

2022 -2023 OPEN ENROLLMENT BENEFIT INFORMATION

Open Enrollment Period: Wednesday, April 27 through Friday, May 13, 2022

FIND OPEN ENROLLMENT AND ALL BENEFIT INFORMATION ONLINE AT WWW.DISTRICT196.ORG/BENEFITS

MEMORANDUM

TO: District 196 Benefit Eligible Employees

FROM: Human Resources Department

The 2022-2023 Open Enrollment period will be from Wednesday, April 27, 2022 through Friday, May 13, 2022. This is the time to review your benefit needs for the next plan year.

Open enrollment is the **only** time you can change benefits or add/drop dependents during the plan year, unless you experience a qualified family status change (including, but not limited to, birth/adoption, death, marriage, divorce, and ineligibility of a dependent). Elections and/or changes made to your benefits during open enrollment are effective July 1, 2022.

Health plan and/or dental plan elections will be completed online by logging on to [Skyward employee access](#) and completing the online process to enroll, drop, or change your insurance coverage. **NOTE: Not making changes? No action is needed. Your current insurance elections will continue to 2022-23.**

Flexible Spending Medical and/or Dependent Care Account (FSA) participation requires an annual enrollment. **You must make elections each year in order to participate in the FSA plan.** We are pleased to inform you that OneBridge is our new Flexible Spending Account (FSA) Plan Administrator. Enroll in the FSA medical and/or dependent care accounts on-line with [Benefits WayFinder](#)

Enclosed in this Open Enrollment document you will find following:

- HealthPartners Health Insurance Plan (no changes to plan design)
- HealthPartners Dental Insurance Plan
 - *Applies to clerical, custodial, transportation and food service employees only*
- Employee Assistance Program – Available to ALL employees!
- Flexible Spending Medical and/or Dependent Care (FSA)
 - Plan Administrator Transition & Online Enrollment
- 403(b)/457(b) Retirement Savings Plan Information
- Notice of Premium Assistance Under Medicaid

Find open enrollment and all employee benefit information at www.district196.org/benefits

Have questions? Please send an email to HR-Benefits@district196.org or call insurance specialist

Deanna Davis
651-423-7769

or

Suzi Olson
651-423-7681

HealthPartners Health Insurance Plans

Plan Choices

You may select one of two district self-funded HealthPartners health plans:

\$25 Copay Plan

\$1,000 Deductible Plan

A benefits summary comparison of the two plans is included in this packet. Compare the two health plans considering your estimated out-of-pocket costs, including what you will pay in premium, to determine the plan that best suits your needs. The provider network, drug formulary and drug copays are the same for both plan options. Both plans also cover in-network preventive care at 100%.

Premiums Increase 5% for 2022-23

The District health plans are self-funded which means the District is responsible for paying all plan costs. The dollars collected through both District and employee health plan contributions are used to pay the health care claims costs plus plan administration costs.

Monthly Total Premiums*- effective 7/1/22

Coverage	Copay Plan	\$1,000 Deductible Plan
Single	\$799 / month	\$693 / month
Employee + 1	\$1,777/ month	\$1,546 / month
Family	\$2,355 / month	\$2,048 / month

Please note these rates reflect the **total monthly premium for coverage, **not the employee cost**. For benefit eligibility requirements and district contributions, please refer to the working agreement or benefit provisions for your employee group. Please watch your email inbox for 2022-23 Health Insurance – Monthly Rates specific to your employee group.*

Health Insurance Changes Allowed During Open Enrollment

Eligible employees may use this open enrollment opportunity to:

- Enroll in one of the health insurance plans
- Change between the Copay Plan and Deductible Plan (*only time of year this is allowed*)
- Discontinue coverage
- Add or drop eligible dependents (see next page)

Enroll or Make Health Plan Changes Via Skyward Employee Access



Log on to [Skyward employee access](#) to make your election or changes or find the Skyward link on the District website under “Staff.” Once in Skyward, click on the 2022-23 Open Enrollment icon, then complete the steps to make the desired health plan election and hit “submit” – no paper form or mailing is required! **Print the verification page for your records.** Health insurance open enrollment changes will be effective July 1, 2022.

Need assistance logging on to Skyward? Call 651-423-7759. If you have district email, your Skyward logon is your *firstname.lastname* and your password is the same password used for your email.

