

2024

**EMPLOYEE
BENEFITS GUIDE**



WHAT'S INSIDE

- 03 Eligibility
- 04 Terminology
- 05 Medical
- 06 Virtual Care
- 07 Health Savings Account
- 08 Flexible Spending Account
- 09 Dental
- 10 Vision
- 11 Life, AD&D, Disability
- 12 Voluntary Life and AD&D
- 15 Aflac
- 16 Employee Assistance Program
- 17 Mobile App
- 18 Enrollment Instructions
- 20 Important Notices

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your Group. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.



IMPORTANT CONTACTS

<p style="text-align: center;">MEDICAL</p> <p style="text-align: center;">Blue Cross Blue Shield of ND 844-363-8457 www.bcbsnd.com</p>	<p style="text-align: center;">VIRTUAL HEALTH</p> <p style="text-align: center;">Amwell www.amwell.com Service Key: BCBSND</p>
<p style="text-align: center;">DENTAL</p> <p style="text-align: center;">Aflac Trina Reinke 701-640-0560 katrina_reinke@us.aflac.com</p>	<p style="text-align: center;">VISION</p> <p style="text-align: center;">Aflac Trina Reinke 701-640-0560 katrina_reinke@us.aflac.com</p>
<p style="text-align: center;">HEALTH SAVINGS ACCOUNT (HSA)</p> <p style="text-align: center;">Wex 866-451-3399 www.wexinc.com</p>	<p style="text-align: center;">FLEXIBLE SPENDING ACCOUNTS (FSA)</p> <p style="text-align: center;">Wex 866-451-3399 www.wexinc.com</p>
<p style="text-align: center;">LIFE, AD&D, LTD</p> <p style="text-align: center;">Mutual of Omaha 1-800-775-8805 www.mutualofomaha.com</p>	<p style="text-align: center;">AFLAC</p> <p style="text-align: center;">Trina Reinke 701-640-0560 katrina_reinke@us.aflac.com</p>
<p style="text-align: center;">EMPLOYEE ASSISTANCE PROGRAM (EAP)</p> <p style="text-align: center;">Mutual of Omaha 800-316-2798 www.mutualofomaha.com/eap</p>	<p style="text-align: center;">WAHPETON PUBLIC SCHOOLS</p> <p style="text-align: center;">Human Resources 701-671-5013 wps.hr@k12.nd.us</p>



WHO'S ELIGIBLE FOR HEALTH & WELFARE BENEFITS



When you think about your total compensation package, don't forget about your benefits. Along with your pay, Wahpeton Public Schools has provided a benefit program with real financial value. A great deal of time and effort has been invested in designing, funding, and maintaining a quality benefit plan. But you and your family can also play an important role in getting the most from your benefits by making sure that you understand them.

In addition to this guide, you can also access Wahpeton Public Schools benefit information through the Mobile Benefits App at wahpetonpublicschools.mybenefitsapp.com

ELIGIBILITY GUIDELINES

All active employees working 20 hours or more per week are eligible for benefits. All coverage will be effective on the first of the month following the first day of eligible employment. Upon termination, benefits will end on the last day of the month in which termination occurs or eligibility for benefits ceases. Premiums will be deducted from your paychecks once a month on a pre-tax basis.

If you are an active employee and elect coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under age 26.

MAKING CHANGES TO YOUR BENEFITS

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- + Marriage or divorce
- + Birth or adoption of a child
- + Change in a dependent's eligibility status
- + Change in employment status for you or your dependents resulting in the loss/gain of coverage
- + A significant change in the cost or coverage of your dependent's benefits
- + Change in the cost of dependent care (for dependent care flexible spending accounts only)
- + Death of a dependent

You have 30 days from the date of the event to notify Human Resources of the change. Keep in mind, the changes you make must be directly related to the event.



***Not sure if you have a qualifying event?
Need help changing your elections?
Please contact Human Resources.***

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



MEDICAL INSURANCE TERMINOLOGY

DEDUCTIBLE

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance plan makes any payments for healthcare services rendered. This is an annual amount calculated during the plan year, January through December.

