Northfield PUBLIC SCHOOLS

2026

Guide to Employee Benefits

Issued from the Human Resources Office

January 2026

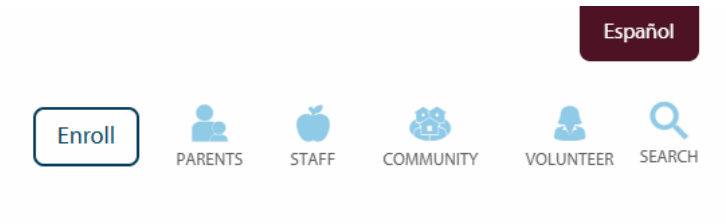
DISTRICT PERSONNEL PHONE NUMBERS

	Phone Number	Extension
DISTRICT OFFICE MAIN LINE	663-0600	11600
SUPERINTENDENT'S OFFICE		
Dr. Tim Anderson - Superintendent of Schools	663-0629	11629
Kelly Spillman-Kramer - Admin Assistant to Superintendent & Board	663-0629	11629
FINANCE OFFICE		
Valori Mertesdorf - Director of Finance	663-0620	11620
Lisa Bethke - Accounting Generalist	663-0626	11626
Amy Stowe - Accounting Generalist / Special Education	645-3440	11440
Brooke Bulfer - Payroll Lead	663-0628	11628
HUMAN RESOURCES OFFICE		
Noella O'Rourke - Director of Human Resources	663-0624	11624
Kyla Clauer - HR Generalist	645-3406	11406
Anna Hawanchak - HR Generalist	663-0608	11608
Emily Grote - Benefits Lead	663-0627	11627
SPECIAL EDUCATION SERVICES		
Caleb Davidson- Director of Special Services	645-3410	14441
Alisa Anderson - Assistant Director of Special Services		
Jill Petersen - Assistant Director of Special Services		
Jordan Streiff - Administrative Support Assistant	645-3410	14410
INSTRUCTIONAL SERVICES		
Jennifer Reichel - Director of Instructional Services		
Jessie Huebsch - Instructional Services Support Specialist	645-0622	14622
TECHNOLOGY & INFORMATION SYSTEMS		
Nate Knutson - Director of Technology Services	664-3399	11399
Brent Lothert - Assistant Network Manager	645-1260	11260
Chris Neset - Student Information Specialist	645-3445	11445
Tim Drake - Technology Specialist	645-1260	11260
Samantha Becker - Technology Specialist	645-1260	11260
Debbie O'Meara- Technology Specialist	645-1260	11260
Ryan Sweeney - Technology Specialist	645-1260	11260
CHILD NUTRITION OFFICE		
Stephany Stromme - Director of Child Nutrition Services	645-3432	11432
Rachel Brownlee - Administrative Support Assistant	663-0621	11621
BUILDINGS & GROUNDS OFFICE		
Justin Raabolle - Director of Buildings & Grounds	645-3435	11435
Ruthie Stein - Administrative Support Assistant	663-0610	11610
COMMUNITY EDUCATION OFFICE		
Erin Bailey - Director of Community Education	664-3652	17652
Lisa Koktavy - Admin Support Assistant / NCEC Main Line	664-3649	17750

If you need technology or facility related support please start a ticket by visiting northfieldschools.org, click the Staff Apple at the top of the page, then choose Staff Portal from the right side of the page. The staff portal password is 659. Choose Incident IQ Tech and Facilities Support Ticketing System and follow the prompts. Someone from the team will promptly respond to your request.

STAFF PAGE - DAILY REPORTING TOOLS AND INTERNAL RESOURCES

Visit **NorthfieldSchools.org** and choose **STAFF** at the top of the page.



Scroll down on the staff page to find:

- **User Guides for Daily Reporting Tools** – Log into these with your school e-mail account info. You will find directions for SMARTeR, Red Rover Absence Management, and Red Rover Time and Attendance.

- **SMARTeR** – Your paperless payroll and leave information system. Use this system to view and print your paystubs, view time-off accrual balances, and print year end tax statements. After you have been hired you will receive SMARTeR login information.

- **Frontline Absence Management** – Use this system to enter your use of time off from work. All time away from work should be reported in this system. This system is used for both planned absences and unexpected absences, including illness or unexpected emergencies.

- **Frontline Time and Attendance** – This is the time clock system for hourly staff. It can be accessed from the Staff Page link or by downloading the Frontline mobile app.

The Staff Page also contains links to many other important resources including: Finance Forms, HR Forms, Special Education Resources, Curriculum & MTSS Information, and Staff Development & PLC Work.

