



# Pierz ISD #484

Open Enrollment  
10/10/2024



# Agenda

- Introductions
- Medical Insurance Definitions
- Consumerism
- Medical Insurance
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Dental Insurance
- Vision Insurance
- Life Insurance
- Long-Term Disability Insurance
- Additional Services
- 2025 Open Enrollment
- Questions



# NIS: Who We Are

# Meet Your Team



Aaron Casper  
Employee Benefits  
Consultant

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



Adam Kuck  
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  
Client  
Relations

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



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.



# Medical 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.

## 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.



# Definitions Continued

## 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.

## 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.



# Consumerism



# How to be a good consumer:

- Use the preventive care portion of your plan
- Use 911 if necessary – If not a life or death situation, evaluate ER needs
- Utilize Virtual Care, Minute clinics or retail clinics
- Inform your doctor/provider if you are on a HDHP
- Shop and compare medical provider charges
- Choose a provider that is In-Network
- Use Generics whenever possible
- Shop for Prescription Costs with GoodRx or similar program
- Check to see if any drug coupons are available
- Talk with Pharmacy Navigator and/or meet with a Pharmacist
- If you are able to pay Medical bills in full until you reach your deductible, call the provider and see if they have any discounts for paying in full





# Medical Plan

# Plan Options

Your insurance carrier is Better Health Collective/BlueCross BlueShield

Your plan offering includes four plan options to choose from:

- \$1,650 Aware Deductible Plan - Smart Plan 1
- \$3,300 Aware Deductible Plan - Smart Plan 3
- \$4,300 Aware Deductible Plan - Smart Plan 5
  
- 9% rate increase, which was below our 12% cap
- All three plan deductibles have indexed up to ensure they remain HSA-eligible

*All plans include preventative eye exams!*



# Plan Design Layout

\$1,650 Aware Deductible Plan - Smart Plan 1	In-Network	Out-of-Network
Deductible (Non-Embedded)	\$1,650 Individual \$3,300 Family	\$3,300 Individual \$6,600 Family
Out-of-Pocket Maximum	\$1,650 Individual \$3,300 Family	\$4,950 Individual \$9,900 Family
Preventative Care	No Charge	Well Child: No Charge Other Services: 80% after Deductible
Office Visit	100% after Deductible	80% after Deductible
Hospital Visit	100% after Deductible	80% after Deductible
Urgent Care	100% after Deductible	80% after Deductible
Emergency Services	100% after Deductible	100% after Deductible
Prescription Coverage	Combined w/ Medical	Combined w/ Medical



Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.

# Plan Design Layout

\$3,300 Aware Deductible Plan - Smart Plan 3	In-Network	Out-of-Network
Deductible (Embedded)	\$3,300 Individual \$6,600 Family	\$6,600 Individual \$13,200 Family
Out-of-Pocket Maximum	\$3,300 Individual \$6,600 Family	\$9,900 Individual \$19,800 Family
Preventative Care	No Charge	Well Child: No Charge Other Services: 80% after Deductible
Office Visit	100% after Deductible	80% after Deductible
Hospital Visit	100% after Deductible	80% after Deductible
Urgent Care	100% after Deductible	80% after Deductible
Emergency Services	100% after Deductible	100% after Deductible
Prescription Coverage	Combined w/ Medical	Combined w/ Medical



Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.

# Plan Design Layout

\$4,300 Aware Deductible Plan - Smart Plan 5	In-Network	Out-of-Network
Deductible (Embedded)	\$4,300 Individual \$8,600 Family	\$8,600 Individual \$17,200 Family
Out-of-Pocket Maximum	\$4,300 Individual \$8,600 Family	\$12,900 Individual \$25,800 Family
Preventative Care	No Charge	Well Child: No Charge Other Services: 20% after Deductible
Office Visit	100% after Deductible	80% after Deductible
Hospital Visit	100% after Deductible	80% after Deductible
Urgent Care	100% after Deductible	80% after Deductible
Emergency Services	100% after Deductible	100% after Deductible
Prescription Coverage	Combined w/ Medical	Combined w/ Medical



Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.



# Plan Rates

\$1,650 Aware Deductible Plan	2025 Rates
Single	\$897.00
Single + Spouse	\$1,918.00
Single + Child(ren)	\$1,673.00
Family	\$2,490.00

\$3,300 Aware Deductible Plan	2025 Rates
Single	\$808.00
Single + Spouse	\$1,727.00
Single + Child(ren)	\$1,506.00
Family	\$2,242.00


\$4,300 Aware Deductible Plan	2025 Rates
Single	\$762.00
Single + Spouse	\$1,629.00
Single + Child(ren)	\$1,421.00
Family	\$2,114.00



# YOUR MEMBER ID CARD

## WATCH FOR YOUR NEW CARD IN THE MAIL

- Begin using your card when your new plan year begins
- Visit [bluecrossmn.com/BCA](https://bluecrossmn.com/BCA) to log in or create a new account



ELIZABETH SAMPLENAME

000000000000

GRP XXXXXXXX

Svc Type XXX

Care Type XXXX

RxBIN XXXXXX

RxPCN XXX

In Ntwk

Out Ntwk

Ind Ded \$ \$

Fam Ded \$ \$

Ind OOP \$ \$

Fam OOP \$ \$

2-5001

0-0000

2-9524

0-2583

2-0820

9-0545

1-4795

2-0900

2-5155

SYMBOLS PRINT HERE

of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association, is serving only as the claims administrator.

# AWARE® PROVIDER NETWORK



With more than **98%** of doctors and **100%** of hospitals in Minnesota, the **Aware® network** gives you broad, open-access to the largest selection of providers in the state.

**20,797** primary care providers<sup>1</sup>

**47,863** specialty care providers<sup>1</sup>

**174** hospitals<sup>1</sup>



When you travel outside of Minnesota, you have access to the large national **BlueCard® PPO network** with access to more than 2 million providers nationwide<sup>2</sup>.



If you travel outside the United States, we have you covered with the **Blue Cross Blue Shield Global® Core network** with access to coverage in 190 countries and territories worldwide.

<sup>1</sup>Numbers are subject to change and are reflective of signed contracts as of June 2023. The Aware Network includes providers one county into the neighboring states of Iowa, South Dakota, North Dakota and Wisconsin.

<sup>2</sup>When seeking care in these counties, search for providers using Aware Network (not BlueCard PPO).

<sup>2</sup>Blue Cross and Blue Shield Association Network Portfolio Statistics, CHP, December 2023 Provider Data

Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

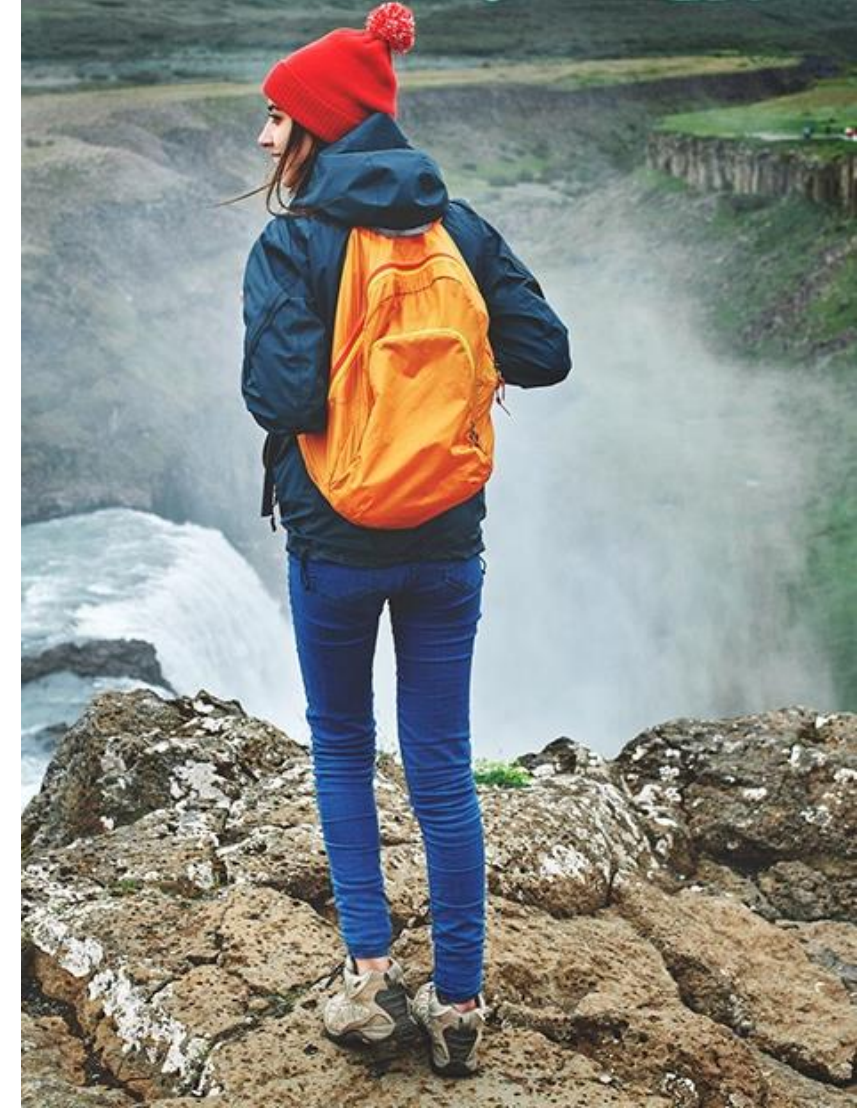
# BLUECARD® PPO



When you travel outside of Minnesota, you have access to the large national **BlueCard PPO network** with access to more than 2 million providers nationwide<sup>1</sup>.



If you travel outside the United States, we have you covered with the **Blue Cross Blue Shield Global® Core network** with access to coverage in 190 countries and territories worldwide.



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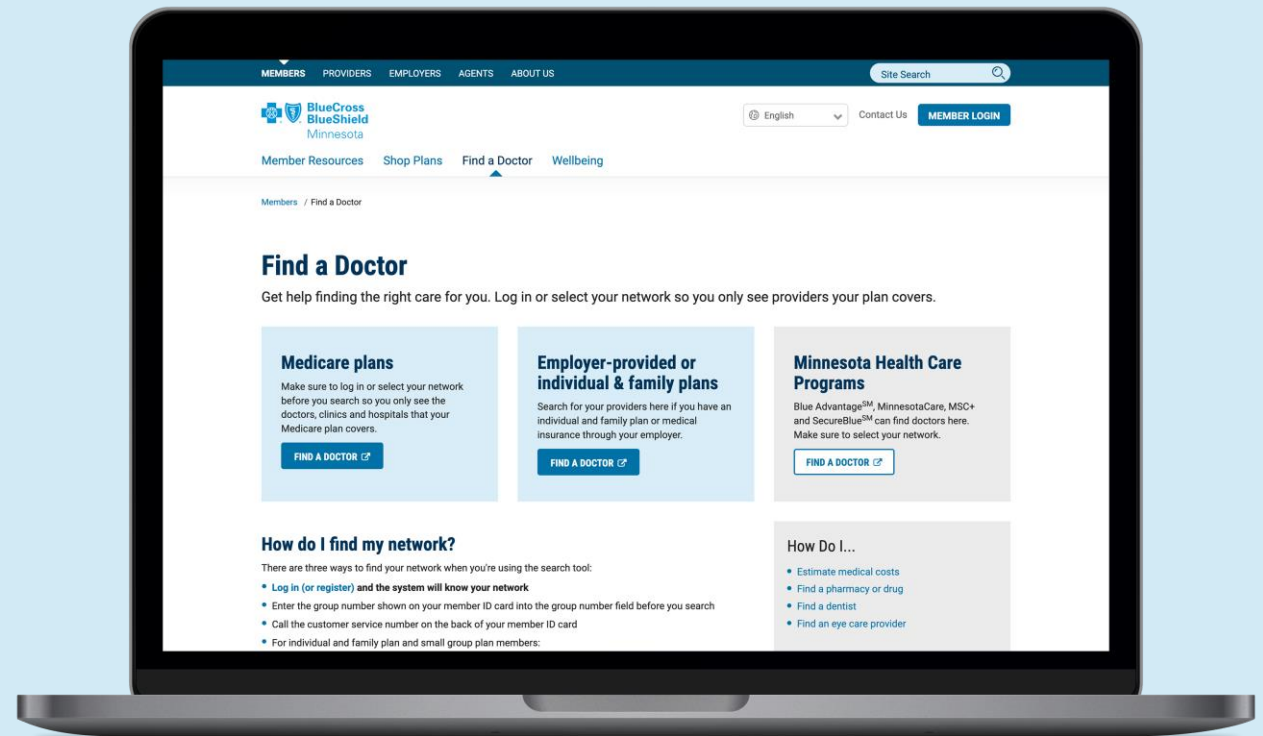
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# FINDING A PROVIDER

Make sure your healthcare providers are in the plan's network to keep your out-of-pocket costs low.

## WHEN SEARCHING FOR A PROVIDER

- Go to [bluecrossmn.com](https://bluecrossmn.com)
- Under the Find a Doctor tab, click on *Find a Doctor*
- Select the network from the drop-down
- Select the box titles “Employer-provided or Individual and Family plans”
- Choose the network (Aware, High Value Network, or BlueCard PPO)
- Complete the search field



Each provider is an independent contractor and not our agent. Designation as Blue Distinction Centers® means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your plan at any facilities, please call Blue Cross and Blue Shield of Minnesota.



# PHARMACY BENEFITS

## NETWORK

Your pharmacy benefit plan uses network called the **Select Pharmacy Network**

- The **Select Pharmacy Network** is a broad network that includes major chains and most other pharmacies
- Visit [bluecrossmn.com](https://bluecrossmn.com) once your plan is effective, select “Benefits” and the “Browse All,” click on “Prime Therapeutics,” select the “Click to Access” button to go to Pharmacy Benefits Manager site

## DRUG LIST / FORMULARY

This is a list of drugs preferred by your plan. Yours is called **FlexRx Closed**:

- **FlexRx** includes a broad, clinically complete list of drugs that includes a balance of generic and brand-name drugs
- **Closed formulary** — coverage is limited to prescription drugs on the formulary, unless medically necessary





# SPECIALTY DRUGS

Complex medical conditions such as multiple sclerosis, hemophilia, hepatitis or rheumatoid arthritis may require specialty drugs. Your plan includes a specialty drug network with pharmacies that specialize in these drugs and the extra support you may need.

These pharmacies provide:

- Expert staff with specialty experience
- Full-service capabilities
  - Integrated care management for a total health perspective
  - Programs to support the right drug and dosage
  - Infusion support
  - Patient assistance
  - Available 24 hours a day, seven days a week
- Disease-specific therapy programs

Call the number on the back of your Member ID card for more information.

## All specialty drugs

### Fairview Specialty Pharmacy

1-800-595-7140

## All specialty drugs except hemophilia drugs

### Accredo

1-866-470-9554

### North Memorial Health

1-877-520-5307

### Allina Specialty Pharmacy

1-866-462-2057

### Sanford Pharmacy

1-701-234-7600

### Essentia Health

1-844-380-5626

1-715-817-7145

### Thrifty White

### Specialty Pharmacy

1-855-611-3399

## Hemophilia drugs

### Children's Home Care

1-866-656-1020

## Oncology drugs

### IntegratedRx

See listing of in-network pharmacies  
at [bluecrossmn.com](https://bluecrossmn.com)

# GENERIC DRUGS

Generic drugs have the same clinical effectiveness as brand drugs but are often much less expensive.

If a generic equivalent is available for your prescription brand-name drug, your plan requires that you take the generic.

If you choose to use a brand-name drug when a generic is available, you will pay the difference in cost, plus any brand-name copay or coinsurance your plan requires. In addition, the difference in cost between the brand-name and generic drug does not count toward your out-of-pocket maximums.



**CHOOSE GENERIC  
AND SAVE**

GENERIC VS. BRAND EXAMPLE: \$485 SAVINGS		
	\$500 BRAND DRUG	\$80 GENERIC DRUG
Member's copay or coinsurance (varies by plan)	\$80	\$15
Cost difference between brand-name and generic	\$420	\$0
Total member cost	\$500	\$15

# PRESCRIPTION DRUGS



## PRIOR AUTHORIZATION

A process to ensure appropriate prescribing and use before a drug will be covered. Coverage may be approved after certain criteria are met.



