- ✓ Cost Savings
- ✓ Convenient Care

For more information on how Telemedicine benefits may affect your HDHP plan with an HSA, please contact your Human Resources representative.

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EMPLOYEE DEDUCTIONS

Bloomington Schools ISD #271 contributes to the cost of the medical and dental plans for you.

Coverage Tier	FULL-TIME				PART-TIME		
	Monthly Premium	District Contribution	Employee Share	Per 24 paychecks	District Contribution	Employee Share	Per 24 paychecks
Medical Plan with Preferred One-High Deductible Health Plan (HDHP)							
Single	\$852.00	\$852.00	\$0.00	\$0.00	\$598.00	\$256.00	\$128.00
Employee + 1	\$1,792.00	\$1,253.00	\$539.00	\$269.50	\$879.00	\$913.00	\$456.50
Family	\$1,960.00	\$1,372.00	\$588.00	\$294.00	\$960.00	\$1,000.00	\$500.00
Medical Plan with Preferred One-HSA Contribution							
Single	Full-Time	Part-Time	Employee + 1 & Family			Full-Time	Part-Time
	\$700.00 (\$58.34 per month)	\$350.00 (\$29.17 per month)				\$1,400.00 (\$116.67 per month)	\$700.00 (\$58.34 per month)

Coverage Tier	Monthly Premium	Paid by District	Employee Cost/Month	Per Paycheck (24)
Dental Plan with Delta Dental Part Time Employees				
Single Preventive	\$24.50	\$24.50	\$0.00	\$0.00
Buy up to Single Comprehensive	\$37.70	\$24.50	\$13.20	\$6.60
Buy up to Family Comprehensive	\$111.45	\$24.50	\$86.95	\$43.48
Dental Plan with Delta Dental Full-Time Employees				
Single Comprehensive	\$37.70	\$37.70	\$0.00	\$0.00
Family Comprehensive	\$111.45	\$37.70	\$73.75	\$36.88

The rates shown in this guide are illustrative only. To the extent the rates contained herein differ from those in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the rates in the underlying insurance documents will govern in all cases.

REQUIRED NOTICES

Newborn and Mothers' Health Protection Act

- Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following 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 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

- In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully. As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following benefits: 1. All stages of reconstruction of the breast on which the mastectomy has been performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and 3. Prostheses and treatment of physical complications of the mastectomy, including lymphedemas. Health plans must provide coverage of mastectomy related benefits in a manner to determine in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and insurance amounts that are consistent with those that apply to other benefits under the plan.



REQUIRED CHIP NOTICE

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, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	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: http://www.indianamedicaid.com Phone 1-800-403-0864

REQUIRED CHIP NOTICE (CONT)

<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>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</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>KENTUCKY – Medicaid</p> <p>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: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicare.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>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</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

REQUIRED CHIP NOTICE (CONT)

<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>VERMONT – Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p>PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>
<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>

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

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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)

HIPAA Notice



HIPAA Privacy Notices

HIPAA requires group health plans to provide a notice of current privacy practices regarding protected personal health information (PHI) to enrolled participants. All employers must distribute HIPAA Privacy Notices if the plan is self-funded or if the plan is fully-insured and the employer has access to PHI. If the employer maintains a benefits website, the HIPAA Privacy Notice must be included on the website.

The HIPAA Privacy Notice must be written in plain language and must describe three things: (1) the use and disclosures of PHI that may be made by the group health plan; (2) plan participants' privacy rights; and (3) the group health plan's legal responsibilities with respect to the PHI.

The Department of Health and Human Services (HHS) has developed three different model Privacy Notices for health plans to choose from: booklet version, layered version, and full-page version.

More information can be found at: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/privacy-practices-for-protected-health-information/index.html>

Link to OneDigital's privacy policy: <https://www.onedigital.com/privacy-policy/>

Model Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within the appropriate time period that applies under the plan after you 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 the appropriate time period that applies under the plan after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the appropriate plan representative.

More information can be found at: <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/hipaa-compliance>

For additional information on your employer's privacy policy, please contact your HR department.



CONFIDENTIALITY NOTICE

Digital Insurance LLC dba OneDigital Health and Benefits does not sell or share any information we learn about our clients and understands you may have to answer sensitive questions about your medical history, physical condition and personal health habits as required by our insurance carrier partners.

We collect nonpublic personal information from the following sources:

- Information from you, including data provided on applications or other forms, such as name, address, telephone number, date of birth and Social Security number
- Information from your transactions with us and/or our partners such as policy coverage, premium, claim, and payment history.

OneDigital Health and Benefits recognizes the importance of safeguarding the privacy of our clients and prospective clients, and we pledge to protect the confidential nature of your personal information. We understand our ability to provide access to affordable health insurance to businesses and individuals can only succeed with an environment of complete trust.

