ASBPT HEALTH & PHARMACY PLAN

2025 - 2026

DeSmet School District

GET READY TO ENROLL

Your benefits enrollment is just around the corner, so now is the time to think about which health plan is right for you. Not sure? The Associated School Boards Protective Trust (ASBPT) is here to help. Use the information and charts in this guide to understand your health benefit options, and to select coverage that's a good fit for you and your family.

Your enrollment checklist

REVIEW ALL MATERIALS

Before selecting your benefits, read any information you receive from your employer. Call your HR/benefits administrator if you have questions.

SIT DOWN WITH YOUR FAMILY

It's important to talk about your options and make benefit decisions together.

VERIFY THE PEOPLE YOU WISH TO COVER

Even if you haven't had any major life changes, it's a good idea to confirm who you plan to include in your coverage.

GATHER YOUR INFORMATION

You may need Social Security numbers, birthdates and other general information for yourself and your family members to complete your enrollment.

THINK ABOUT YOUR HEALTH CARE NEEDS

Do you or any family members have upcoming medical procedures, new health conditions or are you taking new medications? All of these can affect the coverage you may need.

ENROLL BY THE DEADLINE

Missing the enrollment deadline means that you can't enroll or make changes to your benefits until spring of 2026 unless you have a qualifying event: a major life change like marriage, divorce or the birth of a baby. Learn more on page 3.

MARK YOUR CALENDAR

Your 2025-2026 benefits become effective on July 1.

Glossary

Here are a few quick definitions to enhance your understanding of your health and pharmacy benefits.

- **Premium:** The amount of money that's taken from each paycheck to pay for your health insurance coverage.
- **Deductible:** The amount you pay out of pocket for care and prescriptions before your plan begins to pay for benefits.
- **Coinsurance:** The percentage you pay for care after you've reached your deductible.
- **Copay:** The amount you pay for certain kinds of care at the time of service.
- **Out-of-pocket maximum (OPM):** The most you have to pay in a plan year. After you spend this amount on copays, deductibles and coinsurance, the plan pays 100 percent of your covered health care costs.

DEDUCTIBLE PREMIUM COPAY

ELIGIBILITY & QUALIFYING EVENTS

During both the new-hire initial enrollment period and your school's annual enrollment period, any eligible employee may elect or change benefits for themselves, their spouse and their dependent children.

If you miss your enrollment deadline, you cannot enroll in benefits, change your benefits or add or drop dependents until the next annual enrollment period unless you have a qualifying event.

Qualifying events include:

- Birth, adoption or placement of a child by an approved agency
- Addition of a child by court order
- Marriage or divorce
- Exhaustion of COBRA coverage
- Loss of coverage for a spouse or child under the age of 26
- Spouse or child obtaining coverage from another carrier/employer
- Medicare eligibility

If you experience a qualifying event, like those listed above, you must notify your school's HR/benefits administrator within 30 days to be eligible to enroll in benefits.

