



2023 Benefit Enrollment

It's Time To Talk
About Your Benefits



ENROLL FOR 2023 BENEFITS

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Meeker and Wright Special Education Cooperative 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 cost of some benefits (medical and dental) and Meeker and Wright Special Education Cooperative provides other benefits at no cost to you (life, accidental death & dismemberment, and long-term disability).

BENEFITS OFFERED

- Medical
- Dental
- Vision
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Long Term Disability

ELIGIBILITY

You and your dependents are eligible for Meeker and Wright Special Education Cooperative benefits on the first of the month following your Date of Hire.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Meeker and Wright Special Education Cooperative 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.

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 page 42-43 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.



MEDICAL & PHARMACY

Administered by MHC 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 preventing screenings provide a no-cost review of your health if you use an in-network provider. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

| | \$6750-0% HSA | 3500-0% HSA | 1000-25-20% |
|--|----------------------------------|---------------------------------|--|
| | In-Network | In-Network | In-Network |
| Lifetime Benefit Maximum | Unlimited | Unlimited | Unlimited |
| Calendar Year Deductible | \$6,750 single / \$13,500 family | \$3,500 single / \$7,000 family | \$1,000 single / \$2,000 family |
| Calendar Year Out-of-Pocket Maximum | \$6,750 single / \$13,500 family | \$3,500 single / \$7,000 family | \$3,000 single / \$6,000 family |
| Coinsurance | 0% | 0% | 20% |
| DOCTOR'S OFFICE | | | |
| Primary Care Office Visit | 0% after deductible | 0% after deductible | \$25 copay per visit |
| Specialist Office Visit | 0% after deductible | 0% after deductible | \$25 copay per visit |
| Preventive Care (screening, immunization) | 0% | 0% | 0% |
| Diagnostic Test (x-ray, blood work) | 0% after deductible | 0% after deductible | 0% |
| Imaging (CT/PET scan, MRIs) | 0% after deductible | 0% after deductible | 20% after deductible |
| PRESCRIPTION DRUGS | | | |
| Preventive—Generic Drugs | 0% | 0% | Not covered |
| Preventive—Preferred Brand Drugs | 0% | 0% | Not covered |
| Preventive—Non-Preferred Brand Drugs | Not covered | Not covered | Not covered |
| Retail—Generic Drugs (31-day supply) | 0% after deductible | 0% after deductible | \$20 copay per prescription |
| Retail—Preferred Brand Drugs (31-day supply) | 0% after deductible | 0% after deductible | \$50 copay per prescription |
| Retail—Non-Preferred Brand Drugs (31-day supply) | 0% after deductible | 0% after deductible | \$100 copay per prescription |
| Specialty Drugs (31-day supply) | 0% after deductible | 0% after deductible | Preferred: \$200 copay per prescription, then 20%; Non-Preferred: 40% |
| Mail Order—Generic Drugs (93-day supply) | 0% after deductible | 0% after deductible | \$40 copay per prescription |
| Mail Order—Preferred Brand Drugs (93-day supply) | 0% after deductible | 0% after deductible | \$100 copay per prescription |
| Mail Order—Non-Preferred Brand Drugs (93-day supply) | 0% after deductible | 0% after deductible | \$200 copay per prescription |

For more detailed plan information and for out-of-network benefits, please see your summary of benefits and coverage



MEDICAL & PHARMACY

| | \$6750-0% HSA | 3500-0% HSA | 1000-25-20% |
|--|---|---|----------------------|
| | In-Network | In-Network | In-Network |
| HOSPITAL SERVICES | | | |
| Emergency Room | 0% after deductible | 0% after deductible | 20% after deductible |
| Inpatient | 0% after deductible | 0% after deductible | 20% after deductible |
| Outpatient Surgery | 0% after deductible | 0% after deductible | 20% after deductible |
| Ambulance Service | 0% after deductible | 0% after deductible | 20% after deductible |
| OTHER SERVICES | | | |
| Maternity Services | Prenatal care: 0%; Postnatal care: 0% after deductible | Prenatal care: 0%; Postnatal care: 0% after deductible | 0% |
| All other maternity hospital/ physician services | 0% after deductible | 0% after deductible | 20% after deductible |
| Muscle Manipulation Services | 0% after deductible | 0% after deductible | \$25 copay per visit |
| Physical, Occupational and Speech Therapy Services | 0% after deductible | 0% after deductible | \$25 copay per visit |
| Skilled Nursing 120-day calendar year maximum | 0% after deductible | 0% after deductible | 20% after deductible |

For more detailed plan information and for out-of-network benefits, please see your summary of benefits and coverage



