



**St. Louis Park  
Public Schools**

*Achieving success, one student at a time!*

# 2022

## Benefits Guide



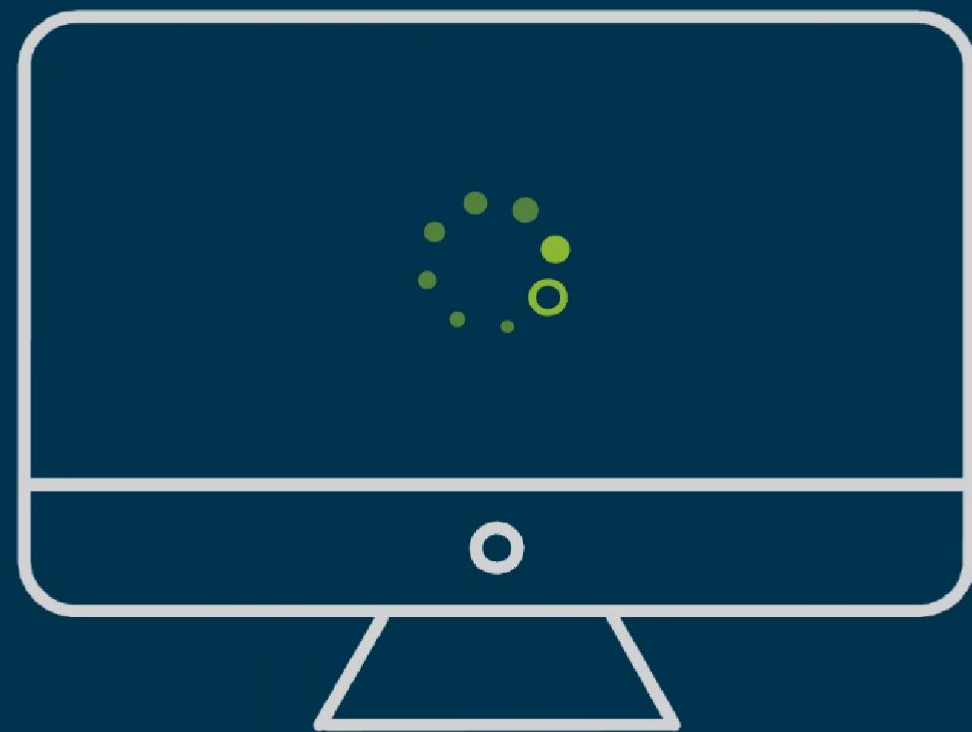
YOUR  
BENEFITS  
JOURNEY



YOUR  
JOURNEY  
TO

# ENROLLMENT

STARTS HERE



## 2022 BENEFIT OVERVIEW

- Medical Insurance will be provided by PreferredOne
- Additional benefit/network tier option will be provided by Amplify/Solarte Health
- Dental Insurance will be provided by Delta Dental of MN
- Voluntary Vision Insurance will be provided by EyeMed
- Basic & Voluntary Life/AD&D, Voluntary Short Term Disability and Long-Term Disability Insurance will be provided by The Standard
- Employee Assistance Program available through Vital Worklife and The Standard
- VEBA/Flexible Spending Account Administration will be moving to BRI
- COBRA Administration will be provided by Benefit Extras
- Healthy Savings Plan

QUESTIONS???

Contact Human Resources:

952-928-6000



## HOW TO USE THIS GUIDE

When you see the icons below, click to link out to websites, download documents, or learn more!







# YOUR JOURNEY TO HEALTH



## MEDICAL

Medical insurance helps you pay for preventive care, routine health needs, prescriptions, and advanced procedures by cost-sharing with your insurance provider.

Phone: 763-847-4477  
[www.PreferredOne.com](http://www.PreferredOne.com)

