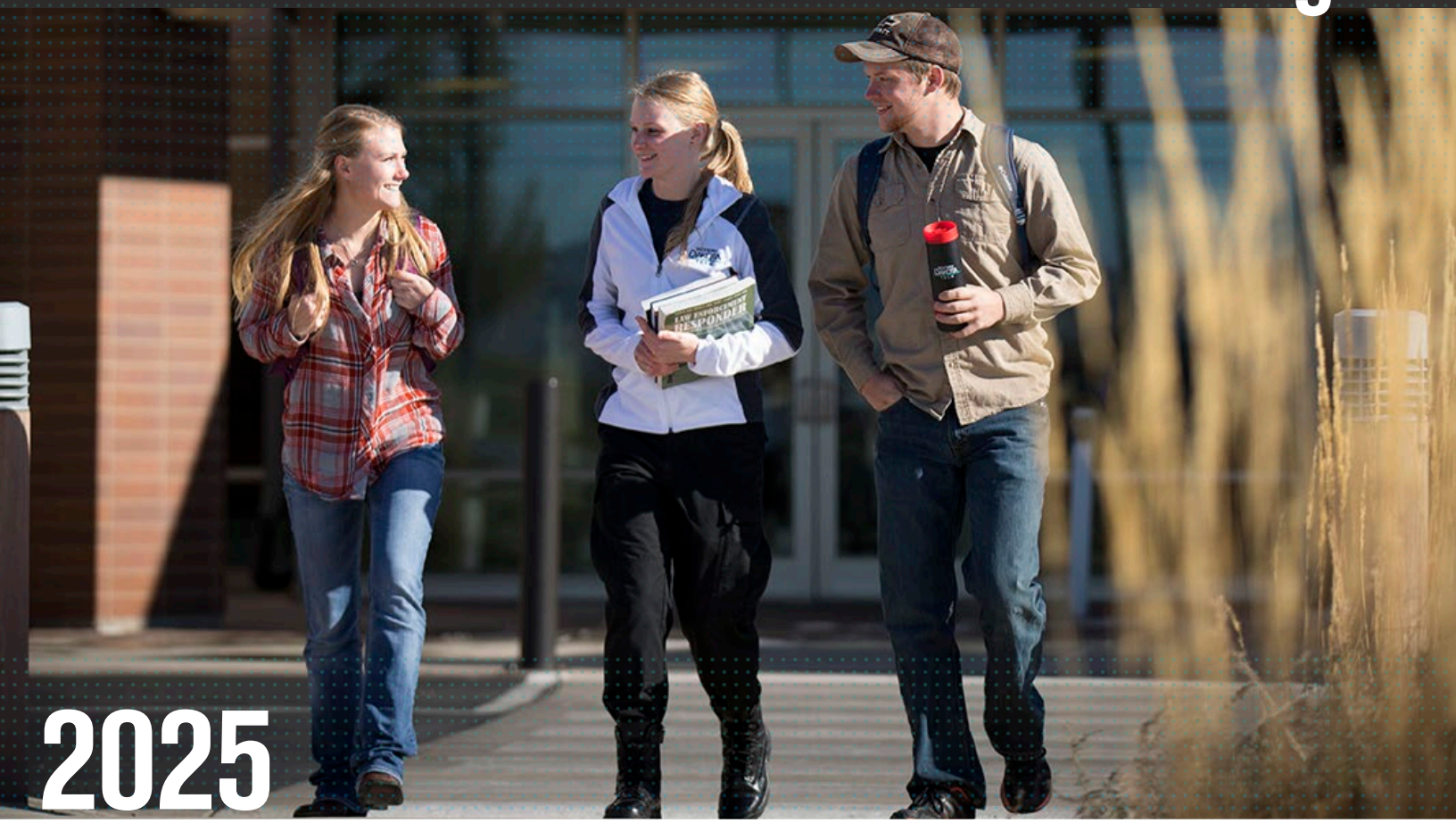
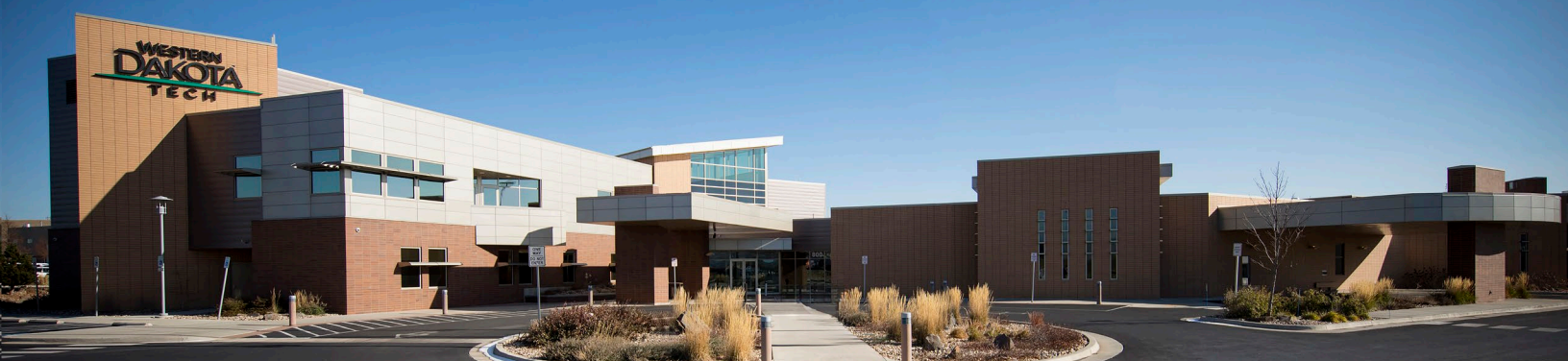
WESTERN DAKOTA TECHNICAL COLLEGE

Western Dakota Technical College



2025 Employee Benefits Guide



Welcome to the 2025 Benefits Program for Western Dakota Technical College!

On behalf of the WDTC Human Resources Office, we look forward to the opportunity to help you navigate through your benefits package! To help support you and your family, WDTC is pleased to offer a robust benefits package to meet your unique needs. This package includes health, dental, and life insurance, along with health and dependent care flexible spending accounts, a 6% match on SDRS retirement contributions, and a supplemental retirement account through SDRS-SRP. We encourage you to review this guide in its entirety to familiarize yourself with the variety of benefits available to you and your dependents.

Open Enrollment period for current WDTC employees is scheduled for November 12th to November 21st, 2024.

This is the time to make any changes to your plan via Online Open Enrollment through Employee Navigator. Current employees must either select or decline coverage during the open enrollment window. New employees have 31 days from their date of hire to enroll in any benefits.

Open Enrollment for the Flexible Spending Accounts (FSA) are scheduled for November 2024.

This applies to FSAs effective January 1, 2025. Elections for this benefit do not roll over and must be re-selected each year.

This Benefits Handbook summarizes most of our benefits. It also addresses the limited circumstances when you can make changes to your benefits outside of the Open or Initial Enrollment opportunities. These circumstances are known as “qualifying events” (see page 5). For more detailed information, resources can be found on the WDTC Human Resources webpage: https://www.wdt.edu/faculty-staff/human-resources/

We are here to assist you and answer any questions you may have!

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Employee Notices

NOTICE: If you (and/or your dependents) have Medicare, or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Please see page 25 for more details.