Staff Portal – This can be found on the left side of the Staff Page.
The portal password is 659.
The Staff Portal has links to training resources, commonly used teaching technology, and the Incident IQ Tech Support Ticketing System.

NORTHFIELD PUBLIC SCHOOLS INSURANCE BENEFITS

Information included in this guide is intended to generally describe the employee benefits programs.

The provisions of the district's group insurance policies, not this guide, control the degree of coverage provided. No claim may be made against the school district as a result of a denial of insurance benefits by an insurance carrier.

The benefits described herein are not to be taken as a contract between the employee and the school district.

Health Insurance:

The District offers two different health insurance plans through Blue Cross Blue Shield. A general overview of these two health insurance plans can be found on pages 4-7 of this handbook. Under both plans you can choose any provider that you would like as long as they are participating providers with Blue Cross Blue Shield.

For eligibility requirements, please refer to your employment agreement.

Dental Insurance:

The District offers one dental plan through Delta Dental of Minnesota. A general overview of the dental plan can be found on page 9 of this handbook. The District participates in Delta Dental's PPO Network as well as the Premier Network.

For eligibility requirements, please refer to your employment agreement.

Life Insurance:

The District offers group term life insurance policies through New York Life. These policies are paid by the District for all eligible employees. The District also offers each eligible employee the option to buy supplemental life insurance. The amounts of the District paid life insurance policy as well as the supplemental life insurance policy are determined by your employment agreement.

For eligibility requirements, please refer to your employment agreement.

Long-term Disability Insurance:

The District offers long-term disability insurance through New York Life. This insurance benefit is paid by the District for all eligible employees.

For eligibility requirements, please refer to your employment agreement.

Vision Coverage

The District offers vision coverage through VSP.

For eligibility requirements, please refer to your employment agreement.

BlueCard CMM (PPO) Plan

BlueCross BlueShield Minnesota

Benefit Summary | Effective Dates January 1, 2026 – December 31, 2026

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately. Any dollars paid toward the deductible the last three months of the calendar year will apply to the deductible for the next calendar year.	Medical $1,500 individual $3,000 family	Medical $2,500 individual $5,000 family
Coinsurance Level The percent you pay after your deductible is met.	20%	20%
Calendar-year out-of-pocket maximum The medical in- and out-of-network maximums accumulate separately The prescription in- and out-of-network maximums cross apply Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical $2,500 individual $5,000 family Prescription $1,000 individual $2,000 family	Medical $4,000 individual $8,000 family Prescription $1,000 individual $2,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	 0% 0% 0% 0% 0% 0%	 0% 0% 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office, outpatient, and inpatient lab services • office, outpatient, and inpatient diagnostic imaging • allergy injections and serum • Urgent Care professional services	 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 0% 20% after the deductible	 20% after the deductible 20% after the deductible 20% after the deductible 20% after the in-network deductible 20% after the in-network deductible 20% after the deductible 20% after the in-network deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • hospice care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	 20% after the deductible 20% after the deductible 20% after the deductible 0% 20% after the deductible 20% after the deductible	 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Inpatient Facility Services	20% after the deductible	20% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	20% after the deductible 20% after the deductible 20% after the deductible	
Durable Medical Equipment	20% after the deductible	20% after the deductible
Bariatric surgery	20% after the deductible	No coverage
Assisted fertilization	20% after the deductible	20% after the deductible
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	 20% after the deductible 20% after the deductible 20% after the deductible	 20% after the deductible 20% after the deductible 20% after the deductible
Preventive drug benefit	0% after the deductible	No coverage
Prescription drugs – Select Network • **retail** (31-day limit) **FlexRx preferred drug list** open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand **Specialty drug list** • Specialty preferred • Specialty non-preferred • **90dayRx – Mail order pharmacy** (93-day limit) **FlexRx preferred drug list** Open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand • **90dayRx – Retail pharmacy** (93-day limit) **FlexRx preferred drug list** open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand	 100% after $20 copay 100% after $20 copay 100% after $20 copay 100% after $75 copay Member pays 20% up to $300 per script Member pays 40% per script 100% after $40 copay 100% after $40 copay 100% after $40 copay 100% after $150 copay 100% after $40 copay 100% after $40 copay 100% after $40 copay 100% after $150 copay	 40% 40% 40% 40% No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at **bluecrossmn.com** for more information.	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit **bluecrossmn.com**.

***Lowest out-of-pocket costs**: in-network providers
****Highest out-of-pocket costs**: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay, or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is Medicare Part D creditable.

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit **bluecrossmn.com** or call Blue Cross customer service at the number on the back of your member ID card.

