

SOUTHWEST WEST CENTRAL SERVICE COOPERATIVE

**SWWC**

*Education & Administrative Resources*

# EMPLOYEE BENEFITS

2025



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This benefit summary describes the benefit plans available to you as an employee of SWWC Service Cooperative. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. To view detailed insurance information on the plans, visit the [Employee Portal > Insurance Information & Forms](#) page.

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of SWWC Service Cooperative.

# WELCOME!

**WE ARE COMMITTED** to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

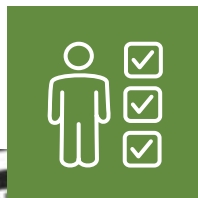


## OPEN ENROLLMENT: TAKE ACTION!

**April 28<sup>th</sup> – May 9<sup>th</sup>, 2025**

This Open Enrollment is an **active enrollment**, meaning all employees must enroll to have benefits in the new plan year. If you do not enroll, your benefits will be waived beginning **July 1, 2025**, and you will not be able to enroll until the next Open Enrollment, unless you experience a Qualifying Life Event (QLE).

Insurance enrollments and qualifying events are done through [Ease](#).





# ELIGIBILITY



## BENEFIT ELIGIBILITY

You and your eligible family members may participate in the 2025 employee benefits program if you're a regular, full-time employee.

## DEPENDENT ELIGIBILITY

You can enroll the following dependents in our group benefit plans:

- Your legal spouse or domestic partner
- Children up to age 26\*
- A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)

## NEW-HIRE ELIGIBILITY

New hires can join the plan the first of the month following date of hire. Spouses and dependent children of the employee are also eligible to participate in our benefit plans.



\*Enrolled children lose coverage when they turn 26 and will be mailed COBRA enrollment information.



## IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation **WITHIN 30 DAYS** of the qualifying life change event. Contact **Human Resources** or login to **Ease** to process a Qualifying Life Event.

## QUALIFYING LIFE EVENT

**Y**our benefit elections made during Open Enrollment will be effective July 1, 2025. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or your spouse's Open Enrollment.



## CHOOSE YOUR MEDICAL PLAN

**Y**our medical plans will be offered through Medica. Please review your summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during Open Enrollment will be effective July 1, 2025, and remain in effect until June 30, 2026, unless you experience a qualifying life event.

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

### REGISTER ONLINE

Your connection to great healthcare is only a click away. Register for an online account [here](#) so you can access time-saving tools, tips for healthy living, view lab results, choose a doctor, manage your EOBs, and more!



### DOWNLOAD THE MOBILE APP

When you download the **Medica Member App**, you've got the tools you need to manage your healthcare all from your smartphone. The mobile app is available in the Apple and Google Play store.

# MEDICAL PLAN COMPARISON

MSI PP MN \$3,750 – 80/20 MSI PP MN \$3,750

## BENEFITS IN-NETWORK

### ANNUAL DEDUCTIBLE

Individual	\$3,750	\$3,750
Family	\$7,500	\$7,500

### OUT-OF-POCKET (OOP) MAXIMUM

Individual	\$7,000	\$3,750
Family	\$14,000	\$7,500

### COINSURANCE

20% coinsurance

0% coinsurance

Preventive Care	100% covered	100% covered
Primary Care Physician (PCP)	Deductible, then 20% coinsurance	Deductible, then 100% covered
Specialist*	Deductible, then 20% coinsurance	Deductible, then 100% covered
Emergency Room	Deductible, then 20% coinsurance	Deductible, then 100% covered
Inpatient Hospital	Deductible, then 20% coinsurance	Deductible, then 100% covered
Outpatient Hospital	Deductible, then 20% coinsurance	Deductible, then 100% covered
Urgent Care	Deductible, then 20% coinsurance	Deductible, then 100% covered
Outpatient Surgery	Deductible, then 20% coinsurance	Deductible, then 100% covered
Lab/X-Ray (Outpatient)	Deductible, then 20% coinsurance	Deductible, then 100% covered
Behavioral Health Care (Mental Health and Chemical Dependency Care)	Deductible, then 20% coinsurance	Deductible, then 100% covered

### Out-of-Network (OON)

Deductible (OON)	\$3,750/\$7,500	\$3,750/\$7,500
Co-insurance	20%	0%
Out-of-Pocket Maximum (OOP)	\$7,000/\$14,000	\$3,750/\$7,500

\*Please note: Referral may be required to see a specialist.