This booklet contains summary information highlighting the key features of the benefits available to you. It is not intended to be all-inclusive, and after enrollment you will receive a *Benefit Summary* or *Certificate of Coverage* for each of the benefits that apply to you. For more details on specifics of your benefits, refer to your Benefit Summary or Certificate of Coverage.

Benefits Overview

Western Dakota Technical College is proud to offer a comprehensive benefits package to eligible participants. WDTC employees who are employed in permanent positions that require 20 or more hours of work per week, or 86 hours a month on average, are eligible for benefits. Employees who are employed in temporary positions that require 30 or more hours of work per week, or 130 hours a month, on average are eligible for benefits.

Please note: Eligible WDTC staff does not include federal work study students, independent contractors or consultants, and Board members.

The complete benefit package is briefly summarized in this booklet. You will be able to access your plan booklets through employee access, which give you more detailed information about each of these programs. Coverage is a package which includes medical, dental, life and accidental death & dismemberment, and flexible spending accounts.

Plan Descriptions

This booklet contains summary information highlighting the key features of the benefits available to you. It is not intended to be all-inclusive, and after enrollment you will receive a Benefit Summary or Certificate of Coverage for each of the benefits that apply to you. For more details on specifics of your benefits, refer to your Benefit Summary or Certificate of Coverage.

Eligibility

To be eligible for coverage through WDTC, an employee must qualify as either “permanent” or “temporary” (as defined above). Coverage begins after completion of the Employee Navigator online application, as provided by the Human Resources Office. Once completed, your coverage will be effective on the first day of the month following your first day of employment (or on the date of your other qualifying event if applicable). The employee portion of the insurance premium is processed through payroll deduction.

Eligible dependents are your spouse and children to age 26, regardless of student status, tax dependent status, residence, or marital status. Covered dependents include disabled, unmarried dependents of any age, who are chiefly dependent upon the participant for support and maintenance and who meet the requirements under the plan. Elections remain until you or your family members experience a qualifying event. *If you experience a qualifying event, you must make your change within 31 days of the event.*

When can I sign up for benefits or make changes in coverage?

You must enroll within 31 days of your date of employment. If you sign up when you are first eligible, your insurance coverage will begin on the first day of the month following your first day worked.

Because your premiums are deducted from your pay on a pre-tax basis under the Flexible Benefits Plan, you may generally only enroll or make changes to your coverage election on your eligibility date, or at annual enrollment. However, if you are a new hire or have experienced a

Qualifying Life Event, you will be able to make a mid-year change to your benefits by submitting an updated enrollment application within 31 days of that event. Examples of common Qualifying Life Events include:

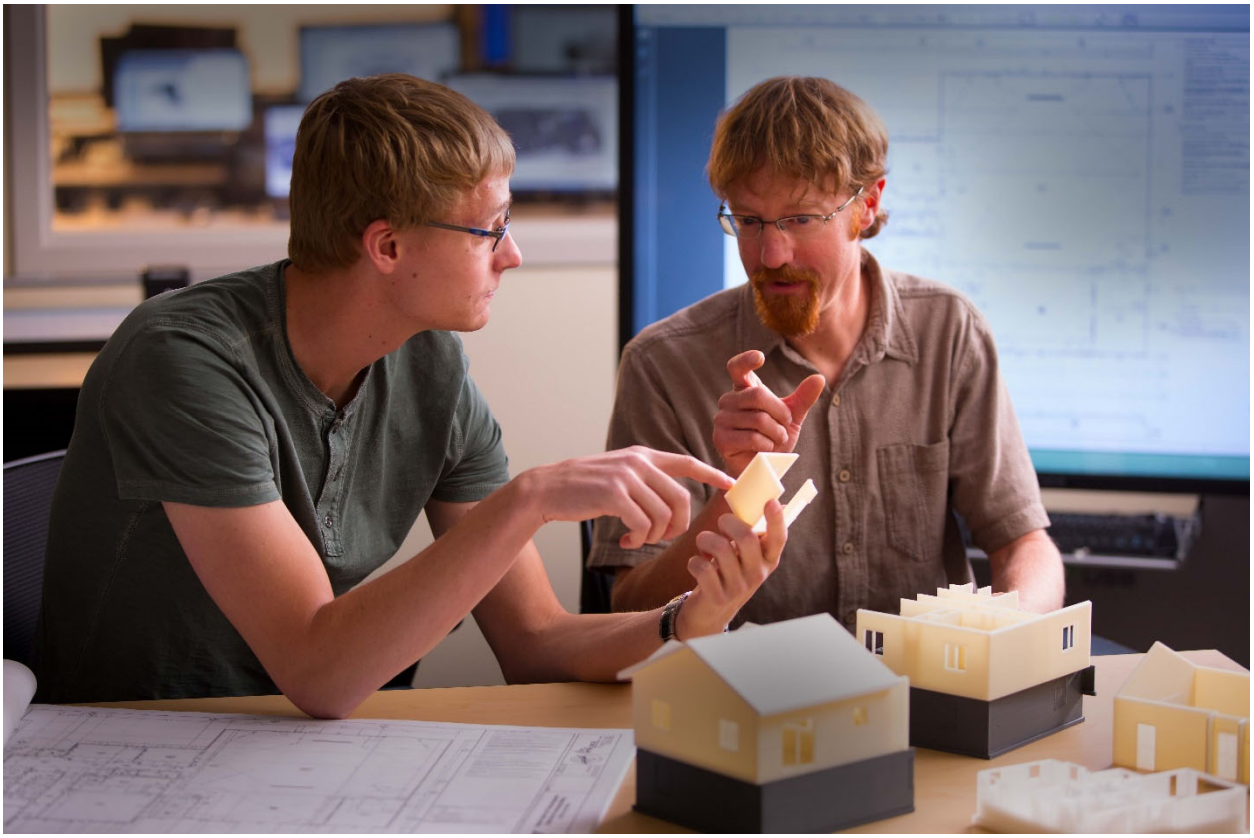
- Marriage/Divorce
- Birth/Adoption
- Death
- Court Order
- Gain/Loss of Other Coverage
- Change in Working Hours
- Loss of Student Status
- Expiration of COBRA Coverage

If you have any questions or are unsure if you have experienced a Qualifying Life Event, please contact and submit your change to Human Resources within the 31-day time frame. Please choose your benefits carefully.

What if I lose eligibility for benefits for myself or a covered dependent?

Continuation of health care coverage (at your expense) is available to you and your covered dependents under federal COBRA law if you lose eligibility for benefits due to a reduction in hours, termination of employment, or leave of absence. Health coverage includes medical and dental coverages, as well as the amount you elect to a medical flexible spending account.

If your dependents no longer meet the eligibility guidelines, they may also elect to continue benefits at their expense under COBRA for a certain period of time. You must notify Human Resources within 60 days of the date of the event, to protect your and/or your dependents' right to continue coverage.



Medical Benefits

Administered by Wellmark

WDTC sponsors an extensive medical package through Wellmark. Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of illness and injury. Routine exams and regular preventive care provide an inexpensive review of your health. Often when problems are identified early, they can be treated at little cost.

Western Dakota Technical College offers you a PPO medical plan. With the PPO, you may select from a network of providers. PPO providers have agreed to negotiated rates for their services which means a savings for both you and WDTC. Preventive Care performed by PPO providers is covered at no cost to you. For routine care by a network provider, WDTC's plan includes copays.

