

EMPLOYEE BENEFITS GUIDE



2026



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IMPORTANT CONTACTS

MEDICAL Blue Cross Blue Shield of ND 1-844-363-8457 www.bcbsnd.com	VIRTUAL HEALTH Spring Health or Teladoc springhealth.com/connect teladochealth.com
GAP PLAN Fidelity Security Life Insurance Company 1-800-648-8624 www.fslins.com	DENTAL Blue Cross Blue Shield of ND 1-844-363-8457 www.bcbsnd.com
VISION MetLife 1-833-393-5433 www.metlife.com/vision	HEALTH SAVINGS ACCOUNT (HSA) WEX 1-866-451-3399 www.wexinc.com
FLEXIBLE SPENDING ACCOUNTS (FSA) WEX 1-866-451-3399 www.wexinc.com	LIFE, AD&D, LTD MetLife 1-800-638-5433 www.metlife.com
WORKSITE MetLife 1-800-438-6388 www.mybenefits.metlife.com	EMPLOYEE ASSISTANCE PROGRAM (EAP) Bree Health 1-800-327-2255 login.breehealth.com
VEBA WEX 1-866-451-3399 www.wexinc.com	403(b) TSA 850-362-6840 or 888-796-3786 www.tsacg.com
MANDAN PUBLIC SCHOOLS HUMAN RESOURCES mpshumanresources@msd1.org	

ELIGIBILITY

When you think about your total compensation package, don't forget about your benefits. Along with your pay, Mandan Public Schools has provided a benefit program with real financial value. Your benefits package will improve your life and the lives of your family members. A great deal of time and effort has been invested in designing, funding, and maintaining a quality benefit plan. But you and your family can also play an important role in getting the most from your benefits by making sure that you understand them.

In addition to this guide, you can also access Mandan Public Schools' benefit information on: Mobile Benefits App at mandanpublicschools.mybenefitsapp.com

ELIGIBILITY GUIDELINES

All active employees working 30 hours or more per week are eligible for benefits. All coverage will be effective on the first of the following month if the first working day is between the 1st and the 15th. If the first working day is between the 16th and the end of the month, the effective date will be the 1st of the month following one complete month of employment. Upon termination, benefits will end on the last day of the month in which termination occurs or eligibility for benefits ceases. Premiums will be deducted from your paychecks twice a month on a pre-tax basis.

If you are an active employee and elect coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under age 26.

MAKING CHANGES TO YOUR BENEFITS

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have **30 days** from the date of the event to notify Human Resources of the change. Keep in mind, the changes you make must be directly related to the event.

???

Not sure if you have a qualifying event?

Need help changing your elections?

Please contact Human Resources.



MEDICAL

MEDICAL INSURANCE OVERVIEW

The medical coverage is administered by Blue Cross Blue Shield of ND. Health Insurance is designed to provide protection for you and your dependents in the event that you require medical care. Remember that you can help to keep your plan costs low. Although you are not required to see a network provider, your expenses will be less when you seek care within the network.

Enroll in your benefits at www.mandanpublicschools.bswift.com

HDHP

BLUE CROSS BLUE SHIELD ND

*Visit www.bcbsnd.com/members/rx-tools to view the list of covered medications and which medications fall under the preventive category.

BENEFITS	HDHP	
	In-Network	Out-of-Network
Annual Deductible		
Individual	\$3,400	\$6,800
Family	\$6,800	\$13,600
Coinsurance	20%	40%
Annual Out-of-Pocket Maximum		
Individual	\$7,000	\$14,000
Family	\$14,000	\$28,000
Preventive Care	Covered at 100%	Not Covered
Office Visits		
Telehealth	20% after deductible	40% after deductible
Primary Care	20% after deductible	40% after deductible
Specialist	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible
Emergency Room	20% after in-network deductible	
Hospital Visits		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Pharmacy		
Preventive	\$5 copay	
Preferred Generic	\$5 copay after deductible	
Non-Preferred Generic	\$5 copay after deductible	
Preferred Brand	\$20 copay after deductible	
Non-Preferred Brand	\$40 copay after deductible	
Specialty Preferred	20% after deductible	
Specialty Non-Preferred	50% after deductible	

FIND A NETWORK PROVIDER

Log on to www.bcbsnd.com/find-a-doctor to find providers in the Blue Cross Blue Shield of ND network and save money.



PPO

BLUE CROSS BLUE SHIELD ND

*Visit www.bcbsnd.com/members/rx-tools to view the list of covered medications and which medications fall under the preventive category.

BENEFITS	PPO	
	In-Network	Out-of-Network
Annual Deductible		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance	20%	40%
Annual Out-of-Pocket Maximum		
Individual	\$10,500	\$21,000
Family	\$21,000	\$42,000
Preventive Care	Covered at 100%	Not Covered
Office Visits		
Telehealth	\$10 copay	40% after deductible
Primary Care	\$40 copay	40% after deductible
Specialist	\$40 copay	40% after deductible
Urgent Care	\$50 copay	40% after deductible
Emergency Room	20% after in-network deductible	
Hospital Visits		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Pharmacy		
Preventive	\$5 copay	
Preferred Generic	\$5 copay	
Non-Preferred Generic	\$5 copay	
Preferred Brand	\$20 copay	
Non-Preferred Brand	\$40 copay	
Specialty Preferred	20% coinsurance	
Specialty Non-Preferred	50% coinsurance	

FIND A NETWORK PROVIDER

Log on to www.bcbsnd.com/find-a-doctor to find providers in the Blue Cross Blue Shield of ND network and save money.



