



2024 Benefit Summary

Nashwauk-Keewatin Independent
School District #319



Nashwauk-Keewatin
Home of the Spartans

Table of Contents

Benefits Overview	3
Contact Information	4
Medical Benefits	5
Medical Coverage Cost.....	7
MHC Value Adds	8
HealthCare Savings Account	23
Flexible Spending Accounts.....	24
Legal Notices	25

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 31-32 for more details.

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.

Benefits Overview

Nashwauk-Keewatin Independent School District #319 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 medical benefits.

Benefits Offered

- Medical
- Health Savings Account (HSA)
- Health Reimbursement Arrangement (HRA)
- Flexible Spending Account (FSA)



Eligibility

You and your dependents are eligible for **Nashwauk-Keewatin Independent School District #319** benefits on the 1st of month following DOH.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or **Nashwauk-Keewatin Independent School District #319** 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.

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	Medica / Minnesota HealthCare Consortium	952.945.8000 800.952.3455	www.medica.com
HSA/FSA/HRA	Wex	833-225-5939	www.wexinc.com
District Contact	Rae Villebrun	218.885.1280	rvillebrun@isd319.org



Medical Benefits

Administered by Medica

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 [Nashwauk-Keewatin Independent School District #319](#).

[Nashwauk-Keewatin Independent School District #319](#) offers you a choice of two (2) PPO medical plans. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	MSI Medica Choice Passport ASO 1850-0% VEBA		MSI Medica Choice Passport ASO 6650-0% HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Calendar Year Deductible	\$1,850 single / \$3,700 family	\$1,850 single / \$3,700 family	\$6,650 single / \$13,300 family	\$13,300 single / \$26,600 family
Calendar Year Out-of-Pocket Maximum	\$1,850 single / \$3,700 family	\$1,850 single / \$3,700 family	\$6,650 single / \$13,300 family	\$19,950 single / \$39,900 family
Coinsurance	0%	0%	0%	50%
Doctor's Office				
Primary Care Office Visit	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Specialist Office Visit	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Preventive Care (screening, immunizations)	no charge	Well childcare: 0%; Other services: 0% after deductible	no charge	Well child care: 0%; Other services: 50% after deductible
Diagnostic Test (x-ray, blood work)	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Prescription Drugs				
Retail—Generic Drugs (31-day supply)	0% after deductible	0% after deductible	0% after deductible	Not covered
Retail—Preferred Brand Drugs (31-day supply)	0% after deductible	0% after deductible	0% after deductible	Not covered
Retail—Non-preferred Brand Drugs (31-day supply)	Not covered	Not covered	0% after deductible	Not covered
Specialty Drugs (31-day supply)	Preferred: 0% after deductible; Non-Preferred: Not covered	Not covered	0% after deductible	Not covered
Mail Order—Generic Drugs (93-day supply)	0% after deductible	Not covered	0% after deductible	Not covered
Mail Order—Preferred Brand Drugs (93-day supply)	0% after deductible	Not covered	0% after deductible	Not covered
Mail Order—Non-preferred Brand Drugs (93-day supply)	Not covered	Not covered	0% after deductible	Not covered

Medical Benefits (Continued)

Administered by Medica

	MSI Medica Choice Passport ASO 1850-0% HRA		MSI Medica Choice Passport ASO 6650-0% HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Services				
Emergency Room	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Outpatient Surgery	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Ambulance Service	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Mental Health Services				
Inpatient Services	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Outpatient Services	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Substance Abuse Services				
Inpatient Services	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Outpatient Services	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Other Services				
Maternity Services	0%	Prenatal care: 0%; Postnatal care: 0% after deductible	Prenatal care: 0%; Postnatal care: 0% after deductible	Prenatal care: 0%; Postnatal care: 50% after deductible
All other maternity hospital/physician services	0% after deductible	0% after deductible	0% after deductible	50% after deductible
Physical, Occupational and Speech Therapy Services	0% after deductible	0% after deductible	0% after deductible	50% after deductible

Medical Coverage Cost

Benefit Plan	Monthly
Medical/Rx MSI Medica Choice Passport ASO 1850-0% HRA	
Employee	\$988.76
Family	\$2,191.08
Medical/Rx MSI Medica Choice Passport ASO 6650-0% HSA	
Employee	\$722.10
Family	\$1,600.18

*Please note these are the full premiums. To see how much you have to pay please see your bargaining unit contract.







Minnesota HealthCare Consortium Plan Information

Your Minnesota Healthcare Consortium plan information



Choosing a health plan? There is a lot to consider. We've put together information to help you choose the options that work best for you. You can find them at: [WelcomeToMedica.com/MHC2](https://www.welcometomedica.com/MHC2).