Mail Order Pharmacy Services

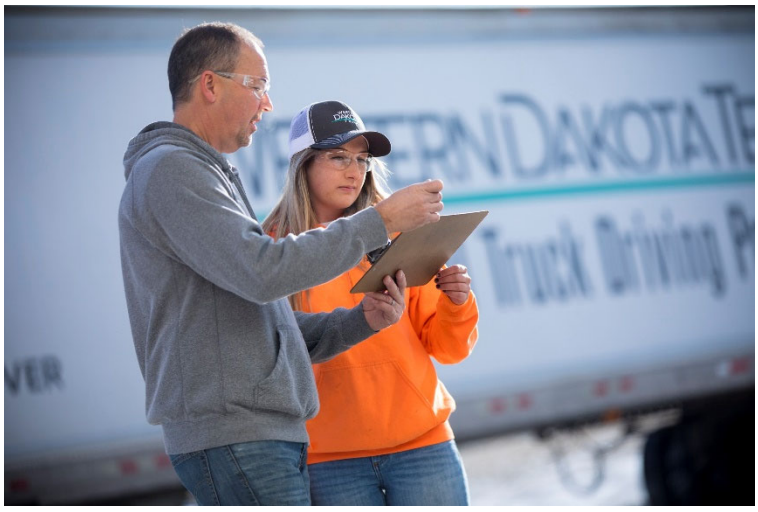
Easily and conveniently enjoy delivery of your medications to your home, or other location of your choice, with CVS Caremark® Mail Order Pharmacy Services. See page 7 for more information about your pharmacy benefits.

Important Health Plan Terms

Deductible: The amount you must pay towards the allowed amount for certain covered services each year before the Claims Administrator begins to pay benefits. The deductibles for each plan are listed in the Summary of Benefits on pages 8 and 9 of this booklet.

Out-of-Pocket Maximum: The most each person must pay each year towards the allowed amount for covered services. After a person reaches the out-of-pocket maximum, the Plan pays 100% of the allowed amount for covered services for that person for the rest of the calendar year. Penalties, legal fees, and interest charged by providers, expenses for non-covered services, charges for transplant services at non-designated facilities and charges over plan limits do not count toward the out-of-pocket maximum.

Coinsurance: The percentage of the allowed amount you must pay for certain covered services after you have paid any applicable deductibles until you reach your out-of-pocket maximum.



Copays: The dollar amount you must pay for certain covered services. The Summary of Benefits lists the copays and services that require them.

Benefit Coverage: The percentage of the claim that will be paid by the Plan for covered services once the calendar year deductible has been satisfied and prior to the out-of-pocket maximum limit reached.

Pharmacy Benefits

Administered by Wellmark and CVS Caremark

It's easy to access your prescription drug benefits. Just present your Wellmark ID card at any network pharmacy when you have a prescription to fill.

How Pharmacy Benefits Work

You'll want to check your benefits document for specifics on how drugs are covered and what you'll pay for them. Generally, this is how your prescription drug plan helps you access safe and affordable medications:

1. You get a prescription from your provider to get medication for your condition.
2. Check the Wellmark Drug List on myWellmark.com to make sure the drug is covered and if there are lower cost alternatives.
3. Visit a network pharmacy with your prescription and your member ID card.
4. At the pharmacy, you will need to pay your cost share for your prescription, unless this is waived. Also, your plan may have a pharmacy deductible.
5. You don't need to complete any paperwork, as claims are filed electronically.

Opt to use network pharmacies
With Blue Rx Complete, you must fill prescriptions at network pharmacies. Depending on your network, you may have access to more than 60,000 participating pharmacies, including local pharmacies and most major chains. Find one near you at myWellmark.com.

Which Drugs are Covered?

Go to myWellmark.com to view the Wellmark Drug List to find which drugs are covered.

Where can I fill my prescription?

There are three options that make getting your prescription easy:

Retail - This is a local neighborhood or chain store pharmacy. Your plan only covers prescriptions filled at network pharmacies. Search for a network pharmacy on myWellmark.com.

Mail Order Service - Have your medications delivered right to your doorstep. Find details about mail order services on myWellmark.com. Or, let CVS Caremark walk you through registration with FastStart® by calling 866-611-5961.

1. Visit Caremark.com and select Register Now.
2. Create a new, unique user ID.
3. Set up your mail order and contact preferences, such as auto refill, text alerts, and payment information.
4. Easily access your pharmacy information through Caremark.com and myWellmark.com.

Specialty Pharmacy - Some high cost or complex medications must be filled by select specialty pharmacies. You can work directly with these pharmacies to have specialty drugs delivered to your home They also help you take your specialty drugs exactly how your doctor prescribed. Go to myWellmark.com to learn about specialty pharmacy providers and how to use their services.

Summary of Medical Benefits

Medical Benefits	In-Network PPO	Out-of-Network PPO
Lifetime Benefit Maximum	**Unlimited**	**Unlimited**
Annual Deductible January 1 - December 31 The In-Network and Out-of-Network deductibles are mutually exclusive	Single: $2,000 Family: $3,600	Single: $2,000 Family: $3,600
Combined Medical/Pharmacy Annual Out-of-Pocket Maximum January 1 - December 31 (includes deductible) The In-Network and Out-of-Network Out-of-Pocket maximums are mutually exclusive	Single: $4,000 Family: $6,800	Single: $6,000 Family: $10,800
Coinsurance	70%	50%
Doctor's Office		
Office Visits PCP (including OBGYNs, Pediatricians, Chiropractor, Physical and Occupational Therapist), Specialists (telemedicine), Urgent Care	**PCP**: $35 copay **Telehealth (*Doctor on Demand*)**: $35 copay **Specialist**: $50 copay **Urgent Care**: $35 copay	50% after deductible
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	100% Covered to match ACA recommendations	Not covered
Routine Vision Exam	100%	100%
Prescription Drugs (No out-of-network Coverage)		
Retail—Generic Drug 30-day supply	25% with $100 maximum	
Retail—Preferred Drug 30-day supply	35% with $200 maximum	
Retail—Non-Preferred Drug 30-day supply	45% with $300 maximum	
Mail Order—Generic Drug 90-day supply	25% with $100 maximum	
Mail Order— Preferred Drug 90-day supply	35% with $200 maximum	
Mail Order— Non-Preferred Drug 90-day supply)	45% with $300 maximum	
Insulin - Preferred and Non-Preferred 30-day supply	$25 Copay	
Specialty Drugs (Specialty Drugs are covered only when obtained through the Specialty Pharmacy Program)		
Specialty Drugs—Preferred 30-day supply	35% with $67 maximum	
Specialty Drugs—Non-Preferred 30-day supply	45% with $100 maximum	

Summary of Medical Benefits (Continued)