BlueCard PPO HRA Plan

BlueCross BlueShield Minnesota

Benefit Summary | Effective Dates January 1, 2026 – December 31, 2026

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately. Any dollars paid toward the deductible the last three months of the calendar year will apply to the deductible for the next calendar year.	Medical $2,000 individual $4,000 family	Medical $4,000 individual $8,000 family
Coinsurance Level The percent you pay after your deductible is met.	0%	0%
Calendar-year out-of-pocket maximum The medical in- and out-of-network maximums accumulate separately The prescription in- and out-of-network maximums cross apply Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical $2,000 individual $4,000 family Prescription $1,000 individual $2,000 family	Medical $4,000 individual $8,000 family Prescription $1,000 individual $2,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	 0% 0% 0% 0% 0% 0%	 0% 0% 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office, outpatient, and inpatient lab services • office, outpatient, and inpatient diagnostic imaging • allergy injections and serum • Urgent Care professional services	 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% 0% after the deductible	 0% after the deductible 0% after the deductible 0% after the deductible 0% after the in-network deductible 0% after the in-network deductible 0% after the deductible 0% after the in-network deductible
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Outpatient Facility Services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible

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Bariatric surgery	0% after the deductible	No coverage
Assisted fertilization	0% after the deductible	0% after the deductible
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	 0% after the deductible 0% after the deductible 0% after the deductible	 0% after the deductible 0% after the deductible 0% after the deductible
Preventive drug benefit	0% after the deductible	No coverage
Prescription drugs – Select Network • **retail** (31-day limit) **FlexRx preferred drug list** open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand **Specialty drug list** • Specialty preferred • Specialty non-preferred • **90dayRx – Mail order pharmacy** (93-day limit) **FlexRx preferred drug list** Open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand • **90dayRx – Retail pharmacy** (93-day limit) **FlexRx preferred drug list** open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand	 100% after $20 copay 100% after $20 copay 100% after $20 copay 100% after $75 copay Member pays 20% up to $300 per script Member pays 40% per script 100% after $40 copay 100% after $40 copay 100% after $40 copay 100% after $150 copay 100% after $40 copay 100% after $40 copay 100% after $40 copay 100% after $150 copay	 40% 40% 40% 40% No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at **bluecrossmn.com** for more information.	

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Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit **bluecrossmn.com** or call Blue Cross customer service at the number on the back of your member ID card.

Medical insurance

Review your medical benefits provided by BlueCross BlueShield.

Refer to the carrier benefits summary for the exact benefit levels associated with your plan.

BlueCross BlueShield Minnesota

Find an in-network provider

BCBS Member Resources Guide

In-network care	PPO HRA Plan See plan summary	CMM (PPO) Plan See plan summary
Annual Deductible (DED)	$2,000 single $4,000 family	$1,500 single $3,000 family
Medical Out-of-pocket Maximum	$2,000 single $4,000 family	$2,500 single $5,000 family
Pharmacy Out-of-pocket Maximum	$1,000 single $2,000 family	$1,000 single $2,000 family
Preventive care	100% covered	100% covered
Primary care visit	DED then you pay 0%	DED then you pay 20%
Specialist visit	DED then you pay 0%	DED then you pay 20%
Emergency room	DED then you pay 0%	DED then you pay 20%
Inpatient hospital care	DED then you pay 0%	DED then you pay 20%
Outpatient surgery	DED then you pay 0%	DED then you pay 20%

Prescription drugs	(Retail | Mail)
Rx Generic	$20 copay | $40 copay
Rx Preferred Brand	$20 copay | $40 copay
Rx Non-preferred Brand	$75 copay | $150 copay
Rx Preferred Specialty	20%. up to $300
Rx Non-preferred Specialty	40% per script

See your plan documents for out-of-network benefits.

BlueCrossMN Mobile app

See details

Access claims information, get your ID card, and find a provider – all in one convenient location!