You can use the site to:

-  See what doctors, facilities, and pharmacies are in your network
-  Find out about your prescription benefits
-  Learn about your health and wellness programs
-  Discover more about preventive services and why it's important to get regular preventive care



Visit [WelcomeToMedica.com/MHC2](https://www.welcometomedica.com/MHC2) or call 1 (877) 347-0282.

Medica Wellness Programs

Wellness Programs

Your Minnesota Healthcare Consortium health plan includes resources to help you and your employees stay healthy and get support – at no extra cost to employees.

PROGRAM	RESOURCES
Life Time [®] Digital fitness program	Stay fit anywhere, anytime. Kickstart healthy habits with a Life Time Digital membership at no additional cost to you. The Life Time Digital app gives you access to hundreds of on-demand and live streaming fitness classes, meditations, plus nutrition and lifestyle article content to support your well-being goals.
Medica CallLink [®]	Trusted answers day or night. Get 24-hour health support from advisors and nurses. Call 1 (800) 962-9497 (TTY: 711) .
My Health Rewards by Medica [®]	Get inspired to make positive changes. Complete activities personalized just for you and earn rewards. Employees can earn up to \$345 in rewards per year and spouse and dependents can earn up to \$225 in rewards per year. <i>Employees:</i> <ul style="list-style-type: none"> • Download the free Virgin Pulse app from the App Store or Google Play. • Open the app, choose <i>Create Account</i>, and search for and choose <i>Minnesota Healthcare Consortium</i> on the sponsor organization list. • Or go to Medica.com/MHC to create your account online. <i>Spouses and dependents ages 18+:</i> <ul style="list-style-type: none"> • Download the free Virgin Pulse app from the App Store or Google Play. • Open the app, choose <i>Create Account</i>, and search for <i>Medica</i> on the sponsor organization list. Then choose <i>Medica My Health Rewards</i>. • Or go to Medica.com/MyHealthRewards to create your account online.
Omada	Personalized support to reach your health goals. Omada’s digital health programs give you the tools and support you need. Learn more at OmadaHealth.com/MHC . <ul style="list-style-type: none"> • Omada for Prevention helps you make small changes to lose weight and reduce your risk for diabetes and heart disease. • Omada for Diabetes provides personalized coaching and digital tools to help you improve your blood glucose control. • Omada for Joint & Muscle Health helps you build muscle to prevent aches and pains, and connects you with a licensed physical therapist to help treat current muscle or joint pain, all on your mobile device and schedule. <i>(Available to members enrolled in a Medica Choice[®] Passport plan).</i>
Ovia Health	Support for your parenthood journey. Ovia Health guides you through your pregnancy, parenting, and reproductive health journey. Get clinically-backed content and unlimited support from Ovia’s team of health coaches, registered nurses, and certified nurse midwives within Ovia Health’s three apps: Ovia (for reproductive health), Ovia Pregnancy, and Ovia Parenting. Download the Ovia app that’s right for you for free from the App Store or Google Play. Enter your health plan information to access all the unique tools and features.
Self Care by AbleTo	On demand help for stress and emotional well-being. Access self-care techniques, coping tools, meditations, sleep tracking, and more at no additional cost to you — anytime, anywhere with Self Care by AbleTo. To get started, visit AbleTo.com/Begin and enter "Medica" when asked for your access code. After you register, download the AbleTo app.

Medica My Health Rewards flyer

My Health Rewards by Medica®



Your healthier future starts now

The My Health Rewards online tool and app lets you log healthy habits, track activity through a fitness tracker, and complete other healthy activities to earn rewards. Rewards can be redeemed as e-gift cards and health and fitness products. You can also choose to donate your rewards to a charitable cause.

Sign up today

Follow these easy steps to create an account once your plan year starts. Already have an account? Sign in on the Virgin Pulse app or at [Medica.com/MHC](https://www.Medica.com/MHC).

Contract Holders:

- 1 Download the free Virgin Pulse app from the App Store or Google Play.
- 2 Open the app and click on "Create Account" under the "Sign In" button.
- 3 Search for and choose **Minnesota Healthcare Consortium** on the sponsor organization list.
- 4 Follow the steps to sign up. Enter your name exactly as it appears on your Medica ID card.

Prefer to sign up online? Go to [Medica.com/MHC](https://www.Medica.com/MHC) to create your account.

Spouses and dependents ages 18+:

- 1 Download the free Virgin Pulse app from the App Store or Google Play.
- 2 Open the app and click on "Create Account" under the "Sign In" button.
- 3 Search for and choose **Medica My Health Rewards** on the sponsor organization list.
- 4 Follow the steps to sign up. Enter your name exactly as it appears on your Medica ID card.

