Benefits at a Glance
2015-2016
Staff
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Your Benefit Choices

Sioux Falls School District strives to provide a wide variety of benefits for our Staff. Several benefits are provided automatically to District employees, at no cost, while other benefits are available if they are elected. Refer to the guide below to find the right benefits for you and your family.

Keep this booklet and all coverage materials, so that you may refer to them if needed.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>VENDOR</th>
<th>WHO PAYS THE COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Insurance</td>
<td>Wellmark</td>
<td>The District &amp; Staff</td>
</tr>
<tr>
<td>Freshbenies</td>
<td>Freshbenies</td>
<td>The District</td>
</tr>
<tr>
<td>Vision Insurance</td>
<td>EyeMed</td>
<td>The District &amp; Staff</td>
</tr>
<tr>
<td>Wellness Program</td>
<td>Quality Health Solutions (QHS)</td>
<td>The District</td>
</tr>
<tr>
<td>FitClub Fitness Discount</td>
<td>National Independent Health Club Association (NIHCA)</td>
<td>The District</td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>Delta Dental</td>
<td>The District &amp; Staff</td>
</tr>
<tr>
<td>Retirement Plan</td>
<td>South Dakota Retirement System (SDRS)</td>
<td>The District &amp; Staff</td>
</tr>
<tr>
<td>Supplemental Retirement Plan</td>
<td>TSA Consulting Group, Inc.</td>
<td>Staff</td>
</tr>
<tr>
<td>403(b) Tax Sheltered Annuity</td>
<td>Lincoln National</td>
<td>The District &amp; Staff</td>
</tr>
<tr>
<td>Basic Life and AD&amp;D Insurance</td>
<td>Lincoln National</td>
<td>The District &amp; Staff</td>
</tr>
<tr>
<td>Short-term Disability Insurance</td>
<td>Lincoln National</td>
<td>Staff</td>
</tr>
<tr>
<td>Long-term Disability Insurance</td>
<td>Lincoln National</td>
<td>The District &amp; Staff</td>
</tr>
<tr>
<td>Optional Group Life Insurance</td>
<td>Lincoln National</td>
<td>Staff</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Wageworks</td>
<td>Staff</td>
</tr>
<tr>
<td>Accident Insurance</td>
<td>Aflac</td>
<td>Staff</td>
</tr>
<tr>
<td>Cancer Care Insurance</td>
<td>Aflac</td>
<td>Staff</td>
</tr>
<tr>
<td>Critical Care and Recovery Insurance</td>
<td>Aflac</td>
<td>Staff</td>
</tr>
<tr>
<td>Group Critical Illness Insurance</td>
<td>Aflac</td>
<td>Staff</td>
</tr>
<tr>
<td>Hospital Confinement Insurance</td>
<td>Aflac</td>
<td>Staff</td>
</tr>
<tr>
<td>Hospital Intensive Care Insurance</td>
<td>Aflac</td>
<td>Staff</td>
</tr>
<tr>
<td>Voluntary Vision</td>
<td>EyeMed</td>
<td>Staff</td>
</tr>
<tr>
<td>Vacation (for Select Positions)</td>
<td>Sioux Falls School District</td>
<td>The District</td>
</tr>
<tr>
<td>Sick Leave</td>
<td>Sioux Falls School District</td>
<td>The District</td>
</tr>
</tbody>
</table>
Why did we choose these benefits and carriers?
Sioux Falls School District wanted to provide their District Staff with the best possible combination of benefit options to meet their ongoing needs and those of their families. A core package of benefits was designed to provide District Staff with income protection (retirement benefits, group term life, AD&D, Long Term Disability) and access to superior health and dental care benefits. Our objective is to provide:

- The largest possible network of doctors and dentists so that in-network benefits were available across the board, regardless of where associates live and work. This means that your out-of-pocket costs for care are kept as low as possible.
- Top-quality customer care. Your satisfaction with your benefits, and with the level of care you receive when you call with questions, is important to us and to the carriers we chose.
- Choice in the level of benefits that associates have available to them. We understand that one size does not necessarily “fit all.”

Plan Descriptions
We are required by law to make sure every Staff has access to a plan description for each benefit: plan provided to our staff. Plan descriptions and other related benefits resources can be found on the Sioux Falls School District web portal, at http://www.sf.k12.sd.us/. Click on the “for staff” link on the home page, then the “benefits link” at the left-hand side of the screen.

If you have specific questions about your benefits, please call the customer service number, which can be found on the back of your insurance card (if applicable) or contact Human Resources at (605) 357-7662.

Important Information
Due to IRS regulations, the choices you make now with pre-tax premium elections must continue to be deducted until the end of the plan year (June 30th) unless you have a qualified family status change.

This booklet contains summary information highlighting the key features of the benefits available to you. It is not intended to be all-inclusive, and after enrollment you will receive a Benefit Summary or Certificate of Coverage for each of the benefits that apply to you. For more details on specifics of your benefits, refer to your Benefit Summary or Certificate of Coverage.
Eligibility and Enrollment

Who is eligible?
All regular, active full-time District Staff of Sioux Falls School District are eligible for benefits. To qualify as an active full-time Staff, you must either:
- regularly work a minimum of 20 hours per week, or
- be a member of a collective bargaining group, and meet the eligibility requirements defined by a negotiated collective bargaining agreement.

Eligible District Staff does not include temporary or leased District Staff; independent contractors or consultants who are paid other than by regular wage or salary; and non-Staff Board Members, Directors, and Officers.

Are my dependents eligible?
If you are an eligible participant, you may also cover your eligible dependents under the medical, dental, and voluntary life insurance plans. Eligible dependents include your:
- Legal spouse of opposite gender
- Your children are eligible until they reach their 26th birthday
  - Eligible dependent children include:
    - natural biological children
    - adopted children, from date of placement for adoption,
    - stepchildren who live with you and your spouse,
    - foster children placed in your legal custody, for whom you are legally responsible to provide medical care
    - Disabled dependent children age 26 or older, if they are mentally or physically disabled and unable to earn their own living at the time they reach age 26

When can I sign up for benefits or make changes in coverage?
You must enroll within 31 days of your date of employment. If you sign up when you are first eligible, you’re your insurance coverage will begin on the first day of the month following your date of hire.

Because your premiums are deducted from pay on a pre-tax basis under the Flexible Benefits Plan, you may generally only enroll or make changes to your coverage election on your eligibility date, or at annual enrollment. However, you may change your election during the year if you have a life event that qualifies as a family status change. Such changes include birth, death, marriage, divorce, adoption, ineligibility of a dependent, unpaid leave of absence by you or your spouse, or changes in eligibility for a spouse’s plan because of your spouse’s employment. If you have a status change, you must make your change in election within 31 days of the date of the event or wait until the next annual enrollment. Please choose your benefits carefully.

Notice of Special Enrollment Rights
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 towards your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). This Special Enrollment opportunity is available only if you indicated (or otherwise as required) information regarding your or your dependents’ other coverage on your initial enrollment form/waiver.
In addition, if you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

You may also be eligible for a Special Enrollment Period if you and/or your dependents are determined to be eligible for premium assistance under a state Medicaid plan or state child health plan. You must request enrollment within 60 days of the date you are determined to be eligible for this premium assistance.

**What if I lose eligibility for benefits for myself or a covered dependent?**

Continuation of health care coverage (at your expense) is available to you and your covered dependents under federal COBRA law if you lose eligibility for benefits due to a reduction in hours, termination of employment, or leave of absence. Health coverage includes medical, dental, vision coverages, as well as the amount you elect to a medical flexible spending account. If your dependents no longer meet the eligibility guidelines, they may be also elect to continue benefits at their expense under COBRA for a certain period of time. You must notify Human Resources within 60 days of the date of the event, to protect your and/or your dependents' right to continue coverage.
Medical Benefits

Claims Administrator: Wellmark (800) 774-0384 (www.wellmark.com)
Medical Network: Blue Select PPO
Pharmacy Network: BlueRx Complete

Monthly Costs:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Standard Rates</th>
<th>Wellness Rates</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff Cost</td>
<td>Employer Cost</td>
<td>Staff Cost</td>
</tr>
<tr>
<td>Individual Coverage</td>
<td>$101.22</td>
<td>$351.64</td>
<td>$80.28</td>
</tr>
<tr>
<td>Individual + 1 Coverage</td>
<td>$222.67</td>
<td>$773.63</td>
<td>$176.62</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$323.87</td>
<td>$1,125.29</td>
<td>$256.89</td>
</tr>
</tbody>
</table>

1Based on Full-time schedule. Part-time staff premiums are proportionally adjusted based on work schedule. Premiums for Part-time staff can be found in the back of this booklet.

2New employees receive the Wellness Rate. Employees hired on or after November 1, 2015, will receive the Wellness Rate (reduced medical insurance premiums) for the remainder of the 2015-2016 plan year and the 2016-2017 plan year without completing the Quality Health Survey or Preventive Care Form requirements. However, in order to retain the Wellness Rate for the 2017-2018 plan year, these employees must complete the Wellness Program requirements by March 1, 2017.

Summary of Medical Benefits

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PARTICIPATING PROVIDERS</th>
<th>NON-PARTICIPATING PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Networks</td>
<td>Member pays</td>
<td>Member pays</td>
</tr>
<tr>
<td>Benefit Maximum (Per Plan Year)</td>
<td>When services are provided by a participating Blue Select PPO network provider, the provider will file claims on your behalf and has agreed to the allowed amount payment as payment in full less your deductible or copayments.</td>
<td>You still receive benefits when you use a non-participating provider, however, you may be responsible for filing your claims and payment to the provider. Any difference between the billed charge and the allowed amount is your responsibility. In addition, you are responsible for obtaining preadmission notification for inpatient hospital admissions and prior authorization for certain medical procedures.</td>
</tr>
<tr>
<td>Deductible (Per Plan Year)</td>
<td>$500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Annual Out-of-pocket Maximum</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Annual Prescription Drug Program Out-of-pocket Maximum</td>
<td>$4,100</td>
<td>$8,200</td>
</tr>
<tr>
<td>Individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Includes deductible; coinsurance, office visit copays; excludes premiums, pre-service review penalties, balance-billed charges, and health care this plan doesn’t cover.
<table>
<thead>
<tr>
<th>Service Received in a Physician’s Office:</th>
<th>Participating Providers</th>
<th>Non-Participating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits for illness or injuries</td>
<td>Member pays</td>
<td>Member pays</td>
</tr>
<tr>
<td>- Physician</td>
<td>$20 co-pay per visit</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
</tr>
<tr>
<td>- Specialist</td>
<td>$20 co-pay per visit</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
</tr>
<tr>
<td>Physician Office Services (laboratory, x-ray, therapy services, surgical procedures, etc.)</td>
<td>20% after the deductible up to the out-of-pocket maximum, then plan pays 100%</td>
<td></td>
</tr>
</tbody>
</table>

**Preventive Care (one time per benefit year)**

- Routine physicals
- Routine Cancer Screening (Mammograms, Pap Smears and Breast Exams for women, Prostate/PSA Exams for men)
- Routine Preventive Health Screening Tests, Lab and X-rays
- Immunizations
- Routine Hearing Exams

**Well Child Care Visits (birth to age 6)**

Preventive Colonoscopy, Sigmoidoscopy, and similar routine diagnostic procedures (Per USPSTF Guidelines)

- Nothing

**Therapy Services:** (Prior authorization is required for any services greater than 20 visits per calendar year)

- Physical, Speech and Occupational Therapy (Physician's Office)
  - $20 co-pay per visit
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.
  - 40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.