DELTA DENTAL®

Delta Dental of Minnesota

Delta Dental PPO™ & Delta Dental Premier®

Northfield Public Schools ISD #659

Client #050931

Plan Benefit Highlights			
Network(s)	**Delta Dental PPO™**	**Delta Dental Premier®**	**Out-of-network***
Calendar Year Plan Maximum Per person	$1,500		
Lifetime Ortho Maximum *Per eligible covered dependent child*	$1,000		
Late Entrants	Annual Max limited to $100 for the first 12 months Orthodontic Maximum Limited to $750 for the first 12 months		
Deductible Per person / per family per calendar year *No deductible for diagnostic and preventive services or orthodontics*	$25/person $75/family		
Eligible Dependents	Spouse and dependent children up to age 26		
Covered Services	**Dental Benefit Plan Coverage**		
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space Maintainers Sealants	100%	100%	100%
Basic Services Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth Composite resin restorations (white fillings) on posterior (back) teeth	80%	80%	80%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
Periodontics Surgical/Nonsurgical periodontics	80%	80%	80%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
Major Restorative Crowns Crown repair and other major services	80% 50%	80% 50%	80% 50%
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repairs	50%	50%	50%
Prosthetics Dentures (full and partial) Bridges Standard Implant coverage	50%	50%	50%
Orthodontics Treatment for the prevention/correction of malocclusion *Available for eligible members, ages 8 and up*	50%	50%	50%

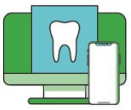
This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

*Dentists who have signed an in-network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Out-of-network dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying out-of-network dentists any difference between the charged amount and the maximum amount payable determined by Delta Dental of Minnesota.

DELTA DENTAL®

Make the Most of Your Benefits

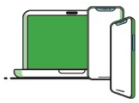
We're so glad you've joined us as your partner in oral health. 89 million members nationwide trust Delta Dental for superior dental expertise, service and savings. Below are resources to help you make the most of your dental benefits utilizing our digital tools, in-network dentists and best-in-class customer service.



Digital resources to manage your benefits

DeltaDentalMN.org

At Delta Dental of Minnesota, we're focused on providing effective digital resources for our members that align with our sustainability initiatives. The Member Portal and mobile app provides 24/7 access to tools for members to self-serve. The Member Portal and mobile app use a single sign on between the platforms, meaning only one username and password are needed for both!



Member Portal and mobile app features:

- Digital ID card
- Find a dentist
- Coverage details
- Claim details
- Cost estimator
- Digital Explanation of Benefits (EOB)
  Available exclusively on the Member Portal

Sign up for the Member Portal

Download the mobile app

Find a dentist

DeltaDentalMN.org/find-a-dentist

Seeking care from a Delta Dental in-network dentist will save you the most money because the dentist cannot charge you more than our allowable fee for services covered under your plan. Our Find a Dentist tool helps you find a dentist that fits your preferences and accessibility. You can also verify your current dentist's network participation.

Contact us

Phone: 1-800-448-3815
7a.m. - 7p.m., M-F CST

Our customer service team can assist members with the following topics:

Questions on coverage:

- Benefits and eligibility
- Claim status
- Explanation of Benefits (EOB) details

Digital access:

- Find a Dentist tool
- Website navigation
- Member Portal questions

The Power of Smile™

Learn more about how your oral health connects to your overall health at:

DeltaDentalMN.org

DELTA DENTAL®

Delta Dental of Minnesota

vsp vision care

Make Eye Health a Priority with VSP!

Your health comes first with VSP and Northfield Public Schools ISD #659. Take a look at your VSP vision care coverage.

VSP members save an annual average of

$489*

More Ways to Save

Extra $20 to spend on Featured Frame Brands†

bebe · Calvin Klein · COLE HAAN · DRAGON · FLEXON · LONGCHAMP PARIS · and more

Up to 40% Savings on lens enhancements‡

See all brands and offers at **vsp.com/offers**.

Enroll through your employer today.
Questions?
vsp.com
800.877.7195 (TTY: 711)

Scan QR code or visit **vsp.com** to learn more.

Routine eye exams have saved lives.

Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network doctor can detect signs of more than 270 health conditions during your annual eye exam—including diabetes and high blood pressure, as well as eye conditions such as glaucoma and diabetic eye disease.**

Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

The choice is yours!

vsp PREMIER edge

With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

eyeconic a vsp vision company

Save on Featured Frame Brands when you shop on Eyeconic®, the VSP in-network online eyewear store.

Getting started is easy!

Let your plan do the most it can. When you create an account on **vsp.com**, you can view your in-network coverage details, find a VSP network doctor that is right for you, and discover extra savings to maximize your benefits.

†Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.
‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. **Full Picture of Eye Health, American Optometric Association, 2020. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. VSP Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**. Visionworks, Eyeconic, and Eyemart Express family of stores are VSP-affiliated companies.

Classification: Restricted

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Northfield Public Schools ISD #659.

Provider Network:
VSP Choice
Effective Date:
01/01/2026

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 Up to $39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	See frame and lenses
FRAME[+]	• $170 Featured Frame Brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • $150 Walmart/Sam's Club frame allowance • $80 Costco frame allowance	Included in Prescription Glasses	Every other calendar year
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements	$0 $95 - $105 $150 - $175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers/special-offers/hearing-aids** for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to **vsp.com** to find an in-network doctor.