Medical Benefits	In-Network PPO	Out-of-Network PPO
Hospital Services		
Emergency Room (includes facility & physician charges) The In-Network deductible and In-Network Out-of-Pocket maximum applies to both In-Network and Out-of-Network services.	$200 copay, then 70% after deductible	$200 copay, then 70% after deductible
Inpatient Hospital	70% after deductible	50% after deductible
Outpatient Surgery	**Office:** $35 copay per provider per date of service **Facility:** 70% after deductible	50% after deductible
Emergency Ambulance Service The In-Network deductible and In-Network Out-of-Pocket maximum applies to both In-Network and Out-of-Network services	70% after deductible	70% after deductible For covered non-emergent situations, out-of-network ambulance services are NOT reimbursed at the in-network level. The member may be balance billed for any out-of-network service.
Mental Health Services, Alcohol or Chemical Dependency		
Inpatient Services	70% after deductible	50% after deductible Residential treatment is covered with no 24-hour nursing supervision requirement. Reduction for failure to pre-certify out-of-network services is 25% and will not exceed $250 per admission.
Outpatient Services	PCP: $35 copay Specialist: $50 copay	50% after deductible
Other Services		
Maternity Services	70% after deductible (office visit copays may apply)	50% after deductible
Chiropractic Care	$35 copay	50% after deductible
Physical, Occupational and Speech Therapy Services Excludes occupational therapy supplies	PCP: $35 copay Specialist: $50 copay	50% after deductible
TMJ and Related Services Excludes: Dental extractions, dental restorations, or orthodontic treatment for temporomandibular joint disorders.	70% after deductible	50% after deductible
Skilled Nursing Facility Limited to 60 days per confinement	70% after deductible	50% after deductible
Other Services (Artificial limbs and other prosthetic devices; blood and blood components; leg, arm and neck braces; surgical dressings; casts and splints)	70% after deductible	50% after deductible

Dental Benefits

Administered by Delta Dental of South Dakota

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Western Dakota Technical College dental benefit plan.

Service	Member Pays
Annual Deductible (Per Coverage Year January - December)	$50 Per Individual not to exceed $150 Per Family
Annual Maximum Per Person (Per Coverage Year)	$1,500 Per Individual
Lifetime Orthodontic Benefit	$1,500 Per Individual
Diagnostic & Preventive Services • Routine examinations and cleanings • Bitewing X-rays • Fluoride • Dental sealants • Space maintainers	No cost
Basic Services • Emergency treatment for relief of pain • Silver or composite (white) fillings on front teeth • Silver fillings on back teeth • Extractions and other oral surgery	20% after deductible
Endodontics and Periodontics • Root canals • Treatment of diseases of tissues supporting the teeth	50% after deductible
Major Services • Crowns when teeth cannot be restored with another filling material • Prosthetics (bridges, partial and complete dentures) • Dental implants	50% after deductible
Orthodontics (Adult and Children)	50%

How do I find a participating dentist?

Finding a participating dentist is easy. Simply visit www.deltadentalsd.org and use the interactive Dentist Search tool, or call Customer Service at (877) 841-1478.

If I don't sign up as a new hire, can I sign up in the future? Can I switch plans?

Yes. Employees will be able to elect coverage or switch plans after their initial new hire enrollment period either during the annual open enrollment period or through a qualifying status change.

Prevention Pays and Health Through Oral Wellness Benefits

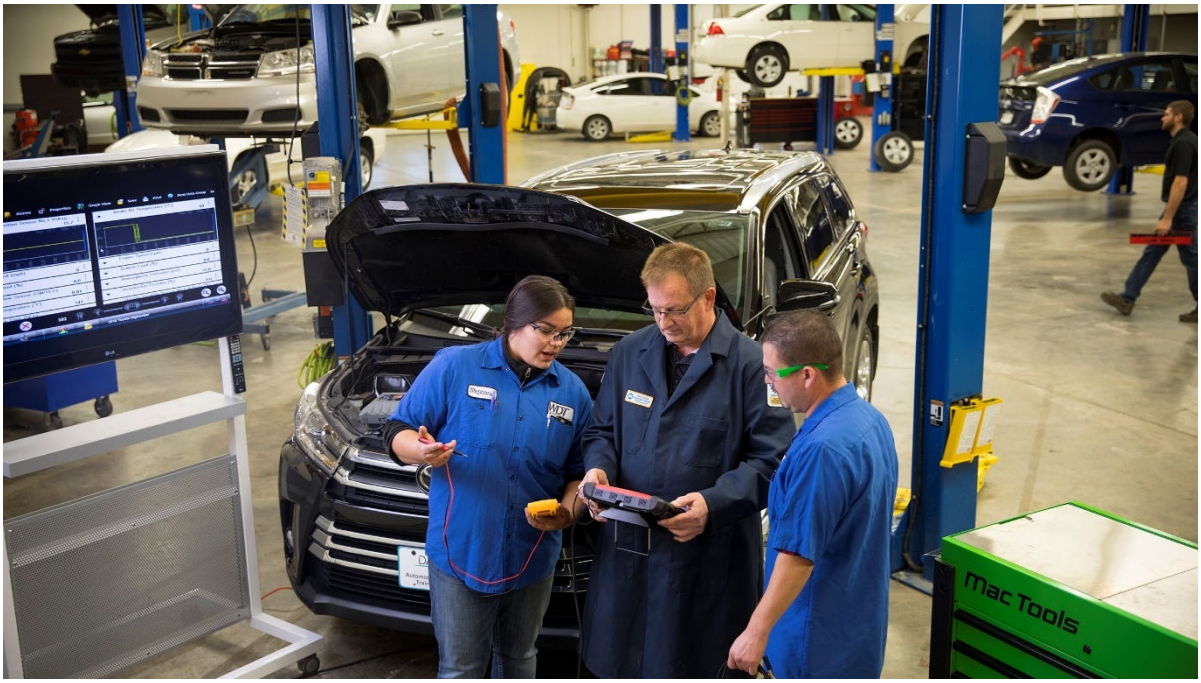
The Prevention Pays benefit exempts diagnostic and preventive dental services and some periodontal (gum disease) services from the calculation of the member's annual maximum benefit. Prevention Pays means preventive services like exams, cleanings, x rays, and periodontal maintenance cleanings are covered even if the member has reached their annual maximum benefit. Geared towards identifying a member's risk and severity of periodontal disease, and the risk of tooth decay. Members are assessed by a Delta Dental network dentist trained in Health through Oral Wellness during their regular preventive visit. Additional benefits are based on the results of the HTOW assessment and include additional cleanings, sealants, periodontal maintenance, and fluoride.

Employee Contributions for Benefits

The tables below show total monthly medical and dental costs. “Employee Deduction” illustrates what you would pay in premiums per month. “Employer Contribution” illustrates what Western Dakota Technical College pays on your behalf.

	Medical		
	Employee Deduction	**Employer Contribution**	**Total Premium**
Single	$111.29	$744.01	$855.30
Employee + Spouse	$512.88	$1,217.81	$1,730.69
Employee + Child(ren)	$474.81	$1,126.41	$1,601.22
Family	$763.70	$1,819.84	$2,583.54

	Dental		
	Employee Deduction	**Employer Contribution**	**Total Premium**
Single	$4.04	$55.56	$59.60
Employee + 1	$31.46	$87.72	$119.18
Family	$46.31	$129.03	$175.34



Flexible Spending Accounts

Carrier: Wex Health, Inc.
Phone: 866-451-3399
Website: www.wexinc.com/contact/health
Plan Year: January 1 - December 31

The Health Care and Dependent Care Flexible Spending Accounts (FSAs) allow you to use tax-free dollars to reimburse yourself for a wide variety of health care and/or dependent care expenses that are not covered through your other benefit plans. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck on a pre-tax basis.