MEDICAL RATES

2023 MEDICAL RATES

| | \$1000/\$2000 | | | | | |
|------------------------|---------------|------------|----------|------------|-------------|------------|
| | Certified | | MSEA | | Supervisors | |
| | Single | Family | Single | Family | Single | Family |
| Monthly Premium | \$778.36 | \$1,943.72 | \$778.36 | \$1,943.72 | \$778.36 | \$1,943.72 |
| MAWSECO Contribution | \$800.00 | \$1,500.00 | \$337.87 | \$337.87 | \$800.00 | \$1,300.00 |
| Monthly Employee Cost | \$ - | \$443.72 | \$440.49 | \$1,605.85 | \$ - | \$643.72 |
| EE Per Pay Period Cost | \$ - | \$221.86 | \$278.20 | \$1,014.22 | \$ - | \$321.86 |

| | \$3500/\$7000 | | | | | |
|-------------------------|---------------|------------|----------|------------|-------------|------------|
| | Certified | | MSEA | | Supervisors | |
| | Single | Family | Single | Family | Single | Family |
| Monthly Premium | \$679.98 | \$1,698.04 | \$679.98 | \$1,698.04 | \$679.98 | \$1,698.04 |
| MAWSECO Contribution | \$800.00 | \$1,500.00 | \$337.87 | \$337.87 | \$800.00 | \$1,300.00 |
| Monthly Employee Cost | \$ - | \$198.04 | \$342.11 | \$1,360.17 | \$ - | \$398.04 |
| EE Per Pay Period Cost | \$ - | \$99.02 | \$216.07 | \$859.05 | \$ - | \$199.02 |
| Annual HSA Contribution | \$1,440.24 | \$ - | \$ - | \$ - | \$1,440.24 | \$ - |

| | \$6750/\$13500 | | | | | |
|-------------------------|----------------|------------|----------|------------|-------------|------------|
| | Certified | | MSEA | | Supervisors | |
| | Single | Family | Single | Family | Single | Family |
| Monthly Premium | \$566.66 | \$1,415.04 | \$566.66 | \$1,415.04 | \$566.66 | \$1,415.04 |
| MAWSECO Contribution | \$800.00 | \$1,500.00 | \$337.87 | \$337.87 | \$800.00 | \$1,300.00 |
| Monthly Employee Cost | \$ - | \$ - | \$228.79 | \$1,077.17 | \$ - | \$115.04 |
| EE Per Pay Period Cost | \$ - | \$ - | \$144.50 | \$680.32 | \$ - | \$57.52 |
| Annual HSA Contribution | \$2,800.08 | \$1,019.52 | \$ - | \$ - | \$2,800.08 | \$ - |



DENTAL BENEFITS

Administered by HealthPartners

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 Meeker and Wright Special Education Cooperative dental benefit plan.

| SERVICES | IN-NETWORK AND OUT-OF-NETWORK PPO |
|---|---|
| Calendar Year Deductible | \$50 per person; \$150 family limit |
| Calendar Year Benefit Maximum | \$1,000 |
| Preventive Dental Services (cleanings, exams, x-rays) | 100% |
| Basic Dental Services I (fillings, Posterior Composite, Simple Extractions, Non-surgical periodontics, Endodontics) | 80% after deductible |
| Basic Dental Services II (Surgical periodontics, complex oral surgery) | 50% after deductible |
| Major Dental Services (Restorative crowns & onlays, bridges, dentures, partial dentures, dental implants) | 50% after deductible |
| Orthodontia Services | 50% after deductible up to a \$1,000 lifetime maximum |

Little Partners Benefit: Services for children 12 years old and under will be covered at 100% without deductible, annual maximum, or frequency limitations, when provided by a HealthPartners network dentist. Excluded services: Orthodontics, dental implants, and services that are not covered for all members.

Diabetes and Pregnancy: Additional periodontal services (exams, cleanings, scaling and root planning, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.



DENTAL RATES

| 2023 DENTAL RATES PER PAY PERIOD | | | |
|----------------------------------|-------------------------|-----------------------|-----------|
| PLAN | CERTIFIED EMPLOYEE COST | SPED SUPERVISORS COST | MSEA COST |
| Dental Single | \$0.00 | \$0.00 | \$30.36 |
| Dental Family | \$40.01 | \$0.00 | \$93.13 |





VISION BENEFITS

Administered by VSP

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.

Your coverage from a VSP doctor

Your VSP Vision Benefits Summary
 MEEKER AND WRIGHT SPECIAL EDUCATION COOP and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
 VSP Choice
EFFECTIVE DATE:
 10/01/2022



| BENEFIT | DESCRIPTION | COPAY | FREQUENCY |
|--|---|--------------------------------------|---|
| Your Coverage with a VSP Provider | | | |
| WELLVISION EXAM | <ul style="list-style-type: none"> Focuses on your eyes and overall wellness | \$20 | Every 12 Months |
| ESSENTIAL MEDICAL EYE CARE | <ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. | \$0 per screening \$20 per exam | Available as needed |
| PRESCRIPTION GLASSES | | \$20 | |
| FRAME* | <ul style="list-style-type: none"> \$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart®/Sam's Club® frame allowance \$80 Costco® frame allowance | Included in Prescription Glasses | Every 12 Months |
| LENSES | <ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children | Included in Prescription Glasses | Every 12 Months |
| LENS ENHANCEMENTS | <ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements | \$0 \$95 - \$105 \$150 - \$175 | Every 12 Months |
| CONTACTS (INSTEAD OF GLASSES) | <ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) | Up to \$60 | Every 12 Months |
| EXTRA SAVINGS | Glasses and Sunglasses | | |
| | <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. | | |
| | Routine Retinal Screening | | |
| | <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam | | |
| | Laser Vision Correction | | |
| | <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | | |
| YOUR MONTHLY CONTRIBUTION | \$8.74 Member only | \$13.99 Member + 1 | \$14.28 Member + children \$23.02 Member + family |

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.



