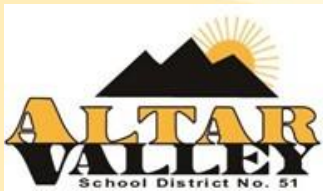


# **2025-2026**

## **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

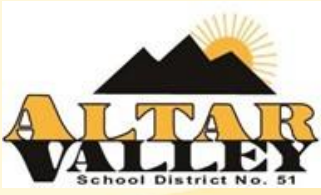
## Eligibility

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)

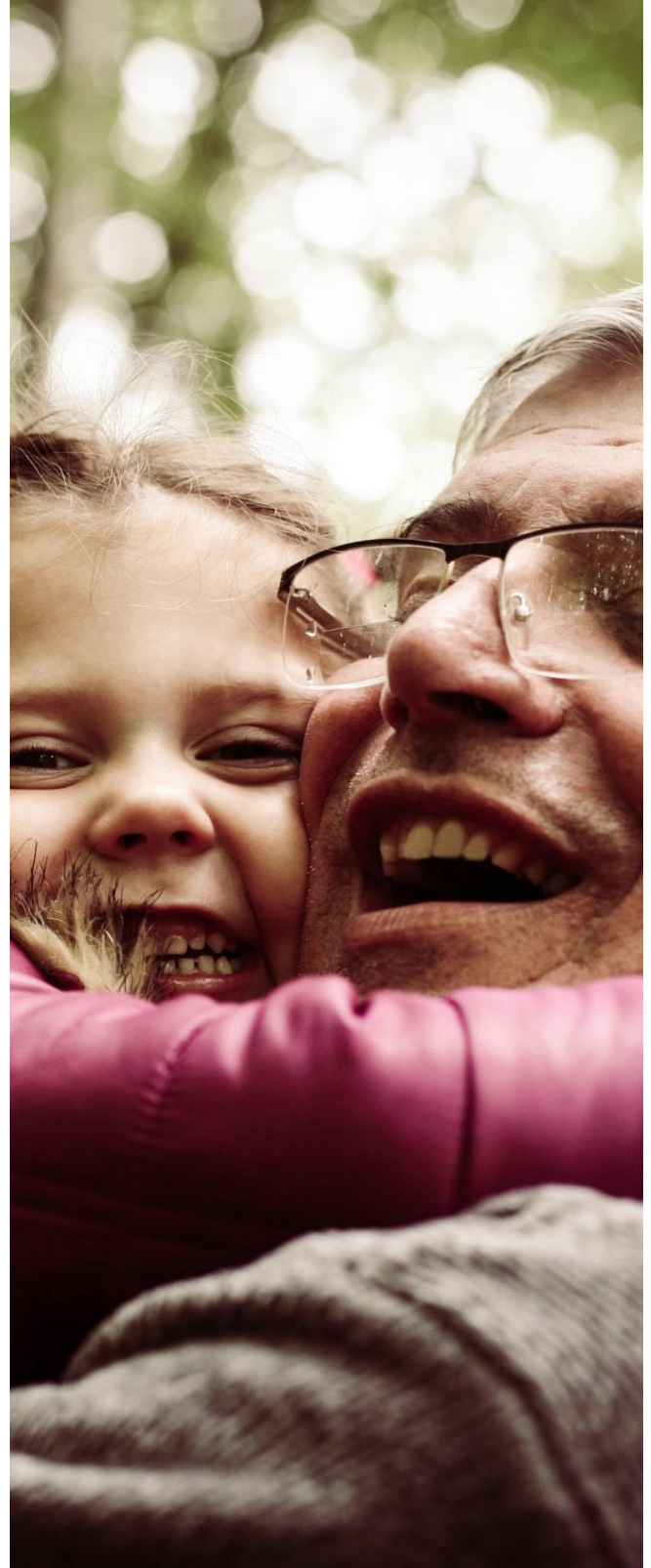
### Benefit Advocate Center (BAC)

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:

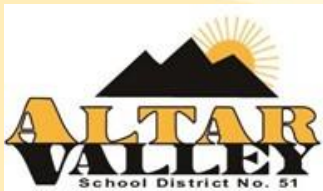
- Explanation of benefits
- Prescription Challenges
- Benefit questions
- Claim issues
- Difficult situations

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

Contact the Alter Valley School District at 833.417.6355 or [BAC.AltarValleySchoolDistrict51Advocates@ajg.com](mailto:BAC.AltarValleySchoolDistrict51Advocates@ajg.com).