HealthPartners Health Insurance Plans - Continued

Review current benefits prior to starting online open enrollment form:

To review your current 2021-2022 health and/or dental benefit elections and covered dependents log in to [Skyward employee access](#) and

- Select the tile named “Employee Plan Enrollments”
- Select  left of benefit plan
- Select Coverage Months and select  left of April, this entry will take you to “Details” Screen
- Select Dependents – list of covered dependents for this benefit will display
- Determine if any changes are needed during the Open Enrollment period

Health Plan and HRA/VEBA Summary of Benefits Coverage (SBC)

All health plans are required to make a SBC’s available to health plan participants and beneficiaries during open enrollment. You can access the SBC’s for the District’s Health Insurance Plans and HRA/VEBA Plan at www.district196.org/benefits. Paper copies of the SBC’s are also available upon request by contacting Human Resources at 651-423-7769 or 651-423-7681.

Eligible Dependents

1. **Spouse.** This is a Covered Employee's current legal spouse. Employees must notify the insurance office within 60 days of a divorce if the former spouse has been a dependent on the District's health plan.
2. **Child.** This is a Covered Employee's (a) natural or legally adopted child; (b) child for whom the Covered Employee or the Covered Employee's spouse is the legal guardian; (c) step-child of the Covered Employee (that is, the child of the Covered Employee's spouse); or (d) a child covered under a valid qualified medical child support order which is enforceable against a Covered Employee. Coverage will terminate the end of the month in which the child turns age 26.
3. **Qualified Grandchild.** This is a Covered Employee's unmarried grandchild who is a newborn, and who resides with and is financially dependent on the covered grandparent. Coverage will terminate the end of the month in which the dependent grandchild turns age 26.
4. **Disabled Dependent.** This is a Covered Employee's dependent as referred to in 2. or 3. above, who is beyond age 26 and is physically handicapped or mentally disabled, and dependent on the Covered Employee for the majority of his/her financial support. The Covered Employee must give the Plan Manager a written request for coverage of a disabled dependent. For more information contact HealthPartners.

Notice of Creditable Coverage for Medicare Eligible Participants

You can find the notice of creditable coverage at www.district196.org/benefits or by contacting Human Resources at 651-423-7769 or 651-423-7681.

Independent School District 196
Health Insurance Plan Comparison
2022 - 2023

	HealthPartners Open Access Choice \$25 Copay Plan			HealthPartners Open Access Choice \$1,000 Deductible Plan		
	Open Access Network In Network Benefits	Out-of-Network Out-of-Network Benefits		Open Access Network In Network Benefits	Out-of-Network Out-of-Network Benefits	
	Unlimited	\$2,000,000		Unlimited	\$2,000,000	
Lifetime maximum	None	\$200 per person per calendar year \$600 per family per calendar year		\$1,000 per person per plan year \$2,000 per family per plan year	\$2,000 per person per plan year \$4,000 per family per plan year	
Annual Out of Pocket Maximum	\$2,200 per person per calendar year \$4,400 per family per calendar year	\$3,200 per person per calendar year \$5,400 per family per calendar year		\$1,500 per person per plan year \$3,000 per family per plan year	\$3,500 per person per plan year \$5,500 per family per plan year	
Preventive Health Care						
Routine Physicals	You pay nothing	You pay nothing		You pay nothing	You pay 35% after deductible	
Prenatal Postnatal Care	You pay nothing	You pay nothing		You pay nothing	You pay 35% after deductible	
Office Visits						
Illness or injury PT, OT & ST	You pay \$25 per visit	You pay 25% after deductible		You pay 20% after deductible	You pay 35% after deductible	
Chiropractic Services						
Mental Health						
Chemical Health						
Inpatient Hospital Care	\$100 copay per admission	You pay 25% after deductible		You pay 20% after deductible	You pay 35% after deductible	
Outpatient Hospital Care	You pay \$25 per visit	You pay 25% after deductible		You pay 20% after deductible	You pay 35% after deductible	
MR/CT	You pay nothing	You pay nothing		You pay 20% after deductible	You pay 35% after deductible	
Convenience Care	You pay \$10 per visit	You pay 25% after deductible		You pay 20% after deductible	You pay 35% after deductible	
Emergency Care						
Urgent Care	You pay \$25 per visit	HealthPartners in-network benefit		You pay 20% after deductible	HealthPartners in-network benefit	
Hospital ER	You pay \$100 per visit	HealthPartners in-network benefit		You pay 20% after deductible	HealthPartners in-network benefit	
Ambulance	You pay 20%	HealthPartners in-network benefit		You pay 20% after deductible	HealthPartners in-network benefit	
Durable Medical Equipment	You pay 20%	You pay 25% after deductible		You pay 20% after deductible	You pay 35% after deductible	
Prescription Drugs						
31-day supply - pharmacy						
Generic Preferred	\$ 8 copayment	You pay 25% after deductible		\$8 copayment	You pay 35% after deductible	
Brand Preferred	\$20 copayment	You pay 25% after deductible		\$20 copayment	You pay 35% after deductible	
NonPreferred	\$40 copayment	You pay 25% after deductible		\$40 copayment	You pay 35% after deductible	
93-day supply - mail order						
Generic Preferred	\$16 copayment	You pay 25% after deductible		\$16 copayment	You pay 35% after deductible	
Brand Preferred	\$40 copayment	You pay 25% after deductible		\$40 copayment	You pay 35% after deductible	
NonPreferred	\$80 copayment	You pay 25% after deductible		\$80 copayment	You pay 35% after deductible	

