



2023 Open Enrollment & 2023 New Hire Presentation

Pierz ISD 2170
October 2022



First Things, First.



- Introductions
- Health Insurance Definitions
- 2023 Health Insurance
- Wellness
- HSA & FSA (Medical and Dependent Care)
- Dental Insurance
- Vision Insurance
- Life & Disability Insurance
- Additional Services
- 2023 Open Enrollment
- Questions



NIS: Who We Are



Meet Your Service Team



Aaron Casper

Employee Benefits Consultant

Your full benefit expert:
Responsible for overall
assessment and management
of all your benefit plans.



Nancy Bushard

Account Manager

Your main point of contact for all
your benefit plans. Resolves
employee claim issues with carriers,
takes policy-related questions, and
assists the Consultant with the
medical carrier during renewal.



Ashley Veenendaal

Senior Client Relations

Your medical and ancillary benefit
resource for assistance with
policy changes, renewals, claim
reconciliation, and Benefit Bridge
implementation.



Pierre Guilfoile

Director of Health Plan Analytics

Your medical and dental utilization
specialist: Runs utilization analytics and
presents solutions based on your data.
Handles medical and dental renewals,
policy changes and claim reconciliation.

Health Insurance Definitions



Definitions



Deductible

- The amount of money you're required to pay out-of-pocket before your plan starts paying benefits. Once you reach your deductible, your insurance will cover the rest for the duration of your plan year if your plan includes 100% coinsurance.

Coinsurance

- The percentage of claims charged by your health care provider that you're responsible for paying until you reach your out-of-pocket maximum.

Network

- A network is a group of health care providers who've agreed to provide you with discounted, pre-negotiated rates.
- When you visit providers outside of your network (called out-of-network providers), they can charge you whatever they want and can balance bill you after the insurance company pays their portion.

Definitions Continued



Out-of-Pocket Maximum

- The dead-stop total amount of money you have to pay out of your own pocket for claims costs after your deductible and coinsurance are both satisfied.

Co-Pay

- The payment you're responsible for in addition to an amount paid by your insurance. For example, if you have a \$50 copay for a \$250 in-network doctor's visit, that means you pay \$50 for the visit. Your health insurance would pay the rest.

Embedded Deductible

- On a family contract, each family member has an individual deductible in addition to the overall family deductible. This means that if one member of the family reaches the individual deductible before the family deductible is reached, his/her services will be paid by the insurance company. The other members on the plan would then have to satisfy the remaining family deductible/out of pocket maximum.

Non-Embedded Deductible

- There is no individual deductible. On a family contract, the overall family deductible must be reached, either by an individual or by the family in order for the insurance company to pay for services.

2023 Health Insurance



Your Insurance Carrier



- Your insurance carrier is HealthPartners



Plan Options – Smart Plans



Your plan offering includes 3 plan options to choose from.

- \$1,500/\$7,700 Deductible (Smart Plan 1) – *previously \$1,400/\$2,800 Deductible*
 - \$3,000/\$6,000 Deductible (Smart Plan 3) – *previously \$2,800/\$5,600 Deductible*
 - \$3,850/\$7,700 Deductible (Smart Plan 5) - *previously \$3,650/\$7,300 Deductible*
- *The deductibles have been increased due to the IRS minimum deductible requirements.*



Plan Design Layout – Smart Plan 1



\$1,500 Deductible	In-Network	Out-of-Network
Deductible (Non-embedded)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Out-of-Pocket Maximum (Medical & Rx)	\$1,500 Individual \$3,000 Family	\$4,500 Individual \$9,000 Family
Preventive Care	100% Coverage	80% after Deductible
Office Visits	100% after Deductible	80% after Deductible
Hospital Visits	100% after Deductible	80% after Deductible
Prescription Coverage	100% after Deductible	80% after Deductible
Prescription Out-of-Pocket Maximum	Included above	



Plan Design Layout – Smart Plan 3



\$3,000 Deductible	In-Network	Out-of-Network
Deductible (Embedded)	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Out-of-Pocket Maximum (Medical & Rx)	\$3,000 Individual \$6,000 Family	\$9,000 Individual \$18,000 Family
Preventive Care	100% Coverage	80% after Deductible
Office Visits	100% after Deductible	80% after Deductible
Hospital Visits	100% after Deductible	80% after Deductible
Prescription Coverage	100% after Deductible	80% after Deductible
Prescription Out-of-Pocket Maximum	Included above	



Plan Design Layout – Smart Plan 5



\$3,850 Deductible	In-Network	Out-of-Network
Deductible (Embedded)	\$3,850 Individual \$7,700 Family	\$7,700 Individual \$15,400 Family
Out-of-Pocket Maximum (Medical & Rx)	\$3,850 Individual \$7,700 Family	\$11,550 Individual \$23,100 Family
Preventive Care	100% Coverage	80% after Deductible
Office Visits	100% after Deductible	80% after Deductible
Hospital Visits	100% after Deductible	80% after Deductible
Prescription Coverage	100% after Deductible	80% after Deductible
Prescription Out-of-Pocket Maximum	Included above	



