

2018 Employee Benefits Handbook





Rockford Area Schools is committed to offering eligible employees a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

When you think about your total compensation, don't forget about your insurance benefits. Along with your salary, your benefits are a substantial part of your total compensation adding significant value to the total rewards you receive from Rockford Area Schools.

Most of the benefits offered are flexible in design. This means that you can choose the benefits most important to you and your family, and you won't have to pay for benefits you won't use.

All employees working 30 hours or more per week, and their eligible dependents, are eligible for insurance benefits. Eligible dependents include your legal spouse and dependent children up to their 26th birthday. Medical insurance coverage begins on the first of the month preceding your hire or event date. All other benefits begin on the first of the month following your hire or event date.

MAKING CAREFUL CHOICES

Before you enroll in your benefits, carefully examine all of your options. The annual enrollment period is the only time you are able to change benefit plans or add/drop dependents during a plan year, unless you experience a qualifying family status change. Such changes include birth, marriage, divorce, adoption, or loss of other qualifying coverage. Please remember, if you do experience a qualifying event or change in status, you **must notify Human Resources within 30 days of the event** to be eligible to make any changes to your elections.

This guide describes your employee benefit offerings for 2018. Please contact the Human Resources with any questions about your benefits.

*The information in this benefits summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. **In case of discrepancy between the benefits summary and the actual plan documents, the actual plan documents will prevail.** All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.*

Table of Contents and Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources.

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Member Services Phone Number: **651-662-8000 or 1-800-382-2000**

Website Address: **www.bluecrossmn.com**

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Provider Phone Number: **1-888-318-7472**

Provider Web Address: **www.hrsimplified.com**

Dental Insurance – Delta Dental Page 9

Provider Phone Number: **651-406-5916 or 1-800-553-9536**

Provider Web Address: **www.deltadentalmn.org**

Life Insurance - MetlifePage 10

Provider Phone Number: **1-800-275-4638**

Provider Web Address: **www.metlife.com**

Long Term Disability Insurance - MetLife.....Page 11

Provider Phone Number: **1-800-275-4638**

Provider Web Address: **www.metlife.com**

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Medical Insurance – Blue Cross Blue Shield of MN (BCBSMN)

Rockford Area Schools provides medical plan options that allow you to choose the best plan for your individual and/or family needs. When enrolling in a medical plan, you will need to make two important decisions:

Step One: Pick Your Plan

You have a choice of three plan design options through BCBSMN:

1. \$2,000 Traditional Deductible 80/20 Plan with Prescription Copays
2. \$3,500 Deductible HSA Compatible Plan*
3. \$5,000 Deductible HSA Compatible Plan*

**Please note, in order to be eligible for an HSA, you cannot be covered under a non-HSA medical plan or non-limited health spending account. This includes: your spouse's health plan or FSA, Medicare, Tricare or any other non-HSA medical plan.*

Step Two: Pick your Network

Once you select your plan, you pick which BCBSMN network best fits your needs from three options:

1. **Aware Network** – BCBSMN's open access network
2. **Access Network*** – current metro network includes: Allina, Children's Hospital, Gillette Children's Speciality Healthcare, North Memorial, and Ridgeview
3. **High Value Network*** – current metro network includes: Fairview Health Services, HealthEast, HealthPartners, North Memorial, Park Nicollet, Ridgeview, and University of Minnesota Physicians

**These networks also include MN health systems outside of the Twin Cities metro area.*

The Access and High Value options offer a smaller provider network, while still covering a large number of Minnesota physicians. Because of this, the monthly premium cost for these two networks is less expensive than the larger open-access Aware network. **No primary care election or referrals are needed in any of the three networks when visiting an in-network provider.** Nationwide coverage is provided through BlueCard. Visit www.bluecrossmn.com and click on the "Find A Doctor" link to see which networks include your physicians.