## QUANTITY LIMITS

Limits the quantity (e.g., tablets, capsules, ounces, etc.) of drugs that can be dispensed over a given period of time to encourage safe and appropriate use.



## STEP THERAPY

A process that requires trying another drug that may be more safe, clinically effective, and in some cases, less expensive before a more expensive drug is approved.

# PRESCRIPTION DRUGS – WHAT YOU NEED TO KNOW

With the move to Blue Cross, please remember that Blue Cross uses a different preferred drug listing, or formulary, than your previous medical insurance carrier. These are some things to consider to ensure as little disruption as possible in receiving your prescription drugs.

Items to consider:

- Am I or my family members taking any prescription drugs that will need to be filled after the effective date of my Blue Cross insurance?
  - Are the drugs on the Blue Cross formulary?
  - Formulary can be accessed [here](#)
  - Do I need to speak with any providers about possible changes to prescriptions?
  - Does my drug require step therapy or prior authorization with Blue Cross, or have quantity limits?
  - Is my drug on the Blue Cross preventive drug list?
    - \$0 copay for generic drugs and \$50 copay for brand name drugs
  - Is anyone in my family using insulin?
    - \$25 maximum member payment
    - Some insulin covered with no member cost share
  - Am I taking a drug to manage a chronic condition?
    - \$25 maximum member copayment for some drugs
  - Is anyone in my family taking a specialty prescription drug?
    - Blue Cross uses different specialty pharmacies
  - Will I want to receive any drugs through mail order?
    - Amazon is Blue Cross' mail order pharmacy

# ONLINE CARE

Get fast, convenient care from Doctor On Demand®

## LET THE DOCTOR COME TO YOU

- Board-certified doctors available 24 hours a day, seven days a week
- Licensed psychologists and psychiatrists available for next-day appointment
- Treat many common medical conditions
- Cost is typically less than an in-person visit



Sign up at [doctorondemand.com/BlueCrossMN](https://doctorondemand.com/BlueCrossMN)



# MATERNITY MANAGEMENT

Healthier babies begin with healthier pregnancies

The maternity management program provides one-on-one support during and after pregnancy with a maternity nurse.

## GET PERSONALIZED ADVICE AND EXPERT ANSWERS

- Guidance for having a healthier pregnancy
- Online tools and resources about prenatal and infant care
- Help preparing for your baby's arrival
- Tips on staying happy and healthy after your baby is born

## CONSIDERING BREASTFEEDING?

Personal electric and manual breast pumps are covered by your health plan. Additional breast pump supplies, including bottles, tubes, shields and freezer packs, are not covered.



Call **1-866-489-6948** or TTY **711**.

Monday through Friday, 8 a.m. to 4:30 p.m., Central Time.





# MENTAL HEALTH RESOURCES

Specialized support for individual needs

## Opioid use program

Get assistance from a behavioral health case manager to identify underlying conditions that contribute to substance use and find appropriate care to support recovery.

## Eating disorder program

Get one-on-one support from a behavioral health case manager for you or a family member recovering from an eating disorder.

## Autism program

Connect with an autism navigator to discuss a new diagnosis, care options, health plan coverage and support.



## GENDER CARE SERVICES

Connect with the Gender Services Team to discuss gender-related care options, health plan coverage and providers.

Visit [bluecrossmn.com/GenderCare](https://bluecrossmn.com/GenderCare) or call **1-866-694-9361**



Call the number on the back of your member ID card.

# QUITTING TOBACCO AND VAPING

Make a solid plan to kick nicotine products for good.

## QUITTING IS HARD. BUT YOU'VE GOT SUPPORT.

A wellness coach will work with you to develop a quit plan tailored to you:

- Identify potential hurdles
- Create strategies to manage urges
- Check in regularly

You'll also have access to online resources to help keep you on track.



Call **1-888-662-BLUE (2583)** or TTY **711**.

Monday through Thursday, 8 a.m. to 8 p.m., Central Time  
Friday, 8 a.m. to 6 p.m.



# WELLNESS DISCOUNT MARKETPLACE

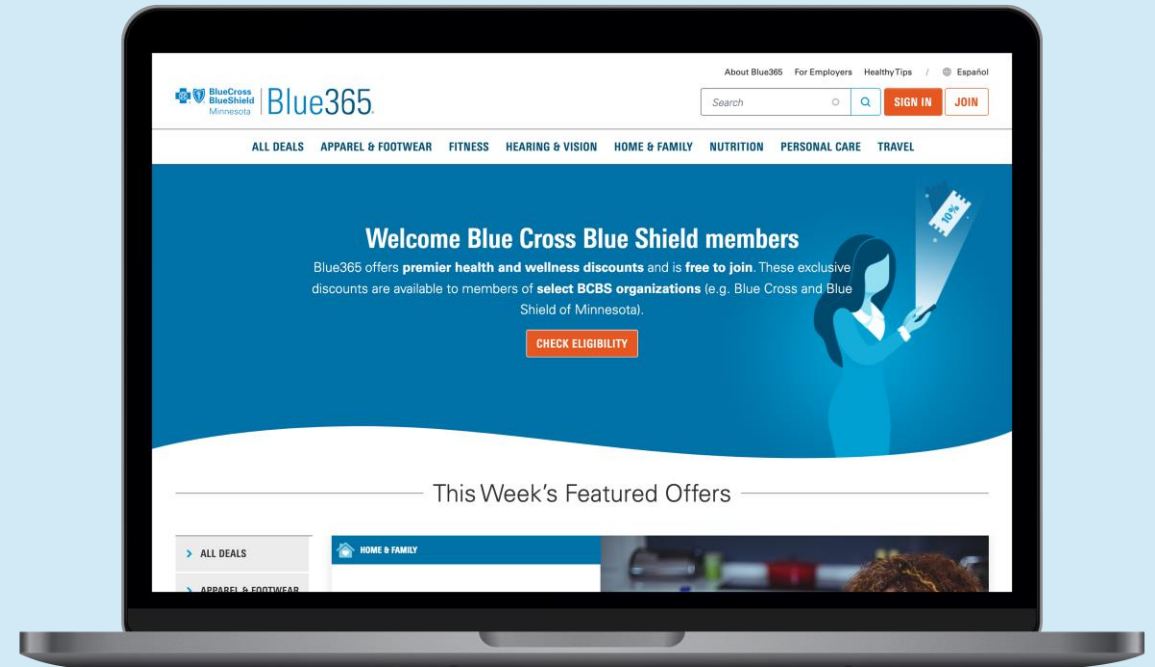
Take advantage of premier health and wellness discounts

Get discounts on products and services that complement your health from Blue365®. Weekly deals from leading national brands on:

- Gym memberships and wearable devices
- Healthy eating options
- Personal care (e.g., LASIK, dental care, acupuncture, massages, etc.)
- Travel
- And more



Visit [blue365deals.com/BCBSMN](https://blue365deals.com/BCBSMN)



