

St. Anthony New Brighton Schools

2022 Open Enrollment

Open Enrollment – May 13th – May 30th



Gallagher

Insurance | Risk Management | Consulting

Open Enrollment Process

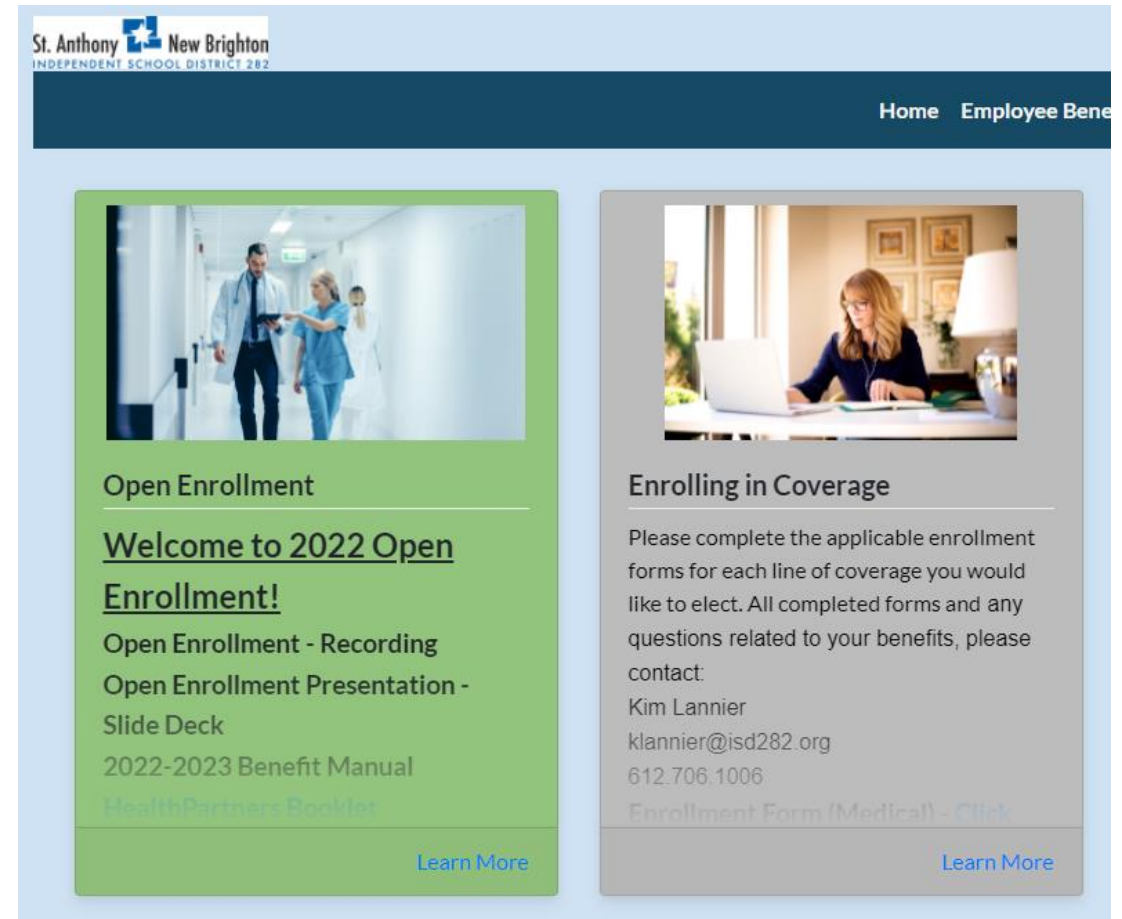
- You only need to submit Election Changes Only
 - Paper forms available for changes to your medical and dental coverage
 - Paper form available to add or increase the voluntary life insurance for yourself, your spouse and/or dependent child(ren)
- **You must elect your FSA amounts each year**, this will not rollover from your current 2021-22 election.
- If you have any questions, please see **Kim Lannier**