Plan Year 2018 Medical Plan Premium Rates Per Month

	\$2,000 Deductible 80/20 Plan	\$3,500-100% HSA Plan	\$5,000-100% HSA Plan
	Total Premium	Total Premium	Total Premium
BCBSMN Aware Network Rates			
Employee	\$686.99	\$602.11	\$529.06
Family	\$1,840.34	\$1,612.95	\$1,417.28
BCBSMN Access Network Rates			
Employee	\$631.72	\$554.73	\$487.61
Family	\$1,692.27	\$1,486.03	\$1,306.22
BCBSMN High Value Network Rates			
Employee	\$620.86	\$544.86	\$478.72
Family	\$1,663.18	\$1,459.58	\$1,282.42

Please note: The rates shown above are the total monthly medical premiums. To determine your costs refer to your collective bargaining contract or employment agreement.

Medical Insurance – BCBSMN – Deductible Plan

Plan Summary

\$2,000 Deductible 80/20 Plan

Partial Listing of In-Network Covered Services

Annual Deductible	\$2,000 individual \$3,000 family
Annual Out of Pocket Maximum	\$3,000 individual \$4,000 family
Preventative Care	
Annual physical, wellbeing or eye exam	No Charge
Immunizations and vaccinations	No Charge
Annual preventative screenings	No Charge
Prenatal care	No Charge
Physician Services	
Office/urgent care visits due to illness or injury	80% coverage after deductible
Specialist visit	80% coverage after deductible
Chiropractic care	80% coverage after deductible
Convenience care	80% coverage after deductible
Diagnostic test/imaging	80% coverage after deductible
Inpatient and Outpatient Hospital Services	
Facility Fee	80% coverage after deductible
Tests/imaging/labs	80% coverage after deductible
Surgery/delivery and all related services	80% coverage after deductible
Chemotherapy/radiation or dialysis	80% coverage after deductible
Emergency Care	
Emergency room services	80% coverage after deductible
Emergency medical transportation	80% coverage after deductible
Mental Health and Chemical Dependency Care	
Outpatient services/office visits	80% coverage after deductible
Inpatient services	80% coverage after deductible
Prescription Drugs (up to a 31-day supply)**	
Preferred generic	\$15 per prescription
Preferred brand	\$35 per prescription
Non-preferred	\$60 per prescription
Preferred specialty	20% coinsurance - max \$200/Rx
Non-preferred specialty	20% coinsurance – max \$400/Rx
Special Health or Recovery Services	
Rehabilitation/habilitation services	80% coverage after deductible
Skilled nursing care/home health care	80% coverage after deductible
Durable medical equipment	80% coverage after deductible
Hospice	80% coverage after deductible

**Please note – through BCBSMN, the cost for a 93-day Rx supply will equate to three copayments through both retail pharmacies and the mail order program.

Medical Insurance - BCBSMN – HSA Plans

<i>Plan Summary</i>	\$3,500-100% HSA Plan	\$5,000-100% HSA Plan
Partial Listing of <u>In-Network</u> Covered Services		
Annual Deductible	\$3,500 individual \$7,000 family	\$5,000 individual \$9,900 family
Annual Out of Pocket Maximum	\$3,500 individual \$7,000 family	\$5,000 individual \$9,900 family
Preventative Care		
Annual physical, wellbeing or eye exam		No Charge
Immunizations and vaccinations		No Charge
Annual preventative screenings		No Charge
Prenatal care		No Charge
Physician Services		
Office/urgent care visits due to illness or injury		100% coverage after deductible
Specialist visit		100% coverage after deductible
Chiropractic care		100% coverage after deductible
Convenience care		100% coverage after deductible
Diagnostic test/imaging		100% coverage after deductible
Inpatient and Outpatient Hospital Services		
Facility Fee		100% coverage after deductible
Tests/imaging/labs		100% coverage after deductible
Surgery/delivery and all related services		100% coverage after deductible
Chemotherapy/radiation or dialysis		100% coverage after deductible
Emergency Care		
Emergency room services		100% coverage after deductible
Emergency medical transportation		100% coverage after deductible
Mental Health and Chemical Dependency Care		
Outpatient services/office visits		100% coverage after deductible
Inpatient services		100% coverage after deductible
Prescription Drugs (up to a 31-day supply)		
Preferred generic		100% coverage after deductible
Preferred brand		100% coverage after deductible
Non-preferred		100% coverage after deductible
Specialty preferred		100% coverage after deductible
Specialty non-preferred		100% coverage after deductible
Special Health or Recovery Services		
Rehabilitation/habilitation services		100% coverage after deductible
Skilled nursing care/home health care		100% coverage after deductible
Durable medical equipment		100% coverage after deductible
Hospice		100% coverage after deductible

