



2026 Benefits Change Guide

**2026 Plan Year
1/1/2026-12/31/2026**

At St. Olaf, we value our faculty and staff and are committed to providing a comprehensive and competitive benefits package. Please use this guide as a reference to understand the changes for the upcoming plan year and to choose what is best for you and your family.

Open Enrollment Period

This fall, we will have an active enrollment, meaning that your current elections will NOT carry forward into 2026 unless you make changes. Elections must be made between November 3rd – November 18th. Any elections that you make during open enrollment will become effective on January 1, 2026.

 **ST. OLAF HUMAN RESOURCES**

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What's New for 2026?

Medical Plan Changes

Below you will find a brief outline of updates taking place to our existing medical plans:

- Health Insurance Plan: St. Olaf will have a new medical benefits administrator that is part of the Blue Cross Blue Shield company. The new administrator is AmeriHealth Administrators (AHA) and new pharmacy benefits manager SmithRx.
- With the change in health plan administration, AHA is no longer able to support the Coupe plans. As a result, we will not be offering these plans in 2026.
- If you are currently making monthly payments to Coupe using your HSA or FSA, you may continue to do so at least through the end of 2026. However, if your payments are made through payroll deduction, this option will no longer be available, as Coupe/BCBS is changing the vendor that manages this process.
- Some medical premiums are increasing.

Nice Healthcare

- Preventive Care is easier than ever! Schedule your annual exam and labs with Nice Healthcare in the convenience of your own home.
- Free Services in 2026!

Health Savings Account (HSA) Changes

Below you will find a brief outline of changes taking place to the Health Savings Account (HSA):

The HSA contribution limits (employer and employee contributions combined) in 2026 are as follows:

- Single: \$4,400
- Family: \$8,750

Jan. 1, 2026

- St. Olaf's total contribution to the HSA will remain the same; contributions will still be made on a *per-pay period* basis.

<u>0.75 and above FTE</u>	<u>Bi-weekly pay period</u>	<u>Monthly pay period</u>	<u>Total Annual</u>
○ Employee	\$50.00	\$100.00	\$1,200.00
○ Employee + Child(ren)	\$75.00	\$150.00	\$1,800.00
○ Employee + Spouse	\$60.00	\$120.00	\$1,440.00
○ Family	\$100.00	\$200.00	\$2,400.00

<u>0.5 – 0.749 FTE</u>	<u>Bi-weekly pay period</u>	<u>Monthly pay period</u>	<u>Total Annual</u>
○ Employee	\$40.00	\$80.00	\$960.00
○ Employee + Child(ren)	\$60.00	\$120.00	\$1,440.00
○ Employee + Spouse	\$48.00	\$96.00	\$1,152.00
○ Family	\$80.00	\$160.00	\$1,920.00

Flexible Spending Account (FSA) Changes

- Flexible Spending Account – contribution maximum is \$3,400
- Employees may continue to actively enroll in a Dependent Care Flexible Spending Account in 2026 with an increased contribution maximum of \$7,500

Eligibility

Full-time employees who are at 0.5 FTE or above are eligible to participate in St. Olaf benefit program on the first of the month following your date of hire.

Eligible Dependents

You may also enroll your eligible dependents in certain benefit coverage, including medical, dental, vision and voluntary life insurance.

Eligible dependents include:

- Your spouse, and
- Your child(ren) up to age 26



Changing Elections During the Year

The benefit elections you make during your initial or annual enrollment remain in effect for the entire calendar year. However, you may be allowed to make changes if you experience a qualifying life event (QLE). QLEs include changes in:

Dependent status – change due to age or other circumstance which causes your dependent to satisfy or cease to satisfy eligibility requirements under the plan

Medicare or Medicaid eligible status – you or your spouse become Medicare or Medicaid eligible

Legal marital status – marriage, death of spouse, divorce, legal separation, or annulment

Number of dependents – birth, adoption, placement for adoption, divorce or death of a dependent, or assuming primary support of a child of an unmarried dependent child

Employment status – eligible dependent gains or loses access to employer-sponsored coverage

If you experience a QLE, **you must request a change within 30 days of the life event date** to make changes to your current coverage (or within 60 days for changes involving Medicaid and state child health plans). Otherwise, you will have to wait until the next annual enrollment period to change your benefits. The new election becomes effective the first of the month following the date of the event.

Health Plan Comparison

St. Olaf offers three health plans and two provider networks through AmeriHealth, a Blue Cross Blue Shield company.

	\$1,500/\$3,000 CORE (Gold Plan)		\$3,550/\$7,100 HIGH DEDUCTIBLE WITH HSA (Silver Plan)	
	In Network	Out of Network	In Network	Out of Network
Deductible <i>per plan year</i>	\$1,500/single \$3,000/family	\$2,500/single \$5,000/family	\$3,550/single \$7,100/family	\$4,800/single \$9,600/family
Out of Pocket Max <i>per plan year</i>	\$4,500/single \$9,000/family	\$7,000/single \$14,000/family	\$4,800/single \$9,600/family	\$7,200/single \$14,400/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Clinics, Chiropractic Manipulation</i>	You pay 25% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Preventive Services <i>Well child, Immunizations, Prenatal, Screening</i>	You pay \$0	You pay 50% after deductible	You pay \$0	You pay 50% after deductible
Office Visits	You pay 25% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Convenience Care, Urgent Care, Emergency	You pay 25% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Outpatient/Inpatient Hospital Care	You pay 25% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Prescription Drugs <i>Retail (31-day supply)</i>	SmithRx Formulary		SmithRx Formulary	
Preventive	N/A (HDHP only)		You pay \$0	
Generic	You pay \$10		You pay 20% after deductible	
Preferred Brand	You pay \$50		You pay 20% after deductible	
Non-Preferred Brand	You pay \$100		You pay 20% after deductible	

Refer to your summary of benefits and coverage (SBC) for a more detailed explanation about your health plan benefits. SBCs coming soon.