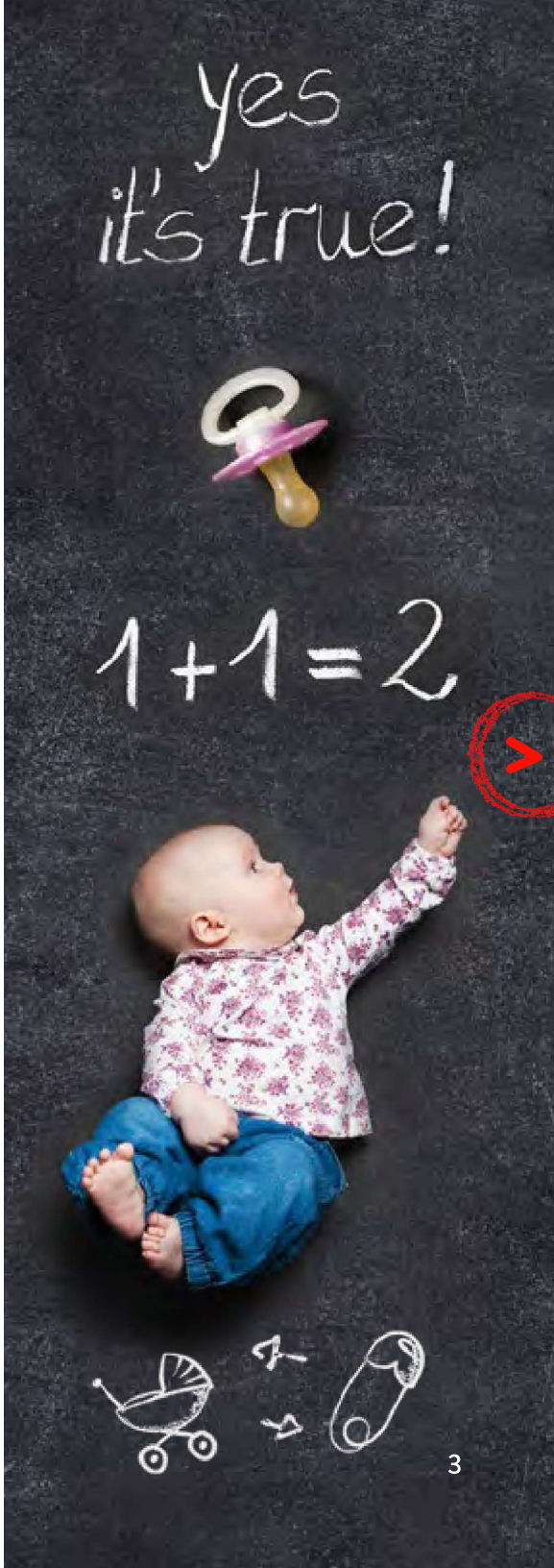
Enhanced retiree benefits:

For Medicare-eligible team members, your school and ASBPT are proud to offer an enhancement to your Medicare coverage. Administered by Wellmark® Blue Cross® and Blue Shield®, this Program F benefit* allows you to supplement your Medicare Parts A and B coverage upon your retirement. Spouses that are age 65 and eligible for Medicare Part A & B are also eligible for this coverage.

- **Rich benefits:** $0 deductible and $0 copays as long as Medicare covers the service; all you pay is the monthly premium.
- **Broad access to care:** See any medical provider who accepts Blue Cross and Blue Shield cards, even if the provider does not accept Medicare.
- **Easy enrollment:** No health questions asked.

To participate, you must be enrolled in both Medicare Parts A and B, and you must not be eligible for health insurance benefits with ASBPT. Please contact your HR/benefits administrator for details.

***Notice to buyer:** This certificate may not cover all of your medical expenses. This certificate is not a Medicare Supplement contract. If you are eligible for Medicare, review the Medicare and You Handbook (2025).



CHOOSING A HEALTH PLAN

All health plans provided by ASBPT are administered by Wellmark® Blue Cross® and Blue Shield® and designed to give you robust coverage that keeps you and your family protected and secure. With the Wellmark Blue PPO℠ network, you'll have:

- Broad in-network and out-of-network coverage throughout the U.S. (But you'll pay less if you receive care within the network.)
- Control to pick your own doctors — no referrals are necessary.

While it's important to pick a plan that fits your budget and medical needs, you should also factor in how you prefer to spend your health care dollars. That's why you have options on the type of coverage that works for you. During enrollment, you will choose between two types of health plans: A **high-deductible health plan (HDHP)** or a **traditional copayment plan**.

Here are a few of the notable differences between these two plan types:

With an HDHP plan

- You generally have lower premiums and higher deductibles.
- You pay the full cost for care, until you meet your deductible.
- Having an HDHP qualifies you to sign-up for a health savings account (HSA). (Read more about this benefit in the column at the right.)