- Physical, Speech and Occupational Therapy (Outpatient Hospital)
  - $20 co-pay per visit
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.
  - 40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.

- Chiropractic Care
  - $20 co-pay per visit
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.
  - 40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.

**Outpatient Services Received in a Hospital or Other Outpatient Setting:**

- Outpatient Hospital Services (Lab tests, x-rays, kidney dialysis, radiation or chemotherapy, surgery, etc.)
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.
  - Nothing for office visits; other outpatient services - 20% up to the out-of-pocket maximum, then plan pays 100%.
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.

- Outpatient Mental Health and Chemical Dependency Care
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.
  - Coverage is provided at the in-network level for emergency services.

- Emergency Room Services
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.

- Physician services for outpatient surgery, anesthesia, obstetrics and in-hospital medical visits
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.

**Inpatient Hospital Care (semi-private room):**

- Inpatient Hospital Services (room and board, lab tests, x-rays, medication and medical supplies)
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.
  - Preadmission Notification required or you may be responsible for an additional portion of the bill.

- Inpatient Hospital Services (room and board, lab tests, x-rays, medication and medical supplies)
  - 20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.
<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PARTICIPATING PROVIDERS</th>
<th>NON-PARTICIPATING PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member pays</td>
<td>Member pays</td>
</tr>
<tr>
<td>Inpatient Mental Health and Chemical Dependency Care</td>
<td>20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%. Preadmission Notification required or you may be responsible for an additional portion of the bill.</td>
</tr>
<tr>
<td>Physician services</td>
<td>20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
</tr>
<tr>
<td>Transplant Services</td>
<td>20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
</tr>
<tr>
<td><strong>Other Medical Services:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment and Supplies (Limitations may apply)</td>
<td>20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
</tr>
<tr>
<td>Home Health Care (40 visits/plan year maximum)</td>
<td>20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
</tr>
<tr>
<td>Skilled Nursing Care (60 days/plan year maximum)</td>
<td>20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
</tr>
<tr>
<td>Hospice Care (Lifetime maximum: Lesser of 6 months or $10,000)</td>
<td>20% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
<td>40% after the deductible up to the out-of-pocket maximum, then plan pays 100%.</td>
</tr>
<tr>
<td><strong>Prescription Drug Benefit:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At designated retail pharmacies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You pay your co-pay at time of purchase.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Your co-pay applies to a maximum 30-day or 100-unit supply; insulin and diabetic supplies are covered.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You can receive a 90-day supply of medications through the Mail Order program.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty Medications (From Specialty Pharmacy Vendor. Co-pay applies to a 30-day supply)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>25% of the cost of the drug to a maximum of $150/prescription</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

- Over-the-counter generic non-sedating antihistamines [equivalents to Claritin, Allegra, Fexofenadine, and Zyrtec] and ulcer drugs (Prevacid and Prilosec OTC equivalents) - $0 copay with a written doctor's prescription
- Over-the-counter aspirin to prevent cardiovascular disease, iron supplements to prevent anemia, fluoride tablets for children, erythromycin ophthalmic ointment for newborns, with physician's prescription
- Tier 1 Drugs: Greater of $7/prescription or 10%
- Tier 2: Greater of $25/prescription or 25% (Maximum $100)
- Tier 3 and Tier 4: Greater of $50/prescription or 40% (Maximum $200)
- If you choose to use a brand-name drug when a generic equivalent is available, you pay the brand-name copay plus the difference in cost between the brand and generic medication.

- Tier 1: Greater of $17.50/prescription or 10%
- Tier 2: Greater of $62.50/prescription or 25% (Maximum $250)
- Tier 3 and Tier 4: Greater of $125/prescription or 40% (Maximum $500)

- Pharmacy Engagement Program (per benefit year): If you are receive diabetic supplies and insulin listed as Tier 1 or Tier 2, or anti-cholesterol drugs listed as Tier 1 and you fill each prescription on time, you will pay the full copay for the first 90 day supply, 50% of the copay for the second 90 day supply, and $0 after three fills.

- Not covered
Important Health Plan Terms

**Deductible:** the amount you must pay towards the allowed amount for certain covered services each year before the Claims Administrator begins to pay benefits. The deductibles for each plan are listed in the Summary of Benefits on the next page.

**Out-of-Pocket Maximum:** the most each person must pay each year towards the allowed amount for covered services. After a person reaches the out-of-pocket maximum, the Plan pays 100% of the allowed amount for covered services for that person for the rest of the calendar year. Co-pays, penalties, legal fees and interest charged by providers, expenses for non-covered services, charges for transplant services at non-designated facilities and charges over plan limits do not count toward the out-of-pocket maximum.

**Coinsurance:** the percentage of the allowed amount you must pay for certain covered services after you have paid any applicable deductibles until you reach your out-of-pocket maximum.

**Co-pays:** the dollar amount you must pay for certain covered services. The Summary of Benefits lists the co-pays and services that require them. Co-pays do not count toward satisfaction of your deductible or out-of-pocket maximum.

**Benefit Coverage:** the percentage of the claim that will be paid by the Plan for covered services once the calendar year deductible has been satisfied and prior to the out-of-pocket maximum limit reached.
# Vision Benefits

**Carrier:** EyeMed  
**Phone:** (866) 9EYEMED  
**Website:** www.eyemedvisioncare.com

**Monthly Costs**:  
- **Individual Coverage**: $9.19  
- **Individual + 1 Coverage**: $17.46  
- **Family Coverage**: $25.64

1Sioux Falls School District pays 100% of the cost of coverage for all medical plan participants. Non-medical participants may elect to participate in this plan on a voluntary basis, through pre-tax payroll deductions.

## Summary of Vision Benefits

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>NETWORK SERVICES</th>
<th>OUT OF NETWORK SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Network</strong></td>
<td>You must receive care from a participating EyeMed network provider to receive the in-network level of benefits. You will be charged your copayment at the time of service, and the provider will bill the plan for any remaining balance.</td>
<td>When you use a non-participating provider, the out-of-network benefit will apply. You must pay for your expenses and submit a claim to EyeMed to receive reimbursement.</td>
</tr>
<tr>
<td><strong>Eye Exams</strong> (Once/12 months, including dilation as necessary)</td>
<td>100% coverage after $10 copay</td>
<td>The plan pays up to $40</td>
</tr>
</tbody>
</table>
| **Exam Options:**  
- Standard Contact Lens Fit and Follow Up  
- Premium Contact Lens Fit and Follow Up | You pay:  
- Up to $55  
- 10% off retail | N/A  
N/A |
| **Frames** (Once/24 months) | $0 Copay; $100 Allowance, 20% off balance over $100 | The plan pays up to $50 |
| **Lenses** (Once/12 months)  
- Single Vision  
- Lined Bifocal  
- Lined Trifocal  
- Standard Progressive Lenses  
- Premium Progressive Lenses | $10 Copay per purchase, then  
- Covered in Full  
- Covered in Full  
- Covered in Full  
- Covered in full up to $120, then plan pays 20% of balance (you pay 80%) over $120 | The plan pays up to $25  
The plan pays up to $40  
The plan pays up to $55  
The plan pays up to $55  
The plan pays up to $55 |
| **Lens Options**  
- UV Treatment  
- Tint (Solid and Gradient)  
- Standard Plastic Scratch Coating  
- Standard Polycarbonate (Adults)  
- Standard Polycarbonate (Kids under 19)  
- Polarized  
- Other Add Ons | You pay:  
- $15  
- $15  
- Nothing  
- $40  
- $40  
- $45  
- 20% Discount off retail | You pay:  
- additional cost  
- additional cost  
- $5  
- additional cost  
- additional cost  
- additional cost  
- additional cost |
| **Contact Lenses** (Once/12 months, coverage is provided when contact lenses are provided in lieu of eyeglasses)  
- Conventional  
- Disposable | $10 Copay per purchase, then  
- Covered in full up to $100, then plan pays 15% of balance (you pay 85%) over $100  
- Covered in full up to $100, you pay balance over $100 | The plan pays up to $80 |
| **Additional Discounts**  
- Additional items (supplies, etc.)  
- Laser Eye Surgery | 20% Discount  
Average 15% off regular price, or 5% off promotional price | N/A |
Sioux Falls School District employees who are enrolled in the medical plan also receive these concierge health services at no additional cost.

**Teladoc** Telehealth program offers 24/7/365 access to a national network of U.S. board-certified doctors who can resolve many of your medical issues via phone or online video consultations. Teladoc is quality health care, when and where you need it. Teladoc doctors can diagnose, treat, and prescribe medication, when necessary, for minor health conditions, like:

- Cold and flu
- Bronchitis
- Respiratory infection
- Sinus problems
- Allergies
- Urinary tract infection
- Pediatric care
- Poison ivy
- Pink eye

**Medical Health Advisor** Medical Health Advisor can help with a broad range of health care and insurance related issues. It helps members with clinical, insurance and administrative issues for medical, hospital, dental, pharmacy and other needs. Personal Health Advocates help members get the most out of their health benefits. They are typically registered nurses supported by a team of medical directors and administrative experts.

**Health Helper (Discount) Card** Save on prescription drug, dental, and vision expenses when you use your card at a participating location.

- Coast to Coast Vision
- Aetna Dental Access Network
- Most pharmacies nationwide, including Lewis Drug, HyVee, CVS, Shupko, Target, Wal-mart and Walgreens

**Medical Bill Saver™** Many providers will agree to a discount in return for certainty of payment and lower collection costs. Medical Bill Saver™ can lower out-of-pocket costs on medical bills not covered by insurance. Advocates will work with providers to lower the balance on uncovered medical or dental bills over $400.

- Negotiation can lead to 25-50% savings.
- Savings Result Statements are easy to read and detail the outcome and payment terms.
- Provider sign-off on payment terms and conditions.
Wellness Benefits

Administrator: Quality Health Solutions (QHS)
Phone: (888) 747-7231
Website: www.sf.k12.sd.us/well

All Sioux Falls School District staff on the medical plan, and their covered spouses, are eligible to participate in the Wellness Program. District staff and their covered spouses, if applicable, who complete all steps below will receive the Wellness Rate (discounted medical plan premiums) for the entire 2016-17 plan year. Those who choose not to complete the Wellness Program will pay more for their 2016-17 medical plan premiums.