MEDICAL PREMIUMS

HDHP MEDICAL PLAN - PER PAYCHECK					
Enrollment Tier	9 month - 90% 36+ hours	9 Month - 67.5% 30-35.99 Hours	12 month - 90% 36+ hours	12 Month - 67.5% 30-35.99 Hours	10.5 month - 90% 36+ hours
Single	\$125.40	\$125.40	\$16.37	\$16.37	\$56.35
Employee + Spouse	\$283.77	\$283.77	\$37.02	\$37.02	\$127.50
Employee + Dependent	\$230.48	\$230.48	\$30.07	\$30.07	\$103.55
Family	\$449.32	\$682.61	\$103.70	\$336.99	\$241.94

HDHP MEDICAL PLAN - PER PAYCHECK			
Enrollment Tier	12 month - Professional 36+ hours	9 Month Professional - 36+ hours	Certified and Admin
Single	\$16.37	\$94.05	\$91.60
Employee + Spouse	\$37.02	\$212.83	\$207.28
Employee + Dependent	\$30.07	\$172.86	\$168.35
Family	\$103.70	\$336.99	\$290.33

PPO MEDICAL PLAN - PER PAYCHECK					
Enrollment Tier	9 month - 90% 36+ hours	9 Month - 67.5% 30-35.99 Hours	12 month - 90% 36+ hours	12 Month - 67.5% 30-35.99 Hours	10.5 month - 90% 36+ hours
Single	\$135.54	\$135.54	\$17.69	\$17.69	\$60.90
Employee + Spouse	\$306.71	\$306.71	\$40.01	\$40.01	\$137.80
Employee + Dependent	\$249.11	\$249.11	\$32.50	\$32.50	\$111.92
Family	\$485.63	\$737.78	\$112.08	\$364.23	\$261.50

PPO MEDICAL PLAN - PER PAYCHECK			
Enrollment Tier	12 month - Professional 36+ hours	9 Month Professional - 36+ hours	Certified and Admin
Single	\$17.69	\$101.66	\$99.00
Employee + Spouse	\$40.01	\$230.03	\$224.03
Employee + Dependent	\$32.50	\$186.83	\$181.96
Family	\$112.08	\$364.23	\$313.80

**Prices are average estimates. Contact business office for actual costs.*

VIRTUAL CARE

Spring Health offers fast access to virtual therapy, medication management and mental health support. Members can find a care provider and book an appointment within minutes, connecting members with licensed providers when they need care most. Spring Health is accessible via mobile, tablet or computer.

FAST, PERSONALIZED MENTAL HEALTH CARE

Spring Health helps you get mental health care that is easy and affordable. Members and their families can book therapy appointments with trusted, in-network providers online or in person. The program supports people with stress, anxiety, depression, sleep problems and more.

WHAT YOU GET:

- Appointments in an average of 2 days
- Therapy, medication management, wellness tools and family resources
- Support for teens ages 13 and older
- Providers who speak more than 100 languages and treat over 50 conditions
- Access to self-guided exercises for well-being support



HOW TO ACCESS

Visit springhealth.com/connect

HOW TO ACCESS

Download the Teladoc app or visit teladochealth.com

Teladoc Health offers access to U.S. board-certified providers seven days a week by video, web or app from anywhere. While not a substitute for a regular physician, Teladoc Health can help with non-urgent care when your doctor isn't available. Services include support for skin conditions, cold and flu, pink eye, stomach bugs, sinus infections and more.

YOU CARE, ANYTIME, ANYWHERE

With Teladoc Health, you have two options for care. You can talk to a doctor anytime, day or night, with the 24/7 care program. You can also connect with a mental health professional for support when you need it. Both options are easy to use and available from anywhere.

GET HELP WITH

- Pink eye
- Sore throat, cough, or sinus problems
- Minor Injuries
- Mental Health Care like anxiety and depression or relationship challenges
- And more



MEDICAL GAP

Mandan Public Schools offers voluntary GAP coverage through Fidelity Security Life Insurance Company. This policy covers certain out-of-pocket expenses such as deductibles, co-pays, and co-insurance that are incurred in inpatient and select outpatient settings.

IN-PATIENT BENEFITS

The Inpatient Benefit pays on a “Per Person Per Calendar Year”

INPATIENT BENEFITS INCLUDE:

- Inpatient Hospital Stays
- Inpatient Procedures
- Inpatient Physician Charges
- Inpatient Mental Health and Substance Abuse Treatment
- Routine Nursery Care for Dependent Children

OUTPATIENT BENEFITS

The Outpatient Benefit Pays on a “Per Person Per Calendar Year” basis per individual and up to two times the individual outpatient maximum for a family.

This maximum applies to the entire family unit, regardless of the number of covered persons within the family unit, however, the benefit payable for no one person within the family unit can exceed the “per person” limit. The maximum out-patient benefit chosen cannot exceed the amount of the base hospital confinement benefit. No pre-existing limitations on this plan.

OUTPATIENT BENEFITS INCLUDE:

- Radiation therapy or chemotherapy authorized by a radiologist, chemotherapist, or an oncologist for outpatient cancer treatment
- Outpatient surgery performed in a hospital facility, free-standing surgery center, or physician’s office
- Diagnostic testing including, but not limited to, x-rays, MRIs, CT scans, cardiac catheterization, and diagnostic labs
- Hospital emergency room treatment for an injury of a sickness
- Kidney dialysis in a hospital outpatient facility or dialysis treatment center
- Infusion Therapy
- Durable medical equipment if dispensed in a hospital or provider’s office
- Dependent Child Pregnancy treatment or medical care after a waiting period of 10 months

AMBULANCE BENEFIT

This benefit is payable when ambulance transportation (ground or air) is required to a hospital or emergency center. Ambulance transportation must be within 72 hours of the incident and must be provided by a licensed professional ambulance company. It is paid per person up to 3x per family per year.

EXPENSES NOT COVERED BY THE MEDICAL GAP PLAN

For an expense to be eligible under the Medical Gap Plan, it has to be covered by the covered person's major medical plan. If an expense is denied by the major medical plan, but would otherwise have been an eligible expense under the Gap Plan, it will not be covered by the Medical Gap Plan.

NO BENEFITS ARE PAYABLE FOR ANY EXPENSES INCURRED:

- As a result of suicide, or attempted suicide
- For intentionally self-inflicted injury or sickness
- For rest care or rehabilitative care and treatment
- As a result of participation in a riot, civil commotion, civil disobedience or unlawful assembly
- As a result of commission of a felony
- As a result of participation in a contest of speed in power driven vehicles, parachuting, or hang gliding
- For traveling in or descending from any vehicle or device for aerial navigation, unless a fare paying passenger
- As a result of an insured person being under the influence of drugs or alcohol
- For treatment of mental illness, alcoholism or substance abuse provided as an Outpatient
- For experimental treatment, drugs or surgery
- For any loss while on active duty with the armed forces
- For routine examinations
- For confinement or other covered treatment for dental or vision care that is not related to an accidental injury
- Excluded benefits under the Comprehensive Medical Plan

CLAIMS MADE EASY

The Fidelity Security Life Insurance Company supplemental GAP medical expense insurance can help bridge the gap between deductibles and out-of-pocket expenses. After enrollment, employees will receive a welcome package containing their certificate of insurance, and Fidelity Security Life Insurance Company ID card. It will also provide information on how to sign-in to the member website that features self-service tools designed to save employees time and effort.