HEALTH SAVINGS ACCOUNTS

HEALTH SAVINGS ACCOUNT

Administered by WEX

Meeker and Wright Special Education Cooperative is continuing to offer the option for Health Savings Accounts (HSA) for all employees participating in the **Meeker and Wright Special Education Cooperative** health plan. The HSA balance can be used to pay for qualifying medical expenses during the year or saved for retirement.

| | 2023 | 2024 |
|------------------------------------|------------------------------------|------------------------------------|
| HSA annual contribution limits | Single: \$3,850 Family: \$7,750 | 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.



SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNTS

Administered by WEX

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 the Medical Plan through **Meeker and Wright Special Education Cooperative**, 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 the FSA may contribute up to \$3,050 per year on a pre-tax basis. **For employees in the HSA plans the FSA dollars are limited to Dental and Vision expenses.**

- Expenses must be incurred by you, your legal spouse, or your other eligible dependents.
- **The maximum calendar year contribution is \$3,050.**
- Only expenses incurred during your participation in the plan are eligible for reimbursement.
- Your participation in the reimbursement account ends when you leave **Meeker and Wright Special Education Cooperative** 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 accounts 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 2023, they must enroll during the annual enrollment period, even if they participated the prior year.



Medical Value Added Programs

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.



Medical Value Added Programs

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

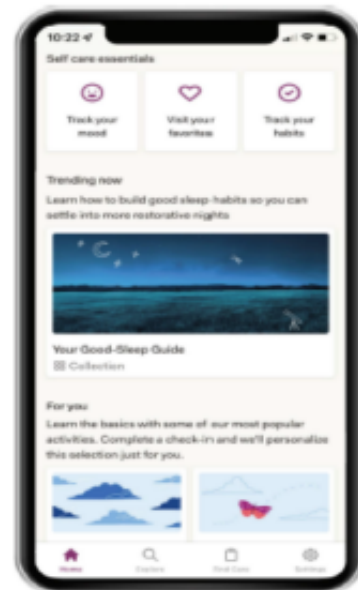
Learn how to build long-term life skills, like journaling, deep breathing, and positive visualization.

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.





Medical Value Added Programs

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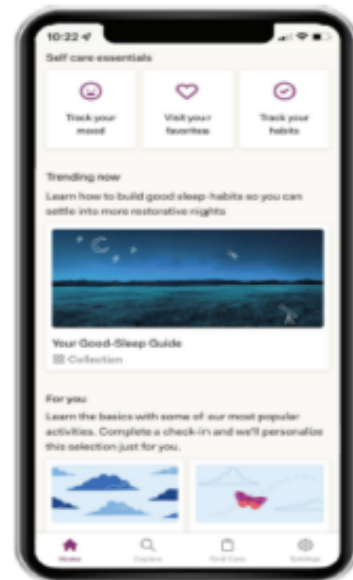
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Habit tracking

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





Medical Value Added Programs

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.



Medical Value Added Programs

Minnesota HealthCare Consortium Employee Assistance Program

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. 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.



Medical Value Added Programs

Minnesota HealthCare Consortium Live and Work Well

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.





Medical Value Added Programs

Minnesota HealthCare Consortium Medica Call Link

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.



Medical Value Added Programs

Minnesota HealthCare Consortium 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!

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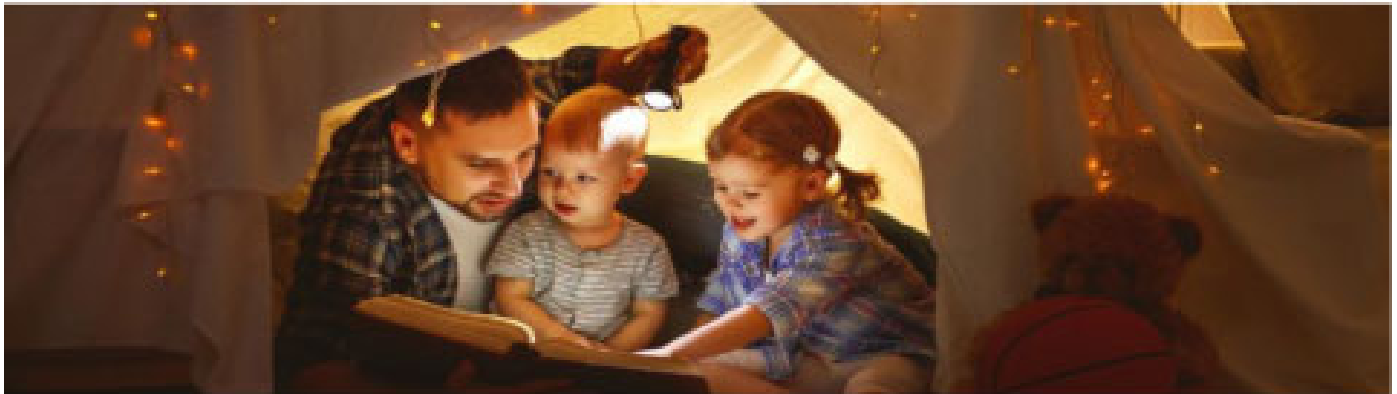


Medical Value Added Programs

Minnesota HealthCare Consortium Mayo Clinic Complex Care Program



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.



Medical Value Added Programs

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 Medica Member Services line for MHC employees at 877-347-0282 to get started.