	\$5,000/\$10,000 HDHP WITH HSA (Bronze Plan)	
	In Network	Out of Network
Deductible <i>per plan year</i>	\$5,000/single \$10,000/family	\$6,250/single \$13,000/family
Out of Pocket Max <i>per plan year</i>	\$6,500/single \$13,000/family	\$8,400/single \$16,800/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Clinics, Chiropractic Manipulation</i>	You pay 20% after deductible	You pay 50% after deductible
Preventive Services <i>Well child, Immunizations, Prenatal, Screening</i>	You pay \$0	You pay 50% after deductible
Office Visits	You pay 20% after deductible	You pay 50% after deductible
Convenience Care, Urgent Care, Emergency	You pay 20% after deductible	You pay 50% after deductible
Outpatient/Inpatient Hospital Care	You pay 20% after deductible	You pay 50% after deductible
Prescription Drugs <i>Retail (31-day supply)</i>	SmithRx Formulary	
Preventive	You pay \$0	
Generic	You pay 20% after deductible	
Preferred Brand	You pay 20% after deductible	
Non-Preferred Brand	You pay 20% after deductible	

Refer to your summary of benefits and coverage (SBC) for a more detailed explanation about your health plan benefits. SBCs coming soon.

QUESTIONS?

Call customer service at the phone number on the back of your ID card or visit www.myahabenefits.com. To find a provider visit BlueCrossBlueShield [at](#) www.findadoctormn.AwareNetwork.



Monthly Health Plan Premiums

Core Plan (Gold Plan) - \$1,500/\$3,000 Monthly Premium			
	> 0.75 FTE Employee Premium Contribution	> 0.75 FTE College Premium Contribution	Total Monthly Premium
Employee	\$224.90	\$719.10	\$944.00
Employee + Child(ren)	\$448.70	\$1,239.30	\$1,688.00
Employee + Spouse	\$641.80	\$1,269.20	\$1,911.00
Family	\$947.00	\$1,938.00	\$2,885.00
	0.50 to 0.749 FTE Employee Premium Contribution	0.50 to 0.749 FTE College Premium Contribution	Total Monthly Premium
Employee	\$368.72	\$575.28	\$944.00
Employee + Child(ren)	\$696.56	\$991.44	\$1,688.00
Employee + Spouse	\$895.64	\$1,015.36	\$1,911.00
Family	\$1,334.60	\$1,550.40	\$2,885.00

High-Deductible Health Plan (Silver Plan) - \$3,550/\$7,100 Monthly Premium			
	> 0.75 FTE Employee Premium Contribution	> 0.75 FTE College Premium Contribution	Total Monthly Premium
Employee	\$154.90	\$719.10	\$874.00
Employee + Child(ren)	\$350.70	\$1,239.30	\$1,590.00
Employee + Spouse	\$550.80	\$1,269.20	\$1,820.00
Family	\$836.00	\$1,938.00	\$2,774.00
	0.50 to 0.749 FTE Employee Premium Contribution	0.50 to 0.749 FTE College Premium Contribution	Total Monthly Premium
Employee	\$298.72	\$575.28	\$874.00
Employee + Child(ren)	\$598.56	\$991.44	\$1,590.00
Employee + Spouse	\$804.64	\$1,015.36	\$1,820.00
Family	\$1,223.60	\$1,550.40	\$2,774.00

Premiums continued on next page.

High-Deductible Health Plan (Bronze Plan) - \$5,000/\$10,000 Monthly Premium

	>.75 FTE Employee Premium Contribution	>.75 FTE College Premium Contribution	Total Monthly Premium
Employee	\$79.90	\$719.10	\$799.00
Employee + Child(ren)	\$218.70	\$1,239.30	\$1,458.00
Employee + Spouse	\$400.80	\$1,269.20	\$1,670.00
Family	\$612.00	\$1,938.00	\$2,550.00
	0.50 to 0.749 FTE Employee Premium Contribution	0.50 to 0.749 FTE College Premium Contribution	Total Monthly Premium
Employee	\$223.72	\$575.28	\$799.00
Employee + Child(ren)	\$466.56	\$991.44	\$1,458.00
Employee + Spouse	\$654.64	\$1,015.36	\$1,670.00
Family	\$999.60	\$1,550.40	\$2,550.00

Blue Card PPO Network

The Blue Card PPO Network is a nationwide network that allows members to access in-network doctors and hospitals across the United States. There are more than 98% of doctors and hospitals in this network in Minnesota and gives you broad, open access to the largest selection of providers. No referrals are needed to see specialists.

To locate a provider in your network, visit www.findadoctormn.AwareNetwork, or call the number on the back of your ID card. It is important to make sure your provider or hospital is in the network to receive the best benefit. If you do not visit an in-network provider, you will incur higher out-of-pocket costs.



PRESCRIPTION DRUG BENEFITS

St. Olaf partners with SmithRx to provide you with prescription drug benefits.

ONLINE MEMBER PORTAL

SmithRx's online Member Portal allows you to access important forms, review your pharmacy transactions, find Member Support contact information, and more.

To register for your account, go to www.mysmithrx.com/login and click on "Create An Account". Please have your SmithRx prescription benefits card available.

QUESTIONS?

If you are contacted by SmithRx please respond at your earliest opportunity for continued savings. Additionally, if you have any questions, please call SmithRx Member Support at:

(844) 454-5201 or visit www.smithrx.com to chat with a Member Support agent

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detail explanation about your health plan benefits, including mail order prescriptions and out-of-network benefits.