COPAYS

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically, you might see a copay for prescription drugs.

COINSURANCE

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after the deductible is met, and can vary based on the plan design.

OUT-OF-POCKET MAXIMUM (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, copays and coinsurance all accumulate towards the OOPM. Wahpeton's plans OOPM calculate on the plan year; January through December. In-network and out-of-network OOPM have separate accumulations.

EXPLANATION OF BENEFITS (EOB)

When you incur an expense, a claim is filed on your behalf with Blue Cross Blue Shield of ND. Once Blue Cross Blue Shield of ND processes the claim, you will receive an EOB. The EOB tells you the total amount of the claim, what the provider must "write off" based on their provider contract with Blue Cross Blue Shield of ND, what Blue Cross Blue Shield of ND paid and what you owe on the claim. The EOB also shows what's accumulated toward your annual deductible and OOPM, if applicable.

HIGH-DEDUCTIBLE HEALTH PLAN

A qualified health plan that gives you more control over your healthcare spending by offering lower monthly premiums in exchange for higher deductible and out-of-pocket limits.

HEALTH SAVINGS ACCOUNT (HSA)

A tax-free medical savings account with contributions made by Wahpeton Public Schools with your enrollment in the High Deductible Health Plan. As a participant in this plan you are eligible to make contributions as well. Employees and Wahpeton Public Schools contributions combined are allowed up to the IRS annual maximum.

PREVENTIVE CARE

These are services you receive when you are not sick or injured with the intention of helping you stay healthy. Preventive care services include annual physicals, wellness screenings, and well-child care.

IN-NETWORK

In-network refers to providers or healthcare facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts.

OUT-OF-NETWORK (OON)

Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments are subject to separate deductibles and Out of Pocket Maximum (OOPM). When you receive care from an OON provider, you may need to submit the claim on your own.

MEDICAL COVERAGE



BLUE CROSS BLUE SHIELD ND

The medical coverage is administered by Blue Cross Blue Shield of ND.

Health Insurance is designed to provide protection for you and your dependents in the event that you require medical care. Remember that you can help to keep your plan costs low. Although you are not required to see a network provider, your expenses will be less when you seek care within the network.

*Visit www.bcbsnd.com/members/rx-tools to view the list of covered medications and which medications fall under the preventive category.

Enroll in your benefits at www.employeenavigator.com

Benefits	BlueSaver 90 3000-Embedded HDHP
	In-Network
Annual Deductible	
Individual	\$3,200
Parent and Child(ren)	\$4,800
Family	\$6,400
Coinsurance	90%
Annual Out-of-Pocket Maximum	
Individual	\$3,900
Parent and Child(ren)	\$5,750
Family	\$7,600
Preventive Care	Covered at 100%
Office Visits	
Primary Care	10% AD*
Specialist	10% AD*
Urgent Care	10% AD*
Emergency Room	10% AD*
Pharmacy	
Preventive	\$5 copay
Formulary	10% AD*
Nonformulary	50% Sanction** AD*



AD* = After Deductible

**The sanction does not apply to any cost sharing amounts

Contact HR for the employee premium cost



FIND A NETWORK PROVIDER

Log on to www.bcbsnd.com/find-a-doctor to find providers in the Blue Cross Blue Shield of ND network and save money.



VIRTUAL CARE

24/7 ACCESS TO CARE

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.

WITH A VIRTUAL CARE VISIT, YOU:

Save time – avoid a trip to the doctor’s office and get care from the comfort of your home, work or wherever you are.

Initiate the visit at your convenience – no appointment needed.