This chart is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at (952) 883-5000 or 1-800-883-2177.

HealthPartners Dental Plan

Eligible **Clerical, Secretarial, Custodial, Food Service, Bus Driver and Chaperone** employees may elect to start coverage, discontinue coverage, add dependents or drop dependents from the HealthPartners Dental Plan insurance during the open enrollment period with changes effective July 1, 2022. Employees pay the entire premium for the HealthPartners Dental plan with rates for 2022-23 as shown below.

HealthPartners Dental Plan - Monthly Premiums Increase 1.5%

Coverage	HealthPartners Dental 2022-23
Single	\$40.44 / month
Employee + 1	\$82.92 / month
Family	\$133.37 / month

Special staff, administrators, principals, non-licensed specialists, CFA's, vehicle technicians and building chiefs working 30 or more hours/week are eligible for a Delta Dental plan and may elect to start coverage, discontinue coverage, add dependents or drop dependents during open enrollment.

Information on the HealthPartners Dental Plan or the Delta Dental Plan coverage can be found at www.district196.org/benefits.

Enroll in the dental plan or make changes online via [Skyward employee access](#). Click on the 2022-23 Open Enrollment icon, then complete the steps to make the desired dental plan changes and hit "submit". Print the verification page for your records. Dental insurance changes will be effective July 1, 2022. For assistance logging on to Skyward call 651-423-7759.

***Teachers please note:** Eligible employees covered by the teachers' working agreement have access to a Dental Reimbursement Plan administered by DCUE. The HealthPartners or Delta Dental plans are not available for the teacher group. Contact the DCUE office at 952-432-4033 if you have questions regarding your plan or coverage. Open enrollment for the DCUE plan is at a later date.*

HIPAA Special Enrollment Rights Notice

Once the open enrollment period closes, **you are generally not able to change your benefit elections mid-year.** However, if you declined health and/or dental coverage for yourself or for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in these plans if you or your dependents **lose eligibility** for that other coverage (or if the employer stops contributing toward your coverage or your dependents' coverage). However, you must request enrollment within **30 days** after the date your coverage, or your dependents' coverage, ends (or after the employer stops contributing toward the other coverage). Documentation is required for each life event within 30 days from the life event.

In addition, if you have a new dependent as a result of **marriage, birth, adoption, or placement for adoption**, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

In the event of divorce and you are carrying your former spouse on the District' health plan, you must notify the insurance office within 60 days. **Divorced spouses are NOT eligible dependents** but will be offered COBRA continuation with notification in the required 60-day time frame.

Pre-tax Premium Deductions

You have the option of changing your health or dental premium from a pre-tax to an after-tax deduction. Your premium deductions remain on a pre-tax basis from year to year, unless you request otherwise. Having your premiums deducted pre-tax generally reduces your state and federal tax liability and maximizes your take-home pay. Contact the Human Resources if you would like to have your premiums deducted on an after-tax basis effective July 1, 2022.

HIPAA Notice of Privacy Practices

A copy of the District's notice of privacy practices is available at any time by contacting Human Resources at 651-423-7769 or 651-423-7681.

Employee Assistance Program (EAP) Free 24/7 Assistance Available to ALL Employees

HealthPartners EAP has resources to help you at home and at work. When problems arise, you can talk confidentially with licensed counselors for support, direction and solutions. Learn more:

- Personal Relationships
- Childcare or Elder Care
- Financial Debt
- Financial Planning
- Substance Abuse
- Balancing Work and Family
- Legal Issues
- Parenting
- Stress
- Divorce
- Grief and Loss
- Depression

EAP by Phone:

You and your family members can call HealthPartners EAP 24/7 for confidential support. You'll talk to a licensed counselor who can answer questions, assess issues, help you develop an action plan and provide referrals to local resources. **Call 1-866-326-7194** (1-800-827-3707 TTY).