Bottom Line: HDHPs give you more opportunities for long-term savings. And, they're a good choice if you're willing to plan ahead and track your spending.

With a traditional copayment plan

- You generally have higher premiums and lower deductibles or cost shares.
- You pay predictable copays for many common health care expenses. See the chart on page 7 for more details.
- This plan does not qualify you for an HSA.

Bottom Line: Traditional plans give you ease of use for a price. You'll see more money come out of your paycheck — but, if you stay in-network, you'll pay less out of pocket for care. They're a good option if you prefer peace of mind for not having to save up to cover larger health expenses.

What is an HSA?

To compensate for the higher deductible, eligible employees who elect an HDHP can open and contribute to a health savings account, or HSA. With an HSA, you can set aside money to pay for qualified medical, prescription, dental and vision care expenses.

HSAs are triple tax-advantaged: Your contributions are made pre-tax, you'll enjoy tax-free interest and investment earnings and you won't be taxed when you use the funds for qualified purchases. And, your HSA rolls over each year. It's yours to keep, even if you change jobs or retire.

You are eligible to open an HSA if you meet all the following criteria:

- You're covered under an HSA-eligible plan, like an HDHP from ASBPT.
- You're not covered by another non-HSA plan.
- You're not enrolled in Medicare.
- You're not covered by a medical flexible spending account, including your spouse's.

PHARMACY COVERAGE

When you choose any health insurance plan provided by your school through ASBPT, you are automatically enrolled in prescription drug coverage. Your plan has access to more than 65,000 in-network pharmacies, including major chains, regional pharmacies and independent stores.

The Blue Rx Value Plus℠ Formulary

Your plan is called Blue Rx Value Plus, and it's based around a formulary: a list of covered drugs. The formulary helps guide you, your doctor and your pharmacist to the lowest cost drug options that effectively treat your condition. Understanding the formulary can help you save money.

Use your formulary to save

You can save money and find more affordable treatment options by visiting Wellmark.com/BlueRxValuePlus. Use the formulary to research drug tiers and requirements — and, if your drug is on a higher tier, ask your doctor or pharmacist if a lower-cost option may be available.

Drug tier details

Your plan has three levels of coverage called "tiers." Your drug's tier determines how much you'll pay at the pharmacy.

TIER 1

MOST AFFORDABLE DRUGS

Includes most generics and select name-brand drugs.

TIER 2

PREFERRED DRUGS

Drugs that have been proven to be effective and favorably priced compared to other drugs that treat the same condition.

TIER 3

NON-PREFERRED DRUGS

Drugs that are not as cost-effective as available generics or preferred brands.

PHARMACY COVERAGE (CONTINUED)

Specialty drugs

Specialty drugs — high-cost medications that treat complex and chronic conditions — are also covered by your plan. These medications require special handling by highly trained pharmacists, such as preferred vendor **CVS Specialty® Pharmacy**.

When you use a CVS Specialty Pharmacy, you also gain access to a copay card assistance program through **PrudentRx**. Important considerations regarding this program include the following three key points:

1. Drugs on PrudentRx list have 30 percent cost share. However, if you participate in the program, drugs on the **Prudent specialty drug list** will have $0 member cost share.

2. If you opt out of the PrudentRx program or fail to respond to PrudentRx's attempts to contact you, you will be responsible for the 30 percent coinsurance and/or the full cost of the drug.