LIFE/AD&D INSURANCE - New York Life

Northfield Public Schools provides eligible employees with group term Life, Accidental Death and Dismemberment insurance in the amount specified by your particular group contract or policy. Your master contract or employment policy also provides you with the opportunity to purchase supplemental term life insurance coverage, subject to a health history approval, which can be paid for through payroll deduction. The current cost for supplemental coverage is displayed on the age banded premium table below.

You have 30 days from the date you first become eligible for coverage to enroll in the District paid life insurance plan with no limitations. If you wish to enroll at a later date, you will be required to provide satisfactory evidence of good health to New York Life in order to be approved for coverage. You may change your beneficiary information at any time by completing a Digital Benefits Enrollment Form, available from the Benefits Lead in the Human Resources office. Supplemental life insurance can be purchased at any time and is subject to health history.

This life insurance policy has an Accelerated Death Benefit, which provides for a portion of the death benefit to be paid to a terminally ill employee (defined as someone with a life expectancy of six months or less). The remaining amount of the policy would be payable to the designated beneficiary upon the employee's death.

VOLUNTARY LIFE AND AD&D EMPLOYEE COST PER MONTH

These rates are age banded and will increase as you age. Find your age on the left and the column on the right shows the cost per month per $25,000 of coverage. The rates are rolled on January 1 of each year and your rate for the year will be set based on your age on January 1 of that year.

Coverage Tier	Monthly Cost Per $25,000
Under 30	$1.68
30 – 34	$1.93
35 – 39	$2.18
40 – 44	$2.43
45 – 49	$3.18
50 – 54	$5.18
55 – 59	$8.93
60 – 64	$14.18
65 – 69	$30.18
70 – 74	$51.93
75+	$51.93

LONG TERM DISABILITY BENEFITS - New York Life

Northfield Public Schools provides eligible employees with Long Term Disability (LTD) insurance. Your employment contract and policy defines your eligibility for coverage. Benefits shall be payable after the waiting period has been met. The Waiting period is specified in your employment contract or policy. The waiting period in most contracts is 60 continuous days out of work due to the employee's own illness or injury.

This income protection plan will pay approximately 2/3 of an employee's salary, once the disability claim has been approved, and the waiting period is satisfied. Any benefit payments may be coordinated with other sources of income as defined in your employment agreement contract and LTD policy. Applications for disability benefits may be obtained from the Benefits Lead in the Human Resource Office.

LONG TERM CARE INSURANCE

Long term care insurance is offered at your own expense through Educators Financial Services. You do receive a discounted rate for buying a policy through school. There are simplified underwriting options that are available for new employees that will not be offered to continuing employees.

THE FLEXIBLE BENEFITS PLAN

The Flex Plan allows you to reclassify a portion of your paycheck into a pre-tax position. The dollars designated for these expenses will not be included in your taxable income, thereby increasing your take home pay.

The Plan requires you to estimate, in advance, the expenses you predict you will have for the year in any of the categories eligible under the plan. These expenses, which you pay yourself, are dollar amounts you can have reclassified on your paycheck as pre-tax dollars. The Plan Year runs from January 1 through December 31.

When you make an online election, the amount you have elected for the year will be divided by the number of your anticipated regular pay periods, and will be deducted pre-tax on your checks. As you incur expenses, you complete a "reimbursement request" or use your debit card provided by the company, attaching copies of receipts for these expenses and submit them to Medsurety or upload receipts to the online website. Those expenses you have incurred will then be reimbursed to you directly by check, or by direct deposit, whichever you choose. This results in your expenses being repaid to you tax-free.

The categories in which you may elect your expenses are:

Dependent Care: These are expenses incurred for someone who cares for your child or dependent while you are at work. The expenses for which you may be reimbursed are those which qualify as "Dependent Care Assistance" under Section 129 of the Internal Revenue Code.

Health Flexible Spending Arrangement (FSA): Your out-of-pocket medical and dental expenses (not reimbursed by insurance) are elected in this category. Typical expenses are deductibles and co-pays, orthodontia, vision, hearing aid costs, elective surgery, family counseling and treatment programs. A general list of eligible expenses is found on the next page. A complete listing of eligible medical expenses can be found in IRS Publication 502.

NOTE: If you enroll in the health and dental plans, or elect supplemental life insurance, your share of the insurance premiums are automatically put into a pre-tax position unless you sign a form to waive this benefit. Waivers are available in the Human Resources Department.