EAP Online:

When you go online, you'll find hundreds of topics that help you manage your life. You'll also find articles, links, interactive tools, child- and elder-care locators, and financial calculators.

Log on to www.hpeap.com and use Employer ID: *HealthPartners* and Password: *isd196*

Flexible Spending Plan

The Flexible Spending Plan allows you to use pre-tax dollars for your medical and/or dependent care expenses. In estimating election amounts for medical and/or dependent flexible spending accounts (FSA), remember the expenses must be incurred during the plan year which runs from July 1, 2022 to June 30, 2023.

Transition to OneBridge for Plan Administration

Administration of the District's Flexible Spending Plan (FSA) and the HRA/VEBA plans will transition from Further to OneBridge, effective July 2022.

If you are a current FSA participant, Further will continue processing your 2021-22 medical & dependent care claims through the runout period of September 30, 2022. There will be a blackout period where claims will not be processed. Please see the information below regarding how the transition may affect you.

Transition Timeline for Current Further FSA & HRA/VEBA Participants

June 16	Cut-off for submitting Medical/Dependent and HRA claims to Further
June 16	Further debit card deactivated
June 16 – 20	Further-process all FSA & HRA/VEBA reimbursements submitted prior to June 16
June 21	Blackout period begins; no claims/reimbursements will process through Further
July 5	Blackout period ends; Further to continue processing medical/dependent care expenses from <u>2021-22 plan year only</u> through runout period of September 30 th . All expenses must have incurred between July 1, 2021 and June 30, 2022.
July 1	OneBridge to start processing all 2022-2023 Plan year FSA and HRA/VEBA claims
September 30	Runout period ends for 2021-22 plan year, unused Dependent Care FSA contributions will be forfeited. Unspent medical FSA funds of up to \$550 will rollover into your OneBridge medical FSA account.

On-line Enrollment for Flexible Spending Accounts (FSA)

New & Easy On-line Enrollment with OneBridge

Make your medical and/or dependent care FSA elections online with [YourWay Benefits-WayFinder - OneBridge](#) by May 13. You will need to first create an account by clicking on the "Register" button, then enter your last name, date of birth, last 4 of SSN, and **196** as the "Employer Code." Create your username and password, as well as a few security questions and answers. Confirm your personal information. Add any dependents your FSA benefit(s) will cover and from here you will be able to choose FSA benefit options. After making your 2022–2023 medical FSA and/or dependent care FSA elections, enter your email address which will be used to send you an email confirmation.

Remember: Annual on-line enrollment by May 13 is required
Prior year contribution elections DO NOT automatically carry over to 2022-23

Any rolled over funds will be in addition to your 2022-23 FSA election

Flexible Spending Plan - Continued

Medical FSA (\$2,850 Maximum)

Your election in this type of reimbursement account allows you to pay for medical expenses on a pre-tax basis for those health care charges not reimbursed by any other source and not claimed on your income tax return. Examples of these expenses include but are not limited to co-pays for office visits or prescriptions, dental or orthodontic expenses, eyeglasses and contacts. See a listing of eligible expenses at www.district196.org/benefits under the Flexible Spending Plan.

\$570 Health FSA Rollover for 2022-23

Please note your 2022-23 FSA election will be subject to the District's Medical FSA plan rollover of up to \$570 (IRS limit) of your unused FSA contributions from the 2022-23 plan year to the 2022-24 plan year.

Benefits Card for Your Medical FSA

A debit card for your 2022-23 medical FSA account will be issued by OneBridge. The card allows you to use your medical FSA funds to pay for eligible medical expenses instead of paying out-of-pocket. Although payment will come directly from your medical FSA account (or HRA if applicable), you may be required to submit supporting documentation when using your card for some payments – keep your receipts!

Dependent Care FSA (\$5,000 Maximum or \$2,500 if Married Filing Separately)

This account allows you to use pre-tax dollars to provide qualified care for eligible dependent(s). The expense must be necessary for you or your spouse to be gainfully employed. The dependent must be under age 13, living with you, and under the care of a qualified dependent care provider (non-family member). There is NO rollover of unused dependent care FSA funds at the end of the year.