Medical Rates 1/1/23

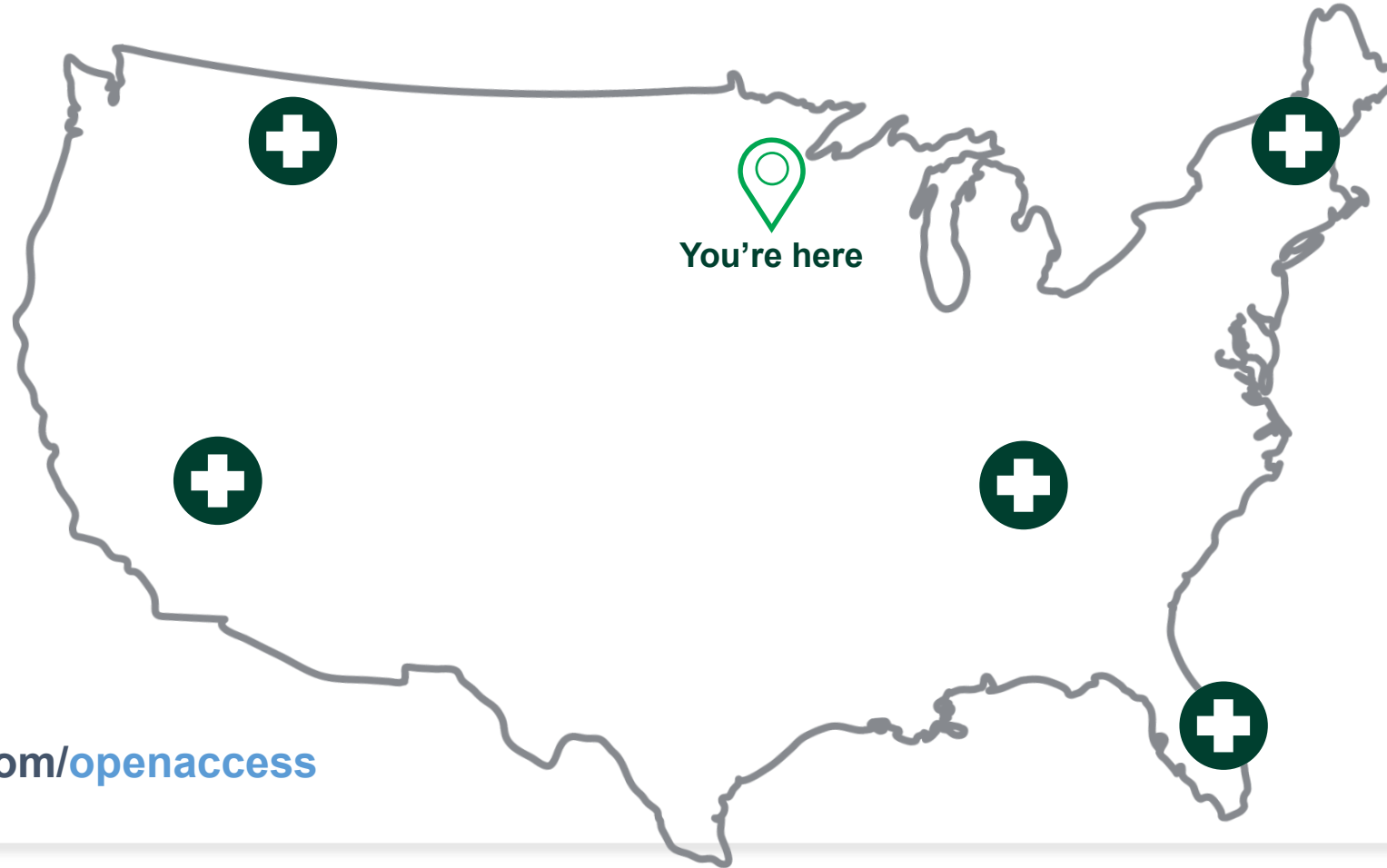


Coverage Level	\$1,500 Deductible	\$3,000 Deductible	\$3,850 Deductible
Single	\$755.00	\$687.76	\$653.59
Employee + Spouse	\$1,610.25	\$1,469.05	\$1,397.28
Employee + Child(ren)	\$1,401.22	\$1,280.19	\$1,218.67
Family	\$2,098.07	\$1,909.79	\$1,814.10



Open Access network

Get the most choices of doctors and clinics.