Pharmacy & Additional Resources - BCBSMN

Pharmacy

All plans fall under the BCBSMN Classic Pharmacy Network which includes 58,000 pharmacies nationwide. Please note that due to an alliance between BCBS and Walgreens, **CVS and Target pharmacies are not in-network.**

Sign in at bluecrossmnonline.com and select Prescription Services to:

- Find a pharmacy in your network
- Search for drugs on the formulary
- Look up the cost of drugs and compare the cost at different pharmacies in your network
- Set up home delivery (mail order) for the drugs you take on a regular basis

Fitness Discounts

Eligible members can earn up to a \$20 credit each month toward membership dues by visiting a participating fitness center at least 12 times per month. Discount applies to up to two qualifying adult members (age 18 and over), up to \$40 per month per household. To learn more or find a participating health club, visit bluecrossmn.com/fitnessdiscounts.

Blue365

Blue365 offers access to health and wellness deals exclusive to BCBS members. Weekly offerings from leading national brands includes deals for: gyms, fitness gear, healthy eating options, personal care, and more.

Maternity Management

Available to all expectant mothers, the Maternity Management program matches members with a health coach for support throughout the pregnancy. Online tools and resources supporting a healthy pregnancy are also available.

BCBS Nurseline

It's not always easy to determine what level of care you need, which is why BCBS offers 24/7 nurse support. A registered nurse will listen to your symptoms and help you choose when and where to go for care, including self-treatment when appropriate.

Virtual Care Options

Virtual care is a great option for members who want quick, safe, and affordable care for common conditions (i.e. pink eye, sinus infections, bronchitis, UTIs, etc.) - from the convenience of their home or office. BCBS partners with Doctor on Demand which offers video visits with board certified physicians (doctorondemand.com). Prices vary by visit. Another popular option is virtuwell.com, through HealthPartners, that offers \$45 visits and treats

over 60 common conditions. In addition to these options, several MN health systems have begun offering an online visit option – check with your primary care clinic to see if your health system provides this option.

Reimbursement Accounts – HR Simplified

Health Savings Account (HSA)

Employees who enroll in an HSA medical plan can choose to make pre-tax contributions into an HSA, up to the 2018 IRS limit of \$3,450 (single) or \$6,900 (single+1/family).* Employees age 55 and older are able to contribute an additional catch up contribution of \$1,000 per year.

*The IRS contribution limits listed above include all contributions. If you receive a contribution from the District you must include that amount when calculating the maximum amount you can contribute.

Money in this account can be used to reimburse qualified medical, dental or vision expenses and unused funds will rollover from year to year. You also have the flexibility of making changes to HSA contributions at any time.

HSA's allow for a triple tax savings

- Contributions made to the account are pre-tax
- Money in the account earns tax free interest
- Withdrawals are tax free as long as they are used to reimburse qualified expenses

Please note, in order to be eligible for an HSA, you cannot be covered under a non-HSA medical plan or non-limited health spending account. This includes: your spouse's health plan or FSA, Medicare, Tricare or any other non-HSA medical plan.

Flexible Spending Account (FSA)

FSAs allow you to set aside pre-tax contributions, up to the annual limit, to reimburse yourself for eligible expenses. Eligible expenses must be incurred within your calendar year eligibility period. FSAs are considered "use it or lose it" accounts, so any contributions not utilized within the calendar year will be forfeited. Estimate your contributions conservatively as you will lose unused funds and cannot make mid-year changes to your election without a qualifying status change.

Health Care FSA – Employees who waive health coverage or enroll in Rockford Area Schools (non-HSA) \$2,000 Deductible 80/20 health plan are eligible to enroll in a health care flexible spending account to set aside pre-tax contributions to be used to reimburse eligible health care, dental and vision costs. Limit is \$2,650 per year.