### PLAN A

### PLAN B

	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLE Medical/Rx</b>	Individual: None/\$750 Family: None/\$1,000	Individual: \$150 Family: \$300	Individual: \$1,000/\$750 Family: \$2,000/\$1,000	Individual: \$1,000 Family: \$2,000
<b>OFFICE VISITS</b>	Primary Care:\$20 Copay Specialist:\$20 Copay Urgent Care:\$20 Copay	Primary Care: *20% Coinsurance Specialist:*20% Coinsurance Urgent Care:*20% Coinsurance	Primary Care:*20% Coinsurance Specialist:*20% Coinsurance Urgent Care:*20% Coinsurance	Primary Care:*20% Coinsurance Specialist:*20% Coinsurance Urgent Care:*20% Coinsurance
<b>PROCEDURES</b>	Inpatient: 20% Coinsurance Outpatient: 20% Coinsurance ER: \$100 Copay	Inpatient: *20% Coinsurance Outpatient: *20% Coinsurance ER: \$100 Copay	Inpatient: *20% Coinsurance Outpatient: *20% Coinsurance ER: 20% Coinsurance	Inpatient: *20% Coinsurance Outpatient: *20% Coinsurance ER: 20% Coinsurance
<b>PRESCRIPTIONS</b>	Generic: 25% Brand: 25% Non-Pref Brand: Not Covered Specialty: 20%	Covered at out of network benefit level. Please see plan design.	Generic: 25% Brand: 25% Non-Pref Brand: Not Covered Specialty: 20% rance	Covered at out of network benefit level. Please see plan design.
<b>OUT-OF- POCKET MAXIMUM</b>	Individual: \$1,250 Family: \$2,500	Individual: \$1,250 Family: \$2,500	Individual: \$2,250 Family: \$3,500	Individual: \$2,25 Family: \$3,500
<b>FULL PREMIUMS (MONTHLY)</b>	Single: <b>\$840.00</b> Single + 1: <b>\$1,784.00</b> Family: <b>\$2,484.00</b>		Single: <b>\$735.00</b> Single + 1: <b>\$1,560.00</b> Family: <b>\$2,173.00</b>	
<b>EMPLOYEE PREMIUMS (MONTHLY)</b>	<b>St. Louis Park Public Schools contributes to the cost of the medical and dental plans for you and your family. To determine what you will pay per month look at your employee agreement for Health and Dental Insurance. The subtract the amount the District pays from the total monthly premiums below. For example, if you are choosing Medical Plan B Employee only and your contract says the District pays \$635.00 per month, then the cost to you is \$735-\$635 = \$100 / month.</b>			



REVIEW  
PLAN SBCs



PLAN A



PLAN B



SAVE ON  
PRESCRIPTIONS

**\*Deductible Applies First**

The rates and benefit plan information shown in this guide are illustrative only. To the extent the rates or the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases. The insurance carrier will determine the actual rates based upon the final member enrollment, plan selection, funding, type, and eligibility criteria. Until that time, and the carrier's final communication, the rates will be subject to change.



## LOWER YOUR HEALTHCARE COSTS

AMPLIFY by SolarteHealth links qualified employers and their employees with a nationwide network of progressive providers and physicians who are changing the industry with high quality healthcare services.

### Common AMPLIFY Services

- Hernia Procedures
- MRIs
- X-Rays
- ACL/MCL Tears
- Hysterectomy
- Knee & Hip Replacements
- Spinal Fusions
- Colonoscopy
- Mental Health
- Primary Care

1. Call your Amplify Patient Advocate when your physician prescribes services or procedures. (1-800-890-4017)
2. our patient advocate will guide you through the process of scheduling your procedure and any other necessary accommodations.
3. Receive high quality care **with NO cost to you!**





## TELEMEDICINE

Your life is an adventure, and Telemedicine affords you the convenience of receiving medical care while on the go. Instead of spending your day and dollars at an Urgent Care facility, connect with a board-certified doctor over the phone or video chat to receive immediate and cost-effective care wherever life's journey may take you.

**PreferredOne®**

Available through your  
member account

**MDLIVE®**

[www.mdlive.com](http://www.mdlive.com)  
1-800-400-MDLIVE

The Truth about  
Telemedicine

If you think your physical health alone is related to your overall performance, think again. Total Wellbeing as a whole is comprised of 5 elements: physical, financial, communal, emotional, and purpose. To build your overall wellbeing, you have to make sure all of these elements are being “exercised.”

PHYSICAL



EMOTIONAL



FINANCIAL



COMMUNAL



SOCIAL



WELLBEING

## EMPLOYEE ASSISTANCE

You encounter more than just health concerns throughout your life. Manage life's curveballs with a confidential and complimentary program designed to provide counseling, support, and resources for a variety of personal issues like stress and anxiety, relationship struggles, substance abuse, eldercare, financial worries, and much more.

Get the FREE support you need today:



**Vital Worklife:**  
1-800-383-1908

[www.VITALWorkLife.com](http://www.VITALWorkLife.com)



**The Standard:**  
1-888-293-6948

[www.healthadvocate.com/Standard3](http://www.healthadvocate.com/Standard3)



DENTAL



Good dental hygiene has substantial impact on your overall health. Prevent both oral conditions and other diseases through regular preventive dental care.

