

2025-2026

**Employee Benefit
Summary**



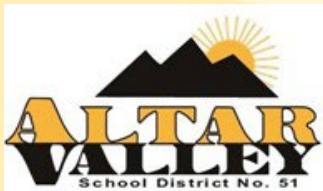


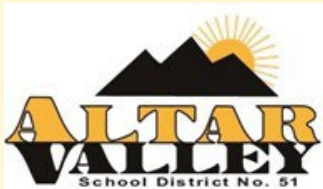
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If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 48 - 49 for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. 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.

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.



Benefits Overview

Altar Valley School District #51 is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and **Altar Valley School District #51** provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- PPO Dental
- Prepaid Dental
- Vision
- Basic and Voluntary Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Voluntary Short-Term Disability
- Employee Assistance Program
- Flexible Spending Account
- Health Savings Account
- Telehealth
- Voluntary Supplemental Policies

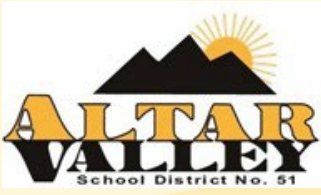
Eligibility

You and your dependents are eligible for **Altar Valley School District #51** benefits on the 1st of the month following 30 days.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or **Altar Valley School District #51** eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.





Benefits Overview (Continued)

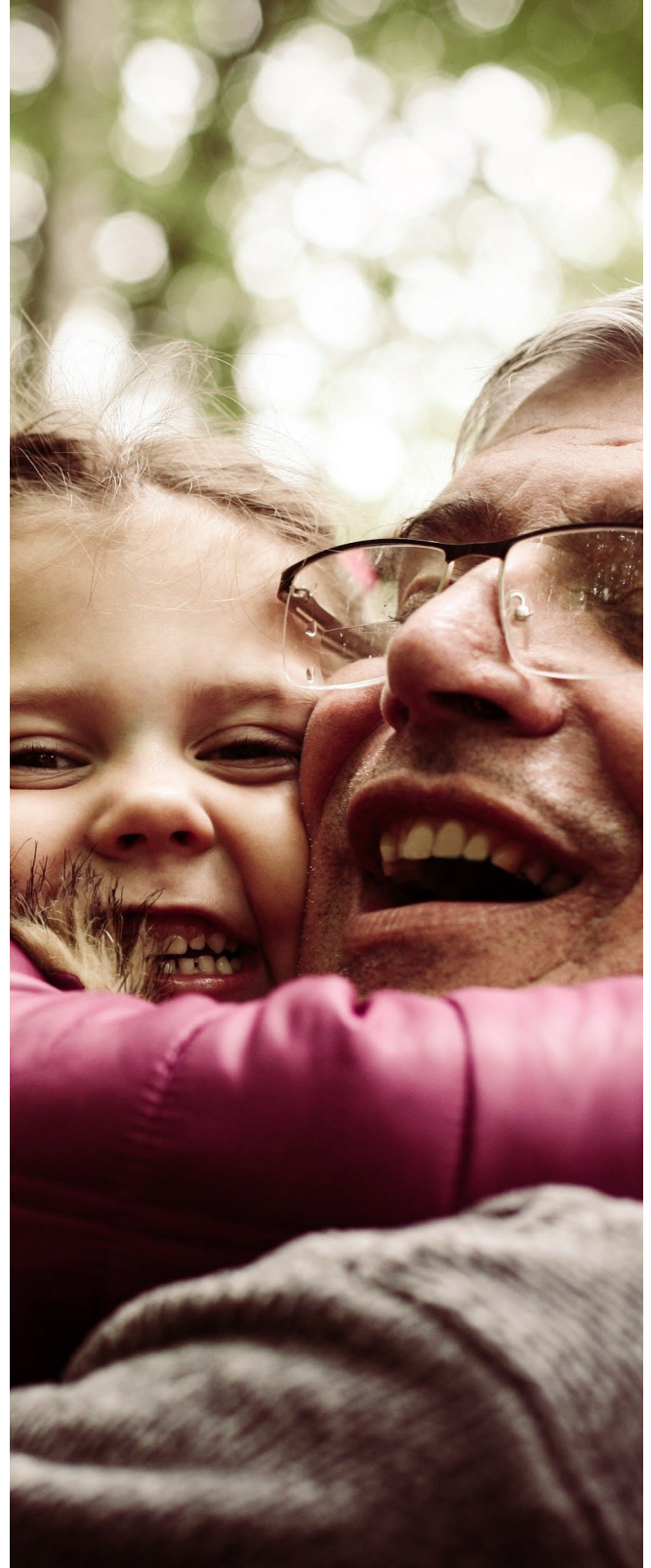
Benefit Advocate Center (BAC)

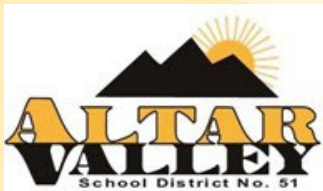
Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you. Get assistance with:

- Explanation of benefits
- Prescription Challenges
- Benefit questions
- Claim issues
- Difficult situations

Hours of Operation: Monday to Friday (7a.m. - 8p.m. Central Time)

Contact the Altar Valley School District at 833.417.6355 or BAC.AltarValleySchoolDistrict51Advocates@ajg.com.





Medical Benefits

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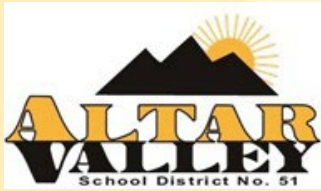
Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through **Altar Valley School District #51**.

Altar Valley School District #51 offers you a choice of three (3) Point of Service (POS) and one (1) High Deductible Health Plan (HDHP) medical plans.

The **Altar Valley School District #51** will fund the Classic Gold Banner as a district-sponsored plan with a contribution of \$805/ employee.

	Classic Gold Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$500 single / \$1,000 family	\$600 single / \$1,200 family	\$1,500 single / \$4,500 family
Annual Out-of-Pocket Maximum (includes deductible)	\$3,720 single / \$7,440 family	\$4,600 single / \$9,200 family	Unlimited
Coinsurance	15%	15%	50%
Doctor's Office			
Primary Care Office Visit	\$20 copay per visit	\$25 copay per visit	50% after deductible
Specialist Office Visit	\$58 copay per visit	\$65 copay per visit	50% after deductible
Preventive care (screening, immunization)	Preventive care: 0%; Routine care: 0% up to \$300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$20 copay	Preventive care: 0%; Routine care: 0% up to \$300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$25 copay	Preventive care: Not covered; Routine care: 0%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: 50% after deductible; All other routine care: Not covered
Urgent care	\$68 copay per visit	\$75 copay per visit	50% after deductible
Diagnostic test (x ray, blood work)	Freestanding lab: \$50 copay per test; All other facilities: 15% after deductible	Freestanding lab: \$55 copay per test; All other facilities: 15% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	15% after deductible	15% after deductible	50% after deductible

