

2024

Benefit Summary



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If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 47 for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Barnum Public Schools – ISD 91 is proud to offer a comprehensive benefits package to eligible full-time and part-time employees as identified in the EdMN, AFSCME and individual contracts. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and **Barnum Public Schools – ISD 91** provides other benefits at no cost to you (life, accidental death & dismemberment).

Benefits Offered

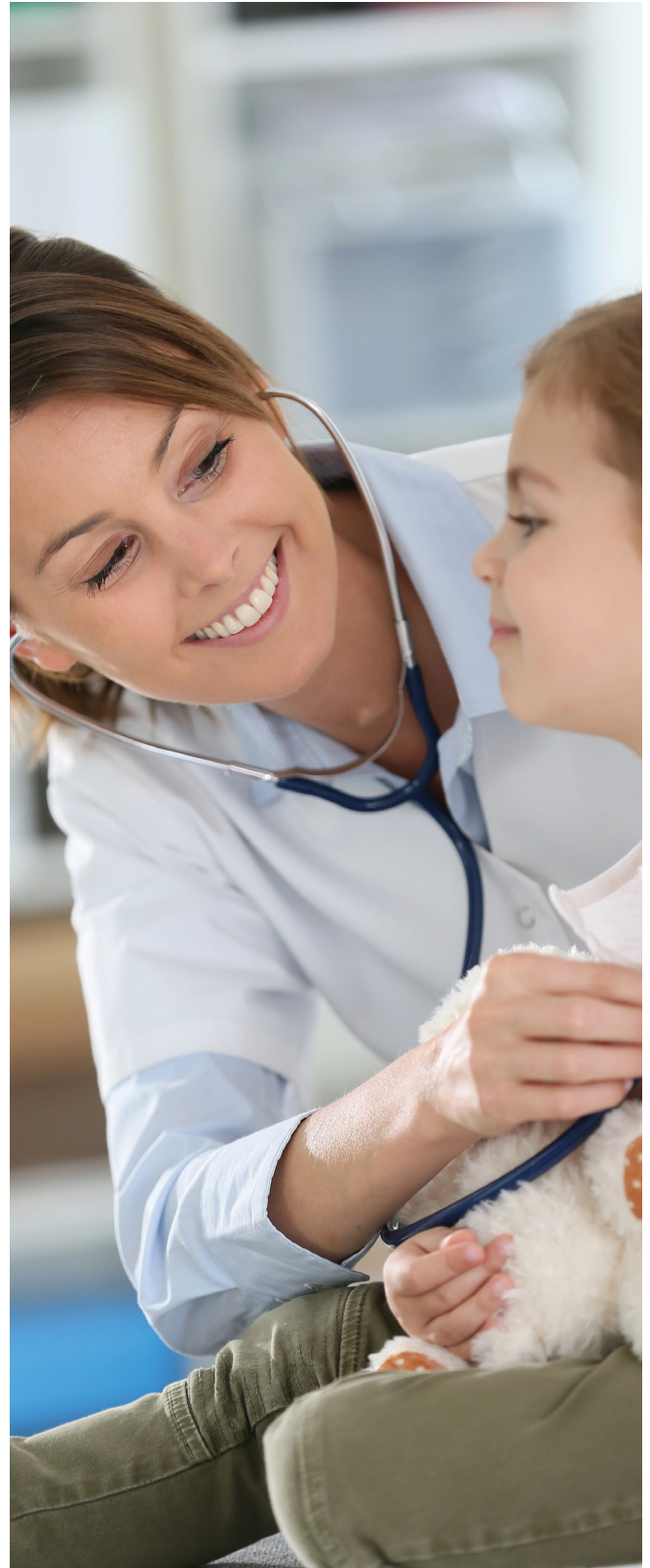
- Medical
- Dental
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Long-Term Disability

Eligibility

You and your dependents are eligible for **Barnum Public Schools – ISD 91** benefits on date of hire (DOH) for Teachers and AFSCME employees.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or **Barnum Public Schools – ISD 91** eligible dependents.

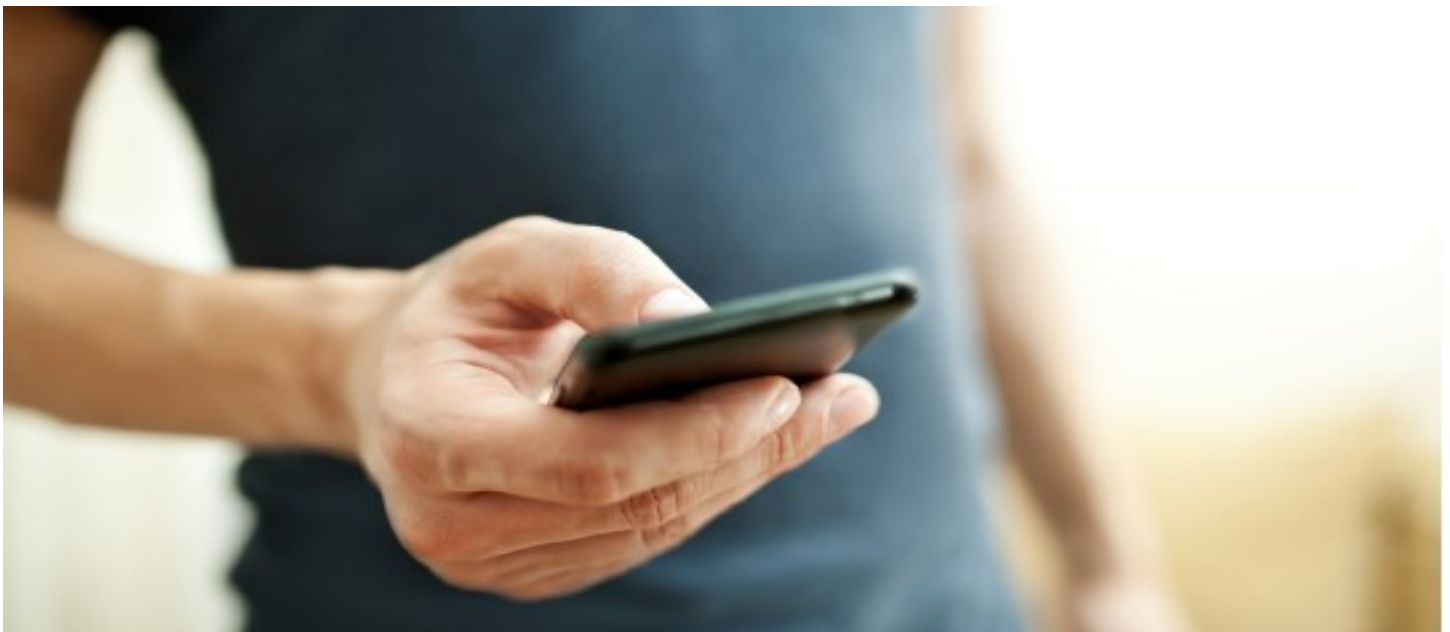
Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Blue Cross Blue Shield of Minnesota	651.662.8000	www.bluecrossmn.com
Dental	Delta Dental of Minnesota	800.448.3815	www.deltadentalmn.org
Life and Accidental Death & Dismemberment	The Standard	888.937.4783	www.standard.com
Long-Term Disability	The Standard	888.937.4783	www.standard.com
Barnum Public Schools	Laura Carlson	218.389.6978 x1003	lcarlson1@isd91.org



Benefits at a Glance

Plan	Description
Medical Plan	<p>Barnum Public Schools offers three health plans through BlueCross BlueShield for employees to choose from.</p> <ul style="list-style-type: none"> • \$2,000 Deductible, 25% Coinsurance, \$3,000 OOP Maximum • \$400 Deductible, 10% Coinsurance, \$1,700 OOP Maximum • \$850 Deductible, 15% Coinsurance, \$2,600 OOP Maximum <p>This comprehensive menu give employees the opportunity to choose the plan that best fits their needs. Barnum Public Schools pays a portion of the plan cost and employee contributions are outlined in this guide.</p>
Dental Plan	<p>Barnum Public Schools offers a comprehensive dental plan through Delta Dental.</p>
Life/LTD	<p>Barnum Public Schools provides employee basic life insurance . The plan is insured by The Standard.</p> <p>Barnum Public Schools provides employees with long-term disability insurance for a qualified injury or illness. The plan is administered by The Standard.</p>
Flexible Spending Accounts	<p>Health Care FSA – Employees who are enrolled in a Medical Plan can elect the FSA for unreimbursed dental and vision expenses and may contribute up to \$3,200 per year on a pre-tax basis. For those in the HSA plan these dollars are limited to Dental and Vison expenses.</p> <p>Dependent Care FSA – Employees may contribute up to \$5,000 per year on a pre-tax basis for eligible dependent care expenses.</p>

Medical Benefits— Aware \$400 Deductible

Administered by Blue Cross and Blue Shield of Minnesota

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$400 individual \$800 family
Coinsurance Level The percent you pay after your deductible is met.	10%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$1,700 individual \$3,400 family Prescription \$1,000 individual \$2,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.
Preventive care well-child care to age 6 prenatal care preventive medical evaluations age 6 and older cancer screening preventive hearing and vision exams immunizations and vaccinations	0% 0% 0% 0% 0% 0%
Omada diabetes and cardiovascular disease prevention program diabetes management program	0% 0%
Physician services e-visits retail health clinic (office visit) physician office visits office and outpatient lab services office and outpatient diagnostic imaging allergy injections and serum Urgent Care professional services	\$35 copay \$35 copay \$35 copay 10% after deductible 10% after deductible 10% after deductible \$35 copay
Other professional services chiropractic manipulation (office visit) chiropractic therapy home health care physical therapy, occupational therapy, speech therapy (office visit) physical therapy, occupational therapy, speech therapy (therapy)	\$35 copay 10% after the deductible 10% after the deductible \$35 copay 10% after the deductible
Inpatient Facility Services	10% after the deductible
Outpatient Facility Services facility lab services facility diagnostic imaging chemotherapy and radiation therapy scheduled outpatient surgery urgent care services (facility services)	10% after deductible 10% after deductible 10% after deductible 10% after deductible \$35 copay