Medical Value Added Programs

Minnesota HealthCare Consortium Mayo Clinic Complex Care Program



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





Medical Value Added Programs

Minnesota HealthCare Consortium Health is Possible



Better health, one step at a time

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

What you'll get with Omada:

- ✓ Dedicated health coach & care team
- ✓ All the smart health devices you need
- ✓ Interactive weekly lessons

Get started:

omadahealth.com/mhc





LIFE & DISABILITY INSURANCE

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by National Insurance Services



Group Life Insurance Benefit Summary

Group #: 026480, Mawseco Coop District 938

Policy: Madison National Life Insurance Company, Inc., 3335 Original Effective Date: 2/1/1997

| Class # | Class Title and Eligibility (Minimum Hour Requirement) | Basic Life and AD&D | Dependent Life |
|---------|---|---------------------|----------------|
| 01 | Business Manager (30 hours per week) | \$100,000 | Yes |
| 02 | Management and Licensed Personnel (30 hours per week) | \$75,000 | Yes |
| 03 | Classified Staff (30 hours per week) | \$50,000 | Yes |
| 04 | Special Education Coordinator/Supervisors (30 hours per week) | \$100,000 | Yes |
| 05 | Part-Time Management & Licensed Personnel (20 hours per week) | \$75,000 | Yes |
| 06 | Part-Time Special Education Coordinator/Supervisors (20 hours per week) | \$100,000 | Yes |
| 07 | Director (30 hours per week) | \$150,000 | Yes |
| 08 | Administrative Assistants (30 hours per week) | \$75,000 | Yes |

| | |
|---|---|
| Dependent Life Child Limiting Age: 19 or 23 if full-time student | Spouse \$2,000 Infant \$100 Child \$1,000 |
|---|---|

| | |
|---|---|
| Eligibility/Effective Date of Individual Coverage | First of month following Date of employment |
| Employee Contribution | Life Classes 01-04, 07-08: 0% Classes 05-06: Pro-rated based on full-time equivalency Dependent 100% |



LIFE AND AD&D

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by National Insurance Services



| | |
|--|--|
| <p>Participation Requirement</p> | <p>Life Classes 01-04, 07-08: 100% Classes 05-06: 0% Dependent 0% LOB: DLF Effective Date: 02/01/2021 Participation calculation: 29/100 = 29.00%</p> <p>The following participation requirements have not been met for Joinder Participation: The enrolled total: 29.00% is less than the required EOI participation: 30.0% Classes: 05, 06 Class Description: PART-TIME MANAGEMENT & LICENSED PERSONNEL, PART-TIME SPECIAL EDUCATION COORDINATOR/SUPERVISORS LOB: LIF Effective Date: 02/01/2021 Participation calculation: 2/2 = 100.00%</p> <p>Participation requirements have been met.</p> |
| <p>Reduction Schedule</p> | <p>Life Basic Life and Basic AD&D Insurance reduces to 50% upon attainment of age 70 and terminates at retirement. Dependent Dependent Spouse Basic Life Insurance reduces to 50% upon the Insured Spouse's attainment of age 70 and terminates upon the Insured Employee's retirement. Dependent Child Basic Life Insurance terminates upon the earlier of the Insured Child's attainment of the limiting age or the Insured Employee's retirement.</p> |
| <p>Contract Employee Termination or Retirement</p> | <p>Coverage terminates at the earlier of retirement or expiration of the current contract year. If you terminate mid-contract, coverage terminates the date you last worked.</p> |
| <p>Non Contract Employee Termination</p> | <p>Coverage terminates on the date you last worked</p> |
| <p>Accelerated Death Benefit</p> | <p>Included</p> |



LIFE AND AD&D

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by National Insurance Services



| | |
|--|---|
| Guarantee Issue | <p>Life Classes 01, 04: \$100,000 Classes 02, 08: \$75,000 Class 03: \$50,000 Class 05: \$0 if participation in classes 05 and 06 combined is less than 60%; \$75,000 if participation in classes 05 and 06 combined is 60% or higher Class 06: \$0 if participation in classes 05 and 06 combined is less than 60%; \$100,000 if participation in classes 05 and 06 combined is 60% or higher Class 07: \$150,000 Dependent \$0 if group participation is less than 30%; \$2,000 if group participation is 30% or higher</p> |
| EOI Requirements | Late entrants Not enrolled within 31 days of eligibility, increases, and amounts exceeding the Guarantee Issue |
| Termination & Continuation of Coverage | <p>Coverage may continue, with payment of premiums during:</p> <ul style="list-style-type: none"> -FMLA -Sick Leave - 120 working days -Military Leave - 15 days |
| Minnesota Continuation | 18 Month Minnesota Continuation Applies to Life |
| Minnesota Continuation and Retirement | MN Continuation applies to retiring employees. MN Continuation runs concurrently with any other Retiree coverage. |
| Conversion Provision | Included - must apply within 31 days |
| Waiver of Premium Provision | <p>Disabled prior to age 60</p> <p>Elimination period - 9 months</p> <p>Waiver of premium terminates at age 65</p> |
| Beneficiary Administration | Employers should request regular updates and maintain for their own records. Employees should also maintain a copy of the most recent beneficiary form for their records. |
| EAP | Yes |
| Billing Information | <p>Billing Method: List Billed</p> <p>Date Census Last Received: 12/29/2020</p> |
| Renewal Date | 2/1/2023 |