## Medical Benefits

### Administered by ASBAIT

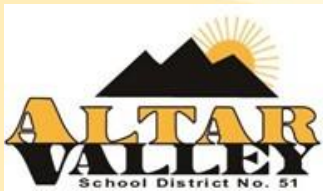
Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your 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<br>(Tier 1 Banner Providers)   | In-Network<br>(Tier 2 Participating<br>Provider)  | Out-of-Network<br>(Tier 3 Non-Participating<br>Provider)   |
| Lifetime Benefit Maximum                                 | Unlimited   |   |  |
| Annual Deductible  | \$500 single /<br>\$1,000 family  | \$600 single /<br>\$1,200 family  | \$1,500 single /<br>\$4,500 family   |
| Annual Out-of-Pocket<br>Maximum (includes<br>deductible) | \$3,720 single /<br>\$7,440 family  | \$4,600 single /<br>\$9,200 family  | Unlimited  |
| Coinsurance  | 15%   | 15%   | 50%  |
| <b>Doctor's Office</b>                                   |   |   |  |
| 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<br>(screening, immunization)             | Preventive care: 0%;<br>Routine care: 0% up to<br>\$300 per year, then<br>90%;<br>Flu, pneumonia and<br>shingles<br>immunization: 0%;<br>Hearing exam: \$20 copay | Preventive care: 0%;<br>Routine care: 0% up to<br>\$300 per year, then<br>90%;<br>Flu, pneumonia and<br>shingles<br>immunization: 0%;<br>Hearing exam: \$25 copay | Preventive care: Not<br>covered; Routine care:<br>0%;<br>Flu, pneumonia and<br>shingles immunization:<br>0%;<br>Hearing exam: 50%<br>after deductible;<br>All other routine care:<br>Not covered |
| Urgent care  | \$68 copay per visit  | \$75 copay per visit  | 50% after deductible   |
| Diagnostic test<br>(x ray, blood work)                   | Freestanding lab: \$50<br>copay per test;<br>All other facilities: 15%<br>after deductible  | Freestanding lab: \$55<br>copay per test;<br>All other facilities: 15%<br>after deductible  | 50% after deductible   |
| Imaging (CT/PET scans, MRIs)                             | 15% after deductible  | 15% after deductible  | 50% after deductible   |

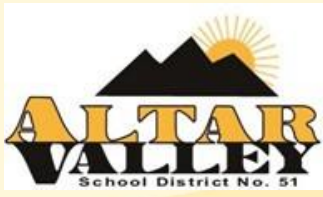


## Medical Benefits Continued

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

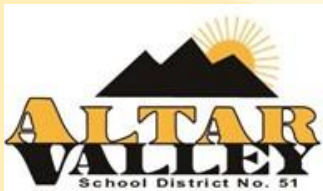
\*Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. Hearing exams limited to 1 per year



## Medical Benefits Continued

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



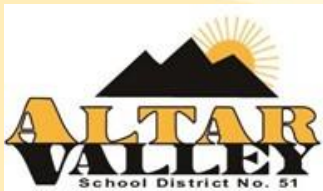
## Medical Benefits Continued

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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<br>(Tier 1 Banner Providers)   | In-Network<br>(Tier 2 Participating<br>Provider)  | Out-of-Network<br>(Tier 3 Non-Participating<br>Provider)   |
| Lifetime Benefit Maximum                                 | Unlimited   |   |  |
| Annual Deductible  | \$700 single /<br>\$1,400 family  | \$800 single /<br>\$1,600 family  | \$1,700 single /<br>\$5,100 family   |
| Annual Out-of-Pocket<br>Maximum (includes<br>deductible) | \$4,200 single /<br>\$8,400 family  | \$5,100 single /<br>\$10,200 family   | Unlimited  |
| Coinsurance  | 20%   | 20%   | 50%  |
| <b>Doctor's Office</b>                                   |   |   |  |
| 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,<br>immunization)             | Preventive care: 0%;<br>Routine care: 0% up to<br>\$300 per year, then<br>90%;<br>Flu, pneumonia and<br>shingles<br>immunization: 0%;<br>Hearing exam: \$24 copay | Preventive care: 0%;<br>Routine care: 0% up to<br>\$300 per year, then<br>90%;<br>Flu, pneumonia and<br>shingles<br>immunization: 0%;<br>Hearing exam: \$30 copay | Preventive care: Not<br>covered; Routine care:<br>0%;<br>Flu, pneumonia and<br>shingles immunization:<br>0%;<br>Hearing exam: 50%<br>after deductible;<br>All other routine care:<br>Not covered |
| Urgent care  | \$72 copay per visit  | \$80 copay per visit  | 50% after deductible   |
| Diagnostic test<br>(x ray, blood work)                   | Freestanding lab: \$54<br>copay per visit;<br>All other lab locations &<br>x-rays: 20% after<br>deductible  | Freestanding lab: \$60<br>copay per visit;<br>All other lab locations &<br>x-rays: 20% after<br>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<br>(Tier 1 Banner Providers)   | In-Network<br>(Tier 2 Participating Provider)   | Out-of-Network<br>(Tier 3 Non-Participating Provider)   |
| Prescription Drugs                             |   |   |   |
| Retail—Generic drugs<br>(30-day supply)        | \$15 copay per prescription   |   | Not covered   |
| Retail—Preferred drugs<br>(30-day supply)      | 20% up to min \$55 to max \$100 copay per prescription  |   | Not covered   |
| Retail—Non-preferred drugs<br>(30-day supply)  | 40% up to min \$70 to max \$140 copay per prescription  |   | Not covered   |
| Retail—Specialty drugs<br>(30-day supply)      | \$230 copay* per prescription   |   | Not covered   |
| Mail Order—Generic drugs<br>(90-day supply)    | \$30 copay per prescription   |   | Not covered   |
| Mail Order—Preferred drugs<br>(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;<br>Air: \$230 copay per trip plus 20% after deductible | Ground: 20% after deductible per trip;<br>Air: \$230 copay per trip plus 20% after deductible | Ground: 20% after deductible per trip;<br>Air: \$230 copay per trip plus 20% after deductible |

