

2026-2027 Employee Benefits Guide

Hastings Public Schools



HASTINGS
PUBLIC SCHOOLS

Assuring the essential. Expanding the possible.



A photograph of a man with dark skin and a beard, wearing a striped t-shirt, holding a baby with dark skin and curly hair. The man is smiling and looking at the baby. The background is slightly blurred, showing an indoor setting with a window.

**Let
Hastings
Public
Schools
help protect
what is most
important
to you.**



**Need Help?
Call 1-877-203-3148**

Monday - Friday, 8am - 5pm CST

or visit www.aflacatwork.com/Hastings to self-enroll.



How to Self-Enroll

Visit:

www.aflacatwork.com/Hastings



- Your **USERNAME** is your full social security number with no hyphens, or alternatively, you may use your email or phone number listed on file with the district.
- Your **PIN** is the last four digits of your social security number and the last two digits of your birth year.



Don't Forget!

Be ready to enroll by completing this checklist:

- ☐ Beneficiary dates of birth and social security numbers
- ☐ Indicate if your spouse is an HPS employee as well.
- ☐ Are you taking a:
 - ☐ Flexible Spending Account*
 - ☐ Dependent Care Flexible Spending Account*
 - ☐ Health Savings Account*

**See page 18 for more details about these accounts.*

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Welcome.

Hey There!



Plan Year

September 1st, 2026 -
August 31st, 2027

Open Enrollment

May 1st, 2026 -
May 22nd, 2026

Each year, Hastings Public School strives to offer comprehensive benefit plans to our employees. In this employee benefit guide, you will learn more about the benefits offered for the 2026 plan year and how to use them.

Throughout this guide you will find interactive links that will take you deeper into your employee benefit plan information and give you quick access to needed documents.

Additionally, you will find videos that help you understand how each benefit works and how each can help you and your family.

Getting Started



Scan this QR code to save the Hastings Public Schools Benefits Service Center number to your contacts!



iPhone Users: When contact info comes up, press "Create New Contact".



Android Users: When contact info comes up, press "Add To Contacts".

Hastings Public Schools Benefits
Service Center:

1-877-203-3148



Eligibility



The group insurance coverage described in this guidebook is available to all employees who work a minimum of 20 hours or more per week.

FOR NEW HIRES:

The coverage effective date will begin on the first of the month following employee date of hire. All benefit elections must be made

within 30 days from your date of hire. The insurance plan year is from September 1, 2026 through August 31, 2027.

Once your enrollment window has closed, you may not make any changes to your elections unless you experience a Qualified Life Event (QLE).



Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible Dependents include one or more of the following:

- Your legal spouse
- A child through the age of 26
- A child is defined as your natural child, legally adopted child, stepchild, and any child for whom you are the court-appointed guardian
- A custodial grandchild
- A child of any age who is medically certified as disabled and dependent on the parent for support and maintenance



Documentation

If you are going to add a dependent to your insurance for the first time, you will need to provide proof of your dependent's relation to you. This can be in the form of:

- Marriage Certificate
- Birth Certificate/Verification of Birth Facts (only valid until birth certificate is issued)
- Court Order
- Adoption Certificate/Placement Agreement
- Marriage Certificate + Birth Certificate - Stepchildren

Qualifying Life Event

Generally, benefit changes are limited to open enrollment.

There are some exceptions to this. If you have a Qualifying Life Event (QLE), then you will be able to make changes to your benefits within 30 days of the event.

- Benefit Elections must be consistent with the event
- You can only make changes to the specific plans where dependents will be affected
- Benefits and new rates become effective the date of the event for birth, adoptions, marriage, divorce, and death; or the day after benefits end, when the event is loss of coverage
- The event date must be consistent with the information in the Supporting Documentation

Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	Marriage Certificate	Birth Certificates are required if adding spouse's children
Death	Death Certificate	No additional documentation required
Divorce	Certified copy of Divorce Decree	Birth Certificates are required if adding children not currently enrolled in benefits
Adoption	Placement for adoption paperwork Legal documentation of adoption	No additional documentation required
Birth	Birth Certificate Verification of Birth Facts issued by hospital	No additional documentation required
Loss or Gain of Coverage	Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents effected	Adding Spouse - Marriage License Adding Children - Birth Certificate
Gain of Medicare or Medicaid	Proof of enrollment of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents effected (has 60-day window)	Adding Spouse - Marriage License Adding Children - Birth Certificate



Frequently Asked Questions

When do my benefits start?

Your benefits begin September 1st, 2026 and run through August 31st, 2027.

Can I make changes to my benefits after enrolling?

You can only make changes to your benefits if you experience a Qualifying Life Event (QLE) and providing the required support documentation within 30 days of the event. Qualifying Life Events include marriage, death, divorce, adoption, birth, loss or gain of coverage, or gain of Medicare or Medicaid. In the event you need to report a QLE, contact our benefits service center at 1-877-203-3148.