GET CARE WHEN YOU NEED IT FOR THINGS LIKE:

- + Allergies
- + Bladder Infection
- + Bronchitis
- + Pink Eye
- + Migraines
- + Cold and Cough
- + Ear Pain
- + Flu
- + High Blood Pressure



MENTAL HEALTH THERAPY

Amwell’s team of experienced, licensed psychiatrists and therapists are available 7 days a week, from the privacy of home. They can help with:

- + Anxiety
- + Depression
- + Postpartum
- + Relationships
- + Trauma Loss
- + Screenings
- + Insomnia

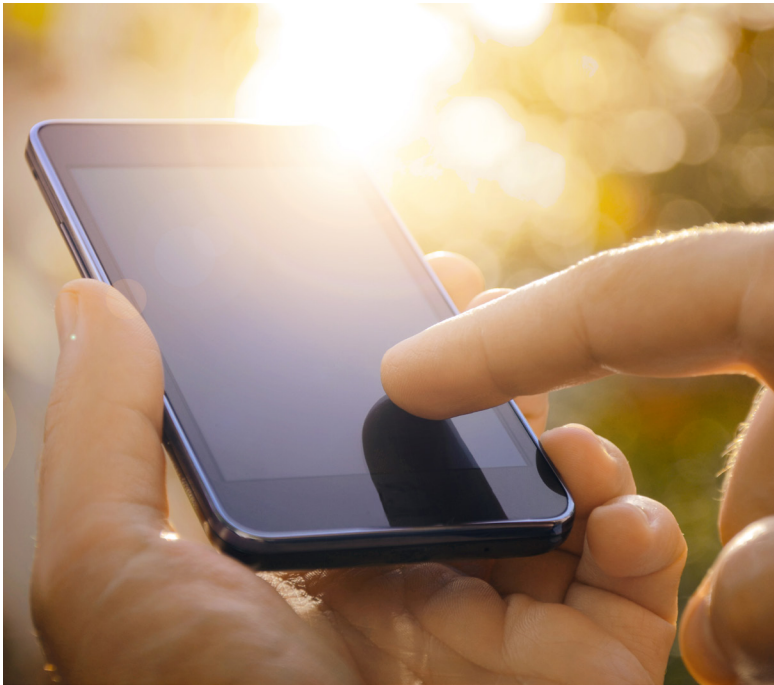
MOBILE - download the Amwell app

WEB - visit <https://patients.amwell.com/>

PHONE - call 1-844-733-3627



GETTING STARTED
 Visit patients.amwell.com
 Product Key: BCBSND



HEALTH SAVINGS ACCOUNT (HSA)



The HSA is administered by Wex.

Build an account funded with tax-exempt dollars by you. All funds contributed by Wahpeton Public Schools becomes 100% owned by the employee at the time of funding. You cannot contribute more than the combined 2024 IRS maximum of \$4,150 for a single plan and \$8,300 for a family plan. If you are of age 55 or to turn 55 in the 2024 plan year, you are able to contribute an additional \$1,000 to your HSA.

HSA dollars can be used to help pay for eligible medical/dental/vision expenses not covered by an insurance plan, including deductibles, copays, and prescriptions. Funds can be used for your tax dependents eligible expenses regardless if they are covered on your Wahpeton Public Schools healthplan.

You are eligible to have a Health Savings Account if you are enrolled in our High Deductible Health Plan and not covered by "conflicting coverage" such as Medicare, Tri-care, or coverage through another health plan that is not an HSA-qualifying high deductible health plan, including a traditional Health Reimbursement flex spending account.

To make any changes or enroll, visit: www.employeenavigator.com

2024 Maxmium HSA Contributions	
Employee	\$4,150
Family	\$8,300
Catch up (age 55+)	\$1,000

For a list of eligible expenses, visit:
www.wexinc.com/insights/benefits-toolkit/eligibleexpenses/





FLEXIBLE SPENDING ACCOUNTS (FSA)

LIMITED PURPOSE FSA

A pre-tax benefit of up to **\$3,200** used to pay for eligible dental and vision care expenses only. Participants enrolled in a High Deductible Health Plan (HDHP) are eligible to enroll in both Limited Purpose FSA and HSA plans at the same time to maximize their savings from the pre-tax contributions.