Phone: 1-800-448-3815  
[www.DeltaDentalMN.org](http://www.DeltaDentalMN.org)



PLAN A DELTA DENTAL PPO

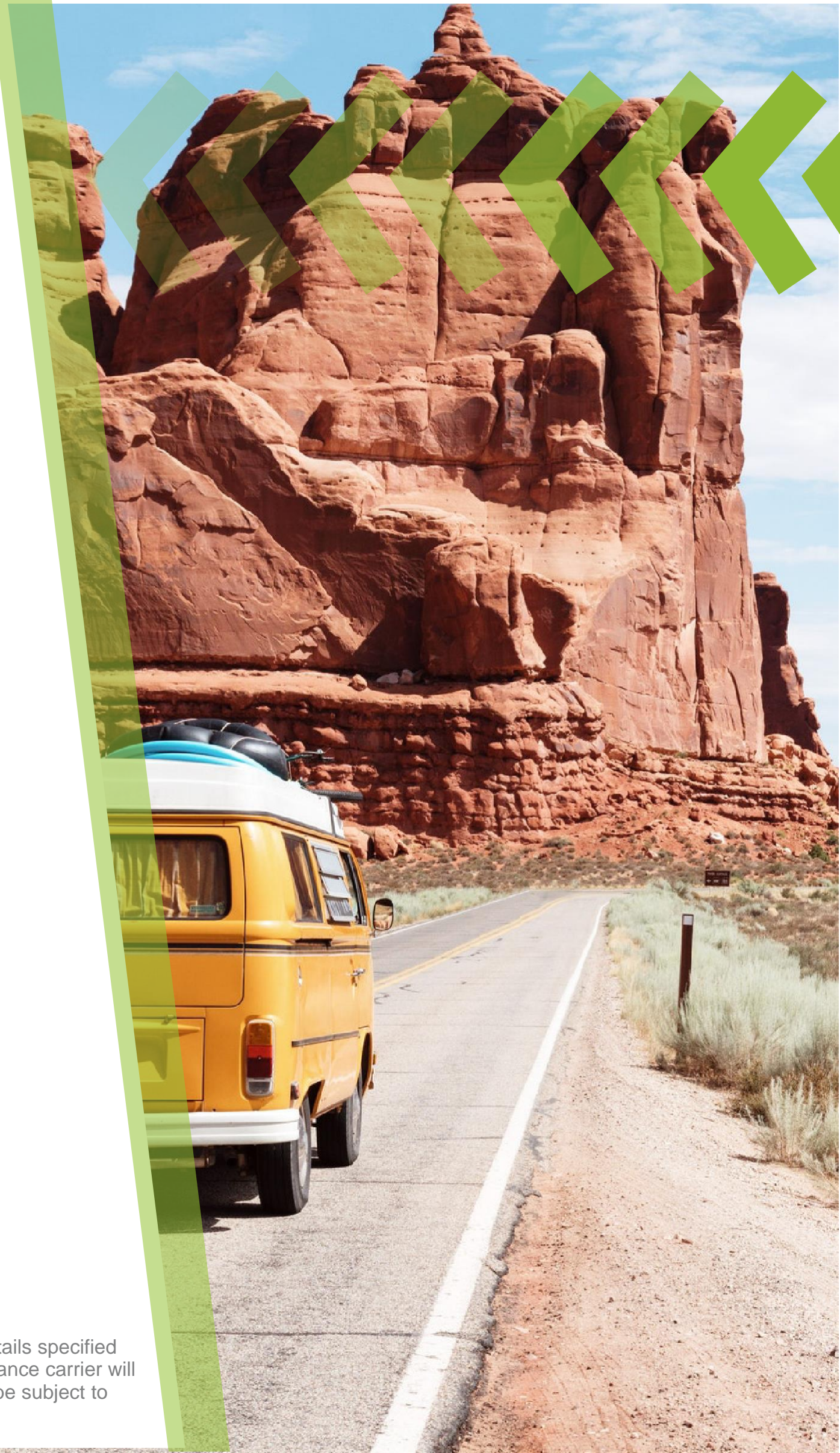


PLAN B DELTA DENTAL PPO

NETWORK	PPO – limited network / No benefits out of network	PPO	Premier	Out of Network
ANNUAL DEDUCTIBLE	None	\$25/\$75	\$25/\$75	\$25/\$75
PREVENTIVE	0%	0%	0%	0%
BASIC SERVICES	0%	Deductible then 20%	Deductible then 20%	Deductible then 20%
MAJOR SERVICES	40%	Deductible then 50%	Deductible then 50%	Deductible then 50%
ANNUAL PLAN MAXIMUM	Unlimited	\$1,000	\$1,000	\$1,000
ORTHO SERVICES	50%	50%	50%	50%
ORTHO LIFETIME MAXIMUM	\$1,500	\$1,000	\$1,000	\$1,000
PREMIUMS (MONTHLY)	Plan A Employee Only: \$54.27 Plan A Family: \$120.71 Plan B Employee Only: \$47.19 Plan B Family: \$104.97		Please refer to your employment contract for District Contribution to your monthly premium.	