Medical Benefits— Aware \$400 Deductible - Continued

Administered by Blue Cross and Blue Shield of Minnesota

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO
Emergency Room Care Emergency room (facility charges) Professional Charges Ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	\$100 Copay 10% after deductible 10% after deductible
Durable Medical Equipment	10% after the deductible
Assisted fertilization	No coverage
Behavioral health (mental health and substance abuse services) inpatient professional services outpatient professional services (office visits) outpatient hospital/facility services	10% after the deductible \$35 copay 10% after the deductible
Prescription drugs – Classic Network retail (31-day limit) KeyRx drug list Tier 1 – Preferred generics Tier 2 – Non-preferred generics Tier 3 – Preferred brands Tier 4 – Non-preferred brands Specialty drug list 90dayRx – Mail order pharmacy (90-day limit) KeyRx drug list Tier 1 – Preferred generics Tier 2 – Non-preferred generics Tier 3 – Preferred brands Tier 4 – Non-preferred brands 90dayRx – Retail pharmacy (90-day limit) KeyRx drug list Tier 1 – Preferred generics Tier 2 – Non-preferred generics Tier 3 – Preferred brands Tier 4 – Non-preferred brands	\$15 copay \$55 copay \$30 copay \$55 copay Member pays 30% up to \$300 per script \$45 copay \$165 copay \$90 copay \$165 copay \$45 copay \$165 copay \$90 copay \$165 copay

Medical Benefits— Aware \$850 Deductible

Administered by Blue Cross and Blue Shield of Minnesota

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$850 individual \$1,700 family
Coinsurance Level The percent you pay after your deductible is met.	15%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$2,600 individual \$5,200 family Prescription \$1,250 individual \$2,500 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.
Preventive care well-child care to age 6 prenatal care preventive medical evaluations age 6 and older cancer screening preventive hearing and vision exams immunizations and vaccinations	0% 0% 0% 0% 0% 0%
Omada diabetes and cardiovascular disease prevention program diabetes management program	0% 0%
Physician services e-visits retail health clinic (office visit) physician office visits office and outpatient lab services office and outpatient diagnostic imaging allergy injections and serum Urgent Care professional services	\$40 copay \$40 copay \$40 copay 15% after deductible 15% after deductible 15% after deductible \$40 copay
Other professional services chiropractic manipulation (office visit) chiropractic therapy home health care physical therapy, occupational therapy, speech therapy (office visit) physical therapy, occupational therapy, speech therapy (therapy)	\$40 copay 15% after the deductible 15% after the deductible \$40 copay 15% after the deductible
Inpatient Facility Services	15% after the deductible
Outpatient Facility Services facility lab services facility diagnostic imaging chemotherapy and radiation therapy scheduled outpatient surgery urgent care services (facility services)	15% after deductible 15% after deductible 15% after deductible 15% after deductible \$40 copay

Medical Benefits— Aware \$850 Deductible - Continued

Administered by Blue Cross and Blue Shield of Minnesota

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO
Emergency Room Care Emergency room (facility charges) Professional Charges Ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	\$125 Copay 15% after deductible 15% after deductible
Durable Medical Equipment	15% after the deductible
Assisted fertilization	No coverage
Behavioral health (mental health and substance abuse services) inpatient professional services outpatient professional services (office visits) outpatient hospital/facility services	15% after the deductible \$40 copay 15% after the deductible
Prescription drugs – Classic Network retail (31-day limit) KeyRx drug list Tier 1 – Preferred generics Tier 2 – Non-preferred generics Tier 3 – Preferred brands Tier 4 – Non-preferred brands Specialty drug list 90dayRx – Mail order pharmacy (90-day limit) KeyRx drug list Tier 1 – Preferred generics Tier 2 – Non-preferred generics Tier 3 – Preferred brands Tier 4 – Non-preferred brands 90dayRx – Retail pharmacy (90-day limit) KeyRx drug list Tier 1 – Preferred generics Tier 2 – Non-preferred generics Tier 3 – Preferred brands Tier 4 – Non-preferred brands	\$25 copay \$70 copay \$45 copay \$70 copay Member pays 30% up to \$300 per script \$75 copay \$210 copay \$135 copay \$210 copay \$75 copay \$210 copay \$135 copay \$210 copay

Medical Benefits— Aware HSA \$2,000 Deductible

Administered by Blue Cross and Blue Shield of Minnesota

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO
Calendar-year deductible The in- and out-of-network maximums cross apply.	Medical and prescription combined \$2,000 individual \$4,000 family
Coinsurance Level The percent you pay after your deductible is met.	25%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$3,000 individual \$6,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.
Preventive care well-child care to age 6 prenatal care preventive medical evaluations age 6 and older cancer screening preventive hearing and vision exams immunizations and vaccinations	0% 0% 0% 0% 0% 0%
Omada diabetes and cardiovascular disease prevention program diabetes management program	0% 0%
Physician services e-visits retail health clinic (office visit) physician office visits office and outpatient lab services office and outpatient diagnostic imaging allergy injections and serum Urgent Care professional services	25% after deductible 25% after deductible 25% after deductible 25% after deductible 25% after deductible 25% after deductible 25% after deductible
Other professional services chiropractic manipulation (office visit) chiropractic therapy home health care physical therapy, occupational therapy, speech therapy (office visit) physical therapy, occupational therapy, speech therapy (therapy)	25% after deductible 25% after deductible 25% after deductible 25% after deductible 25% after deductible

Medical Benefits— Aware HSA \$2,000 Deductible - Continued

Administered by Blue Cross and Blue Shield of Minnesota

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO
Emergency Room Care Emergency room (facility charges) Professional Charges Ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	25% after deductible 25% after deductible 25% after deductible
Durable Medical Equipment	25% after the deductible
Assisted fertilization	No coverage
Behavioral health (mental health and substance abuse services) inpatient professional services outpatient professional services (office visits) outpatient hospital/facility services	25% after deductible 25% after deductible 25% after deductible
Prescription drugs – Classic Network retail (31-day limit) KeyRx drug list Tier 1 – Preferred generics Tier 2 – Non-preferred generics Tier 3 – Preferred brands Tier 4 – Non-preferred brands Specialty drug list 90dayRx – Mail order pharmacy (90-day limit) KeyRx drug list Tier 1 – Preferred generics Tier 2 – Non-preferred generics Tier 3 – Preferred brands Tier 4 – Non-preferred brands 90dayRx – Retail pharmacy (90-day limit) KeyRx drug list Tier 1 – Preferred generics Tier 2 – Non-preferred generics Tier 3 – Preferred brands Tier 4 – Non-preferred brands	25% after deductible 25% after deductible 25% after deductible 25% after deductible Member pays 30% up to \$300 per script 25% after deductible 25% after deductible 25% after deductible 25% after deductible 25% after deductible 25% after deductible 25% after deductible 25% after deductible

Medical Coverage Cost

Below are the full-time, monthly premium costs for employees and/or families who elect health coverage.

Part-time employee rates are pro-rated and calculated based on contractual agreements. Please contact the HR department with questions.

Premiums are shown per month effective **JANUARY 1, 2024**.

AWARE \$400 DEDUCTIBLE		
	Single	Family
Total Monthly Premium	\$916.75	\$2,447.39

AWARE \$850 DEDUCTIBLE		
	Single	Family
Total Monthly Premium	\$836.31	\$2,232.63

AWARE HSA \$2,000 DEDUCTIBLE		
	Single	Family
Total Monthly Premium	\$735.25	\$1,962.85

*To view your contribution amount please see your bargaining unit contract.

2024

AWARE® NETWORK

Open access to quality care

Your best choice for easy access to the largest selection of healthcare providers across Minnesota.

With 98 percent of doctors and 100 percent of hospitals in Minnesota, this broad, open-access network makes it easy to get the care you need. Small group plans are paired with BlueAccessSM products.

TRAVEL WITH CONFIDENCE

When you travel outside the state, you have access to 1.7 million providers spanning every U.S. ZIP code through the national BlueCard[®] PPO network.* In addition, Blue Cross Blue Shield Global[®] Core gives you access to care in 190 countries and territories worldwide.

*The Aware Network includes providers one county into the neighboring states of Iowa, South Dakota, North Dakota and Wisconsin. When seeking care in these counties, search for providers using Aware Network (not BlueCard PPO).

Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

A NETWORK THAT FITS YOU



174 HOSPITALS
20,797 PRIMARY CARE PROVIDERS
47,863 SPECIALTY CARE PROVIDERS

Numbers are subject to change and are reflective of signed contracts as of June 2023.



Network matters

Be sure to stay in the network. Your out-of-pocket costs will be higher when you see an out-of-network provider.

- Log in at bluecrossmn.com/BCA to find providers in your specific network
- Not a member? Visit bluecrossmn.com/FindADoctor and select the network you are considering

QUESTIONS?

Visit bluecrossmn.com/BCA or call the number on the back of your member ID card





90DAYRX

Save time with 90dayRx

If you fill prescriptions regularly, you can get a 90-day supply all at once and save time.

TWO WAYS TO SAVE

With the 90dayRx program, you decide how you'd like to get your prescriptions:



At the pharmacy:

Have them filled on the spot

- **Step 1:** Ask your doctor to write your prescription for a 90-day supply (or maximum supply allowed by your plan). If you prefer, your pharmacist can ask your doctor to change your prescription to a 90-day supply.
- **Step 2:** Go to a pharmacy that is part of the 90dayRx program. To find one near you, log in at bluecrossmn.com and click on the Prescriptions tab. Select "Search pharmacies" then click on "Find a pharmacy." After entering your ZIP code in the search field, look for pharmacies identified as "90-day supply available."