Do I need to re-enroll every year?

Yes and no. You need to log in each year to confirm your name, address, dependents/beneficiaries are up to date. Please confirm your benefits to make sure they still meet your needs. If you participate in a Medical FSA (Flexible Spending Account) or Dependent Care FSA you must make a new election every year.

What's the difference between HSA and FSA?

Both Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) help you save money on healthcare costs by letting you set aside pre-tax dollars, but there are a few key differences:

HSA (Health Savings Account)

- Available only with a High Deductible Health Plan (HDHP).
- Money rolls over year to year—no “use it or lose it.”
- You can change your contributions anytime during the year.
- Funds can be invested for potential growth.
- You own the account, even if you change jobs.

FSA (Flexible Spending Account)

- Available with most health plans (not just HDHPs).
- Typically a “use it or lose it” account—funds usually must be spent by year-end (some plans have a grace period or limited rollover).
- You can only set your contribution once per year, unless you have a qualifying life event.
- The account is owned by your employer—you lose unused funds if you leave the job.

Can I have both an HSA and FSA?

No. You cannot have both an HSA and FSA unless the FSA you are offered and elect is a “Limited Purpose” FSA.

Why do I need voluntary benefits?

Voluntary benefits give you extra protection and financial support for life's unexpected events—like accidents, serious illness, or hospital stays. They help fill the gaps your regular health insurance doesn't cover, often at a low cost through your employer.

Can I change my voluntary benefits later?

You can only make changes to your voluntary benefits during open enrollment or if you have a qualifying life event—like getting married, having a baby, or losing other coverage. Otherwise, your choices stay in place for the rest of the plan year.

Where do you file a voluntary benefit claim?

For AFLAC voluntary benefit coverages, you can visit:

aflac.com/file-a-claim/

Key Terms:

A **deductible** is the amount you pay for covered health care services before your insurance plan starts to pay.

A **copay** is the set amount you pay for a covered service at the time you receive it. The amount can vary based on the type of service.

Coinsurance is the percentage of costs of a covered health care service you pay after you've paid your deductible.

An **Out-of-Pocket Maximum/Limit** is the maximum dollar amount you have to pay for covered services in a plan year. After you spend this amount on deductibles, Co-payments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of covered benefits.

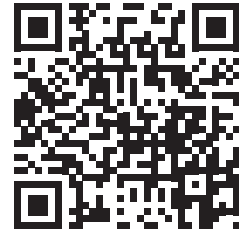
Medical

BlueCross BlueShield Nebraska

Plan Name	Network Blue \$1,200 PPO Plan		\$3,800 HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$1,200	\$2,400	\$3,800	\$7,600
Family	\$2,400	\$4,800	\$7,600	\$15,200
Coinsurance	20%	40%	10%	20%
Calendar Year Out-of-Pocket Limit (does not include premium, penalty, and amounts not covered by the plan)				
Individual	\$6,000	\$12,000	\$5,350	\$15,000
Family	\$12,000	\$24,000	\$10,700	\$30,000
Physician Office Visits				
Primary Care Physician Office Visit	\$35 Co-pay	Deductible & Coinsurance	Deductible & Coinsurance	
Specialist Office Visit	\$70 Co-pay			
Urgent Care Visit	\$70 Co-pay then Deductible & Coinsurance			
Diagnostic Procedures				
Radiology (x-ray) Services and other Diagnostic Test	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Independent Laboratory		In-network level of benefits		In-network level of benefits
Emergency Medical Care				
Emergency Room Visit	\$150 Co-pay then Deductible & Coinsurance	In-network level of benefits	Deductible & Coinsurance	In-network level of benefits
Hospital Care				
Hospital Inpatient	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital Outpatient				
Preventive Services				
Affordable Care Act (ACA) required services	Plan Pays 100%	Deductible & Coinsurance	Plan Pays 100%	Deductible & Coinsurance
ACA required covered preventive services (outside of limits)	Deductible & Coinsurance		Deductible & Coinsurance	
Other covered preventive services not required by ACA	Plan Pays 100%		Plan Pays 100%	