Please note: If you have a covered spouse on your medical plan, both you and your covered spouse must complete each step of the Wellness Program to be eligible for the Wellness Rate in the 2016-17 plan year.

Anything completed between March 16, 2015 and March 1, 2016 will count toward this program cycle.

Step 1: Complete the Quality Health Survey by March 1, 2016*

It's time to take your annual Quality Health Survey. Even if you participated in the program last year, you must complete the Quality Health Survey again this year. Log in here: www.my-qhs.com/wellness

Step 2: Submit a Completed Preventive Care Form by March 1, 2016*

SFSD encourages you to use your benefits to stay current with preventive care services. Please schedule your annual wellness visit with your health care provider. Log into your QHS Homepage to upload your completed form directly to QHS.

Important: Your annual exam must have a date of service between March 16, 2015 and March 1, 2016*.

Step 3: Complete ONE Wellness Program Option by March 1, 2016

**Option A** Complete 3 sessions with a Quality Health Coach
Coaching Sessions are offered once per week and must be scheduled in advance. Call 1-888-747-2829 to schedule an appointment.

**Option B** Complete 3 sessions in one Quality Health Program topic
Follow the instructions on the Home Page Guide and complete at least three sessions in the same program topic.
Sessions are available every 30 days. Complete your first session by December 1, 2015 to meet the deadline.

**Option C** Attend Diabetes Prevention Program at Sanford Health
This program is for members at risk for developing diabetes. If you have been told you are pre-diabetic or have a family history of Type 2 diabetes, this program option is worth your consideration. The program is scheduled to begin September 15, 2015. Attend one of the Wellness Program Informational Meetings for more details (sf.k12.sd.us/well).
You can also download the program brochure from the link on your online QHS Reward Tracker or get a brochure from SFSD HR. You must complete at least 14 of the 16 weekly core sessions to earn credit for this option.

**Option D** Participate in a Fitness Challenge
- Visit a participating gym 8 or more times a month for 4 or more months OR
- Sign up for QHS Fitness Challenge for 16 weeks
  - Log 50,000 steps a week for 16 weeks OR
  - Log 150 minutes a week for 16 weeks

*Notice: It is the responsibility of the staff member or spouse to ensure that QHS has received the Wellness Program requirements on or before March 1, 2016. Staff and spouses will have two weeks after March 1, 2016 to ensure that QHS has received all necessary information. The SFSD HR Department will not make any Wellness Program exceptions. To verify that QHS has received your Wellness Program requirements, contact QIG at 1-888-747-7231.
Health Improvement Programs and Resources

Administrator: Wellmark
Phone: (800) 774-9122
Website: www.wellmark.com

Your health program also provides you with access to a variety of programs and resources to help you manage your health. The program includes:

Personal Health Assistant. Help is available 24/7 at 1-800-724-9122. A care coordinator will identify your need and direct your call to one of these services:

- **Care Navigation** — A health professional will help you understand your diagnosis and learn about resources for support.
- **Decision Support** — Unsure if you should have surgery? Talk to a nurse about your treatment options. And if you’re wondering how your benefits might affect your decision, Personal Health Assistant 24/7 can transfer you directly to a Wellmark customer service representative to answer your coverage questions.
- **Nurse Support** — Having side effects from a drug? Need to know how to take care of a cold? Talk to a registered nurse who can assess your symptoms and recommend next steps.
- **Advocacy** — Frustrated with access to care? Personal Health Assistant 24/7 will help you coordinate the care you need. They’ll do the legwork for you to locate specialists, schedule home-care services, transfer medical records, and more.

Support During Pregnancy and Beyond. Wellmark’s Pregnancy Care Program focuses on keeping you as healthy as possible through your pregnancy. It offers valuable information and personal support for moms-to-be and new parents, including:

- 24/7 nurse phone support to answer pregnancy and baby care questions
- Expert obstetrical nurses to support at-risk pregnancies
- Educational materials and a pregnancy workbook

Support for Chronic Conditions. Living a healthy life can be complicated when you’re managing a long term condition, like diabetes or asthma. Wellmark provides personalized nurse support, educational materials and other support services. Your program nurse may: talk to you about your condition, review your medications and current treatment, help you to set goals and create an action plan, help you understand your doctor’s recommendations, and connect you to other programs, as needed.

Support for Complex Health Situations. Wellmark’s case managers provide you and your caregivers with extra support when you are diagnosed with a catastrophic illness or injury. These experienced registered nurses or social work professionals work hand-in-hand with your care team to evaluate your treatment options, develop care plans, and meet special needs.

MyWellmark Personalized Member Tools. Look up claims or benefits, ask Wellmark a question, print a temporary ID card, find a doctor or other health care facility, look up prescription drug information or connect to a Personal Health Assistant on-line. Register at www.wellmark.com/member/. You can also download a mobile app for your iPhone or android device.
FitClub Fitness Program

Administrator: National Independent Health Club Association (NIHCA)
Phone: (866) 484-9173
Website: www.sf.k12.sd.us/FitClub

FitClub offers a $20 monthly incentive ($40 per household when you and your spouse are both enrolled in the FitClub program). Your monthly credit is deposited directly to your bank account for each month you are enrolled and work out at a participating fitness facility a minimum of eight (8) times per month.

Eligible employees and spouses enrolled in the SFSD medical plan are eligible to participate in the program. To enroll in the program, sign up at a participating fitness center, or print and fill out the enrollment form provided on the web-site. When you join a health club, make sure that they make a copy of your health plan ID card. (Note, even if you are already a member of a health club, you can sign up for the FitClub discount program by completing an enrollment form.)

The District partners with the National Independent Health Club Association (NIHCA). Examples of participating fitness centers in Sioux Falls include:

- 24/7 Fitness & Tanning Club
- Active Generations
- Anytime Fitness
- Avera McKennan Fitness Center
- BodyWorks 24
- Crossfit Dunamis/Sioux Falls
- Curves Central
- The Dharma Room Yoga & Wellness Center
- Embe
- Family Wellness
- Farrell's Extreme Bodysaping
- Fitness 19
- Kosama
- Mutch Women's Center
- Planet Fitness
- Sanford Wellness Center
- Sioux Empire Fitness
- Sioux Falls Family YMCA
- Snap Fitness East/West
- Tryon Gym – Arrowhead Parkway & Minnesota Avenue
- Ultimate Fitness for Women
- 605 Fit
- Welcyon Fitness After 50
- X Fitness Center

The listing of eligible health clubs does change from time to time. A more up-to-date, complete listing of participating health clubs can be located on the “Fitness Center” link on the web-site. If you are using a fitness center that is not enrolled, there is a process to request that NIHCA contact your fitness center to try to get them to participate.
# Dental Benefits

**Insurance Carrier:** Delta Dental of South Dakota  
**Phone:** (605) 224-7345 or (877) 841-1478  
**Website:** www.deltadentalsd.com

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Staff Cost</th>
<th>Employer Cost</th>
<th>Plan Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Coverage</td>
<td>$10.57</td>
<td>$29.33</td>
<td>$39.90</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$43.15</td>
<td>$71.01</td>
<td>$114.16</td>
</tr>
</tbody>
</table>

1. Based on Full-time schedule. Part-time staff premiums are proportionally adjusted based on work schedule.

<table>
<thead>
<tr>
<th>Service</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (Per Coverage Year July – June)</td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td>• $25</td>
</tr>
<tr>
<td>• Family</td>
<td>• $75</td>
</tr>
<tr>
<td>Annual Maximum (Per Coverage Year)</td>
<td>Plan pays up to $1,000 Per Person</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive Services</td>
<td>Nothing</td>
</tr>
<tr>
<td>• Routine examinations and cleanings (2 per coverage year)</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Bitewing X-rays (2 per coverage year to age 19, 1 per coverage year over age 19)</td>
<td></td>
</tr>
<tr>
<td>• Full-mouth/panoramic X-rays (1 every 5 years)</td>
<td></td>
</tr>
<tr>
<td>• Fluoride (2 per coverage year for children to age 19; adults may be eligible after periodontal surgery)</td>
<td></td>
</tr>
<tr>
<td>• Dental sealants (once per lifetime for un-restored first and second molars for children up to age 16)</td>
<td></td>
</tr>
<tr>
<td>• Space maintainers (fixed, band-type for children to age 14)</td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td></td>
</tr>
<tr>
<td>• Emergency treatment for relief of pain</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Silver or composite (white) fillings on front teeth</td>
<td></td>
</tr>
<tr>
<td>• Silver fillings on back teeth</td>
<td></td>
</tr>
<tr>
<td>• Extractions and other oral surgery</td>
<td></td>
</tr>
<tr>
<td>Endodontics and Periodontics</td>
<td></td>
</tr>
<tr>
<td>• Root canals</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>• Treatment of diseases of tissues supporting the teeth</td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td></td>
</tr>
<tr>
<td>• Crowns when teeth cannot be restored with another filling material</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>• Prosthetics (bridges, partial and complete dentures)</td>
<td></td>
</tr>
<tr>
<td>• Dental implants</td>
<td></td>
</tr>
<tr>
<td>Orthodontics (Braces for proper alignment of teeth)</td>
<td>50%</td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum</td>
<td>$1,500/Person</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts

Claims Administrator: WageWorks
Customer Service: (877) 924-3967
Claims Fax: (877) 353-9236

Local Contact: Cassidy Goldstine
Phone: (605) 261-0685
Fax: (605) 334-6123

Mail: P. O. Box 14053
Lexington, KY 40512
Website: www.takecarewageworks.com

Mail: 3500 S. Phillips Ave., Ste. 101
Sioux Falls, SD 57105
E-Mail: cassidy_goldstine@us.aflac.com

The Flexible Benefit Plan allows you to use before-tax dollars to pay for eligible out-of-pocket expenses not covered by any other employer-sponsored insurance. If you elect to participate in the plan, your eligible expenses are exempt from Federal and Social Security income taxes.

Benefits that you may elect on a pre-tax basis include the following:

- **Group Medical and/or Dental Insurance Premiums.** Your premiums are automatically deducted from your pay on a pre-tax basis, unless you elect to have them taken out on an after-tax basis.

- Medically necessary **Health Care Expenses** that are not reimbursed by insurance (deductibles, co-pays, coinsurance, certain doctor-prescribed over-the-counter medications and supplies, prescription eyeglasses, dental and orthodontic expenses, etc.).
  - Each employee can set aside up to $2,550 per plan year in this account to pay for qualified unreimbursed medical expenses incurred by anyone in the employee’s immediate family including children to age 26.