Estimate your expenses carefully! You will not be able to change your election during the Plan year unless you have an eligible "change in status." If you estimate more than you actually spend in that plan year, ***you will lose the difference between what you have estimated and what you actually spent.***

More detailed information on the Flex Plan may be obtained on the "Benefits" page of the "Human Resources Department" web site.

If you have questions regarding the Flexible Benefits Program, please call Emily Grote at (507) 663-0627 or Medsurety customer service at 1-888-816-4234 or visit the Medsurety website at Medsurety.com.

Contact information

Human Resources at Northfield Public Schools:

Emily Grote - egrote@northfieldschools.org

Look out for an email from the HR department with your enrollment instructions!

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Northfield Public Schools.

View Your Notices

Medical **Rx**	BlueCross BlueShield Client Portal	Customer Service: Toll Free: 1-800-382-2000 Local: 651-662-8000
Dental	Delta Dental Client Portal	Customer Service: Toll Free: 1-800-448-3815 Local: 651-406-5901 7:00 am - 7:00 pm
Vision	VSP Client Portal	Customer Service: Toll Free: 1-800-877-7195 8:00 am - 7:00 pm
Life and AD&D **Long-Term Disability**	New York Life Client Portal	Customer Service: 1-800-225-5695 7:00 am - 6:00 pm
Health Reimbursement Account (HRA) **Flexible Spending Account (FSA)**	MedSurety Client Portal	Customer Service: Toll Free: 888-816-4234 Local: 952-303-5700

PAYROLL INFORMATION

Contracted Teachers

Salary checks will be distributed twice per month on or before the 15th and 30th of each month commencing each contract year in the month of September. If the pay date falls on a weekend or a holiday the check will be issued the work day prior. The Finance Office will annually publish a list of payroll dates for the ensuing contract year.

Teachers will be paid on a 24 salary check schedule. The 24 salary check schedule will be paid in equal amounts beginning the 15th of September with the final check being issued on August 30th.

Payment for additional work will be made as reported by principals. Pay for extracurricular activities will be made according to the statement or the assignment and in accordance with contract language.

Salary Paid Employees

Salary checks will be distributed twice per month on or before the 15th and 30th of each month. Semi-monthly salary will be calculated based on dividing annual compensation by the appropriate number of pay periods for the work year for the position.

Hourly Paid Employees

Wage checks will be distributed twice per month on or before the 15th and 30th of each month. Wages paid on the 15th will be based on hours submitted through the 30th of the prior month. Wages paid on the 30th will be based on hours submitted through the 15th of the current month.

Direct Payroll Deposit

Northfield Public Schools payroll system works on a mandatory direct deposit basis. The employee is provided with a form that tells the payroll department to deposit their net pay into a checking or savings account at a bank, savings & loan, or credit union of their choice. Pay stubs may be obtained through the employee self serve system, SMARTeR, located on the NorthfieldSchools.org website under the staff apple area.

For new employees and Employees who have never logged into SMARTeR the User ID is your Employee ID number. The password is the district number plus the last 4 digits of your social security number (no spaces or dashes) in this format: 659XXXX. The Northfield Public Schools District Number is 659.

The first time you log into SMARTeR you will be asked to setup two-factor authentication so you will receive either a text or e-mail with a verification code every time you use the system.

REPORTING WORK RELATED INJURIES

Employees who are injured on the job should **immediately, or as soon as possible,** report the injury, even if the injury is considered minor, to the supervisors as listed below.

The supervisor is responsible for helping the injured employee call the Paradigm Nurse Triage line at 1-866-481-3926. **Immediate reporting is vital in meeting guidelines affecting the employee's eligibility for coverage of medical bills or lost time.** If you have any questions on this information, please call the Human Resource Office - (507) 645-3406.

Employee	**Supervisor to report injury to**
Building Custodians	Head Custodian
Head Custodians	Director of Buildings and Grounds
Child Nutrition Staff	Kitchen Manager
Kitchen Managers	Director of Child Nutrition
Secretaries	Immediate Supervisor
Teachers, Ed Assistants, Other Building Staff	Building Principal
H.S. Coaches, Non-Teacher Activities Advisors	Activities Director
M.S. Coaches	MS Assistant Principal
Community Education Employees	Community Education Director
Family Ed Employees	Early Childhood Coordinator
Ventures Employees	Ventures Coordinator
Administrators	Superintendent

Upon receipt of notification via the Paradigm Nurse Triage Line, Paradigm will complete and submit a "First Report of Injury" to our workers' compensation insurance carrier.