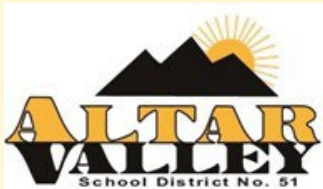


Medical Benefits Continued

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	Classic Gold Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Prescription Drugs			
Retail—Generic drugs (30-day supply)	\$15 copay per prescription		Not covered
Retail—Preferred drugs (30-day supply)	20% up to min \$55 to max \$100 copay per prescription		Not covered
Retail—Non-preferred drugs (30-day supply)	40% up to min \$70 to max \$140 copay per prescription		Not covered
Retail—Specialty drugs (30-day supply)	\$230 copay* per prescription		Not covered
Mail Order—Generic drugs (90-day supply)	\$30 copay per prescription		Not covered
Mail Order—Preferred drugs (90-day supply)	20% up to min \$80 to max \$205 copay per prescription		Not covered
Mail Order—Non-preferred drugs (90-day supply)	40% up to min \$110 to max \$255 copay per prescription		Not covered
Hospital Services			
Emergency Room	15% after deductible	15% after deductible	15% after deductible
Inpatient	\$230 copay per admission plus 15%	\$280 copay per admission plus 15%	\$330 copay per admission plus 50% after deductible
Outpatient Surgery	15% after deductible	15% after deductible	50% after deductible
Ambulance Service	Ground: 15% after deductible per trip; Air: \$230 copay per trip plus 15% after deductible	Ground: 15% after deductible per trip; Air: \$230 copay per trip plus 15% after deductible	Ground: 15% after deductible per trip; Air: \$230 copay per trip plus 15% after deductible

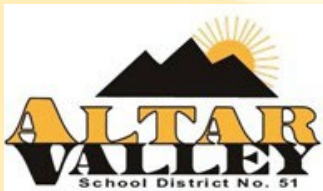
*Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. Hearing exams limited to 1 per year



Medical Benefits Continued

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	Classic Gold Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Mental Health Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 15%; Professional fees: 15% after deductible	Facility charge: \$280 copay per admission plus 15%; Professional fees: 15% after deductible	Facility charge: \$330 copay per admission plus 50%; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$50 copay per visit; All other outpatient : 15% after deductible	Office visit: \$55 copay per visit; All other outpatient : 15% after deductible	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 15%; Professional fees: 15% after deductible	Facility charge: \$280 copay per admission plus 15%; Professional fees: 15% after deductible	Facility charge: \$330 copay per admission plus 50%; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$50 copay per visit; All other outpatient : 15% after deductible	Office visit: \$55 copay per visit; All other outpatient : 15% after deductible	50% after deductible
Other Services			
Maternity Services	15% after deductible	15% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay per admission plus 15%	\$280 copay per admission plus 15%	\$330 copay per admission plus 50% after deductible
Muscle Manipulation Services (20 visits per year)	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services (Outpatient: limited to 60 visits per each type of therapy per year; Inpatient: limited to 60 days per year)	Outpatient: \$50 copay per visit; Inpatient: \$230 copay per admission plus 15%	Outpatient: \$55 copay per visit; Inpatient: \$280 copay per admission plus 15%	Outpatient: 50% after deductible; Inpatient: \$300 copay per admission plus 50% after deductible
Skilled Nursing (limited to 60 days per 12-month period)	\$230 copay per admission plus 15%	\$280 copay per admission plus 15%	\$330 copay per admission plus 50% after deductible

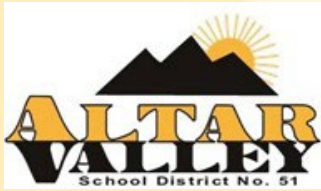


Medical Benefits Continued

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The **Altar Valley School District #51** will fund the Classic Silver Banner as a district-sponsored plan with a contribution of \$805/ employee.

	Classic Silver Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$700 single / \$1,400 family	\$800 single / \$1,600 family	\$1,700 single / \$5,100 family
Annual Out-of-Pocket Maximum (includes deductible)	\$4,200 single / \$8,400 family	\$5,100 single / \$10,200 family	Unlimited
Coinsurance	20%	20%	50%
Doctor's Office			
Primary Care Office Visit	\$24 copay per visit	\$30 copay per visit	50% after deductible
Specialist Office Visit	\$62 copay per visit	\$70 copay per visit	50% after deductible
Preventive care (screening, immunization)	Preventive care: 0%; Routine care: 0% up to \$300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$24 copay	Preventive care: 0%; Routine care: 0% up to \$300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$30 copay	Preventive care: Not covered; Routine care: 0%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: 50% after deductible; All other routine care: Not covered
Urgent care	\$72 copay per visit	\$80 copay per visit	50% after deductible
Diagnostic test (x ray, blood work)	Freestanding lab: \$54 copay per visit; All other lab locations & x-rays: 20% after deductible	Freestanding lab: \$60 copay per visit; All other lab locations & x-rays: 20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	50% after deductible

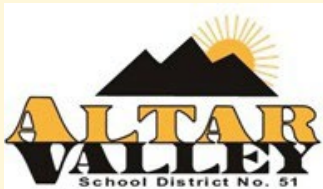


Medical Benefits Continued

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	Classic Silver Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Prescription Drugs			
Retail—Generic drugs (30-day supply)	\$15 copay per prescription		Not covered
Retail—Preferred drugs (30-day supply)	20% up to min \$55 to max \$100 copay per prescription		Not covered
Retail—Non-preferred drugs (30-day supply)	40% up to min \$70 to max \$140 copay per prescription		Not covered
Retail—Specialty drugs (30-day supply)	\$230 copay* per prescription		Not covered
Mail Order—Generic drugs (90-day supply)	\$30 copay per prescription		Not covered
Mail Order—Preferred drugs (90-day supply)	20% up to min \$80 to max \$205 copay per prescription		Not covered
Mail Order—Non-preferred drugs (90-day supply)	40% up to min \$110 to max \$255 copay per prescription		Not covered
Hospital Services			
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient	\$230 copay per admission plus 20%	\$280 copay per admission plus 20%	\$330 copay per admission plus 50% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	50% after deductible
Ambulance Service	Ground: 20% after deductible per trip; Air: \$230 copay per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$230 copay per trip plus 20% after deductible	Ground: 20% after deductible per trip; Air: \$230 copay per trip plus 20% after deductible

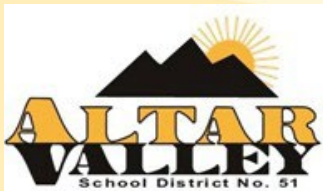
*Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. Hearing exams limited to 1 per year



Medical Benefits Continued

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	Classic Silver Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Mental Health Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 20%; Professional fees: 20% after deductible	Facility charge: \$280 copay per admission plus 20%; Professional fees: 20% after deductible	Facility charge: \$330 copay per admission plus 50%; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$54 copay per visit; All other outpatient : 20% after deductible	Office visit: \$60 copay per visit; All other outpatient : 20% after deductible	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 20%; Professional fees: 20% after deductible	Facility charge: \$280 copay per admission plus 20%; Professional fees: 20% after deductible	Facility charge: \$330 copay per admission plus 50%; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$54 copay per visit; All other outpatient : 20% after deductible	Office visit: \$60 copay per visit; All other outpatient : 20% after deductible	50% after deductible
Other Services			
Maternity Services	20% after deductible	20% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay per admission plus 20%	\$280 copay per admission plus 20%	\$330 copay per admission plus 50% after deductible
Muscle Manipulation Services (20 visits per year)	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services (Outpatient: limited to 60 visits per each type of therapy per year; Inpatient: limited to 60 days per year)	Outpatient: \$54 copay per visit; Inpatient: \$230 copay per admission plus 20%	Outpatient: \$60 copay per visit; Inpatient: \$280 copay per admission plus 20%	Outpatient: 50% after deductible; Inpatient: \$300 copay per admission plus 50% after deductible
Skilled Nursing (limited to 60 days per 12-month period)	\$230 copay per admission plus 20%	\$280 copay per admission plus 20%	\$330 copay per admission plus 50% after deductible

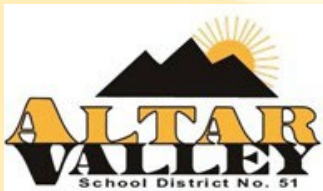


Medical Benefits Continued

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The **Altar Valley School District #51** will fund the Value Silver Banner as a district-sponsored plan with a contribution of \$805/ employee.