By mail:

Get refills delivered right to your home

- **Step 1:** Ask your doctor to write your prescription for a 90-day supply
- **Step 2:** Log in at bluecrossmn.com and click on the Prescriptions tab. Select "Home delivery," click on "Learn more about Amazon Pharmacy" and follow the prompts to get started. You can also call the number on the back of your member ID card for assistance.

Save more with generics

Choosing generic drugs is another great way to save money. Generics are just as effective as brand-name drugs, but they cost less. Ask your doctor or pharmacist if there is a generic version of your prescription drug. If a generic option is not available, ask your doctor about less costly alternatives that work just as well.

90dayRx is from Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

Amazon Pharmacy is an independent company offering pharmaceutical home delivery services.

LEARN MORE

You'll find information online to help you make smart decisions about prescription drugs. Log in at bluecrossmn.com and click on the Prescriptions tab to search your plan's list of covered drugs (called a formulary), learn more about generic drugs or find a network.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M01169R04 (9/22)



A NEW WAY TO SAVE ON MEDICINE

Home delivery from Amazon Pharmacy

A quick and easy way to get your medicines¹ delivered at home.

As a Blue Cross and Blue Shield of Minnesota member, you have access to MedsYourWay™, a prescription drug discount card program.² With MedsYourWay you'll have up to 80 percent savings³ on brand and generic medicines⁴ and it's seamlessly built into the Amazon Pharmacy experience.



SHOP

Easy to use

Amazon Pharmacy makes it easier because it's just like shopping on Amazon.com.

- Easy sign-up, which includes the option to have your account auto-populated with your prescription history
- Option for 90-day fills
- Pharmacist on call 24 hours a day, seven days a week
- Ability to manage your medicine and view order history



SAVE

Built-in drug discount card

Some drugs may be available at lower prices with a discount card. MedsYourWay discount card pricing is built right into the Amazon Pharmacy experience — no card required.

- At checkout, you'll see the lowest cost available for your medicine. That's the price you'll pay.
- MedsYourWay discount card pricing is not insurance. However, all prescribed and covered purchases⁵ automatically count toward your annual out-of-pocket maximum — whether you're paying a copay or using the discount card pricing.



SHIP

Free home delivery

Skip the pharmacy line with home delivery.

- Free, fast delivery: Amazon Prime members get two-day free shipping on most orders. Standard free shipping for non-Amazon Prime members is five days but can be expedited to two-day delivery for \$5.99.
- Real-time package tracking from order to delivery

¹Amazon Pharmacy does not dispense Schedule 2 controlled substance drugs.

²MedsYourWay prescription drug discount card, administered by Inside Rx LLC, is not insurance. You are responsible for the cost of prescription(s) when using the card. Limitations apply.

³Average savings based on usage and Inside Rx data as compared to cash prices; average savings are up to 80 percent for all generics and 37 percent for select brand medicines. Restrictions apply.

⁴Non-specialty medicines only.

⁵If your medicine has an unfulfilled requirement, the cost may not count toward your (accumulator) out-of-pocket maximum. Typical requirements include prior authorization (PA) needed, quantity limit exceeded or step therapy needed.



INTRODUCING BLUE CARE ADVISORSM

You and Blue.™ Better together.



There's nothing more important than your health, and Blue Care Advisor is the new way to guide you through your healthcare journey.

Now you can:



Choose high-quality doctors near you and know the cost before you go.



See what's covered by your health plan and discover benefits you may not know you have.



Get active and track your daily activity to hit your health goals.



Earn points for making healthy choices and redeem them for rewards.

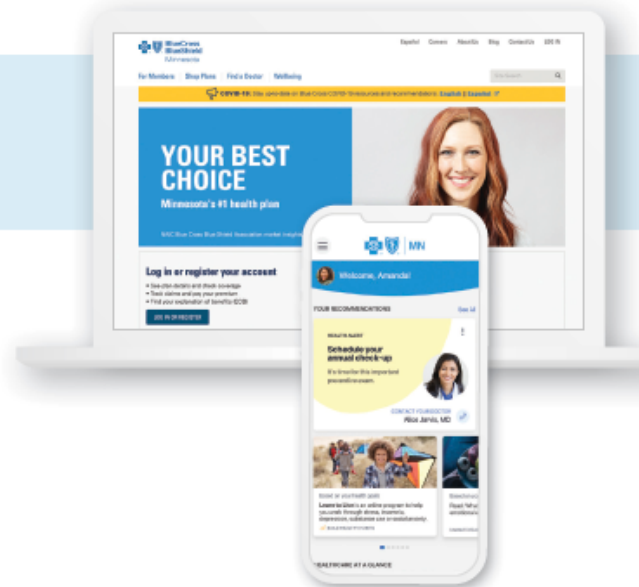
Earn points for completing the health assessment plus additional points when you track your steps. Points can be redeemed for up to \$240 in gift cards.

Blue Care Advisor connects you to everything you need to easily manage your healthcare, meet your goals and live healthier.

GET THE MOBILE APP OR VISIT [BLUECROSSMN.COM/BCA](https://bluecrossmn.com/bca)



BlueCross MN



Blue Care AdvisorSM is an offering of Blue Cross[®] and Blue Shield[®] of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association. M07051 (08/22)

Control diabetes, so it doesn't control you

One in 10 Americans has diabetes,¹ but for people living with the disease, it can feel like you're all alone. Now there's a program that gives you the support you need.

The Diabetes Management program by Omada is a personalized digital care program that gives you the support and tools you need to manage your diabetes and reach your health goals. You'll have access to a Certified Diabetes Care and Education Specialist (CDCES) to answer your questions and offer guidance between doctor visits. Along with remote blood glucose monitoring, you'll have someone trained in diabetes management interpreting your data and giving you information you can act on. In addition, your CDCES will:

- Offer support toward making small, achievable lifestyle changes to lose weight and keep it off
- Help determine the right timing for primary care provider (PCP) visits to address your treatment plan
- Alert you to trends in your levels and alert you immediately of dangerous values. You'll also receive a follow-up to help identify the cause and create a plan to avoid future occurrences.
- Provide recommendations for screenings and preventive services to help avoid complications from related conditions
- Address issues or concerns you have with your medications, as well as ensure regular PCP visits for adjustments

You'll also have access to an online peer group for ongoing encouragement and weekly lessons to help you understand diabetes and how to manage it. Topics cover disease self-management education (DSME) and include benefits of blood glucose monitoring, preventing diabetes complications, managing sick days and more.

The program is tailored to your individual care plan and health goals. There's no additional cost for qualified individuals and it only takes about 10 minutes to fill out the application. Look for an email invitation to join within two days after submitting your application.

LEARN MORE

Visit omadahealth.com/BCBSMN2 today.



Diabetes management with Omada can help you:

- Achieve your target blood glucose levels
- Stay on top of critical screenings
- Overcome challenges with medications
- Understand blood glucose readings and trends
- Prevent complications
- Lose weight and improve your overall health

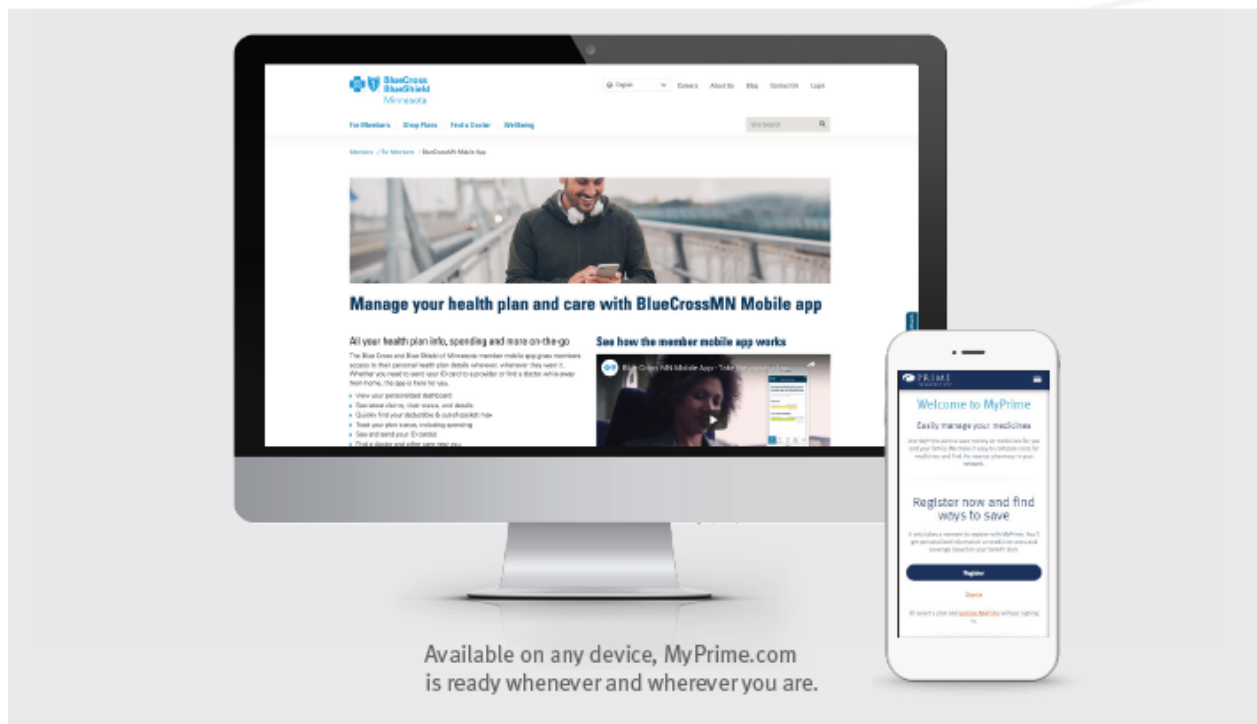
¹The National Diabetes Statistics Report, 2020.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.