Online Benefit Portal

- **Your one stop for all benefits information!**
- All forms and plan summaries are available on this site
- Accessible from home and work

www.c2mb.ajg.com/sanb282/home



The screenshot shows the homepage of the Online Benefit Portal for St. Anthony New Brighton Independent School District 282. The header includes the school district logo and navigation links for Home and Employee Benefits. The main content area is divided into two columns. The left column, titled 'Open Enrollment', features a photo of medical professionals and lists links for 'Welcome to 2022 Open Enrollment!', 'Open Enrollment - Recording Open Enrollment Presentation - Slide Deck', '2022-2023 Benefit Manual', and 'HealthPartners Booklet'. The right column, titled 'Enrolling in Coverage', includes a photo of a woman working on a laptop and provides instructions on completing enrollment forms, along with contact information for Kim Lannier (klannier@isd282.org, 612.706.1006) and a link to the 'Enrollment Form (Medical)'. Both columns have a 'Learn More' link at the bottom.

Overview of Changes

- No changes to the following benefits:
 - Dental – Delta Dental of Minnesota
 - Life/AD&D and LTD – No benefit change, still with The Standard
 - Standard Voluntary Life
 - Additional term life insurance on employee, spouse and children
 - Employee must be enrolled to purchase spouse and children benefit
 - If not currently enrolled, must provide Evidence of Insurability
- Same Medical Plan option with Open Access Network
 - Rates **decreased** about 2%
 - District VEBA contribution maintained

Overview of 2022 Medical Renewal

- From our partnership with Gallagher, marketed our medical plan per MN HITA bid law statutes.
- We reviewed proposals from many carriers in the marketplace, analyzing provider networks, prescription formularies and plan design options
- Evaluated our overall costs, along with employee contributions
- Final outcome for 2022
 - District will continue to offer the same medical plan and network option as we have today through Sourcewell/HealthPartners

2022-23 Medical Plan

\$1,500 VEBA Plan

Open Access Network

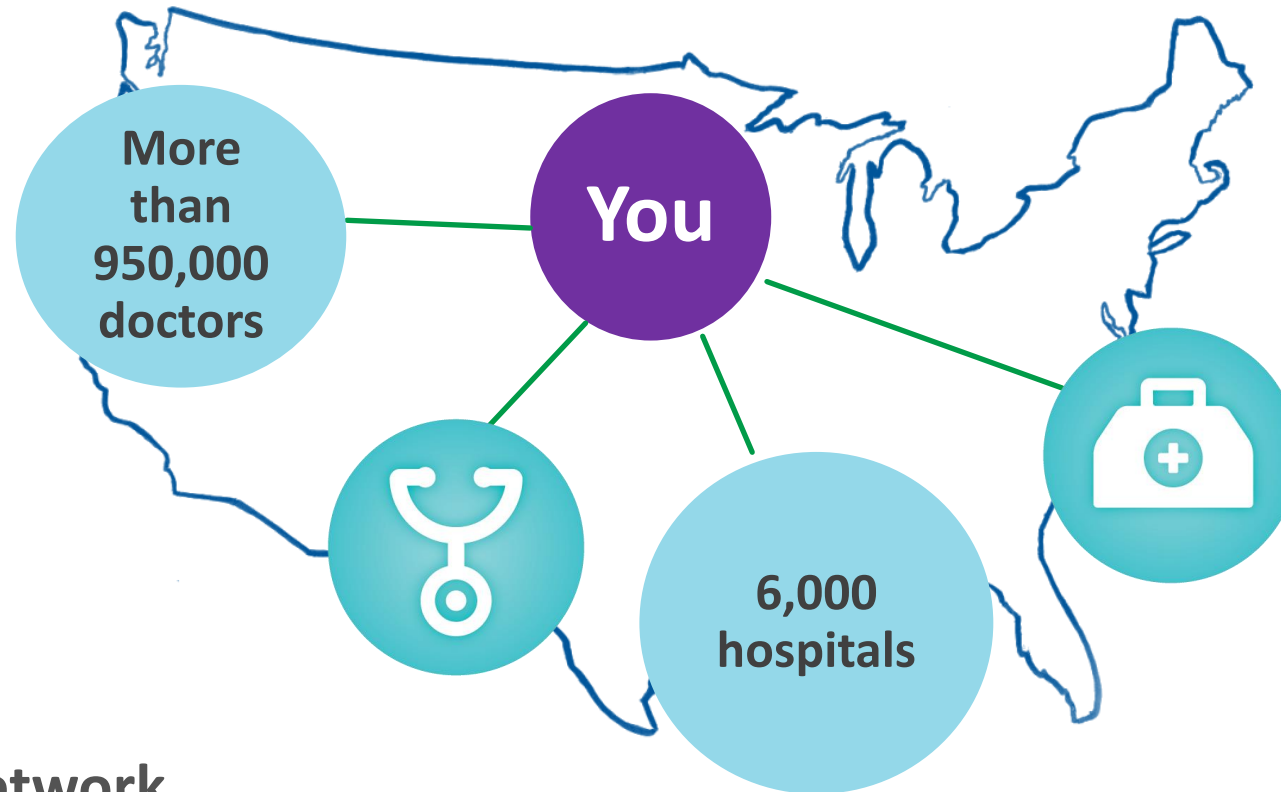
- Annual District contribution to the VEBA
 - \$550 for single coverage
 - \$1,100 for family coverage