MEDICAL FSA

If you are NOT enrolled in the Wahpeton HDHP medical plan, or are enrolled in your spouse's or parent's Traditional Medical Plan, you can set aside pre-tax contributions for medical, dental, and vision expenses not paid by your (or your spouse's) insurance plans up to **\$3,200**. You may not have both a Medical FSA and HSA being funded at the same time.

DEPENDENT CARE FSA

You can set aside pre-tax contributions for dependent care expenses up to \$5,000 per plan year, if filing jointly, or \$2,500 if filing single.

The FSA is administered by Wex.

Flexible Spending Accounts helps you pay for everyday expenses on a pre-tax basis. The FSA year is January 1 - December 31 and is a "use it or lose it" account. You have a 60 day grace period after December 31st to submit all claims that occurred during the current flex year. You are allowed a minimum of \$50 up to a maximum \$640 carry-over balance into the next flex benefit year. Note that current participants must re-enroll each year in order to continue participating in the flex program.

To make any changes or enroll, visit www.employeenavigator.com

2024 Maximum Dependent Care FSA Contributions:
Individual - \$2,500
Family - \$5,000

2024 Maximum Limited Purpose and Medical FSA Contributions:
\$3,200



DENTAL PLAN



Dental coverage is designed to provide protection to you and/or your family in the event that you require dental services during the year. Your plan is designed to encourage regular visits to your dentist which is essential to maintaining oral health and to provide coverage for basic diagnostic and preventive dental needs. This plan is underwritten by Aflac and administered by Argus Dental & Vision.

Your deductibles and annual maximums are accumulated January 1st to December 31st.

Wahpeton Public Schools employees have the opportunity to enroll in a voluntary dental plan. This dental plan is 100% employee paid. The table below will explain the services and coverage.

To make any changes or enroll, visit www.employeenavigator.com

Benefits	Low Plan	High Plan
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum (Per person)	\$1,500	\$1,500
Preventive Care (X-Rays and 2 Routine Cleanings a year)	Covered 100%	Covered 100%
Basic Services (Fillings, Endodontics, Periodontics)	80% after deductible	80% after deductible
Major Services (Extractions, Crowns)	50% after deductible	50% after deductible
Orthodontics	N/A	\$1,500



Tier	Low Plan Premiums	High Plan Premiums
Employee	\$38.04	\$38.04
Employee + Spouse	\$75.30	\$75.30
Employee + Child(ren)	\$86.93	\$105.33
Family	\$124.19	\$142.60



FINDING IN-NETWORK DENTISTS

Find an in-network dentist by visiting <https://memberportal.aflac.com/search-providers>

Search providers and select the "Aflac" icon followed by the "search" button.

Dentists whom have signed a participating network agreement with Aflac have agreed to accept the maximum allowable amount as payment in full. Out of network benefits are payable for services rendered by a dentist who is not a participating provider. Out of network benefits are paid at the 95th percentile of Reasonable & Customary charge.



VISION PLAN

Your eye examination and caring for your eyes is important to your overall health. Eye examinations diagnose much more than the need for corrective lenses. An eye examination can uncover more than 30 systemic diseases including hypertension, arteriosclerosis, diabetes, and graves disease. This plan allows you to improve your health by saving you money on your eye care purchases. This plan is administered by Aflac in partnership with Davis Vision.

To make any changes or enroll, visit www.employeenavigator.com

Benefits	In-Network (Member Cost)	Out-of-Network (Reimbursement)
Exam (Once every 12 months)	\$10 copay	Up to \$40
Lenses (every 12 months)		
Single Vision	\$25 copay	Up to \$40
Bifocal	\$25 copay	Up to \$60
Trifocal	\$25 copay	Up to \$80
Lens Enhancements		
Standard progressive lenses	\$35 copay	Up to \$50
Premium progressive lenses	\$90 copay	Up to \$50
Frames (Once every 24 months)	\$130 allowance	Up to \$70
Contacts (instead of glasses) (Once every 12 months)	\$130 allowance (15% off remaining balance)	Up to \$105