Prefer to sign up online?
Go to [Medica.com/MyHealthRewards](https://www.Medica.com/MyHealthRewards) to create your account.

Assess your health

Keeping up with preventive care keeps you feeling your best. First, go to the "Health" tab to complete your health assessment. Then, "My Care Checklist" gives you personalized, friendly reminders that let you know when you're due to see your health care provider. Earn points by tracking your preventive care screenings and visits. You'll even earn a bonus \$5 reward each year when you complete your annual health checkup (just enter the date in "My Care Checklist").

Connect your fitness tracker

Earn points by connecting your fitness tracker and apps to track your activity, sleep, calories, and more. For a full list of compatible trackers, go to "Devices & Apps" in the "More" section.

- 1 Go to "Devices & Apps" in the "More" section
- 2 Choose the device or app you'd like to connect
- 3 Follow the on-screen instructions

Personalize your health journey

Go to "Topics of Interest" under the "More" section to choose topics you're interested in: eating healthy, sleeping well, reducing stress, and more. You'll get daily learning cards with helpful tips. Do some of them, and you'll earn points toward rewards!



Medica My Health Rewards flyer

Choose the tools and programs that work for you

Get rewarded for using tools and Medica programs that can help improve your overall well-being. Go to the "Benefits" page and click "View All" to learn more about them.

Earn points, get rewards

- 1 Go to the "Rewards" page
- 2 Click on "Learn How to Earn More Points"
- 3 See a list of all the ways you can earn

A monthly statement, also under the "Rewards" page, gives you a summary of the points you've earned. Your points add up throughout the year.

WAYS TO EARN	POINTS	PULSECASH REWARD AMOUNT	REWARD TYPE
EARN PROGRAM POINTS	2,000	\$10	E-gift card or other options
	10,000	\$20	E-gift card or other options
	25,000	\$50	E-gift card or other options
	40,000	\$80	E-gift card or other options
\$160 per year			
20-DAY TRIPLE TRACKER	Track* any combination of the following activities on 20 or more days in a calendar month to earn a bonus reward: <ul style="list-style-type: none"> • 7,000 steps a day and/or; • 15 active minutes a day and/or; • 15 workout minutes a day. 	Contract Holders: \$15 per month Spouses/dependents ages 18+: \$5 per month	E-gift card or other options
PREVENTIVE CHECKUP	Complete your annual preventive checkup and earn a bonus reward. Go to My Care Checklist in the Health tab and enter your preventive checkup completion date.	\$5 per year	E-gift card or other options
Point-based rewards + 20-day triple tracker + preventive checkup =		\$345 in potential rewards per year (Contract Holders) \$225 in potential rewards per year (Spouses/dependents ages 18+)	

*You must connect your fitness tracker to your My Health Rewards account. Manual tracking of steps and active minutes will not count toward earning the monthly reward.

Go to the mobile app or sign in to your account at [Medica.com/MHC](https://www.Medica.com/MHC) to get started.



Have questions? We're here to help.

Medica.Support@VirginPulse.com or 1 (833) 450-4074. Use the Chat button if you're using a web browser.

My Health Rewards is not available with all Medica plans. Medica reserves the right to modify the program requirements and devices at any time. Participation in a wellness program is optional. Rewards are available to all eligible employees that participate. If you think you might be unable to meet a standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. Email Medica.Support@VirginPulse.com or call Virgin Pulse at 1 (833) 450-4074 for information on available reasonable alternative standards and we will work with you (and, if you wish, your physician) to find a wellness activity with the same reward that is right for you in light of your health status.

Self Care by AbleTo



On demand help for stress and emotional well-being

Access self-care techniques, coping tools, meditations, sleep tracking, and more at no additional cost to you – anytime, anywhere with Self Care by AbleTo. Check in and track your progress from your mobile device or computer – then explore personalized content that you can move through at your own pace.

Daily mood tracking

Track your mood, identify patterns, and learn about your progress.

Mental health tools

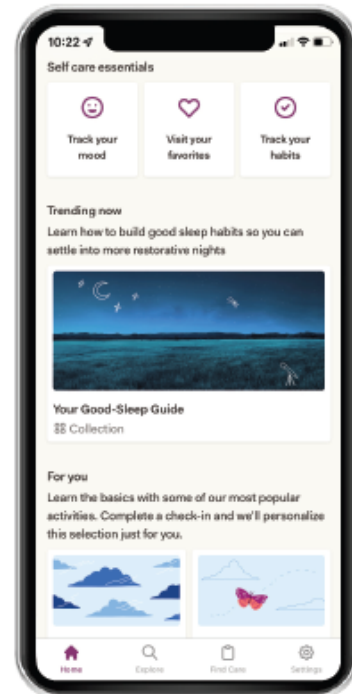
Learn how to build long-term life skills, like journaling, deep breathing, and positive visualization.