HealthPartners – Open Access Network

Anywhere

Choices to find a doctor wherever you live, work or travel nationwide

- National Network
 - CIGNA



Freedom

Freedom to get the care and support you need

Medical Plan Comparison

In Network Benefits	Open Access \$1,500 VEBA
Lifetime Maximum	Unlimited
Plan Year Medical & Rx Deductible	\$1,500 per individual \$3,000 per family
Plan Year Medical & Rx Out-of-Pocket Maximum	\$1,500 per individual \$3,000 per family
District VEBA Contribution*	\$550 / single coverage \$1,100 / family coverage
Preventive Care	100%
Office/Urgent Care Visit	Deductible then 100% Coverage
Convenience Care	Deductible then 100% Coverage
ER Visit	Deductible then 100% Coverage
Hospital Services	Deductible then 100% Coverage
Retail Pharmacy (31 day supply)	Formulary: Deductible then 100% coverage Non-Formulary: No coverage

Here For You 24/7

Member Services	Help with all things related to your plan	Mon – Fri, 7 a.m. to 7 p.m., CT 952-883-5000 or 800-883-2177
Nurse NavigatorSM program	Support in finding the right care	Mon – Fri, 7:30 a.m. to 5 p.m., CT 952-883-5000 or 800-883-2177
Pharmacy Navigators	Help with your medicines	Mon – Fri, 8 a.m. to 6 p.m., CT 952-883-5000 or 800-883-2177
Behavioral Health Navigators	Help with mental or chemical health benefits	Mon – Fri, 8 a.m. to 5 p.m., CT 952-883-5000 or 800-883-2177
CareLineSM service nurse line	Trusted nurse advice	24/7, 365 days a year 612-339-3663 or 800-551-0859
BabyLine phone service	Expert guidance on your pregnancy or new baby	24/7, 365 days a year 612-333-2229 or 800-845-9297