	Value Silver Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non- Participating Provider)
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$1,100 single / \$2,200 family	\$1,300 single / \$2,600 family	\$5,300 single / \$15,900 family
Annual Out-of-Pocket Maximum (includes deductible)	\$5,400 single / \$10,800 family	\$6,600 single / \$13,200 family	Unlimited
Coinsurance	25%	25%	50%
Doctor's Office			
Primary Care Office Visit	\$32 copay per visit	\$40 copay per visit	50% after deductible
Specialist Office Visit	\$70 copay per visit	\$80 copay per visit	50% after deductible
Preventive care (screening, immunization)	Preventive care: 0%; Routine care: 0% up to \$300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$32 copay	Preventive care: 0%; Routine care: 0% up to \$300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: \$40 copay	Preventive care: Not covered; Routine care: 0%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: 50% after deductible; All other routine care: Not covered
Urgent care	\$80 copay per visit	\$90 copay per visit	50% after deductible
Diagnostic test (x ray, blood work)	25%	25%	50% after deductible
Imaging (CT/PET scans, MRIs)	25% after deductible	25% after deductible	50% after deductible

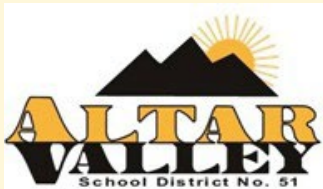


Medical Benefits Continued

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	Value Silver Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non- Participating Provider)
Prescription Drugs			
Retail—Generic drugs (30-day supply)	\$15 copay per prescription		Not covered
Retail—Preferred drugs (30-day supply)	20% up to min \$55 to max \$100 copay per prescription		Not covered
Retail—Non-preferred drugs (30-day supply)	40% up to min \$70 to max \$140 copay per prescription		Not covered
Retail—Specialty drugs (30-day supply)	\$230 copay* per prescription		Not covered
Mail Order—Generic drugs (90-day supply)	\$30 copay per prescription		Not covered
Mail Order—Preferred drugs (90-day supply)	20% up to min \$80 to max \$205 copay per prescription		Not covered
Mail Order—Non-preferred drugs (90-day supply)	40% up to min \$110 to max \$255 copay per prescription		Not covered
Hospital Services			
Emergency Room	25% after deductible	25% after deductible	25% after deductible
Inpatient	\$230 copay per admission plus 25%	\$280 copay per admission plus 25%	\$330 copay per admission plus 50% after deductible
Outpatient Surgery	25% after deductible	25% after deductible	50% after deductible
Ambulance Service	Ground: 25% after deductible per trip; Air: \$230 copay per trip plus 25% after deductible	Ground: 25% after deductible per trip; Air: \$230 copay per trip plus 25% after deductible	Ground: 20% after deductible per trip; Air: \$230 copay per trip plus 20% after deductible

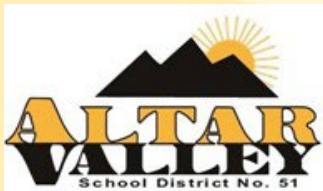
*Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. Hearing exams limited to 1 per year



Medical Benefits Continued

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	Value Silver Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Mental Health Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$280 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$330 copay per admission plus 50%; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$62 copay per visit; All other outpatient : 25% after deductible	Office visit: \$70 copay per visit; All other outpatient : 25% after deductible	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$280 copay per admission plus 25%; Professional fees: 25% after deductible	Facility charge: \$330 copay per admission plus 50%; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$62 copay per visit; All other outpatient : 25% after deductible	Office visit: \$70 copay per visit; All other outpatient : 25% after deductible	50% after deductible
Other Services			
Maternity Services	25% after deductible	25% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay per admission plus 25%	\$280 copay per admission plus 25%	\$330 copay per admission plus 50% after deductible
Muscle Manipulation Services (20 visits per year)	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services (Outpatient: limited to 60 visits per each type of therapy per year; Inpatient: limited to 60 days per year)	Outpatient: 25% after deductible; Inpatient: \$230 copay per admission plus 25%	Outpatient: 25% after deductible; Inpatient: \$280 copay per admission plus 25%	50% after deductible
Skilled Nursing (limited to 60 days per 12-month period)	\$230 copay per admission plus 25%	\$280 copay per admission plus 25%	\$330 copay per admission plus 50% after deductible

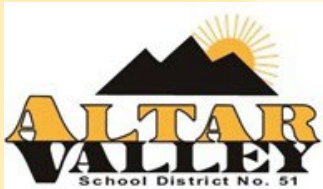


Medical Benefits Continued

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The **Altar Valley School District #51** will fund the HDHP A Banner as a district-sponsored plan. Employees who elect this plan will also receive a Health Savings Account contribution of \$55.50 per month. The funds in the Health Savings Account may be used to pay for qualified medical expenses for employee and dependents.

	HDHP A Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Lifetime Benefit Maximum	Unlimited		
Annual Deductible	\$2,600 single / \$5,200 family	\$3,150 single / \$6,300 family	\$3,500 single / \$7,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$6,500 single / \$13,000 family	\$7,500 single / \$15,000 family	Unlimited
Coinsurance	20%	20%	50%
Doctor's Office			
Primary Care Office Visit	\$20 copay per visit after deductible	\$25 copay per visit after deductible	50% after deductible
Specialist Office Visit	\$60 copay per visit after deductible	\$65 copay per visit after deductible	50% after deductible
Preventive care (screening, immunization)	Preventive care: 0%; Routine care: 0% up to \$300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: 20% after deductible	Preventive care: 0%; Routine care: 0% up to \$300 per year, then 90%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: 20% after deductible	Preventive care: Not covered; Routine care: 0%; Flu, pneumonia and shingles immunization: 0%; Hearing exam: 50% after deductible; All other routine care: Not covered
Urgent care	\$70 copay per visit after deductible	\$75 copay per visit after deductible	50% after deductible
Diagnostic test (x ray, blood work)	20% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	50% after deductible

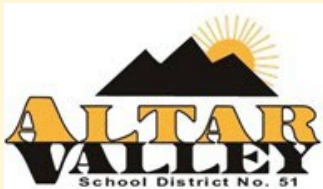


Medical Benefits Continued

Administered by ASBAIT

	HDHP A Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Prescription Drugs			
Retail—Generic drugs (30-day supply)	\$15 copay per prescription after deductible		Not covered
Retail—Preferred drugs (30-day supply)	20% up to min \$55 to max \$100 copay per prescription after deductible		Not covered
Retail—Non-preferred drugs (30-day supply)	40% up to min \$70 to max \$140 copay per prescription after deductible		Not covered
Retail—Specialty drugs (30-day supply)	\$230 copay* per prescription after deductible		Not covered
Mail Order—Generic drugs (90-day supply)	\$30 copay per prescription after deductible		Not covered
Mail Order—Preferred drugs (90-day supply)	20% up to min \$80 to max \$205 copay per prescription after deductible		Not covered
Mail Order—Non-preferred drugs (90-day supply)	40% up to min \$110 to max \$255 copay per prescription after deductible		Not covered
Hospital Services			
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient	\$230 copay per admission plus 20% after deductible	\$280 copay per admission plus 20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	50% after deductible
Ambulance Service	Ground: 20% after deductible; Air: \$230 copay per trip plus 20% after deductible	Ground: 20% after deductible; Air: \$230 copay per trip plus 20% after deductible	Ground: 20% after deductible; Air: \$230 copay per trip plus 20% after deductible