Coverage Type	Employee Monthly Contributions
Employee	\$7.22
Employee + Spouse	\$14.45
Employee + Children	\$14.65
Family	\$21.19



FINDING IN-NETWORK EYE DOCTORS

You can find an in-network eye doctor by visiting <https://davisvision.com/>

**Note Aflac partners with Davis Vision for their vision network.*



LIFE, AD&D AND DISABILITY INSURANCE



BASIC LIFE INSURANCE

We provide a Basic Life benefit for all eligible employees working 20 or more hours each week on a regular and continuous basis. Eligible employees receive a benefit of \$10,000. This insurance is administered by Mutual of Omaha.

To view your Summary of Benefits, visit [MyBenefitsApp - Life, AD&D and Disability Page](#).

KEEP YOUR BENEFICIARIES UP TO DATE

You must designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance when going through enrollment on the Employee Navigator. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

LONG TERM DISABILITY INSURANCE

Long Term Disability is employer-paid and therefore a taxable benefit to the employee. Disability is administered by Mutual of Omaha.

You may receive 66 2/3% of your earnings up to a maximum monthly benefit of \$9,000 in the event of a qualifying claim. Benefits may begin after 90 days of being disabled.

To view your Summary of Benefits, visit Wahpeton's [MyBenefitsApp –Life, AD&D and Disability page](#).





VOLUNTARY LIFE AND AD&D INSURANCE

ADDITIONAL COVERAGE YOU CAN PURCHASE

In addition to the coverage provided by Wahpeton Public Schools you may purchase extra life insurance for yourself, your spouse and your dependent children. The premium for this coverage will be deducted from your paycheck.

To view your plan documents, visit Wahpeton’s [MyBenefitsApp –Voluntary Life and AD&D Page](#).

To enroll, visit www.employeenavigator.com

Coverage Guidelines	
Employee	Available in increments of \$10,000. Up to 5 times your annual income (or \$250,000, whichever is less. Up to \$100,000 of coverage is guaranteed, regardless of your health, if you apply when first eligible. Coverage exceeding \$100,000 will require medical qualification.
Spouse	If you select coverage for yourself, you may also purchase coverage for your spouse. Available in increments of \$5,000, up to 100% of the employee’s additional coverage up to \$100,000. Up to \$35,000 of coverage is guaranteed, regardless of spouse’s health, if applying when first eligible.
Children	If you select coverage for yourself, you may purchase \$10,000 of coverage for your children. Available in increments of \$2,000. One premium covers all unmarried, dependent children up to age 26.
<p>Coverage is Guaranteed if you apply when first eligible. If you apply as a new hire during your initial benefit enrollment period, all coverage up to the limits listed above is guaranteed. No medical questions are asked of you or your dependents.</p> <p>Late Entrants/Increases in Coverage: If you declined coverage when you were first eligible, or if you wish to increase existing coverage, you will need to complete a health statement to determine if you qualify. Contact Human Resources for details.</p>	

Coverage Amounts	
Personal Accident Insurance	If you or a covered family member die as the result of an accident, an amount equal to your life insurance benefit will also be paid. Benefits may also be paid for covered injuries that you survive, as described in the policy.
Living Care/ Accelerated Death Benefit	In the event you incur a Terminal Condition while insured under the Policy, you may be eligible for an advance payment of part of your life insurance death benefit. The maximum amount of Living Benefits available is 50% of the amount of life insurance for You in effect at the time of the request or \$100,000, whichever is less.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Portability (Voluntary Life only)	The portability feature allows you to continue basic and voluntary insurance for yourself and your dependents should your employment end, subject to the terms of eligibility defined in the policy, without having to provide evidence of insurability (information about your health).
Conversion	If your employment ends, you may apply for an individual life insurance policy without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Age Reductions	Your life insurance benefits will be reduced to these percentages of your initial coverage at the following ages: Age 70, 65%; Age 75 45%; Age 80, 30%; Age 85, 20%; Age 90 15%.Spouse’s coverage terminates when you reach age 70. All coverage terminates at retirement except for coverage you elect to continue through the Portability or Conversion provisions.