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Plan Name	Network Blue \$1,200 PPO Plan		\$3,800 HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescriptions Retail - per 30-Day Supply				
Preferred Generic Drugs	25% Coinsurance, \$12 minimum Co-pay, \$45 maximum Co-pay	25% Coinsurance, \$12 minimum Co-pay, \$45 maximum Co-pay +25% Penalty	Deductible & Coinsurance	Deductible & Coinsurance + 25% Penalty
Non-Preferred Generic Drugs				
Preferred Brand Name Drugs	25% Coinsurance, \$60 minimum Co-pay, \$120 maximum Co-pay	25% Coinsurance, \$60 minimum Co-pay, \$120 maximum Co-pay +25% Penalty		
Non-Preferred Brand Name Drugs	50% Coinsurance, \$90 minimum Co-pay, \$180 maximum Co-pay	50% Coinsurance, \$90 minimum Co-pay, \$180 maximum Co-pay +25% Penalty		
Prescriptions Home Delivery - per 180-Day Supply				
Preferred Generic Drugs	25% Coinsurance, \$60 minimum Co-pay, \$225 maximum Co-pay	Not Covered	Deductible & Coinsurance	Not Covered
Non-Preferred Generic Drugs				
Preferred Brand Name Drugs	25% Coinsurance, \$300 minimum Co-pay, \$600 maximum Co-pay			
Non-Preferred Brand Name Drugs	50% Coinsurance, \$450 minimum Co-pay, \$900 maximum Co-pay			



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Medical Alternative Networks

BlueCross BlueShield Nebraska

Alternate networks help lower costs and improve your benefits. They represent the next generation of health care offered by Blue Cross Blue Shield Nebraska. Alternate networks are select provider networks with fewer hospitals and doctors than other networks. Available in a specific geographic area, they aim to keep out-of-pocket costs lower for you and your family.



LOCAL OPTIONS

NETWORK BLUE NEBRASKA-WIDE

- Available to groups across the state of Nebraska
- 96% of Nebraska's doctors
- 99% of Nebraska's non-governmental acute care hospitals

PREMIER SELECT BLUECHOICE REGIONAL

- Anchored by Nebraska Medicine, Children's Hospital & Medical Center, Nebraska Methodist Health System, Bryan Health and Boys Town National Research Hospital
- Please confirm that this narrow network fits your needs by looking up providers with the link below

BLUEPRINT HEALTH REGIONAL

- Anchored by CHI Health; includes Children's Hospital & Medical Center and Boys Town National Research Hospital
- Please confirm that this narrow network fits your needs by looking up providers with the link below



Search for a Provider by Network

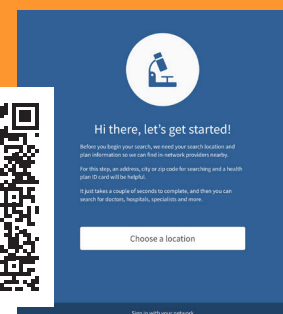
1

Visit <https://bit.ly/BCBSNE-providers> by clicking or scanning the link or QR code.

2

Insert your location.

Use my current location



3

In the top, right section of the website where it says "Network", select the current network and then select "find different network" and type in which network you would like to have providers searched.

Register account Sign In English Menu

LOCATION Hastings, NE NETWORK Medicare Advantage Net...

Find your network by name

Your network name can be found on the front of your member ID card. Start typing your network name below and we'll help you find it.

BlueCross BlueShield Nebraska

Member Name: JOHN DOE
ID: XY123456789
Medical and Rx Benefits: RUBEN 610465
Plan Code: 259/759

Network Name

Copays may apply

Issued 03/2019

Doctors by name

Type a last name to learn if a doctor is in your network

Type at least two letters and we can start finding some matches for you

Network name

4

If the provider you enter does not appear, it likely means they are not in that network – which means you would need to see a different provider, or select a different network.

You choose the plan that works best for you and your family. Considerations when choosing a network:

What happens if I or any covered family members have an emergency situation? Will we be covered?

All plans allow you to go to the nearest hospital or emergency facility for medically necessary services. For true emergencies, benefits will be paid at the in-network level even if the facility or provider is out-of-network. However, if the provider is out-of-network, you will be responsible for charges that exceed BCBSNE's allowable amount.

What happens if my doctor leaves the network in the middle of the year?

There is always a possibility that a doctor could change networks mid-year. It is your responsibility to confirm that your doctor is in-network. If the doctor leaves the network and you do not want to pay higher out-of-network costs to see them, you should consider changing doctors.

What if I need a procedure that can only be performed by an out-of-network doctor?

All networks include a variety of doctors and specialties. However, if you need a procedure that can only be performed by an out-of-network provider, you would be responsible for the higher out-of-network cost shares.

What if we travel to, or have children attending college in Western Nebraska?

If you travel extensively or have dependents in college in western Nebraska, you should consider staying with NEtwork Blue. There are no in-network providers available in western Nebraska for the alternate networks. Any services, with the exception of emergency care, would be applied to your out-of-network cost shares. You and/or your family may use telehealth through Amwell® for acute or behavioral healthcare anywhere in the state of Nebraska. Amwell is an in-network provider.