healthpartners.com/openaccess

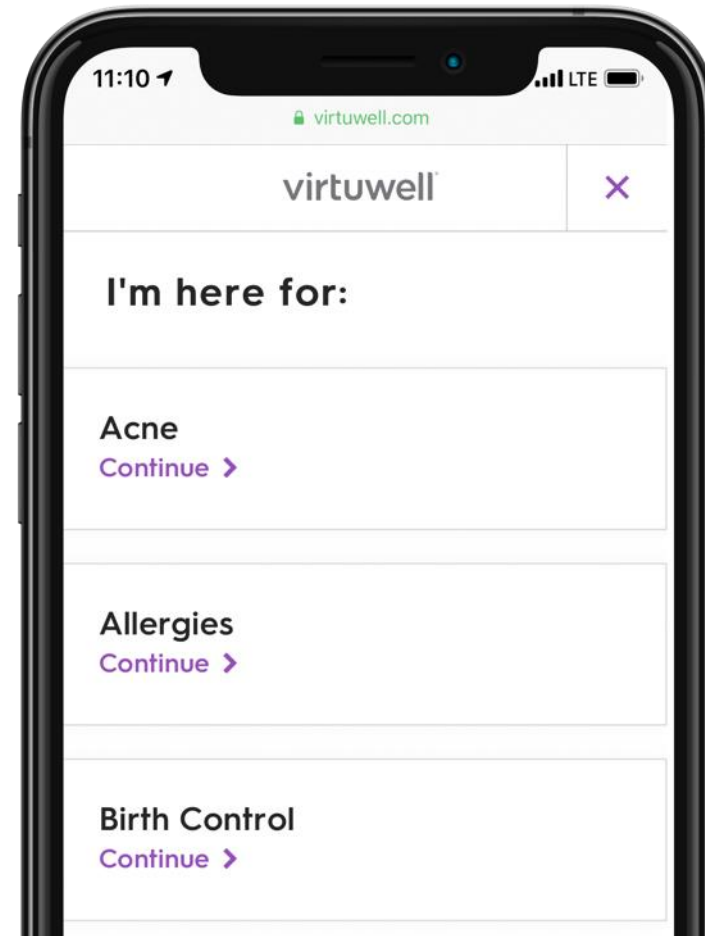
24/7 online care

Save time and money by getting treated right from your smartphone, tablet or computer. Your plan has options.

Easy, fast and guaranteed

- Answer a few questions anytime, anywhere.
- Treatment plan and prescription in about one hour.
- More than 60 common conditions.
- You're only charged if Virtuwell® can treat you, plus unlimited follow-up calls are free.
- Use your member ID card to check your cost at virtuwell.com/cost/healthpartners.

virtuwell.com



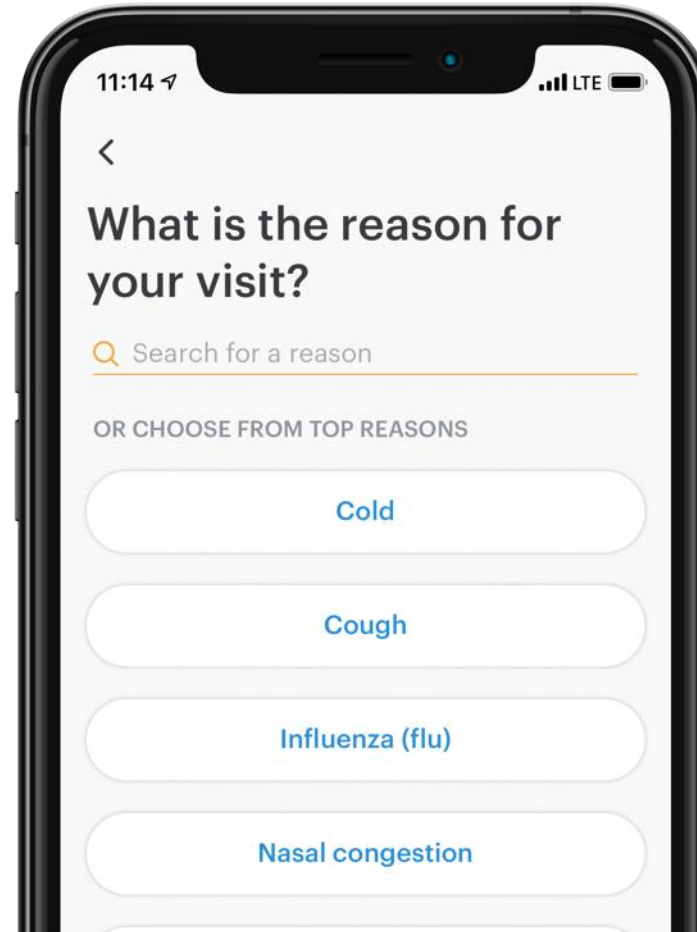
Skip the clinic trip

Save time and money by getting treated right from your smartphone, tablet or computer. Your plan has options.

Video chat

- Convenient, quick and affordable.
- Assessment, diagnosis and prescriptions when necessary.
- 15-minute visit to treat conditions like colds, the flu and allergies.

doctorondemand.com



Prescription coverage

Check your formulary to understand your costs and get support if your medicine isn't working for you.