HealthPartners Online Resources

Find a provider

Treatment Costs

Virtuwell.com

Procedure Costs

Drug Formulary

Personal Claims
Information



www.healthpartners.com

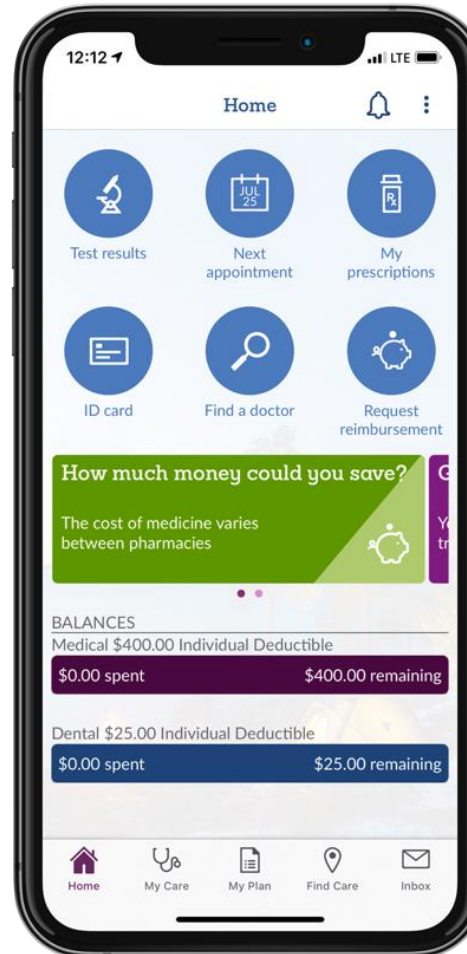
click on “sign up for *myHealthPartners*”

Manage Your Health on the Go

See recent claims
and how much
you owe

Check your
balances

View and fax
your member
ID card



Get estimates,
specific to
your plan

Search for
doctors or clinics

24/7 online care



- Simple, convenient and safe
- Treats more than 60 common conditions
- You're only charged if we can treat you
- Never pay more than \$59



Doctor On Demand



Can help with:

- Sore throat
- Bladder infection
- Sports injuries

Pay only \$59 per 15-minute visit with a doctor.



Prescription Drugs

See if your medications are covered

- Your formulary: PreferredRx
- Search for your medications at healthpartners.com/preferredrx



Find the best price with the
Drug Cost Calculator at
healthpartners.com/pharmacy



Call **952-883-7300** or visit healthpartners.com/pharmacy/ontrackrx

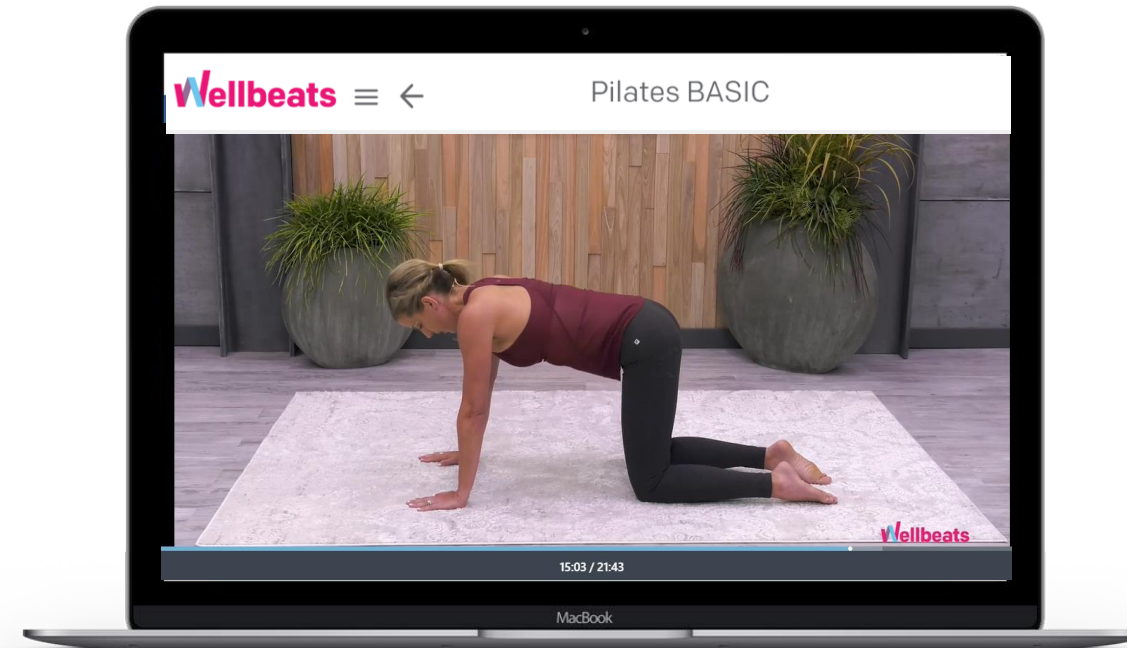
Wellbeats

Wellbeats has on-demand workouts and challenges, along with a team of friendly, certified virtual trainers who are ready to help you reach your goals.