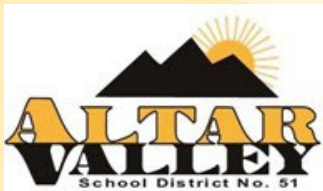
*Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. Hearing exams limited to 1 per year



Medical Benefits Continued

Administered by ASBAIT

	HDHP A Banner		
	In-Network (Tier 1 Banner Providers)	In-Network (Tier 2 Participating Provider)	Out-of-Network (Tier 3 Non-Participating Provider)
Mental Health Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$280 copay per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$330 copay per admission plus 50%; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$60 copay per visit; All other outpatient : 20% after deductible	Office visit: \$65 copay per visit; All other outpatient : 20% after deductible	50% after deductible
Substance Abuse Services			
Inpatient Services	Facility charge: \$230 copay per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$280 copay per admission plus 20% after deductible; Professional fees: 20% after deductible	Facility charge: \$330 copay per admission plus 50%; Professional fees: 50% after deductible
Outpatient Services	Office visit: \$60 copay per visit; All other outpatient : 20% after deductible	Office visit: \$65 copay per visit; All other outpatient : 20% after deductible	50% after deductible
Other Services			
Maternity Services	20% after deductible	20% after deductible	50% after deductible
All other maternity hospital/ physician services	\$230 copay per admission plus 20% after deductible	\$280 copay per admission plus 20% after deductible	50% after deductible
Muscle Manipulation Services (20 visits per year)	Covered after deductible	Covered after deductible	Covered after deductible
Physical, Occupational and Speech Therapy Services (Outpatient: limited to 60 visits per each type of therapy per year; Inpatient: limited to 60 days per year)	Outpatient: 20% after deductible; Inpatient: \$230 copay per admission plus 20% after deductible	Outpatient: 20% after deductible; Inpatient: \$280 copay per admission plus 20% after deductible	50% after deductible
Skilled Nursing (limited to 60 days per 12-month period)	\$230 copay per admission plus 20% after deductible	\$280 copay per admission plus 20% after deductible	\$330 copay per admission plus 50% after deductible



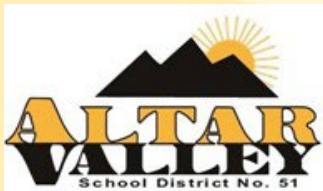
How the Plans Work

Altar Valley's four medical plans use the Meritain Health network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the HDHP, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. Once you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plans.

The PPO plans have set copays for some services and are subject to the deductible and coinsurance for other services. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP. Below is a comparison of two of your plans relating to cost and how the plans work.

	HDHP A Banner	Classic Gold Banner
Per-paycheck Cost for Coverage	\$0	\$97.20
Annual Deductible	\$2,600 / \$5,200	\$540 / \$1,080
Annual Out-of-pocket Maximum	\$7,500 / \$15,000	\$3,800 / \$7,600
Using the Plan	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
Spending Account Options	Health savings account (HSA) Dependent care FSA	Health care FSA Dependent care FSA

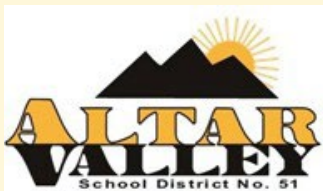


How the Plans Work Continued

Paying For Health Care

Altar Valley School District #51 offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	HSA	FSA
What medical plan can I choose?	HDHP A Banner Plan	POS plan(s)
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available on January 1
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your HealthEquity debit card (You can also submit claims for reimbursement online at https://my.healthequity.com)	With your ASBAIT debit card (You can also submit claims for reimbursement online at https://account.meritain.com)
How much can I contribute each year?	You can contribute \$4,300 for individual coverage or \$8,550 for family coverage (this total includes company funding) in 2025	You can contribute \$3,300 for individual coverage or \$5,000 for Dependent care account in 2025
Can I change my contributions throughout the year?	Yes, you can log on to https://my.healthequity.com to change your HSA contributions at any time	No, unless you have a qualifying life event.



Health Savings Account (HSA)

Administered by HealthEquity

You can contribute \$4,300 for individual coverage or \$8,550 for family coverage (this total includes Altar Valley's funding) in 2025.

Frequently Asked Questions About HSAs

1. What is an HSA?

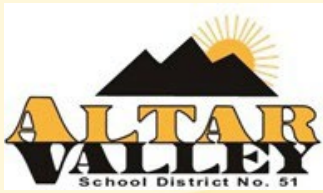
- An HSA, or Health Savings Account – the operative word is “Savings”. The HSA is a bank account that allows the employee who is enrolled in a qualified HDHP to make tax deductible contributions to. The HSA balance can be used by the employee to pay for health care expenses, tax free, at a later date.
- An HSA must be in place prior to the date of service in order to pay for medical services incurred.
- How much can I contribute to the HSA? This is annually reviewed by the IRS. Employees can contribute up to the maximum less any contributions by others (e.g. an employer, family member, etc.)

2. Why Enroll in the HSA-HDHP?

- Lower Medical Plan premiums offered as an affordable cost option to cover dependents.
- You own the savings account, and the money stays with you, even if you leave employment; the HSA balance will rollover each year.
- IRS allowed Pre-Tax contributions via payroll deduction and tax-free distributions for eligible expenses.
- Anyone can put money into your HSA. Only Account Holder and Employer receive tax deductions.
- HSA Bank Account is FDIC insured; has competitive interest rates (interest rate depends on your account balance); receive a free debit card and no fees for investment options.
- Long-term savings for healthcare expenses after retirement
- Once in a Lifetime IRA enrollment into an HSA. (please note; rollover will count against annual IRS contribution amount limits.)

3. Why Enroll in the HSA-HDHP?

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- You own the savings account, and the money stays with you, even if you leave employment; the HSA balance will rollover each year.
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- Long-term savings for healthcare expenses after retirement
- Once in a Lifetime IRA enrollment into an HSA. (please note; rollover will count against annual IRS contribution amount limits.)
- Use money in account to pay for all qualified medical, dental and vision expenses. (www.irs.gov/publications/p502/index.html)
- Use money in the savings account to pay for your dependents IRS eligible medical, dental and vision expenses; ***EVEN IF THEY ARE NOT COVERED UNDER YOUR MEDICAL INSURANCE!***



Health Savings Account (HSA) Continued

Administered by HealthEquity

4. How much can I contribute to my HealthEquity HSA if I enroll in the HDHP?

IRS Contribution Schedule for HSA Calendar Year 2025

Single Contribution

\$4,300 Single IRS Maximum - \$50.00 /month equal to \$600 annually from the District = **\$3,700 Employee Maximum**

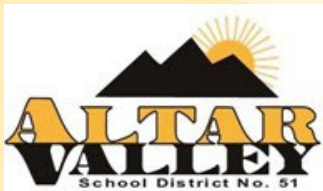
Family Contribution (Employees enrolled as family, the District will not contribute to a Family HSA)

\$8,550 Family IRS Maximum - \$0 District = **\$8,550 Employee maximum**

Are you age 55, but less than Medicare Eligibility Age?