In the course of business, we may disclose all or part of your customer information without your permission to the following persons or entities for the following reasons:

- To an insurance carrier, agent or credit reporting agency to detect, prevent or prosecute actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a medical care institution or medical professional to verify coverage or benefits, to inform you of a medical problem of which you may or may not be aware or to conduct an audit that would enable us to verify treatment.
- To an insurance regulatory authority, law enforcement or other governmental authority to protect our interests in detecting, preventing or prosecuting actual or potential criminal activity, fraud, misrepresentation, unauthorized transactions, claims or other liabilities in connection with an insurance transaction.
- To a third party, for any other disclosures required or permitted by law. We may disclose all of the information that we collect about you, as described above.

Our practices regarding information confidentiality and security: We restrict access to your customer information only to those individuals who need it to provide you with products or services, or to otherwise service your account. In addition, we have security measures in place to protect against the loss, misuse and/or unauthorized alternation of the customer information under our control, including physical, electronic and procedural safeguards that meet or exceed applicable federal and state standards.

CARRIERS, VENDORS & CONTACTS

Program	Vendor	Contact Information
Medical/Rx	PreferredOne	763-847-4477 or 800-997-1750 (7am-7pm M-F) www.preferredone.com
Dental	Delta Dental	800-553-9536 www.deltadentalmn.org
Vision	EyeMed	866-9EYEMED (866-939-3633) www.eyemedvisioncare.com
Basic Life/AD&D and Long Term Disability	The Hartford (pending board approval)	888-563-1124 www.thehartford.com
Accident and Critical Illness	Voya	952-681-6444 - Mary Gorman in Human Resources
Health Savings Account (HSA)	Health Equity	866-346-5800 (24/7) www.healthequity.com
Dependent Care Flexible Spending Accounts	Benefit Extras	952-435-6858 www.benefitextras.com
Employee Assistance Program (EAP)	Fairview	612-672-2195
Healthy Savings	Healthy Savings	www.myhealthsavings.com

Know Where to Go!



Additional Benefit Information



Bloomington Schools

Accident Benefit – Effective July 1, 2013

Accident Benefit Summary

- Available to active employees working at least 20 hours per week or teachers working .5 FTE or more
- NO health questions asked – coverage is guarantee issue
- 24-hour coverage – accidents on OR off the job are eligible
- Employee, spouse and children coverage available
- Employee must elect coverage to enroll their spouse and/or kids
- Benefits are tax-free based on a schedule of benefits
- Benefits are paid regardless of other medical or disability benefits received – no coordination with other benefits and no offsets
- Sample Accident Benefits include but not limited to: *ambulance, emergency room treatment, initial doctor visit, stiches, hospital confinement, physical therapy, fractures, dislocations, burns, dislocations, concussions, eye injuries, torn ligaments & tendons, follow-up care, medical equipment, etc.*
- Employee uses Accident/Wellness benefit dollars as they see fit
- Multiple accident benefit payments available per person per year
- **Wellness Benefit** - \$100 annual calendar year benefit with health screening test for employee & spouse, \$50 annual benefit for children***
- Portable – take this coverage with you upon separation of employment
- Two year rate guarantee
- Open enrollment period from April 15th – April 29th
- Coverage effective July 1st, 2013

Accident Rate Illustration:

	Cost Per Pay Period*	Annual Premium	-	Annual Wellness Benefit	=	Net** Annual Cost
Employee Only (EE)	\$ 4.68	\$ 112.32	-	\$ 100	=	\$ 12.32
EE + Spouse (SP)	\$ 7.79	\$ 186.96	-	\$ 200	=	(\$ 13.04)
EE + 1 Child	\$ 8.82	\$ 211.68	-	\$ 150	=	\$ 61.68
EE + 2 Children	\$ 8.82	\$ 211.68	-	\$ 200	=	\$ 11.68
EE + 3 Children	\$ 8.82	\$ 211.68	-	\$ 250	=	(\$ 38.32)
EE + 4 or more Children***	\$ 8.82	\$ 211.68	-	\$ 300	=	(\$ 88.32)
EE + SP + 1 Child	\$11.93	\$ 286.32	-	\$ 250	=	\$ 36.32
EE + SP + 2 Children	\$11.93	\$ 286.32	-	\$ 300	=	(\$ 13.68)
EE + SP + 3 Children	\$11.93	\$ 286.32	-	\$ 350	=	(\$ 63.68)
EE + SP + 4 or more kids	\$11.93	\$ 286.32	-	\$ 400	=	(\$113.68)

* Assumes 24 pay periods

** Net annual costs in **red** reflect Wellness benefit dollars received **in excess of** annual premium paid.

*** Child Wellness maximum reimbursement is \$200 per calendar year; four child maximum @ \$50 each

Above is summary of benefits for illustrative purposes only. Please refer to policy for coverage details.