Formulary*: A formulary is a list of drugs that your doctor may prescribe for you that includes information related to coverage and cost of these drugs. This list may change over time, the drugs being listed on the formulary does not guarantee coverage. You can access your drug formulary by visiting the SmithRx member portal at www.mysmithrx.com.

* If your medication is not covered on the formulary, there may be a lower cost alternative available. If you have explored all alternatives, your doctor can work with SmithRx to determine if an exception to coverage can be made. Please contact SmithRx Member Support to assist with finding alternatives if your medication is not covered.

Extra Savings Opportunity: If you're taking a qualifying drug, you may hear from SmithRx about additional cost savings programs. These programs can help you achieve no cost for expensive drugs. It is important that you engage with them and provide them the information they request. You cannot opt out of this program.

Low-Cost Insulin: The SmithRx Low-Cost Insulin program helps lower the cost of insulin to reduce your cost to \$35 or less for a 30-day supply for Lily insulin products. Download Lily Diabetes Savings Card at www.insulinaffordability.com to get started.

Finding a Pharmacy

SmithRx partners with over 83,000 retail pharmacies across the nation including the major national chains, regional chains, grocers, and independent pharmacies. In addition, SmithRx has three preferred mail order pharmacies and two specialty pharmacies.



You can always find the pharmacy with the best price by using the “Find My Meds” search tool in the Member Portal at www.mysmithrx.com. For specific in-network pharmacy questions or to check whether your local pharmacy is in-network, please contact SmithRx’s dedicated Member Support team at (844) 454-5201, email at help@smithrx.com, or live chat at www.smithrx.com.

Retail pharmacies: Here are just a few of the retail pharmacies in the SmithRx network.



Mail order pharmacies

	<p>Register at www.amazon.com/smithrx. Doctors can send prescriptions via electronic prescribing, fax, or phone:</p> <ul style="list-style-type: none"> • Name/E-scribe: Amazon Pharmacy Home Delivery • Amazon Pharmacy fax: (512) 884-5981 • Amazon prescriber and pharmacy line: (855) 206-3605
	<p>Doctors can send prescriptions via electronic prescribing, fax, or phone:</p> <ul style="list-style-type: none"> • Walmart Pharmacy fax: (800) 406-8976 • Walmart prescriber and pharmacy line: (800) 273-3455 • Website: www.walmart.com/cp/1042239
	<p>See whether your medications are available: https://costplusdrugs.com/medications</p> <p>Doctors can send prescriptions via electronic prescribing to:</p> <ul style="list-style-type: none"> • Mark Cuban Cost Plus Drug Company (MCCPD)

Specialty pharmacies

	<p>For enrollment assistance patients can call: (866) 514-8082. Prescribers can visit www.krogerspecialtypharmacy.com and fill out the appropriate forms for the appropriate department. Faxed prescriptions will only be accepted from the prescriber.</p>
	<p>For enrollment assistance patients can call: (888) 777-5547. Prescribers can visit https://www.senderrarx.com and fill out the appropriate forms for the appropriate department. Faxed prescriptions will only be accepted from the prescriber.</p>

HEALTH SAVINGS ACCOUNT (HSA)

St. Olaf offers a Health Savings Account through HealthEquity if you elect a High-Deductible Health Plan.

HSA Eligibility

You must be enrolled in a HDHP (high-deductible health plan) to be eligible to contribute to an HSA, and you *cannot be*:

- Covered by other non-HDHP health insurance.
- Contributing to or participating in a Medical Flexible Spending Account.
- Claimed as a dependent on someone else’s tax return.
- Children over age 19 covered by one of the high-deductible health plans are not eligible for HSA reimbursement unless they are a dependent on your tax return.
- Enrolled in a government health plan, such as Medicare or Medicaid.

HSA Contributions

St. Olaf is pleased to make the following contribution to your HSA account. Per Pay Period installments of the St. Olaf annual contribution will begin in January and continue through 2026.

Tier of Coverage	0.75 and above FTE Annual	0.50 - 0.749 FTE Annual
Employee	\$1,200	\$960
Employee + Child(ren)	\$1,800	\$1,440
Employee + Spouse	\$1,440	\$1,152
Family	\$2,400	\$1,920

We encourage eligible employees to make pre-tax contributions to your own HSA as well. The IRS limits the annual amount contributed to an HSA, but you can start, stop or change your contribution amount anytime throughout the year.



Know Your Limits

How much can you put in your health savings accounts?

Maximum contributions are **\$4,400** for single coverage **\$8,750** for family coverage for 2026 (employer and employee contributions combined).

NOTE: If you are age 55 or over, you can contribute up to an additional **\$1,000** per year beyond the current contribution limits.



TOP REASONS TO HAVE AN HSA

Tax Saving & Earned Interest — Contributions are tax-deductible and earn tax-free interest.

Portability — You own your account, so even if you change jobs, your HSA funds are yours to keep.

Affordable Health Coverage — Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications.

Long-Term Savings — Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

Retirement Bonus — After age 65, funds may be withdrawn for any reason with no penalties. If used for non-medical purposes, however taxes will be imposed.

Safety Net — An HSA has no “use it or lose it” restrictions, so balances can be built up to use for major medical events.

Coverage for the “Extras” — HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

Money That Works for You — Balances over a certain amount may be invested.

Empowerment — Take control of your health care decisions, including which providers you want to use, to ensure your health care dollars are spent wisely.

BE A SMART HEALTH CARE CONSUMER!

You have different care options to choose. Gaining a better understanding of your options now can help you save both time and money when you need to seek care.