Collections

Feel more in control and get support to cope with stress producing situations – like work, parenting, and social injustice.

Habit tracking

Improve your overall well-being by setting goals and tracking your habits that help identify how your behaviors relate to your emotional health.



Minnesota HealthCare Consortium AbleTo

Get started with Self Care

1. Visit **AbleTo.com/Begin** and tap "Get started."
2. When asked for your access code, enter **Medica**. You'll answer a few questions that help us learn more about you and your goals.
3. Set up your account and download the AbleTo app from the App Store or on Google Play.
4. Open the app and select "Log In" to begin your journey.

Get online therapy tailored to your needs

When you need some extra support, you can schedule an online therapy session and talk to a licensed therapist from the comfort of wherever you are. Your therapist will get to know you and work with you on a plan to move forward. It's simple to get started.

1. Set up your account and download the app by following the steps above to get started with Self Care by AbleTo.
2. Open the AbleTo app and tap "Find Care" in the menu.
3. Tap the "Find Care" tile and then tap "Next."
4. Complete the requested information. (If you entered your insurance information when you created your AbleTo account, some of the information will already be populated).
5. Answer a few questions about how you're feeling to find therapists that match your criteria.
6. Select "Schedule Consultation" and follow the prompts to schedule an online visit with a therapist who can help you learn new tools and skills to achieve your goals and help you feel better.

Note: There is a separate cost for online therapy sessions. Sessions are covered under your plan as a behavioral health office visit. Following your visit with a therapist, if you entered your Medica insurance information, AbleTo will send you a bill for any cost share you may have after your plan benefits have been applied.



Have questions? We're here to help.

Call Member Services at the number on the back of your Medica ID card (TTY: **711**).

Self Care by AbleTo should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained within Self Care is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care may not be available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia, or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call Member Services at the number on the back of your Medica ID card. Participation in the program is voluntary and subject to the Self Care terms of use.

Employee Assistance Program



Good work starts with your well-being.

The Medica® Optum® Employee Assistance Program (EAP) is here for you through life's challenges. You can get answers and resources to tackle the tough issues you and your family face. Get 24/7 support from trained professionals at no extra cost. It's all part of your employee benefit plan. Your call and conversations with EAP specialists are kept confidential, in accordance with the law.

Features you'll love

- Get counseling sessions (five sessions per issue, per year) at no extra cost.
- Get a free 30-minute legal consultation and 25% off if you decide to work with a lawyer. Get help with child support, divorce, adoption, wills and trusts, and more.
- Talk with a financial advisor about debt, saving money, foreclosure, and more.
- Care for children or elderly parents with support and second opinions.
- Find online resources to help with everyday work and life challenges at [LiveAndWorkWell.com](https://www.LiveAndWorkWell.com). Use the access code "MEDICA".
- Get help with issues like tobacco, gambling, or drugs.
- Brighten your future with education tools and help finding a job.



Have questions? We're here.

Talk with an EAP specialist, 24/7, at **1 (800) 626-7944 (TTY: 711)**.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Live and Work Well



Well-being support and resources

If you need extra help and support, Live and Work Well can help. It gives you health resources and personalized services to help you and those you care about live the healthiest life possible.

The Live and Work Well site is available 24/7 for confidential access to professional care, self-help programs, and a variety of helpful information.*

You can:

- Get personalized assistance for the big events in your life
- Browse information and resources and get referrals to help balance work and your personal life
- Find answers to questions about behavioral health and medical concerns to help you deal with stress, depression, anxiety, and other conditions

Easy online provider search

The provider search lets you connect with providers and clinics specializing in behavioral health and substance use. Narrow your search by provider name, location, specialty, treatment option, ethnicity, gender, virtual visit options, or area(s) of expertise. You can click to call or email a provider, or visit a provider website.

Assessments + tools

You can browse the website by topic. You'll find info on child care, depression, financial planning, stress management, substance use and addiction, work-life balance, and more. You'll also find articles, videos, webinars, and other tools to help you explore your selected topic in bite-sized portions. You can also participate in interactive, customizable self-improvement programs.

Personalized claims + coverage

Free up time spent on the phone by visiting the secure claims and coverage section. Track behavioral claim status, update personal information, and much more. To access your behavioral health claims information, create an account on the Live and Work Well site.