CLAIM FILING

Employees can present the ID card to the medical provider at their next visit. The ID card contains a payer ID for the provider to submit electronic claims.

- The provider will ask the employee to sign a claim assignment form
- The provider submits claims on the employee's behalf

WHAT HAPPENS WITH CLAIMS FILED ELECTRONICALLY

- If the primary carrier's explanation of benefits (EOB)/payee information does not accompany the Fidelity Security Life Insurance Company claim submission, a request for the EOB will be sent to the provider and insured
- Eligible payment will be made to provider upon receipt of EOB

WHAT HAPPENS WITH CLAIMS SENT VIA PAPER OR FAX

Claim forms WITHOUT primary carrier's explanation of benefits:

- If the primary carriers EOB/payment information does not accompany the claim, a request will be sent to provider and insured
- The EOB may be mailed or faxed

Claims WITH primary carrier's explanation of benefits:

- Eligible payment will be made to provider

HOW DO I SUBMIT A NON-ASSIGNED CLAIM

When an employee submits a claim containing an itemized statement with procedure, diagnosis code, and an EOB from the primary carrier, the claim will be considered non-assigned and the insured will be paid eligible benefits. The insured will be responsible for paying the provider if the claim is not assigned.



YOU HAVE THE OPTION TO CHOOSE BETWEEN TWO GAP IN-PATIENT HOSPITAL BENEFIT PLANS: OPTION 1 TO BE PAIRED WITH THE HDHP AND OPTION 2 TO BE PAIRED WITH THE PPO PLAN.

GAP PLAN	Benefits - Option 1	Benefits - Option 2
Deductible (Individual / Family)	\$1,700/\$3,400* <i>*Entire family deductible must be met before benefits paid</i>	\$0/\$0
Inpatient Maximum	\$1,000	\$2,000
Outpatient Maximum	\$600	\$1,000
Family Outpatient Maximum	2x individual outpatient max	2x individual outpatient max
VOLUNTARY GAP PLAN - PREMIUMS	Option 1 GAP Plan Rates (Monthly rates)	Option 2 Voluntary GAP Plan Rates (Monthly rates)
	Under Age 40	Under Age 40
EE	\$6.88	\$24.84
EE/Spouse	\$12.38	\$44.73
EE/Children	\$15.20	\$54.91
EE/Family	\$20.70	\$74.79
	Ages 40-49	Ages 40-49
EE	\$9.53	\$34.46
EE/Spouse	\$17.16	\$62.02
EE/Children	\$17.55	\$63.40
EE/Family	\$25.17	\$90.96
	Ages 50+	Ages 50+
EE	\$15.39	\$55.63
EE/Spouse	\$27.71	\$100.12
EE/Children	\$24.94	\$90.12
EE/Family	\$37.25	\$134.61



**FIDELITY SECURITY LIFE
INSURANCE COMPANY**

1-800-648-8624

www.fslins.com

HEALTH SAVINGS ACCOUNT

The HSA is administered by Wex.

Build an account funded with tax-exempt dollars by you, your employer, or both. All funds contributed by Mandan Public Schools become 100% owned by the employee at the time of funding. Both Mandan and the employee cannot contribute more than the combined 2026 IRS maximum of \$4,400 for a single plan and \$8,750 for a family plan. If you are of age 55 or to turn 55 in the 2026 plan year, you are able to contribute an additional \$1,000 to your HSA.

HSA dollars can be used to help pay for eligible medical/dental/vision expenses not covered by an insurance plan, including deductibles, copays, and prescriptions. Funds can be used for your dependents eligible expenses regardless if they are covered on your MPS plan.

You are eligible to have a Health Savings Account if you are enrolled in our High Deductible Health Plan and not covered by “conflicting coverage” such as Medicare, Tri-care, or coverage through another health plan that is not an HSA-qualifying high-deductible health plan, including a traditional Health Reimbursement flex spending account.

To make any changes or enroll, visit www.mandanpublicschools.bswift.com

2026 MAXIMUM HSA CONTRIBUTIONS:

Individual - \$4,400

Family - \$8,750

Catch up (age 55+) - \$1,000



FLEXIBLE SPENDING ACCOUNT

LIMITED PURPOSE FSA

A pre-tax benefit of up to \$3,400 used to pay for eligible dental and vision care expenses only. Participants enrolled in a High Deductible Health Plan (HDHP) are eligible to enroll in both Limited Purpose FSA and HSA plans at the same time to maximize their savings from the pre-tax contributions.

MEDICAL FSA

If you are NOT enrolled in the Mandan HDHP medical plan, or are enrolled in your spouse's or parent's Traditional Medical Plan, you can set aside pre-tax contributions for medical, dental, and vision expenses not paid by your (or your spouse's) insurance plans up to \$3,400. You may **not** have both a Medical FSA and HSA being funded at the same time.

DEPENDENT CARE FSA

You can set aside pre-tax contributions for dependent care expenses up to \$7,500 per plan year, if filing jointly, or \$3,750 if filing single.

THE FSA IS ADMINISTERED BY WEX.

Flexible Spending Accounts helps you pay for everyday expenses on a pre-tax basis. The FSA year is January 1 - December 31 and is a "use it or lose it" account. You have a 60 day grace period after December 31st to submit all claims that occurred during the current flex year. You are allowed a minimum of \$50 up to a maximum \$680 carry-over balance into the next flex benefit year. Note that current participants must re-enroll each year in order to continue participating in the flex program.

To make any changes or enroll, visit www.mandanpublicschools.bswift.com

2026 MAXIMUM DEPENDENT CARE FSA CONTRIBUTIONS:

Individual - \$3,750

Family - \$7,500

2026 MAXIMUM LIMITED PURPOSE AND MEDICAL FSA CONTRIBUTIONS:

\$3,400



DENTAL PLAN



Dental coverage is designed to provide protection to you and/or your family in the event that you require dental services during the year. Your plan is designed to encourage regular visits to your dentist which is essential to maintaining oral health and to provide coverage for basic diagnostic and preventive dental needs. This plan is administered by BCBSND/United Concordia Dental.