Covered



Might be covered
but costs more



Not covered

healthpartners.com/preferredrx

Save money on your medicines

Try generics

Talk to your doctor
or pharmacist

Search for the lowest cost

healthpartners.com/pharmacy

Talk with a pharmacy navigator

Call Member Services

Meet with a pharmacist

healthpartners.com/mtminfo

Medicine delivered to your door

Skip the trip to the pharmacy. Get your prescriptions mailed to your home.

Five great things about mail order:

1. You'll never pay for standard shipping.
2. Refilling your medicine online or with our mobile app is easy.
3. All orders are sent in a tamper resistant, plain package to make it more private.
4. Safety is important to us. You'll get the best quality medicine.
5. You'll get your medicine delivered within seven to ten days.

Getting your medicine through mail order often costs less than retail pharmacies.

healthpartners.com/mailorder

Extra support

Additional support and programs
through HealthPartners



Here for you 24/7

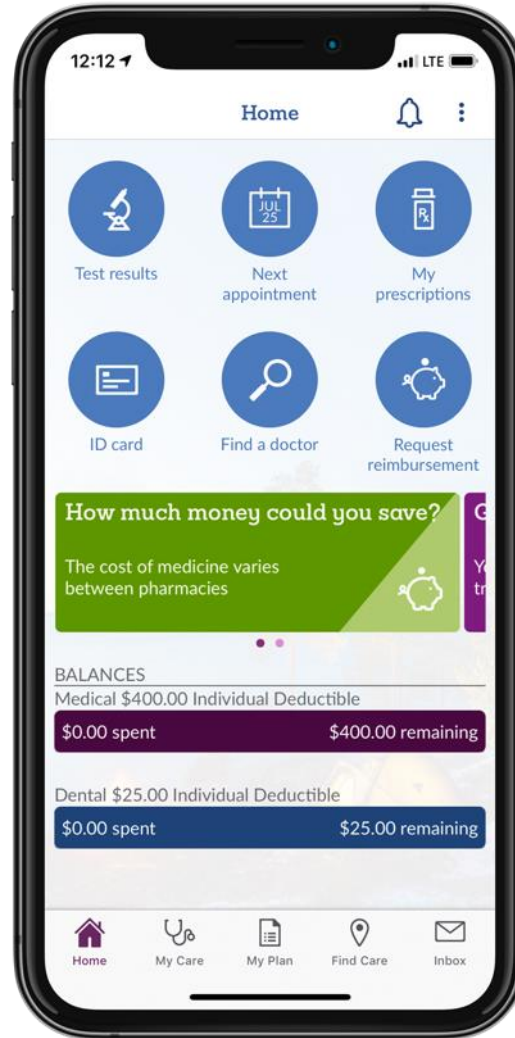
Member Services	Help with all things related to your plan	Mon – Fri, 7 a.m. to 7 p.m., CT 952-883-5000 or 800-883-2177
Nurse NavigatorSM program	Support in finding the right care	Mon – Fri, 7:30 a.m. to 5 p.m., CT 952-883-5000 or 800-883-2177
Pharmacy Navigators	Help with your medicines	Mon – Fri, 8 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 888-638-8787
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



Take charge of your health plan

healthpartners.com

myHP mobile app



Helping you manage your health conditions

Support from a personal nurse.

Focus on
your goals

Answer
questions

Work with you
and your doctor

Connect you
to resources

healthpartners.com/nursesupport



Healthy baby, healthy you

If you're pregnant or thinking about it, we have lots of resources to support you – all available at no cost.

Support:

- Tips by email and text
- myHealthyPregnancy mobile app
- Online resources, like the pregnant or planning assessments