Alternate Network - \$1,200 PPO Medical Plan			Alternate Network - \$3,800 Medical Qualified HSA High Deductible Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$0	\$1,000	\$2,500	\$5,000
Family	\$0	\$2,000	\$5,000	\$10,000
Coinsurance	20%	50%	10%	20%
Calendar Year Out-of-Pocket Limit				
Individual	\$5,600	\$11,500	\$4,500	\$12,500
Family	\$11,200	\$23,500	\$9,000	\$25,000



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Dental

BlueCross BlueShield Nebraska



If you elect to receive medical benefits, the Option 5 dental plan is automatically included.

Summary of Benefits	Option 5	
	In-Network	Out-of-Network
Deductible		
Individual	\$25	\$50
Family	\$50	\$100
Calendar Year Deductible applies to the following Coverage benefits:	B, C Services	B, C Services
Coverage for Dental Services (Coinsurance shown below is the percentage the Covered Person must pay)		
Coverage A: Preventative & Diagnostic		
Coverage B: Maintenance, Simple Restorative, Oral Surgery, Periodontics and Endodontics)	0%	20%
Coverage C: Complex Restorative		
Coverage D: Orthodontic Dentistry	Not Covered	



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Vision

VSP Vision Care by Ameritas



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Summary of Vision Benefits

Vision Care Services	In-Network Cost	Out-of-Network	Frequency
Deductibles	\$10 Exam	\$10 Exam	-
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames	-
Annual Eye Exam	Covered in Full	Up to \$45	12 months
Standard Plastic Lenses (per pair)	Covered in Full		
-Single Vision		-Up to \$30	
-Bifocal		-Up to \$50	
-Trifocal		-Up to \$65	
Contact Lens Fit & Follow-Up	Member cost up to \$60	No benefit	
Elective Contact Lenses	Up to \$150	Up to \$120	
Medically Necessary Contact Lenses	Covered in Full	Up to \$210	24 months
Frame Allowance	\$150**	Up to \$75	

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.

Monthly Cost

Employee	\$11.96
Employee + Spouse	\$19.12
Employee + Child(ren)	\$19.52
Family	\$31.48

Additional Discounts for In-Network Providers:



20%

OFF

Additional complete pairs of prescription glasses and/or prescription sunglasses.

20%

OFF

any amount above retail allowance for frames.

15%

OFF

For LASIK, Custom LASIK, and PRK.



Want more info?

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**Account
for your
health
with an
HSA, FSA,
or DCFSA.**



HSA vs FSA vs DCFSA

Let's Compare:

Medical expenses can be unexpected and expensive. Going to the doctor and paying for medication if you have a chronic condition can get expensive quick, and accidents that require medical attention can happen when you least expect it. Health Savings Accounts (HSA), and Flex Spending accounts (FSA) give you the opportunity to put money aside pre-tax to use to cover you and your dependent's qualified medical expenses. These two options come

with different qualifications and different incentives, but the goal is the same: to provide you with peace of mind.

The FSA also has a Dependent Care option. This allows you to put money aside pre-tax for dependent care so that you can get reimbursed for that care. The Dependent Care FSA is **not** for your dependent's medical expenses.



Health Savings Account (HSA)

If you are enrolled in the HDHP you can enroll in the HSA. Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependents, even if they are not covered by your medical plan. A HSA is like a 401(k) for healthcare. It's yours for life, regardless of your employment or health plan. Unlike a FSA, there is no "use it or lose it" rule. With more tax advantages than any other savings vehicle, an HSA is one of the most efficient ways to manage healthcare costs.



Healthcare Flex Spending Account (FSA)

An FSA is a great way to pay for medical expenses with pre-tax dollars. You will be able to enjoy significant tax savings with pre-tax contributions and tax-free reimbursements for qualified plan expenses. **And now up to \$680 of your unused funds can be carried over into the next plan year.** This gives you more flexibility to spend your FSA money when you need it.



Dependent Care Flex Spending Account (DCFSA)

In addition to the healthcare FSA, you may opt to participate in the Dependent Care FSA. Set aside pre-tax funds into a DCFSA for expenses associated with caring for elderly or child dependents. The dependent care FSA is not for medical expenses for your dependents. Unlike the healthcare FSA, reimbursement from your DCFSA is limited to the total amount that is currently deposited in your account. You can set aside up to \$7,500 to pay for child or elder care expenses.

Health Savings Account

A Health Savings Account (HSA) let you put money away for future healthcare costs while saving on taxes. **You must be enrolled in one of the high-deductible medical plans to be eligible.**

HSA's are never taxed at a federal income tax level when used for qualified medical expenses. Contributions can come straight out of your paycheck, and your HSA can grow tax -free too!

HSA 2026		
	 Individual	 Family
Annual Max Contribution	\$4,400	\$8,750



Additional \$1,000 catch-up contribution if age 55 or older.