Your deductibles and annual maximums are accumulated January 1st to December 31st.

To make any changes or enroll, visit www.mandanpublicschools.bswift.com

DENTAL BENEFITS	BlueDental Elite+ 50 1000
Annual Deductible Individual Family	\$50 \$100
Annual Maximum (per person)	\$1,000
Preventive Care (Routine Cleaning and X-Rays) <i>Preventive Care Services do not deduct from your annual maximum and the deductible is waived.</i>	Covered 100%
Basic Services (Fillings, Basic Root Canals)	80%
Major Services (Extractions, Crowns)	50%
Ortho Services	50%
Ortho Lifetime Maximum	\$1,500

****Dentists who have signed a participating network agreement with BCBSND have agreed to accept the maximum allowable amount as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.**



COVERAGE TYPE	Employee Monthly Contributions
Employee	\$47.89
Employee + Spouse	\$96.61
Employee + Child(ren)	\$78.75
Family	\$132.96

FINDING IN-NETWORK DENTISTS

Find an in-network dentist by visiting nd.ourdentalcoverage.com/find-a-dentist/#/

VISION PLAN



Your eye examination and caring for your eyes is important to your overall health. Eye examinations diagnose much more than the need for corrective lenses. An eye examination can uncover more than 30 systemic diseases including hypertension, arteriosclerosis, diabetes, and Graves Disease. This plan allows you to improve your health by saving you money on your eye care purchases. This plan is administered by MetLife utilizing the VSP Choice National Network.

To make any changes or enroll, visit www.mandanpublicschools.bswift.com

BENEFITS	In-Network (Member Cost)	Out-of-Network (Reimbursement)
Exam (Once every 12 months)	\$10 copay	Up to \$45
Lenses (every 12 months) Single Vision Bifocal Trifocal	\$25 copay \$25 copay \$25 copay	Up to \$30 Up to \$50 Up to \$65
Lens Enhancements Standard progressive lenses Premium progressive lenses	Up to \$55 Up to \$110	Up to \$50 Up to \$50
Frames (Once every 24 months)	\$130 allowance (20% off remaining balance)	Up to \$70
Contacts (instead of glasses) (Once every 12 months)	\$130 allowance (15% off remaining balance)	Up to \$105
Exam - fitting and evaluation	Up to \$60 copay	

Note: Certified Staff receive family vision at no cost.

Classified employees who are eligible for health insurance but choose to waive it receive family vision at no cost.

COVERAGE TYPE	Employee Monthly Contributions
Employee	\$7.59
Family	\$16.31



FINDING IN-NETWORK EYE DOCTORS

You can find an in-network eye doctor in the MetLife VSP Choice National network by visiting: www.metlife.com/vision and select VSP Choice by MetLife

LIFE, AD&D AND DISABILITY INSURANCE

BASIC LIFE INSURANCE

We provide a Basic Life benefit for all eligible employees working 30 or more hours each week on a regular and continuous basis. Eligible employees receive a benefit of \$50,000. This insurance is administered by MetLife.

*****Keep Your Beneficiaries Up to Date!*****

You must designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance when going through enrollment on the BSwift platform. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

LONG TERM DISABILITY INSURANCE

Long Term Disability is employer-paid and therefore a taxable benefit to the employee. Disability is administered by MetLife.

You receive 66 2/3% of your earnings up to a maximum monthly benefit of \$11,000 in the event of a qualifying claim. Benefits begin after 60 days of being disabled.



MANDAN PUBLIC SCHOOLS HAS PARTNERED WITH METLIFE TO OFFER ADDITIONAL VOLUNTARY BENEFITS THAT PROVIDE YOU WITH:

- The ability to off-set the out-of-pocket expenses of your current health plan
- The ability to protect your income and your assets if an injury, illness, or disability occurs
- The convenience of premium payment through payroll deduction
- The ability to take the coverage with you if you leave the company or retire
- Pays you cash directly regardless of any health insurance you have.

THE FOLLOWING INSURANCE PLANS ARE OFFERED THROUGH METLIFE:

- Accident
- Critical Illness
- Hospital Indemnity

To enroll, visit www.mandanpublicschools.bswift.com

WELLNESS BENEFIT INCLUDED WITH THE ACCIDENT AND CRITICAL ILLNESS BENEFITS:

HEALTH SCREENING BENEFIT - PAYABLE IF AN ELIGIBLE COVERED PERSON TAKES ONE OF THE SCREENING/PREVENTION MEASURES LISTED IN THE TABLE BELOW.

- Benefit Amount: **\$100**

Times Payable per Calendar Year

- 1 time per Employee
- 1 time per Spouse/Domestic Partner
- 1 time per Dependent Child

MORE INFORMATION

Contact MetLife for additional information

800-638-5433

www.metlife.com

ELIGIBLE SCREENING / PREVENTION MEASURES:

Routine Health Check-Up Exam	Biopsies for Cancer	Blood Chemistry Panel	Blood test to determine total cholesterol	Blood test to determine triglycerides	Bone Marrow testing	Breast MRI
Breast Ultrasound	Breast Sonogram	Cancer Antigen 15-3 blood test for Breast Cancer (CA 15-3)	Cancer Antigen 125 blood test for Ovarian Cancer (CA 125)	Carcinoembryonic Antigen blood test for Colon Cancer (CEA)	Carotid Doppler	Chest X-Rays
Clinical Testicular Exam	Colonoscopy	Complete Blood Count (CBC)	Coronavirus Testing	Dental Exam	Digital Rectal Exam (DRE)	Doppler Screen for Cancer
Doppler Screening for Peripheral Vascular Disease	Echocardiogram	Electrocardiogram (EKG) & Electroencephalogram (EEG)	Endoscopy	Eye Exams	Fasting blood Glucose Test and Fasting Plasma Glucose Test	Flexible Sigmoidoscopy
Hearing Test	Hemocult Stool Specimen	Hemoglobin A1C	Human Papillomavirus (HPV) Vaccination	Immunizations	Lipid Panel	Mammogram
Oral Cancer Screening	Pap Smears or Thin Prep Pap Test	Prostate-Specific Antigen (PSA) test	Serum Cholesterol test to determine LDL and HDL levels	Serum Protein Electrophoresis	Skin Exam / Skin Cancer Screening / Skin Cancer biopsy	Stress test on bicycle or treadmill
Successful completion of Smoking Cessation Program	Tests for Sexually Transmitted Infections (STI's)	Thermography	Two-Hour post-load Plasma Glucose test	Ultrasounds for cancer detection	Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms	Virtual Colonoscopy

VOLUNTARY LIFE AND AD&D INSURANCE

ADDITIONAL COVERAGE YOU CAN PURCHASE

In addition to the coverage provided by the School District, you may purchase extra life insurance for yourself, your spouse and your dependent children. The premium for this coverage will be deducted from your paycheck.