Blue Cross and Prime help you manage your pharmacy plan benefits at home or on the go!

Use our online tools to find information about your current medicines, prescription history, ways to save and forms you may need.



Available on any device, MyPrime.com is ready whenever and wherever you are.

REGISTER TODAY AND START MANAGING YOUR MEDICINES ANYTIME, ANYWHERE

- ➡ Check medicine cost and coverage.
- ➡ See your prescription history.
- ➡ Find in-network pharmacies and compare pricing.
- ➡ See how much you can save by switching to home delivery.
- ➡ Learn about drug interactions, possible side effects and more.

FIND A MEDICINE

On bluecrossmn.com

- Click sign in Register or Log In
- Click on Prescriptions
- Click on Cost and Savings
- Click Find Medicines
- Your drug list is selected for you
- Under Add a Medicine, add your drug
- Select the correct dosage, amount, the members name, and click submit

FIND A PHARMACY

On bluecrossmn.com

- Once logged in, click on Prescriptions
- Click on Search Pharmacies
- Click on Find a Pharmacy
- Your pharmacy network is selected for you
- Add your zip, city and state, or address
- Use the Price My Medicines Here to find the cost of your medication at that pharmacy

QUESTIONS?



For questions about your pharmacy plan, call the Blue Cross Customer Service phone number listed on the back of your ID card.



Blue Cross® and Blue Shield® of Minnesota is a non-profit independent licensee of the Blue Cross Blue Shield Association.

BLUECROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of Independent Blue Cross and Blue Shield Plans.

About Prime Therapeutics

We are trusted by your health plan to help you get the medicine you need to feel better and live well. Our pharmacy experts are working hard to make medicine more affordable and your experience easier.

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SPECIALTY DRUG PROGRAM



Specialty drugs are used to treat serious or chronic conditions such as multiple sclerosis, hemophilia, hepatitis, and rheumatoid arthritis. These drugs are typically injected and can be given by the patient or a family member. Your doctor can tell you if your drug is a specialty drug.

How the program helps you

If you take a specialty drug and the program is included with your pharmacy health plan, you will work with one of our approved, expert specialty drug pharmacies to receive your medicines.

Specialty drug pharmacies are experts in getting drugs and services to patients who have complex needs. They will give you educational materials about your condition and your medications. They will deliver them right to your home on your schedule. You will also get 24-hour access to pharmacists who can answer your questions.

When you use a specialty drug pharmacy, you will pay only your pharmacy plan's deductible, coinsurance, or copay amount. There are no extra costs for shipping and handling.

To get started

1. Check the **Specialty Drug List** under Helpful Documents.
2. Call one of the specialty network pharmacies below. (Have your doctor's contact information and your member ID card when you call.)

Specialty Network Pharmacies

You can choose from these pharmacies below. They were chosen for their outstanding customer service and dedication to their patients. They are experts in handling the types of drugs you are taking.

Accredo (for all specialty drugs except hemophilia drugs)
Phone: 1-866-470-9554
Fax: 1-888-302-1028

Allina Health (for all specialty drugs except hemophilia drugs)
Phone: 1-866-462-2057 or 1-612-775-3100
Fax: 1-612-775-3150

Children's Home Care (for hemophilia drugs only)
Phone: 1-866-656-1020
Fax: 1-612-813-7207

Essentia Health (for all specialty drugs except hemophilia drugs)
Phone: 1-844-380-5626 or 1-715-817-7145
Fax: 1-218-786-7368

Fairview Specialty Pharmacy (for all specialty drugs)
Phone: 1-800-595-7140
Fax: 1-866-347-4939

North Memorial Health Pharmacy – Specialty Center (for all specialty drugs except hemophilia drugs)
Phone: 1-763-581-6333 or toll-free number 1-877-520-5307
Fax: 1-763-581-2814

Sanford Pharmacy (for all specialty drugs except hemophilia drugs)
Phone: 1-701-234-7600
Fax: 1-701-234-2405

Thrifty White Specialty Pharmacy (for all specialty drugs except hemophilia drugs)
Phone: 1-855-611-3399
Fax: 1-855-423-8300

Ordering refills

The specialty pharmacy you choose will call you before your scheduled refill. They will confirm your order and dose and discuss any changes from your doctor. They will also coordinate your next shipment.

M01330 (12/10)

Blue Cross® and Blue Shield® of Minnesota is a nonprofit independent licensee of the Blue Cross and Blue Shield Association

Discover how to build healthy habits that last

Feel healthy for life with Omada®.

Omada is an online program that can help you lose weight, feel great and lower your risk for type 2 diabetes and heart disease.

Omada combines science and support to help you develop healthy habits that last. You get personal support and interactive tools to get and keep you motivated:

- One-on-one guidance from a professional health coach
- A welcome kit with a wireless smart scale and other tools to track your progress
- An online peer group for motivation from people who get it
- Interactive weekly lessons on nutrition, fitness, sleep and stress
- On-the-go convenience with a mobile app
- And more

This program is available at no cost to you and adult family members if you qualify. Find out by answering a few quick questions — it just takes a minute.



Did you know?

Less than 3% of Americans actually live a healthy lifestyle

*Mayo Clinic Proceedings;
April 2016 Volume 91, Issue 4,
www.mayoclinicproceedings.org

Visit omadahealth.com/BCBSMN1 today.



KEYRX DRUG LIST

Find out if your drug is covered

Understanding your new formulary

The list of drugs covered by your plan is called a formulary. **Your formulary has changed to KeyRx.**

ABOUT KEYRX

KeyRx is designed to get you the right drug at the right cost by offering safe and effective alternatives to more expensive drugs.

If you take a prescription drug, you can easily find out if it's covered* under the KeyRx formulary.



Log in to bluecrossmn.com/BCA

- Select "Benefits" and then "Browse All"
- Click on Prime Therapeutics and then "Click to Access" to be directed to their website

*Covered drugs based on plan benefits.



To check drug coverage, cost and alternatives, visit bluecrossmn.com/BCA and talk with your doctor.

POSSIBLE CHANGES IN YOUR COVERAGE

Most people will not experience any changes. However, if you do, there are steps you can take:

- **Your drug is not on the new formulary**
You can switch to a covered option. If the covered drug is not suitable, your doctor can submit a coverage exception request.
- **Your share of the cost has increased**
You can switch to a drug that requires you to pay less out of pocket.
- **You need preapproval for your prescription**
Known as *prior authorization*, this process requires preapproval before a drug will be covered to ensure appropriate use and prescribing. The list of drugs needing preapproval depends on your health plan. Ask your doctor to prescribe a drug without this requirement or to submit a prior authorization request for the drug.

- **There is a limit on the number of doses you can get**

Quantity limits are based on the number of days or number of units (pills, capsules, ounces, etc.). If your quantity exceeds the limit, ask your doctor to either prescribe a quantity within the limit or submit a quantity exception.

- **You're required to try a different drug**

Step therapy requires trying another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug is approved. Ask your doctor to prescribe a drug without this requirement or to submit a prior authorization request for this drug.

- **An injectable drug is no longer covered**

Drugs administered by a healthcare provider are typically covered under the medical benefit, so your doctor may be able to order the drug for you and bill it through your *medical* benefit.

If your doctor recommends a drug that is not covered, you can also choose to pay full price at your own expense.

QUESTIONS?

Contact customer service at the number on the back of your member ID card.

WHO IS PRIME THERAPEUTICS LLC?

Blue Cross and Blue Shield of Minnesota works with Prime Therapeutics to manage your pharmacy benefit.

You will be directed to their website if you search for medication options and pricing.



Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

KeyRx

Value-Based Benefit Design Drug List

Effective January 1, 2024



Your employer has chosen a Value-Based Benefit Design (VBBD) for your prescription benefit plan. This means you may have lower out-of-pocket costs for drugs in value drug categories included in your VBBD. Value drug categories include drugs that treat certain chronic or long-term conditions.

Below is a list of medications that may be available under your VBBD benefit. Please verify with your plan if a generic drug must be tried before filling a brand version of a drug. Please refer to your benefit materials for coverage details and the plan website for current information as this publication is subject to change.

Generic prescription drugs are shown in lower-case boldface type. Most generic drugs are followed by a reference brand drug in (parentheses). Reference brands may not themselves be covered, please check your benefit. Some generic products have no reference brand. Brand prescription drugs are shown in all capital letters followed by the generic name. Generic medicines are available for many of the brand-name drugs listed though may not be available in all strengths.