The IRS allows an additional \$1,000 Catch Up contribution each calendar year

IRS HSA rules state that HSA bank account contributions are to be on CALENDAR / TAX YEAR



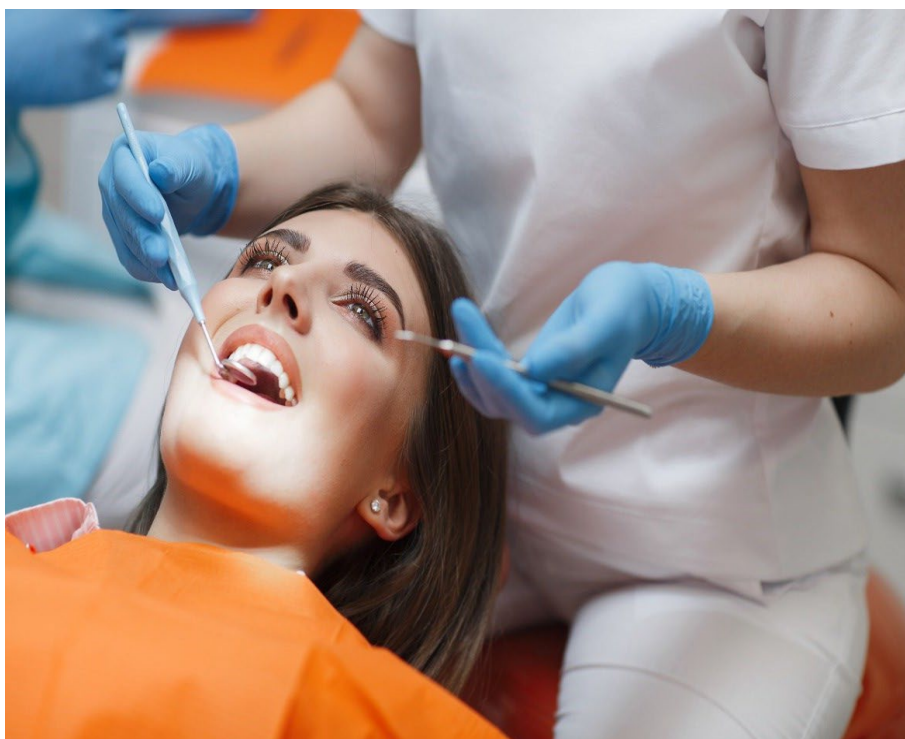
PPO Dental Benefits—New Dental Carrier!

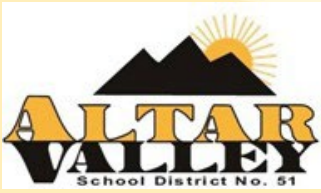
Administered by Solstice

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the **Altar Valley School District #51** dental benefit plans.

The PPO Dental plan through Solstice provides both in and out of network benefits. To find a provider go to www.solsticebenefits.com or call 877.760.2247.

Services	Custom DPPO 1	
	In-Network	Out-of-Network
Annual Deductible (Individual / Family) - Waived for Preventive Services	\$50 / \$50	\$50 / \$150
Annual Benefit Maximum (Solstice Benefits Booster: Included)	\$1,500	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	90% after deductible	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	60% after deductible	50% after deductible
Orthodontia Services (Adult and Children)	50% to \$750 lifetime maximum	50% to \$750 lifetime maximum





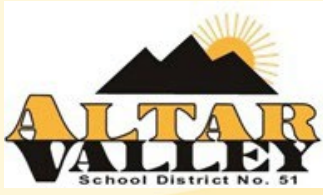
Pre-Paid Dental Benefits

Administered by Solstice

The **Altar Valley School District #51** pre-paid dental benefit plan provides access to dental care at a reduced cost. The pre-paid dental plan has an unlimited annual benefit maximum and defined service costs. You must remain in network for coverage. To find a provider go to www.solsticebenefits.com or call 877.760.2247.

Services	In-Network and Out-of-Network DHMO
Preventive Dental Services (cleanings, exams, x-rays)	Various copay applies
Basic Dental Services (fillings, root canal therapy, oral surgery)	Various copay applies
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	Various copay applies
Orthodontia Services	Covered





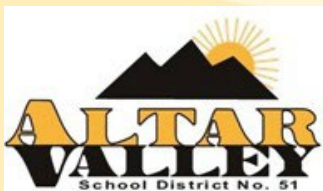
Vision Benefits

Administered by Avesis, Inc.

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. The Avesis network is very large, and the Altar Valley plan allows you to see both in and out of network providers. To find an In-Network provider go to www.avesis.com or call 800.828.9341.

Service	In-Network (any Avesis, Inc provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	Reimburse up to \$35
Lenses — once every 12 months		
Single Vision Lenses	\$0 copay	Reimburse up to \$25
Bifocal Lenses	\$0 copay	Reimburse up to \$40
Trifocal Lenses	\$0 copay	Reimburse up to \$50
Frames — once every 24 months	Wholesale: Up to \$50; Retail: Up to \$150; Plus 20% off	Reimburse up to \$45
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Allowance	Up to \$130 plus 10% off	Reimburse up to \$130
Separate Fitting Allowance	Included	N/A
Medically Necessary	Covered in full	Reimburse up to \$250





Spending Accounts

Flexible Spending Account

Administered by ASBAIT

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit \$3,300
Dependent Care Spending Limit \$5,000 if single or married and filing jointly. \$2,500 if married and filing separately.

Frequently Asked Questions About FSAs

1. If I have a question about my FSA, whom should I call? You can contact your dedicated service team at Meritain for help with claims questions, or for more information about your benefits. The phone number for customer service is 1.800.566.9305.

2. What is the maximum amount of money I can contribute each year?

The IRS allows a contribution of up to \$3,300 towards the health care portion of your FSA. For dependent care, the IRS allows a contribution of up to \$5,000 per calendar year, or \$2,500 if you are married and filing separate tax returns.

3. What if I want to change my election mid-year?

IRS regulations do not allow you to stop, start or change your contributions at any time during the plan year UNLESS you experience a qualified change in status, such as a change in marital status, number of dependents or employment status. Keep in mind that the election change must be consistent with the event.

4. How often can I submit reimbursement requests?

Claims can be submitted at any time. Payments are issued weekly on Fridays.

5. How do I file a claim?

Fill out a claim form and attach your health care and/or dependent care eligible supporting documentation. Claim forms are available inside this packet. If you need additional forms, contact your benefits department, or access and upload forms on your online member portal.

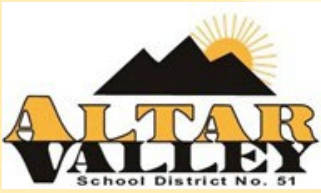
6. What if I have more expenses during the plan year than I have contributed at that time?

The annual amount you have elected for health care costs is available to you at the beginning of the plan year. The amount available for reimbursement for dependent care is limited to the balance in your account.

7. Limited FSA vs. Full Purpose FSA

If you enroll in the Altar Valley School District's Health Savings Account (HSA), you are permitted to also enroll in the Limited Flexible Spending Account (FSA). This account can work alongside with an HSA account and allows you to submit eligible dental, vision, or orthodontia expenses for reimbursement. If you are not enrolled in the HSA, the full purpose FSA is available to you.

Further information will be provided to you from Altar Valley School District's concerning HSAs, how to enroll, and what advantages they may have versus FSAs.



Spending Accounts Continued

Flexible Spending Account

Administered by ASBAIT

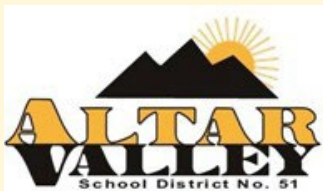
Frequently Asked Questions About FSAs

8. What if I still have money in my FSA at year's end?

Your employer allows you to carry over up to \$660 of your Health care FSA; however, a portion of your unused funds may be lost at the end of the plan year. There is no carryover provision for the dependent care FSA. Please review the FSA plan summary on the benefit website under the Flexible Spending Account card for further information.

9. What if I terminate employment?

You will have 30 days following the date of termination to submit Health care FSA claims incurred while employed at Altar Valley School District, unless you qualify and elect continuation of your coverage under COBRA. You will have 30 days following the end of the plan year to submit dependent care FSA claims. Your employer offers dependent care spend down, which allows you to continue to incur expenses after your termination date.