- **Dependent Day Care Expenses** to allow you (and your spouse, if you are married) to work, look for work or attend school.
  - You can elect up to $5,000 per plan year if you file a joint income tax return with your spouse or you are a single parent, or $2,500 to this account if you are married filing separate tax returns.
  - You can use the account to reimburse your expenses to care for your dependent child under age 13 or for elder care (e.g., care for your parent who is dependent on you for care and support).

Here’s an example of how participation in the Flexible Benefit plan can increase your take-home pay:

<table>
<thead>
<tr>
<th>Before-tax premium payment (Flexible Benefits plan)</th>
<th>After-tax premium payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Monthly Pay: $2,916.67</td>
<td>$2,916.67</td>
</tr>
<tr>
<td>- Pre-Tax Medical &amp; Dental Premiums: $(367.01)</td>
<td>$0.00</td>
</tr>
<tr>
<td>- Health Care FSA Account: $(100.00)</td>
<td>$0.00</td>
</tr>
<tr>
<td>= Gross Taxable Earnings: $2,449.66</td>
<td>$2,916.67</td>
</tr>
<tr>
<td>- FICA Taxes (7.65%): $(187.40)</td>
<td>$(223.13)</td>
</tr>
<tr>
<td>- Federal Income Taxes (15%): $(367.45)</td>
<td>$(437.50)</td>
</tr>
<tr>
<td>- After-Tax Medical &amp; Dental Premiums: $0.00</td>
<td>$(367.01)</td>
</tr>
<tr>
<td>- After-Tax Health Care Expenses: $0.00</td>
<td>$(100.00)</td>
</tr>
<tr>
<td>= Net Monthly Take-Home Pay: $1,894.81</td>
<td>$1,789.03</td>
</tr>
</tbody>
</table>

Monthly Tax Savings: $105.78
Annual Tax Savings: $1,269.36

1Married individual (joint return filing status), 15% Federal income tax bracket, family (standard rate) medical and dental insurance, $1,200 yearly health care FSA, $35,000 annual earnings.
You choose the amount to set aside into your Flexible Spending Account, up to the limits shown, above.

- **Estimate your expenses carefully.** Your account can only be used to reimburse expenses for services you receive during the coverage period (plan year) and the two-month and 15-days grace period following the end of the plan year (i.e., by September 15). If you do not use all of your account, the school district is allowed to keep the balance to offset administrative costs (“use it or lose it” rule).

- Your election cannot be changed during the plan year (July 1 through June 30), unless you have a qualified family or employment status change. Change requests must be completed within 30 days following the event. Contact the local Flex plan administrator to make changes.
  - **Family Status Changes** (marriage, divorce or legal separation, birth or adoption of a child, death of a spouse or dependent)
  - **Employment Status Changes** (Change from Part Time to Full Time, or Full Time to Part Time, Termination or Commencement of Spouse’s Employment or a Significant Change in Health Coverage Due to Spouse’s Employment (only allows you to change your health/dental coverage pre-tax election), your Unpaid Leave of Absence)

- **When you have an eligible expense**, you have the following reimbursement options:
  - **Dependent Day Care** – You can be reimbursed up to the balance in your DDC Flex Account.
    - Complete a WageWorks Request for Reimbursement Form
    - Have the day care provider sign the form where indicated, OR
    - Get a receipt for services from your day care provider.
  - **Unreimbursed Medical Expense** – You can be reimbursed up to your annual URM election at any time during the plan year.
    - **Option 1:** Pay for the expense and then submit a WageWorks Request for Reimbursement form to WageWorks. Include verification of the expense (see below).
    - **Option 2:** Use the WageWorks payment card to pay the expense. You will need to submit verification of the expense to WageWorks unless it is an office visit co-pay or a prescription co-pay at one of the larger pharmacies. Submit verification (see below) along with a completed WageWorks Request for Reimbursement Form to WageWorks.
  - **Medical Expense Verification:**
    - **EOB (recommended)** – “Explanation of Benefits” that you receive from the insurance company. These are provided by the major medical, dental and vision insurance companies. EOBs are typically mailed out and most can be downloaded from each company’s website.
    - **Receipt for Payment** – Receipt must show patient’s name, provider’s name, amount of payment and date of payment.
    - **Copy of Medical Billing** – this must include patient’s name, provider’s name, amount of payment and date of payment.
    - **WageWorks Request for Reimbursement Forms** are available on the Sioux Falls School District website. WageWorks’ address and toll-free fax number are shown on the claim form.
  - Reimbursements are also available via Direct Deposit
  - **Claims Deadline:** Claims must be submitted within 90 days following the end of the plan year; i.e., by September 28th.
Basic Life and AD&D Insurance

Insurance Carrier: Lincoln National Life
Phone: (800) 423-2765
Website: www.lfg.com

Staff Basic Life:

Monthly Cost of Coverage: The cost of coverage is shared between the District and the Associate, based on your work schedule classification. Please refer to your enrollment packet for more details.

Staff Basic Life Insurance:

<table>
<thead>
<tr>
<th>Description</th>
<th>Benefit Amount¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Eligible District Staff</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

¹Benefits reduce to 65% of the original benefit amount at age 65. At age 70, benefits reduce to 50% of the original benefit amount.

Staff Basic Accidental Death & Dismemberment (AD&D) Insurance:

<table>
<thead>
<tr>
<th>Loss</th>
<th>AD&amp;D Benefit</th>
<th>Common Carrier Accident²</th>
<th>Other Covered Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Life</td>
<td>2X Principal Sum</td>
<td>1X Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Loss of Both Hands, Both Feet or Both Eyes</td>
<td>2X Principal Sum</td>
<td>1X Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Loss of One Hand and One Foot</td>
<td>2X Principal Sum</td>
<td>1X Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Loss of One Hand or One Foot and One Eye</td>
<td>2X Principal Sum</td>
<td>1X Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Loss of one member (One Hand, One Foot or One Eye)</td>
<td>Principal Sum</td>
<td>1/2 Principal Sum</td>
<td></td>
</tr>
</tbody>
</table>

²Common carrier accident benefits are payable if accidental injury or death occurs while you are in, on or boarding a common conveyance (plane, train, bus or ship) while you are a fare paying passenger (not a pilot, operator or crew member).

Primary Dependent Life:

Monthly Cost of Coverage: $1.20 for a family unit

<table>
<thead>
<tr>
<th>Covered Dependents</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse:</td>
<td>$8,000³</td>
</tr>
<tr>
<td>Dependent Children age 14 days to age 19 (23 if a full-time student):</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

³Spouse benefits end when the Staff reaches age 70
Short Term Disability Benefits

Insurance Carrier: Lincoln National Life
Phone: (800) 423-2765
Website: www.lfg.com

As a benefit-eligible staff member, you are eligible to take advantage of low group rates for Short-term disability coverage that supplements the District’s sick pay program. Benefits are payable in the event you are disabled (due to a non-work-related illness or injury). You have the flexibility to choose the benefit amount that best fits your needs (to a maximum of the lesser of 66-2/3% of your weekly earnings or $1,400 per week).

<table>
<thead>
<tr>
<th>Elimination Period</th>
<th>Benefit Amount</th>
<th>Benefit Duration</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Days Accident or Illness</td>
<td>Units of $100 of weekly benefit (minimum $100), to a maximum of the lesser of 66-2/3% of base weekly earnings, or 1,400/week</td>
<td>Up to 24 weeks after 14 day elimination period</td>
<td>$5.70 per $100 of covered weekly benefit</td>
</tr>
</tbody>
</table>

Benefits are provided for total or partial disability. For partial disability benefits, you must be working and earning at least 20% of your pre-disability weekly pay, but be unable to perform the material duties of your job on a full-time basis and have a loss of income due to your disability.

Pre-Existing Conditions: During the first six months of coverage, you may not be eligible for benefits if you become disabled due to a pre-existing condition. Pre-existing conditions are defined as a condition which has been diagnosed or treated during the three months prior to your effective date.

Partial Disability: If you are working on a partial basis during a period of disability, your benefit will be the lesser of (A) your maximum weekly benefit minus other income benefits, except for partial disability employment earnings; or (B) your basic weekly benefit minus other income benefits.

Waiver of Premium: Your premiums are waived during a period of disability while you are collecting Short Term Disability benefits.

Integration of Benefits: You are not required to exhaust your sick leave bank before receiving short term disability benefits. However, during the short term disability benefit waiting period and while you are collecting benefits, you may use accrued sick pay to supplement your disability income, up to a combined maximum of 100% of your pre-disability earnings from sick pay and short term disability benefits.

Your benefits will be reduced by benefits received from any state disability program. The total of all benefits received from this policy, state disability programs, and the District’s sick pay plan may not exceed 100% of your income prior to disability.

Short Term Disability coverage is portable. You may be able to keep the coverage on an individual basis if you leave employment (after 12 months of coverage under the plan) other than due to disability, leave of absence, or retirement.
Long Term Disability Benefits

Insurance Carrier: Lincoln National Life
Phone: (800) 423-2765
Website: www.lfg.com

Monthly Cost of Coverage:

<table>
<thead>
<tr>
<th></th>
<th>Staff Cost</th>
<th>Employer Cost</th>
<th>Plan Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate Per $100 of Covered Monthly Earnings</td>
<td>$.048</td>
<td>$.072</td>
<td>$.12</td>
</tr>
</tbody>
</table>

The cost of coverage is shared between the District (60%) and the Associate (40%), based on your Covered Monthly Earnings.

Below is a summary of the basic Long Term Disability benefits available to you.