Options for treatment include:

Nice Healthcare: Unlimited virtual and home visits, lab work, virtual physical therapy, mental health therapy, and 550+ **free** medications.

Cost: Free

Convenience Care, Online Care: Located inside of retail stores or online, visit these for common ailments like strep throat, pink eye, bladder infection, etc. **Cost: \$**

Doctor's Office: Staffed by doctor, PA and nurses, visit this for care of illnesses, injuries, preventive care, etc.

Cost: \$\$

Urgent Care Clinic: Staffed by doctor, PA and nurses, visit this for care of minor illnesses or injuries that require **immediate** attention.

Cost: \$\$\$

Emergency Room: Located inside of a hospital, visit this for serious illnesses, injuries or life-threatening issues, such as, chest pains, shortness of breath, burns, head injuries, etc.



How do I find information about medical costs and quality so I can make informed choices?

Visit www.myahabenefits.com or

www.findadoctormnAwareNetwork to search for providers and clinics that offer the medical services you need at the best cost.

Using Your HSA

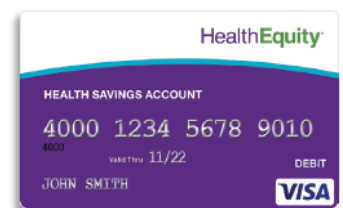
You will be issued a debit card to pay for qualified health care expenses. If you prefer, you may also reimburse yourself from your HSA at a later date. The funds in your HSA are yours to keep even if you leave St. Olaf.

For more information about HSAs, contact Health Equity at (844)-351-6856 or visit <https://www.healthequity.com/>.

Can I withdraw money from an HSA for non-medical expenses?

Yes, but if you withdraw funds for nonmedical expenses before you turn 65, you have to pay taxes on the money and a 20% penalty. If you take money out after you turn 65, you pay normal income taxes but no penalties.

Visit hsastore.com/healthequity from HealthEquity where members can easily shop HSA-qualified healthcare expenses. Enhancements in 2026 will provide members with easier access to solutions, such as GLP-1 medications, that members can pay for using their HealthEquity account or cash payment.



FLEXIBLE SPENDING ACCOUNT (FSA)

St. Olaf offers three types of Flexible Spending Accounts (FSAs) administered by HealthEquity. FSAs allow you to set aside money to pay certain out-of-pocket expenses. You make contributions to your FSAs from your paycheck with pre-tax dollars, which reduces your taxable income.

Medical FSA

If you have non-HDHP coverage through your spouse's employer, you can use the Medical FSA to pay medical, dental, and vision expenses not paid by your health plan, such as deductibles, coinsurance, and copayments.

The maximum amount you can contribute to this account for 2026 is \$3,400. The minimum is \$200.

Limited FSA

If you enroll in the high-deductible health plan and utilize a Health Savings Account (HSA), you can use the Limited FSA to pay qualified dental and vision.

The maximum amount you can contribute to this account for 2026 is \$3,400. The minimum is \$200.

Dependent Care FSA

You can use this account to pay for work-related daycare expenses that are necessary to allow you and your spouse to work or attend school. Expenses can include daycare, preschool, summer day camp, or before or after school programs. Eligible dependents include children under age 13.

The maximum amount you can contribute to this account for 2026 is \$7,500 (\$3,750 if married and filing separately).



Maximize your benefits

To fully utilize your FSA, check out the list of eligible health care and dependent care expenses on the HealthEquity website at <https://www.healthequity.com/fsa-qme>.



MORE ABOUT FSA'S

- You choose the annual amount you want to contribute to your FSA(s), up to the IRS limits for each account.
- This amount is taken out from your paycheck in equal installments throughout the year before federal and social security taxes are withheld.
- You cannot change your contribution amount during the year unless you experience a qualifying life event (see page 4).
- The money in one account cannot be used to pay expenses in another account.
- The Dependent Care FSA has a "use it or lose it" rule, so plan your contribution amount carefully. Any funds remaining in your account at the end of the calendar year will be forfeited.
- The Medical and Limited FSAs allow you to carry over up to \$680 of unused funds at the end of the calendar year.
- You can pay for eligible expenses using the FSA debit card or by submitting a claim form (this method is required for dependent care reimbursement).

Expenses must be incurred between January 1, 2026, and December 31, 2026. You will have until March 31, 2026, to submit claims for reimbursement during the 2025 run-out period.



Online Member Portal: Log on for personalized information, find a doctor, view claims, view and order ID cards and access health and wellbeing benefits. Register at www.myahabenefits.com to have all of your plan information at your fingertips. You will need your member ID card to get started. To search for providers visit BlueCross BlueShield www.findadoctormn.AwareNetwork



Mobile App: Download the **myAHABenefits** Mobile app and access your information, deductible and out of pocket totals, digital ID card and cost estimates for procedures.

Well-being Platform

Access online tools and resources such as a well-being profile to create an action plan, get reminders about health goals, stay motivated with tokens and badges, and sync up fitness apps and devices to track your progress.

Case Management

If you are diagnosed with a complex, catastrophic, or chronic illness or injury, case management can help support you and your health care providers by locating, coordinating, and evaluating services across various levels and places of care.

Registered Nurse Case Manager

When you call our Health Information Line, Registered Nurse Case Managers are available 24/7 for questions about your health and treatment options.

Exclusive Discounts and Savings

The AmeriHealth Insider discount program is your exclusive pass to discounts on family events, amusement park tickets, sporting events, online shopping, and more. You can save up to 60 percent at a wide range of national, regional, and local businesses, attractions, and events.