To enroll, visit www.mandanpublicschools.bswift.com

COVERAGE GUIDELINES	
Employee	Available in increments of \$10,000. Up to 5 times your annual income (district base life & voluntary combined) or \$500,000, whichever is less. Up to \$150,000 of coverage is guaranteed, regardless of your health, if you apply when first eligible. Coverage exceeding \$150,000 will require medical qualification.
Spouse	If you select coverage for yourself, you may also purchase coverage for your spouse. Available in increments of \$5,000, up to 50% of Employee's additional coverage or \$100,000, whichever is less. Up to \$50,000 of coverage is guaranteed, regardless of spouse's health, if applying when first eligible.
Children	If you select coverage for yourself, you may purchase coverage for your children. One premium covers all unmarried, dependent children up to age 26. Coverage from 15 days to six months is \$1,000. Child older than 6 months: options of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000. Employee must purchase voluntary life coverage for themselves in order to purchase child coverage.
Coverage is Guaranteed if you apply when first eligible. If you apply as a new hire during your initial benefit enrollment period, all coverage up to the limits listed above is guaranteed. No medical questions are asked of you or your dependents. Late Entrants/Increases in Coverage: If you declined coverage when you were first eligible, or if you wish to increase existing coverage, you will need to complete a health statement to determine if you qualify. Contact Human Resources for details.	

COVERAGE AMOUNTS	
Personal Accident Insurance	If you or a covered family member die as the result of an accident, an amount equal to your life insurance benefit will also be paid. Benefits may also be paid for covered injuries that you survive, as described in the policy.
Living Care/ Accelerated Death Benefit	If you are diagnosed as terminally ill with a life expectancy of 12 months or less, up to 75% of the life insurance coverage amount can be paid while you are still living with a maximum of \$500,000.
Waiver of Premium	If you are totally disabled prior to age 60 and can't work for at least 180 days, premiums may be waived while you are disabled, upon approval from the insurance company.
Travel Assistance	The Travel Assistance program provides assistance for your travels over 100 miles away from home or outside the country.
Portability (Voluntary Life only)	The portability feature allows you to continue basic and voluntary insurance for yourself and your dependents should your employment end, subject to the terms of eligibility defined in the policy, without having to provide evidence of insurability (information about your health).
Conversion	If your employment ends, you may apply for an individual life insurance policy without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Age Reductions	Your life insurance benefits will be reduced to these percentages of your initial coverage at the following ages: Age 65, 92%; age 66, 84%; age 67, 76%; age 68, 68%; age 69 and older, 60%. Spouse's reductions are based on employee's age. All coverage terminates at retirement except for coverage you elect to continue through the Portability or Conversion provisions.

VOLUNTARY LIFE AND AD&D INSURANCE

EMPLOYEE PREMIUMS		Monthly Premiums. Actual deduction will be based on your payroll frequency								
Age on Effective Date	Coverage Amounts									
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
< 29	\$0.77	\$1.54	\$2.31	\$3.08	\$3.85	\$4.62	\$5.39	\$6.16	\$6.93	\$7.70
30-34	\$0.97	\$1.94	\$2.91	\$3.88	\$4.85	\$5.82	\$6.79	\$7.76	\$8.73	\$9.70
35-39	\$1.07	\$2.14	\$3.21	\$4.28	\$5.35	\$6.42	\$7.49	\$8.56	\$9.63	\$10.70
40-44	\$1.17	\$2.34	\$3.51	\$4.68	\$5.85	\$7.02	\$8.19	\$9.36	\$10.53	\$11.70
45-49	\$1.67	\$3.34	\$5.01	\$6.68	\$8.35	\$10.02	\$11.69	\$13.36	\$15.03	\$16.70
50-54	\$2.47	\$4.94	\$7.41	\$9.88	\$12.35	\$14.82	\$17.29	\$19.76	\$22.23	\$24.70
55-59	\$4.47	\$8.94	\$13.41	\$17.88	\$22.35	\$26.82	\$31.29	\$35.76	\$40.23	\$44.70
60-64	\$6.77	\$13.54	\$20.31	\$27.08	\$33.85	\$40.62	\$47.39	\$54.16	\$60.93	\$67.70
65-69	\$12.88	\$25.76	\$38.64	\$51.52	\$64.40	\$77.28	\$90.16	\$103.04	\$115.92	\$128.80
70+	\$20.77	\$41.54	\$62.31	\$83.08	\$103.85	\$124.62	\$145.39	\$166.16	\$186.93	\$207.70

EMPLOYEE PREMIUMS - CONTINUED					
Age on Effective Date	Coverage Amounts				
	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000
< 29	\$8.47	\$9.24	\$10.01	\$10.78	\$11.55
30-34	\$10.67	\$11.64	\$12.61	\$13.58	\$14.55
35-39	\$11.77	\$12.84	\$13.91	\$14.98	\$16.05
40-44	\$12.87	\$14.04	\$15.21	\$16.38	\$17.55
45-49	\$18.37	\$20.04	\$21.71	\$23.38	\$25.05
50-54	\$27.17	\$29.64	\$32.11	\$34.58	\$37.05
55-59	\$49.17	\$53.64	\$58.11	\$62.58	\$67.05
60-64	\$74.47	\$81.24	\$88.01	\$94.78	\$101.55
65-69	\$141.68	\$154.56	\$167.44	\$180.32	\$193.20
70+	\$228.47	\$249.24	\$270.01	\$290.78	\$311.55

DEPENDENT CHILDREN COVERAGE

- Maximum Coverage (per child): \$10,000
- Monthly Premium: \$0.29 per \$1000. (\$10,000= \$2.91)
- One premium provides coverage for each of your unmarried, dependent children from birth up to age 26.
- Employee must purchase voluntary life coverage for themselves in order to purchase child coverage.