Plan Resources

Plan resources for a healthier you



Your plan includes "extras" that can help you stay healthy, get support, and make the most of your plan – at no extra cost to you.

Stay healthy



Health Rewards Program

Get inspired to make positive changes. Taking steps to improve your health might be easier than you think. Want to lower your stress? Quit smoking? Eat more fruit and veggies? My Health Rewards by Medica® makes it fun – and rewarding. You'll earn rewards as you complete activities personalized just for you. To get started, download the Virgin Pulse app, free in the App Store and on Google Play. Or go to [Medica.com/MHC](https://www.Medica.com/MHC).



Life Time® Digital fitness program

Stay fit anywhere, anytime. Kickstart healthy habits with a Life Time Digital membership at no additional cost to you. The Life Time Digital app gives you access to hundreds of on-demand and live streaming fitness classes, meditations, plus nutrition and lifestyle article content to support your well-being goals. Watch for more information once your plan starts.



Personalized Family and Women's Health Program

Support for your entire parenthood journey. Ovia Health guides you through your pregnancy, parenting, and reproductive health journey – including trying to conceive and managing menopause. Get clinically-backed content and unlimited support from Ovia's team of health coaches, registered nurses, and certified nurse

midwives within Ovia Health's three apps: Ovia (for reproductive health), Ovia Pregnancy, and Ovia Parenting. Download the Ovia app that's right for you for free from the App Store or Google Play. Enter your health plan information to access all the unique tools and features.



Omada

Personalized support to reach your health goals. Omada's digital health programs give you the tools and support you need.

• Omada for Prevention

Helps you make small changes to lose weight and reduce your risk for diabetes and heart disease.

• Omada for Diabetes

Provides personalized coaching and digital tools to help you improve your blood glucose control.

• Omada for Joint & Muscle Health

Is a virtual program available to members enrolled in a Medica Choice® Passport plan. It helps you build muscle to prevent aches and pains, and connects you with a licensed physical therapist to help treat current muscle or joint pain, all on your mobile device and schedule.

Learn more at [OmadaHealth.com/MHC](https://www.OmadaHealth.com/MHC).



Plan Resources

Get support



24-Hour Health Support

Trusted answers any time of day or night. Worried that your stomach bug could be serious? Wondering what to do about that cough that won't go away? The advisors and nurses at Medica CallLink® can help. They're available 24 hours a day, 365 days a year to answer your questions and help you make smart decisions about your health. Just call 1 (800) 962-9497 (TTY users, call 711).



Behavioral Health Support

On demand help for stress and emotional well-being. Access self-care techniques, coping tools, meditations, sleep tracking, and more at no additional cost to you — anytime, anywhere with Self Care by AbleTo. Check in, track your progress, and explore personalized content that you can move through at your own pace on your mobile device. Build skills you can use for life to feel better. To get started, visit AbleTo.com/Begin and enter "Medica" when asked for your access code. After you register, download the AbleTo app.

Find information



Your digital one-stop health plan resource

Manage your plan from any device, at any time. With your member account, you can:

- Download and print your ID card and order extras
- Find health care and virtual care providers, clinics, and pharmacies in your network
- Track your medical claims and prescription drugs
- Check medical procedure and drug costs
- See what your plan covers and find out your share of the costs
- Explore wellness programs and behavioral health resources

Create an account at Medica.com/SignIn or search for the "Medica Member" app in the App Store or Google Play to manage your health plan benefits and improve your health on-the-go.



Have questions? We're here to help.

Call Member Services at 1 (877) 347-0282 (TTY: 711).

* Express Scripts® administers Medica's pharmacy program.

Medica CallLink®



Put worries to rest with 24/7 support

Medica CallLink connects you with trusted advisors and nurses to get the health answers you need—at no extra cost.

Features you'll love

- Learn more about a diagnosis.
- Decide what type of care will meet your needs.
- Understand symptoms and treatment options.
- Make a plan to add healthy habits to your day.
- Discover the right way to take your medications.
- Find a doctor or hospital and make an appointment.
- Get information on preventive screening services and immunizations.
- Access a 1,000+ audio library on many health and wellness topics.



Need help? We're here.

Talk with an advisor or nurse, 24/7. **1 (800) 962-9497 (TTY: 711).**

*Medica CallLink is not available with all Medica plans. If the CallLink phone number is not listed on the back of your Medica ID card, and you want to see if your plan includes this service, please contact Customer Service. The Customer Service number is listed on the back of your Medica ID card. The information offered by this service is not intended to be a substitute for professional medical advice. Always seek the advice of your physician or other qualified health providers with questions you may have regarding a medical condition. No part of this service is intended to provide a medical diagnosis or treatment.