Baby Beginnings

Baby Beginnings is a maternity management program specifically designed to help expecting mothers successfully manage their health before, during and after a baby is born. To get started, call **(833) 242-1777** or email babybeginnings@ahatpa.com with "Enroll" in the subject line. A nurse will reach out to you within two business days.

NICU Care Management

Support is available if your newborn needs treatment in the Neonatal Intensive Care Unit (NICU), including telephone and in-person support from the day the baby is admitted through discharge planning and the transition home.

Log in at myahabenefits.com to check out all the exciting member perks.

HUSK Wellness Marketplace

Husk Wellness Marketplace is a new benefit being offered this year. If you're enrolled in a health plan through St. Olaf, you have access to HUSK Marketplace. Achieving optimal health and wellness doesn't have to be complicated and expensive. HUSK Marketplace provides exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness.



Exercise

- Exclusive savings and flexible membership options to a variety of facilities
- Top brands include LA Fitness, Anytime Fitness, Gold's Gym, Curves, and 24-Hour Fitness
- Specialty studios such as yoga, kickboxing, cycling, CrossFit and Pilates
- Take advantage of the benefits of on-demand fitness in the comfort of your home
- Find deals on exercise equipment and wearable technology



Nutrition

- Evidence based virtual health and nutrition programs
- Discounts on vitamins, supplements, and other healthy food products
- Opportunity to connect with a nutritionist for targeted instruction.

Husk

Members can register and activate their benefits on the [HUSK Portal](#).

- Assigned Group ID: **HS01578**
- If you have any questions, please feel free to reach out to us at icmenrollment@paretohealth.com

CancerCare is a new program that is provided to you when you enroll in a St. Olaf health plan.

What is CancerCARE?

The CancerCARE Program is a free, fully integrated cancer solution included in your health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Center of Excellence location.

Day One Help

The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

- Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.

Personalized Care

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.

National Resources

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Care from your local oncologist is often best, but in some instances CancerCARE may suggest care at a Center of Excellence where a new treatment may be more effective. Clinical Trials or proven new treatments not yet been written into treatment guidelines for community oncologists are examples.

Expert Medical Team

When registering by phone, our highly trained Intake Coordinators will quickly gather your medical and health plan information. Patients with complex care needs are assigned an Oncology Nurse Expert who will answer questions regarding your diagnosis and discuss care options. CancerCARE's team of medical experts will support you throughout your treatment journey.

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- **How do I use the Program?**
 - To gain access to our services, register online at [CancerCAREprogram.net](https://cancercareprogram.net), or call us at **(877) 640-9610**. Once you are registered in our system, a nurse will be assigned to your case, and they will help you for the rest of your cancer journey.
 - **Do I have to pay for CancerCARE?**
 - The CancerCARE Program is an additional service included in our health plan. Registration and program features are covered by your health plan.
 - **What if I am already being treated for cancer?**
 - You can join CancerCARE at any point during your treatment. Once registered, we are able to collaborate with your local oncologist and give them access to resources they may not have at their facility. We will also review your treatment plan to ensure everything is evidence-based quality care.
 - **I don't have cancer; do I still need to register?**
 - Registration is only required if you have been diagnosed with cancer. If you had cancer in the past and are now cancer-free, you can still register as a survivor, and we will help you deal with any long-term issues and concerns. Covered dependents can also register for CancerCARE.

Phone: **(877) 640-9610**, Website: cancercareprogram.com, Email: cancercaremanagement@cancercareprogram.com

Nice Healthcare

St. Olaf is delighted to continue to offer our employees Nice Healthcare. Nice Healthcare offers **free** chat, video and in-home direct primary care visits. They also provide in-home labs (blood work), X-Rays, chronic condition management, virtual mental health therapy, virtual physical therapy and much more.

Who Can Use Nice

Employees enrolled in one of St. Olaf’s health plans automatically have coverage with Nice Healthcare. Even if you have “Employee Only” coverage, your spouse/domestic partner, and children under the age of 26 have access to Nice Healthcare services.

Nice’s Services Include:

- **Video visits:** Secure online video chat. Over 60% of issues can be resolved by video.
- **Home visits:** If the condition requires a lab test, X-ray or in-person examination, a provider will come to your home, often the same day.
- **Nice healthcare offers 550+ free medications.** Prescriptions are sent to your local pharmacy.
- Virtual mental health visits
- **Nice’s pharmacy network includes over 65,000 pharmacies** including CVS and Walmart as well as local mom & pop pharmacies. Present your Nice Rx card at pick up. Chronic medications can be mailed to you at no cost.
- Virtual Physical Therapy
- In-person Preventative Care Exams

Save hundreds of dollars each year with Nice!



WHAT IS NICE?

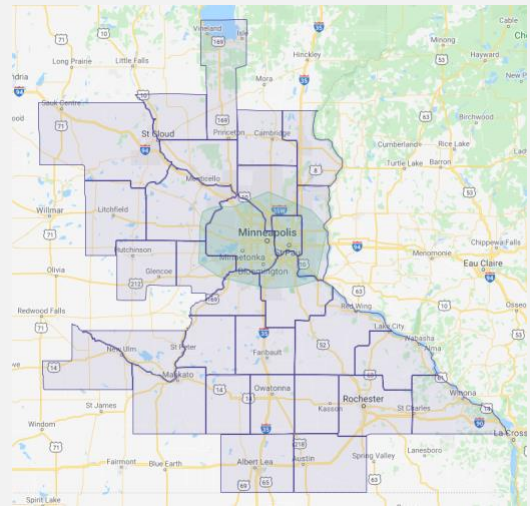
A primary care clinic that comes to you, on your schedule, while spending the time to make sure everything makes sense.

There is no limit on the number of visits. So next time you need care, have a question about a mysterious ache or pain, or just want some wellness advice, think of Nice.