Life and AD&D Insurance

Administered by Securian Financial

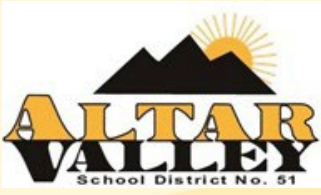
Altar Valley School District #51 provides basic life and accidental death and dismemberment (AD&D) insurance through Minnesota Life Insurance Company at no cost to eligible employees. Securian Financial administers the policy for Altar Valley. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates. **If electing voluntary life insurance, the employee is responsible to complete and submit required Evidence of Insurability (EOI) form to Securian Financial.** Policy will not be effective until EOI is reviewed and approved by Securian and after receipt of first month's premium.

	How it works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	\$20,000	You: Increments of \$10,000 up to \$300,000 Your spouse: Increments of \$5,000 up to \$150,000 not to exceed 100% EE's amount Your child(ren): Birth to 26 Years: Options of \$2,500, \$5,000, \$7,500, \$10,000 or \$15,000 not to exceed 100% EE's amount
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	\$20,000	You: Increments of \$10,000 up to \$300,000 Your spouse: Increments of \$5,000 up to \$150,000 not to exceed 100% EE's amount Your child(ren): Birth to 26 Years: Options of \$2,500, \$5,000, \$7,500, \$10,000 or \$15,000 not to exceed 100% EE's amount



Keep Your Beneficiaries Up to Date

Keep your beneficiary information up to date. Log on to the Altar Valley benefit website and click on the Life to obtain the Beneficiary form. Complete the form and return to Human Resources. Make sure to keep your beneficiary information updated so your benefit is paid according to your wishes.

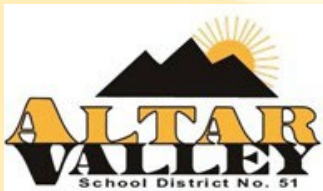


Voluntary Short Term Disability Insurance

Administered by The Hartford

Altar Valley School District #51 also provides access for employees to purchase short term disability insurance through The Hartford. This benefit replaces a portion of your income if you become disabled and are unable to work. Employees have the option to purchase a base or buy up plan. The primary difference between the plans is when the benefits begin and the duration of payment.

	How it Works	Who Pays for the Benefit
Base	You receive 66.67% of your income up to \$1,000 per week. Benefits begin after 29 calendar day of absence from work and continue for up to 22 weeks.	Employee
Buy-Up	You receive 66.67% of your income up to \$1,000 per week. Benefits begin after 14 calendar day of absence from work and continue for up to 24 weeks.	Employee



Additional Products

Employee Assistance Program

Administered by ASBAIT

To help you with personal issues and concerns, Altar Valley School District #51 provides you and your family with an employee assistance program (EAP) at no cost to you. Call ASBAIT 24/7 for confidential assistance with personal matters like family, finances, health and work. Experienced consultants are available to listen and help you find solutions. They can also set up in-person sessions with local behavioral health counselors if needed. Find more information at <https://www.awpnow.com/main/access-benefits>.

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

Nurse Support

Expert advice on health issues and when/how to address them.

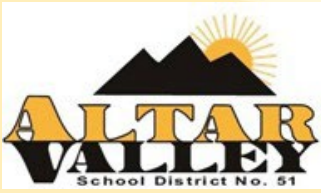
SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 5 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*





Additional Products

Employee Assistance Program

Administered by ASBAIT

All benefits can be
accessed by calling:
toll free
1-800-343-3822

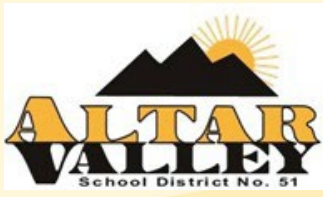
PLEASE PROVIDE YOUR
DISTRICT'S NAME WHEN YOU
CALL TDD
1 -800-448-1823
teen line
1 -800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.

Visit your EAP website
at
www.awpnow.com
and create a
customized account.

Go to
<https://www.awpnow.com>
Select "Access Your Benefits"

Registration Code:
AWP-ASBAIT-2811



Employee Assistance Program Continued

Administered by ASBAIT

Criteria for Benefit Eligibility

Full Benefits:

- Employee, retiree, married/divorced, spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their Children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, **age 26 or under**, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

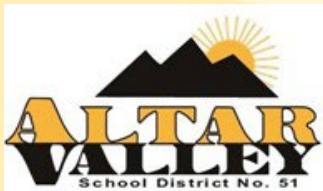
Assessment & Referral:

- Children and grandchildren **age 27 and over** of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise Covered
- Any person meeting benefit eligibility prior to layoff or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral :

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.



Telehealth

Administered by Meritain Health

Teladoc

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.

1.SET UP YOUR ACCOUNT

Set up your account by phone (toll-free) web, mobile app or by texting "Get Started" to 469-844-5637

Online:

Go to Teladoc.com and click "**set up**

account". **Mobile app:**

Download the app and click "**Activate account"**. Visit teladoc.com/mobile app to download the app.

Call Teladoc:

Teladoc can help you register your account over the phone.

2.PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3.REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app If enrolled in PPO medical plan the copay is \$0; however if enroll is a high deductible medical plan copay is \$56.

Talk to a doctor anytime for **free!**



MyDrConsult.com

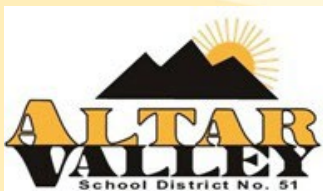


1-800-DOC-CONSULT (362-2667)



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Behavioral Health through Teladoc Health

Speak with a licensed therapist from anywhere

Taking care of your mental health is an important part of your overall well-being. Teladoc Health helps with a variety of issues. Choose to see a psychiatrist, psychologist, social worker or therapist and can help an ongoing relationship.

How to schedule a visit

Scheduling a video visit with a therapist is easy and convenient. You can make an appointment seven days a week, from 7:00 AM to 9:00 PM local time. Appointments are confirmed within 72 hours.

1. Register your Teladoc Health account via web or app, or log in to your account if you're already registered.
2. Request a visit.
3. Answer a few questions.
4. Select your therapist.
5. Request a time for your appointment.

Follow us: www.asbait.org |  ASBAIT |  @asbaithealth

www.meritain.com | © 2025–2026 Meritain Health, Inc.

Please schedule your appointment online or via the Teladoc Health app. Although call center reps cannot schedule appointments for you, they can answer your questions.

Please note: members may be charged a \$50 fee for no-shows and cancellations within 24 hours of a scheduled mental health visit.

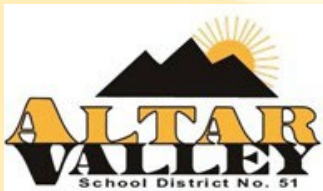
Teladoc Health behavioral health experts provide support for:



- Anxiety.
- Not feeling like yourself.
- Depression.
- Medication management.
- Trauma and PTSD.
- Stress.
- Relationship conflicts.
- Mood swings.

Teladoc[®]
HEALTH

Cost may vary depending on type of provider seeking services



Welcome to Teladoc Health Primary360

Primary care that fits your lifestyle by phone or video from wherever you are

With Primary360, your Care team takes the time to really get to know you, your health needs and your goals. Together, we'll create a custom care plan that's easy to follow.