Qualified Medical Expenses Include:

- Pain relievers
- Eyeglasses/contacts
- Doctor visits
- Cold/cough medicine
- Dental cleaning
- Chiropractic care
- Sleep aids
- Insulin testing supplies

2026 Calendar Year Total provided by Hastings Public Schools for Certified Monthly Employees and FT Administrators

Employee	\$1,478.80
Employee + Spouse	\$2,598.12
Employee + Child(ren)	\$2,949.08
Family	\$3,960.08

2026 Calendar Year Total provided by Hastings Public Schools for Classified Employees

Employee	\$1,478.80
Employee + Spouse	\$2,734.88
Employee + Child(ren)	\$3,104.28
Family	\$4,168.52

Note: Those with FTE less than 1.0 will be pro-rated (contact Payroll for exact amount).

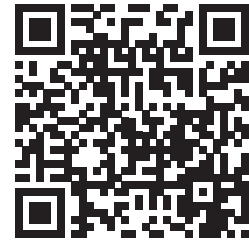
After making your election, you must visit your local branch or banking institution to open up a Health Savings Account. Account information must be provided to Hastings Public Schools to establish your payroll deductions.

Flexible Spending Account

Omnify



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Signing up for a Flexible Spending Account (FSA) with Omnify can save your family hundreds of dollars every year. When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill. You can cover your

co-pays, deductibles, dental care, vision care, and prescriptions with your health care FSA. Not only that, but it's good for hundreds of over-the-counter items such as bandages and contact lens solution along with many other items and services.



Maximum Annual Election for 2026

Healthcare FSA - \$3,400

Dependent Care FSA - \$7,500

(or \$3,750 if married and filing separate income tax returns)

*Up to \$680 of your unused funds can be carried over into the next plan year.



Qualified Medical Expenses Include:

- Co-pays, deductibles, co-insurance
- Dental treatments
- Eye exams, Eyeglasses, laser surgery, contact lenses
- Prescription drugs
- Over-the-counter medicine and supplies
- Chiropractic care
- More!

Up to \$680 of your unused funds can be carried over into the next plan year.



Qualified Dependent Care Expenses Include:

- Licensed Daycare Centers
- Babysitting
- Before & after school care
- Nursery schools or preschools
- Day camp or private sitter
- Custodial care for dependent adults
- Late pick-up fees
- Summer or holiday day camps

Want more info?

Scan or Click.

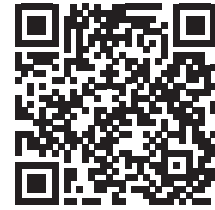


Basic Life and AD&D

NIS Benefits



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Basic Life and AD&D Insurance - Employer Paid

Hastings Public Schools provides Basic Life Insurance and Accidental Death and Dismemberment (AD&D) insurance through NIS Benefits is available at no cost for **only administrators and classified staff taking health insurance.**

Full Time Admin will receive \$50,000 of coverage.

All Classified 1 and 2 Tiers will receive \$10,000 of coverage.

The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident while insured. The company provides a guaranteed issue amount equal to the basic life insurance amount.

Age Reduction: This benefit reduces 65% at age 70 and 50% at age 75. This benefit will terminate upon the employee's retirement.



Want more info?



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Disability



You and your loved ones depend on your regular income. That's why Hastings Public Schools offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness.

Long-Term Disability NIS Benefits

This benefit is mandatory. You may not waive it.

Long Term Disability benefits are available to you. This insurance replaces 66-2/3% of your income if you become partially or totally disabled for an extended time. See your plan document for additional details.

Monthly Maximum Benefit	\$9,445
Monthly Minimum Benefit	\$100
Elimination Period	End of Accumulated Sick Pay
Pre-Existing Conditions	Any condition treated 30 days before effective date
Maximum Benefit Period	SSNRA following the end of the qualifying period

Voluntary Short-Term Disability AFLAC

After you are out of work immediately after a non-occupational injury or 7 days after an illness, employee will be paid 60% of base annual salary a month for up to 3 months.

Monthly Maximum Benefit	\$6,000
Monthly Minimum Benefit	\$300
Elimination Period	0/7 Day or 7/7 Day
Maximum Benefit Period	3 months
Pre-existing Conditions	None

Plan Cost: Monthly Rate per \$100 Monthly Benefit		
	0/7 Plan	7/7 Plan
18-49	\$2.54	\$2.46
50-64	\$2.65	\$2.57
65-74	\$3.05	\$2.93



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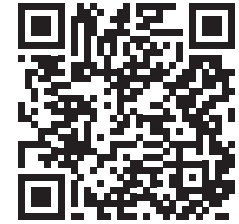


Voluntary Term Life

NIS Benefits



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Voluntary Universal Life and AD&D

Hastings Public Schools gives you the opportunity to elect voluntary universal life insurance through NIS Benefits. Voluntary Life and AD&D coverage is portable/convertible upon separation of service from the employer.