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Elimination Period</th>
<th>Benefit Amount</th>
<th>Benefit Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Term Disability</td>
<td>180 Days</td>
<td>60% of eligible monthly salary to a maximum of $4,900 per month</td>
<td>See chart below</td>
</tr>
</tbody>
</table>

Benefit Duration:
- Age at Start of Disability: Max. Period Payable
  - Less than age 60: To your 65th birthday
  - Age 60: 60 monthly disability benefits
  - Age 61: 48 monthly disability benefits
  - Age 62: 42 monthly disability benefits
  - Age 63: 36 monthly disability benefits
  - Age 64: 30 monthly disability benefits
  - Age 65: 24 monthly disability benefits
  - Age 66: 21 monthly disability benefits
  - Age 67: 18 monthly disability benefits
  - Age 68: 15 monthly disability benefits
  - Age 69 or older: 12 monthly disability benefits

Other Plan Features:
- Partial disability benefits provided if you are working a reduced schedule due to disability.
- Waiver of premium while you are disabled and collecting Long Term Disability payments.
- Progressive income benefit increases monthly benefit by 10% for loss of ability to perform two or more “activities of daily living” or cognitive impairment.
- Disabilities caused by pre-existing conditions (diagnosed or treated within 3 months of effective date) are not covered if they begin within 12 months of the coverage effective date.
- Limitations on benefit duration may apply to certain medical conditions (mental health, chronic fatigue, musculoskeletal/connective tissue injury or sickness, environmental sickness and substance abuse).
- Benefits may be offset by other income benefits (e.g., Social Security disability, retirement benefits, earnings from employment, third-party liability insurance payments, etc.)
Optional Term Life Insurance

Insurance Carrier: Lincoln National Life
Phone: (800) 423-2765
Website: www.lfg.com

Monthly Cost:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 30</td>
<td>$0.50</td>
</tr>
<tr>
<td>30-39</td>
<td>$0.70</td>
</tr>
<tr>
<td>40-44</td>
<td>$1.00</td>
</tr>
<tr>
<td>45-49</td>
<td>$1.00</td>
</tr>
<tr>
<td>50-54</td>
<td>$1.60</td>
</tr>
<tr>
<td>Age 55-59</td>
<td>$4.10</td>
</tr>
<tr>
<td>60-64</td>
<td>$5.80</td>
</tr>
<tr>
<td>65-69</td>
<td>$9.40</td>
</tr>
<tr>
<td>70-74</td>
<td>$18.80</td>
</tr>
<tr>
<td>75+</td>
<td>$20.60</td>
</tr>
</tbody>
</table>

Benefit Amount: Increments of $10,000 to a maximum of the lesser of 8x annual earnings or $500,000

Guaranteed Issue:
Under 70 years of age: $200,000
Age 70 but less than age 75: $20,000
Age 75 or over: N/A

Age Reduction Schedule: Insurance in force prior to age 65 will reduce to 65% at age 65, and 50% at age 70.

Calculate The Monthly Cost Of The Amount You Would Like To Purchase:

\[
\frac{\text{(Amount Selected)}}{10,000} \times \text{(Rate from table)} = \text{(Monthly Cost)}
\]

Increases & Decreases in Coverage:
An eligible Staff member may enroll for or increase his or her Voluntary Term Life Insurance Benefits at any time, only if he or she satisfies the Insurability Requirement. Any amount the Insurance Company approves is effective on the date the Insurance Company agrees in writing to insure the member.
You may reduce Insurance Benefits at any time. The reduced amount will be effective on the date the Insurance Company receives the completed change form.
Optional Spouse Life Insurance

Monthly Cost:

<table>
<thead>
<tr>
<th>Spouse Optional Life (Per $5,000 of Benefit)*</th>
<th>Age 55-59</th>
<th>$2.05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 30</td>
<td>60-64</td>
<td>$2.90</td>
</tr>
<tr>
<td>30-39</td>
<td>65-69</td>
<td>$4.70</td>
</tr>
<tr>
<td>40-44</td>
<td>70+</td>
<td>Coverage ends</td>
</tr>
<tr>
<td>45-49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-54</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Spouse rate is based on the age of the Spouse.

Guaranteed Issue: Staff member under 60 years of age: $75,000
Staff member age 60 or over: N/A

Benefit Amount: Increments of $5,000 to a maximum of $100,000.
A Spouse's Life Insurance Benefits cannot exceed 50% of the Staff member's Optional Life Insurance

Optional Dependent Life Insurance

Monthly Cost (per $10,000 unit of coverage): $1.00/family

Guaranteed Issue: All Dependent Child benefits are Guaranteed Issue

Benefit Amount: 14 days to 6 months of age: $250
Over 6 months*: Flat $10,000

*Unmarried dependent child(ren) are eligible to age 19 (23 if full-time student). Staff coverage is required.
Aflac Insurance

<table>
<thead>
<tr>
<th>Insurance Carrier:</th>
<th>Aflac</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service:</td>
<td>(800) 992-3522</td>
</tr>
<tr>
<td>Claims Fax:</td>
<td>(877) 442-3522</td>
</tr>
<tr>
<td>Address:</td>
<td>1932 Winton Rd.</td>
</tr>
<tr>
<td></td>
<td>Columbus, GA 31999</td>
</tr>
<tr>
<td>Website:</td>
<td><a href="http://www.aflac.com">www.aflac.com</a></td>
</tr>
<tr>
<td>Local Contact:</td>
<td>Cassidy Goldstine</td>
</tr>
<tr>
<td>Phone:</td>
<td>(605) 261-0685</td>
</tr>
<tr>
<td>Fax:</td>
<td>(605) 334-6123</td>
</tr>
<tr>
<td>Mail:</td>
<td>3500 S. Phillips Ave., Ste. 101</td>
</tr>
<tr>
<td></td>
<td>Sioux Falls, SD 57105</td>
</tr>
<tr>
<td>E-Mail:</td>
<td><a href="mailto:cassidy_goldstine@us.aflac.com">cassidy_goldstine@us.aflac.com</a></td>
</tr>
</tbody>
</table>

Aflac is designed to complement your major medical insurance policy.

Although, major medical insurance can help you pay much of the cost of medical care, you may still have out-of-pocket expenses that aren't covered by major medical insurance, including travel, food, lodging, child care, and household help. Living expenses such as car payments, rent or mortgage payments, and utility bills will continue whether or not you are able to work. If a family member needs to stop working to take care of you, the loss of income may double.

**Aflac pays cash benefits directly to you, unless you choose otherwise.** This means that you will have additional financial resources to help you with the financial consequences of medical care that may not be covered by major medical insurance.

**More Aflac Advantages ...**

- Aflac policies are guaranteed renewable.
- Aflac policies are completely portable – Keep your coverage if you change jobs or retire.
- Aflac processes most claims within four days.
- Aflac has **never** raised the rates on its core products*.
- Aflac premiums do not increase with age, number of claims, or changes in your health.
- Aflac premiums can be payroll deducted “pre-tax.” You pay no Federal Income Tax, Social Security Tax or Medicare Tax on the premiums.
- If family coverage is selected, children are covered up to age 26 regardless of student, dependent, or marital status.

*While Aflac has never increased the premiums in its core products, Aflac reserves the right to increase premiums in the future.

1**Aflac herein means American Family Life Assurance Company of Columbus**

**Note:** This is a brief overview only. Benefits are determined by state and plan level selected. For rates and coverage details, contact your local Aflac Representative.
Accident Insurance
24 hour coverage, on and off the job

Aflac’s accident policy provides benefits if a covered person receives medical care for injuries that result from a covered accident. The plan provides:

- Wellness Benefit
- Accident Emergency Treatment Benefit ($120 per accident)
- Accident Follow-Up Treatment Benefit ($35/visit, up to 6 follow up visits)
- Initial Accident Hospitalization Benefit ($1,000)
- Hospital, Lump Sum Injury, Physical Therapy, and Surgery Benefits
- Accidental death and dismemberment benefit (up to $150,000)
- Optional Spouse Disability Rider

Cancer Care/Specified Disease Insurance
Three Levels of Coverage Available

According to the American Cancer Society, in the United States men have slightly less than 1-in-2 lifetime risk of developing cancer; for women, the risk is a little more than 1-in-3. (Cancer Facts and Figures 2010)

Benefits Include:
- Wellness Benefit
- Initial Diagnosis Benefit
- Treatment (Surgery, Radiation and Chemotherapy) and Hospitalization Benefits

Critical Care and Recovery Insurance

The Critical Care and Recovery insurance policy pays a lump-sum benefit upon diagnosis of having had a primary specified health event, pays benefits for hospital confinement, continuing care, transportation, and lodging, and has no deductibles, copayments, or network restrictions—you choose your own medical treatment provider. Major health events covered:

Primary Specified Health Events:
- Heart attack
- Sudden cardiac arrest
- Coronary artery bypass surgery
- Stroke
- End-Stage Renal Failure
- Major human organ transplant
- Major third degree burns
- Coma
- Paralysis
- Persistent vegetative state

Benefits Include:
- $5,000 First Occurrence Benefit (increases $500/year to age 65 or until collected)
- $2,500 Recurrence Benefit
- Hospital Confinement Benefit
- Continuing Care Benefit
- Continuing Care Benefit
- Mileage/Transportation Benefit
- Ambulance Benefit
- Angioplasty
Hospital Intensive Care Insurance

Anyone at any age can experience an accident or illness that results in admission to a hospital intensive care unit. The Aflac Hospital Intensive Care Protection policy provides benefits when a covered person incurs a charge for confinement in a hospital intensive care unit or a step-down unit for a covered sickness or injury and policy provisions are met. Benefits are provided for:

Benefits Include:
- Confinement in a Hospital Intensive Care Unit
- Confinement in a Step-Down Intensive Care Unit
- Ambulance Benefit
- Major Human Organ Transplant Benefit
- Progressive Benefit

Hospital Confinement Indemnity Insurance

Benefits for Hospital Confinement Indemnity Insurance Include:
- Physician Benefit
- Hospital Confinement (Initial and Continuing Hospitalization)
- Rehabilitation Unit Care
- Major Diagnostic Tests
- Surgery
- Hospital Emergency Room and Ambulance Benefits

Group Critical Illness Insurance

Benefits for Group Critical Illness Insurance Include:
- Lump sum benefit of $5,000 to $50,000 for heart attack, internal or invasive cancer, stroke, end-stage renal failure
- $1,250 to $12,500 for carcinoma in situ or coronary bypass surgery
- Includes recurrence and additional occurrence benefits – No lifetime maximum
- $50 annual wellness benefits for adults covered under the policy
Retirement Benefits

Administrator: South Dakota Retirement System (SDRS)
Phone: (605) 773-3731 or (888) 605 7377
Website www.sdrs.sd.gov

<table>
<thead>
<tr>
<th>Eligible District Staff</th>
<th>Permanent, Full-time District Staff working a minimum of 20 hours per week, for at least 6 months per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Contributions</td>
<td>6% of Salary</td>
</tr>
<tr>
<td>Employer Contributions</td>
<td>6% of Salary</td>
</tr>
<tr>
<td>Tax-Preferred Treatment</td>
<td>Your contributions and contributions made by Sioux Falls School District toward your account are deferred from Federal income taxes until withdrawn at a later date, generally after retirement.</td>
</tr>
<tr>
<td>Minimum (Guaranteed) Benefit</td>
<td>If you terminate employment or die before becoming eligible for monthly lifetime retirement benefits, your accumulated contributions are guaranteed.</td>
</tr>
<tr>
<td>Accumulated Contributions</td>
<td>After you have completed at least three years of contributory service, your accumulated contributions are equal to 100% of your contribution and 85% of your employer's contributions, to your account.</td>
</tr>
<tr>
<td></td>
<td>Before you have completed three years of service, accumulated contributions equal 100% of your contributions plus 75% of your employer's contributions.</td>
</tr>
<tr>
<td>Retirement Benefits</td>
<td>The plan is a Defined Benefit plan. This means that your monthly retirement benefit is determined based on an actuarial formula that takes into account your age at retirement, credited years of service, and final average compensation.</td>
</tr>
<tr>
<td></td>
<td>You are eligible to receive retirement benefits after you have completed 3 years of credited service (with an SDRS employer). Please refer to your annual Personal Benefits Statement, which shows the projected value of your retirement benefits.</td>
</tr>
<tr>
<td></td>
<td>Monthly lifetime retirement benefits are increased by a Cost of Living Adjustment (COLA) annually each July 1st, prorated if the benefit has not been paid for at least one year.</td>
</tr>
<tr>
<td>Normal Retirement</td>
<td>The first of the month of your 65th birthday. Full monthly benefits are available to you.</td>
</tr>
<tr>
<td>Regular Early Retirement</td>
<td>Age 55. Benefits are reduced for retirement prior to age 65, based on your age and years of credited service.</td>
</tr>
<tr>
<td>Special Early Retirement (Rule of 85)</td>
<td>Age 55. If your combined age and credited years of service equals 85 at the time of your retirement, you can retire and receive full monthly benefits.</td>
</tr>
<tr>
<td>Delayed Retirement</td>
<td>If you continue working beyond normal retirement, your benefits will begin once you actually retire.</td>
</tr>
</tbody>
</table>
| **Disability Retirement** | If you are disabled prior to age 65, and the disability is expected to last one year or longer, you may be eligible to receive a monthly benefit from SDRS.