Ovia Health



Digital tools for modern parenthood

Ovia Health apps give you on-demand, personalized support throughout your parenthood journey. They can help you track your period, get pregnant, and understand your pregnancy symptoms. With Ovia Health apps, you'll even learn how to stay healthy after your baby arrives.

With Ovia Health apps, you get:

A health assessment and symptom tracking

Get alerts and personal coaching when you need it.

Calendars, updates, and checklists

Use a pregnancy calendar, daily baby updates, and a development checklist to track milestones for you and your baby.

Health and wellness programs

Explore health and wellness programs to help you learn about infertility, sexual health, birth planning, preterm delivery, mental health, breastfeeding, and more.

Unlimited one-on-one coaching

Send instant messages to registered nurse health coaches to ask all your questions.

Benefits library

Learn about all of your health care benefits from one, easy-to-find place.

Career and return-to-work programs

Find coaching and career advice about maternity leave, returning to work, and being a working parent.



Questions? We're here.

Call Customer Service at the number on the back of your Medica ID card (TTY: 711).



Getting started with Ovia Health

As a Medica member, you can use the exclusive Ovia Health features including one-on-one coaching, symptom tracking, return-to-work tools, and more. Follow these steps to get started:

1. Download Ovia Fertility, Ovia Pregnancy, or Ovia Parenting from the App Store and Google Play.
2. Sign up and choose "I have Ovia Health as a benefit."
3. Enter your state, health plan (Medica), employer name, and personal details.
4. Get started!



Mayo Clinic Complex Care Program



If you are facing complex health challenges, you may be eligible for care at Mayo Clinic with travel and lodging covered and coordinated for you.

The Mayo Clinic Complex Care Program is an enhanced health care benefit available to Medica Choice Passport members for:

- Cancer
- Complex medical conditions
- Complex pediatrics
- Hemophilia
- Multiple Sclerosis
- Spine health
- Transplant

STEP 1. Get started

Call the Medica Member Services line for MHC employees at 877-347-0282 for full details, help with collecting your medical records and to get connected with Mayo Clinic.

STEP 2. Medical review

A Mayo Clinic specialist will review your medical records and determine if you would benefit from care at Mayo Clinic.

STEP 3. Travel to Mayo Clinic for care

Mayo Clinic will call you to coordinate your travel, lodging and appointment itinerary for you and a caregiver.

STEP 4. Return home

After you return home, your local medical provider and Mayo Clinic will work closely to coordinate your ongoing care.

Minnesota HealthCare Consortium Mayo Clinic Complex Care Program



Why Choose Mayo Clinic?

When you're facing a serious illness, we stand by your side.



Is Mayo Clinic for me?

The answer is yes for 1.4 million patients from 139 countries. The reason is simple: Compassion is at the heart of our care. At Mayo Clinic, unhurried, comprehensive evaluations offer the best chance of healing and getting back to your life.



What makes care at Mayo Clinic different?

Effective treatment depends on getting the right diagnosis as soon as possible. Our specialists collaborate across disciplines to listen to your story, evaluate your condition from every angle, and develop a diagnosis and treatment plan that's just for you.



Does Mayo Clinic treat my condition?

Mayo Clinic experts solve the world's toughest medical problems — one patient at a time. No matter what serious, complex or rare health challenge you're facing, you can be confident that Mayo Clinic has extensive experience in treating patients with your specific condition.