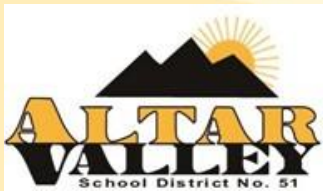
\*Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solutions program. Hearing exams limited to 1 per year



## Medical Benefits Continued

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

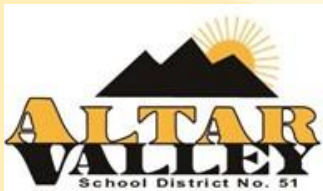


## Medical Benefits Continued

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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<br>(Tier 1 Banner Providers)   | In-Network<br>(Tier 2 Participating Provider)   | Out-of-Network<br>(Tier 3 Non-Participating Provider)   |
| Lifetime Benefit Maximum                              | Unlimited   |   |   |
| Annual Deductible                                     | \$1,100 single /<br>\$2,200 family  | \$1,300 single /<br>\$2,600 family  | \$5,300 single /<br>\$15,900 family   |
| Annual Out-of-Pocket<br>Maximum (includes deductible) | \$5,400 single /<br>\$10,800 family   | \$6,600 single /<br>\$13,200 family   | Unlimited   |
| Coinsurance   | 25%   | 25%   | 50%   |
| <b>Doctor's Office</b>                                |   |   |   |
| 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%;<br>Routine care: 0% up to \$300 per year, then 90%;<br>Flu, pneumonia and shingles immunization: 0%;<br>Hearing exam: \$32 copay | Preventive care: 0%;<br>Routine care: 0% up to \$300 per year, then 90%;<br>Flu, pneumonia and shingles immunization: 0%;<br>Hearing exam: \$40 copay | Preventive care: Not covered;<br>Routine care: 0%;<br>Flu, pneumonia and shingles immunization: 0%;<br>Hearing exam: 50% after deductible;<br>All other routine care: Not covered |
| Urgent care   | \$80 copay per visit  | \$90 copay per visit  | 50% after deductible  |
| Diagnostic test<br>(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

Administered by ASBAIT

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

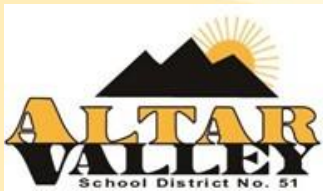




## Medical Benefits Continued

Administered by ASBAIT

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

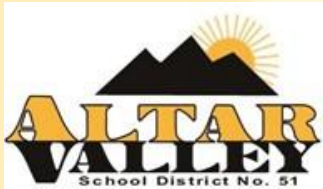


## Medical Benefits Continued

### Administered by ASBAIT

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<br>(Tier 1 Banner Providers)   | In-Network<br>(Tier 2 Participating Provider)   | Out-of-Network<br>(Tier 3 Non-Participating Provider)  |
| Lifetime Benefit Maximum                              | Unlimited   |   |  |
| Annual Deductible                                     | \$2,600 single /<br>\$5,200 family  | \$3,150 single /<br>\$6,300 family  | \$3,500 single /<br>\$7,000 family   |
| Annual Out-of-Pocket<br>Maximum (includes deductible) | \$6,500 single /<br>\$13,000 family   | \$7,500 single /<br>\$15,000 family   | Unlimited  |
| Coinsurance   | 20%   | 20%   | 50%  |
| <b>Doctor's Office</b>                                |   |   |  |
| 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%;<br>Routine care: 0% up to \$300 per year, then 90%;<br>Flu, pneumonia and shingles immunization: 0%;<br>Hearing exam: 20% after deductible | Preventive care: 0%;<br>Routine care: 0% up to \$300 per year, then 90%;<br>Flu, pneumonia and shingles immunization: 0%;<br>Hearing exam: 20% after deductible | Preventive care: Not covered; Routine care: 0%;<br>Flu, pneumonia and shingles immunization: 0%;<br>Hearing exam: 50% after deductible;<br>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<br>(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<br>(Tier 1 Banner Providers)  | In-Network<br>(Tier 2 Participating<br>Provider)   | Out-of-Network<br>(Tier 3 Non-Participating<br>Provider)                                   |
| <b>Prescription Drugs</b>                         |  |  |  |
| Retail—Generic drugs<br>(30-day supply)           | \$15 copay per prescription after deductible   |  | Not covered  |
| Retail—Preferred drugs<br>(30-day supply)         | 20% up to min \$55 to max \$100 copay per<br>prescription after deductible                 |  | Not covered  |
| Retail—Non-preferred drugs<br>(30-day supply)     | 40% up to min \$70 to max \$140 copay per<br>prescription after deductible                 |  | Not covered  |
| Retail—Specialty drugs<br>(30-day supply)         | \$230 copay* per prescription after deductible   |  | Not covered  |
| Mail Order—Generic drugs<br>(90-day supply)       | \$30 copay per prescription after deductible   |  | Not covered  |
| Mail Order—Preferred drugs<br>(90-day supply)     | 20% up to min \$80 to max \$205 copay per<br>prescription after deductible                 |  | Not covered  |
| Mail Order—Non-preferred drugs<br>(90-day supply) | 40% up to min \$110 to max \$255 copay per<br>prescription after deductible                |  | Not covered  |
| <b>Hospital Services</b>                          |  |  |  |
| Emergency Room                                    | 20% after deductible   | 20% after deductible   | 20% after deductible   |
| Inpatient   | \$230 copay per<br>admission plus 20% after<br>deductible                                  | \$280 copay per<br>admission plus 20%<br>after deductible                                  | 50% after deductible   |
| Outpatient Surgery                                | 20% after deductible   | 20% after deductible   | 50% after deductible   |
| Ambulance Service                                 | Ground: 20% after<br>deductible; Air: \$230<br>copay per trip plus 20%<br>after deductible | Ground: 20% after<br>deductible; Air: \$230<br>copay per trip plus 20%<br>after deductible | Ground: 20% after<br>deductible; Air: \$230<br>copay per trip plus 20%<br>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