For the first 36 months of disability: The benefit is 50% of your final average compensation, increased by 10% for each eligible dependent child up to a maximum of 4 children.

Starting with the 37th month of disability:
- If you are receiving Social Security Disability benefits, you will receive the greater of:
  a) the amount paid during the first 36 months of benefit less your Primary Social Security benefit, or
  b) the amount of your unreduced retirement benefit as of the date of disability; subject to a minimum of 20% of your final average compensation.
- If you are not receiving Social Security Disability benefits, your benefit will be the greater of a) 20% of your final average compensation, or b) the amount of your unreduced retirement benefit as of the date of disability.

This benefit is paid until you reach age 65 (when retirement benefits begin), or over 5 years for disabilities starting after age 60. |
| **Survivor Protection** | If you die while still employed, the following benefits will apply:

Base Family Benefit – 40% of your final average compensation, plus 10% per child under age 19 (maximum 6 children) to a maximum of 100% of your final average compensation. This benefit is reduced as each child reaches age 19.

Base Spouse Benefit – 60% of your projected retirement benefit, when your spouse reaches age 65.

Optional Spouse Benefit (Closed to new participants after July 1, 2010) – Participants who elected this coverage before July 1, 2010, maintain covered active employment, and continue to pay for the coverage are eligible for a spouse monthly benefit equal to 40% of final average compensation for the years not covered by the Base plan (from the time all your children reach age 19 until your spouse is age 65). The cost of this coverage is 1.2% of your salary.

Survivor benefits after retirement are equal to 60% of your retirement benefit, for your spouse’s lifetime.

If both you and your spouse die before your total accumulated contributions are paid out, your named beneficiary or estate will receive the balance. |
## Supplemental Retirement Benefits

**South Dakota Retirement System (SDRS) Supplemental Retirement Plan**

**Administrator:** South Dakota Retirement System (SDRS)

**Phone:** (800) 959-4457

**Website** www.srp457.com

<table>
<thead>
<tr>
<th>Deferred Compensation</th>
<th>Internal Revenue Code (Section 457) allows employees of state and local government to set aside dollars pre-tax, under a Deferred Compensation Plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How Does it Work?</strong></td>
<td>You can elect to defer a part of your earnings each pay period, up to the maximum annual contribution. Dollars are invested, and your contributions and investment earnings on your contributions are deferred from Federal income taxes until withdrawn at a later date, generally after retirement.</td>
</tr>
</tbody>
</table>
| **Maximum Annual Contribution** | The maximum annual contribution is set by law, and may change each year.  
  - For 2015, you can contribute up to a maximum of $18,000 per calendar year to the SDRS-SRP.  
  - If you are over age 50, you are also eligible to make an additional “catch up” contribution, up to an additional $6,000 per year.  
  - Participants within three years of retirement may contribute up to twice the normal limit each year (e.g., $36,000 per year) for up to three calendar years preceding retirement.  
  - If you also contribute to other tax-preferred savings plans (for example, the 403(b) plan), the SDRS-SRP maximum is not offset by additional contributions. However, if you participate in another 457 Deferred Compensation Plan, those contributions apply to the maximum annual contribution. |
| **Minimum Contribution** | You can contribute as little as $25 per month ($300 per year) to the SDRS-SRP. |
| **Contribution Changes** | You can increase, decrease or stop making contributions at any time. |
| **Investment Options** | Dollars can be allocated to a variety of investment products, including mutual funds, bonds and money market funds.  
  - You can change investment options at any time  
  - You can also transfer funds between investments |
| **Investment Fees** | **Asset Charges:** Based on the assets in your account, you pay a monthly fee to SDRS to manage your assets. This fee is .26% (or $.26 per $100 of account value) each month.  
  **Investment Fees:** Depending on the investment fund(s) you select, investment management fees may also be charged by the fund advisor. These fees are disclosed in the fund’s Prospectus. |
| Withdrawing Funds | When you **retire or leave employment**, you have several options to choose from:  
  - Lump sum withdrawal  
  - Annuity (periodic payments) of  
    - A fixed dollar amount for a fixed period of time;  
    - A percentage of the total for a fixed period of time; or  
    - A monthly lifetime annuity payment  

**Before retirement** you may be able to use SDRS-SRP funds to purchase additional credited service. No withdrawal penalty applies.  

You can also withdraw your SDRS-SRP funds before you retire:  
- For unforeseeable financial emergency (as defined by IRS), approved by SDRS; or  
- You can make a one-time withdrawal if your account balance is under $5,000 (you may not have taken any prior withdrawals) and you have not made contributions for at least two years.  

Funds withdrawn are subject to Federal income tax. In most cases, you will be in a lower income tax bracket after retirement, and therefore pay less in taxes than you would have paid if you received your entire paycheck during active service.  

| Account Rollovers | Your SDRS-SRP account will accept rollovers from other tax-deferred savings plans, such as an IRA, 403(b) tax-sheltered annuity, or 401(k) plan.  

The plan is portable, meaning that you can take it with you when you leave employment. Your SDRS-SRP account can be rolled over to another tax-qualified plan. You can also leave your account with the SDRS-SRP plan until a later date.  

| Minimum Distributions | Beginning at age 70-1/2, IRS rules require that you begin receiving income from the plan, subject to minimum distribution rules. The first minimum distribution must be taken by April 1 of the year following the year you turn age 70-1/2 or leave employment (if later).
**403(b) Tax-Sheltered Annuity**

**Administrator:** TSA Consulting Group, Inc.

**Phone:** (888) 796-3786

**Website:** www.tsacg.com

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**Sioux Falls School District 49-5, SD**

**2015 INFORMATION**

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**for 403(b) Plan**

The 403(b) Plan is a valuable retirement savings option available through Sioux Falls School District 49-5, SD. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) Plan.

Plan administration services for the 403(b) plan are provided by TSA Consulting Group, Inc. (TSACG). Visit the TSACG website (tsacg.com) for information about enrollment in the plan, investment product providers available, distributions, enrollment, exchanges or transfers, 403(b) loans, and rollovers.

**Eligibility**

All employees, with the exception of private contractors, appointed/elected trustees and/or school board members and student workers, are eligible to participate in the 403(b) plan immediately upon employment. Employees may make voluntary elective deferrals to the 403(b) plan. Participants are fully vested in their contributions and earnings at all times.

**Employee Contributions**

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) account up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant’s taxable income. Salary deferral contributions to the participant’s 403(b) account are made from income paid through the employer’s payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. TSACG monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

**The Basic Contribution Limit for 2015 is $18,000.**

Additional provision allowed if selected by the employer:

**Age-Based Additional Amount**

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to $6,000.

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**Enrollment**

Employees who wish to enroll in the employer’s Supplemental 403(b) Retirement Plan must first select the provider and investment product best suited for their 403(b) account. Upon establishment of the account with the selected provider, a “Salary Reduction Agreement” (SRA) form and any disclosure forms must be completed and submitted to the employer. This form authorizes the employer to withhold 403(b) contributions from the employee’s pay and send those funds to the investment provider on their behalf. A SRA must be completed to start, stop or modify contributions to a 403(b) account.

Please note: The total annual amount of a participant’s contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available on the Internet at www.tsacg.com.
Investment Provider Information
A current list of authorized 403(b) Investment Providers and current employer forms are available on the employer's specific Web page at www.tsacg.com.

Plan Distribution Transactions
Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

403(b) Plan Loans
Participants may be eligible to borrow their 403(b) plan accumulations depending on the provisions of their 403(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

Plan-to-plan Transfers
A plan-to-plan transfer is defined as the movement of a 403(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

Rollovers
Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

Distributions
Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. In most cases, any withdrawals made from a 403(b) account are taxable in full as ordinary income.

Exchanges
Participants may exchange account accumulations from one 403(b) investment provider to another 403(b) investment provider that is authorized under the plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange.

Hardship Withdrawals
Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. According to IRS Safe Harbor regulations, to be eligible for a hardship withdrawal, a participant must have exhausted all other available financial resources. The eligibility requirements to receive a hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at www.tsacg.com. After receiving a hardship withdrawal the participant may not make voluntary contributions to any employer sponsored retirement plan for a period of six months.

Employee Information Statement
Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

TSA Consulting Group
Website: www.tsacg.com
Plan Administrator Contact Information
Transactions
P.O. Box 4037
Fl Walton Beach, FL 32549
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-908-7082

For overnight deliveries
73 Eglin Parkway NE
Suite 302
Fl Walton Beach, FL 32548
Toll-free: 1-888-796-3786
Toll-free fax: 1-866-741-0645

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Other Benefits

Pay for Time Not Worked

Benefits-eligible District Staff are eligible to receive pay for time away from work, including

- Vacation and/or Personal Leave
- Personal Sick Leave
- Family Illness Leave
- Paid Holidays

These benefits are based on your work schedule and position. Please contact Human Resources for specific information about these benefits. You can also obtain additional information on-line, at www.sf.k12.sd.us/calendars.

Sick Leave Assistance Plan

To qualify for this plan, you must:

- Be eligible to receive sick leave benefits. To be eligible for sick leave benefits you must work at least 20 hours per week.
- Use all of your current and accumulated sick leave before applying for sick leave assistance.
- Use consecutive full days of paid or unpaid sick leave equal to 200% of your annual sick leave allocation (see table, below).