Your future. Made easier.SM



BLOOMINGTON PUBLIC SCHOOLS

We help students thrive and dreams come alive

Healthy Savings



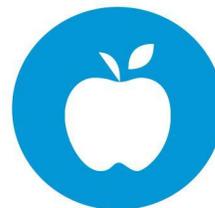
Don't miss your chance to save on **fresh produce**

Start living healthier today! Take advantage of the program designed to make it easier and more affordable for you to improve your health. With Healthy Savings you receive a **25% discount on fresh produce purchases** up to a savings of **\$5 every week**.

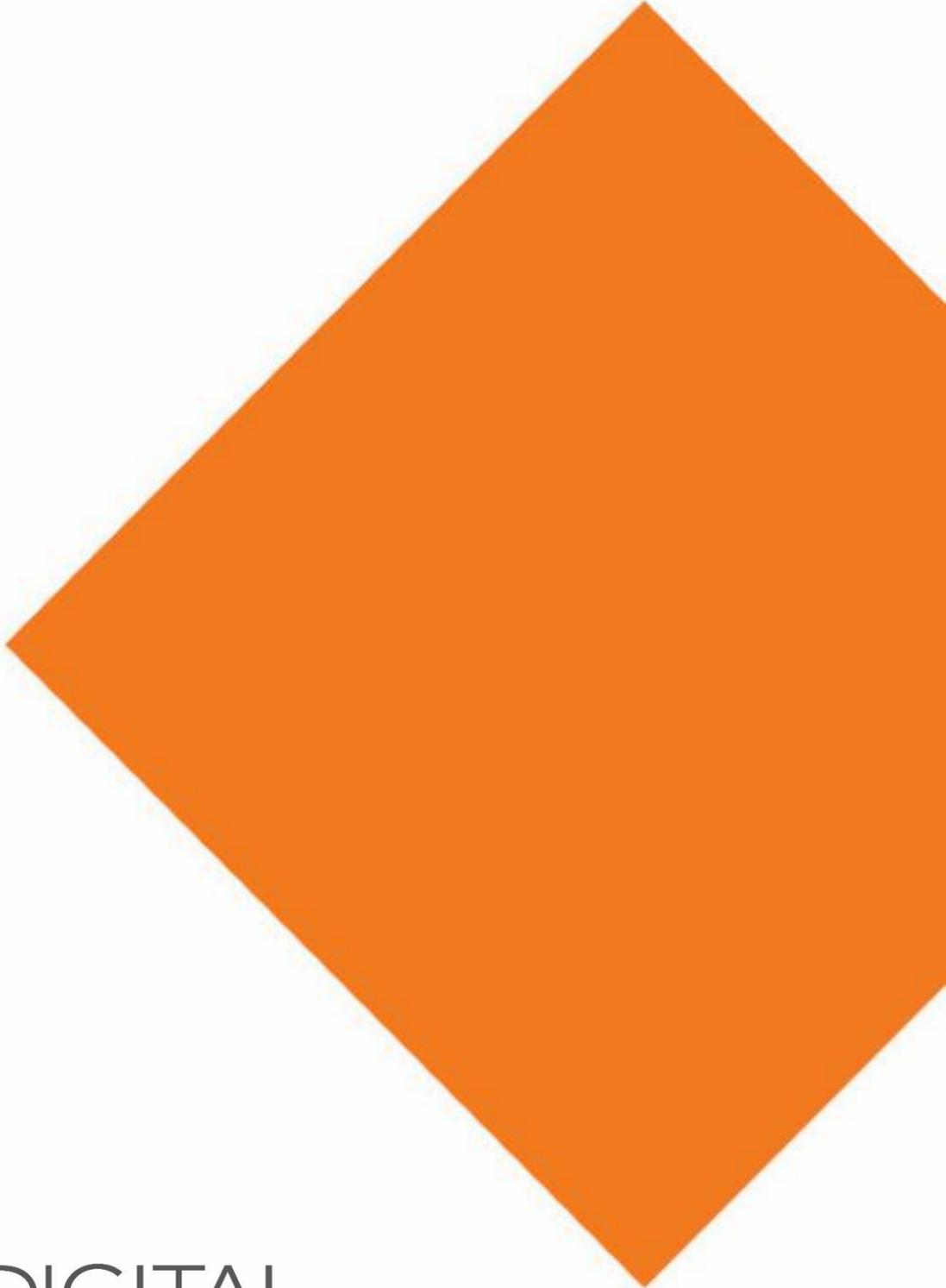
Plus, you can **save over \$50 every week** pre-qualified healthy foods including staples such as lean meats, milk, bread, eggs, yogurt, cheese, beans, and more. With savings on branded products and fresh produce, it's almost like getting a free trip to the grocery store every month.

Three steps to savings

1. **Register** your card online at www.MyHealthySavings.com.
2. **Shop** for the promoted items at participating grocery stores including Cub, Lunds & Byerlys, Hornbacher's, and Rainbow.
3. **Scan** your Healthy Savings card during checkout and savings are instant!



Visit www.MyHealthySavings.com to view weekly discounted grocery items, customize your grocery list, find recipes, nutritional information, and more!



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HEALTH AND BENEFITS

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