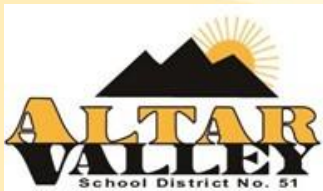


## Medical Benefits Continued

Administered by ASBAIT

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





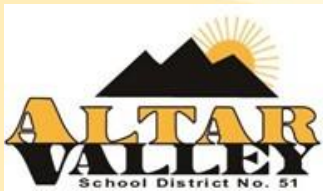
## How the Plans Work

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

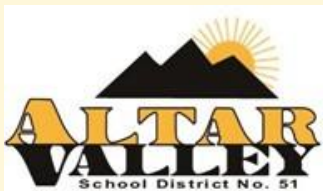


## How the Plans Work Continued

### 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   |
|---|---|---|
| <b>What medical plan can I choose?</b>                    | HDHP A Banner Plan  | POS plan(s)   |
| <b>What expenses are eligible?</b>                        | Medical, prescription, dental & vision care (See <a href="#">IRS publication 502</a> for a full list)   | Medical, prescription, dental & vision care (See <a href="#">IRS publication 502</a> for a full list)   |
| <b>When can I use the funds?</b>                          | Funds are available as you contribute to the account  | All of the funds you elect for the year are available on January 1  |
| <b>Can I roll over funds each year?</b>                   | 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  |
| <b>How do I pay for eligible expenses?</b>                | With your <a href="#">HealthEquity</a> debit card (You can also submit claims for reimbursement online at <a href="https://my.healthequity.com">https://my.healthequity.com</a> ) | With your <a href="#">ASBAIT</a> debit card (You can also submit claims for reimbursement online at <a href="https://account.meritain.com">https://account.meritain.com</a> ) |
| <b>How much can I contribute each year?</b>               | 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  |
| <b>Can I change my contributions throughout the year?</b> | Yes, you can log on to <a href="https://my.healthequity.com">https://my.healthequity.com</a> 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?

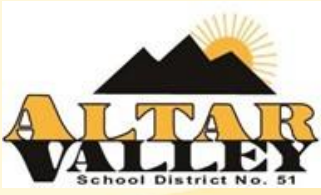
- An HSA, or Health Savings Account – the operative word is “Savings”. The HSA is a bank account that allows the employee who is enrolled in a qualified HDHP to make tax deductible contributions to. The HSA balance can be used by the employee to pay for health care expenses, tax free, at a later date.
- 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?

- 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 account, on 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.)
- Use money in account to pay for all qualified medical, dental and vision expenses. ([www.irs.gov/publications/p502/index.html](https://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)

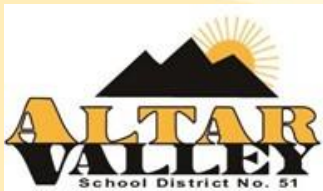
\$8,550 Family IRS Maximum - \$0 District = **\$8,550 Employee maximum**