<table>
<thead>
<tr>
<th>Position</th>
<th>Consecutive full days of sick leave you must use before sick leave assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Assistant/Child Nutrition</td>
<td>23 consecutive days</td>
</tr>
<tr>
<td>Custodian</td>
<td>30 consecutive days</td>
</tr>
<tr>
<td>Teachers</td>
<td>24 consecutive days</td>
</tr>
<tr>
<td>Clerical/Specialist (12 Month)</td>
<td>30 consecutive days</td>
</tr>
<tr>
<td>Clerical/Specialist (10 Month)</td>
<td>25 consecutive days</td>
</tr>
<tr>
<td>Clerical/Specialist (9 Month)</td>
<td>23 consecutive days</td>
</tr>
<tr>
<td>Employment Contract (9 Month)</td>
<td>24 consecutive days</td>
</tr>
<tr>
<td>Employment Contract (241 Days)</td>
<td>30 consecutive days</td>
</tr>
<tr>
<td>12 Month Administrators</td>
<td>30 consecutive days</td>
</tr>
<tr>
<td>11 Month Administrators</td>
<td>28 consecutive days</td>
</tr>
<tr>
<td>10 Month Administrators</td>
<td>25 consecutive days</td>
</tr>
</tbody>
</table>

A maximum of 30 days of sick leave assistance may be used each year.

Application for Sick Leave Assistance

The application for additional sick leave should be submitted to the Human Resources Department on a form provided to the buildings by the Human Resources Department. Human Resources will forward copies to the Sick Leave Assistance Committee. A copy of the Committee’s decision will be forwarded to the Staff, the building principal, the departmental director and the appropriate Staff organization.
Family Medical Leave Act (FMLA) Leave

The Sioux Falls School District, in compliance with the Family and Medical Leave Act of 1993 (FMLA), will provide up to twelve (12) weeks of unpaid family/medical leave to employees eligible for such leave. The District will comply with the provisions of the FMLA and any rights or benefits contained within working agreements which exceed any right or benefits contained in the FMLA. FMLA approved leave shall occur concurrently with any/all applicable paid leave policies granted pursuant to the respective working agreement.

The District will not interfere with, restrain, or deny the exercise of any right provided by the FMLA and will not discharge or discriminate against any employee for opposing any practice made unlawful by the FMLA or for involvement in any proceeding under or related to the FMLA.

Employees may file a complaint with the U.S. Department of Labor or may bring a private action to enforce the employee’s rights under the FMLA.

Eligibility. Sioux Falls School District Staff are eligible for leave in accordance with FMLA if they:

- Have at least 12 months of service, and
- Have worked at least 1,250 hours within the preceding 12-month period. The preceding 12-month period shall be calculated backwards on a rolling basis from each day of FMLA leave taken by the employee.

Qualifying Events. An eligible employee may take FMLA leave under the following conditions:

1. For incapacity due to pregnancy, prenatal medical care or the birth of a child;
2. To care for the employee’s child after birth or placement of a child with the employee for adoption or foster care if taken within the first 12 months following the birth or placement;
3. To care for the employee’s spouse, child or parent with a serious health condition;
4. For a serious health condition of the employee which renders the employee unable to perform the employee’s job;
5. If the employee experiences a qualifying exigency that arises from a spouse, parent, or child that has been called to or on covered active military duty or any active duty;
6. To care for an armed forces member or qualified veteran who is a spouse, parent, child, or next of kin of the employee who is injured while on covered active duty or for an injury that manifests itself after active duty. The employee may be eligible for up to 26 weeks of FMLA leave during a single 12-month period for this event, including any FMLA leave taken for reasons listed above.

Serious Health Conditions. A serious health condition is an illness, injury, impairment or physical or mental condition that involves

1. an overnight stay in a hospital, hospice or residential medical care facility, or a period of incapacity requiring absence from work, school, or other regular daily activity for more than three consecutive full calendar days and continuing treatment by a health care provider;
2. pregnancy or prenatal care;
3. chronic conditions which require periodic visits for treatment by a health care provider (at least twice per year) and continues over an extended period of time and may cause episodic rather than continuing incapacity;
4. a period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective which is under the continuing supervision of a health care provider (e.g. stroke, Alzheimer’s, terminal stage of a disease); or
5. any periods of absence to receive multiple treatments by a health care provider for restorative surgery or for a condition that would likely result in a period of incapacity of more than three full calendar days in the absence of medical treatment (e.g. chemotherapy, physical therapy, radiation).

Medical and Other Certifications. Medical certification for leave requested due to a serious health condition or for military caregiver leave is required. The medical certification must contain the following information:

- Date the serious health condition began
- Probable duration of the condition
- Appropriate medical facts regarding the condition
- If the leave is based on care of a family member, a statement that the employee is needed to provide the care and an estimate of the amount of time the need will continue
• If the leave is based upon the employee's own serious health condition, a statement that the employee is unable to perform the functions of his/her job

• In the case of intermittent leave or a reduced schedule for planned medical treatment, the dates the treatment is expected and the duration of the treatment.

The District, at its expense, may require a medical examination by a health care provider of its own choosing if it has a reasonable question regarding the medical certification provided by the employee. In lieu of a second opinion, the District may contact the health care provider directly to clarify or authenticate a medical certification, including certifications for military caregiver leave. Second opinions may not be required for military caregiver leave.

Separate certification may also be required regarding the nature of the family member's military service and/or the existence of a qualifying exigency.

**Fitness for Duty Certifications.** An employee returning from FMLA leave for his/her own serious health condition will need to provide a Fitness for Duty (FFD) certification signed by the health care provider. An employee who fails to provide FFD certification may be prohibited from returning to work until it is provided. An employee who fails to provide FFD certification may be disciplined in accordance with the working agreement.

FFD certifications may be required when a staff member returns from intermittent FMLA leave if conditions exist regarding the staff member's ability to resume his/her duties safely.

**Spouses Employed by the District.** A husband and wife who are eligible for FMLA leave will be limited to a combined total of 12 weeks of leave during any 12 month period if leave is taken for the birth, adoption or placement of a child for foster care or to care for the employee's parent with a serious health condition. A husband and wife are each entitled to 12 weeks of leave if needed to care for their newborn child with a serious health condition provided they have not exhausted their entitlements during the applicable 12 month period. Intermittent leave following the birth of a healthy newborn is available only if approved by the Assistant Superintendent HR/Legal Services and if so, the District may require the employee to transfer temporarily to an available alternative position for which the employee is qualified and which better accommodates recurring periods of leave than the employee's regular position. Transfer must be in accordance with the respective working agreement.

**Concurrent Leave.** For serious health conditions of spouse, child or parent, Family Illness Leave, as defined in the respective working agreement and vacation (if available) must be used. Once all available paid leave has been exhausted, the remainder of the 12 weeks (or 26 weeks for military caregiver) of leave will be unpaid.

For a serious health condition of the employee, Sick Leave and the 30 days available through Personal Sick Leave Assistance (if available to and requested by the employee through the respective working agreement) and vacation (if available) must be used. Once all available paid leave and unpaid leave requested in conjunction with Personal Sick Leave Assistance has been exhausted, the remainder of the 12 weeks of leave will be unpaid.

Absences covered under worker's compensation run concurrently with the employee's FMLA entitlement. Use of accumulated paid leave while receiving worker's compensation benefits will be paid in accordance with the provisions outlined in the respective working agreement.

**Parental Leave.** Parental Leave if available per any respective working agreement will be considered as part of the 12 weeks of available FMLA leave.

**Intermittent Leave/Reduced Leave.** When medically necessary as verified by the health care provider, employees may take FMLA leave intermittently or on a reduced schedule basis for their own serious health condition, the serious health condition of an immediate family member, or for military caregiver leave. Employees are required to cooperate with the District to arrange reduced work schedules or intermittent leave so as to minimize disruption of the school day or business operations. If an intermittent leave or a leave on a reduced schedule is requested for foreseeable leave based on planned medical treatment, the District may require the employee to transfer temporarily to an available alternate position for which the employee is qualified, as long as the alternative position has equal pay and benefits.

**Military Leave.** Qualifying exigency includes short-term notice deployments, military events and related activities, urgent childcare, financial and legal arrangements, post-deployment activities, and other situations arising out of the active duty or call to active duty status provided the employee and District agree. Qualifying exigency leave is available during covered active duty which is defined as when the spouse, parent or child is deployed to a foreign country with the Armed Forces.
Military Caregiver Leave for a serious injury or illness is available to care for a spouse, parent, child or next of kin who is a member of the armed forces or a veteran so long as the veteran was a member of the armed forces, including the National Guard and Reserves, at any time in the five (5) years prior to the date medical treatment, recuperation or therapy begins. A serious injury or illness includes pre-existing injuries or illnesses that were aggravated in the line of duty. The serious injury or illness may manifest itself before or after the service member becomes a veteran.

**Required Notification to Employer.** When the need for leave is foreseeable due to expected birth or placement of a child, the employee must provide 30 days' notice or if 30 days' notice is not practicable, notice must be given as soon as practicable (as soon as both possible and practicable in light of the facts and circumstances).

When the need for leave is foreseeable due to the employee's serious health condition, the serious health condition of a spouse, child or parent or for military caregiver leave, the employee must give 30 days' notice or if 30 days' notice is not practicable, notice must be given as soon as practicable (as soon as both possible and practicable in light of the facts and circumstances).

When the need for leave is unforeseeable, notice as soon as practicable in light of the facts and circumstances is required. Notice for all FMLA related absences shall be given by the employee in accordance with the District's absence reporting procedures and the respective working agreement.

Employees may be required to report periodically on their leave status and intent to return to work to Human Resources.

Human Resources will inform employees requesting FMLA leave whether or not the employee is eligible. If the employee is not eligible, Human Resources shall indicate the reason for the ineligibility. If eligible, Human Resources will notify the employee and seek any additional information required and advise the employee of the employee's rights and responsibilities. Human Resources will notify the employee that the leave will be designated as FMLA leave and count against the employee's FMLA leave entitlement. If it is determined that the leave is not FMLA protected, Human Resources will notify the employee.

**Health Care Coverage.** District payment of benefits will be for the duration of the leave at the same level and under the same conditions coverage would have been provided if no leave was taken. The employee's share of the premium must continue to be paid by the staff member while on leave.

- **Payment Method.** The employee share for the following month is due the last working day of the previous month. Payment is to be submitted to the Finance Office.
- **Termination of Coverage.** Coverage may be terminated for a staff member who fails to make the required payment within thirty (30) days of the due date.
- **Reinstatement.** Upon return to work, health coverage will be reinstated without requiring the employee to meet any health insurance eligibility requirements.

**Return to work.** Any eligible employee who takes leave is entitled to be restored to his/her position or to an equivalent position with equivalent pay, benefits and other terms and conditions of employment in accordance with Board policies and the terms of the respective working agreement.