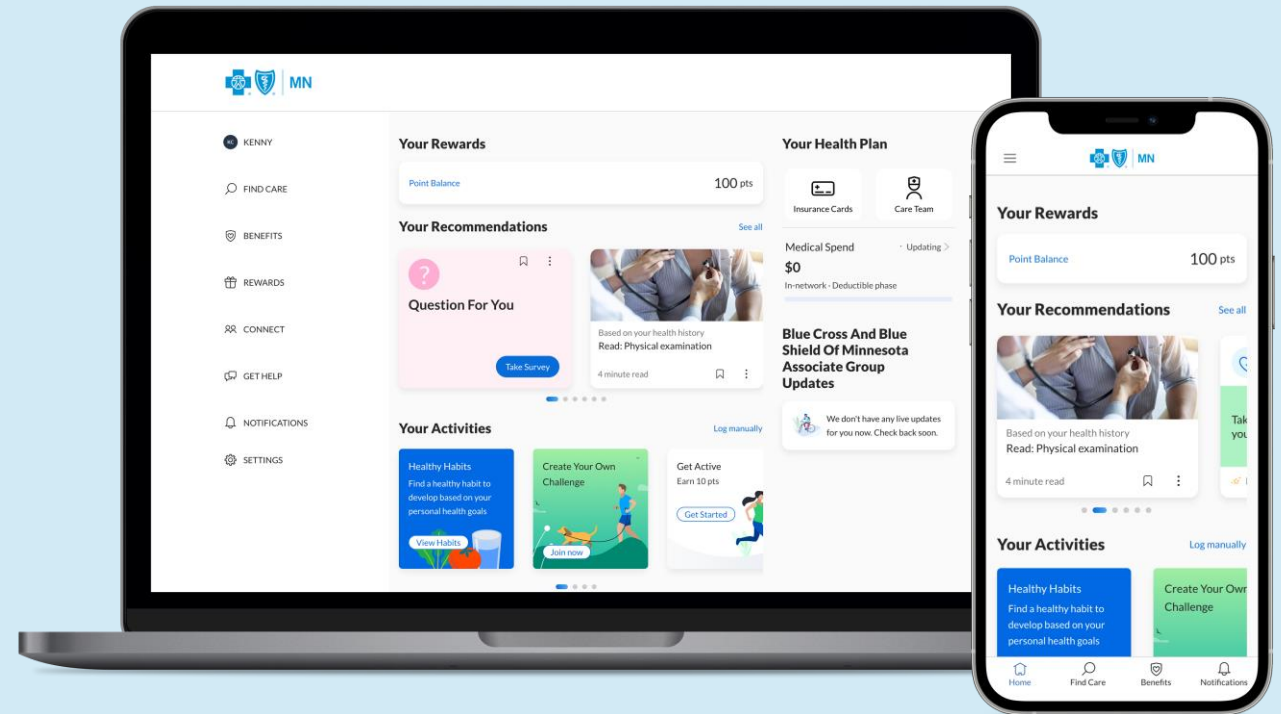
Blue365® © 2000 – 2018 Blue Cross and Blue Shield Association — All Rights Reserved. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and / or Blue Shield Companies. Blue365 offers access to savings on health and wellness products and services and other interesting items that members may purchase from independent vendors, which are not covered benefits under your policies with your local Blue Company, its contracts with Medicare, or any other applicable federal health care program. These products and services will be offered to you through the entire benefit year. During the year, the independent vendors may offer additional discounts on these products and services. To find out what is covered under your policies, contact your local Blue Company. The products and services described on the site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. Blue Cross and Blue Shield Association may receive payments from vendors providing products and services on or accessible through the site. Neither Blue Cross and Blue Shield Association nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or site.

# BLUE CARE ADVISOR<sup>SM</sup>

Connect to everything you need to manage your health.



Blue Care Advisor lets you connect to all your benefits, so you can see your medical and pharmacy claims, programs, and more. You'll get information based on your benefits and history along with recommendations on steps you can take to improve your health.



# BLUE CARE ADVISOR<sup>SM</sup> IS PERSONALIZED TO YOU

## ACCESS YOUR BENEFITS ANYWHERE



View important plan and benefit information



Track medical and pharmacy spend



Access your Member ID card from anywhere



Receive personalized support and important reminders



Find high-quality providers with expertise that fits you



Compare costs to keep healthcare spending in check

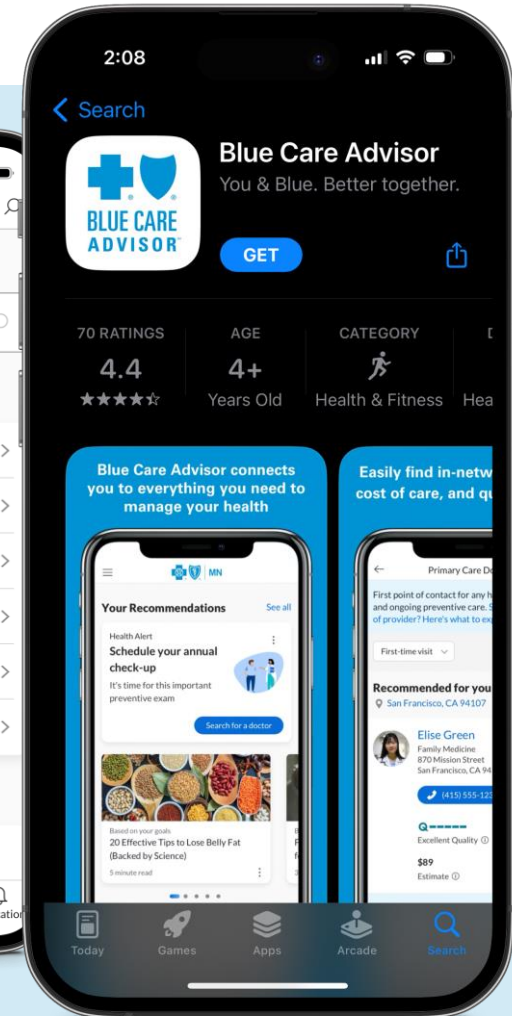
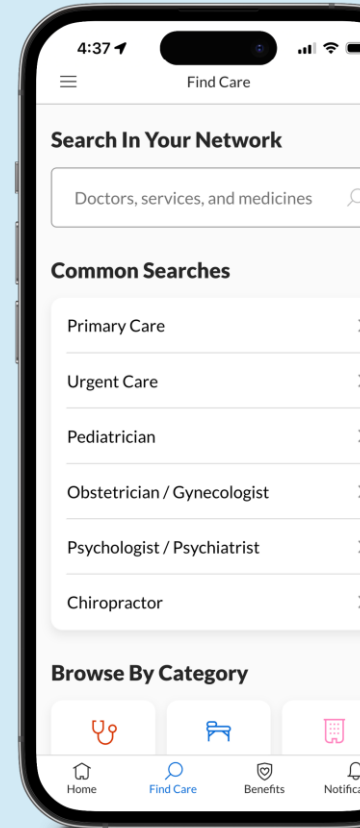
# GETTING STARTED

Blue Care Advisor<sup>SM</sup> connects you to everything you need to easily manage your healthcare, meet your goals and live healthier.

Once your plan is in effect, visit [bluecrossmn.com/BCA](https://bluecrossmn.com/BCA) or download the mobile app.



- If you have an existing Blue Cross account, log in with the same username/password
- If you don't have an account, you will need your Blue Cross Member ID card to register





# Omada for Diabetes

## Improve Blood Glucose Control

### Program Goals



Achieve and maintain target blood glucose levels



Reduce the risk of complications and diabetes distress



Build confidence to self-manage medications

### Program Features

- **Certified Diabetes Educator (CDCES)**
- **Real-time interventions**
- **T1 & T2 Specific Peer Groups**
- **Continuous Glucose Monitor**
- **Blood Glucose Meter w/automatic refilled test strips & lancets**
- **Additional Devices as needed (scale & BP Cuff)**