This plan used a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you receive services.

Dependent Child Age Limit: To age 26, through the calendar month of their birthday.

## Per Paycheck Deductions for Direct Student Staff

Per Paycheck Deductions	\$3,750 – 80/20	\$3,750
Employee Only	\$0	\$38.92
Employee + Family	\$297.96	\$424.52



# PHARMACY

## INCLUDED IN YOUR MEDICAL PLAN

PHARMACY			
		MSI PP MN \$3,750 – 80/20	MSI PP MN \$3,750
Retail (30-day supply)	Generic drugs	Deductible, then 20% coinsurance	Deductible, then 100% covered
	Preferred brand drugs	Deductible, then 20% coinsurance	Deductible, then 100% covered
	Non-preferred brand drugs	Not covered	Not covered
	Specialty drugs	Deductible, then 20% coinsurance	Deductible, then 100% covered
Mail Order (90-day supply)	Generic drugs	Deductible, then 20% coinsurance	Deductible, then 100% covered
	Preferred brand drugs	Deductible, then 20% coinsurance	Deductible, then 100% covered

Note: Designated preventative drugs are fully covered at no cost to you





# HEALTH & WELLNESS BENEFITS

## Virtual care with K Health

### **KHealth: Convenient access to online care when you need it.**

Establish a primary care provider virtually through KHealth. KHealth is a virtual provider option that can be used when you are seeking care for an injury or illness or if you would like to see a provider for your annual preventive physical. You can get access to 24/7 virtual urgent care, primary care and chronic management, and get prescription refills sent to your local pharmacy.

## My Health Rewards by Medica®

### **My Health Rewards: Get inspired to make positive changes.**

Taking steps to improve your health might be easier than you think. Whether you want to stress less, quit smoking or eat more fruits and veggies, **My Health Rewards by Medica®** makes it fun — and rewarding. Contract Holders can earn up to \$345 in rewards annually as you complete activities personalized just for you. Spouses/dependents age 18 and older can earn up to \$225 in rewards annually.



### **Ovia Health: Support for your entire parenthood journey.**

Ovia Health guides you through your pregnancy, parenting, and reproductive health journey — including trying to conceive and managing menopause. Get clinically-backed content and unlimited support from Ovia's team of health coaches, registered nurses, and certified nurse midwives within Ovia Health's three apps: Ovia (for reproductive health), Ovia Pregnancy, and Ovia Parenting.



### **AbleTo Self Care: One demand help for stress and emotional well-being**

Access self-care techniques, coping tools, meditations, sleep tracking, and more at no additional cost to you — anytime, anywhere with **Self Care by AbleTo**. Check in, track your progress, and explore personalized content that you can move through at your own pace on your mobile device. Build skills you can use for life to feel better.



### **Omada**

**Omada for Diabetes:** help improve your blood glucose.

**Omada for Prevention:** help reduce your risk for disease.

**Omada for Joint & Muscle Health:** helps build muscle to prevent aches and pains.



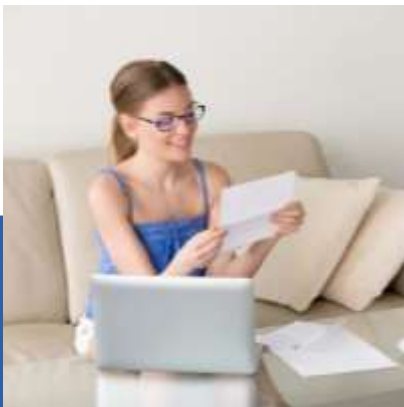
# UNDERSTANDING HOW YOUR PLAN WORKS



**1** **YOUR FAMILY** visits your provider (doctor/hospital) and shows their medical insurance card



**2** **YOUR DOCTOR OR PROVIDER** will bill your medical carrier



**3** **YOUR MEDICAL CARRIER** will process your claim, notify your provider, and send a Claims Summary to you and your provider