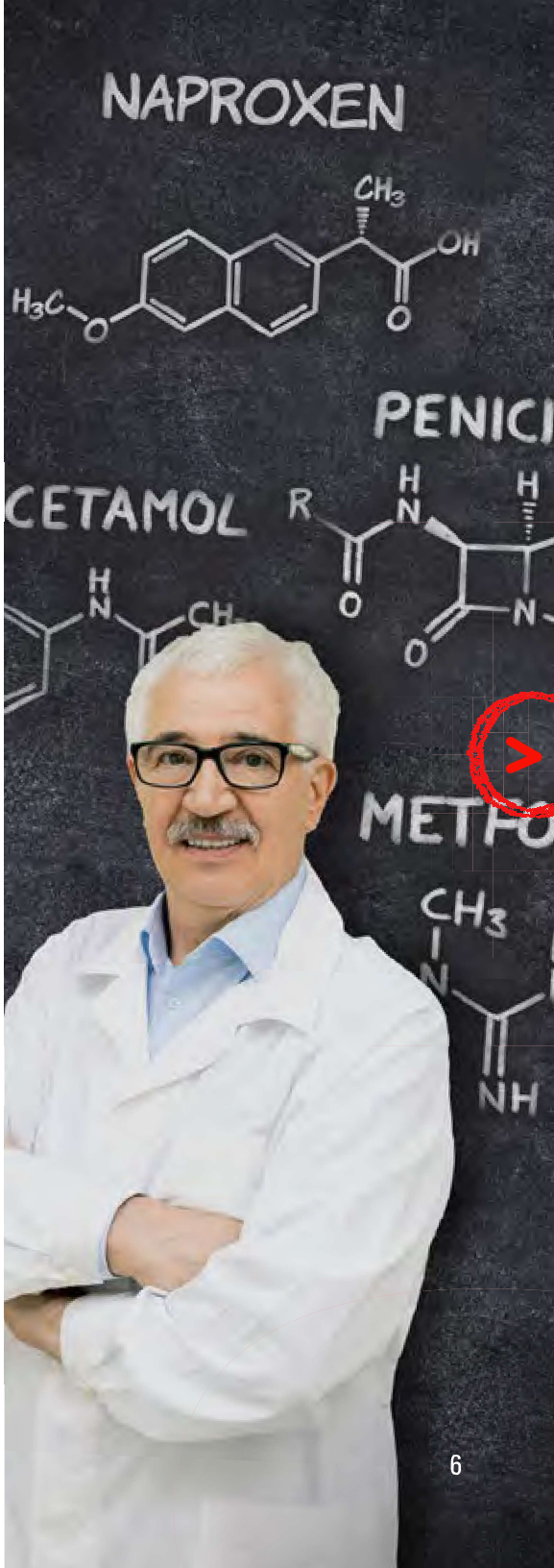
3. PrudentRx is not available on high-deductible health plans (HDHP).

To learn more about your pharmacy benefits or coverage, call 800-237-2767 (TTY: 711) or visit **CVSspecialty.com**.

If you are currently taking one of the eligible specialty drugs, your enrollment begins automatically. You will be sent proactive communication should this occur.

- PrudentRx will work with you and the drug manufacturer to obtain the necessary copay card assistance if it's available. The program will also help manage enrollment and renewals for those copay cards on your behalf.*
- Some manufacturers require you to sign up to obtain copay assistance that they provide for their medications — in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take.

*Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with federal health care programs.