VOLUNTARY LIFE AND AD&D INSURANCE CONT.



Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding. If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

To select your benefit amount and calculate your premium, do the following:

- + Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- + Find your age bracket in the far left column.
- + Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- + Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

Employee Premiums - 12 Payroll Deductions Per Year										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0-29	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
30-34	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
35-39	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
40-44	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
45-49	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
50-54	\$3.80	\$7.60	\$11.40	\$15.20	\$19.00	\$22.80	\$26.60	\$30.40	\$34.20	\$38.00
55-59	\$5.90	\$11.80	\$17.70	\$23.60	\$29.50	\$35.40	\$41.30	\$47.20	\$53.10	\$59.00
60-64	\$9.40	\$18.20	\$27.30	\$36.40	\$45.50	\$54.60	\$63.70	\$72.80	\$81.90	\$91.00
65-69	\$16.20	\$32.40	\$48.60	\$64.80	\$81.00	\$97.20	\$113.40	\$129.60	\$145.80	\$162.00
70-74	\$28.80	\$57.60	\$86.40	\$115.20	\$144.00	\$172.80	\$201.60	\$230.40	\$259.20	\$288.00
75-79	\$47.30	\$94.60	\$141.90	\$189.20	\$236.50	\$283.80	\$331.10	\$378.40	\$425.70	\$473.00
80+	\$95.00	\$191.20	\$286.80	\$382.40	\$478.00	\$573.60	\$669.20	\$764.80	\$860.40	\$956.00





VOLUNTARY LIFE AND AD&D INSURANCE CONT.

Follow the method described on page 13 to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

Spouse Premiums - 12 Payroll Deductions Per Year										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0-29	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
30-34	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
35-39	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
40-44	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
45-49	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
50-54	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40	\$13.30	\$15.20	\$17.10	\$19.00
55-59	\$2.95	\$5.90	\$8.85	\$11.80	\$14.75	\$17.70	\$20.65	\$23.60	\$26.55	\$29.50
60-64	\$4.55	\$9.10	\$13.65	\$18.20	\$22.75	\$27.30	\$31.85	\$36.40	\$40.95	\$45.50
65-69	\$8.10	\$16.20	\$24.30	\$32.40	\$40.50	\$48.60	\$56.70	\$64.80	\$72.90	\$81.00

All Children Premiums - 12 Payroll Deductions Per Year								
\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.36	\$0.54	\$0.72	\$0.90	\$1.08	\$1.26	\$1.44	\$1.62	\$1.80

**Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.*





Wahpeton Public Schools has partnered with Aflac to offer additional voluntary benefits that provide you with:

- + the ability to off-set the out-of-pocket expenses of your current health plan,
- + the ability to protect your income and your assets if an injury, illness, or disability occurs,
- + the convenience of premium payment through payroll deduction,
- + the ability to take the coverage with you if you leave the company or retire, and
- + pays you cash directly regardless of any health insurance you have.

The following insurance plans are offered through Aflac:

- + Accident
- + Critical Illness
- + Hospital Indemnity
- + Voluntary Short-Term Disability

To enroll, visit www.employeenavigator.com



MORE INFORMATION

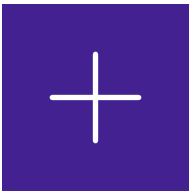
Contact Aflac for additional information

Trina Reinke
701-640-0560

katrina_reinke@us.aflac.com

or visit www.aflacgroupinsurance.com





EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family at **no cost** to you. For over 25 years, Mutual of Omaha's in-house EAP has been staffed by licensed, master's level counselors. Our exclusive provider network and personalized provider matching allow us to quickly get you the help you need.