Limited Health Care FSA – Employees enrolled in an HSA compatible health plan may choose to enroll in a limited health care FSA which allows reimbursement only for eligible vision or dental expenses. Limit is \$2,650 per year.

Dependent Care FSA – All benefit eligible employees are able to enroll in a dependent care FSA which allows you to set aside pre-tax dollars to pay for daycare expenses. Please note: The IRS annual maximum of \$5,000 is per family, \$2,500 if married filing separately.

Dental Insurance – Delta Dental

Delta Dental Network Coverage Options

Services	Delta Dental PPO	Delta Premier	Out of Network
Preventative Services: Exams & cleanings, x-rays, fluoride treatments, space maintainers, sealants	100% coverage	100% coverage	100% of maximum allowable fee
Basic Services	80% coverage	80% coverage	80% of maximum allowable fee
Endodontics	80% coverage	80% coverage	80% of maximum allowable fee
Periodontics	80% coverage	80% coverage	80% of maximum allowable fee
Oral Surgery	80% coverage	80% coverage	80% of maximum allowable fee
Major Restorative	80% coverage	80% coverage	80% of maximum allowable fee
Prosthetic Repairs	80% coverage	80% coverage	80% of maximum allowable fee
Prosthetics	80% coverage	80% coverage	80% of maximum allowable fee
Calendar Year Deductible (waived for preventative services)	\$50 Single \$150 Family	\$50 Single \$150 Family	\$50 Single \$150 Family
Annual Calendar Year Maximum Per Covered Member	\$1,000	\$1,000	\$1,000

This is only a summary, review your Dental Benefit Plan Summary or contact Delta Dental for additional information.

Dental Plan Costs

	Total Premium
Employee	\$43.72
Employee + 1	\$82.68
Family	\$121.52

Please note: The rates shown above are the total monthly medical premiums. To determine your costs refer to your collective

Life Insurance and Accidental Death & Dismemberment - MetLife

The information provided below is a summary of benefits – for more information review the Certificate of Insurance for your class.

Employee Basic Life & ADD

Basic Life and Accidental Death & Dismemberment (AD&D) coverage is provided by Rockford Area Schools *at no cost to you*. The amount of your coverage depends on your employment classification. Please review the Certificate of Insurance for your class for more information.

Optional Additional Life Coverage

In addition to the basic coverage, you are able to purchase additional life insurance for yourself and your family. You are also able to purchase additional AD&D coverage equal to the amount of additional life coverage elected.

- Coverage is available to employees in \$10,000 increments to a maximum of 5 times your annual salary or \$250,000.
 - Coverage of up to \$100,000 for an employee is guaranteed without evidence of insurability (medical underwriting) if elected within 30 days from the initial date of eligibility. Coverage elections above \$100,000 would be subject to medical underwriting.
 - Employees who are not newly eligible are able to purchase additional coverage, but any election amounts are subject to medical underwriting.
 - Employees currently enrolled in this benefit are able to increase their coverage election by \$10,000 per year during open enrollment, up to the guarantee issue amount of \$100,000.
- If you elect additional coverage for yourself, you may also elect coverage for your spouse. Coverage is available in increments of \$5,000 to a maximum of 50% of your election or \$100,000, whichever is less.
 - Spouse coverage of up to \$25,000 is guaranteed without medical underwriting if purchased within 30 days from the initial date of eligibility. Amounts greater than \$25,000 would be subject to medical underwriting.
 - Employees who are not newly eligible can purchase coverage, but any election would be subject to medical underwriting.
- If you elect additional coverage for yourself, you may also elect coverage for your child(ren). Coverage is available up to \$10,000 and is always guaranteed without medical underwriting.