**4** **EXPLANATION OF BENEFITS (EOB)** You are responsible to pay the amount due to your provider as shown on your EOB

# FSA, VEBA, & HSA

## FLEXIBLE SPENDING ACCOUNTS (FSA)

An FSA is offered in two types to allow employees to take advantage of tax savings on eligible expenses: medical and dependent care. Medical can be used for health, dental, and vision expenses (unless contributing towards an HSA, then would be limited to dental and vision). Dependent care is to be used for reimbursement of daycare expenses for eligible dependents. The FSA runs on our plan year (July 1<sup>st</sup> – June 30<sup>th</sup>). FSA accounts are purely funded by the employee.

- **Medical** – In 2025, contribute up to \$3,300
- **Dependent Care** – In 2025, contribute up to \$5,000

## VOLUNTARY EMPLOYEES' BENEFIT ASSOCIATION ACCOUNT (VEBA)

Both of SWWC's health insurance plans offer the opportunity for a VEBA, for the employer contributions. A VEBA is a tax-free healthcare savings plan funded entirely by the employer. A VEBA can be used to pay for out-of-pocket medical, dental, and vision expenses. If HSA contributions are made, the VEBA will be limited.

## HEALTH SAVINGS ACCOUNT (HSA)

Both of SWWC's health insurance plans offer the opportunity for an HSA, for the employer account contributions. An HSA is a tax-advantaged savings account that may be used to pay for out-of-pocket medical, dental, and vision expenses. An HSA may be contributed to by the employee, employer, or both.

### **SWWC 2025 Annual Contribution for Direct Student Staff**

(employee can choose if they would like to go towards VEBA, HSA or 50%/50%)

- Single Coverage - \$300
- Family Coverage - \$600

# LIFE & DISABILITY INSURANCE

## BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Life insurance is offered through Madison National Life to provide individuals and their families with financial protection in the event of the employee's death. AD&D insurance provides individuals with financial reimbursement in the event of an accidental death or the loss or loss of use of body parts or functions. Dependent life insurance is also available.

### **DIRECT STUDENT STAFF**

- Employee Life (paid by SWWC) – \$20,000
- Dependent Life Insurance (paid by employee) – \$10,000 or \$5,000

## LONG-TERM DISABILITY INSURANCE (LTD)

Long-term disability is offered to all full-time eligible employees through Madison National Life. LTD provides individuals and their families with financial protection based on 60% of the employee's current wages in the event of the employee's disability lasting longer than 60 days.

### **DIRECT STUDENT STAFF**

**Paid by SWWC**







# DENTAL PLAN



In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Dental coverage is offered for basic and major services.

The dental plan also includes 100% coverage for preventive care. Dental insurance is offered through Delta Dental to help pay a portion of the costs associated with your dental care. To find an in-network provider, visit [www.deltadentalmn.org](http://www.deltadentalmn.org)

In-Network Plan Features	Delta Dental PPO	Delta Dental Premier
Annual Deductible – Individual	\$50	\$50
Annual Deductible – Family	\$150	\$150
Annual Maximum	\$1,000	\$1,000
Preventive Care	100% covered	100% covered
Basic Services	80% after deductible	80% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontia Services	50% after deductible	50% after deductible

Monthly Rates	Dental
Employee	\$41.26
Employee & Spouse	\$84.98
Employee & Child(ren)	\$111.02
Family	\$161.56

# VISION PLAN

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by VSP and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Monthly Rates	Vision
Employee	\$7.32
Employee & Spouse	\$10.61
Family	\$19.03



	In Network
<b>VISION BENEFITS</b>	
Comprehensive Eye Exam	\$10 copay
Single Vision Lenses	\$25 copay
Standard Lined Bifocal Lenses	\$25 copay
Standard Trifocal Lenses	\$25 copay
Frames	\$25 copay
Contact Lens Fitting/Evaluation	Up to \$60
Additional Glasses & Sunglasses Discount	Extra \$20 on featured frames, 20% savings additional glasses
<b>FREQUENCY</b>	
Comprehensive Eye Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
Contact Lenses	Every 12 months

# AFLAC VOLUNTARY BENEFITS



SWWC offers employees the opportunity to enroll in voluntary Aflac plans at a discounted group rate. Plans available are:

- Accident
- Cancer
- Critical Care
- Hospital
- Short-Term Disability

Premiums may be deducted on a pre-tax or post-tax basis, depending on the plan.