Health Care FSA – maximum contribution is $3,300 per plan year

Health care expenses for yourself and your dependents – such as deductibles, coinsurance, copays, and eyeglasses – are eligible for reimbursement from your Health Care FSA (see http://www.irs.gov/publications/p502/index.html for a complete listing). Because your election is irrevocable, any balance remaining in your account is forfeited after the end of the coverage period, under the IRS "use it or lose it" requirement; however, **you can rollover up to $660 at the end of the plan year from one year to the next.** Therefore, it is important that you do not overestimate your expenses for the year.

If you incur fewer expenses than you expected to your Health FSA, you will be able to rollover a maximum of $660 into the next plan year. Any remaining money over the $660 allowed roll-over amount will be forfeited if not used by the end of the plan year.

Dependent Care FSA - maximum contribution is $5,000 per family per plan year

Expenses for dependent care services for children under age 13, a disabled spouse, or incapacitated parent are eligible for reimbursement from your Dependent Care FSA as long as you incur them while you and your spouse work or attend school full-time.

Rules and Regulations

Plan your annual FSA contribution amounts carefully; the election you make when you enroll is binding for the entire plan year (January 1 to December 31) unless you have a qualifying family status change. Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs:

- You must incur eligible expenses during the plan year.
- If you incur fewer expenses than you expected, you forfeit any money remaining in your FSAs at the end of the year; you can't roll money over from one plan year to the next.
- You can't transfer money from one account to another; money in your Health Care FSA can't be used for dependent care expenses, and money in your Dependent Care FSA can't be used for health care expenses.
- You can only make changes to your contribution amounts with a qualified family status change and the change being made must be consistent with the qualified event. These include: birth or adoption, marriage, divorce, death of a spouse or dependent, change from part-time to full-time or full-time to part-time employment, termination or commencement of spouse's employment, unpaid leave of absence, significant change in health coverage due to spouse's employment.
- ***All claims with dates of service during the 2025 plan year must be submitted to Wex by March 31, 2026. Any claim submitted with a date of service after December 31, 2025, or any claim submitted after March 31, 2026 will be denied.***

How do I use the FSA plan to pay for my expenses?

You can choose one of two ways to pay for your eligible expenses.

1. Pay upfront and get reimbursed.

- Pay for services and products.
- Submit reimbursement, proof of purchase and dates and type of service (also called substantiation).
- Have your funds automatically deposited into your checking or savings account or receive a check.

OR

2. NEW - Pay ALL FSA eligible Health and Dependent Care expenses with your Wex Debit Card.

- Use your Wex Debit Card to pay for eligible services and products.
- Payments are automatically withdrawn from your FSA, so you don't incur out-of-pocket costs.
- Wex Debit Card purchases need to be verified to satisfy the IRS. Some merchants can provide all the IRS-required information right at the point of sale. Other purchases will need to be verified with receipts and dates and type of service.
- Merchants with the Inventory Information Approval System (IIAS) can provide all IRS required information right at the point of sale.
- Your debit card will also work at pharmacies and drug stores that meet the IRS' 90% rule.
- An IIAS and 90% merchant list can be located on our website at www.wexinc.com/solutions/benefits.
- If documentation is required for a debit card transaction, you will receive email notifications to log in to your account to view receipt reminders. The receipt reminder will display the documentation required and your next steps.
- Receive one card when you enroll. Request additional cards for your spouse and dependents 18 years of age or older for free. Replace lost or stolen cards for free.

With Wex, you can choose the way you want to submit your documentation.

Online:

- Enter claim information online.
- Upload your receipt.
- Reimbursement will be processed once your substantiation is received.

Fax:

- Download and print Reimbursement Request form.
- Complete and fax the form along with your substantiation to 866-451-3399.

Email:

- Download and print Reimbursement Request form.
- Complete, scan and email the form along with the required substantiation to: customerservice@wexhealth.com

Questions?

Call Wex Customer Service at:
1-866-451-3399.

Voluntary Life and AD&D

Administered by The Standard

Life insurance provides financial security for the people who depend on you. WDTC provides all eligible employees with basic life and AD&D insurance benefit. However, employees also have the opportunity to elect addition voluntary life insurance coverage above and beyond their basic employer paid coverage when they first become eligible.

How Much Can I Apply For?

Your combined Basic Life and Additional Life amounts cannot exceed a maximum of eight times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Voluntary Life coverage.

- **For You:** $10,000 – $500,000 in increments of $10,000
- **For Your Spouse:** $5,000 – $250,000 in increments of $5,000
- **For Your Child(ren):** $10,000

What is the Guarantee Issue Maximum?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

- **For You:** $250,000
- **For Your Spouse:** $50,000

If you buy coverage for you or your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself but use your age and your spouse's rate. If you buy Dependents Life with AD&D coverage for your child(ren), your monthly rate is $0.23 per $1,000, no matter how many children you're covering. Your monthly AD&D rate of $0.03 per $1,000 is included.

Age*	Rates per $1,000	Spousal Rates per $1,000	Supplemental Life Coverage Level Example Monthly Premiums For:					
			$10,000	$50,000	$70,000	$100,000	$200,000	$250,000
00 – 24	**$0.067**	**$0.076**	$0.67	$3.35	$4.69	$6.70	$13.40	$16.75
25 – 29	**$0.069**	**$0.076**	$0.69	$3.45	$4.83	$6.90	$13.80	$17.25
30 – 34	**$0.083**	**$0.080**	$0.83	$4.15	$5.81	$8.30	$16.60	$20.75
35 – 39	**$0.101**	**$0.087**	$1.01	$5.05	$7.07	$10.10	$20.20	$25.25
40 – 44	**$0.153**	**$0.127**	$1.53	$7.65	$10.71	$15.30	$30.60	$38.25
45 – 49	**$0.237**	**$0.188**	$2.37	$11.85	$16.59	$23.70	$47.40	$59.25
50 – 54	**$0.365**	**$0.283**	$3.65	$18.25	$25.55	$36.50	$73.00	$91.25
55 – 59	**$0.561**	**$0.422**	$5.61	$28.05	$39.27	$56.10	$112.20	$140.25
60 – 64	**$0.617**	**$0.852**	$6.17	$30.85	$43.19	$61.70	$123.40	$154.25
65 – 69	**$0.876**	**$1.581**	$8.76	$43.80	$61.32	$87.60	$175.20	$219.00
70+	**$2.592**	**$4.758**	$25.92	$129.60	$181.44	$259.20	$518.40	$648.00

*Includes a monthly AD&D rate of $0.015 per $1,000 of AD&D benefit.
**Includes a monthly AD&D rate of $0.015 per $1,000 of AD&D benefit for your spouse.

Dependent Child Coverage Monthly Premium[#]	$0.230 / $1,000

[#]Your monthly AD&D rate of $0.03 per $1,000 is included

Voluntary Short-Term Disability

Administered by The Standard

Short Term Disability replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.

Benefit Coverage

60% of your eligible earnings, up to a maximum benefit of $2,000 per week. Plan minimum $15 per week. The benefit begins after you have been continuously disabled for 14 days, due to accident or injury. The benefit can last up to 90 days.

How Much Your Coverage Costs

Because this insurance is offered through WDTC, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much you are premium costs depends on a number of factors such as your age and benefit amount.

Please see the simple example below to calculate out your monthly contribution.

_____	x 0.60 x	_____	÷ 10 =	_____
Enter your weekly earnings (cannot be more than $3,333).		Enter your rate from the table below.		This amount is an estimate of how much you'd pay each month.