DISABILITY INSURANCE

LONG-TERM DISABILITY

Insured by National Insurance Services



Group Long Term Disability Insurance Benefit Summary

Group #: 026480, Mawseco Coop District 938

Policy: Madison National Life Insurance Company, Inc., 0356 **Original Effective Date:** 11/1/1993

| Class # | Class Title and Eligibility (Minimum Hour Requirement) | Maximum Annual Covered Salary / Maximum Monthly Benefit | Benefit | Elimination Period |
|---------|--|---|---------|------------------------------|
| 01 | Administrators, Teachers, Clerical, Social Workers, Aides and All Other Specified Employees (600 hours per year) | \$159,996 / \$8,889 | 66-2/3% | 90 consecutive calendar days |

| | |
|---|---|
| Eligibility/Effective Date of Individual Coverage | Date of Hire |
| Employer Contribution | 100% |
| Participation Requirement | 100% |
| Benefit Duration | To Age 65, reduced duration after age 61 |
| Definition of Disability | Total |
| Cumulative Elimination Period | 10 Working Days; allows return to work for a limited time without beginning the day elimination period over again |
| Minimum Monthly Benefit | \$50 |
| Calculation Method | Standard - Non-Contract Day |
| Pre-Disability Earnings Definition | Base Pay Include: service increment pay |
| Pre-Existing Conditions Exclusion | If you are treated for a medical condition in the 3 months prior to your effective date, any disability relating to that condition will not be covered until you have been insured for 12 months. |
| Terminations & Continuation of Coverage | Coverage may continue, with payment of premiums during: -FMLA -Employer Paid Sick Leave: 120 sick leave days |
| Contract Employee Termination or Retirement | Coverage terminates at the earlier of retirement or expiration of the current contract year. If you terminate mid-contract, coverage terminates the date you last worked. |



DISABILITY INSURANCE

LONG-TERM DISABILITY

Insured by National Insurance Services



| | |
|--------------------------------------|--|
| Non Contract Employee Termination | Coverage terminates on the date you last worked |
| Own Occupation | 24 months following the end of the Elimination Period |
| Sick Pay Coordination | Disability benefit is offset by sick pay |
| Recurrent Disability | Any two periods of total disability from the same cause will be combined as one benefit period if they are separated by a recovery period of less than 6 months. |
| Rehabilitation Provision | Employee Only |
| Maternity Coverage | Included |
| Survivor Benefit | 3x LMB |
| Limitations (Mental/Substance Abuse) | 24 months per Occurrence unless hospital confined |
| Deductible Income (SS Integration) | Full Family; Employee & dependent SS disability or retirement benefit is considered an offset. General Freeze; Automatic or other general cost of living increases in "other specified income" will not cause a reduction in the LTD benefit. |
| Billing Information | Billing Method: List Billed Date Census Last Received: 12/29/2020 |
| EAP | Yes |
| Renewal Date | 2/1/2026 |

This summary of benefits is meant to be an overview of the Policy only. Please refer to the Certificate for a full explanation of your plan's benefits, exclusions, limitations, and reductions. Should there be any discrepancy between this outline and the Certificate, the Certificate will prevail.



EMPLOYEE ASSISTANCE PROGRAM

EMPLOYEE ASSISTANCE PROGRAM

Insured by National Insurance Services



Client Focused. Solution Driven.



Embedded Employee Assistance Program (EAP) with Claimant Assist
Support for Employees* with Life or Disability Insurance Through National Insurance Services



The EAP Program

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you.

Your EAP Service Provider

LifeWorks is a leader in the field of Employee Assistance and has been providing employee assistance services for over 40 years. LifeWorks has the experience to provide the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information you discuss through the EAP is kept confidential in accordance with federal and state laws.

The EAP Process

When you access the EAP, LifeWorks counselors listen and take action toward finding solutions. The next step may include meeting with a mental health counselor for up to three face-to-face visits, negotiating health insurance benefits, or referrals to community resources for legal and financial services.

Referrals and Resources

You can receive information and a listing of childcare and eldercare resources with confirmed vacancies meeting your specifications. If face-to-face mental health counseling sessions are required, LifeWorks counselors will refer you for counseling at a location that is convenient to your home or work. LifeWorks counselors can also refer you to self-help groups such as Alcoholics Anonymous or Gamblers Anonymous and community financial and legal resources for debt management.

Claimant Assist

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance

(over)

Under our EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465
Online: www.niseap.com

Claimant Assist Services Are Available:
866.472.2734

*The EAP is for use by the covered employee only. While issues may concern family members, all contacts to the EAP must be made by the employee.

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EMPLOYEE ASSISTANCE PROGRAM

EMPLOYEE ASSISTANCE PROGRAM

Insured by National Insurance Services



Client Focused. Solution Driven.

beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long Term Disability Claimant Services are available to guide and counsel claimants and their immediate family members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

Virtual Fitness

You have access to a virtual fitness platform through the EAP. LIFT session, one of the leading fitness providers, provides you with an easily accessible, effective and affordable way to reach your fitness goals anytime, anywhere for better health and well-being.

You can work out on your own with personalized programs and access coaches if you have questions, or choose to work under the live supervision of a coach online, in 1-1 personal or group sessions.

Access to Masters-Degreed Counselors 24-Hours a Day Through a Toll-Free Number

Up to three in-person assessment and counseling sessions.