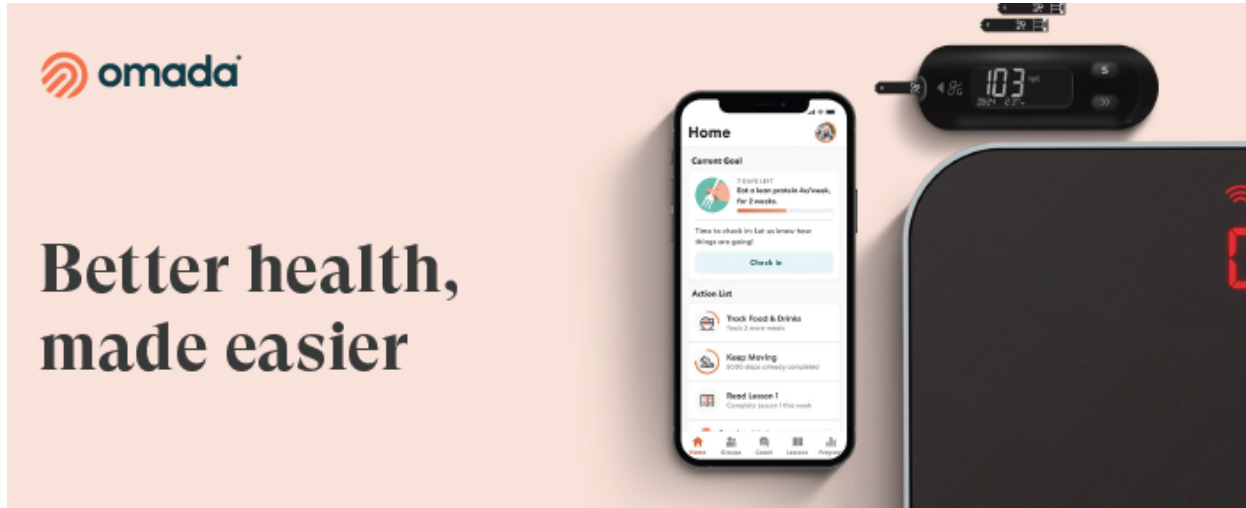


Is Mayo Clinic doing research on my condition?

Our relentless research yields scientific discoveries and innovations that reach our patients faster and help them heal sooner. Our patients are frequently among the first to benefit from breakthrough therapies, advanced technologies and clinical research trials.

Tip: Your travel and lodging may be covered and coordinated for you through the Mayo Clinic Complex Care Program. Call the Member Services line for MHC employees at **877-347-0282** to get started.

Minnesota HealthCare Consortium Prevention + Diabetes



Better health, made easier

Whatever 'healthy' means to you, Omada® helps you get there.
All at no cost to you.

What you get with Omada:

- ✓ A plan built around you
- ✓ Dedicated health coach & care team
- ✓ All the smart health devices you need

Do what works for you

We'll help you figure out the healthy habits and routines that work for you—motivation included.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do."

The best part? It's covered.

If you or your adult family members are at risk for type 2 diabetes or heart disease or are living with diabetes, and enrolled in our Medica health plan, Minnesota Healthcare Consortium will cover the entire cost of the program.

It only takes 1 minute to get started.

omadahealth.com/mhc

With Omada, there's
a program for you



Weight loss &
overall health



Diabetes



Health Savings Account

Nashwauk-Keewatin Independent School District #319 is continuing to offer the option for Health Savings Accounts (HSA) for our employees participating in the HDHP. HSAs are special tax-exempt trusts to be used to pay and/or reimburse you for qualified medical, dental and vision expenses and/or use as retirement savings. Any unused funds will rollover from year to year

A Health Savings Account (HSA) is a tax-advantaged personal savings account that works with an HSA-compatible high-deductible health plan, such as the District's \$6,650-0% HSA Plan. The HSA balance can be used to pay for qualifying medical expenses during the year or saved for retirement.

HSA annual contribution limits	Single: \$4,150 Family: \$8,300
HSA catch-up contribution Ages 55+	\$1,000

There are many benefits of an HSA, such as any contributions are tax free, and any balance in the HSA belongs to the employee. Because of the favorable tax status, other eligibility requirements apply. An employee cannot be covered under any other non-HSA qualified health insurance, such as a spouse's plan or Medicare and cannot be claimed as a tax dependent on someone else's tax return.



Flexible Spending Accounts

Out-of-pocket health care and dependent care expenses can add up quickly. Ordinarily these expenses are paid with after-tax dollars. A Flexible Spending Account allows employees to pay for dental, vision and/or dependent day care expenses using pre-tax dollars. The money set aside in a flexible spending account is not subject to Social Security, federal or state income taxes.

Health Care FSA

If an employee is enrolled in a Medical Plan through **Nashwauk-Keewatin Independent School District #319**, they can also enroll in a Flexible Spending Account. (FSA) This account allows an employee to set aside pre-tax dollars to pay for eligible medical, dental and vision expenses. Employees who are enrolled in a medical FSA for may contribute up to \$3,200 per year on a pre-tax basis. **For those employees also enrolled in the HSA plan, the medical FSA becomes “Limited Purpose” restricting your spending to just dental and vision expenses.**

- Expenses must be incurred by you, your legal spouse, or your other eligible dependents.
- **The maximum calendar year contribution for the Medical Reimbursement and Limited Purpose spending account is \$3,200.**
- Only expenses incurred during your participation in the plan are eligible for reimbursement.
- Your participation in the reimbursement account ends when you leave **Nashwauk-Keewatin Independent School District #319** or you no longer meet the eligibility requirements.
- You may submit claims for expenses incurred after your termination date only if you elect COBRA continuation coverage and make the required contributions.