Your Age*	Rates per $10 of Weekly Benefit
00 – 29	**$0.775**
30 – 34	**$0.830**
35 – 39	**$0.497**
40 – 44	**$0.338**
45 – 49	**$0.359**
50 – 54	**$0.386**
55 – 59	**$0.502**
60+	**$0.633**

*Your age as of January 1st

Voluntary Accident Insurance

Administered by The Standard

A trip to the hospital can be a little intimidating. While we can't take all the uncertainty out of your stay, Voluntary Accident Coverage can help make some of the unexpected costs as a result of it a bit more manageable.

How Does It Work?

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most — whether that's to help with your deductible, copays and other medical bills, or your daily expenses while you recover. You can elect to cover yourself, your spouse, and your children.

Example:

Let's say your teenage daughter gets injured during tryouts for her school basketball team and goes to urgent care for treatment. Diagnosis: dislocated elbow and fracture of the forearm and wrist. Although surgery isn't necessary, she will need follow-up appointments and physical therapy.

You'd get an additional 25% if your child is injured while participating in an organized athletic activity — whether it's football practice, a soccer game or dance class.

BENEFITS PAID TO YOU

Urgent Care Visit	$50
X-ray	$50
Dislocated Elbow	$800
Arm Fracture	$550
Wrist Fracture	$550
Physician Follow-up Appointment	$50
Physical Therapy Appointment (2 visits)	$100
SUBTOTAL	**$2,150**
Youth Organized Sports Benefit (25% of subtotal)	$538
Total paid directly to you	$2,688

How Much Does It Cost?

Because you'll be buying this insurance through Western Dakota Technical College, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older — meaning you'll pay the same premium for the life of the policy, even if you continue your coverage after your employment with Western Dakota Technical College ends (this is known as portability).

You can get a Health Maintenance Screening Benefit of $50 each year just for going to the doctor for a covered wellness exam, such as a stress test or lipid panel — a routine preventive visit that typically costs you nothing under your medical insurance.

It pays to be well-adjusted. If you need to see a chiropractor while you're recovering from an accident, you can get a benefit of $50 (up to two visits per accident, providing those visits are on different days).

Coverage For:	Monthly Premium
You	**$7.63**
You and Your Spouse	**$12.45**
You and Your Children	**$14.91**
You, Your Spouse, and Your Children	**$23.37**

Voluntary Critical Illness Insurance

Administered by The Standard

No one wants to experience a Critical Illness or Cancer diagnosis, but the fact is that the risk of getting one of these conditions is great. In the United States, men have slightly less than a one in two lifetime risk of developing cancer; for women, the risk is a little more than one in three (Cancer Facts and Figures 2009, American Cancer Society). A cancer/specified-disease insurance policy is designed to provide you with cash benefits during covered cancer treatments.

How Does It Work?

With the Critical Illness policy, you elect the amount of coverage you would like and which family members you would like to cover. You can elect up to $30,000 in coverage. When you experience a covered critical illness (e.g. cancer, stroke, heart attack, etc.) a benefit will be paid directly to you.

Coverage Amounts

Coverage For:	Coverage Amount
You	$10,000-$30,000 in Increments of $10,000
Your Spouse	$5,000-$15,000 in Increments of $5,000, as long as it's not more than 50% of your coverage amount
Your Children (Through age 25)	Automatically covered a 25% of your coverage amount

How Much Does It Cost?

Coverage Amount	Non-Tobacco User Monthly Age Premiums (Employee | Spouse)					
	Age Band					
	<30	30-39	40-49	50-59	60-69	70-80
$10k | $5k	$3.10 | $1.55	$4.60 | $2.30	$9.00 | $4.50	$18.20 | $9.10	$32.40 | $16.20	$64.30 | $32.15
$20k | $10k	$6.20 | $3.10	$9.20 | $4.60	$18.00 | $9.00	$36.40 | $18.20	$64.80 | $32.40	$128.60 | $64.30
$30k | $15k	$9.30 | $4.65	$13.80 | $6.90	$27.00 | $13.50	$54.60 | $27.30	$97.20 | $48.60	$192.90 | $96.45

Coverage Amount	Tobacco User Monthly Age Premiums (Employee | Spouse)					
	Age Band					
	<30	30-39	40-49	50-59	60-69	70-80
$10k | $5k	$3.20 | $1.60	$5.40 | $2.70	$13.30 | $6.65	$32.20 | $16.10	$65.50 | $32.75	$124.70 | $62.35
$20k | $10k	$6.40 | $3.20	$10.80 | $5.40	$26.60 | $13.30	$64.40 | $32.20	$131.00 | $65.50	$249.40 | $124.70
$30k | $15k	$9.60 | $4.80	$16.20 | $8.10	$39.90 | $19.95	$96.60 | $48.30	$196.50 | $98.25	$374.10 | $187.05

Employee Assistance Program

Administered by The Standard and HealthAdvocate

A benefit for you and your family

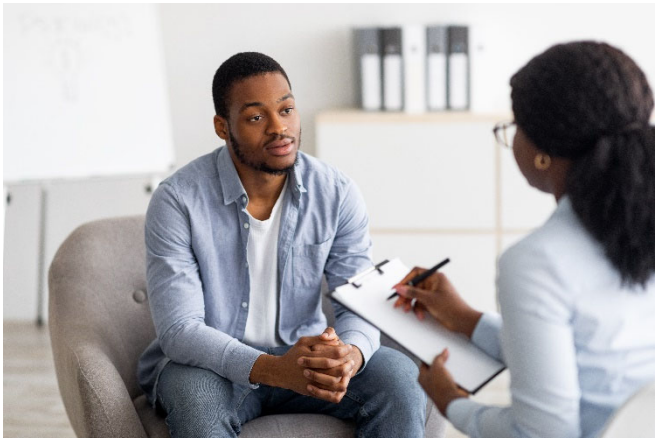
The HealthAdvocate employee assistance program (EAP) is a problem-solving resource available to you and eligible members of your family. A professional counselor will help you assess your situation, identify options, make choices, and get additional help. When life happens, we're here.

It's Free

The initial assessment, the problem-solving sessions, and the referral services are all covered. If more counseling or treatment is needed, your counselor will help you figure out your options.

It's Confidential

Your EAP is set up with an outside counseling resource to ensure confidentiality. No one at work knows anything beyond what you choose to tell them. Nothing about your use of EAP appears in your employee personnel file.



It's Convenient

Your EAP is as close as your phone. Our confidential intake process sets up face-to-face sessions with a licensed counselor near your work or home. Phone counseling services are also available.

They are here to help

Your employee assistance program (EAP) provides free and confidential professional consulting, coaching, and counseling services for these and many other challenges:

- Chemical dependency
- Conflict resolution
- Coping with stress
- Depression, anxiety, and other mental health challenges
- Eldercare or childcare
- Financial troubles
- Grief and loss or change
- Legal concerns
- Parenting support
- Relationship concerns
- Work or career concerns

Online Resources

HealthAdvocate offers a wide range of information and resources that you can research and access on your own just by visiting GuidanceResources.com. You'll find:

- Articles and tutorials
- Streaming videos
- Self-Assessments
- Links, and
- Webinars.