# Omada for Hypertension

## Improve Blood Pressure Control

### Program Goals



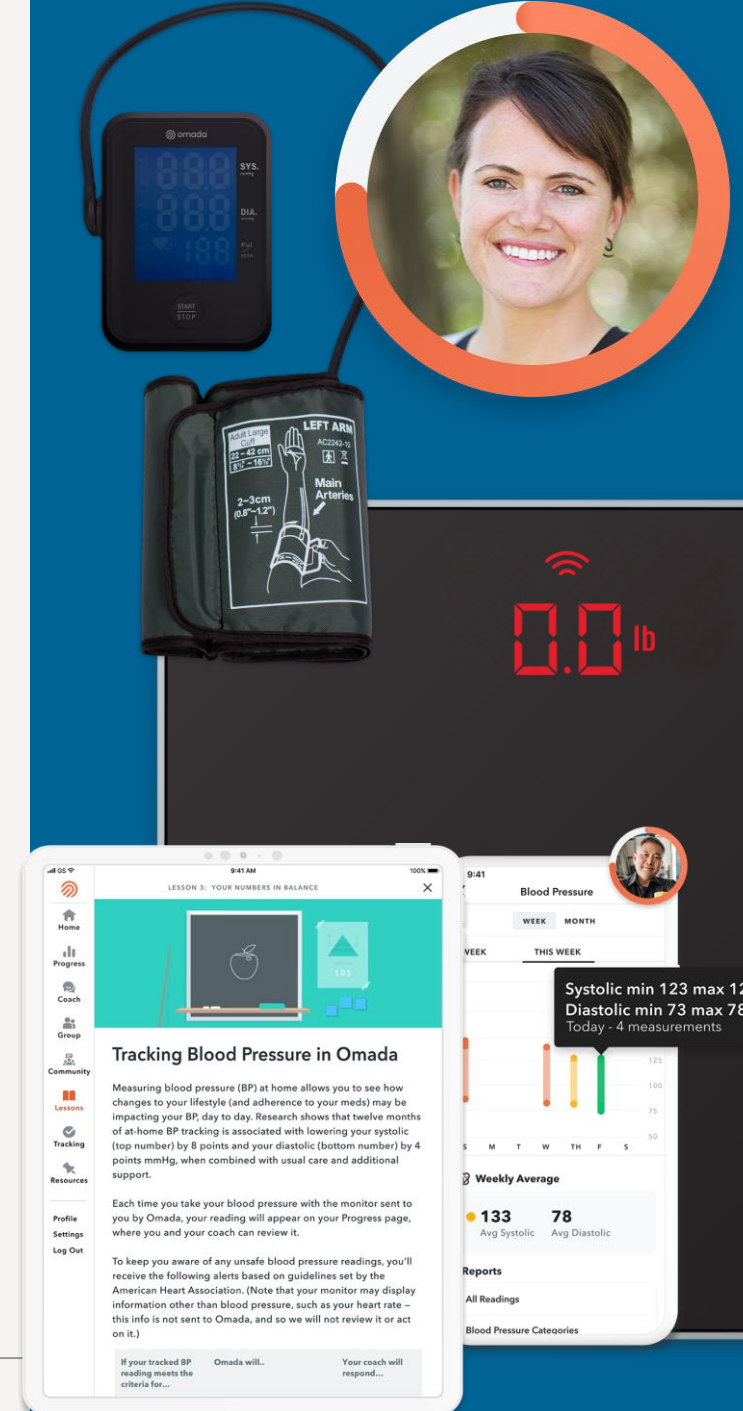
Achieve target blood pressure



Reduce cardiovascular risks

### Program Features

- **Health coach & HTN Specialist**
- **HTN curriculum**
- **Real-time meaningful interventions**
- **Peer Group & Topic-based communities**
- **Connected Devices**



# Progyny Fertility and Family Building

Progyny partners with the Better Health Collective to provide an inclusive family building benefit. Progyny's mission is to provide a healthy, timely, and supported family building journey.



## Comprehensive Coverage

Fertility treatment coverage and family building services for every unique path to parenthood.



## Personalized Support

Unlimited clinical and emotional support from a dedicated Patient Care Advocate (PCA).



## High Quality Care

Convenient access to a network of top fertility specialists across the US.

To learn more and activate your benefit, call: 833.208.8447

# TELUS Health

## Employee Assistance Program (EAP)

**TELUS Health EAP** is a confidential service that gives you access to professionally trained counselors and advisors to help with any issues that are affecting your personal or work life:

- Anxiety, Depression, Stress, Grief, Loss
- Work-Related Problems, Job Stress/Burnout
- Substance Abuse/Addictive Behavior
- Relationship Issues, Separation and Divorce
- Work and Life Resources - Childcare, Eldercare, Resources within your Community
- Financial and Legal advice/referrals including free 30-minute consultations

Connect with a counselor/advisor via mobile app, phone, online chat and video-based counseling

EAP includes up to **5** counseling sessions per issue, per year (in-person, telephonic, virtual)

Available to you and your household family members 24/7/365



Call **TELUS Health EAP** anytime, 24/7  
Visit online: [one.telushealth.com](https://one.telushealth.com)  
Download the mobile app: **TELUS Health One**





If you're struggling with joint or muscle pain, get relief with guided virtual exercise therapy.

Digital physical therapy offers a less costly and more accessible alternative to in-person therapy. Hinge Health goes beyond traditional digital models to provide comprehensive, one-on-one care from prevention to post-surgical recovery.

Hinge Health surrounds members with a full clinical care team including physicians, physical therapists, nurses, nutritionists and counselors, as well as health coaching and expert medical opinion resources. A single platform, all-in-one app experience and wearable, sensor-based technology make it easy for participants to engage. Members can also get a wearable device for instant pain relief.



Scan the QR code to learn more about Hinge Health's virtual therapy programs.

Neck & Upper Back

Shoulders

Elbows, Forearms, Wrists  
& Hands

### Lower Back & Hips

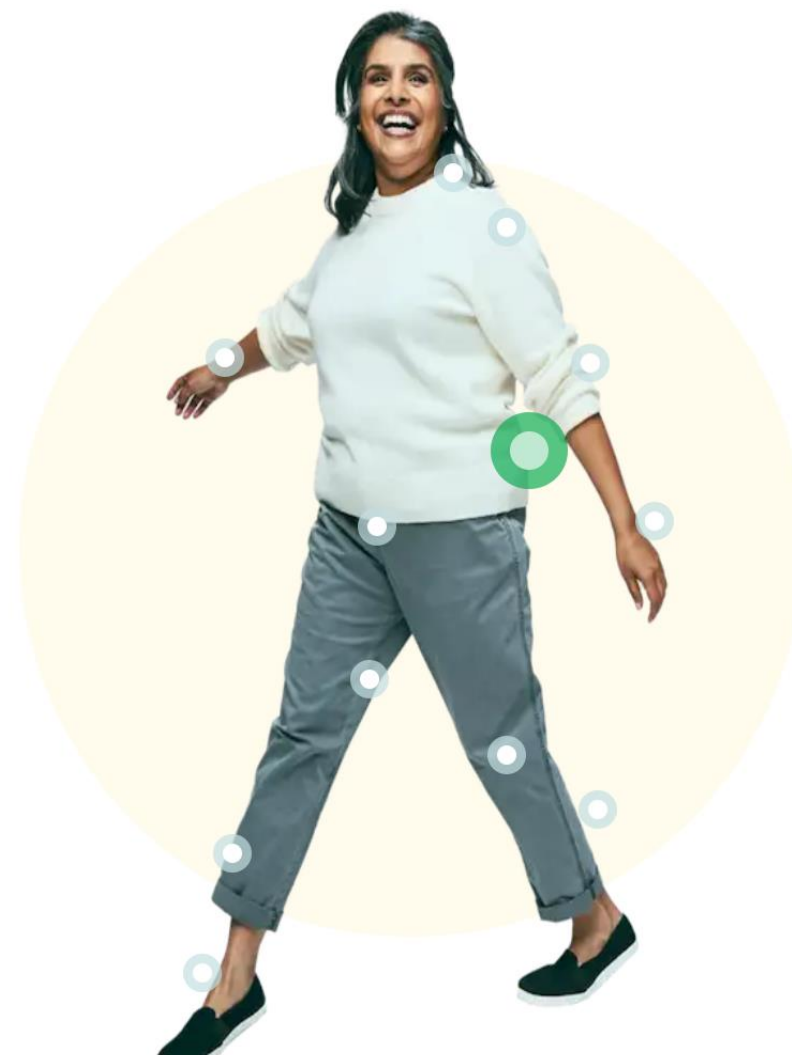
Strengthen muscles from your lower back to your hips to sit, stand, and move with greater stability.