HOURS OF SERVICE –

Online Visit Hours	Home Visit Hours
Monday – Friday 8am to 7pm	Monday – Friday 9am to 5pm
Saturday – Sunday 9am to 12pm	Saturday – Sunday N/A

HOME VISIT SERVICE AREA



You can use Nice for virtual visits even if you are out of state.

They can even send a prescription to a local pharmacy wherever you are.

How to schedule your Nice visit

Using Nice Healthcare is very easy. Set up your account by downloading the Nice Healthcare mobile app or go online at www.nice.healthcare/schedule.

Within the app, you will need to create separate accounts for each family member.

Getting started with Nice is easy



Simply download the 'Nice Healthcare' app, sign up and schedule a visit at the time that works best for you.



Start with a chat or video visit, which includes diagnosis, prescriptions, referrals, and wellness.



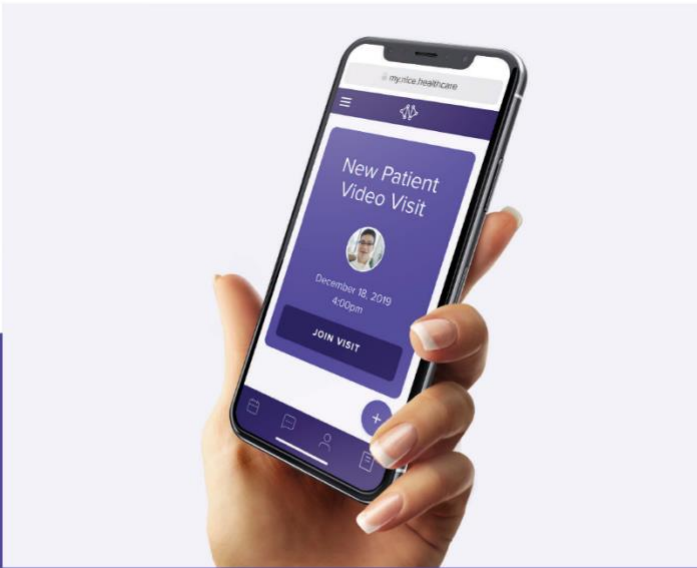
If deemed medically necessary, we'll send a provider to your home for labs, x-rays and medical assessments.



Then, check back in the app for your results and a treatment plan from your provider. You can also ask questions and chat with your Nice team all from the palm of your hand.

WHERE TO GET STARTED

Text 'start nice.free' to 612.806.0144 or visit www.nice.healthcare/schedule



Acute conditions we treat:

- Sore throat
- Ear pain
- Cough, cold, flu, bronchitis
- Rashes
- 1st degree burns
- Headache
- UTI
- Sinus infection
- Minor asthma flare
- Mononucleosis
- Hand, foot, mouth
- Cold sore
- Sprains and strains
- Pink eye
- Bug bite
- Suture removal
- Athlete's foot
- And many more!**

Chronic conditions we manage:

- High Cholesterol
- Hypothyroidism
- Diabetes Type 2 (non-insuline dependent)
- Asthma (mild)
- GERD
- High blood pressure
- COPD (mild)
- Seasonal allergies
- Epi-Pen refills
- Eczema
- Acne
- Depression (mild)
- Anxiety (mild)
- Menopause
- Constipation
- Gout
- Obesity
- And many more!**

Wellness/Preventive care:

- Adult physicals
- Sports physicals
- Well child / baby checks (no vaccines)
- Wellness goals
- Contraception (no injectables or implants/IUDs)
- Tobacco cessation

Not Included:

- Care that can't wait 1 -2 hrs
- Emergency services
- Specialty care
- Vaccines
- Controlled substances
- Breast or pelvic exams
- Medicare eligible/enrolled individuals
- Covid-19 testing

Dental Plan Summary

St. Olaf offers dental coverage through Delta Dental.

This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible.

You may use any dentist you choose; however, using an in-network provider will reduce your out-of-pocket costs. If you use an out-of-network provider, the plan will pay the allowed amount for in-network services; you will pay the balance.

Features	In-Network <i>Delta Dental PPO or Delta Dental Premier</i>	Out-of-Network
Annual Maximum <i>per person Combined in and out-of-network</i>	\$1,000	\$1,000
Annual Deductible <i>Does not apply to diagnostic & preventive</i>	\$25/person; \$75/family	\$25/person; \$75/family
Diagnostic & Preventive <i>Exams, cleanings, x-rays, fluoride, sealants, space maintainers</i>	You pay \$0	You pay \$0
Basic Services <i>Fillings, emergency pain relief services</i>	You pay 20%	You pay 20%
Oral Surgery <i>Basic & complex surgery</i>	You pay 20%	You pay 20%
Endodontics Therapy <i>Root canal therapy</i>	You pay 20%	You pay 20%
Periodontics <i>Gum disease treatment</i>	You pay 20%	You pay 20%
Major Services <i>Crowns, bridges, dentures</i>	You pay 50%	You pay 50%
Orthodontics <i>For dependents through age 18</i>	You pay 50% Plan covers up to \$2,000	



INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta's app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

AMPLIFON HEARING HEALTH CARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call **(877) 846-7074** or visit www.amplifonusa.com for information.

QUESTIONS?

Call customer service at (800) 553-9536 or call the phone number on the back of your ID card or visit www.deltadentalmn.org.