Dependent Care FSA

This account allows an employee to set aside pre-tax dollars to pay for eligible dependent care expenses. The maximum contribution amount is \$5,000 (\$2,500 if married and file taxes separately). The deadline for sending in Dependent Care FSA claims that were incurred during the Plan Year, is March 31st.

- Eligible dependents are your children who are under age 13 or your eligible dependents of any age who are mentally or physically handicapped and incapable of caring for themselves. Care can be given in your home or in a facility outside of your home.
- **The maximum contribution is the lesser of: \$5,000 per calendar year, per family (or \$2,500 if married and filing taxes separately), or the lowest earned income of you or your spouse.**

Estimate expenses carefully. IRS rules require any money remaining in these account at year-end be forfeited

If an employee wants to participate in the Full Health Care, Limited Health Care and/or Dependent Care FSA for 2024, they must enroll during the annual enrollment period, even if they participated the prior year.

Legal Notices

Patient Protections Disclosure

The Nashwauk-Keewatin Independent School District #319 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, Medica / Minnesota HealthCare Consortium 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 Medica / Minnesota HealthCare Consortium at 952.945.8000 / 800.952.3455 or www.medica.com.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Medica / Minnesota HealthCare Consortium 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 Medica / Minnesota HealthCare Consortium at 952.945.8000 / 800.952.3455 or www.medica.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: MSI Medica Choice Passport ASO 1850-0% HRA (Individual: 0% coinsurance and \$1,850 deductible; Family: 0% coinsurance and \$3,700 deductible)

Plan 2: MSI Medica Choice Passport ASO 6650-0% HSA (Individual: 0% coinsurance and \$6,650 deductible; Family: 0% coinsurance and \$13,300 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 218.885.1280 or rvillebrun@isd319.org.

Newborns' and Mothers' Health Protection Act

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid		NEW HAMPSHIRE – Medicaid	
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900		Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218	
NEW JERSEY – Medicaid and CHIP		NEW YORK – Medicaid	
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710		Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	
NORTH CAROLINA – Medicaid		NORTH DAKOTA – Medicaid	
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100		Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	
OKLAHOMA – Medicaid and CHIP		OREGON – Medicaid and CHIP	
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742		Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid and CHIP		RHODE ISLAND – Medicaid and CHIP	
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov) CHIP Phone: 1-800-986-KIDS (5437)		Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	
SOUTH CAROLINA – Medicaid		SOUTH DAKOTA – Medicaid	
Website: https://www.scdhhs.gov Phone: 1-888-549-0820		Website: http://dss.sd.gov Phone: 1-888-828-0059	
TEXAS – Medicaid		UTAH – Medicaid and CHIP	
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493		Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	
VERMONT – Medicaid		VIRGINIA – Medicaid and CHIP	
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427		Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	
WASHINGTON – Medicaid		WEST VIRGINIA – Medicaid and CHIP	
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022		Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
WISCONSIN – Medicaid and CHIP		WYOMING – Medicaid	
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002		Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

Minnesota Statutes Section 136A.1792, covers promotion of federal public service loan forgiveness programs. Please be aware that you may be eligible for federal public service loan forgiveness of the remaining balance due on certain federal student loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers.

For detailed information including how to monitor your progress toward qualifying for PSLF, read the PSLF Questions and Answers documents at StudentAid.gov/public-service or contact your federal loan servicer.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Nashwauk-Keewatin Independent School District #319 is committed to the privacy of your health information. The administrators of the Nashwauk-Keewatin Independent School District #319 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 Rae Villebrun – Superintendent at 218.885.1280 or rvillebrun@isd319.org.

HIPAA Special Enrollment Rights

Nashwauk-Keewatin Independent School District #319 Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Nashwauk-Keewatin Independent School District #319 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 Rae Villebrun – Superintendent at 218.885.1280 or rvillebrun@isd319.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 Nashwauk-Keewatin Independent School District #319 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 Nashwauk-Keewatin Independent School District #319 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. Nashwauk-Keewatin Independent School District #319 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?

If you decide to join a Medicare drug plan, your current Nashwauk-Keewatin Independent School District #319 coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Nashwauk-Keewatin Independent School District #319 coverage, be aware that you and your dependents will 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 Nashwauk-Keewatin Independent School District #319 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 Nashwauk-Keewatin Independent School District #319 changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: September 01, 2024
Name of Entity/Sender: Nashwauk-Keewatin Independent School District #319
Contact—Position/Office: Rae Villebrun - Superintendent
Office Address: 400 2nd St
Nashwauk, Minnesota 55769-1298
United States
Phone Number: 218.885.1280

Notes

Notes

Notes



This benefit summary prepared by



Insurance | Risk Management | Consulting