Eligible Class	Supplemental Life Insurance Amount	Supplemental AD&D Amount	Guarantee Issue Amount
Employee	\$1,000 increments to a maximum of \$500,000 (not to exceed 5 times Annual Salary)	Equal to Employee Supplemental Life Amount	\$250,000
Spouse	\$500 increments to a maximum of \$250,000 (not to exceed 50% of Employee Supplemental Life Amount)	N/A	\$30,000
Child(ren)	Option of \$5,000, \$10,000, or \$15,000		\$15,000

Age Reduction: Employee Supplemental Life and AD&D insurance reduces to 65% at age 65, reduced to 50% at age 70 and terminates at retirement. Spouse Supplemental Life reduces to 65% at age 65, to 50% at age 70 and terminates upon Employee's retirement. Child(ren) Life does not reduce and terminates at the earlier of the attainment of the Limiting Age or Employee's retirement.

This pricing is an example based on age. See your plan info for more details.

	Monthly Voluntary Life Rate per \$1,000 of Benefit	
	Employee	Spouse
Age 25	\$0.04	\$0.04
Age 35	\$0.07	\$0.07
Age 45	\$0.15	\$0.15
Age 55	\$0.39	\$0.39

Monthly Voluntary Life Rate per \$1,000 of Benefit		
Child(ren)		\$0.20
Monthly Voluntary AD&D Rate per \$1,000 of Benefit		
Employee	Spouse	Child(ren)
\$0.02	No AD&D	No AD&D



Want more info?



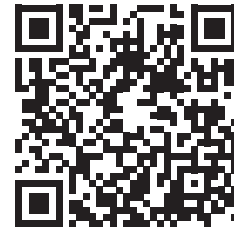
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Voluntary Universal Life

AFLAC



Scan or Click to Watch!



Most people don't have enough life insurance. Hastings Public Schools provides additional life insurance coverage for all of our employees through a group

life insurance policy provided by AFLAC. By designating your beneficiaries, you can provide security for your loved ones without the guesswork.

This policy allows you to pay for long-term care!

This allows the insured to claim their death benefit early in order to pay for professional care-giving services.

Group Life Insurance

Employee	Up to \$100,000
Spouse	Lessor of \$50,000 or 50% of Employee benefit
Children	\$25,000
Guaranteed Issue	All employees
Policy Maximum	\$100,000

Long Term Care.

What riders are attached?	Accidental Death Benefit, Accelerated Benefit, Extension of Benefits, Waiver of Premium, Child Term
Age Eligibility	Employee: 18-70 Spouse: 18-70 Child: Under age 26
Age-Based Restrictions	50% at Age 70 or 10 years from Certificate Issuance

Employees must have a policy for spouse of dependents to take one as well.

Guaranteed Issue
No evidence of insurability needed during open enrollment.

Portability
Keep your same coverage even if you change jobs or retire.

This pricing is an example based on age. See your plan info for more details.

Monthly Premiums per \$25,000 of Coverage

Issue Age	Employee Non-Tobacco/Tobacco	Spouse Non-Tobacco/Tobacco
Age 25	\$11.69/\$15.21	\$13.02/\$17.21
Age 35	\$16.06/\$23.04	\$17.94/\$26.19
Age 45	\$25.98/\$37.23	\$28.81/\$42.02
Age 55	\$46.85/\$67.17	\$49.52/\$73.29

Child Term Rider: Monthly Premiums per \$25,000 of Coverage

Under age 26	\$10.42
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Want more info?



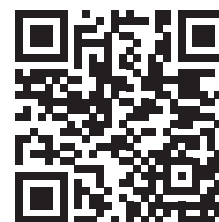
Scan or click.

Voluntary Accident

AFLAC



Scan or Click to Watch!



Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly

to you for treatment you receive. It helps cover your out-of-pocket costs like medical deductibles and co-pays.

Plan Type	Low Plan	High Plan
Wellness Benefit	\$50	\$50
24 Hour / Off Job	24 Hour	24 Hour
Accident Injury		
Emergency Room Treatment	\$50 Each 24 hour Period \$25 less than 24 hr but at least 4 hours	\$100 Each 24 hour Period \$50 less than 24 hr but at least 4 hours
Hospital Emergency Room with X-ray/Without X-ray	\$125/\$100	\$250/\$200
Urgent Care Facility with X-ray/Without X-ray	\$125/\$100	\$250/\$200
Doctor's Office or Facility (other than a hospital emergency room or urgent care) with X-Ray/Without X-Ray	\$75/\$50	\$150/\$100
Follow-up Treatment	\$25 up to 6 treatments	\$50 up to 6 treatments
Organized Athletic Activity Benefit	We will pay an additional percentage of the benefit amount payable under the AFLAC Group Accident 5%	We will pay an additional percentage of the benefit amount payable under the AFLAC Group Accident 10%
Rehabilitation	\$50/day up to 15 days	\$100/day up to 15 days
Fracture	Up to \$2,000	Up to \$4,000
Dislocation	Up to \$1,500	Up to \$3,000
Laceration	\$25 up to \$300	\$50 up to \$600
Burn	\$50 up to \$10,000	\$100 up to \$20,000
Hospital Admission	\$500	\$1,000
Hospital Confinement	\$150/day for up to 365 days	\$300/day up to 365 days
Hospital ICU Confinement	\$200/day for up to 15 days	\$500/day up to 14 days
Concussion	\$250	\$500
"Coma (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident."	\$5,000	\$7,500