ANTI-COAGULANTS/ANTI-PLATELETS

anagrelide hcl cap 0.5 mg (Agrylin)
anagrelide hcl cap 1 mg
aspirin-dipyridamole cap er 12hr 25-200 mg
cilostazol tab 50 mg
cilostazol tab 100 mg
clopidogrel bisulfate tab 75 mg (base equiv)
(Plavix)
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (Pradaxa)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (Pradaxa)
dipyridamole tab 25 mg
dipyridamole tab 50 mg
dipyridamole tab 75 mg
prasugrel hcl tab 5 mg (base equiv) (Effient)
prasugrel hcl tab 10 mg (base equiv) (Effient)
warfarin sodium tab 1 mg
warfarin sodium tab 2 mg
warfarin sodium tab 2.5 mg
warfarin sodium tab 3 mg
warfarin sodium tab 4 mg
warfarin sodium tab 5 mg
warfarin sodium tab 6 mg
warfarin sodium tab 7.5 mg
warfarin sodium tab 10 mg

DEPRESSION

amitriptyline hcl tab 10 mg
amitriptyline hcl tab 25 mg
amitriptyline hcl tab 50 mg
amitriptyline hcl tab 75 mg
amitriptyline hcl tab 100 mg
amitriptyline hcl tab 150 mg
bupropion hcl tab 75 mg
bupropion hcl tab 100 mg
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)

DEPRESSION (CONTINUED)

bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)
citalopram hydrobromide oral soln 10 mg/5ml
citalopram hydrobromide tab 10 mg (base equiv)
(Celexa)
citalopram hydrobromide tab 20 mg (base equiv)
(Celexa)
citalopram hydrobromide tab 40 mg (base equiv)
(Celexa)
desipramine hcl tab 10 mg (Norpramin)
desipramine hcl tab 25 mg (Norpramin)
desipramine hcl tab 50 mg
desipramine hcl tab 75 mg
desipramine hcl tab 100 mg
desipramine hcl tab 150 mg
desvenlafaxine succinate tab er 24hr 25 mg
(base equiv) (Pristiq)
desvenlafaxine succinate tab er 24hr 50 mg
(base equiv) (Pristiq)
desvenlafaxine succinate tab er 24hr 100 mg
(base equiv) (Pristiq)
doxepin hcl cap 10 mg
doxepin hcl cap 25 mg
doxepin hcl cap 50 mg
doxepin hcl cap 75 mg
doxepin hcl cap 100 mg
doxepin hcl cap 150 mg
doxepin hcl conc 10 mg/ml
duloxetine hcl enteric coated pellets cap 20 mg
(base eq) (Cymbalta)
duloxetine hcl enteric coated pellets cap 30 mg
(base eq) (Cymbalta)
duloxetine hcl enteric coated pellets cap 60 mg
(base eq) (Cymbalta)
escitalopram oxalate soln 5 mg/5ml (base equiv)
escitalopram oxalate tab 5 mg (base equiv)
(Lexapro)
escitalopram oxalate tab 10 mg (base equiv)
(Lexapro)
escitalopram oxalate tab 20 mg (base equiv)
(Lexapro)

Generic Drugs = bold Brand Drugs = ALL CAPITAL LETTERS

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DEPRESSION (CONTINUED)

fluoxetine hcl cap 10 mg (Prozac)
fluoxetine hcl cap 20 mg (Prozac)
fluoxetine hcl cap 40 mg (Prozac)
fluoxetine hcl solution 20 mg/5ml
imipramine hcl tab 10 mg
imipramine hcl tab 25 mg
imipramine hcl tab 50 mg
mirtazapine tab 7.5 mg
mirtazapine tab 15 mg (Remeron)
mirtazapine tab 30 mg (Remeron)
mirtazapine tab 45 mg
mirtazapine orally disintegrating tab 15 mg
(Remeron soltab)
mirtazapine orally disintegrating tab 30 mg
(Remeron soltab)
mirtazapine orally disintegrating tab 45 mg
(Remeron soltab)
nortriptyline hcl cap 10 mg (Pamelor)
nortriptyline hcl cap 25 mg (Pamelor)
nortriptyline hcl cap 50 mg (Pamelor)
nortriptyline hcl cap 75 mg (Pamelor)
paroxetine hcl tab 10 mg (Paxil)
paroxetine hcl tab 20 mg (Paxil)
paroxetine hcl tab 30 mg (Paxil)
paroxetine hcl tab 40 mg (Paxil)
protriptyline hcl tab 5 mg
protriptyline hcl tab 10 mg
sertraline hcl tab 25 mg
sertraline hcl tab 50 mg
sertraline hcl tab 100 mg
sertraline hcl oral concentrate for solution
20 mg/ml (Zoloft)
tranylcypromine sulfate tab 10 mg (Parnate)
trazodone hcl tab 50 mg
trazodone hcl tab 100 mg
trazodone hcl tab 150 mg
trimipramine maleate cap 25 mg
trimipramine maleate cap 50 mg
trimipramine maleate cap 100 mg
venlafaxine hcl tab 25 mg (base equivalent)
venlafaxine hcl tab 37.5 mg (base equivalent)
venlafaxine hcl tab 50 mg (base equivalent)
venlafaxine hcl tab 75 mg (base equivalent)
venlafaxine hcl tab 100 mg (base equivalent)
venlafaxine hcl cap er 24hr 37.5 mg
(base equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 75 mg
(base equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 150 mg
(base equivalent) (Effexor xr)
vilazodone hcl tab 10 mg (Viibryd)
vilazodone hcl tab 20 mg (Viibryd)
vilazodone hcl tab 40 mg (Viibryd)

DIABETES MEDICATIONS

Insulin

FIASP – insulin aspart (with niacinamide) inj
100 unit/ml
FIASP FLEXTOUCH – insulin aspart
(with niacinamide) sol pen-inj 100 unit/ml
FIASP PENFILL – insulin aspart (with niacinamide)
soln cartridge 100 unit/ml
HUMULIN R U-500 (CONCENTRATE) – insulin
regular (human) inj 500 unit/ml
HUMULIN R U-500 KWIKPEN – insulin regular
(human) soln pen-injector 500 unit/ml
INSULIN ASPART – insulin aspart inj soln 100 unit/ml
INSULIN ASPART FLEXPEN – insulin aspart soln
pen-injector 100 unit/ml
INSULIN ASPART PENFILL – insulin aspart soln
cartridge 100 unit/ml
INSULIN ASPART PROTAMINE/INSULIN ASPART –
insulin aspart prot & aspart (human) inj 100 unit/ml
(70-30)
INSULIN ASPART PROTAMINE/INSULIN ASPART
FLEXPEN – insulin aspart prot & aspart sus
pen-inj 100 unit/ml (70-30)
INSULIN GLARGINE – insulin glargine-yfqn inj 100
unit/ml
INSULIN GLARGINE – insulin glargine-yfqn soln pen-
injector 100 unit/ml
LEVEMIR – insulin detemir inj 100 unit/ml
LEVEMIR FLEXPEN – insulin detemir soln pen-injector
100 unit/ml
NOVOLIN N – insulin nph (human) (isophane) inj
100 unit/ml
NOVOLIN N RELION – insulin nph (human)
(isophane) inj 100 unit/ml
NOVOLIN N FLEXPEN – insulin nph (human)
(isophane) susp pen-injector 100 unit/ml
NOVOLIN N FLEXPEN RELION – insulin nph
(human) (isophane) susp pen-injector 100 unit/ml
NOVOLIN R – insulin regular (human) inj 100 unit/ml
NOVOLIN R RELION – insulin regular (human) inj
100 unit/ml
NOVOLIN R FLEXPEN – insulin regular (human) soln
pen-injector 100 unit/ml
NOVOLIN R FLEXPEN RELION – insulin regular
(human) soln pen-injector 100 unit/ml
NOVOLIN 70/30 – insulin nph isophane & regular
human inj 100 unit/ml (70-30)
NOVOLIN 70/30 RELION – insulin nph isophane &
regular human inj 100 unit/ml (70-30)
NOVOLIN 70/30 FLEXPEN – insulin nph & regular
susp pen-inj 100 unit/ml (70-30)
NOVOLIN 70/30 FLEXPEN RELION – insulin nph &
regular susp pen-inj 100 unit/ml (70-30)
NOVOLOG – insulin aspart inj soln 100 unit/ml

Generic Drugs = bold Brand Drugs = ALL CAPITAL LETTERS

DIABETES MEDICATIONS

Insulin (continued)

NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml
NOVOLOG RELION – insulin aspart inj soln 100 unit/ml
SEMGLEE – insulin glargine-yfjn inj 100 unit/ml
SEMGLEE – insulin glargine-yfjn soln pen-injector 100 unit/ml
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)
TRESIBA – insulin degludec inj 100 unit/ml
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml

Preferred Brand GLP-1s - Insulin Combinations

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml

Oral

acarbose tab 25 mg
acarbose tab 50 mg
acarbose tab 100 mg
glimepiride tab 1 mg (Amaryl)
glimepiride tab 2 mg (Amaryl)
glimepiride tab 4 mg (Amaryl)
glipizide tab er 24hr 2.5 mg (Glucotrol xl)
glipizide tab er 24hr 5 mg (Glucotrol xl)
glipizide tab er 24hr 10 mg (Glucotrol xl)
glipizide tab 5 mg
glipizide tab 10 mg
glipizide-metformin hcl tab 2.5-250 mg
glipizide-metformin hcl tab 2.5-500 mg
glipizide-metformin hcl tab 5-500 mg

Generic Drugs = bold Brand Drugs = ALL CAPITAL LETTERS

DIABETES MEDICATIONS

Oral (continued)

glyburide micronized tab 1.5 mg (Glynase)
glyburide micronized tab 3 mg (Glynase)
glyburide micronized tab 6 mg (Glynase)
glyburide tab 1.25 mg
glyburide tab 2.5 mg
glyburide tab 5 mg
glyburide-metformin tab 1.25-250 mg
glyburide-metformin tab 2.5-500 mg
glyburide-metformin tab 5-500 mg
metformin hcl tab 500 mg
metformin hcl tab 850 mg
metformin hcl tab 1000 mg
metformin hcl tab er 24hr 500 mg
metformin hcl tab er 24hr 750 mg
miglitol tab 25 mg
miglitol tab 50 mg
miglitol tab 100 mg
nateglinide tab 60 mg
nateglinide tab 120 mg
pioglitazone hcl tab 15 mg (base equiv) (Actos)
pioglitazone hcl tab 30 mg (base equiv) (Actos)
pioglitazone hcl tab 45 mg (base equiv) (Actos)
pioglitazone hcl-metformin hcl tab 15-500 mg
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)
repaglinide tab 0.5 mg
repaglinide tab 1 mg
repaglinide tab 2 mg

Preferred Brand GLP-1s – Oral & Other Diab Injectables

MOUNJARO - tirzepatide soln pen-injector 2.5 mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 5 mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 7.5 mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 10 mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 12.5 mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 15 mg/0.5ml
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)
RYBELSUS – semaglutide tab 3 mg
RYBELSUS – semaglutide tab 7 mg
RYBELSUS – semaglutide tab 14 mg
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml

DIABETES MEDICATIONS

Preferred Brand GLP-1s – Oral & Other Diab Injectables (continued)

TRULICITY – dulaglutide soln pen-injector
1.5 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector
3 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector
4.5 mg/0.5ml

Hypoglycemic Agents

BAQSIMI ONE PACK – glucagon nasal powder
3 mg/dose
BAQSIMI TWO PACK – glucagon nasal powder
3 mg/dose
glucagon (rdna) for inj kit 1 mg
(Glucagon emergency kit)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD
SUGAR – glucagon hcl for inj 1 mg
GVOKE HYPOPEN 1-PACK – glucagon
subcutaneous solution auto-injector 0.5 mg/0.1ml
GVOKE HYPOPEN 1-PACK – glucagon
subcutaneous solution auto-injector 1 mg/0.2ml
GVOKE HYPOPEN 2-PACK – glucagon
subcutaneous solution auto-injector 0.5 mg/0.1ml
GVOKE HYPOPEN 2-PACK – glucagon
subcutaneous solution auto-injector 1 mg/0.2ml
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml
GVOKE PFS – glucagon subcutaneous soln
pref syringe 0.5 mg/0.1ml
GVOKE PFS – glucagon subcutaneous soln
pref syringe 1 mg/0.2ml
ZEGALOGUE – dasiglucagon hcl subcutaneous soln
auto-inj 0.6 mg/0.6ml
ZEGALOGUE – dasiglucagon hcl subcutaneous soln
pref syringe 0.6 mg/0.6ml

DIABETIC SUPPLIES

Basic Supplies

Calibration Liquid

ASCENCIA CONTOUR
ASCENCIA CONTOUR NEXT

Insulin Syringes

Lancets
Lancet Devices
Pen Needles

Test Strips & Discs

ASCENCIA CONTOUR
ASCENCIA CONTOUR NEXT

HIGH BLOOD PRESSURE

acebutolol hcl cap 200 mg
acebutolol hcl cap 400 mg
amiloride hcl tab 5 mg
amlodipine besylate tab 2.5 mg (base equivalent)
(Norvasc)
amlodipine besylate tab 5 mg (base equivalent)
(Norvasc)
amlodipine besylate tab 10 mg (base equivalent)
(Norvasc)
amlodipine besylate-benazepril hcl cap 2.5-10 mg
amlodipine besylate-benazepril hcl cap 5-10 mg
(Lotrel)
amlodipine besylate-benazepril hcl cap 5-20 mg
(Lotrel)
amlodipine besylate-benazepril hcl cap 5-40 mg
amlodipine besylate-benazepril hcl cap 10-20 mg
(Lotrel)
amlodipine besylate-benazepril hcl cap 10-40 mg
(Lotrel)
amlodipine besylate-olmesartan medoxomil tab
5-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab
5-40 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab
10-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab
10-40 mg (Azor)
amlodipine besylate-valsartan tab 5-160 mg
(Exforge)
amlodipine besylate-valsartan tab 5-320 mg
(Exforge)
amlodipine besylate-valsartan tab 10-160 mg
(Exforge)
amlodipine besylate-valsartan tab 10-320 mg
(Exforge)
amlodipine-valsartan-hydrochlorothiazide tab
5-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
5-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
10-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
10-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
10-320-25 mg (Exforge hct)
atenolol tab 25 mg (Tenormin)
atenolol tab 50 mg (Tenormin)
atenolol tab 100 mg (Tenormin)
atenolol & chlorthalidone tab 50-25 mg
(Tenoretic 50)
atenolol & chlorthalidone tab 100-25 mg
(Tenoretic 100)
benazepril hcl tab 5 mg
benazepril hcl tab 10 mg (Lotensin)
benazepril hcl tab 20 mg (Lotensin)
benazepril hcl tab 40 mg (Lotensin)
benazepril & hydrochlorothiazide tab 5-6.25 mg

Generic Drugs = bold Brand Drugs = ALL CAPITAL LETTERS

HIGH BLOOD PRESSURE (CONTINUED)

benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)
betaxolol hcl tab 10 mg
betaxolol hcl tab 20 mg
bisoprolol fumarate tab 5 mg
bisoprolol fumarate tab 10 mg
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)
bumetanide tab 0.5 mg (Bumex)
bumetanide tab 1 mg
bumetanide tab 2 mg
candesartan cilexetil tab 4 mg (Atacand)
candesartan cilexetil tab 8 mg (Atacand)
candesartan cilexetil tab 16 mg (Atacand)
candesartan cilexetil tab 32 mg (Atacand)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)
captopril tab 12.5 mg
captopril tab 25 mg
captopril tab 50 mg
captopril tab 100 mg
carvedilol tab 3.125 mg (Coreg)
carvedilol tab 6.25 mg (Coreg)
carvedilol tab 12.5 mg (Coreg)
carvedilol tab 25 mg (Coreg)
chlorthalidone tab 25 mg
chlorthalidone tab 50 mg
clonidine hcl tab 0.1 mg
clonidine hcl tab 0.2 mg
clonidine hcl tab 0.3 mg
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)
diltiazem hcl tab 30 mg (Cardizem)
diltiazem hcl tab 60 mg (Cardizem)
diltiazem hcl tab 90 mg
diltiazem hcl tab 120 mg (Cardizem)
diltiazem hcl cap er 12hr 60 mg
diltiazem hcl cap er 12hr 90 mg
diltiazem hcl cap er 12hr 120 mg
diltiazem hcl cap er 24hr 120 mg
diltiazem hcl cap er 24hr 180 mg

HIGH BLOOD PRESSURE (CONTINUED)

diltiazem hcl cap er 24hr 240 mg
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)
diltiazem hcl extended-release beads cap er 24hr 120 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 180 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 240 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 300 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 360 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 420 mg (Tiazac)
diltiazem hcl extended-release tabs 24hr 120 mg (Cardizem la)
doxazosin mesylate tab 1 mg (Cardura)
doxazosin mesylate tab 2 mg (Cardura)
doxazosin mesylate tab 4 mg (Cardura)
doxazosin mesylate tab 8 mg (Cardura)
enalapril maleate oral soln 1 mg/ml (Epaned)
enalapril maleate tab 2.5 mg (Vasotec)
enalapril maleate tab 5 mg (Vasotec)
enalapril maleate tab 10 mg (Vasotec)
enalapril maleate tab 20 mg (Vasotec)
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)
epplerenone tab 25 mg (Inspra)
epplerenone tab 50 mg (Inspra)
felodipine tab er 24hr 2.5 mg
felodipine tab er 24hr 5 mg
felodipine tab er 24hr 10 mg
fosinopril sodium tab 10 mg
fosinopril sodium tab 20 mg
fosinopril sodium tab 40 mg
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg
furosemide oral soln 10 mg/ml
furosemide tab 20 mg (Lasix)
furosemide tab 40 mg (Lasix)
furosemide tab 80 mg (Lasix)
guanfacine hcl tab 1 mg
guanfacine hcl tab 2 mg
hydralazine hcl tab 10 mg
hydralazine hcl tab 25 mg
hydralazine hcl tab 50 mg

Generic Drugs = bold Brand Drugs = ALL CAPITAL LETTERS

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HIGH BLOOD PRESSURE (CONTINUED)

hydralazine hcl tab 100 mg
hydrochlorothiazide cap 12.5 mg
hydrochlorothiazide tab 12.5 mg
hydrochlorothiazide tab 25 mg
hydrochlorothiazide tab 50 mg
indapamide tab 1.25 mg
indapamide tab 2.5 mg
irbesartan tab 75 mg (Avapro)
irbesartan tab 150 mg (Avapro)
irbesartan tab 300 mg (Avapro)
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)
isradipine cap 2.5 mg
isradipine cap 5 mg
labetalol hcl tab 100 mg
labetalol hcl tab 200 mg
labetalol hcl tab 300 mg
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)
lisinopril tab 2.5 mg (Zestril)
lisinopril tab 5 mg (Zestril)
lisinopril tab 10 mg (Zestril)
lisinopril tab 20 mg (Zestril)
lisinopril tab 30 mg (Zestril)
lisinopril tab 40 mg (Zestril)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)
losartan potassium tab 25 mg (Cozaar)
losartan potassium tab 50 mg (Cozaar)
losartan potassium tab 100 mg (Cozaar)
metolazone tab 2.5 mg
metolazone tab 5 mg
metolazone tab 10 mg
metoprolol & hydrochlorothiazide tab 50-25 mg
metoprolol & hydrochlorothiazide tab 100-25 mg
metoprolol & hydrochlorothiazide tab 100-50 mg
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)
metoprolol tartrate tab 25 mg

HIGH BLOOD PRESSURE (CONTINUED)

metoprolol tartrate tab 37.5 mg
metoprolol tartrate tab 50 mg (Lopressor)
metoprolol tartrate tab 75 mg
metoprolol tartrate tab 100 mg (Lopressor)
minoxidil tab 2.5 mg
minoxidil tab 10 mg
moexipril hcl tab 7.5 mg
moexipril hcl tab 15 mg
nadolol tab 20 mg (Corgard)
nadolol tab 40 mg (Corgard)
nadolol tab 80 mg
nebivolol hcl tab 2.5 mg (base equivalent) (Bystolic)
nebivolol hcl tab 5 mg (base equivalent) (Bystolic)
nebivolol hcl tab 10 mg (base equivalent) (Bystolic)
nebivolol hcl tab 20 mg (base equivalent) (Bystolic)
nicardipine hcl cap 20 mg
nicardipine hcl cap 30 mg
nifedipine cap 10 mg
nifedipine cap 20 mg
nifedipine tab er 24hr 30 mg
nifedipine tab er 24hr 60 mg
nifedipine tab er 24hr 90 mg
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)
olmesartan medoxomil tab 5 mg (Benicar)
olmesartan medoxomil tab 20 mg (Benicar)
olmesartan medoxomil tab 40 mg (Benicar)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)
perindopril erbumine tab 2 mg
perindopril erbumine tab 4 mg
phenoxybenzamine hcl cap 10 mg (Dibenzyline)
pindolol tab 5 mg
pindolol tab 10 mg
prazosin hcl cap 1 mg (Minipress)
prazosin hcl cap 2 mg (Minipress)