As always, changes for future dependent care FSA deductions can be made with documentation of the need for the change. Contact HR at 651-423-7681 or suzi.olson@district196.org for the form to make changes.

Flexible Spending Plan – Online Enrollment (YourWay Flex Benefits)

<https://benefitswayfinder.com>

***Note – Employer code – 196**

Register for an account and start the enrollment process by following the steps below:

Flexible Spending Account (FSA) Enrollment

Enroll by creating an account- access
<https://benefitswayfinder.com>

- 1 Create your Benefits Wayfinder account by accessing <https://benefitswayfinder.com>
- 2 Click on the **Register** button, then enter a few pieces of information, and Employer Code of **196** to start the registration process
- 3 Create your username and password, and security questions
- 4 Confirm your personal information, add any dependents your FSA benefit(s) will cover
- 5 From here, access the Health and Dependent Care Benefit options, make your elections
- 6 **Submit**



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Visit <https://www.district196.org/about/employment/benefits> for additional information regarding the Flexible Spending Account Plan (FSA)

Universal Availability Notice for 403(b) and 457(b) Plans

Independent School District 196, Rosemount - Apple Valley - Eagan Public Schools, (the "District") offers a 403(b)/457(b) plan (the "Plan") for eligible employees of the District. All employees are eligible to participate in the 403(b)/457(b) plan.

A 403(b) or 457(b) plan is a tax-deferred retirement program that permits an employee to reduce his or her compensation on a pre-tax basis and have the contribution deposited into a 403(b) and/or 457(b) account that the employee sets up with a 403(b)/457(b) vendor. Amounts deposited into a 403(b)/457(b) account and any earnings on those contributions are generally not taxed until the employee makes a withdrawal from his or her account following separation from service with the District.

A **Roth 403(b) option** is also available. With a Roth 403(b) employee contributions are made on an after-tax basis but earnings grow tax deferred until the employee makes a withdrawal. Note: if electing the Roth 403(b) for matching plan participation, the employer matching contribution will continue to be made on a pre-tax basis into a regular 403(b) account, only the employee's contribution can be made into a Roth 403(b).

To enroll in the plan, an employee must complete the District's salary reduction agreement form and the vendor's enrollment form. Employees may get the necessary forms and/or contact information at www.district196.org/benefits. The contribution amount the employee designates in the salary reduction agreement form will continue unless it is modified or revoked in the future.

The District allows employees to start or stop their contribution, increase or decrease their contribution, or change from one authorized 403(b)/457(b) vendor to another upon request at the next available pay date (or as soon as administratively feasible as special rules apply to summer paychecks for 10 month contracted employees).

The contributions limit, set annually by the IRS, is \$20,500 for 2022. Employee's age 50 or older (by the end of the year) may contribute up to an additional \$6,500 for a total of \$27,000.

The District maintains a list of approved 403(b) and 457(b) vendors, as listed below, and information for each vendor can be found at www.district196.org/benefits. Employees must establish an account with one of these approved vendors before submitting a salary reduction agreement to start their pre-tax contributions.

<u>Vendor</u>	<u>Plan Type(s)</u>
MetLife	403(b), Roth 403(b) and 457(b)
Fidelity	403(b) and Roth 403(b)
Minnesota Deferred Compensation Plan	457(b)

If you have questions regarding this notice, please contact Shelly Monson in Human Resources at 651-423-7768. IRS Publication 571 (Tax Sheltered Annuity Programs for Employees of Public Schools) is available at www.irs.gov for further information and reference.

You cannot participate in the Matching Contribution Plan until you meet the eligibility requirements for your employee group. The district will notify employees eligible for the matching plan, who are not currently participating in the plan, during a matching plan open enrollment period each year in May/June.

Disclosure to employees: *The District has no liability for any employee's election to participate in the 403(b) or 457(b) plan, employee's choice of vendor(s), or expected tax consequences resulting from participating in the 403(b) and/or 457(b) plan. The District does not provide tax, legal or investment advice and recommends that employees seek advice from professionals who specialize in these areas.*

Notice of Potential Eligibility for Premium Assistance under Medicaid and CHIP

Please see the following notice provided by the Department of Labor and the Department of Health and Human Services regarding potential opportunities for health insurance premium assistance in certain states.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following information is for Minnesota and Wisconsin. Contact your State for more information on eligibility. For states other than Minnesota and Wisconsin, go to:

<https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf>

MINNESOTA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)