**BabyLine
phone service**

**612-333-2229
or
800-845-9297**

healthpartners.com/pregnancysupport



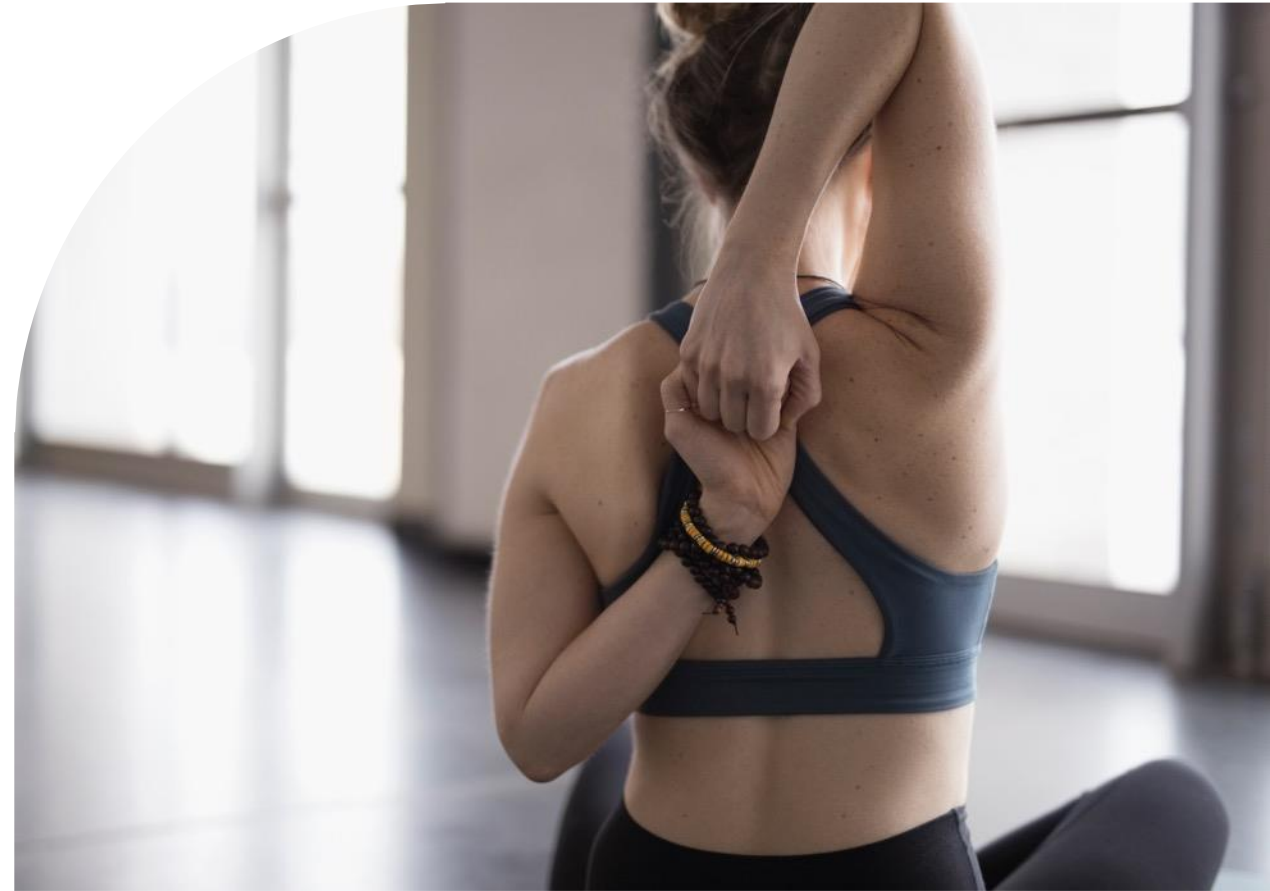
Relief for your back pain

Our nurses can help make sure back pain doesn't keep you down with one-on-one, personalized support.

Get tips to manage pain

Learn about treatment options

Find resources to help you feel better



Learn more at healthpartners.com/backhealth | Get started at healthpartners.com/healthsupport



Live your best life

We can help you get healthy and live better, no matter what your goals are.

Free programs and resources for HealthPartners members to:

- Quit smoking
- Eat better
- Manage your weight
- Save money
- Meet other people like you
- Get your health questions answered
- Make sure you're getting the right care
- Make sure your medicine is working correctly

healthpartners.com/livingwell



A resilient you

Our programs will help you build your emotional resilience and cope with life's challenges.

Support and resources

- Online resilience courses you can complete in the privacy of your own home.
- Well-being activities like Healthy Thinking and Tackle Stress.
- Answers to benefits-related questions from Behavioral Health Navigators.

**Behavioral
Health
Navigators**

**952-883-5811
or
888-638-8787**

healthpartners.com/resilience



Living healthier just got a little less expensive

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



Your member ID card



OAP
Open Access
Plus Plan

ID 12345678 **Group** 12345 **Renewal Month** January
Name JANE K DOE
Care Type Open Access

Office Visit	##% after deductible	HealthPartners Claims P.O. Box 1289 Minneapolis, MN 55440-1289
Urgent Care	##% after deductible	
Convenience Care	##% after deductible	

RxBIN 003585 **RxPCN** 24002

Eligibility or Claims Questions
952-883-5000 or 800-883-2177

healthpartners.com

National coverage

Here for you

For your doctor

Member Services 952-883-5000 or 800-883-2177 Print date 01/21
HealthPartners Member Services, P.O. Box 1309, Minneapolis, MN 55440-1309

Emergency & Urgently Needed Care
For emergencies call 911 and/or get immediate medical attention. For medical advice call the CareLineSM nurse service any time at 612-339-3663 or 800-551-0859.

Information for Providers

Admissions: Fax information to 952-853-8705 or call 800-316-9807 for any hospital or facility admissions.

Claims Submission: healthpartners.com/eservices
HealthPartners Claims, P.O. Box 1289, Minneapolis, MN 55440-1289

Pharmacy: healthpartners.com/formulary
Coverage includes optometry care through the PHCS network.

AWAY FROM HOME CARE Administered by HealthPartners Administrators



Let's keep in touch

As your new plan year begins, it's important to stay connected.