##### 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





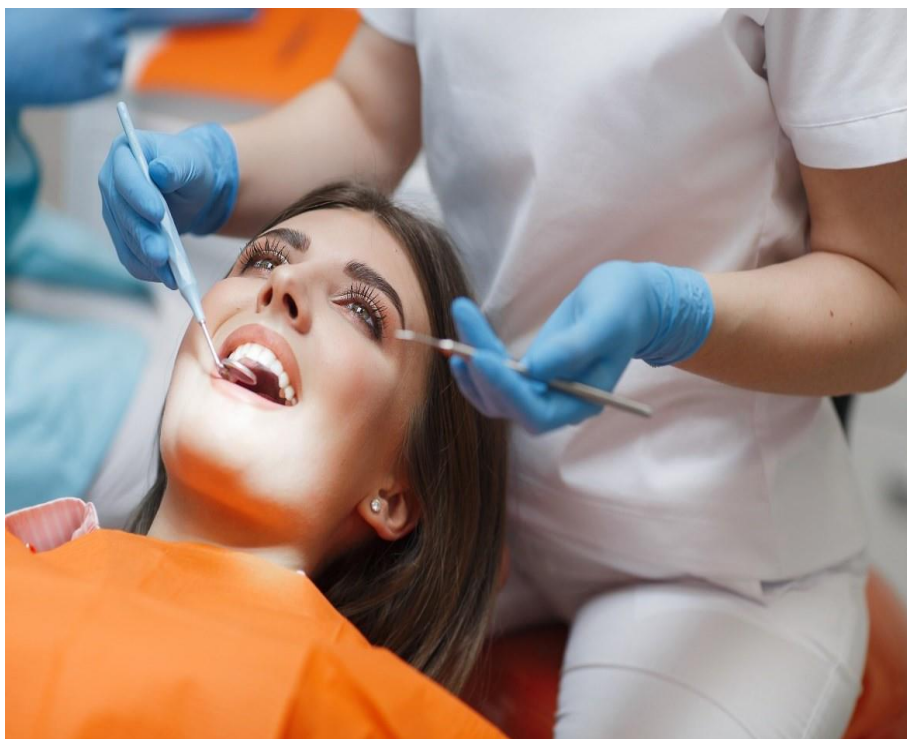
## PPO Dental Benefits—New Dental Carrier!

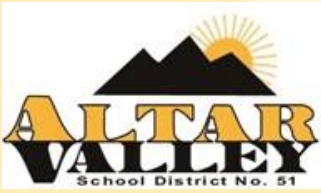
### Administered by Solstice

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](http://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 |



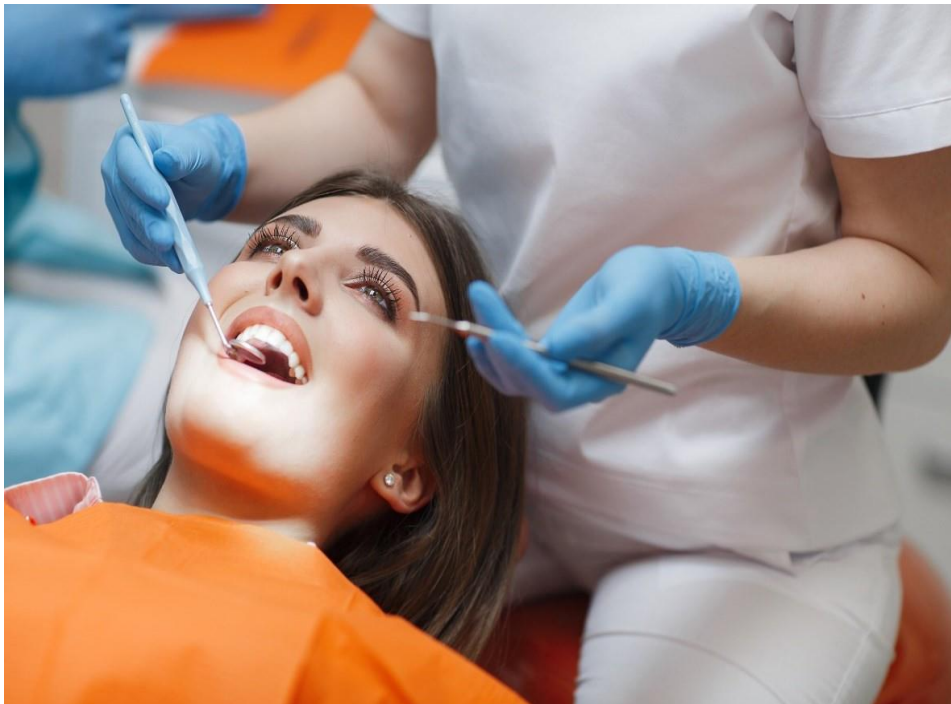


## Pre-Paid Dental Benefits

### 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](http://www.solsticebenefits.com) or call 877.760.2247.

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





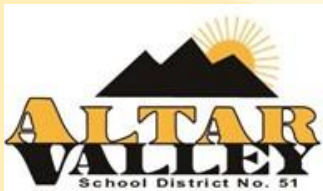
## Vision Benefits

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](http://www.avesis.com) or call 800.828.9341.

| Service   | In-Network<br>(any Avesis, Inc provider)                       | Out-of-Network<br>(any qualified non-network provider<br>of your choice) |
|---|--|--|
| <b>Eye Exam —<br/>once every 12 months</b>  | \$10 copay   | Reimburse up to \$35   |
| <b>Lenses — once every 12 months</b>  |  |  |
| 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   |
| <b>Frames —<br/>once every 24 months</b>  | Wholesale: Up to \$50;<br>Retail: Up to \$150;<br>Plus 20% off | Reimburse up to \$45   |
| <b>Contact Lenses —<br/>once every 12 months if you elect contacts instead of lenses/frames</b> |  |  |
| 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?**

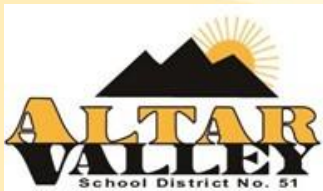
The annual amount you have elected for health care costs is available to you at the beginning of the plan year. The amount available for reimbursement for dependent care is limited to the balance in your account.