- **Legal Assistance:** Counselors may refer you to a telephone and/or one in-person consultation with an attorney.
- **Financial Assistance:** Telephone consultation with a financial consultant to address questions on budgeting, taxes, and debt consolidation.
- **Eldercare Assistance:** Our specialists can help you locate eldercare options, such as residential care or in home care, provide support in dealing with the emotions of retirement, or legal aspects like estate planning. Use our website to find resources on retirement, from financial planning and calculators, to articles on coping with retirement stress, and filing your retirement days with meaningful activities.
- **Childcare Assistance:** Telephone consultation with a work-life professional to provide information, referrals, and resources related to childcare concerns.
- **Memorial Planning Assistance:** Telephone consultation with a work-life specialist to assist with memorial and funeral planning. Services include identifying potential locations, associated costs for services, and providing information to help coordinate logistics (Available to Life insurance beneficiaries only).

Your EAP and Claimant Assist Administrator:



134 North LaSalle Street, Suite 2200
Chicago, IL 60602

Telephone Assistance:

EAP: 866.451.5465

Claimant Assist: 866.472.2734

Online:

www.niseap.com



VIRTUAL FITNESS

VIRTUAL FITNESS

Insured by LifeWorks

Improve employee health and wellness with virtual fitness

LIFT session



Introducing LIFT session

LIFT session, a leading virtual fitness provider, has built a platform where users can work out on their own with personalized programs and access coaches if they have questions, or choose to work out under the live supervision of a coach online in 1-1 personal or group sessions.

LIFT provides your people an easily accessible, effective, and affordable way to reach their fitness goals anytime, anywhere for better health and wellbeing.

Why virtual fitness works

Physical activity is a vital part of employee health and wellbeing. Fitness improves mental and physical health, resulting in healthier, happier, and more productive employees. Providing your workforce with a turnkey fitness program that fits their schedule and lifestyle is important, which is why virtual fitness works. Combining technology and live coaches who interact with users creates an environment where users are held accountable, workout safely at maximum efficiency, achieve results faster, and have fun! LIFT works because it is convenient with anytime, anywhere access to programs and experts who keep users motivated and accountable, and removes all the complexity related to working out.





VIRTUAL FITNESS

VIRTUAL FITNESS

Insured by LifeWorks

LIFT session virtual fitness is available through your LifeWorks Employee Assistance Program (EAP)

Included in the EAP

Automated fitness journeys. Built by industry experts to help users achieve their fitness goals. An automated journey is a six-week program with three 30 minute automated sessions per week.

Included in Wellness Add-on

- Users can chat live with certified coaches to receive customized fitness recommendations, personalized guidance and monitoring. Coaches can answer questions about fitness, nutrition, sleep, and how to use the app/platform.
- LIFT Global Challenges are pre-defined wellness challenges based on LIFT automated fitness journeys. After logging in to the LIFT Session app, users opt-in to monthly challenges and compete in a friendly environment with users across the globe.*

Add-on fitness services for your organization

Corporate Challenges – Based on LIFT Group Training, Corporate Challenges are a great way to kick-start a fitness program at your organization. Both teams and individuals can participate and earn points for each session they complete. Challenges are managed by LIFT and kick-off with hosted webinars to engage your workforce. Challenge dashboards track participation and standings.

Group Training – Live training with LIFT coaches and a small group of participants connected virtually. Coaches ensure proper form and intensity during workouts via real time two-way communication. Programs vary to keep participants engaged and motivated.

*Wellness Silver and Gold come with one automated LIFT session challenge per year. If you want to provide more than one, please let us know as it may affect pricing.



NEW fee for service offering: Private Broadcast Classes

LIFT Private Broadcast Classes are a perfect solution for organizations looking to improve their employees' health and wellness, especially in this pandemic climate, but also in the new digital workplace.

How it works:

- LIFT Private Broadcast Classes are live, online classes led by world-class instructors.
- With a wide variety of class types such as mindfulness, mobilization, strength, yoga and much more, organizations have the liberty to choose what speaks to them most based on their specific wellness goals.
- Classes are 30 minutes in length, accommodate up to 3,000 participants, making them a great solution for both small and global organizations.
- Class schedules are entirely customizable and are accessible to all levels and require no equipment.



LIFT also offers 1-1 Personal Training for a completely customized fitness experience with a LIFT coach. Employees can purchase 1-1 Personal Training sessions directly in the LIFT session app.

Kick-start a fitness program at you organization today.

Engage your people with all that LIFT session has to offer. Speak with your LifeWorks Customer Success Manager.



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HORACE MANN STUDENT LOAN SOLUTIONS

Struggling with Student Loan Debt?

MAWSECO is here to help! We've partnered with Horace Mann to bring you easy-to-use online tools, knowledgeable loan coaches, and personal consultations to help you manage your student loan debt, apply for federal loan forgiveness, and get on a path toward a brighter financial future.

With Horace Mann Student Loan Solutions, you'll be able to:

- Learn more about recent updates to the Public Service Loan Forgiveness (PSLF) program
- Determine your best repayment plan & calculate your loan forgiveness potential
- Receive ongoing support and guidance

This program is complimentary for district employees. Learn more and get started by visiting <https://www.horacemann.com/student-loan-debt-help/signup/nis>

After you have created your no-cost Student Loan Solutions account, loan coaches are available to help you via phone, chat and email.