Voluntary Accident (continued) AFLAC

Plan Type	Low Plan	High Plan
Diagnostic Testing (Major)	\$100	\$200
Eye Injury	\$125	\$300
Family Lodging	\$100/day for up to 30 days	\$200/day for up to 30 days
Medical Appliance	\$20 up to \$100	\$40 up to \$300
Prosthesis	\$1,000	\$2000
Inpatient Surgery	\$500	\$1000
Transportation (Minimum distance (miles) 100, 3 times per accident, within 6 months after the accident)	\$250 Plane/\$100 Any ground transportation	\$500 Plane/\$200 Any ground transportation

Plan Type	Low Plan	High Plan
Accidental Death & Dismemberment (AD&D)		
Accidental Death - Employee	\$50,000	\$50,000
Spouse	\$25,000	\$25,000
Child(ren)	\$10,000	\$10,000
Accident Death Common-Carrier	\$100,000	\$100,000
Accidental Dismemberment	Employee \$62.50 up to \$10,000 Spouse \$62.50 up to \$5,000 Child \$62.50 up to \$2,500	Employee \$125 up to \$25,000 Spouse \$125 up to \$15,000 Child \$125 up to \$10,000
Guarantee Issue	Always	Always
Portable Coverage	YES	YES

Plan Type	Low Plan	High Plan
Plan Cost		
Monthly Premium		
Employee	\$10.92	\$16.89
Employee + Spouse	\$17.30	\$27.43
Employee + Child(ren)	\$21.24	\$35.54
Family	\$27.62	\$46.08



Want more info?



Scan or click.

Voluntary Critical Illness

AFLAC



Scan or Click to Watch!



A major illness can blindside anyone, even an employee with medical insurance. Co-pays, deductibles, alternative treatments and other out-of-pocket expenses

can add up quickly. Critical Illness insurance pays cash benefits directly to you to help reduce the financial burden that can come with a serious illness.

Want
more
info?



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Benefit Amounts	
Employee	Up to \$30,000
Spouse	Up to \$30,000
Child	50% of Employee Amount at No Additional Cost
Guarantee Issue	Yes
Benefit Type	
Wellness Benefit (Health Maintenance Screening Benefit)	\$100
Heart Attack	100%
Stroke	100%
Cancer (Internal or Invasive)	100%
Cancer Skin	\$1,000 per calendar year
Coma	100%
Coronary Artery Disease w/ Bypass	100%
Major Organ Transplant*	100%
Loss of Sight, Hearing, or Speech	100%
Paralysis	100%
Additional Occurrence	6 Consecutive Months
Benefit Waiting Period	None
Portable Coverage	Yes
Pre-Existing Condition Limitation	None

*25% of this benefit is payable for Insureds placed on a transplant list for a major organ transplant.

This pricing is an example based on age. See your plan info for more details.

Plan Cost: Employee/Spouse Monthly Rate for \$10,000 Benefit		
Eligible Employee Age Range	Employee/Spouse Non-Tobacco	Employee/Spouse Tobacco User
Age 25	\$5.14	\$6.26
Age 35	\$7.96	\$11.07
Age 45	\$12.68	\$18.96
Age 55	\$24.80	\$38.29

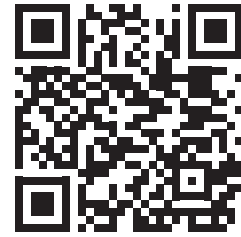
*Spouse's rate are determined by spouse's age.

Voluntary Hospital Indemnity

AFLAC



Scan or Click to Watch!



Hospital Indemnity coverage pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for

your medical expenses such as deductible and Co-pays, travel costs, food and lodging, or everyday expenses such as groceries and utilities.

Benefits Type	Mid Plan	High Plan
Hospital Admission	\$1,000	\$2,000
Hospital Confinement	\$100/Day up to 15 Days	\$200/Day up to 31 Days
Hospital ICU Admission	N/A	N/A
Hospital ICU Confinement	\$100/Day up to 15 Days	\$200/Day up to 10 days
Plan Provisions	Mid Plan	High Plan
Benefit Waiting Period	None	None
Guarantee Issue	Yes (during initial enrollment)	Yes (during initial enrollment)
Pregnancy Limitation	None	None
Portable Coverage	Yes	Yes
Pre-existing Condition Limitation	No	No
Plan Cost	Mid Plan	High Plan
Monthly Premium		
Employee	\$19.16	\$33.68
Employee + Spouse	\$34.56	\$65.78
Employee + Child(ren)	\$27.86	\$52.04
Family	\$43.26	\$84.14



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more
info?