**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

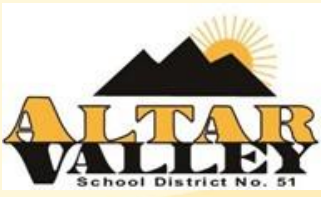
### **Frequently Asked Questions About FSAs**

#### **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

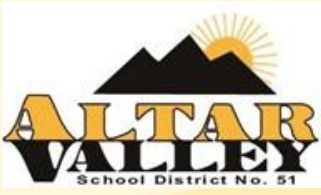
**Altar Valley School District #51** provides basic life and accidental death and dismemberment (AD&D) insurance through Minnesota LifeInsurance Company at no cost to eligible employees. Securian Financial administers the policy for Altar Valley. If you want additional coverage for yourself, your spouse, 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<br>(Company-paid benefit) | Voluntary Life and AD&D<br>(Employee-paid benefit)   |
|-----------------|---|---|--|
| <b>Life</b>     | Your beneficiaries receive this benefit if you pass away  | \$20,000                                      | <b>You:</b> Increments of \$10,000 up to \$300,000<br><b>Your spouse:</b> Increments of \$5,000 up to \$150,000 not to exceed 100% EE's amount<br><b>Your child(ren):</b> Birth to 26 Years: Options of \$2,500, \$5,000, \$7,500, \$10,000 or \$15,000 not to exceed 100% EE's amount |
| <b>AD&amp;D</b> | You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident | \$20,000                                      | <b>You:</b> Increments of \$10,000 up to \$300,000<br><b>Your spouse:</b> Increments of \$5,000 up to \$150,000 not to exceed 100% EE's amount<br><b>Your child(ren):</b> 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.

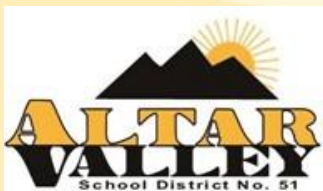


## Voluntary Short Term Disability Insurance

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. <b>Benefits begin after 29 calendar day of absence from work and continue for up to 22 weeks.</b> | Employee                 |
| Buy-Up | You receive 66.67% of your income up to \$1,000 per week. <b>Benefits begin after 14 calendar day of absence from work and continue for up to 24 weeks.</b> | 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.

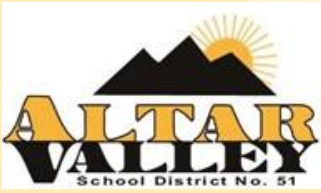
##### SafeRide

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)**

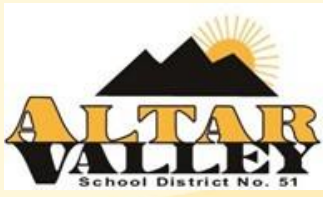
We are available to take your call  
24 hours a day, 7 days a week.

Visit your EAP website  
at  
**[www.awpnow.com](http://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.

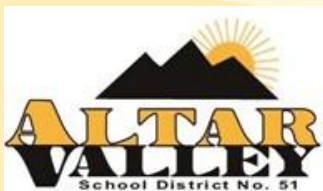
#### Assessment & Referral:

- 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](https://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

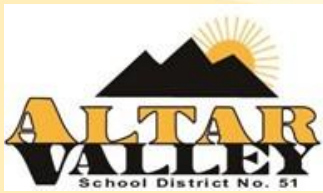


1-800-DOC-CONSULT (362-2667)



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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](http://www.asbait.org) |  ASBAIT |  @asbaithealth

[www.meritain.com](http://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.

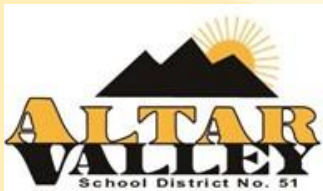
Teladoc Health behavioral health experts provide support for:



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

**Teladoc**<sup>®</sup>  
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

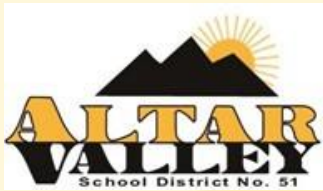
**Get started, it's already part of your benefits! Visit [Teladoc.com/Primary360](https://teladoc.com/Primary360) to learn more.**

Follow us: [www.asbait.org](http://www.asbait.org) |  ASBAIT |  @asbaithealth

[www.meritain.com](http://www.meritain.com) | © 2025–2026 Meritain Health, Inc.