Watch for your ID card in the mail

Create and use your online account

Get tips and reminders via email

Call us with questions

healthpartners.com/signupnow



Wellness



Earn points, 1 point=\$1, up to \$250!

Focus	What?	# of Points
Preventive Care	WellRight health assessment	50 points
	Preventive exam	50 points
	Omada program completion	50 points
	Onsite biometric screening	50 points
	Additional preventive exams and screenings	15 points each
Health Plan awareness	Up to 8 challenges to use or understand your health plan	15-50 points each
Habits and Education	30-day habit tracking challenges	25 points each
	University courses	15 points each
	Personal challenges – 200+ habit-based challenges	20 points each
Company-specific	Group-specific challenges (if any)	TBD

Your Progyny family building benefit

Provided by: Sourcewell



Comprehensive Coverage

Bundled fertility treatment coverage for every unique path to parenthood



Personalized Guidance

Unlimited guidance and support from a dedicated Patient Care Advocate (PCA)



Premier Specialists

Convenient access to the largest national network of fertility experts



To learn more and activate your benefit, call: **833.208.8447**

Progyny’s Smart Cycle benefit connects you to leading fertility specialists and allows them to provide the most advanced, effective fertility treatment, the first time—without barriers to treatment—so you can obtain the best chance of achieving a successful pregnancy with the course of treatment that is best for you

Highlights of your coverage include:

1* Smart Cycle

Progyny Rx (Integrated fertility medication coverage)

*You have access to an additional Smart Cycle if your first is not successful.
Note: The person(s) receiving fertility treatment must be enrolled in an eligible medical plan through your employer to have access to the Progyny benefit. Your financial responsibility may include a deductible, co-insurance and out of packet maximum. Please consult with your human resources department to confirm your eligibility.

Common ways to use a Smart Cycle:



IVF Fresh Cycle



IVF Freeze-All Cycle



Frozen Embryo Transfer (FET)



Intrauterine Insemination (IUI) or Timed Intercourse



Surrogacy Embryology Services Pre-transfer services



To learn more and activate your benefit, call: **833.208.8447**

HSA



Your Health Savings Account (HSA)



Account **you own** that works with your HSA-qualified health plan

Allows you to set aside a portion of **pretax payroll** –

\$3,850 Single;

\$7,750 Family

You **pay no taxes** on the money you **put into the account** – or funds you take out to pay for qualified medical expenses

Any interest earned is **tax-free**

No “use it or lose it” stipulation; **unused funds rollover to the next year**

The account **stays with you**, even if you change jobs or retire





5 ways an HSA can help you save for your future

1

Money is not taxed

Money goes into your HSA without paying state* or federal taxes. That reduces your taxable income and saves you money on your medical expenses.

2

No “use it or lose it” rule

Money in your HSA belongs to you, even if you change jobs, health plans, or retire

3

Invest and grow your money

Your money can earn interest, tax-free, from day one. When your Base Balance reaches \$1,000, you can open a basic investment account with access to invest in over 30 mutual funds

4

More flexibility and choice

You can use your HSA dollars for certain health care expenses that aren't covered by your health plan, allowing you to purchase these services tax-free

5

Even out medical expense highs and lows

Since you manage your funds, you can choose to save HSA money when you're healthy so it's ready when you need it

* Tax laws vary by state. Please consult your tax advisor with questions.





How your HSA works

1

Enroll

in your company's HSA-qualified health plan

2

Ensure

that you:

- ✓ **Are not claimed as a dependent** on someone else's tax return
- ✓ **Have no other health plan coverage** (including spouse's medical FSA¹)
- ✓ **Are not enrolled in Medicare**

3

Set aside

portion of payroll pretax, not more than:

2022:

\$3,650 for single
\$7,300 for family

2023:

\$3,850 for single
\$7,750 for family
\$1,000 catch-up contribution – 55 & over

4

Use

a convenient debit card to pay providers

5

Submit bills

for reimbursement of out-of-pocket expenses



¹ HSA can be combined with FSA only if FSA is limited to dental and/or vision coverage.

You can use your HSA to pay for:

- ✓ **NEW!** Over-the-counter supplies, medications, and some feminine hygiene products
- ✓ Medical expenses *not* covered by your health plan, including:
 - Out-of-pocket expenses
 - Co-pays
 - Co-insurance
 - Prescription drugs
 - Dental care expenses
 - Vision care expenses
- ✓ Health insurance premiums
 - COBRA during a job transition or post-employment
 - Medicare upon reaching the age of 65
 - Some long-term care insurance premiums



It's important to save all your receipts to validate expenses, as required by the IRS.



These you can't pay for:

- ✗ Expenses that aren't related to medical treatment or care as defined by the IRS
- ✗ Personal use items
 - Toothpaste
 - Lotions
 - Makeup
 - Soaps
 - Shaving supplies
- ✗ Health insurance premiums



Medical FSA



Your Medical Flexible Spending Account (FSA)



An expense account that works with your **health plan**



Pay for qualified medical costs, **tax-free**



Set aside a **portion** of your payroll pretax



Save money on these costs¹



¹ Depends on your tax filing status. Please consult your tax advisor with questions.