Pelvic region

Thighs & Knees

Shins & Calves

Ankles & Feet



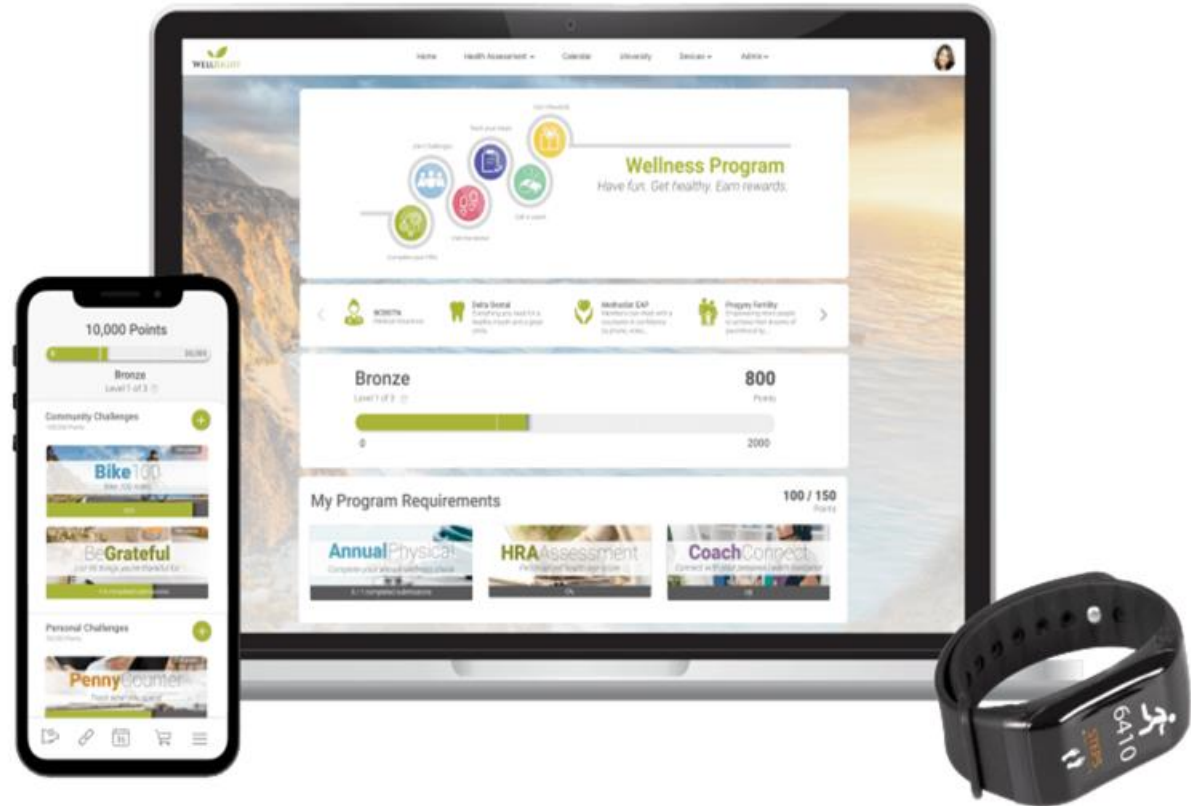


WellRight Portal  
*Managed by HealthSource Solutions*



# WellRight Portal Highlights

- ✓ 400+ Individual and Team Challenges
- ✓ Mobile App
- ✓ Text Tracking and Reminders
- ✓ Fitness Device Integration
- ✓ Health Education Video Courses
- ✓ Leader Boards and Team Challenges
- ✓ Up to a **\$250 Annual Reward**





# Wellness Program - Earn points, get \$\$\$!

Focus	What?	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
Open Enrollment Challenge	Attend the open enrollment meeting	10 points

## 2025 Program

The new program launches Thursday, January 2<sup>nd</sup>!

Log back into [sourcewell.wellright.com](https://sourcewell.wellright.com) or look for an activation email from [communications@wellright.com](mailto:communications@wellright.com) to get started.

Together, let's embrace the new year as an opportunity to prioritize our well-being and make lasting positive changes.



# Health Savings Account (HSA)

# Eligibility

- ✓ Funds can be contributed by employer or employee
- ✓ Elect an HSA qualified High Deductible Health Plan(Even if you don't elect coverage through the District)
- ✓ Are not claimed as a dependent on someone else's tax return
- ✓ Have no other health plan coverage (including spouse's medical FSA, unless it is a HDHP)
- ✓ Are not enrolled in Medicare(generally that's age 65)



# Your Health Savings Account (HSA)



Account you own that works with your HSA-qualified health plan. The account stays with you, even if you change jobs or retire. You can also assign a beneficiary.



Allows you to set aside a portion of pretax payroll  
2025:  
\$4,300 for single  
\$8,550 for family  
(For 55+, you can contribute an additional \$1,000)



Triple tax advantaged. You pay no taxes on the money you place in the account – or funds you use for qualified medical expenses



Any interest earned is tax-free



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



Investment options may be available



# You Can Use Your HSA to Pay for:

## These You Can't Pay for:

- Health insurance premiums while actively employed
- Costs that aren't considered qualified medical expenses as defined by the IRS under IRS Section 213(d)



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

## You Can Use Your HSA to Pay for:

- Medical expenses that your plan doesn't cover
- Over-the-counter medications, supplies, and some feminine hygiene products
- Deductible-related expenses, copays, coinsurance and prescription drugs
- Dental and vision care expenses
- COBRA and Medicare Premiums after separation of service







# Flexible Spending Account (FSA)

# How Your Medical FSA Works

1

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

2

Equal pretax Portions  
are deposited from  
your paycheck into  
the account

3

Total amount  
is available day one.  
Pay for qualified costs,  
tax free

4

A Spouse  
in another plan may  
also open an FSA.  
Spouses and  
Dependents can use  
the funds

5

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

6

A Medical FSA  
is a “use it or lose it”  
account<sup>1</sup>, cannot be  
invested, and does not  
accumulate interest

7

2025:  
\$3,300 IRS  
contribution  
limit

<sup>1</sup> 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 a Medical FSA to Pay for:

## These You Can't Pay for:

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



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

## Medical Expenses that Your Plan Doesn't Cover:

- Expenses under IRS Section 213(d)
- Over-the-counter medications, supplies, and some feminine hygiene products
- Copayments, coinsurance and prescription drugs
- Dental and vision care expenses
- Expenses for you, your spouse, and any health plan dependent
- If you are contributing to an HSA, your FSA should be limited to vision and dental expenses until your health plan deductible has been met



# Documentation: Good vs. Bad

## Good!

- ✓ Explanation of Benefits (EOB)
- ✓ Itemized statement (left)
- ✓ Co-Pay receipts or invoices if no insurance
- ✓ MUST be from the provider/insurance company (EOB), include the date of service, type of service, cost of service, and participant name

FORWARD SERVICE REQUESTED

For Billing Inquiries Call:

Sample Medical Care Provider  
(800) 000-0000

Sample Participant  
1234 ABC Street  
Somewhere, State 12345

Messages:

- PAYMENT DUE DATE: 30 DAYS FROM THE STATEMENT DATE
- You may now access your account online

Statement Detail Statement Date: 2017-12-17 Account No. 1234

Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
12345	2017-01-01	2017-01-01	8297 Sample Testing	150.00		
12345	2017-01-01	2017-01-01	8237 Sample Testing	75.00		
12345	2017-01-01	2017-01-01	2347 Sample Testing	207.00		
12345	2017-01-01	2017-01-01	Patient Payment		45.00	
12345	2017-01-01	2017-01-01	Sample Insurance Payment		150.00	
12345	2017-01-01	2017-01-01	Sample Insurance Adjustment		125.00	
12345	2017-01-01	2017-01-01	Your Balance Due on These Services			112.00

Payment Due  
112.00

# How Your Dependent Care FSA Works

1

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

2

Equal pretax Portions  
are deposited from  
your paycheck into  
the account

3

Funds become  
available as payroll  
deductions take place.  
Pay for qualified costs,  
tax free

4

HSA contributions do  
not impact ability to  
access dependent  
care FSA

5

Use a  
a debit card to pay  
some providers for  
eligible expenses

6

A Dependent Care FSA  
is a “use it or lose it”  
account<sup>1</sup>, cannot be  
invested, and does not  
accumulate interest

7

2025:  
\$5,000 per family or  
\$2,500 per individual  
if married and filing  
separately

<sup>1</sup> 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 a Dependent Care FSA to Pay For:

## These You Can't Pay for:

- Overnight camps



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

## Things You Can Pay For:

- Childcare for child under age 13
  - Nanny and au pair services
  - Summer day camp
  - Preschool
- Eldercare
  - Elder daycare
  - Work-related custodial elder care
- Care-associated costs
  - Transportation costs to and from eligible care
  - Late pick-up fees
- If you have an HSA, there are not restrictions in making an election to dependent care FSA