- Premium is based on your age as of the effective date of coverage, and then on January 1st each year thereafter.
- You may purchase coverage up to the lesser of five times your annual income or \$500,000, whichever is less.
- Up to \$150,000 of coverage is guaranteed, regardless of your health, if you apply when first eligible.
- If you are enrolled in the plan, coverage can be increased by \$10,000 each year without medical qualification, up to the lesser of \$150,000 or five times your annual income.

Spouse Premiums - Monthly Premiums; Actual deduction will be based on payroll frequency

Employee Age on Effective Date	Coverage Amounts - Premium Based on Employee's Age									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
< 29	\$0.39	\$0.77	\$1.16	\$1.54	\$1.93	\$2.31	\$2.70	\$3.08	\$3.47	\$3.85
30-34	\$0.49	\$0.97	\$1.46	\$1.94	\$2.43	\$2.91	\$3.40	\$3.88	\$4.37	\$4.85
35-39	\$0.54	\$1.07	\$1.61	\$2.14	\$2.68	\$3.21	\$3.75	\$4.28	\$4.82	\$5.35
40-44	\$0.59	\$1.17	\$1.76	\$2.34	\$2.93	\$3.51	\$4.10	\$4.68	\$5.27	\$5.85
45-49	\$0.84	\$1.67	\$2.51	\$3.34	\$4.18	\$5.01	\$5.85	\$6.68	\$7.52	\$8.35
50-54	\$1.24	\$2.47	\$3.71	\$4.94	\$6.18	\$7.41	\$8.65	\$9.88	\$11.12	\$12.35
55-59	\$2.24	\$4.47	\$6.71	\$8.94	\$11.18	\$13.41	\$15.65	\$17.88	\$20.12	\$22.35
60-64	\$3.39	\$6.77	\$10.16	\$13.54	\$16.93	\$20.31	\$23.70	\$27.08	\$30.47	\$33.85
65-69	\$6.44	\$12.87	\$19.31	\$25.74	\$32.18	\$38.61	\$45.05	\$51.48	\$57.92	\$64.35

- Spouse premium is based on the employee's age on the effective date of coverage.
- Employee must purchase voluntary life coverage for themselves in order to purchase spouse coverage.
- Up to \$50,000 of coverage is guaranteed, regardless of spouse's health, if applying when first eligible.
- Spouse coverage cannot exceed \$100,000 or 50% of the employee's voluntary life coverage, whichever is less.
- Insurance coverage for eligible dependents will be delayed if they are confined (at home, in a hospital, or in any other institution or facility) or disabled on the date insurance would otherwise begin, in accordance with the terms of the policy.
- Spouse coverage ends at Employee's age 70.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Welcome to Bree Health, your comprehensive well-being platform designed to support every aspect of your life. From mental health coaching to practical work-life services, Bree Health is here to empower you with the tools, guidance, and support you need to thrive. Bree Health is your dedicated partner in mental health and well-being, connecting you to tools, resources, and support designed to help you navigate life's challenges and achieve your goals—all at no cost to you. Whether you're managing stress, balancing responsibilities, or simply looking for guidance, Bree Health is here to empower you every step of the way with accessible, personalized support. Get access to things like:

- Certified Life Coaching & Counseling
- Solutions Paths
- Legal & Financial Resources
- Bree Video Library
- Employee Discounts
- Health Advocacy
- Virtual Concierge Services

Get seamless access to expert care, resources, and personalized support - whenever and wherever you need it. We ensure that your information and identity is kept completely confidential - even from your employer. *Exceptions occur only when members are at risk of harming themselves or others or when the welfare of a child is in question.*

WHAT'S NEW?

Enhanced Platform: Bree Health offers a modernized app and website, making it easier than ever to access resources, schedule appointments, and get the support you need.

Expanded Services: You'll now have access to new tools and an improved user experience.

Designed for You: Bree Health is built with your needs in mind, combining innovation and accessibility to better support your well-being journey.



TO ACCESS YOUR EAP SERVICES:

Mobile App: Bree Health App (Scan QR Code to the side)

Call 1.800.327.2255

Log on at: login.breehealth.com

Company ID: 10304



TERMINOLOGY

DEDUCTIBLE

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance plan makes any payments for healthcare services rendered. This is an annual amount calculated during the plan year, January through December.

COPAYS

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically, you might see a copay for prescription drugs.

COINSURANCE

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after the deductible is met, and can vary based on the plan design.

OUT-OF-POCKET MAXIMUM (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, copays and coinsurance all accumulate towards the OOPM. Mandan's plans OOPM calculate on the plan year; January through December. In-network and out-of-network OOPM have separate accumulations.

EXPLANATION OF BENEFITS (EOB)

When you incur an expense, a claim is filed on your behalf with Blue Cross Blue Shield of ND. Once Blue Cross Blue Shield of ND processes the claim, you will receive an EOB. The EOB tells you the total amount of the claim, what the provider must "write off" based on their provider contract with Blue Cross Blue Shield of ND, what Blue Cross Blue Shield of ND paid and what you owe on the claim. The EOB also shows what's accumulated toward your annual deductible and OOPM, if applicable.

HIGH DEDUCTIBLE HEALTH PLAN

A qualified health plan that gives you more control over your healthcare spending by offering lower monthly premiums in exchange for higher deductible and out-of-pocket limits.

HEALTH SAVINGS ACCOUNT (HSA)

A tax-free medical savings account with contributions made by Mandan Public Schools with your enrollment in the High Deductible Health Plan. As a participant in this plan you are eligible to make contributions as well. Employees and Mandan Public Schools' contributions combined are allowed up to the IRS annual maximum.

PREVENTIVE CARE

These are services you receive when you are not sick or injured with the intention of helping you stay healthy. Preventive care services include annual physicals, wellness screenings, and well-child care.

IN-NETWORK

In-network refers to providers or healthcare facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts.