Rates for Additional Life Employee/Spouse Coverage:

Age	Cost Per \$1,000 of Coverage
Less than 35	\$.040
35-39	\$.070
40-44	\$.100
45-49	\$.150
50-54	\$.230
55-59	\$.430

Rates for Additional Child Life and AD&D:

Coverage	Cost Per \$1,000 of Coverage
Child(ren) Life	\$.240
Employee AD&D	\$.017
Spouse AD&D	\$.017
Child(ren) AD&D	\$.051

60-64	\$.660
65-69	\$1.27
70+	\$2.06

Long Term Disability (LTD) – MetLife Retirement Savings and 403(b) Plan

Long Term Disability Insurance (LTD)

Long Term Disability (LTD) provides long-term income protection in the event that you become disabled due to a non-occupational illness or injury. LTD provides partial income replacement during your period of disability to help provide you and your family with financial security. *This benefit is provided by Rockford Area Schools at no cost to you.*

LTD Schedule of Benefits	
Monthly Level	66.67% of your monthly salary up to the monthly maximum
Monthly Maximum	Dependent on classification, refer to the Certificate of Insurance for your class
Benefit Waiting Period	90 days
Maximum Benefit Period	Refer to your Certificate of Insurance

This is only a summary, review your Certificate of Insurance for additional information.

Retirement Savings and 403(b) Plan

Rockford Area Schools’ 403(b) plan is administered by Mid-America and includes the following three approved vendors: Voya, VALIC and Empower.

- You may defer your eligible compensation on a pre-tax basis up to the annual IRS limit (\$18,500 in 2018)
- Employees age 50 and over are able to contribute an additional \$6,000 catch up contribution each year
- Contribution rate and investment direction changes can be made at any time
- Employer matching is dependent on employment contract language and years of service, please refer to your employment agreement for additional information

Medicaid/CHIP Notice

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

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 are not eligible for Medicaid or CHIP, you will not 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, you can 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, you can 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 permit you to enroll in your employer plan if you are not 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 electronically 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 August 10, 2017. You should contact your State for further information on eligibility –

Minnesota – Medicaid	Wisconsin – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-657-3739	Phone: 1-800-362-3002

To see if any more States have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

COBRA Rights Notice

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;

- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the employer sponsoring the Plan, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), **you must notify Rockford Area Schools** within 60 days after the later of (1) the date of the qualifying event; or (2) the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the qualifying event. In providing this notice, you must use the form entitled “*Employee/Spouse/ Dependent Notice of Qualifying Event Form and Procedures*” and you must follow the procedures specified on the form.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Each qualified beneficiary will be entitled to the disability extension if one of them qualifies. The disability extension is available only if you notify the Plan Administrator in writing and include a copy of your Social

Security Administration's determination letter of disability within 60 days after the latest of:

- The date of the Social Security Administration's disability determination;
- The date of the covered employee's termination of employment or reduction of hours; and
- The date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination of employment or reduction of hours.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension.

Second Qualifying Event Extension

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is available only if you notify the Plan Administrator using the contact information provided below in writing of the second qualifying event within 60 days after the later of (1) the date of the second qualifying event; or (2) the date on which the qualified beneficiary would lose coverage under the terms of the Plan as a result of the second qualifying event (if it had occurred while the qualified beneficiary was still covered under the Plan). In providing this notice, you must use the form entitled "(Employee/Spouse/ Dependent Notice of a Qualifying Event Form & Notice Procedures)," and you must follow the procedures specified on the form.

Other Coverage Options Available To You

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of yourself or your family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Questions

For information about your COBRA rights and obligations under the Plan, you should review the Plan's Summary Plan Description or contact your Plan administrator.

If you have additional questions about your COBRA continuation coverage, you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's Web site at www.dol.gov/ebsa.

For additional information on retiree insurance continuation, please review Minnesota Statute 471.61.

Summary of Benefits and Coverage

Choosing a health plan is an important decision. To help you make an informed choice, your medical insurance carrier makes available a Summary of Benefits and Coverage (**SBC**), which summarizes important information about available health coverage options in a standard format, to help you compare across plan options.

As required by the Patient Protection and Affordable Care Act, Summary of Benefits and Coverage (SBC) are available at your request. You have the right to request a copy of the SBC by contacting Human Resources.

Special Note:

The purpose of this book is to describe the highlights of your benefit programs. Your specific rights to benefits under the plans are governed solely, and in every respect, by the official plan documents and insurance contracts and not by this book. If there is any discrepancy between the descriptions of the plans as described in this material and the official plan documents, the language of the documents shall govern. Rockford Area Schools reserves the right to revise, modify or terminate the health and welfare plan at any time.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have

any questions about this summary, contact Human Resources.