**Teladoc**<sup>®</sup>  
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](http://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](http://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**

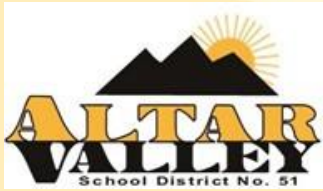
If you have a covered accident or illness that requires hospitalization, Aflac Group Hospital Indemnity Insurance may be right for you. Benefits include payments for Hospital Confinement, Hospital Admission., Hospital Intensive Care and Step-Down unit.

#### **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.

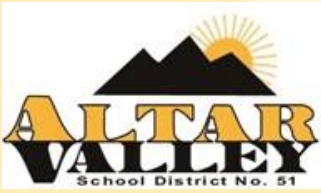






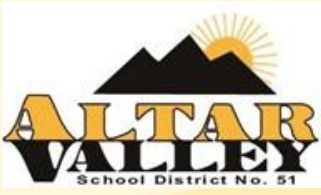
## Employee Contributions for Benefits (Per 20 Pay Periods)

| Benefit Plan  | Employee Pays out of each paycheck |
|---|------------------------------------|
| <b>Medical/Rx Classic Gold Banner</b>   |                                    |
| Employee  | \$97.20                            |
| Employee + One  | \$694.80                           |
| Employee + Family   | \$1,153.80                         |
| <b>Medical/Rx Classic Silver Banner</b>   |                                    |
| Employee  | \$59.40                            |
| Employee + One  | \$834.00                           |
| Employee + Family   | \$1,347.00                         |
| <b>Medical/Rx Value Silver Banner</b>   |                                    |
| Employee  | \$0.00                             |
| Employee + One  | \$503.40                           |
| Employee + Family   | \$886.20                           |
| <b>Medical/Rx HDHP A Banner</b>   |                                    |
| 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 |
|-----------------------------------|------------------------------------|
| <b>Prepaid Dental Rates</b>       |                                    |
| Employee                          | \$0.00                             |
| Employee + One                    | \$5.68                             |
| Employee + Child(ren)             | \$8.52                             |
| Employee + Family                 | \$15.34                            |
| <b>Voluntary Dental PPO Rates</b> |                                    |
| Employee                          | \$12.37                            |
| Employee + One                    | \$32.38                            |
| Employee + Child(ren)             | \$41.02                            |
| Employee + Family                 | \$55.52                            |
| <b>Vision Rates</b>               |                                    |
| Employee                          | \$0.00                             |
| Employee + One                    | \$3.07                             |
| Employee + Child(ren)             | \$5.33                             |
| Employee + Family                 | \$8.01                             |



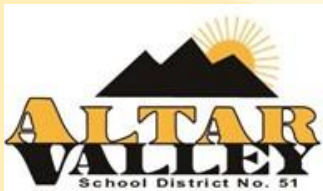
## Voluntary Life and AD&D

| Voluntary Rates per \$1,000                 | Employee         | Spouse  |
|---|------------------|---------|
| <b>Age Range (spouse based on EE's age)</b> |                  |         |
| 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 |
| <b>Child Rate</b>                           | \$0.170          |         |
| <b>AD&amp;D Rate (Employee / Spouse)</b>    | \$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 |



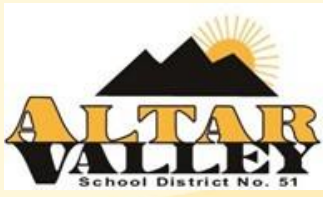


## Contact Information

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





## 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](http://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](http://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)

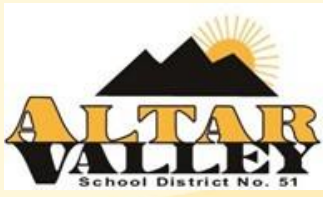
Tier 2 Participating Provider: (Individual: 20% coinsurance and \$800 deductible; Family: 20% coinsurance and \$1,600 deductible)

#### 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

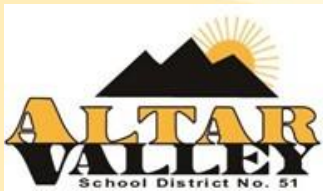
Tier 1 Banner Providers: (Individual: 20% coinsurance and \$2,600 deductible; Family: 20% coinsurance and \$5,200 deductible)

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](mailto: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](http://www.healthcare.gov).

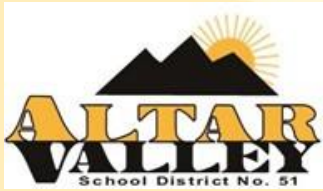
If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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](http://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.