MEDICAL PLAN BASICS

NETWORK/COVERAGE	PLAN 1 PPO	PLAN 4 PPO	PLAN 5 HDHP
Tier 1 Deductible* *(Preferred provider facility only)*	**Single:** $500 / **Family:** $1,000	**Single:** $1,250 / **Family:** $2,500	**Single:** $3,300 / **Family:** $6,600
Tier 1 Out-of-Pocket Maximum (OPM) *(Preferred provider facility only)*	**Single:** $1,500 / **Family:** $3,000	**Single:** $3,750 / **Family:** $7,500	**Single:** $3,300 / **Family:** $6,600
Deductible	**Single:** $1,000 / **Family:** $2,000	**Single:** $2,500 / **Family:** $5,000	**Single:** $3,750 / **Family:** $7,500
Out-of-Pocket Maximum (OPM) *(Medical and pharmacy combined)*	**Single:** $3,000 / **Family:** $6,000	**Single:** $6,000 / **Family:** $12,000	**Single:** $3,750 / **Family:** $7,500
Coinsurance	**In-network:** 20% / **Out-of-network:** 40%	**In-network:** 20% / **Out-of-network:** 40%	N/A
Lifetime maximum	Unlimited	Unlimited	Unlimited
Qualifies you to open a Health Savings Account (HSA)	No	No	Yes
Preventive care *(As defined in the Affordable Care Act guidelines)*	100% covered at in-network providers	100% covered at in-network providers	100% covered at in-network providers
Office visits	$35 copay	$25 copay	You pay the full negotiated cost for care until you have met your deductible/OPM
Specialist office visits and urgent care	$45 copay	$35 copay	
Doctor On Demand® by Included Health *(Virtual visits)*	$10 copay	$10 copay	$61 for medical visits *(For mental health visits, costs vary by length)* *Applies to deductible*
Emergency room	$250 copay followed by deductible and coinsurance	$250 copay followed by deductible and coinsurance	You pay the full negotiated cost for care until you have met your deductible/OPM
Pharmacy coverage *(Blue Rx Value Plus℠ formulary)*	$8 copay / $35 copay / $55 copay **Specialty/self-administered drugs:** $85 copay	$8 copay / $35 copay / $55 copay **Specialty/self-administered drugs:** $85 copay	You pay the full negotiated cost until you have met your deductible/OPM
	Drugs on the PrudentRx list have 30% cost share. However, if you participate in the program, drugs on the Prudent specialty drug list will have $0 cost share.	Drugs on the PrudentRx list have 30% cost share. However, if you participate in the program, drugs on the Prudent specialty drug list will have $0 cost share.	Deductible is waived for preventive drug list. *(PrudentRx is not available on high-deductible health plans.)*
Pharmacy mail order - NEW	2.5 times retail cost for 90-day supply: $20 copay / $87.50 copay / $137.50 copay	2.5 times retail cost for 90-day supply: $20 copay / $87.50 copay / $137.50 copay	2.5 times retail cost for 90-day supply

*ASBPT has established a Preferred Provider relationship with Sioux Falls Specialty Hospital and Black Hills Surgical Hospital. When you choose to have an outpatient procedure or surgery at either hospital you will have a lower deductible and OPM on the facility charge. In addition, the deductible and OPM met under the Preferred Provider tier will also apply to your regular deductible and OPM.

TOOLS TO SIMPLIFY YOUR CARE

Doctor On Demand by Included Health

With Doctor On Demand, you can have video visits with board-certified physicians and get treatment and prescriptions for a cold, flu, allergies, bugs your kids pick up and more. It's fast care anywhere — 24/7.* And, Doctor On Demand offers mental health care, too. Schedule talk therapy and medication management for stress, depression, anxiety, postpartum concerns and more.

WHY SEE A DOCTOR ONLINE?

- **Affordable:** You'll pay $10 for medical and mental health visits on a PPO plan. On an HDHP, medical visits are $61; for mental health visits, cost varies by visit length.
- **Convenient:** Available at home or on the go.
- **Fast:** Be seen in minutes.
- **Always there:** Available 24/7, even in the middle of the night.

TO GET THIS BENEFIT

Doctor On Demand is covered by your health plan. Visit DoctorOnDemand.com/Wellmark to register, and then go to the App Store® or Google Play® to download the app for free.

*Doctor On Demand physicians do not prescribe Scheduled I-IV DEA Controlled Substances and may elect not to treat or prescribe other medications based on what is clinically appropriate. During times of high overnight call volume, patients may be directed to make an appointment with a Doctor On Demand physician for the following morning.

myWellmark® member portal and app

Access your health insurance benefits anytime, anywhere.

- Check the status of claims.
- Run reports on your health care spending.
- View, email and order replacement ID cards.
- Review what your plan will pay for health care services.
- Comparison shop for your planned procedures.
- Find savings and manage your pharmacy benefits, review prescription costs and locate a pharmacy.

Visit myWellmark.com to register.

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