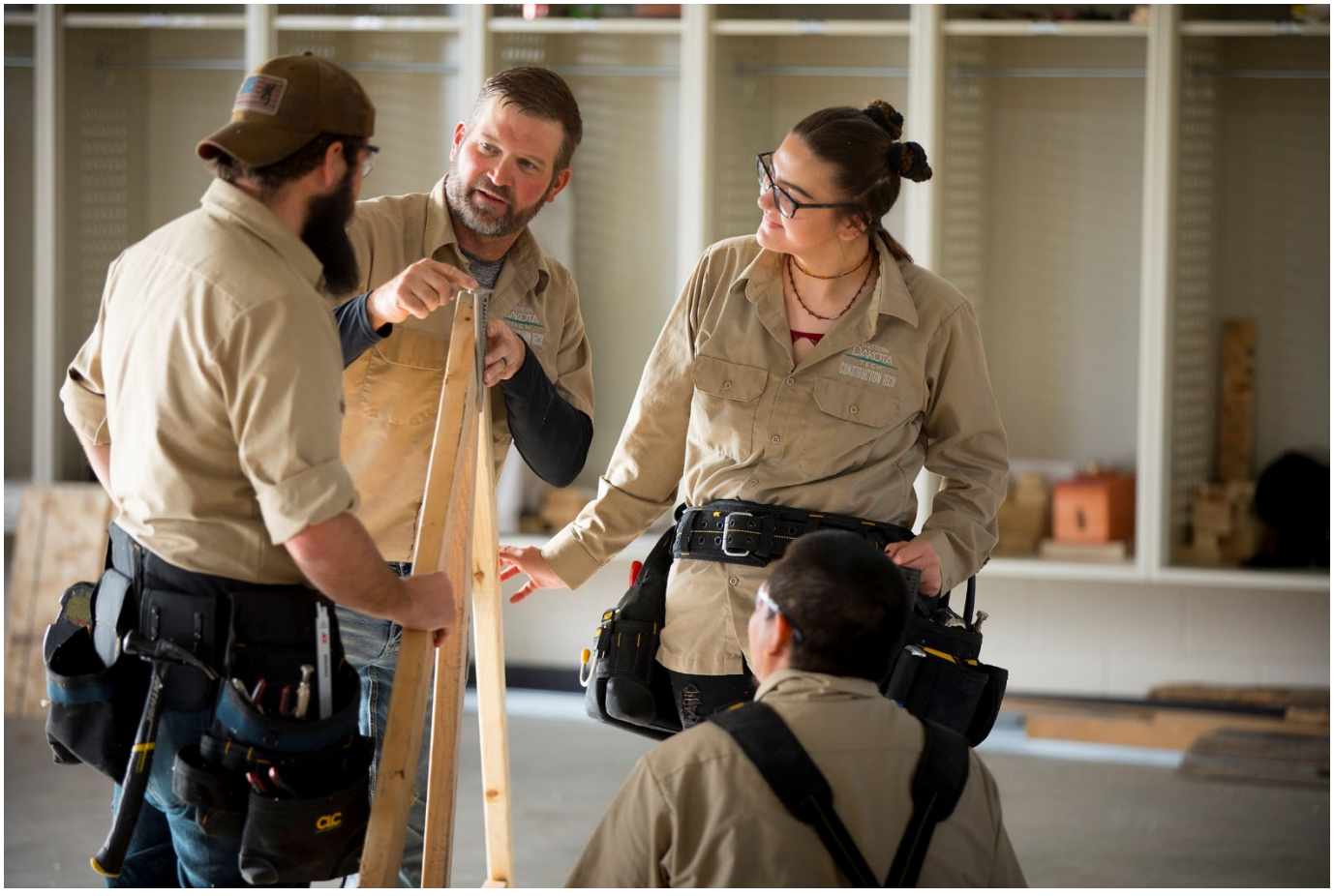
Contact *HealthAdvocate*℠ EAP 24 Hours/365 Days

Call 1-888-293-6948 or visit at www.workhealthlife.com/Standard3

Vendor Contacts

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or the WDTC Human Resources Office.

Coverage	Carrier/ Administrator	Telephone Number	Website
Medical	Wellmark	1-800-774-0384	www.mywellmark.com
Prescription Drug	Wellmark/CVS Caremark	1-866-611-5961	www.caremark.com
Dental	Delta Dental of SD	1-800-627-3961	www.deltadentalsd.com
WDTC-Paid Life and AD&D Voluntary Life & AD&D Voluntary Short-Term Disability Voluntary Accident Voluntary Critical Illness	The Standard	*Life & AD&D* 1-800-628-8600 *STD* 1-800-368-1135 *Accident & Critical Illness* 1-866-851-5505	www.standard.com
Flexible Spending Accounts	Wex Health, Inc.	1-833-225-5939	www.wexinc.com/contact/health
EAP	The Standard	1-888-293-6948	www.healthadvocate.com/standard3



Employee Rights Under the Family Medical Leave Act

Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave. Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

Contact Info

For additional information or to file a complaint: 1-866-4-USWAGE (www.dol.gov/whd).

Notice of Privacy Practices

NOTICE OF THE GROUP HEALTH PLANS MAINTAINED BY WESTERN DAKOTA TECHNICAL COLLEGE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This notice is intended to inform you of the privacy practices followed by the ***Western Dakota Technical College Group Health Plans*** and the Plans' legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plans. It is effective on ***April 1, 2012.***

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. ***Western Dakota Technical College*** requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

PROTECTED HEALTH INFORMATION

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual that created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

HOW WE MAY USE YOUR PROTECTED HEALTH INFORMATION

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may

disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of ***Western Dakota Technical College*** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, we will tell you why within 60 days and you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information for six years prior to the date of your request. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Right to Choose Someone to Act for You. You can choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

OUR LEGAL RESPONSIBILITIES

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.
We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.
If you have any questions or complaints, please contact:

CONTACT INFORMATION

Julie Penney, Sr. Human Resources Generalist
Western Dakota Technical College
800 Mickelson Drive
Rapid City, SD 57703

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1- 877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

MINNESOTA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health- care/health-care-programs/programs-and- services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://dss.sd.gov Phone: 1-888-828-0059

To see if any other states have added a premium assistance program since July 31, 2023 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20240 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Important Notice from Western Dakota Technical College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Western Dakota Technical College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Western Dakota Technical College has determined that the prescription drug coverage offered by the Western Dakota Technical College Healthcare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Western Dakota Technical College Healthcare Plan coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Western Dakota Technical College Healthcare Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with Western Dakota Technical College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

Contact the entity listed below for further information at 605-718-2402. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Western Dakota Technical College changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