Scan or
click.



Embedded Employee Assistance Program (EAP) with Claimant Assist

Support for Employees* with Life or Disability Insurance Through National Insurance Services

The EAP Program

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

Your EAP Service Provider

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

The EAP Process

When you access the EAP, TELUS Health counselors listen and take

action toward finding solutions. The next step may include meeting with a mental health counselor for up to three face-to-face visits, negotiating health insurance benefits, or referrals to community resources for legal and financial services.

Referrals and Resources

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

Claimant Assist

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long Term Disability Claimant Services are available to guide and counsel claimants and their immediate family

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

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

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com
Login: NISEAP | **Password:** EAP
(Note: Password Is Case-Sensitive)

Claimant Assist Services Are Available:

866.472.2734

members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

Virtual Fitness

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

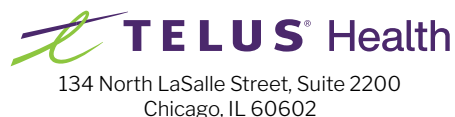
You can work out on your own with personalized programs and access coaches if you have questions, or choose to work under the live supervision of a coach online, in 1-1 personal or group sessions.

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

Up to three in-person assessment and counseling sessions.

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

Your EAP and Claimant Assist Administrator:



Telephone Assistance:

EAP: 866.451.5465

Claimant Assist: 866.472.2734

Online:

www.niseap.com | Login: NISEAP | Password: EAP
(Note: Password Is Case-Sensitive)

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

This image shows a full page of white paper with horizontal grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or stationery paper. There is no handwriting or other markings on the page.

This image shows a full page of white paper with horizontal grey ruling lines. The word "Notes" is printed at the top left in a large, bold, dark grey font. Below it, there are approximately 28 evenly spaced horizontal lines extending across the width of the page.

Notes

Legal Notices

Women's Health and 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 this plan. If you would like more information on WHCRA benefits, call your plan administrator at 402-461-7511.

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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 402-461-7511.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Hastings Public Schools' health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Hastings Public Schools' health plan without waiting for the next open enrollment period if you:

Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.

Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 30 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Hastings Public Schools' health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 30 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Hastings Public Schools' Group Health Plan describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the Plan Administrator at 402-461-7511.

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 January 31, 2024. Contact your State for more information on eligibility—

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
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
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
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+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/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
FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – 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
INDIANA – Medicaid
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)
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
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> | Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov> | Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

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

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 | TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 800-977-6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa> | Phone: 1-800-862-4840 | TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – 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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> | Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084 | email: HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

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

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/> | Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html> | Phone: 1-800-701-0710

NEW HASTINGS – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/> | Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare> | Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, 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

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 8.39% in 2024 of your modified adjusted household income.

The 'No Surprises' Rules

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Hastings Public Schools		4. Employer Identification Number (EIN) 47-6001013	
5. Employer address 1515 W 8th Street		6. Employer phone number 1-402-461-7500	
7. City Hastings	8. State Nebraska	9. ZIP code 68901	
10. Who can we contact about employee health coverage at this job? Shayla Dunn, Human Resources Admin. Assistant			
11. Phone number (if different from above) 1-402-461-7502		12. Email address shayla.dunn@hpstigers.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:



All employees who work a minimum of 20 hours or more per week.



Some employees. Eligible employees are:

- With respect to dependents:



We do offer coverage. Eligible dependents are:

Spouse and other dependent(s) to be covered including eligible children under age 26.



We do not offer coverage.



If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Benefit	Administrator	Phone	Website
Medical & Dental	BlueCross BlueShield Nebraska	1-844-201-0763	www.nebraskablue.com
Your BCBS Username:			
Vision	VSP Vision Care by Ameritas	1-866-289-0614	www.vsp.com
Your VSP Username:			
Flex Spending Account	Omnify	1-844-472-6567	www.omnifybenefits.com
Your Omnify Username:			
Accident Insurance Critical Illness Hospital Indemnity Short-Term Disability Group Life	AFLAC	1-800-433-3036	www.aflac.com
Your AFLAC Username:			
Basic Life and AD&D Long-Term Disability	NIS Benefits	1-800-627-3660	www.nisbenefits.com
Your NIS Benefits Username:			
Benefits Service Center	Apex Engagement Solutions	1-877-203-3148	www.apexenrolls.com

Contact Us

If you have any questions about your benefits, please reach out to speak to a dedicated benefits counselor



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Monday - Friday
8:00am-5:00pm CST