Dental Plan Premiums: The following monthly premium rates are effective January 1, 2026:

	Monthly Contribution	
	0.75 – 1.0 FTE	0.50 to 0.749 FTE
Employee	\$18.50	\$22.20
Employee + Child(ren)	\$35.00	\$42.00
Employee + Spouse	\$53.50	\$64.20
Family	\$70.50	\$84.60

Vision Plan Summary



St. Olaf offers vision coverage through VSP Vision. **The VSP Choice Plan is a full-service plan that offers choice, care, and maximum value through a VSP network provider.**

Under the VSP Vision plan, you have the freedom to receive services from any provider. You will, however, receive a greater level of benefit if you use a provider who participates in the VSP network. These providers have agreed to discounts on prescription glasses and contact lenses, as well as other vision-related items. By using a network provider, you may also receive discounts for services not otherwise covered by the vision plan (e.g. sunglasses, LASIK).

Always use an in-network provider to obtain the highest level of benefits.

QUESTIONS?

Visit [VSP.com](https://www.vsp.com) call 1(800) 877-7195. To find an VSP provider near you, visit [VSP.com/eye-doctor](https://www.vsp.com/eye-doctor).

VISION BENEFITS	IN-NETWORK <i>Insight Network</i>	OUT-OF-NETWORK
WellVision Exam Contact Lens Exam, Fitting, and Evaluation Routine Retinal Scanning	Covered in full after \$10 copay Covered in full after copay, not to exceed \$60 Covered in full after copay, not to exceed \$39	Reimbursed up to \$45 Not applicable Not applicable
Frames	Covered in full after copay, up to \$150 frame allowance 20% off any amount above the allowance Extra \$20 allowance on Featured Frame Brands	Reimbursed up to \$70
Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular Standard Progressive Lenses	Covered in full after copay	Reimbursed up to \$30 Reimbursed up to \$50 Reimbursed up to \$65 Reimbursed up to \$100 Reimbursed up to \$50
Contact Lenses (Instead of lenses and frame) Elective Necessary	Covered in full, up to \$130 Allowance Covered in full after copay	Reimbursed up to \$105 Reimbursed up to \$210

This chart does not describe all the services covered. Please review the plan summary for complete coverage information or call EyeMed at **1(800) 877-7195**.

Vision Plan Premiums: The following monthly premium rates are effective January 1, 2026:

Monthly Contribution	
	0.50 – 1.0 FTE
Employee	\$7.54
Employee + 1	\$10.94
Family	\$19.61

Life and AD&D Insurance

St. Olaf offers Life and Accidental Death & Dismemberment (AD&D) benefits through New York Life.

Basic Term Life and AD&D Insurance

St. Olaf automatically provides Basic Term Life and AD&D insurance at no cost to you. Coverage is equal to lesser of 2 times your annual salary, up to a maximum of \$600,000 (minimum \$10,000). The Life insurance pays a benefit to your beneficiary in the event of your death. An additional AD&D benefit is payable if your death is the result of an accident or a covered dismemberment (e.g., loss of sight, speech, hearing, limbs). Coverage over \$600,000 requires you to provide evidence of good health to Reliance Standard.

NOTE: If you are still employed, your benefits will reduce to 50% at age 70.

Voluntary Life and AD&D Insurance

You have the option to supplement the coverage St. Olaf provides by purchasing additional Life insurance and AD&D through New York Life for yourself, your spouse, and your dependent children (up to age 26). You are required to purchase coverage for yourself to elect coverage for your dependents. You pay the full cost on an after-tax basis, which varies depending on your age and the amount of coverage you choose.

Voluntary Life and AD&D Benefit paid resulting in death	Employee	Spouse	Child(ren)
Benefit Amount	\$10,000 to the lesser of 10 times salary or \$600,000	100% of employee amount up to \$200,000	\$10,000 per child

* Guarantee issue refers to the amount of coverage you can purchase without providing evidence of good health. If you have previously declined coverage, you will be required to provide Evidence of Insurability and be approved in order to gain coverage. Any increases to your life insurance will require an Evidence of Insurability document.

Voluntary Life Insurance Rates

Cost is based off employee's age for Voluntary Employee Life and Voluntary Spouse Life.

Employee/Spouse Age	Rate per \$1,000
0-24	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.110
45-49	\$0.220
50-54	\$0.363
55-59	\$0.598
60-64	\$0.960
65-69	\$1.617
70-74	\$2.685
75+	\$4.841
Child(ren) per \$1,000 <i>Regardless of number of children</i>	\$0.250
AD&D Per \$1,000	Employee - \$0.017 Family - \$0.030



St. Olaf Paid Leave

Starting January 1, 2026, Minnesota Paid Leave will offer payments and job protection to people who need time away from work for their own health or to care for a family member. Paid Leave helps Minnesotans stay financially stable while caring for their own well-being or being there for a loved one.

When can I use Paid Leave?

You can take Minnesota Paid Leave for medical or family reasons.

Medical Leave

- Take care of yourself for a serious health condition. A serious health condition means a physical or mental illness, injury, impairment, condition, or substance use disorder. Taking care of yourself for this serious condition may involve evaluation, treatment, inpatient care, recovery, or not being able to perform regular work, attend school, or do regular daily activities. This includes childbirth, conditions related to pregnancy, or surgery.

Family Leave

- Bonding leave – Care for and bond with a new child welcomed through birth, adoption, or foster placement.
- Caring leave – Care for a family member with a serious health condition.
- Military family leave – Support a family member called to active duty.
- Safety leave – To respond to issues such as domestic violence, sexual assault, or stalking.

How much time can I take?

In a single benefit year, you may take up to:

- 12 weeks of Medical Leave
- 12 weeks of Family Leave

If you qualify for both leave types, you can take a combined maximum of 20 weeks in one benefit year. Your benefit year starts the first day you take leave.

Each leave requires certification from a health care provider or service provider.