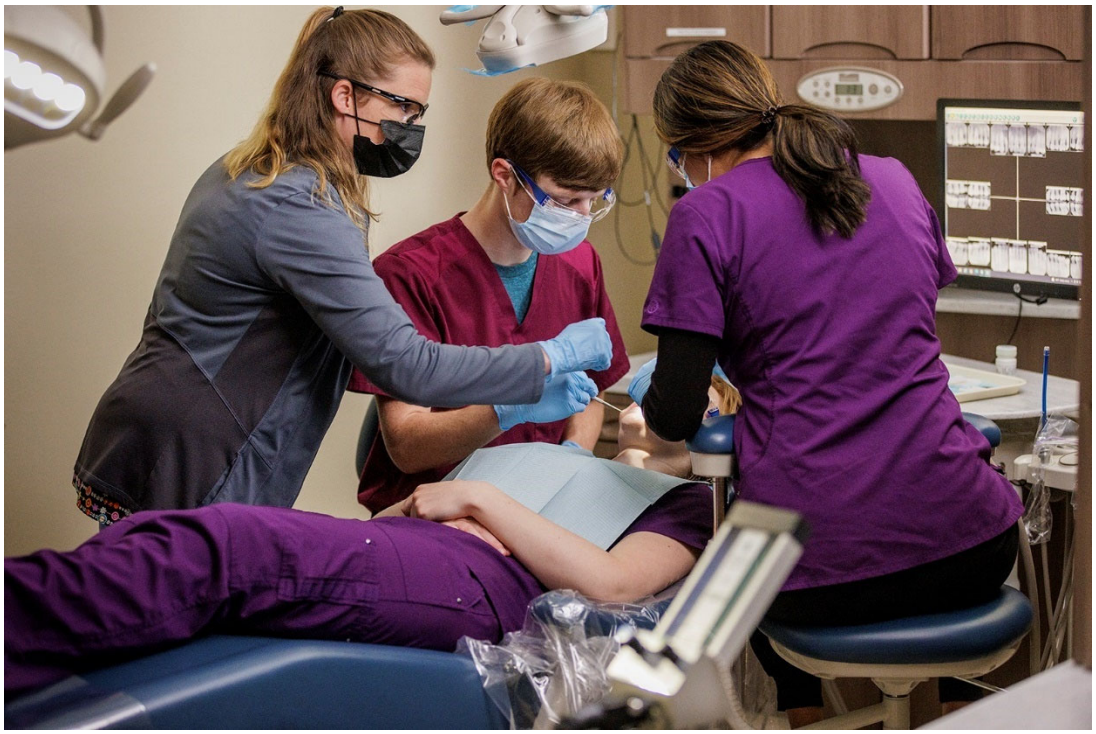
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 1/1/2025

Name of Entity/Sender:	Human Resource Office, Western Dakota Technical College
Contact—Position/Office:	Julie Penney, Sr. Human Resources Generalist
Address:	800 Mickelson Drive, Rapid City, SD 57703
Phone Number:	605-718-2407 or via email at Julie.Penney@wdt.edu



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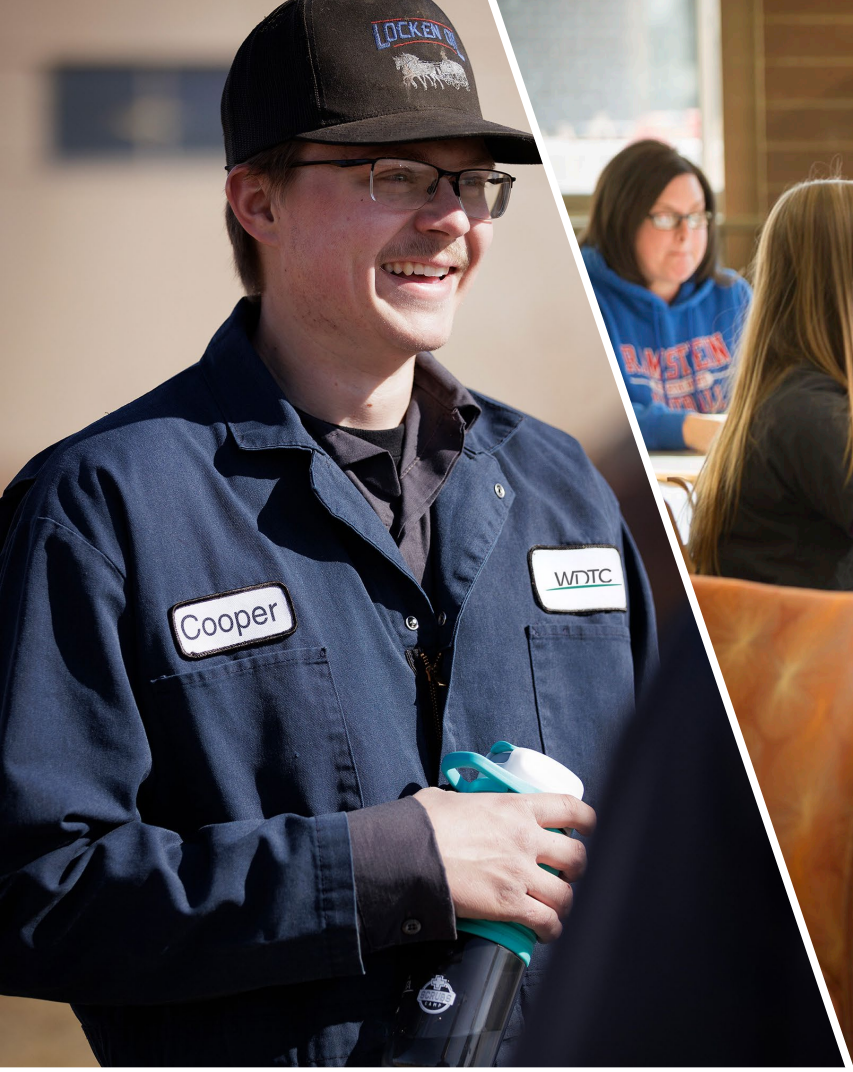

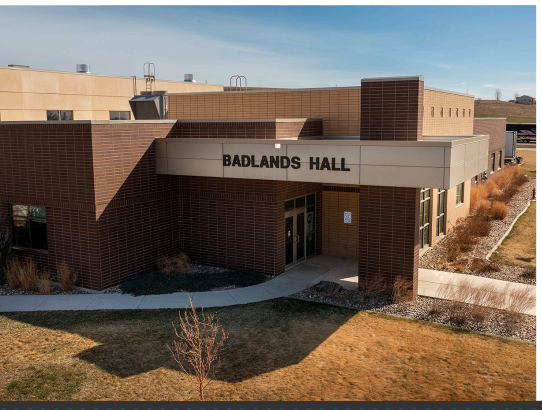

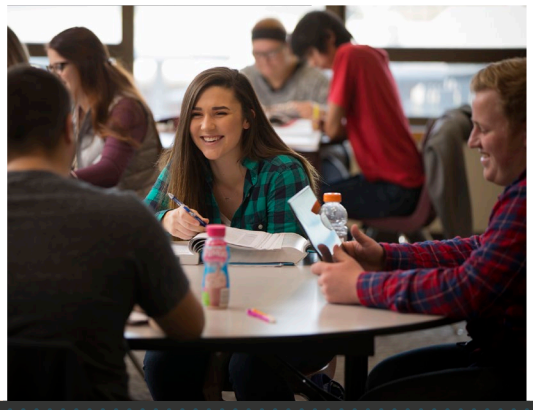

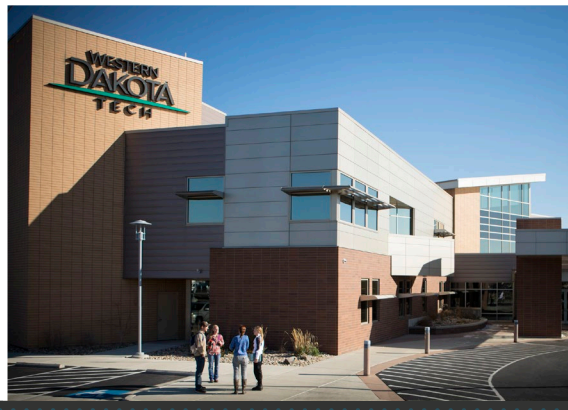

WESTERN DAKOTA TECHNICAL COLLEGE