BENEFITS:

- + Unlimited telephone access to EAP professionals 24 hours a day, seven days a week
- + Telephone assistance and referral
- + Service for employees and eligible dependents
- + Legal assistance and financial services
 - + Will preparation
 - + Legal library & online forms

ADDITIONAL RESOURCES FOR:

- + Work/Life balance
- + Substance abuse
- + Dependent and elder care assistance & referral services
- + Depression
- + Anxiety
- + Family and relationships
- + Healthy lifestyles
- + And more

WHAT TO EXPECT:

Information gathered by the EAP is confidential - the EAP does not communicate with your employer about your situation unless there is a risk of harm to you or others. Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional resources are needed, your EAP will help locate appropriate providers in your area.

**Confidential assistance is available
24 hours a day, 7 days a week**

800-316-2796 | mutualofomaha.com/eap

- + Click on the "Request Services" button located near the phone number
- + Provide your company name, demographic information and the reason for seeking assistance
- + Click "Submit"



Mutual of Omaha



MOBILE APPS



Add the icon to your smartphone for quick access!

iPhone



Tap the **Share Icon** in Safari's lower menu bar



Tap the **"Add to Home Screen"** icon

Android



Tap this Icon in the top right menu bar

Select: **"Add to Home Screen"**

Windows Phone



Tap this Icon in the lower right corner

Select: **"Pin to Start"**

WAHPETON BENEFITS APP

WHAT INFORMATION CAN I ACCESS ON THE BENEFITS MOBILE APP?

- + Download and print benefit related documents and forms
- + Quickly find service contact information and on-line resources
- + Review benefit plan design information
- + Find online provider directories

WILL THE MOBILE APP WORK ON MY DEVICE?

Yes, the app is what's known as a "web app", which means there is nothing to download, no need to access an "app store", etc... it's ready for use when you access the site address from your device.

ADD TO MY HOME SCREEN

Simply type the web address into you phones internet browser and follow the instructions listed here.

GO TO

wahpetonpublicschools.mybenefitsapp.com





ENROLLMENT INSTRUCTIONS

STEP 1: LOG IN

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

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

employee NAVIGATOR

Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

STEP 2: WELCOME!

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

Participation Required

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

1. Onboarding
2. Benefits Enrollment
3. HR tasks

Let's Begin!

STEP 3: ONBOARDING (FOR FIRST TIME USERS, IF APPLICABLE)

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

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

Onboarding Complete!

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

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

Start Enrollment [Dismiss, complete later](#)

STEP 4: START ENROLLMENTS

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

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

You've got 2 items to complete.

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

Start Enrollments

ENROLLMENT INSTRUCTIONS



STEP 5: BENEFIT ELECTIONS

- + To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**
- + Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.
- + Click **Save and Continue** at the bottom of each screen to save your elections.
- + If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Who am I enrolling?

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

Save & Continue

Don't want this benefit?

STEP 6: FORMS

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

STEP 7: REVIEW & CONFIRM ELECTIONS

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

TIP:

if you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical

Key Care HSA PPO2017 404E2435 Long Plan Name

Progress 6 of 8

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary



High Five! Enrollment Complete!

You've only got one more item to complete.

Enroll in your benefits

1. HR Tasks

Start Tasks

Dismiss, complete later

YOU CAN LOGIN TO REVIEW YOUR BENEFITS 24/7!

IMPORTANT NOTICES

IMPORTANT NOTICE 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 Wahpeton Public 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:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you 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.

Wahpeton Public Schools has determined that the prescription drug coverage offered by the Insurance plan is, on average for all plan Employees, 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll from October 15th through December 7th in 2022. If you enroll from October 15th through December 7th in 2022, your coverage will begin on January 1, 2023.

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.

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 Wahpeton Public Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have the 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 November to join.

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Wahpeton Public Schools 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
- + 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 Medicare Part D 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).

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 coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Wahpeton Public Schools coverage, be aware that you and your dependents will not be able to get this coverage back.