MEDICAL COSTS

If you experience medical expenses in relation to your approved claim, inform your health care provider that workers' compensation related bills should be submitted to:

SFM Mutual Insurance Company
3500 American Blvd W Suite 700
Bloomington, MN 54031
1-952-838-2020

Payment of work-related injury costs is made directly to your health care provider by SFM Mutual Insurance Company. You must provide the HR office with a report of workability that has been completed by the attending physician.

WAGE REPLACEMENT

In accordance with Minnesota Workers' Compensation Law, wage replacement benefits partially compensate employees for wages lost when an employee is unable to work due to medical restrictions. Payments of these benefits begin after the employee has been unable to work for more than three calendar days. If the employee has been unable to work for ten calendar days or more, benefits also will be paid for the first three days. These benefits are tax-free.

Generally, workers' compensation will pay approximately 2/3 of your salary for lost time. This amount may be coordinated with any accumulated sick leave you may have. The amount of your salary plus the amount of your workers' compensation lost time reimbursement shall at no time be greater than the amount of your regular salary.

RETIREMENT

PENSION PLANS

All public employees in the state of Minnesota are required by state law to belong to public pension plans. Our staff belong to those administered by Teachers Retirement Association (TRA) or Public Employees Retirement Association (PERA), both are a state-wide pension plans. Minnesota Statutes Chapters 353 and 354 set the rates for employer and employee contributions. Upon enrollment, TRA or PERA will contact you directly regarding your benefits under their pension plans. If you have any questions, please call the toll free numbers listed below:

Teachers Retirement Association (TRA): for Licensed Staff	1-800-657-3669 www.minnesotatra.org
Public Employees Retirement Association (PERA): for Non-Licensed Staff	1-800-652-9026 www.mnpera.org

403(b) TAX SHELTERED ACCOUNTS

Employees of Northfield Public Schools are eligible to participate in 403(b) Tax-Sheltered accounts as established pursuant to United States Public Law N. 98-370.

A 403(b) plan, also known as a tax-sheltered annuity plan, is a retirement plan for certain employees of public schools, employees of certain Code Section 501(c)(3) tax-exempt organizations and certain ministers. A 403(b) plan allows employees to contribute some of their salary to the plan. The employer may also contribute to the plan for employees based on individual contract languege.

Application to participate, change or terminate a Tax-Sheltered account must be made on form I 0-03-WT, available from the Payroll Lead in the Finance Office. The purchase of Tax Sheltered accounts for any one employee is limited to two companies.

The amounts withheld from salary and paid for the purchase of a Tax-Sheltered account shall comply with provisions under Section 403(b) of IRS Code as amended and with Minnesota Statute. Employees are encouraged to seek professional financial advice regarding these limitations.

STATE OF MINNESOTA DEFERRED COMPENSATION PLAN

The State of Minnesota Deferred Compensation Plan is a voluntary plan that allows employees to place a portion of their earnings into a pre-tax deferred investment program. Taxes on money set aside and earnings are deferred until the time of withdrawal. This allows employees to defer present income for long-term savings to supplement retirement and other benefits. This is a tax deferred retirement program authorized under Section 457 of the IRS Code.

Please contact Mary Czech in the Northfield Public Schools Finance Office at (507) 663-0628 for further information or enrollment forms for this program.

EMPLOYEE DRESS GUIDELINES

Key Concepts of Appropriate Workplace Dress

We all agree that Northfield Public Schools employees should project a professional image for our students, fellow staff members, parents, and community. Northfield Public Schools has established business casual dress "guidelines" that allow our employees to work comfortably in the workplace. Because not all casual clothing is suitable for the workplace, these guidelines will help you determine what is appropriate to wear to work. Clothing that works well for the beach, yard work, dance clubs, exercise sessions, and sports contests is not usually appropriate for the work environment. Clothing that reveals cleavage, your back, your chest, your stomach or your underwear is not appropriate for a place of business, even in a business casual setting.

Torn, dirty, or frayed clothing is unacceptable. Any clothing that has words, terms, or pictures that may be offensive to other employees, students, parents or community members is unacceptable.

Guide to Business Casual Dressing for Work

This is a general overview of appropriate business casual attire. Items that are not appropriate for work are listed, too. Neither list is all-inclusive and both are open to change. The lists tell you what is generally acceptable as business casual attire and what is generally not acceptable as business casual attire.

No dress guide can cover all contingencies so employees must exert a certain amount of judgment in their choice of clothing to wear to work. If you experience uncertainty about acceptable, professional business casual attire for work, please ask your supervisor.