# IRS Regulations

## Qualifying Life Events:

- Marital status
- Number of dependents
- Employment status
- Provider change
- Provider costs or coverage change
- 30 days to make changes



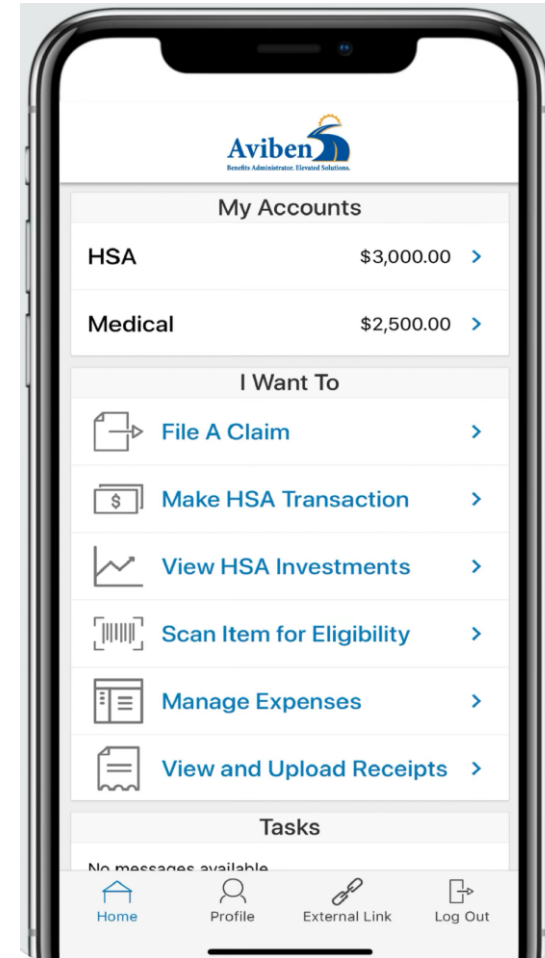
# Mobile App

Easy to use tool that features:

- View account details and account balances
- Submit claims
- Snap a photo of a receipt and submit with a new or existing claim
- Barcode scanner
- Report debit card lost or stolen
- Aviben mobile app available both on iOS and Google Play Store



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





# Dental Insurance

# Dental Plan Highlights

Covered Services	Benefit Level 1	Benefit Level 2	Out-of-Network
Deductible	\$25/Individual \$75/Family	\$50/Individual \$150/Family	\$50/Individual \$150/Family
Annual Benefit Maximum	\$1,500 per person per calendar year	\$1,000 per person per calendar year	\$750 per person per calendar year
Preventative Services	100% after deductible	100% after deductible	100% after deductible
Basic Services I	80% after deductible (no waiting period)	80% after deductible (6-month waiting period)	50% after deductible (6-month waiting period)
Basic Services II	80% after deductible (no waiting period)	50% after deductible (6-month waiting period)	50% after deductible (6-month waiting period)
Major Services	50% after deductible (no waiting period)	50% after deductible (12-month waiting period)	Not Covered

Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.



# 100% dental coverage for kids

**Starting healthy habits early in life means fewer cavities, fewer missed school days and more smiles to last a lifetime.**

Add your kids to your dental plan and make their first appointment with a network dentist.

## **Little Partners<sup>SM</sup> dental benefit for children 12 and younger:**

- 100% coverage at an in-network dentist
- Pay nothing at the dental office – no coinsurance or deductible
- No limit on dental care (excluding orthodontia)





# Unlock extra dental health benefits

Your dental health has an impact on your overall health. And when your dental health needs extra care, MouthWise Matters provides added benefits for people who are pregnant or living with diabetes.

**For those living with diabetes or who are pregnant, HealthPartners MouthWise Matters covers:**

- 100% of in-network services to help control gum disease – no coinsurance or deductible, even if you've hit your annual max
- Extra dental checkups and cleanings
- Root planing and scaling – a deep cleaning for your teeth





# Dental Premiums

Coverage Level	Renewal Rates
Employee	\$39.09
Employee + 1	\$77.77
Family	\$117.23

\*Rates increased 6%





# Vision Insurance

# Vision Plan Highlights

Covered Services	Amount (In-Network)
Frames (Every 24 months)	\$0 Copay; 20% off balance over \$150 allowance
Lenses (Every 12 months)	\$20 Copay
Contact Lenses (in lieu of lenses) (Every 12 months)	\$0 Copay; 15% off balance over \$150 allowance

Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.



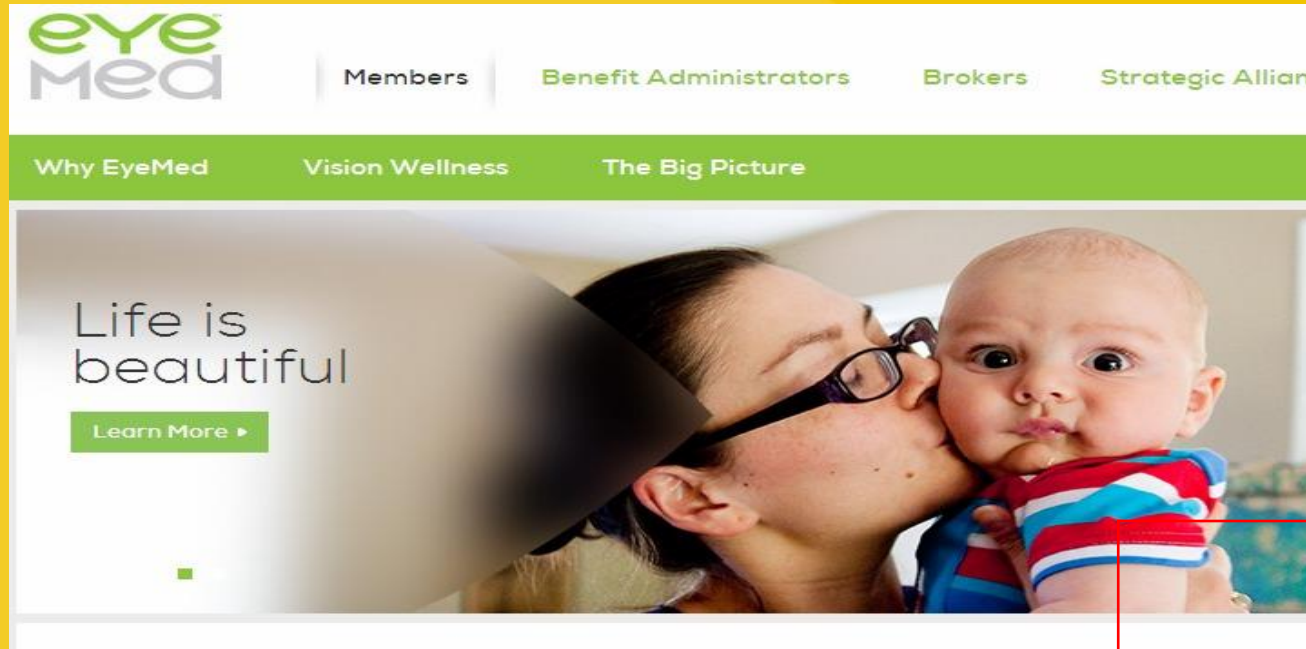
# Vision Plan Rates

Vision Premiums	Rates
Employee Only	\$5.95
Employee + Spouse	\$11.31
Employee + Child(ren)	\$11.90
Family	\$17.49



# How to Locate A Provider

WWW.EYEMED.COM



Wondering  
where to get  
your next eye  
exam?

We have 65,000 vision care providers  
to choose from. Find the one nearest  
you.