Generic Drugs = bold Brand Drugs = ALL CAPITAL LETTERS

HIGH BLOOD PRESSURE (CONTINUED)

prazosin hcl cap 5 mg (Minipress)
propranolol hcl oral soln 20 mg/5ml
propranolol hcl tab 10 mg
propranolol hcl tab 20 mg
propranolol hcl tab 40 mg
propranolol hcl tab 60 mg
propranolol hcl tab 80 mg
propranolol hcl cap er 24hr 60 mg (Inderal la)
propranolol hcl cap er 24hr 80 mg (Inderal la)
propranolol hcl cap er 24hr 120 mg (Inderal la)
propranolol hcl cap er 24hr 160 mg (Inderal la)
quinapril hcl tab 5 mg (Accupril)
quinapril hcl tab 10 mg (Accupril)
quinapril hcl tab 20 mg (Accupril)
quinapril hcl tab 40 mg (Accupril)
ramipril cap 1.25 mg (Altace)
ramipril cap 2.5 mg (Altace)
ramipril cap 5 mg (Altace)
ramipril cap 10 mg (Altace)
spironolactone tab 25 mg (Aldactone)
spironolactone tab 50 mg (Aldactone)
spironolactone tab 100 mg (Aldactone)
spironolactone & hydrochlorothiazide tab
25-25 mg (Aldactazide)
telmisartan tab 20 mg (Micardis)
telmisartan tab 40 mg (Micardis)
telmisartan tab 80 mg (Micardis)
terazosin hcl cap 1 mg (base equivalent)
terazosin hcl cap 2 mg (base equivalent)
terazosin hcl cap 5 mg (base equivalent)
terazosin hcl cap 10 mg (base equivalent)
timolol maleate tab 10 mg
torsemide tab 5 mg
torsemide tab 10 mg
torsemide tab 20 mg
torsemide tab 100 mg
trandolapril tab 1 mg
trandolapril tab 2 mg
trandolapril tab 4 mg
triamterene & hydrochlorothiazide cap 37.5-25 mg
triamterene & hydrochlorothiazide tab 37.5-25 mg
(Maxzide-25)
triamterene & hydrochlorothiazide tab 75-50 mg
(Maxzide)
triamterene cap 50 mg (Dyrenium)
triamterene cap 100 mg (Dyrenium)
valsartan tab 40 mg (Diovan)
valsartan tab 80 mg (Diovan)
valsartan tab 160 mg (Diovan)
valsartan tab 320 mg (Diovan)
valsartan-hydrochlorothiazide tab 80-12.5 mg
(Diovan hct)
valsartan-hydrochlorothiazide tab 160-12.5 mg
(Diovan hct)
valsartan-hydrochlorothiazide tab 160-25 mg
(Diovan hct)

HIGH BLOOD PRESSURE (CONTINUED)

valsartan-hydrochlorothiazide tab 320-12.5 mg
(Diovan hct)
valsartan-hydrochlorothiazide tab 320-25 mg
(Diovan hct)
verapamil hcl cap er 24hr 120 mg (Verelan)
verapamil hcl cap er 24hr 180 mg (Verelan)
verapamil hcl cap er 24hr 240 mg (Verelan)
verapamil hcl tab er 120 mg (Calan sr)
verapamil hcl tab er 180 mg (Calan sr)
verapamil hcl tab er 240 mg (Calan sr)
verapamil hcl tab 40 mg
verapamil hcl tab 80 mg
verapamil hcl tab 120 mg

HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg (base equivalent)
(Lipitor)
atorvastatin calcium tab 20 mg (base equivalent)
(Lipitor)
atorvastatin calcium tab 40 mg (base equivalent)
(Lipitor)
atorvastatin calcium tab 80 mg (base equivalent)
(Lipitor)
cholestyramine light powder 4 gm/dose
(Questran light)
cholestyramine powder 4 gm/dose (Questran)
colesevelam hcl tab 625 mg (Welchol)
colestipol hcl granules 5 gm (Colestid flavored)
colestipol hcl granule packets 5 gm
(Colestid flavored)
colestipol hcl tab 1 gm (Colestid)
ezetimibe tab 10 mg (Zetia)
ezetimibe-simvastatin tab 10-10 mg (Vytorin)
ezetimibe-simvastatin tab 10-20 mg (Vytorin)
ezetimibe-simvastatin tab 10-40 mg (Vytorin)
ezetimibe-simvastatin tab 10-80 mg (Vytorin)
fenofibrate micronized cap 67 mg
fenofibrate micronized cap 134 mg
fenofibrate micronized cap 200 mg
fenofibrate tab 48 mg (Tricor)
fenofibrate tab 54 mg
fenofibrate tab 145 mg (Tricor)
fenofibrate tab 160 mg
gemfibrozil tab 600 mg (Lopid)
lovastatin tab 10 mg
lovastatin tab 20 mg
lovastatin tab 40 mg
niacin tab er 500 mg (antihyperlipidemic)
niacin tab er 750 mg (antihyperlipidemic)
niacin tab er 1000 mg (antihyperlipidemic)
pravastatin sodium tab 10 mg
pravastatin sodium tab 20 mg
pravastatin sodium tab 40 mg
pravastatin sodium tab 80 mg
rosuvastatin calcium tab 5 mg (Crestor)
rosuvastatin calcium tab 10 mg (Crestor)

Generic Drugs = bold Brand Drugs = ALL CAPITAL LETTERS

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HIGH CHOLESTEROL (CONTINUED)

rosuvastatin calcium tab 20 mg (Crestor)
rosuvastatin calcium tab 40 mg (Crestor)
simvastatin tab 5 mg
simvastatin tab 10 mg (Zocor)
simvastatin tab 20 mg (Zocor)
simvastatin tab 40 mg (Zocor)
simvastatin tab 80 mg

OSTEOPOROSIS

alendronate sodium tab 10 mg
alendronate sodium tab 35 mg
alendronate sodium tab 70 mg (Fosamax)
calcitonin (salmon) nasal soln 200 unit/act
ibandronate sodium tab 150 mg (base equivalent)
raloxifene hcl tab 60 mg (Evista)
risedronate sodium tab 5 mg
risedronate sodium tab 30 mg
risedronate sodium tab 35 mg (Actonel)
risedronate sodium tab 150 mg (Actonel)

RESPIRATORY

Medications

acetylcysteine inhal soln 10%
acetylcysteine inhal soln 20%
ADVAIR HFA – fluticasone-salmeterol inhal aerosol
45-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol
115-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol
230-21 mcg/act
albuterol sulfate inhal aero 108 mcg/act
(90mcg base equiv) (Proventil hfa)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)
albuterol sulfate soln nebu 0.63 mg/3ml
(base equiv)
albuterol sulfate soln nebu 1.25 mg/3ml
(base equiv)
albuterol sulfate syrup 2 mg/5ml
albuterol sulfate tab 2 mg
albuterol sulfate tab 4 mg
ANORO ELLIPTA - umeclidinium-vilanterol aero powd
ba 62.5-25 mcg/act
arformoterol tartrate soln nebu 15 mcg/2ml (base
equiv) (Brovana)
ARNUIY ELLIPTA – fluticasone furoate aerosol
powder breath activ 50 mcg/act
ARNUIY ELLIPTA – fluticasone furoate aerosol
powder breath activ 100 mcg/act
ARNUIY ELLIPTA – fluticasone furoate aerosol
powder breath activ 200 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol
suspension 50 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol
suspension 100 mcg/act

RESPIRATORY (CONTINUED)

ASMANEX HFA – mometasone furoate inhal aerosol
suspension 200 mcg/act
ASMANEX TWISTHALER 30 MET - mometasone
furoate inhal powd 110 mcg/act (breath activated)
ASMANEX TWISTHALER 14 MET - mometasone
furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 30 MET - mometasone
furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 60 MET - mometasone
furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 120 ME - mometasone
furoate inhal powd 220 mcg/act (breath activated)
BREO ELLIPTA - fluticasone furoate-vilanterol aero
powd ba 100-25 mcg/act
BREO ELLIPTA - fluticasone furoate-vilanterol aero
powd ba 200-25 mcg/act
BREZTRI AEROSPHERE – budesonide-
glycopyrrolate-formoterol aers 160-9-4.8 mcg/act
budesonide inhalation susp 0.25 mg/2ml
(Pulmicort)
budesonide inhalation susp 0.5 mg/2ml
(Pulmicort)
budesonide inhalation susp 1 mg/2ml (Pulmicort)
COMBIVENT RESPIMAT – ipratropium-albuterol inhal
aerosol soln 20-100 mcg/act
cromolyn sodium soln nebu 20 mg/2ml
DULERA – mometasone furoate-formoterol fumarate
aerosol 50-5 mcg/act
DULERA – mometasone furoate-formoterol fumarate
aerosol 100-5 mcg/act
DULERA – mometasone furoate-formoterol fumarate
aerosol 200-5 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL –
fluticasone-salmeterol aer powder ba
55-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL –
fluticasone-salmeterol aer powder ba
113-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL –
fluticasone-salmeterol aer powder ba
232-14 mcg/act
formoterol fumarate soln nebu 20 mcg/2ml
(Perforomist)
fluticasone-salmeterol aer powder ba
100-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba
250-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba
500-50 mcg/dose (Advair diskus)
INCRUSE ELLIPTA – umeclidinium br aero powd
breath act 62.5 mcg/act (base eq)
ipratropium bromide inhal soln 0.02%
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml
levalbuterol hcl soln nebu concentrate
1.25 mg/0.5ml (base equiv)
levalbuterol hcl soln nebu 0.31 mg/3ml
(base equiv)