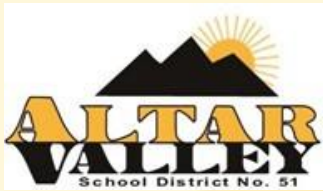
If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage 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](http://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 –**

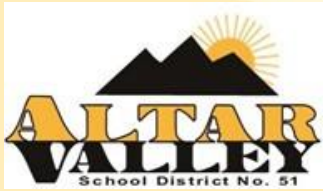
| ALABAMA – Medicaid   | ALASKA – Medicaid   |
|--|---|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447                | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861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



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



| MAINE – Medicaid  | MASSACHUSETTS – Medicaid and CHIP  |
|---|--|
| <p>Enrollment Website:<br/> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br/>           Phone: 1-800-442-6003<br/>           TTY: Maine relay 711<br/>           Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br/>           Phone: 1-800-977-6740<br/>           TTY: Maine relay 711</p> | <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/>           Phone: 1-800-862-4840<br/>           TTY: 711<br/>           Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>  |
| MINNESOTA – Medicaid  | MISSOURI – Medicaid  |
| <p>Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br/>           Phone: 1-800-657-3672</p>  | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/>           Phone: 573-751-2005</p>  |
| MONTANA – Medicaid  | NEBRASKA – Medicaid  |
| <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/>           Phone: 1-800-694-3084<br/>           Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>  | <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/>           Phone: 1-855-632-7633<br/>           Lincoln: 402-473-7000<br/>           Omaha: 402-595-1178</p>   |
| NEVADA – Medicaid   | NEW HAMPSHIRE – Medicaid   |
| <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br/>           Medicaid Phone: 1-800-992-0900</p>  | <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br/>           Phone: 603-271-5218<br/>           Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br/>           Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p> |
| NEW JERSEY – Medicaid and CHIP  | NEW YORK – Medicaid  |
| <p>Medicaid Website:<br/> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br/>           Phone: 1-800-356-1561<br/>           CHIP Premium Assistance Phone: 609-631-2392<br/>           CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br/>           CHIP Phone: 1-800-701-0710 (TTY: 711)</p>   | <p>Website:<br/> <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br/>           Phone: 1-800-541-2831</p>  |
| NORTH CAROLINA – Medicaid   | NORTH DAKOTA – Medicaid  |
| <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br/>           Phone: 919-855-4100</p>  | <p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br/>           Phone: 1-844-854-4825</p>   |
| OKLAHOMA – Medicaid and CHIP  | OREGON – Medicaid and CHIP   |
| <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br/>           Phone: 1-888-365-3742</p>  | <p>Website:<br/> <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br/>           Phone: 1-800-699-9075</p>  |



| PENNSYLVANIA – Medicaid and CHIP   | RHODE ISLAND – Medicaid and CHIP   |
|--|--|
| Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a><br>Phone: 1-800-692-7462<br>CHIP Website:<br><a href="http://www.pa.gov/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a><br>CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct Rlte Share Line)   |
| SOUTH CAROLINA – Medicaid  | SOUTH DAKOTA - Medicaid  |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  |
| TEXAS – Medicaid   | UTAH – Medicaid and CHIP   |
| Website: <a href="http://www.texas.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br>Phone: 1-800-440-0493  | Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a><br>Phone: 1-888-222-2542<br>Adult Expansion Website:<br><a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br>Utah Medicaid Buyout Program Website:<br><a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |
| VERMONT– Medicaid  | VIRGINIA – Medicaid and CHIP   |
| Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br>Phone: 1-800-250-8427  | Website:<br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br>Medicaid/CHIP Phone: 1-800-432-5924  |
| WASHINGTON – Medicaid  | WEST VIRGINIA – Medicaid and CHIP  |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022  | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP<br>(1-855-699-8447)  |
| WISCONSIN – Medicaid and CHIP  | WYOMING – Medicaid   |
| Website:<br><a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002   | Website:<br><a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>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](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

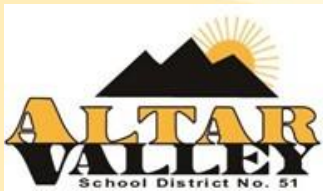
OMB Control Number 1210-0137 (expires 1/31/2026)

### **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](mailto: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.

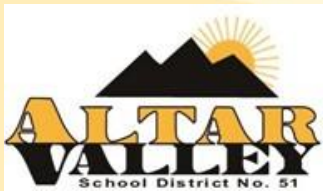
**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your 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.

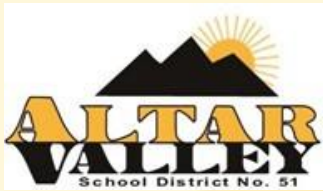
**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program –** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage 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](mailto: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.

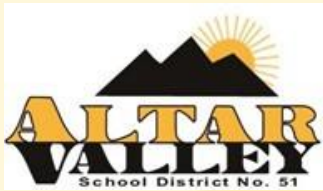
However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **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.

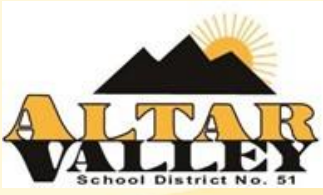
For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

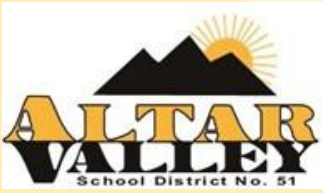
**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium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



## 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.