Slacks, Pants, and Suit Pants

Slacks that are similar to Dockers and other makers of cotton, wool or synthetic material pants, jeans, and uniform pants are acceptable. Inappropriate slacks or pants include torn or ragged jeans, sweatpants, exercise pants, short shorts, and any spandex or other form-fitting pants such as people wear for biking. Exercise clothing is acceptable for staff providing physical education instruction.

Skirts, Dresses, and Skirted Suits

Casual dresses and skirts, and skirts that are split at or below the knee are acceptable. Miniskirts and spaghetti-strap dresses are inappropriate for the workplace.

Shirts, Tops, Blouses, and Jackets

Casual shirts, dress shirts, sweaters, tops, golf-type shirts, turtlenecks, and uniform shirts are acceptable attire for work. Most suit jackets or sport jackets are also acceptable attire for the workplace, if they violate none of the listed guidelines. Inappropriate attire for work includes tank tops; midriff tops; shirts with potentially inappropriate words, terms, logos, pictures, cartoons, or slogans; halter-tops; tops with bare shoulders; torn or ragged sweatshirts and t-shirts.

Shoes and Footwear

Athletic, walking or dress shoes, loafers, clogs, sneakers, boots, flats, dress heels, and leather sandals and deck-type shoes are acceptable for work. Closed toe and closed heel shoes are required in the areas where mechanical equipment is operated.

Jewelry, Makeup, Perfume, Cologne and Tattoos

Jewelry should be in good taste, with limited visible body piercing. Remember, that some people are allergic to the chemicals in perfumes and make-up, so wear these substances with restriction. Tattoos should be minimally visible in the work place.

Hats and Head Covering

Hats are not appropriate in the workplace. Head Covers necessitated by medical or health conditions and those that are required for religious purposes or to honor cultural tradition are allowed.

Conclusion

If clothing fails to meet these standards, as determined by the employee's supervisor, the employee will be asked not to wear the inappropriate item to work again. If the problem persists, the employee may be sent home to change clothes and will receive a verbal warning for the first offense. Progressive disciplinary action will be applied if dress guideline violations continue.

JOB DESCRIPTIONS, EMPLOYMENT AGREEMENTS, AND SCHOOL BOARD POLICIES

JOB DESCRIPTIONS

Job descriptions for District positions are available on the District website. The job descriptions can be found at www.northfieldschools.org Go to Departments, then to Human Resources, and then choose Job Descriptions.

EMPLOYMENT AGREEMENTS

Employment agreements for all District employment groups are available on the District website. The employment agreements can be found at www.northfieldschools.org Go to Departments, then to Human Resources, and then choose Employment Agreements.

SCHOOL BOARD POLICIES

School Board policies can be found on the District website: www.northfieldschools.org Go to About the District, then to School Board, and then choose Policies.

NORTHFIELD PUBLIC SCHOOLS
STAFF AND VISITOR IDENTIFICATION BADGES

The Northfield School District is committed to providing a safe and secure environment for students, staff and visitors. As part of its efforts in this regard, it is the policy of the School District to require staff, substitutes, visitors and volunteers to wear appropriate identification as described below. Please refer to Policy 903 on the District website for complete information regarding staff/visitor identification badges and please refer to district Policy 655 on the District website for complete information regarding School Volunteers and Volunteer Background checks.

Permanent School Employees:

Photo ID's will be provided by the School District and must be worn at all times by permanent employees of Northfield Public Schools when they are in school buildings. Should a replacement badge be needed for any reason, please contact the Human Resources or Buildings and Grounds Office immediately. In the interim, employees should obtain a temporary badge from the school office.

If the employee loses their ID badge, there is a $10.00 replacement fee. If the badge breaks it will be replaced at no charge when the broken badge is turned in to the Human Resources Office. Please report lost or stolen badges to the HR Department or Buildings and Grounds Department immediately! Your badge is a key to your building and needs to be deactivated as quickly as possible.

Substitute Employees:

"Substitute" badges will be issued to individuals who are subbing within the buildings of Northfield Public Schools. Such badges must be worn whenever the individual is in school buildings. Such badges will be temporary and do need to be turned in at the end of the assignment.

Visitors/Volunteers:

All volunteers must complete and pass the required volunteer background check via the district website prior to volunteering. These background checks are only valid for one school year and must be redone annually. Prior to entering the building visitors and volunteers are required to register and obtain a "Visitor" or "Volunteer" badge in the main office of the school building, and to return the badge and check out at the end of the visit.

All school employees are responsible to help monitor people in the school buildings and are expected to either escort visitors who do not have badges to the office to register and get a "Visitor" or "Volunteer" badge, or to alert office personnel that they have directed a visitor or volunteer to the office.

Any suspicious persons in the building are to be reported to the office immediately.