**Special Provisions for Instructional Employees.** Instructional employees are those whose principal function is to teach and instruct students in class. The term applies to teachers, athletic coaches, driving instructors, and special education personnel such as signers for the hearing impaired. It does not apply to educational assistants, counselors, psychologists, curriculum specialists, bus drivers, child nutrition workers, custodial workers, or other non-instructional employees.

Leave during days outside of the employee's assigned calendar for summer vacation is not counted against the employee's FMLA entitlement. An instructional employee who is on FMLA leave at the end of the employee's assigned calendar will be provided with any benefits over the summer vacation that the employee would normally receive if they had been working at the end of the school year.
If an instructional employee begins FMLA leave toward the end of a semester or academic year, the District may require the employee to remain on leave until the end of the academic term in the following circumstances:

(1) Instructional employees who begin FMLA leave of at least three (3) weeks duration more than five (5) weeks before the end of the semester or academic term and the employee would return to work during the three (3) week period before the end of the semester or academic term;

(2) Instructional employees who begin FMLA leave of more than two (2) weeks duration less than five (5) weeks before the end of the academic term for any reason other than their own serious health condition and the employee would return to work during the two (2) week period before the end of the semester or academic term;

(3) Instructional employees who begin FMLA leave of more than five (5) working days less than three (3) weeks before the end of a semester or academic term for any reason other than the employee's own serious health condition.

If the District requires an instructional employee to stay out until the end of the term

(1) The period when the employee was able to return to work and was required to stay out will not count against their FMLA entitlement;

(2) The District will maintain the employee's group health insurance and restore the employee to the same or equivalent job in accordance with the respective working agreement, including other benefits at the conclusion of the leave.

Instructional employees who take FMLA leave intermittently or on a reduced schedule for foreseeable leave based on planned medical treatment due to their own or covered relative's serious health condition or to care for a covered service member and the instructional employee would be on leave for more than 20 percent of the working days over the period the leaves would extend, the District may require the employee either to take non-intermittent leave for the period not to exceed the duration of the planned medical treatment or to transfer temporarily to an available alternative position that the employee is qualified to hold, that has equivalent benefits and pay, and that better accommodates intermittent leave than the employee's regular position.

**Employee does not return.** If an employee fails to return to work at the conclusion of the FMLA leave, the District may recover the premiums paid for coverage during the FMLA leave unless the failure to return to work was beyond the control of the employee.

This regulation does not supersede any respective working agreement which provides greater leave rights.
Continuation Coverage Rights Under COBRA

Introduction
You are receiving this notice because you have recently become covered under the Sioux Falls School District Group Health Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. 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 to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. 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 the right to receive it. This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Claims Administrator for each covered health care plan subject to COBRA continuation rights is shown below:

Medical: Wellmark Blue Cross and Blue Shield
Dental: Delta Dental of South Dakota
Vision: EyeMed
Flexible Spending Accounts: WageWorks

COBRA continuation coverage for the Medical, Dental and Health FSA is administered by Discovery Benefits. Delta Dental of South Dakota administers COBRA continuation coverage for the dental plan.

What is COBRA Continuation Coverage?
COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, Employee, spouses of Employee, and dependent children of Employee may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an Employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.
3. If you are the spouse of an Employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:
   a. Your spouse dies;
   b. Your spouse's hours of employment are reduced;
   c. Your spouse's employment ends for any reason other than his or her gross misconduct;
   d. Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
   e. You become divorced or legally separated from your spouse.
(4) Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:
   (a) The parent-Employee dies;
   (b) The parent-Employee's hours of employment are reduced;
   (c) The parent-Employee's employment ends for any reason other than his or her gross misconduct;
   (d) The parent-Employee becomes enrolled in Medicare (Part A, Part B, or both);
   (e) The parents become divorced or legally separated; or
   (f) The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA 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. When the qualifying event is the end of employment or reduction of hours of employment, death of the Employee, or enrollment of the Employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event within 30 days following the date coverage ends.

You Must Give Notice of Some Qualifying Events
For the 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 the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice to Sioux Falls School District 49-5, Attn.: Human Resources, 201 E. 38th St., Sioux Falls, SD 57104.

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. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that Plan coverage would otherwise have been lost.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the Employee, enrollment of the Employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months. When the qualifying event is the end of employment or the reduction of the Employee's hours of employment, and the Employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the Employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered Employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the Employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two 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 the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the Plan Administrator is notified of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to the COBRA administrator (See Plan Contact Information, below).

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and, dependent children if the former Employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event This notice must be sent to the COBRA administrator (See Plan Contact Information, below).

If You Have Questions
If you have questions about your COBRA continuation coverage, you should contact the COBRA administrator (See Plan Contact Information, below) or 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 website at www.dol.gov/ebsa.

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

Plan Contact Information

Medical, Vision and Health FSA Continuation
Discovery Benefits
Participant Services
4321 20th Ave. SW
Fargo, ND 58103
Phone Number: (866) 451-3399, Option 1, 2
(Medical, Dental & Vision Coverage)

Dental Continuation
Delta Dental of South Dakota
720 N Euclid Ave
PO Box 1157
Pierre SD 57501
Phone Number: 1-800-627-3961
Notice of Privacy Practices

of the Group Health Plans Maintained by Sioux Falls School District
*This Notice is not a part of your Plan Documents. It is provided to you for informational purposes only.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This notice is intended to inform you of the privacy practices followed by the Sioux Falls School District Group Health Plans and the Plans’ legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plans. It is effective on April 1, 2015.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Sioux Falls School District requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual that created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health
information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

**Pursuant to your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

**To Business Associates.** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

**To the Plan Sponsor.** We may disclose protected health information to certain employees of Sioux Falls School District for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**Your Rights**

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, we will tell you why within 60 days and you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your protected health information for six years prior to the date of your request. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

**Right to Request Restrictions.** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

**Right to Request Confidential Communications.** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.
Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Right to Choose Someone to Act for You. You can choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

Our Legal Responsibilities
We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Contact Information
Privacy Officer
Sioux Falls School District 49-5
201 E. 38th St.
Sioux Falls, SD 57105-5898

Complaints
If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.
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<tr>
<th>Vendor</th>
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<th>Group Number</th>
<th>Telephone Number</th>
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<tr>
<td>Wellmark</td>
<td>Medical</td>
<td>83195</td>
<td>Customer Service: (800) 774-0384</td>
<td><a href="http://www.wellmark.com">www.wellmark.com</a></td>
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<tr>
<td>Freshbenies</td>
<td>Health Advocate/Teledoc</td>
<td>FB108</td>
<td>(855) 647-6762</td>
<td><a href="http://www.freshbenies.com">www.freshbenies.com</a></td>
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<td>Delta Dental of South Dakota</td>
<td>Dental – Employees and Retirees</td>
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<td>(605) 224-7345 or (877) 841-1478</td>
<td><a href="http://www.deltadentalsd.com">www.deltadentalsd.com</a></td>
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<td>Dental - COBRA Participants</td>
<td>2056</td>
<td>(800) 627-3961</td>
<td>E-mail: <a href="mailto:Ronelle.hook@deltadentalsd.com">Ronelle.hook@deltadentalsd.com</a></td>
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<td>EyeMed</td>
<td>Vision</td>
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<td>(866) 9EYEMED</td>
<td><a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a></td>
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<td>Quality Health Solutions (QHS)</td>
<td>Wellness Program</td>
<td></td>
<td>(888) 747-7231</td>
<td><a href="http://www.sf.k12.sd.us/well">www.sf.k12.sd.us/well</a> or <a href="http://www.qualityhealthsolutions.com">www.qualityhealthsolutions.com</a></td>
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<tr>
<td>National Independent Health Club</td>
<td>FitClub Fitness Program</td>
<td></td>
<td>(866) 484-9173</td>
<td><a href="http://www.sf.k12.sd.us/FitClub">www.sf.k12.sd.us/FitClub</a> or <a href="http://www.nihca.org">www.nihca.org</a></td>
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<td>Association</td>
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<td>Lincoln National Life</td>
<td>Group Term Life/Optional Life</td>
<td>000010113092</td>
<td>(800) 423-2765</td>
<td><a href="http://www.lfg.com">www.lfg.com</a></td>
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<td>South Dakota Retirement System (SDRS)</td>
<td>Retirement</td>
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<td>(605) 773-3731 or (888) 605-7377</td>
<td><a href="http://www.sd.rs.sd.gov">www.sd.rs.sd.gov</a></td>
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<td></td>
<td>Supplemental Retirement (SRS)</td>
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<td>(800) 959-4457</td>
<td><a href="http://www.arp457.com">www.arp457.com</a></td>
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<td>TSA Consulting Group, Inc.</td>
<td>403(b) Tax Sheltered Annuity</td>
<td></td>
<td>(888) 796-3786</td>
<td><a href="http://www.tsaeg.com">www.tsaeg.com</a></td>
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<tr>
<td>AFLAC</td>
<td>Accident</td>
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<td>(800) 992-3522</td>
<td><a href="http://www.aflac.com">www.aflac.com</a></td>
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<td>Cancer</td>
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<td>Claims Fax: (877) 442-3522</td>
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<td>Group Critical Illness</td>
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<td>AFLAC Sales Contact</td>
<td>Hospital Intensive Care</td>
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<td>Cassidy Goldstine</td>
<td>E-Mail: <a href="mailto:cassidy_goldstine@us.aflac.com">cassidy_goldstine@us.aflac.com</a></td>
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<td></td>
<td>Critical Care &amp; Recovery</td>
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<td>P: (605) 261-0685</td>
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<td>Hospital Confinement</td>
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<td>F: (605) 334-6123</td>
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## SFSD Human Resources Contacts

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<tr>
<td>Todd Vik</td>
<td>Business Manager</td>
<td>(605) 367-7909</td>
<td><a href="mailto:todd.vik@k12.sd.us">todd.vik@k12.sd.us</a></td>
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<tr>
<td>Michelle McConnell</td>
<td>Human Resources - Benefits</td>
<td>(605) 367-7662</td>
<td><a href="mailto:michelle.mcconnell@k12.sd.us">michelle.mcconnell@k12.sd.us</a></td>
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<tr>
<td>Becky Dorman</td>
<td>Human Resources Supervisor</td>
<td>(605) 367 7944</td>
<td><a href="mailto:becky.dorman@k12.sd.us">becky.dorman@k12.sd.us</a></td>
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<tr>
<td>Anita Wheelhouse</td>
<td>Payroll Specialist</td>
<td>(605) 367-7911</td>
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## Costs of Coverage – Part-Time Rates

### Medical – Standard Rates (Active District Staff)

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## Medical – Wellness Rates (Active District Staff)

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## Dental – Active District Staff

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