How your Medical FSA works



1

You Estimate
next year's
out-of-pocket
costs

2

Equal Portions
are deposited from your
paycheck into the
account

3

Total amount
is available day one

4

A Spouse
in another plan may
also open an FSA

5



Use a
convenient FSA debit
card to pay providers for
eligible expenses

6

A Medical FSA
is a "use it or lose it"
account¹

2023:
\$3,050 contribution limit



You can use your Medical FSA to pay for:

- ✓ **NEW!** Over-the-counter supplies, medications, and some feminine hygiene products
- ✓ Expenses for you, your spouse, and any health plan dependent
- ✓ Medical expenses not covered by your health plan, including:

- Out-of-pocket medical expenses
- Copayments, coinsurance
- Prescription drugs
- ✓ • Dental and vision care expenses

If you have an HSA, your FSA will be limited to vision and dental expenses until your health plan deductible has been met



Always save your receipts to ensure proper validation of expenses, as required by the IRS.



These you can't pay for:

- ✗ Costs that aren't considered qualified medical expenses as defined by the IRS
- ✗ Health insurance premiums



Dependent Care FSA



Your Dependent Care Flexible Spending Account (FSA)

Making it easier to manage dependent care costs while you work



An expense **reimbursement** account for paying qualified dependent care costs, **tax-free**



Your contributions are **pretax and deducted** from your paycheck to fund the account



Save money on these costs¹





How your Dependent Care FSA Works

1

Estimate Next year's eligible dependent care costs (estimate only what you think you will use*)

2

Equal Portions are deposited from your paycheck pre-tax into your account – your money is available when deposited

3

A Spouse in another plan may also open a Dependent Care FSA

4

Submit Claims for reimbursement – online or by faxing

2023: \$5,000 maximum contribution limit (\$2,500 if Married and Filing Separately)

* Depending on how your employer sets up the account, money may be forfeited at end of the plan year or grace period





You can use your Dependent Care FSA to pay for:

- ✓ Licensed day care, nursery, or preschool
- ✓ Summer day camp
- ✓ Before and after school care
- ✓ Eldercare



Always save your receipts to ensure proper validation of expenses, as required by the IRS.



These you can't pay for:

- ✗ Education/tuition
- ✗ Field trip expenses
- ✗ Overnight camp

Aviben

FSA Customer Support

FSA Customer Service for Participants:

Phone: 888-507-6053
763-552-6053

Fax: 763-552-6055
claimsupport@aviben.com



Dental Insurance



Dental Plan Highlights

Covered Services	Benefit Level 1	Benefit Level 2	Out-of-Network
Deductible	\$25 single / \$75 family	\$50 single / \$150 family	\$50 single / \$150 family
Annual Maximum	\$1,500	\$1,000	\$750
Benefit Waiting Period	0 month to 12 month wait for certain services		
Diagnostic & Preventative Services	100%	100%	100%
Basic Services	80% - 100% based on benefit level no wait period	50% - 80% based on benefit level and 6-month wait period	50% and 6-month wait period
Major Services	50% - no wait period	50% - 12 month wait period	0%



Dental Plan Highlights

Little Partners (12 & Under)

Covered Services	Benefit Level 1 HealthPartners Dental Providers	Benefit Level 2 Park Dental Providers	Out-of-Network
Deductible	\$0	\$0	\$50 single / \$150 family
Annual Maximum	Unlimited	Unlimited	\$750
Benefit Waiting Period	0 month to 12 month wait for certain services		
Diagnostic & Preventative Services	100%	100%	100%
Basic Services	100%	100%	50%
Major Services	50% - 100%	50% - 100%	0%

Dental Plan Rates

Monthly Dental Premiums	Current	1/1/23 Rates
Employee	\$32.85	\$34.79
Employee + Spouse	\$65.36	\$69.22
Family	\$98.52	\$104.33



Your Dental Network



Stay in-network to avoid high out-of-pocket costs

- **Benefit Level 1** - HealthPartners & Park Dental Providers offer a deeper discount to services with a smaller network
- **Benefit Level 2** – offers an open access network of providers with a discount to services, but not as great as the HP & Park Dental providers; it is a much larger network
- **Benefit Level 3** – Out of Network benefits apply
- The District's plan is called the HealthPartners Distinction Dental Plan –search for HP providers via www.healthpartners.com/dentaldistinctions
- What happens when you visit out-of-network providers?
 - Out of network benefits will be applied