Enjoy classes like yoga, running, HIIT, strength training, recovery, meditation, and more

Personalized recommendations based on your preferences and goals

healthpartners.com/livingwell



Fitness Discounts

Get special savings from handpicked retailers as a HealthPartners member.

Show your member ID card to save money on:

- Eyewear
- Exercise equipment
- Fitness and well-being classes
- Healthy eating delivery services
- Healthy mom and baby products
- Hearing aids
- Orthodontics
- Pet insurance
- Swim lessons
- And more!

Discounts on gym memberships

GlobalFit's Gym Network 360:

- Discounts at over 8,000 gyms and studios, nutrition and weight loss programs, vitamins and supplements

The Active&Fit Direct™ program:

- Access to 10,000+ participating fitness centers nationwide for a \$25 monthly fee

healthpartners.com/discounts

Employee Assistance Program (EAP)



EAP Contact:

Call: 866-326-7194

Text: 919-324-5523

Online: hpeap.com

Password - sourcewell

2022-2023 Medical Plan Contributions

	Employee Contribution (73% to 100% FTE)		District Contribution	
\$1,500 VEBA	Per Pay Period	Difference from 2021-22	Per Pay Period	Difference from 2021-22
Single	\$56.17	-\$3.34	\$270.73	-\$3.34
Family	\$170.02	-\$9.86	\$795.78	-\$9.86

*If you are in a different FTE status, please see your cost sheet for the cost of your coverage.

Healthcare Flexible Spending Account

- This plan allows you to use pre-tax dollars to pay for any of your eligible out-of-pocket medical and/or dental expenses.
- Some examples are:
 - Prescription co-pays
 - Clinic co-pays
 - Vision expenses
 - Orthodontics
- Recent legislation has added the following to the eligible expense list
 - Over-the-counter medications
 - Menstrual products
 - Certain PPE items such as masks and hand sanitizer



Healthcare Flexible Spending Account

- **Maximum Election: \$2,850**
- When calculating your election amount, remember to include expenses for yourself, your spouse and/or your dependents.
- Any expenses that you claim through your Health Care Expense Reimbursement Account CANNOT be reimbursed by an additional source, such as your or your spouse's employer-sponsored health and/or dental plan. These expenses also CANNOT be deducted on your or your spouse's tax return.
- **Carryover Provision:** If you have money leftover at the end of the plan year, up to \$570 will carryover into the next plan year



Plan Year and Enrollment

○ Plan Year

- The District Flexible Benefits Plan year runs from **July 1 through June 30th** of the Following Year
- Following the end of the plan year, you have **90 days** to submit for reimbursement for claims that were incurred during the plan year

○ Enrollment

- Each year you must enroll before the plan year begins. This is completed during the open enrollment period.
- Elect the amounts for expenses you expect to incur between **July 1 and June 30** of Following Year
- Since elections for the reimbursement accounts do not carry over from one plan year to the next, you must enroll for each plan year.

Dependent Care Flexible Spending Account

- This plan will allow you to set aside pre-tax dollars to pay for your eligible dependent day care expenses.
- Maximum Election: **\$5,000 per household (\$2,500 if filing separately)**
- The IRS requires that you report certain information about your day care provider. You need to report the information whether you are taking the tax credit or are using a dependent care reimbursement account. The information necessary is:
 - The provider's name
 - The provider's address
 - The provider's taxpayer identification number (or Social Security number)



Flexible Spending Accounts Summary

- Flexible Spending Account Maximum Election: **\$2,850**
 - **\$570 Carryover Provision**
- Flexible Spending Account - Dependent Care Reimbursement Maximum Election: **\$5,000**
- Health Care and Dependent Care Reimbursement Accounts are **separate**.
- Medical expenses cannot be claimed from the Dependent Care account and vice versa.
- Your plan year runs from: **July 1 through June 30**, with a 90-day runout period.