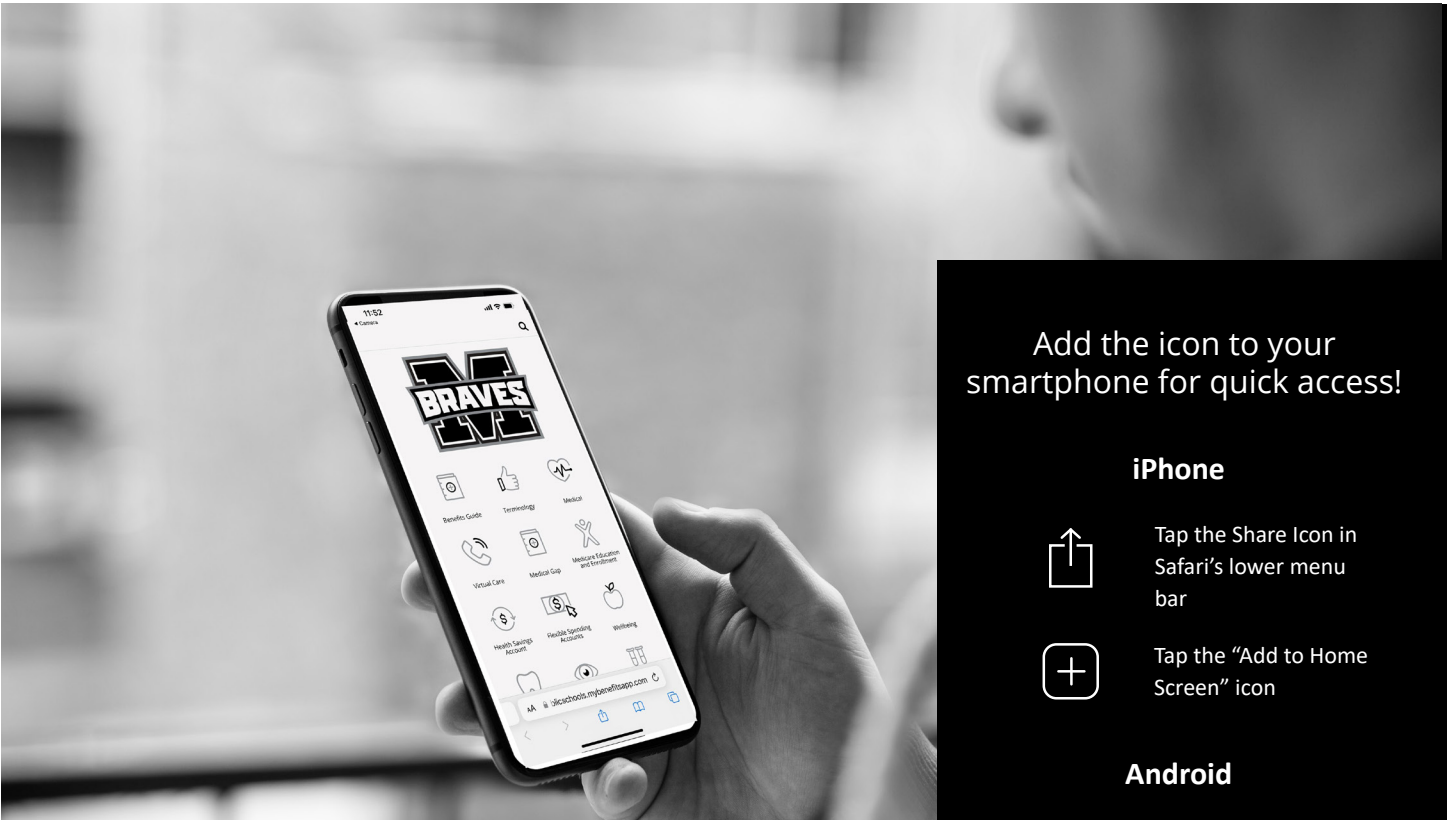
OUT-OF-NETWORK (OON)

Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments are subject to separate deductibles and OOPM. When you receive care from an OON provider, you may need to submit the claim on your own.

CERTIFICATE OF COVERAGE

The Certificate of Coverage is a summary of the master plan document. It is available for members through their own secure member website. If changes are made to the master plan, amendments to the Certificate of Coverage will be posted.

MOBILE APP



MANDAN BENEFITS APP

WHAT INFORMATION CAN I ACCESS ON THE BENEFITS MOBILE APP?

- Download and print benefit related documents and forms
- Quickly find service contact information and on-line resources
- Review benefit plan design information
- Find online provider directories

WILL THE MOBILE APP WORK ON MY DEVICE?

Yes, the app is what's known as a "web app", which means there is nothing to download, no need to access an "app store", etc... it's ready for use when you access the site address from your device.

ADD TO MY HOME SCREEN

Simply type the web address into your phones internet browser and follow the instructions listed here.

Add the icon to your smartphone for quick access!

iPhone



Tap the Share Icon in Safari's lower menu bar



Tap the "Add to Home Screen" icon

Android



Tap this Icon in the top right menu bar

Select: "Add to Home Screen"

Windows Phone



Tap this Icon in the lower right corner

Select: "Pin to Start"