For more information and to sign up,  
contact:

Mike Felcyn

507-531-7007

[michael\\_felcyn@us.aflac.com](mailto:michael_felcyn@us.aflac.com)



# EMPLOYEE ASSISTANCE PROGRAM



**W**e understand that we all face serious problems at some time in our lives and SWWC Service Cooperative is committed to providing help during those times.

The EAP is designed to assist staff members and families with personal challenges in many different areas including depression, stress management, drug and alcohol abuse, relationships, grief, legal and financial issues, parenting, childcare and elder care. We encourage you to use the Sand Creek EAP to assist when these issues arise.

Participation in the EAP is voluntary, confidential and free of cost for all services. Simply call 651-430-3383 or 1-888-243-5744 and identify yourself as an employee of SWWC Service Cooperative and an employee assistance counselor will help you. Should an emergency occur, help is available 24/7, including weekends and holidays.

Visit [www.sandcreekeap.com](http://www.sandcreekeap.com) for additional information and assistance.



Download the App by visiting:  
[www.mylifeexpert.com](http://www.mylifeexpert.com) or simply  
scanning this QR code.



To login, use company code “school”



# FINANCIAL SECURITY

Helping you prepare for retirement is extremely important to SWWC Service Cooperative. To help you achieve long-term retirement security, SWWC Service Cooperative offers you the ability to build individual wealth through PERA, TRA or voluntary options available .

## PERA / TRA

Public Employees Retirement Association (PERA) or the Teachers Retirement Association (TRA). The plan you are enrolled in, is determined based on if a license is required for the position (TRA) or not (PERA). This retirement plan is set up automatically.

### CONTRIBUTIONS

- **PERA Employee** - 6.50%; **PERA Employer** - 7.50%
- **TRA Employee** - 7.75%; **TRA Employer** - 8.75%

To learn more, visit their websites:

- PERA: <https://mnpera.org/>
- TRA: <https://minnesotatra.org/>

## MATCHING BENEFIT

Upon successful completion of an employee's introductory period, employees are eligible for an employer match based on the negotiated rate based on the group the employee falls under. The employee match can be applied towards a 403(b), 457(b), a Thrive benefit or a combination of the three, not to go over the max of the employer match. For details on the employer match, please see the personnel policy or master agreement based on the group.

The current SWWC matching funds schedule is as follows (you must be eligible for benefits and have successfully completed your probationary period to receive the match):

- Administrators: \$3,500
- Certified Staff (CSA): \$2,500
- Program Specialists: \$2,000
- Classified Employees (CEA): \$2,000
- Direct Student Staff (DSS): \$1,500

There is no "open enrollment" period. You may sign up at any time throughout the year. You do not have to be eligible for the match to participate.



## 403(b):

The 403(b) Plan is a valuable retirement savings option. Plan administration services for the 403(b) plan are provided by U.S. OMNI & TSACG Compliance Services (OMNI/TSACG). Visit the website at <https://www.tsacg.com> for information about enrollment in the plan, investment product providers available, distributions, enrollment, exchanges or transfers, 403(b) loans, and rollovers.

## 457(b):

The Minnesota Deferred Compensation 457(b) Plan (MNDCCP) is a voluntary retirement savings plan (similar to a 401(k) or 403(b)) available to any full-time, part-time, or temporary Minnesota public employee. The MNDCCP allows eligible employees to supplement retirement income from their Minnesota public pension and Social Security benefits. Employees save and invest pre-tax and/or Roth after-tax dollars through automatic payroll deduction, called salary deferrals. Employees are eligible to withdraw savings from their MNDCCP account upon retirement or termination of employment, disability, or to a designated beneficiary(ies) upon death.