MAWSECO VENDOR LIST



MAWSECO
MEEKER AND WRIGHT SPECIAL EDUCATION
COOPERATIVE #0938-52
 PO Box 1010
 720 9th Avenue
 Howard Lake, MN 55349

Melissa Hanson
 Executive Director
 (320) 543-1122 Voice or TDD
 Fax (320) 543-1121
 E-mail:
 mhanson@mawseco.k12.mn.us

MAWSECO 403(b)/457(b) List of Official Vendors:

Please note: you are able to use any account representative you wish to use, they would just need to be an official representative for one of our approved vendors below.

For MAWSECO matching funds information, please contact the HR Coordinator for eligibility and/or review your master contract / individual contract with Meeker & Wright Special Education Coop.

| Official Vendor | Link to website to find an advisor: |
|---|---|
| ❖ Ameriprise | https://www.ameripriseadvisors.com/ |
| ❖ Aspire | https://www.aspireonline.com/plan-types/403(b)-plan/k-12 |
| ❖ AXA Equitable | https://equitable.com/find-financial-professional |
| ❖ EFS Advisors | https://efsadvisors.com/find-advisor/ |
| ❖ Horace Mann | https://www.horacemann.com/locator |
| ❖ Minnesota State Retirement System (MSRS) 457(b) | https://www.msrs.state.mn.us/about-mndcp |
| ❖ Reliastar/Voya | https://www.voya.com/find-professional |
| ❖ Thrivent Financial | https://www.thrivent.com/connect-with-us/ |
| ❖ VALIC/AIG Retirement Solutions | https://www.aigrs.com/find-an-advisor |

Please complete the Salary Reduction Form and return it to the HR Coordinator in the Business Office if you would like to participate in a 403(b)/457(b) or change your elections.



SALARY REDUCTION AGREEMENT

Salary Reduction Agreement for 403(b)/403(b) Roth/457 TSA

Meeker & Wright Special Education Coop #0938
MAWSECO

Part 1. Employee Information

Name Social Security # Birth Date
 Pay periods per year Requested Start Date Bargaining Group

Part 2. Contribution Information (fill in all that apply)

| Salary Reduction | | | | Service Provider | Employee | Contribution | Employer Match | |
|----------------------|-----|--------|------|------------------|----------|--------------|--|------------------------------------|
| Type | New | Change | Stop | | | | Salary Reduction Amount/Percent Per Pay Period | Annualized Salary Reduction Amount |
| 403(b) | | | | | | | | |
| 403(b) | | | | | | | | |
| 403(b) Roth | | | | | | | | |
| 403(b) Totals | | | | | | | | |

Part 4. Agreement

| | |
|---|---|
| <p>By signing this Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 403(b)/403 Roth/457 annuity(ies) or custodial account(s) selected by the Employee. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees that this Agreement:</p> <ol style="list-style-type: none"> 1. Is legally binding and irrevocable with respect to amounts paid or available while it is in effect; 2. May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary reduction agreement is submitted; 3. Is effective only for amounts not yet earned or made available in accordance with the Employer's administrative procedures. | <p>Employee further agrees that:</p> <p>He/she is responsible for determining that his/her salary reduction amount does not exceed the limits of the Applicable Law;</p> <p>He/she is responsible for the accuracy of the information provided by Employee, which is used in determining Employee's Maximum Annual Contribution limit; and Employer has no liability for any losses suffered by Employee that resulted from his/her participation in the 403(b)/403(b) Roth/457 program.</p> <p>Employee acknowledges that Employer has made no representation to Employee regarding advisability, appropriateness or tax consequences of the purchase of the 403(b) program. Nothing herein shall affect the terms of employment between Employer and Employee.</p> <p>This agreement supersedes all prior salary reduction agreements and shall automatically terminate if your employment with the Employer is terminated.</p> |
|---|---|