GO TO

mandanpublicschools.mybenefitsapp.com



BSWIFT MOBILE APP

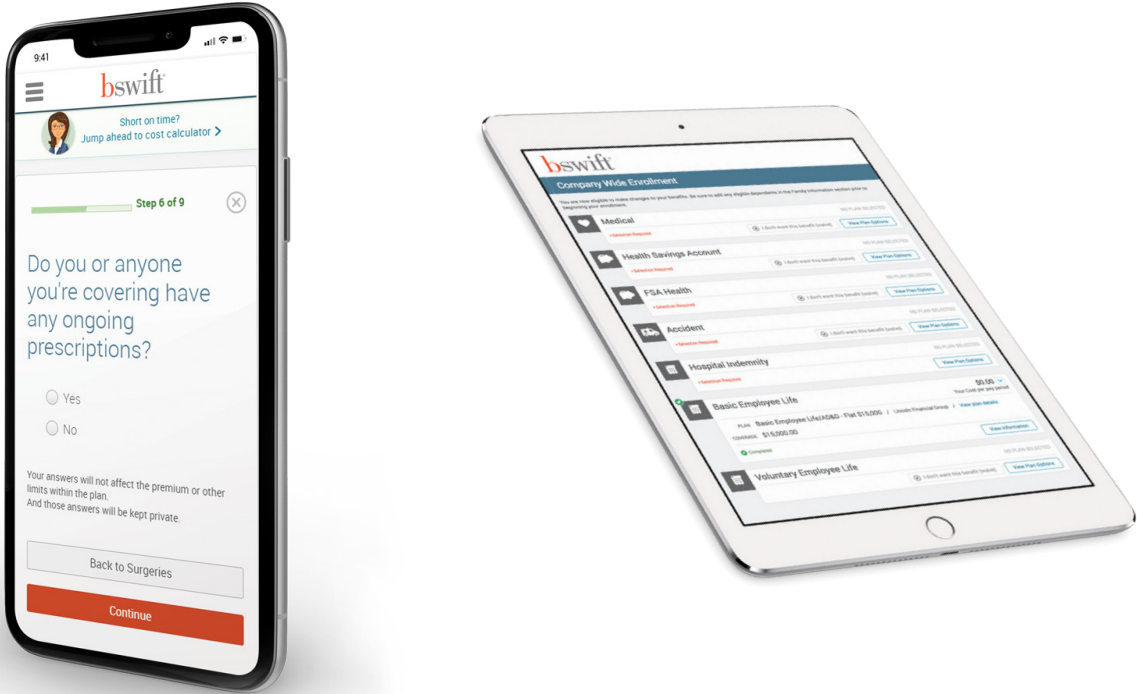


BSWIFT IS THE WEBSITE AND MOBILE APP USED FOR ENROLLMENT

For your convenience, the Bswift website that you use to enroll in your benefits is mobile compatible and can be accessed on most mobile devices.

In the app store, you can download the “bswift benefits” app. Enter our company code **mandanpublicschools** followed by your User ID and Password to log in.

Full enrollment instructions with Bswift are listed on the following pages.



**FIND IT IN THE APP STORE AND
GOOGLE PLAY!**

ENROLLMENT INSTRUCTIONS



LOG IN

URL: www.mandanpublicschools.bswift.com

Username: First 5 of Last Name, followed by First 3 of First Name (Michael Jordan = JORDAMIC)

Password: The last 4 digits of your SSN (you will be prompted to change your password)

Please note: if you request to have your password reset, it will be reset to the last four of your SSN

ENROLLMENT: THREE STEPS

Please note: you must complete all steps of your enrollment in order for your elections to be saved!

Click the **Start Your Enrollment button** to get started. You may access your confirmation statement and other important documents from this page at any time.

STEP 1: VERIFY YOUR PERSONAL AND FAMILY INFORMATION

Personal Information

- Verify your personal information for accuracy and fill in any required fields. If you need to make changes to any non-editable fields, please contact HR.
- Verify that all information is accurate.
- Check the checkbox next to "I agree."
- Click the Continue button.

Family Information

- Please be sure to add all dependents to the **Family Information** section before proceeding to the next section (enrollment). To do so, click on the **+ Add Dependents** link. To edit an existing dependent, click on **Edit >** under his or her name.
- Once you have finished entering a dependent, you may either **Save & Add Another** or **Save & Continue**.
- After confirming all your family information is accurate, check the box next to "I agree."
- Click the **Continue** button to proceed with your enrollment.

STEP 2: SELECT YOUR BENEFITS

After completing your personal and family information, you will be taken to **Your Benefits** page. During this portion of the enrollment, you will be able to view and edit you and your dependents' benefit elections. You must make an election, whether enrolling or waiving, in each box with the ***Selection Required** warning before you may continue to the next step. As you make your elections, your total cost per pay period will accumulate on the right side of the screen.

- Under each plan type, you may keep your prior selection, waive, or **View Plan Options** to see what choices are available to you.
- If you click **View Plan Options**, you will be asked to choose any dependents you intend to cover on this plan. You will also be able to make changes on the next step.
- Click **Continue**.
- As you add and remove dependents, the costs and tiers next to each plan will change. Click the blue arrow next to the cost to view the company contribution.
- To view all plan details next to each other, click the **View All Plans Side-by-Side** button; or for just one plan, click **View plan details** underneath the plan name.
- When you have decided on a plan, click the **Select** button to the right of the plan name.
- If you would like to waive coverage, scroll to the bottom of the benefit plan's page and select the **"Waive Medical"** plan.
- When you have finished making all of your benefit elections (the boxes will have a green checkmark and be marked **Completed**), click the **Continue** button on the right hand side of the screen. If you would like to edit any of your selections, click on the plan's **View Plan Options** button. *Note: you will not be able to complete your enrollment until each benefit has been completed.*
- If applicable, you will be taken to **Beneficiary Designation, Questions, or Other Coverages** pages.

BENEFICIARIES

- You may add beneficiaries that are not your dependents (parents, siblings, etc) by clicking **+ Add New Beneficiary**. Enter all required information and then click **Save** or **Save & Add Another**.
- You may split the amount amongst your beneficiaries, but both primary and secondary percentages must total 100%.
- When you are finished with beneficiaries, questions, and/or other coverages, click the **Continue** button to proceed to the final step of enrollment.

STEP 3: LAST STEP - CONFIRM AND SAVE YOUR ELECTIONS!

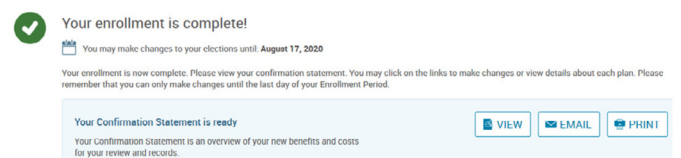
- Please review your selections

If needed, you may still edit your elections by clicking **Edit Selection** on the bottom of any plan type.

- Please read over any agreement text at the bottom of the page.
- Check the **"I agree, and I'm finished with my enrollment"** check box and click the **Complete Enrollment** button.

CONFIRMATION STATEMENTS

When you reach the **Confirmation Statement** (pictured below), you have completed your enrollment.



- You may access a copy of your confirmation statement at any time by clicking **My Benefits** in the upper right-hand corner of your homepage.
- You may edit your enrollment until the end of your enrollment window by clicking the **Change My Elections** button on your homepage.

If you need more help or information on this process, please reach out to your Human Resources Department.



THANK YOU!

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the “plan documentation”) for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual’s rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