Generic Drugs = bold Brand Drugs = ALL CAPITAL LETTERS

RESPIRATORY (CONTIUNED)

levalbuterol hcl soln nebu 0.63 mg/3ml
(base equiv)
levalbuterol hcl soln nebu 1.25 mg/3ml
(base equiv)
montelukast sodium chew tab 4 mg (base equiv)
(Singulair)
montelukast sodium chew tab 5 mg (base equiv)
(Singulair)
montelukast sodium tab 10 mg (base equiv)
(Singulair)
QVAR REDIHALER – beclomethasone diprop hfa
breath act inh aer 40 mcg/act
QVAR REDIHALER – beclomethasone diprop hfa
breath act inh aer 80 mcg/act
roflumilast tab 250 mcg (Daliresp)
roflumilast tab 500 mcg (Daliresp)
SEREVENT DISKUS - salmeterol xinafoate aer pow
ba 50 mcg/act (base equiv)
SPIRIVA HANDIHALER – tiotropium bromide
monohydrate inhal cap 18 mcg (base equiv)
SPIRIVA RESPIMAT – tiotropium bromide
monohydrate inhal aerosol 1.25 mcg/act
SPIRIVA RESPIMAT – tiotropium bromide
monohydrate inhal aerosol 2.5 mcg/act

RESPIRATORY (CONTIUNED)

STIOLTO RESPIMAT – tiotropium br-olodaterol inhal
aero soln 2.5-2.5 mcg/act
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol
soln 2.5 mcg/act (base equiv)
SYMBICORT – budesonide-formoterol fumarate dihyd
aerosol 80-4.5 mcg/act
SYMBICORT – budesonide-formoterol fumarate dihyd
aerosol 160-4.5 mcg/act
terbutaline sulfate tab 2.5 mg
terbutaline sulfate tab 5 mg
theophylline elixir 80 mg/15ml
theophylline soln 80 mg/15ml
theophylline tab er 12hr 300 mg
theophylline tab er 12hr 450 mg
theophylline tab er 24hr 400 mg
theophylline tab er 24hr 600 mg
TRELEGY ELLIPTA - fluticasone-umeclidinium-
vilanterol aepb 100-62.5-25 mcg/act
TRELEGY ELLIPTA - fluticasone-umeclidinium-
vilanterol aepb 200-62.5-25 mcg/act
VENTOLIN HFA – albuterol sulfate inhal aero
108 mcg/act (90mcg base equiv)
zafirlukast tab 10 mg (Accolate)
zafirlukast tab 20 mg (Accolate)

Dental Benefits

Administered by Delta Dental of Minnesota



Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the **Barnum Public Schools – ISD 91** dental benefit plan. **The dental rates and benefits are effective as of 10/1/2023.**

Services	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Annual Deductible	\$50 per person; \$150 family limit \$50 per person Lifetime deductible for Preventive Services	\$50 per person; \$150 family limit \$50 per person Lifetime deductible for Preventive Services	\$50 per person; \$150 family limit \$50 per person Lifetime deductible for Preventive Services
Annual Benefit Maximum	\$1,000	\$1,000	\$1,000
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%	100%
Basic Dental Services (sealants, space maintainers, fillings, palliative treatment)	80% after deductible	80% after deductible	80% after deductible
Major Dental Services (simple & complex oral surgery, endodontic services, periodontic services, major restorative services, crowns, bridges, implants, and dentures)	55% after deductible	55% after deductible	50% after deductible
Orthodontia Services	Not covered	Not covered	Not covered

This plan is 100% voluntary. The rates must be paid in full by the employee.

	Single	Single + Spouse	Single + Child(ren)	Family
Rates	\$31.82	\$61.03	\$74.58	\$116.93



Flexible Spending Accounts (FSAs)

Dependent Care FSA

Contributions

- Elect up to \$5,000 per family annually to pay for child care while working
 - Cannot change election mid-year without a qualifying event
 - Use it or Lose It
- Pre-tax account: save money!



Expenses

Eligible Expenses:

- Licensed day care facilities
- Preschool programs
- After-school programs
- In-home child and dependent care services
- Elder care – *dependent care expenses for tax dependents over the age of 13 require proof of medical necessity*
- Day camp expenses

Qualifying Person

- Your child who is your dependent and was under the age 13 when the care was provided;
- Your spouse who wasn't physically or mentally able to care for himself or herself and lived with you for more than half the year; or
- A person who wasn't physically or mentally able to care for himself or herself, lived with you for more than half the year—*see IRS publication 503 for more details to determine if they are a qualified person*

Health FSA

Elections

- Employees elect up to the limit annually to set aside pre-tax money to pay for eligible expenses
- Can only make a mid-year changes to the election if there is a qualifying event
- IRS maximum amount is \$3,200 (2024)
- Elect carefully— these funds do not carry over, use it or lose it
- Elect carefully— employees can only carry over up to \$x of unused funds at year end, use it or lose it

Health FSA – Full Scope

- ***Full-scope is used when employee and spouse are not contributing to an HSA***
- FSA funds used to reimburse eligible medical, vision and dental expenses

Health FSA- Limited Scope

- ***Limited-scope is used when employee or spouse are contributing to an HSA***
- FSA funds **limited** to eligible vision and dental expenses only

Life and Accidental Death & Dismemberment Insurance

Insured by The Standard



Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by **Barnum Public Schools – ISD 91**. Benefit paid out are subject to your class. To see your specific benefit amount please see your bargaining unit contract.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. **Barnum Public Schools – ISD 91** provides AD&D coverage to employees. Benefit paid out are subject to your class. To see your specific benefit amount please see your bargaining unit contract.

- Note:** Class 1: Superintendent
 Class 2: Principals
 Class 3: Teachers
 Class 4: Business Manager, Buildings and Grounds Supervisor, Administrative Assistant, and Community Education Director
 Class 5: Drives
 Class 6: All other Members

Dependent Life Insurance

- Benefit Schedule for:** Spouse— \$5,000
 Children— \$2,000

Disability Insurance

Insured by The Standard

Barnum Public Schools – ISD 91 also provides disability insurance through The Standard. This benefit replaces a portion of your income if you become disabled and are unable to work.

- Note:** Class 1: Buildings and Grounds Supervisor and Custodians
 Class 2: Business Manager, Community Education Director, Administrative Assistant and Building Secretary
 Class 3: Superintendent and Principals
 Class 4: Teachers
 Class 5: All other Members

	How it Works	Who Pays for the Benefit
Long-Term Disability	Benefit paid out are subject to your class. To see your specific benefit amount please see your bargaining unit contract.	The District

Legal Notices

Patient Protections Disclosure

Barnum Public Schools – ISD 91 Health Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Blue Cross Blue Shield of Minnesota designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Blue Cross Blue Shield of Minnesota at 651- 662-8000 or www.bluecrossmn.com.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Blue Cross Blue Shield of Minnesota or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Blue Cross Blue Shield of Minnesota at 651- 662-8000 or www.bluecrossmn.com.

Women’s Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (“WHCRA”). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Aware HSA \$2,000 Deductible (Individual: 25% coinsurance and \$2,000 deductible; Family: 25% coinsurance and \$4,000 deductible)

Plan 2: Aware \$400 Deductible (Individual: 10% coinsurance and \$400 deductible; Family: 10% coinsurance and \$800 deductible)

Plan 3: Aware \$850 Deductible (Individual: 15% coinsurance and \$850 deductible; Family: 15% coinsurance and \$1,700 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 218.389.6978 X 1003 or lcarlson1@isd91.org.

HIPAA Special Enrollment Rights

Barnum Public Schools – ISD 91 Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in Barnum Public Schools – ISD 91 Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Laura Carlson - Business Manager at 218.389.6978 X 1003 or lcarlson1@isd91.org.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under the Group Health Medical Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under the Group Health Medical Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under the Group Health Medical Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's Law, please contact Human Resources.

Newborns' and Mothers' Health Protection Act

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

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

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

For detailed information including how to monitor your progress toward qualifying for PSLF, read the PSLF Questions and Answers documents at [StudentAid.gov/publicservice](https://studentaid.gov/publicservice) or contact your federal loan servicer.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

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

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

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

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

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

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

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

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

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

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Laura Carlson.

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about 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

Barnum Public Schools – ISD 91
Laura Carlson - Business Manager
3675 County Road 13
Barnum, Minnesota 55707-9696
United States
218.389.6978 x1003

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start> .

Notice of Creditable Coverage

Important Notice from Barnum Public Schools – ISD 91

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Barnum Public Schools – ISD 91 and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Barnum Public Schools – ISD 91 has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Barnum Public Schools – ISD 91 coverage will not be affected. You can keep this coverage if you elect Part D, but the group health plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Barnum Public Schools – ISD 91 coverage, be aware that you and your dependents will be able to get this coverage back only during open enrollment or a special enrollment event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Barnum Public Schools – ISD 91 and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Barnum Public Schools – ISD 91 changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: January 01, 2024
Name of Entity/Sender: Barnum Public Schools – ISD 91
Contact—Position/Office: Laura Carlson - Business Manager
Office Address: 3675 County Road 13
Barnum, Minnesota 55707-9696
United States
Phone Number: 218.389.6978 x1003

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Barnum Public Schools – ISD 91 is committed to the privacy of your health information. The administrators of the Barnum Public Schools – ISD 91 Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Laura Carlson - Business Manager at 218.389.6978 X 1003 or lcarlson1@isd91.org.



Notes



Notes



Prepared by:



Gallagher

Insurance | Risk Management | Consulting