Select network ▼

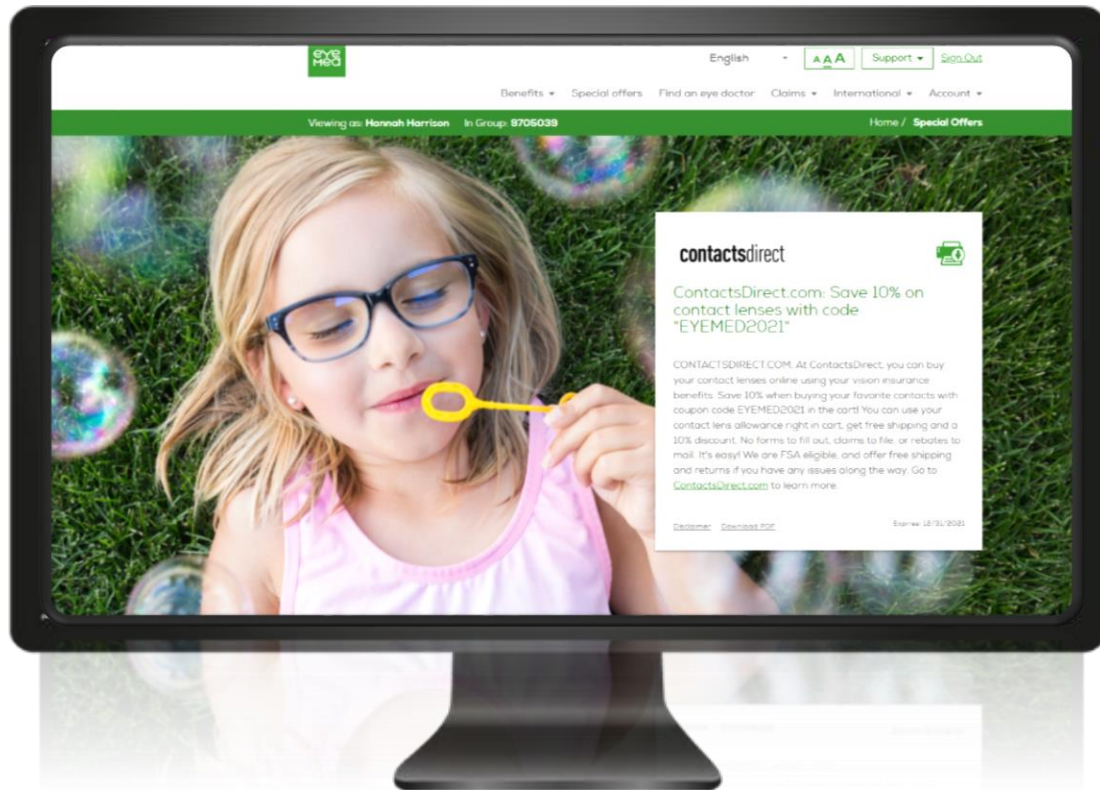
Zip code

Let's go ►

HIGHLIGHT THE “Insight” NETWORK

ENTER THE DESIRED ZIP CODE

# Members-only special offers and discounts



Current sample offers include:

Extra \$50 off at LensCrafters in addition to your EyeMed benefits

LENSCRAFTERS®

\$50 toward your purchase at Pearle Vision

PEARLE VISION®

Up to \$150 off an annual supply of contact lenses at Target Optical

OPTICAL®

Extra 10% off

contactsdirect

eye  
Med

<sup>1</sup>EyeMed Client Satisfaction Survey completed by customers, conducted by Walker, 2020. See offer for any exclusions. Discounts are not insurance.



# 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.

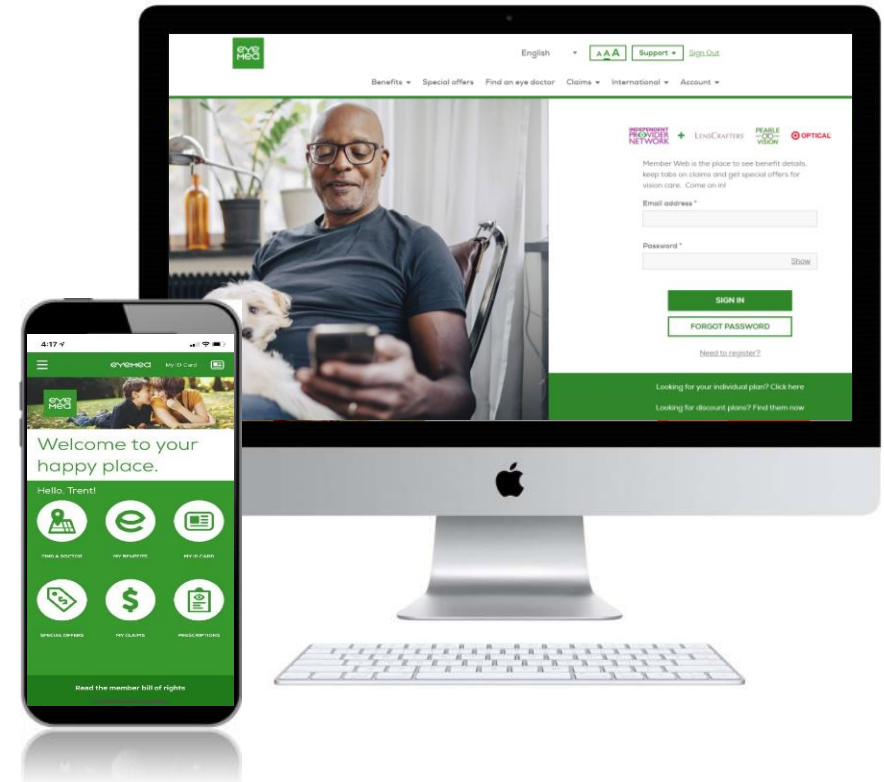
Access our Before You Go cost transparency tool as well!

## 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





# Life Insurance

# Basic Term Life Insurance



## Basic Life

- Employer Paid Premiums
- Benefit amounts vary per contract
- Eligibility requirements

## Supplemental Life

- Employee-paid premiums
- Employees – can purchase \$50,000 or \$100,000 of additional 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

**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY

# Life Insurance Beneficiaries & Continuation

## Reminder and Options



### Beneficiary Designations

- Review and update your beneficiaries periodically
- Events such as marriage, birth/adoption of children, divorce, or death may change how you want your life insurance benefit paid.



### Continuation

- Take your Life Insurance coverage with you after active employment
- No health questions needed
- Rates are generally higher than active rates

**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY



# Long-Term Disability Insurance

# Long Term Disability Insurance



## YOUR MONTHLY BENEFIT

- 60% of your monthly earnings based on pre-disability earnings
- Maximum amounts vary per contract
- Employer Paid Premiums



## WHEN BENEFITS BEGIN

- 60 consecutive calendar days after you become disabled



## WHEN BENEFITS END

The earlier of:

- The date you are no longer disabled
- Your normal Social Security Retirement Age

*Please refer to employment contract for individual benefits*



**RELIANCE STANDARD**  
LIFE INSURANCE COMPANY





# Value Adds



# Employee Assistance Program

Access to masters-degreed counselors 24-hours a day through

Toll-free number 866.451.5465

Online [www.niseap.com](http://www.niseap.com)

- Login: NISEAP
- Password: EAP (case sensitive)

Up to three in-person assessment and counseling sessions

Depression, Stress Management, Anxiety, Marital Difficulties, Relationship Problems, Family Conflict, Financial or Legal Concerns, Eldercare, Childcare, etc.

LIFT (virtual fitness)

Work out with personalized programs and access coaches if you have questions or choose to work out under the live supervision of a coach online, in 1-1 personal or groups sessions.





# 2025 Open Enrollment

# Don't Miss Open Enrollment!

2025 Open Enrollment Period is:

10/28-11/8

You can sign up for or  
change plans during  
open enrollment





# Questions?

# Questions

## Who Can I Call?

- Benefits Questions:
  - Ashley Veenendaal, NIS Client Relations; 262.780.1236 or [aveenendaal@nisbenefits.com](mailto:aveenendaal@nisbenefits.com)
  - Adam Kuck, NIS Account Manager; 262.780.1326 or [akuck@nisbenefits.com](mailto:akuck@nisbenefits.com)
  - Aaron Casper, NIS Consultant; 262.780.1361 or [aacasper@nisbenefits.com](mailto:aacasper@nisbenefits.com)
  - Jennie Loidolt, Human Resources Specialist; 320.468.6458, ext. 1901 or [jloidolt@pierzschoools.org](mailto:jloidolt@pierzschoools.org)