What to expect with Primary360



Choose your primary care provider and schedule a phone or video visit at your convenience



Discuss your medical history, health challenges and goals



Get a personalized care plan to meet all of your unique needs



Message your dedicated Care team 24/7 with follow-up questions

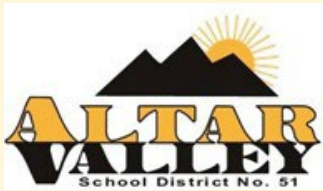
Get started, it's already part of your benefits! Visit [Teladoc.com/Primary360](https://teladoc.com/Primary360) to learn more.

Follow us: www.asbait.org |  ASBAIT |  @asbaithealth

www.meritain.com | © 2025–2026 Meritain Health, Inc.

Teladoc[®]
HEALTH

Cost may vary depending on which plan you are on



Additional Products Continued

Gallagher Marketplace for Auto, Homeowners, Extended Warranties and More...

www.ajg.com/us/gallagher-marketplace

Enter Employer: Altar Valley School District

Call 844.570.0148 to speak with a licensed agent

How it works:

1. Go to ajg.com/us/gallaghermarketplace to see the benefits available and select a product to view more details.
2. Enter preliminary details and receive a no-obligation quote.
3. Connect with an agent who will answer your questions and assist you with the application process.

Worksite Benefits

Administered by Aflac

Accident Insurance

Accident insurance pays you in the event you are injured as a result of a covered accident. Benefits include payments for the following due to an injury due to an accident: Hospital Admission, Emergency Treatment, Medical Appliances, Therapy, etc.

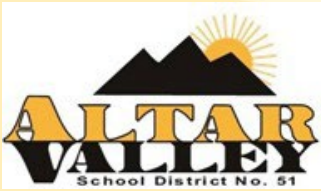
Hospital Indemnity

If you have a covered accident or illness that requires hospitalization, Aflac Group Hospital Indemnity Insurance may be right for you. Benefits include payments for Hospital Confinement, Hospital Admission., Hospital Intensive Care and Step-Down unit.

Critical Illness

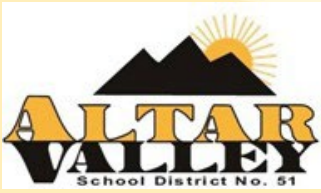
If you are diagnosed with a covered critical illness, Aflac Group Critical Illness Insurance may be right for you. Sample Benefits include Cancer, Heart Attack (Myocardial Infarction), Stroke, Major Organ Failure, End Stage Kidney Disease, Coronary Artery Bypass Surgery.





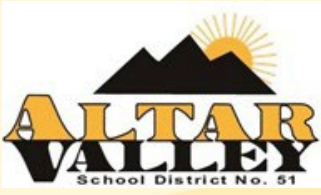
Employee Contributions for Benefits (Per 20 Pay Periods)

Benefit Plan	Employee Pays out of each paycheck
Medical/Rx Classic Gold Banner	
Employee	\$97.20
Employee + One	\$694.80
Employee + Family	\$1,153.80
Medical/Rx Classic Silver Banner	
Employee	\$59.40
Employee + One	\$834.00
Employee + Family	\$1,347.00
Medical/Rx Value Silver Banner	
Employee	\$0.00
Employee + One	\$503.40
Employee + Family	\$886.20
Medical/Rx HDHP A Banner	
Employee	\$0.00
Employee + One	\$434.10
Employee + Family	\$791.70
District contributes to the employee only H.S.A. account each month for this plan	+\$50.00/month



Employee Contributions for Benefits (Per 20 Pay Periods)

Benefit Plan	Employee Pays out of each paycheck
Prepaid Dental Rates	
Employee	\$0.00
Employee + One	\$5.68
Employee + Child(ren)	\$8.52
Employee + Family	\$15.34
Voluntary Dental PPO Rates	
Employee	\$12.37
Employee + One	\$32.38
Employee + Child(ren)	\$41.02
Employee + Family	\$55.52
Vision Rates	
Employee	\$0.00
Employee + One	\$3.07
Employee + Child(ren)	\$5.33
Employee + Family	\$8.01



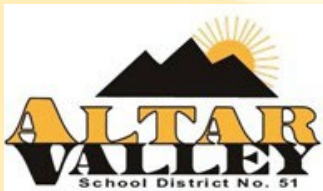
Voluntary Life and AD&D

Voluntary Rates per \$1,000	Employee	Spouse
Age Range (spouse based on EE's age)		
0 - 19	\$0.050	\$0.050
20 - 24	\$0.050	\$0.050
25 - 29	\$0.060	\$0.060
30 - 34	\$0.080	\$0.080
35 - 39	\$0.090	\$0.090
40 - 44	\$0.120	\$0.120
45 - 49	\$0.190	\$0.190
50 - 54	\$0.370	\$0.370
55 - 59	\$0.630	\$0.630
60 - 64	\$0.660	\$0.660
65 - 69	\$1.270	\$1.270
70 - 74	\$3.100	\$3.100
75 - 79	\$8.310	\$8.310
Child Rate	\$0.170	
AD&D Rate (Employee / Spouse)	\$0.025/ \$0.025	

Voluntary Short term Life Disability (per \$10 of weekly benefit)

Employee Age	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 +
Option 1	\$0.514	\$0.591	\$0.705	\$0.438	\$0.232	\$0.312	\$0.171	\$0.299	\$0.385	\$0.644
Option 2	\$0.986	\$1.132	\$1.351	\$0.831	\$0.436	\$0.583	\$0.322	\$0.559	\$0.718	\$1.204

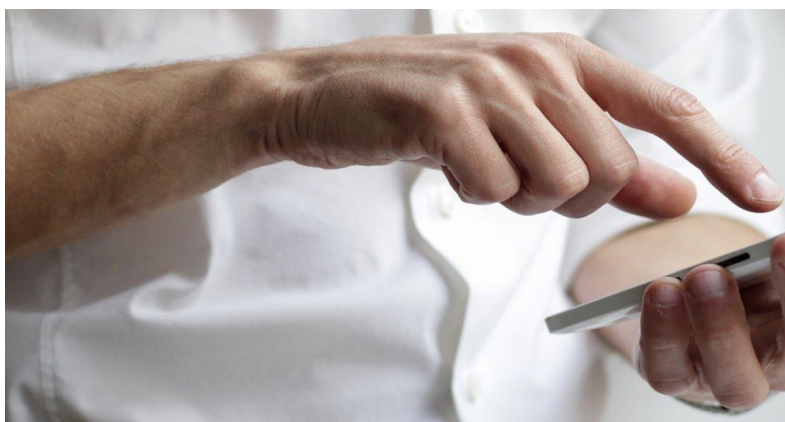


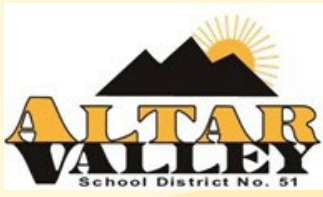


Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	ASBAIT / Meritain	866.300.8449	www.meritain.com
Health Savings Account (HSA)	HealthEquity	888.382.3510	www.healthequity.com
Dental	Solstice	877.760.2247	www.solsticebenefits.com
Vision	Avesis, Inc	800.828.9341	www.avesis.com
Life and AD&D	Minnesota Life Insurance Company	800.392.7295	www.Securian.com
Voluntary Life and AD&D	Minnesota Life Insurance Company	800.392.7295	www.Securian.com
Voluntary Short-Term Disability	The Hartford	800.523.2233	https://www.thehartford.com/employee-benefits/employees
Telehealth	Teladoc (Meritain Health)	1.800-DOC-CONSULT (362.2667)	www.MyDrConsult.com
Employee Assistance Program (EAP)	Alliance Work Partners (ASBAIT) (AWP-ASBAIT-2811)	800.343.3822	https://www.awpnow.com/main/access-benefits
Benefit Advocate Center (BAC)	Gallagher	833.417.6355	BAC.AltarValleySchoolDistrict51Advocates@ajg.com
Kimberly Kuckenbaker	Altar Valley	520.822.1484 x1005	kkuckenbaker@acsd.org





Legal Notices

Patient Protections Disclosure

The Altar Valley School District #51 Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, ASBAIT designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the SBAIT at 866.300.8449 or www.meritain.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Meritain Health or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the ASBAIT at 866.300.8449 or www.meritain.com.