How much does coverage cost? Employees are responsible for \$0.44 per \$100 covered earnings up to the FICA limit. This is a state mandated plan that you are automatically enrolled in.



Short-Term Disability (STD)

St. Olaf provides short-term disability insurance through New York Life. This coverage is 100% employer paid. Short-Term Disability can help you protect your income for off-the-job illnesses or injuries allowing you to continue to provide financially for yourself and your loved ones even when you cannot work and earn a paycheck. Please see the summary plan description for complete plan details.

BENEFIT AMOUNT

70% of your weekly base salary up to a maximum of \$2,000 per week.

ELIMINATION PERIOD

Benefits begin on the 1st day of injury/accident and 8th day for illness. The benefits are payable for 12 weeks after the elimination period is satisfied.

Long Term Disability (LTD)

After you have been disabled for 13 weeks, you may apply for LTD benefits. If approved, you will receive 60% of your monthly covered earnings, up to a maximum of \$7,500 per month. Your LTD benefit will be offset by any other disability payments you may receive, like Social Security or Workers' Compensation. Benefits continue until you are no longer disabled, or you reach Social Security Normal Retirement Age, whichever comes first.



Affordable Legal and Identity Theft Protection



Legal and identity theft matters can strike anytime, don't get caught without protection!

Shield your identity, privacy and legal rights with LegalShield and IDShield.

LegalShield

- ✓ Direct Access to your Own Provider Law Firm
- ✓ Unlimited Advice and Consultation
- ✓ Document Review and Preparation
- ✓ Speeding Ticket Assistance
- ✓ Will Preparation
- ✓ Debt Collection Assistance
- ✓ Letters and Phone Calls Made on your Behalf

IDShield

- ✓ \$3 Million Identity Fraud Protection Plan
- ✓ Online Privacy and Reputation Management
- ✓ Financial Account Monitoring
- ✓ Identity, Credit and Social Media Monitoring
- ✓ Credit Score Tracker
- ✓ Real-Time Alerts

**Always Connected.
Always Protected.**



LegalShield	
\$22.00/monthly	
Family Plan	
IDShield	
\$8.45/monthly	\$15.95/monthly
Employee Plan	Family Plan
LegalShield & IDShield	
\$30.45/monthly	
\$37.95/monthly	
Employee Plan	Family Plan



Direct Access to a Dedicated Provider Law Firm

You will receive unlimited legal consultation and advice on personal legal matters. 100% of matters are covered in-network and your provider firm is even available 24/7 for covered emergencies.

Fast Response

A lawyer will respond to your legal matter within four business hours or less.

Letters And Phone Calls

Letters and phone calls can be made on your behalf to resolve legal matters such as warranty disputes or a dispute with a creditor.

Document Review And Preparation

A lawyer can help you review and prepare common legal documents for Wills, Trusts, and more.

Mobile App

The LegalShield mobile app allows you to call your provider law firm directly and makes it easy to upload and prepare documents for fast legal review.

Court Representation

You will receive representation for legal matters such as traffic tickets and even house closings.

Speeding Ticket Assistance

Your provider law firm will review your speeding ticket and even attend court on your behalf if required. You can easily upload your ticket using the LegalShield mobile app.

360° Degree Protection

IDShield monitors your identity, credit, financial accounts, social media accounts, and provides device and online privacy reputation management services.

Real-Time Alerts

If a threat is detected to your identity or credit you will receive an alert. You can view your alerts on the IDShield mobile app, member portal and receive them by email.

Financial Protection

Financial account monitoring and a \$3 Million Identity Fraud Protection Plan for unauthorized electronic fund transfers and identity theft related expenses.

Mobile App

The IDShield mobile app makes it easy for you to protect your identity and privacy and track your credit score with IDShield's monthly credit score tracker.

Privacy & Reputation Management

IDShield scans your social media accounts for content that could damage your reputation and provides ways to keep your online privacy safe.

Full-Service Restoration and Unlimited Consultation

If your identity is stolen, you get direct access to a Licensed Private Investigator who will restore your identity to its pre-theft status, guaranteed. You can also talk to an identity theft specialist about any identity theft or online privacy concern and get 24/7 emergency assistance.

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to its members through membership-based participation. Neither PPLSI nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan overview for specific state of residence for complete terms, coverage, amounts and conditions. IDShield provides access to identity theft protection and restoration services and plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and Restoration Services or eligible dependent children under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event, with the amount of coverage dependent on the type of identity theft plan. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

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Contact Information

Plan Benefit	PHONE NUMBER	WEBSITE
Health Plan AmeriHealth	For the most direct service, call the number on the back of your AmeriHealth ID card.	To create an account visit - www.myahabenefits.com To search providers visit - www.findadoctormn.AwareNetwork
Prescription Drug Plan SmithRx	Member Services: (844) 454-5201	www.mysmithrx.com
Nice Healthcare	Member Services: (763) 412-1993	www.nice.healthcare/schedule
Dental Insurance Delta Dental Networks: PPO & Premier	Member Services: (800) 553-9536	www.deltadentalmn.org
Vision Insurance VSP Vision	Member Services: 800-877-7195	www.vspdirect.com/
Health Savings Account (HSA) HealthEquity	Member Services: (844) 351-6856	https://www.healthequity.com/
Flexible Spending Account (FSA) HealthEquity	Member Services: (844) 351-6856	https://www.healthequity.com/
Life and AD&D Insurance Vol. Life and AD&D Insurance Paid Leave Short Term Disability Long Term Disability New York Life	Member Services: (800) 536-4015	www.newyorklife.com/
Employee Assistance Program (EAP) New York Life	Member Services: (800) 344-9752	guidanceresources.com Organization Web ID: NYLGBS Company Name: "ST. O"