Dental Coverage

Service Category	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Deductible (per person/per family) No deductible for Diagnostic & Preventive or Orthodontics	\$25/\$75	\$25/\$75	\$25/\$75
Annual Maximum (per person)	\$1,000	\$1,000	\$1,000
Diagnostic & Preventive (exams/cleanings)	100%	100%	100%
Basic Services (fillings)	100%	80%	80%
Endodontics (root canals)	80%	80%	80%
Periodontics (treatment relating to gum disease)	80%	80%	80%
Oral Surgery (simple or complex oral surgery)	50%	50%	50%
Major Restorative Services (crowns)	50%	50%	50%
Prosthetic Repairs & Adjustments	100%	50%	50%
Prosthetics (bridges, dentures)	50%	50%	50%
Orthodontics	50%	50%	50%
Orthodontic Lifetime Maximum per dependent child ages 8-18	\$1,000	\$1,000	\$1,000

In and Out of-Network Coverage

When you see an in-network (Delta Dental PPO/ Delta Dental Premier) dentist

- Network savings on Covered Services
- No Balance Billing
- Dentist will submit claims directly to Delta Dental
- Delta Dental will send plan payment directly to dentist
- No need to pre-select a network or Dentist

If you see an out-of-network dentist

- If the dentist's fees are higher than Delta Dental's allowable charge, you may be responsible to pay the difference beyond the 90th Percentile
- Your dentist may assist you in submitting a claim form to Delta Dental
- Benefit Payments go directly to you



Delta Dental Online Tools

Register at deltadentalmn.org

Resources and Self-Service Tools to make the most of your dental plan.

- Check eligibility status
- Review benefits
- Find a participating dentist
- Claim status and history
- Order ID cards
- Print forms
- International Dental Program
- Oral Health Information
- MyDental Score Tool
- Questions and Answers

Cost per pay period		
	Teachers	Non-Teachers
Single	\$0.35	\$0.00
Family	\$2.72	\$4.32



Employer Paid Benefits



Basic Life and AD&D Insurance

- Benefit Amount varies by class
- Paid for 100% by the District
- **Make sure to choose a beneficiary!**

Long-Term Disability Insurance

- 66.67% of monthly earnings
- Max monthly benefit determined by class
- 90-day waiting period
- Continue to SSNRA
- Paid for 100% by the District



Voluntary Benefits

Additional Life Insurance

- Employee: \$10k increments to max \$500k
 - \$100,000 Guarantee Issue
- Spouse: \$5k increments to max \$250k
 - Cannot exceed 50% of Employee amount
 - \$20,000 Guarantee Issue
- Child(ren): Choice of \$1,000, \$5,000 or \$10,000
- AD&D coverage will match Life benefit
- Employee and Spouse rates are age-banded – see summary for more information

Note: You may newly enroll or increase existing coverage (if below guarantee issue) by either \$10,000 or \$20,000 during open enrollment. If your election exceeds these amounts, or brings you above the guarantee issue, you will be required to submit **Evidence of Insurability**.

Election Changes

- After a new plan year begins, you generally cannot change your benefit election(s). However, if there is a **Family Status Change**, you may be able to change your election(s).
- **Family Status Changes** include:
 - Marriage
 - Divorce
 - Birth or adoption of a child
 - Death of spouse or a child
 - Unpaid leave of absence
 - Change from full-time to part-time or vice versa by you or your spouse
 - Commencement or termination of your spouse's employment



Check Your Beneficiaries!

- Open Enrollment is a good time to annually check and ensure you have the correct individual(s) listed as your beneficiary
- If you need to update your beneficiary, please complete the appropriate form(s) and return to HR.
- Please see Kim Lannier with any questions regarding beneficiary elections.



What's Next???

All enrollment/change forms
MUST be completed and
sent to **Kim Lannier** by end of day
Monday, May 30th, 2022

DEADLINE



THANK YOU!