HIPAA SPECIAL ENROLLMENT NOTICE

NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL PLAN COVERAGE

As you know, if you have declined enrollment in Wahpeton Public Schools' health plan for you or your dependents (including your spouse/ domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Wahpeton Public Schools will also allow a special enrollment opportunity if you or your eligible dependents either:

- + Lose Medicaid or Children's Health Insurance Program (CHIP) coverage
- + because you are no longer eligible, or
- + Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in Wahpeton Public Schools group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

WOMEN'S HEALTH & CANCER RIGHTS ACT

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. Please see the Plan's Summary Plan Description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on WHCRA benefits, contact HR.

NEWBORNS' 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 a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the

mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours)."

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are receiving this notice because you have recently become covered under Wahpeton Public Schools group health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to you when you would otherwise lose your group health coverage. It can also become available to other Employees of your family who are covered under the Plan when they would otherwise lose their group health coverage.

For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact HR.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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/domestic partner, 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 are an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse/domestic partner of an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- + Your spouse/domestic partner dies; Your spouse/domestic partner's hours of employment are reduced;
- + Your spouse/domestic partner's employment ends for any reason other than his or her gross misconduct;
- + Your spouse/domestic partner becomes enrolled in Medicare benefits (under Part A, Part B, or both); or

- + You become divorced or legally separated from your spouse/ domestic partner.

If the Plan provides health care coverage to retired Employees, the following applies: 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 your employer, 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 with respect to the bankruptcy. The retired Employee's spouse/domestic partner, surviving spouse/domestic partner, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after Wahpeton Public Schools has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the Employee, in the event of retired Employee health coverage, commencement of a proceeding in bankruptcy with respect to the employer, or the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify Wahpeton Public Schools of the qualifying event.

REQUIRED NOTICE

You must give notice of some qualifying events for the other qualifying events (divorce or legal separation of the Employee and spouse/ domestic partner 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. Contact your employer and/ or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

HOW IS COBRA COVERAGE PROVIDED?

Once Wahpeton Public Schools 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/domestic partners, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the Employee, the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the Employee's hours of employment, and the Employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries, other than the Employee, lasts until 36 months after the date of Medicare entitlement. For example, if a covered Employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse/domestic partner and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the Employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can

be extended.

DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify Wahpeton Public Schools in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Contact Wahpeton Public Schools and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse/ domestic partner and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse/domestic partner and dependent children receiving continuation coverage if the Employee or former Employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse/ domestic partner or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights, should be addressed to Wahpeton Public Schools. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), 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 the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep Wahpeton Public Schools informed of any address changes. You should also keep a copy, for your records, of any notices you send to Wahpeton Public Schools.

PLAN CONTACT INFORMATION

Contact your employer for the name, address and telephone number of the party responsible for administering your COBRA continuation coverage.

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 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 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 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

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA - Medicaid

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

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - Medicaid

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+)

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

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

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

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

KANSAS - Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – 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: KIHIPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

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)

MAINE – Medicaid

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

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspreassistance@accenture.com

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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA - Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

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

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid & CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

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

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

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

PAPER 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)

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

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

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

²An employer-sponsored or other employment-based health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the “minimum value standard,” the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual

Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and

July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact: [BCBSND @ 1-844-363-8457](mailto:BCBSND@1-844-363-8457)

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

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer name: [Wahpeton Public School District #37](#)

Employer Identification Number (EIN): [45-6001462](#)

Employer phone number: [701-642-6741](#)

Employer address: [1021 11th Street North](#)

Contact about coverage: [Human Resources Department](#)

Phone number: [701-671-5013](#)

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

With respect to dependents: We do offer coverage. Eligible dependents are spouses/and dependent children up to the age of 26.

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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

HIPAA requires that at this time we advise you that a copy of the Privacy Notice is available by:

- + Contacting Human Resources and requesting a hard copy

Please contact us for more information:

Wahpeton Public Schools Human Resources:

HR Email: wps.hr@k12.nd.us

HR Phone: [701-671-5013](tel:701-671-5013)

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

202-619-0257

Toll Free: 877-696-6775



WAHPETON PUBLIC SCHOOLS