SALARY REDUCTION AGREEMENT

| | | | | | |
|---|---|--------------------|------|-----------|------|
| <p>Important Information</p> <ol style="list-style-type: none"> 1. Employer does not choose the annuity contract(s) or custodial account(s) in which contributions are invested. 2. Employees are responsible for setting up and signing the legal documents to establish the annuity contract or custodial account. However, in certain group annuity contracts, Employer may be required to establish the contract. 3. In order to receive the expected tax results, Employees are responsible for investing in annuity contracts or custodial accounts that meet the requirements of Section 403(b)/403(b)/457 in the Internal Revenue Code. 4. Employees are responsible for naming a death benefit under the 403(b)/403(b) Roth/457 program. This is normally done at the time the annuity contract or custodial account is established. Beneficiary designations should be reviewed periodically. 5. Employees are responsible for all distributions and any other transactions with their service provider. All rights under the annuity contracts or custodial accounts are enforceable solely by the Employee, Employee Beneficiary or Employee's Authorized Representative. Employee must work directly with the service provider to transfer contract(s) or custodial accounts(s) to another service provider, begin distributions, and make loans, or otherwise access 403(b)/403(b) Roth/457 program assets. 6. Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law. Limits should be checked each year for scheduled increases. <p>Read Before You Sign:</p> <p>By signing this Agreement, you are declaring that the amount you have elected to withhold does not exceed the allowable contribution limits under Applicable Law. If selected in Part 2 above, you are declaring that you are eligible for one or both of the catch up elections as indicated. And you are accepting full responsibility for the amount you have elected to have withheld from your salary and contributed to the 403(b)/403(b) Roth/457 arrangement.</p> <p>Disclaimer – Other Fees: If an investment company does not agree to pay the third party administrator's fee associated with this employer's 403(b) Plan the fee, upon consent of the employer, shall be passed along to the 403(b) participant.</p> | <p>Part 5. Employee Signature</p> <p>I certify that I have read this complete Agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I also certify that I am eligible for the catch up election(s), if selected, under Part 2 above. I understand my responsibilities as an Employee under the 403(b)/403(b) Roth/457 programs, and I request that my Employer takes the action specified in this Agreement. I understand that all rights under annuity(ies) or custodial account(s) established by me under the 403(b)/403(b) Roth/457 program are enforceable only by me, my beneficiary or my authorized representative.</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Employee Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table> <p>Part 6. Acknowledgement and Representative of Sales Agent/Representative</p> <p>I hereby acknowledge my responsibility to comply with the Employer's written directives regarding solicitation of Employees. I also acknowledge my responsibility to assist the Employee in determining the maximum contribution limits.</p> <p>Sales Agent/Representative (please print clearly) <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> Phone</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> Address <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table> <p>Part 7. Employer Signature</p> <p>Employer hereby agrees to this Salary Reduction Agreement.</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> Signature of Employer Representative <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> Date <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> Date Received in HR <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> </div> Date Received in Payroll | Employee Signature | Date | Signature | Date |
| Employee Signature | Date | | | | |
| Signature | Date | | | | |



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 | MHC | 866.810.5216 | www.medica.com |
| Dental | HealthPartners | 800.883.2177 | www.healthpartners.com |
| Vision | VSP | 800.877.7195 | www.vspvision.com |
| Health Savings Account | WEX | 800.492.0669 | www.wexinc.com |
| Flexible Spending Account | WEX | 800.492.0669 | www.wexinc.com |
| Life and AD&D | National Insurance Services | 800.627.3660 | www.nisbenefits.com |
| Voluntary Life and AD&D | National Insurance Services | 800.627.3660 | www.nisbenefits.com |
| Long Term Disability | National Insurance Services | 800.627.3660 | www.nisbenefits.com |
| HR Coordinator | Elizabeth Sullivan | 612.417.6491 | esullivan@mawseco.k12.mn.us |





LEGAL NOTICES

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: \$6750-0% HSA (Individual: 0% coinsurance and \$6,750 deductible; Family: 0% coinsurance and \$13,500 deductible)

Plan 2: 3500-0% HSA (Individual: 0% coinsurance and \$3,500 deductible; Family: 0% coinsurance and \$7,000 deductible)

Plan 3: \$1000-25-20% (Individual: 20% coinsurance and \$1,000 deductible; Family: 20% coinsurance and \$2,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 612.417.6491 or esullivan@mawseco.k12.mn.us.

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](https://studentaid.gov/public-service) or contact your federal loan servicer.



LEGAL NOTICES

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 July 31, 2023. 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.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268 |



LEGAL NOTICES

| 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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms | Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) |
| MAINE – Medicaid | MASSACHUSETTS – Medicaid and CHIP |
| 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: HSHSHIPPPProgram@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 |



LEGAL NOTICES

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

To see if any other states have added a premium assistance program since July 31, 2023, 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



LEGAL NOTICES

HIPAA Special Enrollment Rights

Meeker and Wright Special Education Cooperative Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Meeker and Wright Special Education Cooperative 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 Elizabeth Sullivan - HR Coordinator at 612.417.6491 or esullivan@mawseco.k12.mn.us.

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.



LEGAL NOTICES

Notice of Creditable Coverage

Important Notice from Meeker and Wright Special Education Cooperative 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 Meeker and Wright Special Education Cooperative 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. Meeker and Wright Special Education Cooperative 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. However, please note that the \$6,750 Deductible Plan is NOT Credible. 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 the Meeker and Wright Special Education Cooperative coverage will not be affected. Your current coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current the Meeker and Wright Special Education Cooperative 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 Meeker and Wright Special Education Cooperative 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 Meeker and Wright Special Education Cooperative changes. You also may request a copy of this notice at any time.



LEGAL NOTICES

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: | October 01, 2023 |
| Name of Entity/Sender: | Meeker and Wright Special Education Cooperative |
| Contact—Position/Office: | Elizabeth Sullivan - HR Coordinator |
| Office Address: | 720 9th Ave Howard Lake, Minnesota 55349-4545 United States |
| Phone Number: | 612.417.6491 |



LEGAL NOTICES

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Elizabeth Sullivan.

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



LEGAL NOTICES

PART B: Information About Health Coverage Offered by Your Employer

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

| | | | |
|---|--|--|----------------------------------|
| 3. Employer name Meeker and Wright Special Education Cooperative | | 4. Employer Identification Number (EIN) 41-1304320 | |
| 5. Employer address 720 9th Ave | | 6. Employer phone number 612.417.6491 | |
| 7. City Howard Lake | | 8. State Minnesota | 9. ZIP code 55349-4545 |
| 10. Who can we contact about employee health coverage at this job? Elizabeth Sullivan | | | |
| 11. Phone number (if different from above) | | 12. Email address esullivan@mawseco.k12.mn.us | |



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NOTES



This benefit summary prepared by



Insurance | Risk Management | Consulting