For more information or to sign up, view the link [here](#) or contact Minnesota State Retirement System.

## Thrive:

Thrive Flexible Matching Program allows employees to use your employer benefit dollars to fund; student loan repayment, 529 college savings plan or an emergency savings account. You can enroll at any time at <https://go.thrivematching.com/>

## VOLUNTARY OPTIONS



# BENEFITS DEFINITIONS



## COINSURANCE

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

## COPAYMENT

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## DEDUCTIBLE

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

## HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A type of health plan that has lower monthly premiums, but higher deductibles and out-of-pocket limits, than a traditional health plan. HDHPs are often coupled with an HSA (Health Savings Account)

## NETWORK

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

## NETWORK PROVIDER

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

## OUT-OF-NETWORK PROVIDER

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider."

# BENEFITS DEFINITIONS (CONT.)



## OUT-OF-POCKET MAXIMUM

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

## PREMIUM

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

## PROVIDER

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

## REFERRAL

A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.



# IMPORTANT CONTACTS



Coverage	Contact	Phone	Website
Medical	Medica	833-942-2159	<a href="http://www.medica.com">www.medica.com</a>
Dental	Delta Dental of MN	1-800-448-3815	<a href="http://www.deltadentalmn.org">www.deltadentalmn.org</a>
Vision	VSP	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account (HSA)/VEBA	WEX	1-866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Flexible Spending Accounts	WEX	1-866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
Life and AD&D	Madison National Life	1-800-356-9601	<a href="http://www.madisonlife.com">www.madisonlife.com</a>
Long-Term Disability	Madison National Life	1-800-356-9601	<a href="http://www.madisonlife.com">www.madisonlife.com</a>
PERA Retirement	Public Employees Retirement Association (PERA)	651-296-7460	<a href="http://www.mnpera.org">www.mnpera.org</a>
TRA Retirement	Teachers Retirement Association (TRA)	651-296-2409	<a href="http://www.minnesotatra.org">www.minnesotatra.org</a>
403b	Omni & TSACG Compliance Services	850-362-6840	<a href="http://www.tsacg.com/individual/plan-sponsor/minnesota/southwest-west-central-service-cooperative/">www.tsacg.com/individual/plan-sponsor/minnesota/southwest-west-central-service-cooperative/</a>
457b	Minnesota State Retirement System	651-284-7752	<a href="http://employers.msrs.state.mn.us">employers.msrs.state.mn.us</a>
Thrive Flexible Matching Program	Thrive	216-595-0700	<a href="http://www.go.thrivematching.com">www.go.thrivematching.com</a>
Employee Assistance Program	Sand Creek EAP	888-243-5744	<a href="http://www.sandcreekeap.com">www.sandcreekeap.com</a>
Aflac Voluntary Benefits	Aflac - Mike Felcyn	507-531-7007	<a href="mailto:michael_felcyn@us.aflac.com">michael_felcyn@us.aflac.com</a>
Human Resources	Jodi Robinson	507-337-2963	<a href="mailto:Jodi.Robinson@swwc.org">Jodi.Robinson@swwc.org</a>



# COBRA

Many people have health insurance through their employer's group plan. When they no longer qualify for coverage through this plan, federal and state law may provide the right to continue coverage in that group plan for a limited time through COBRA.

## **COBRA**

Upon ending employment with SWWC by reason other than retirement, employees may be eligible to continue participation in life, dental, vision and health insurance for up to 18 months. Information will be sent to you from Wex, our COBRA provider.

## **MN Continuation Coverage**

For those that retire from SWWC, you can continue participation in life, dental, vision and health insurance until you are Medicare eligible through MN Continuation Coverage. Information will be sent to you from Wex, our COBRA provider.

### **Eligibility:**

- A former employee who was actually covered under the employer's group health plan.
- A spouse of a former employee, who was covered under the enrollee's employer plan.
- Former or surviving spouse who was covered under the employer's plan (divorce, legal separation or death of the covered employee).
- Dependent children who was covered under the enrollee's plan who lose coverage