EYEMED Vision Plan

Vision benefits
for every set
of eyes

PIERZ ISD 484

eye
Med



Vision Plan



VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
CONTACT LENSES <i>(Contact Lens allowance includes materials only)</i>		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$150
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$150
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
STANDARD PLASTIC LENSES		
Single Vision	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50
Trifocal	\$20 copay	Up to \$70
Lenticular	\$20 copay	Up to \$70
Progressive - Standard	\$75 copay	Up to \$50
Progressive - Premium Tier 1	\$105 copay	Up to \$50
Progressive - Premium Tier 2	\$115 copay	Up to \$50
Progressive - Premium Tier 3	\$130 copay	Up to \$50
Progressive - Premium Tier 4	\$195 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$23
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$23
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$23
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$20



Vision Plan



ADDITIONAL DISCOUNTS	
VISION CARE SERVICES	IN-NETWORK MEMBER COST
Retinal Imaging	Up to \$39
CONTACT LENS FIT AND FOLLOW-UP <i>(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)</i>	
Fit and Follow-up - Standard	Up to \$40
Fit and Follow-up - Premium	10% off retail price
DISCOUNTED LENS OPTIONS	
Photochromic - Non-Glass	20% off retail price
Polycarbonate - Standard	\$40
Scratch Coating - Standard Plastic	\$15
Tint - Solid or Gradient	\$15
UV Treatment	\$15
OTHER ADD-ON SERVICES AND MATERIALS	20% off retail price



Vision Plan Rates



Monthly Vision Premiums	1/1/23 Rates
Employee	\$5.95
Employee + Spouse	\$11.31
Employee + Child(ren)	\$11.90
Family	\$17.49



Enjoy more extras: Member-only savings & discounts



40% off

additional pair of glasses



15% off

standard LASIK prices or
5% off the promotional price



20% off

any remaining balance
over the frame allowance



15% off

any balance over the conventional
contact lens allowance



20% off

any non-covered items,
including non-prescription
sunglasses



up to 40% off

hearing exams and discounted,
set pricing on hearing aids

At participating in-network providers. Some exclusions may apply. Log into Member Web for details.

How to find an eye doctor



Use the Provider Locator
at eyemed.com



Download and use the EyeMed Members App
(available in the App Store or Google Play)



Check the listing of the closest
eye doctors from your Welcome Kit (you'll
get this after you enroll)



Experience more with member tools

You'll receive an in-home Welcome Kit detailing your new vision benefits and the closest eye doctors. And using your benefits couldn't be easier with access to convenient digital tools.

EyeMed Members App

- Benefits, eligibility and claims at-a-glance
- Find an eye doctor and get door-to-door directions
- Grab special offers
- Load and save prescriptions
- Set exam and contact lens reminders
- Pull up ID card and add to your wallet (for iOS only)

Member Web

- See benefits and eligibility status*
- View Savings Dashboard
- Estimate out-of-pocket costs before your visit to the eye doctor
- Download ID cards and EOBs
- Find an eye doctor
- Check claim status
- Get special offers



*Due to HIPAA regulations, members will not be able to view dependents over the age of 18

Employer-Paid Products





Basic Life and AD&D

- Basic life and AD&D is provided by the school district to eligible employees based on your employment contract

Supplemental Life and AD&D

- Employees – can purchase \$50,000 or \$100,000 of add'l life insurance (up to 7 times your annual earnings)
- Spouses – employees can purchase \$25,000 or \$50,000 of life insurance for their spouses (no more than 50% of employee's supplemental life amount)
- Dependent child(ren) – employees can purchase \$10,000 of life insurance for dependent children up to age 26
- *Remember: update your beneficiaries!!*

RELIANCE STANDARD
LIFE INSURANCE COMPANY



Disability insurance is income insurance

- District provides a 60% LTD benefit, payable after a 60 consecutive calendar day elimination period
- Your LTD benefit varies by union contract



Additional Services



Employee Assistance Program (EAP)



- Employees have access to counselors, 24 hours a day
 - Toll free: 866-451-5465
- Up to 3 in-person assessment & counseling sessions at no cost to employee
- Legal Assistance, Financial Assistance, Child & Eldercare Assistance, Memorial Planning, Stress Management, Relationship problems, Depression
- Virtual Fitness through LIFT - provides you with an easily accessible, effective and affordable way to reach your fitness goals anytime, anywhere for better health. You can work out on your own with personalized programs and access coaches if you have questions OR choose to work under the live supervision of a coach online, in 1-1 personal or group sessions.
- Claimant Assist
 - Toll Free: 866-472-2734

Open Enrollment



Don't Miss Open Enrollment!

**Your Open
Enrollment Period is:**
10/31/22 - 11/11/22



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Questions?





Who can I call?



Benefits Questions:

- **Ashley Veenendaal**, NIS Sr Client Relations; 262-780-1236 or aveenendaal@nisbenefits.com
- **Nancy Bushard**, NIS Account Manager; 262-780-1363 or nbush@nisbenefits.com
- **Aaron Casper**, NIS Consultant; 262-780-1361 or aacasper@nisbenefits.com
- **Jennie Loidolt**, Human Resources Specialist; 320-468-6458 x1901 or jlloidolt@pierz.k12.mn.us