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Classic Gold Banner

Tier 1 Banner Providers: (Individual: 15% coinsurance and \$540 deductible; Family: 15% coinsurance and \$1,080 deductible)

Tier 2 Participating Provider: (Individual: 15% coinsurance and \$600 deductible; Family: 15% coinsurance and \$1,200 deductible)

Plan 2: Classic Silver Banner

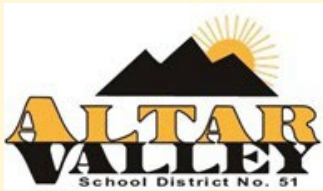
Tier 1 Banner Providers: (Individual: 20% coinsurance and \$700 deductible; Family: 20% coinsurance and \$1,400 deductible)

Tier 2 Participating Provider: (Individual: 20% coinsurance and \$800 deductible; Family: 20% coinsurance and \$1,600 deductible)

Plan 3: Value Silver Banner

Tier 1 Banner Providers: (Individual: 25% coinsurance and \$1,100 deductible; Family: 25% coinsurance and \$2,200 deductible)

Tier 2 Participating Provider: (Individual: 25% coinsurance and \$1,300 deductible; Family: 25% coinsurance and \$2,600 deductible)



Legal Notices

Plan 4: HDHP A Banner

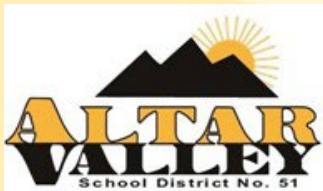
Tier 1 Banner Providers: (Individual: 20% coinsurance and \$2,600 deductible; Family: 20% coinsurance and \$5,200 deductible)

Tier 2 Participating Provider: (Individual: 20% coinsurance and \$2,600 deductible; Family: 20% coinsurance and \$5,200 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 520.822.1484 ext 1005 orkkuckenbaker@avsd.org.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



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.

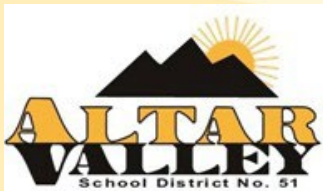
If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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.

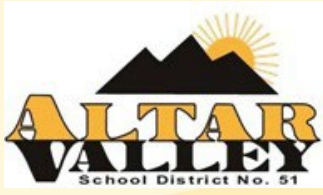
If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage 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 March 17, 2025. Contact your State for more information on eligibility –

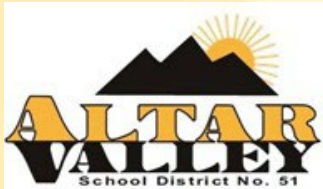
ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov



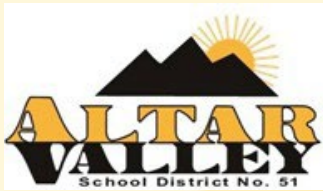
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA - Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mychibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)



MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHSHIPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>



PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269



To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

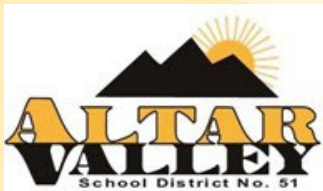
OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Altar Valley School District #51 is committed to the privacy of your health information. The administrators of the Altar Valley School District #51 Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Kimberly Kuckenbaker - HR/Payroll at 520.822.1484 ext 1005 orkkuckenbaker@avsd.org.



HIPAA Special Enrollment Rights

Altar Valley School District #51 Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Altar Valley School District #51 Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

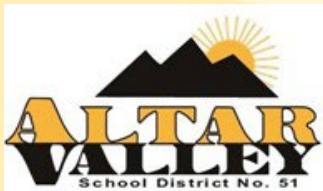
Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

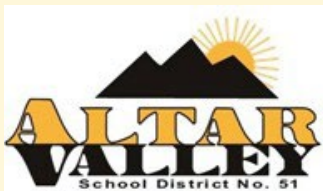
Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Kimberly Kuckenbaker - HR/Payroll at 520.822.1484 ext 1005 orkkuckenbaker@avsd.org.



Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.



Notice of Creditable Coverage

Important Notice from Altar Valley School District #51

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 Altar Valley School District #51 and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Altar Valley School District #51 has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

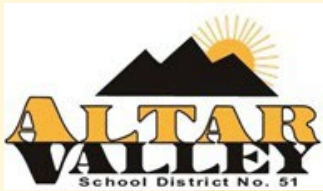
However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through December 7th. Beneficiary's leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your group health plan prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.



When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Altar Valley School District #51 and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Altar Valley School District #51 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.

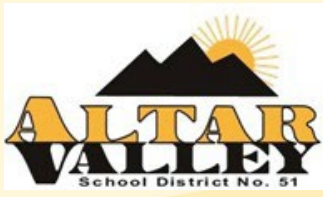
For more information about Medicare prescription drug coverage:

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

Date: July 01, 2025
Name of Entity/Sender: Altar Valley School District #51
Contact—Position/Office: Kimberly Kuckenbaker - HR/Payroll
Office Address: 10105 S Sasabe Rd
Tucson, Arizona 85736-1226
United States
Phone Number: 520.822.1484 ext 1005



NOTICE REGARDING WELLNESS PROGRAM

The **Altar Valley School District #51** wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program by obtaining a preventive care screening for those enrolled in the AFLAC Voluntary Accident policy you may also be asked to complete a biometric screening. This screening may include a blood test for total cholesterol, HDL cholesterol, TC/HDL ratio, LDL cholesterol, Glucose, Triglycerides as well as measurement of blood pressure, height and weight, body mass index and waist measurement. You are not required to participate in the blood test or other medical examinations.

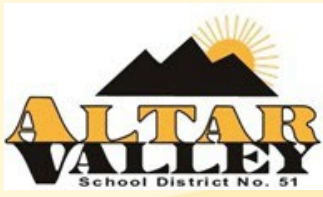
However, employees who choose to participate in the wellness program will receive an incentive of a preventive care reimbursement for preventive care exam by a health care professional. Although you are not required to participate in the preventive care screening, only employees who do so will receive \$100 upon submission of a claim to AFLAC.

The information from your preventive care screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personal identifiable health information. Although the wellness program and **Altar Valley School District #51** may use aggregate information it collects to design a program based on identified health risks in the workplace, Altar Valley wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

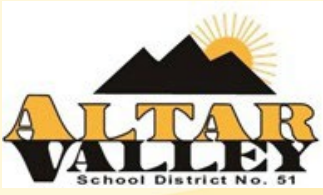
Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a doctor as directed by you.



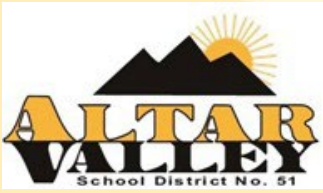
In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

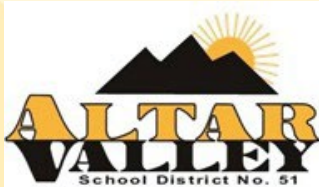
If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Dr. David Dumon at ddumon@avsd.org or 520-822-1484.



Notes



Notes



This benefit summary prepared by



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.