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# FLEXIBLE SPENDING ACCOUNT

Save tax dollars and receive an advanced loan to assist with qualified expenses with an FSA. Determine your per paycheck contribution in the beginning of the year, and then spend those funds on qualified health expenses or dependent care expenses as needed before the plan year ends.

## 2022 FSA MAXIMUM CONTRIBUTIONS

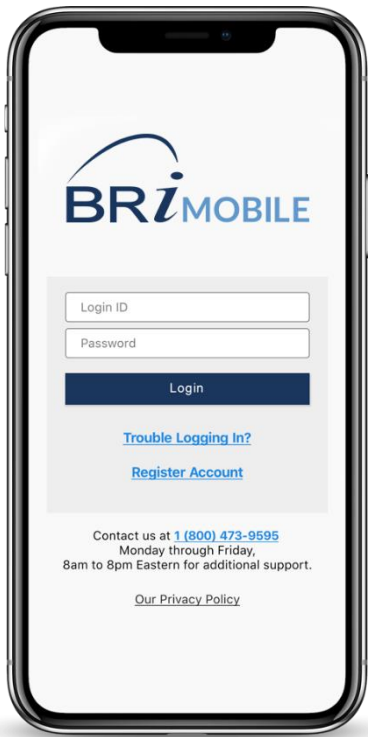
Health Care FSA: \$2,850

 Dependent Care FSA: \$5,000



1-800-473-9595

<https://www.benefitresource.com/participants/>



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YOUR  
JOURNEY  
TO **SAVINGS**



# VOLUNTARY EMPLOYEES BENEFICIARY ASSOCIATION (VEBA)

## What is a VEBA?

VEBA stands for Voluntary Employees' Beneficiary Association. It is a trust that is exempt from tax under the IRS code 501 ©(9). The funds in a VEBA are used to reimburse participants for health care expenses. Health care expenses that are eligible for reimbursement are governed by Section 213(d) of the IRS Code.

## ST. LOUIS PARK PUBLIC SCHOOLS VEBA

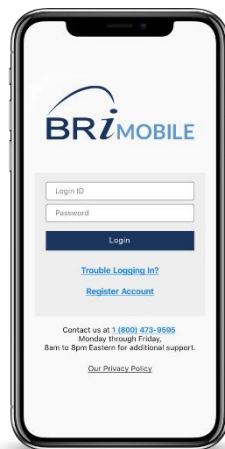
The VEBA plan option renews each July 1st.

For those employees that elect Plan B - \$1,000 Deductible Medical Plan (Plan B), St. Louis Park Public Schools will contribute \$1000 annually into the VEBA account. Please refer to your contract for more information. VEBA contributions are made only for active employees. An employee entering the plan after July 1st will receive a pro - rated VEBA contribution.

Any funds not used in the current plan year will roll over into the next plan year

The VEBA plan is not a replacement for the Flexible Spending Account. Both these plans can be used together.

If you are currently enrolled or will be enrolling in the \$1,000 Deductible Medical Plan (Plan B) you are automatically enrolled in the VEBA plan and will receive a Welcome Kit from Benefit Resources, Inc.



1-800-473-9595

<https://www.benefitresource.com/participants/>

YOUR  
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TO **SAVINGS**



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LIFE

You can't put a price tag on your life, but you can protect your loved ones with life insurance in the event of a premature loss.

**BASIC LIFE AND AD&D - You are automatically enrolled in this employer-paid coverage**

Refer to your Employment Contract for your Life Insurance Benefit

**VOLUNTARY LIFE AND AD&D - You must submit an application and be approved to be enrolled in this employee-paid coverage.**



Vol Life Rates

EMPLOYEE	Increments of \$10,000 up \$500,000 Maximum ; Guaranteed Issue is \$100,000
SPOUSE	Increments of \$5,000 up \$250,000 Maximum; Guaranteed Issue is \$50,000
CHILD	\$5,000 or \$10,000



Life Insurance: 1-800-628-8600  
Long Term Disability: 1-800-368-1135  
[www.Standard.com](http://www.Standard.com)

DISABILITY

Accidents and illnesses happen and often when we least expect them. Ensure you are financially prepared to stay afloat in the midst of a medical condition with disability insurance.

**VOLUNTARY SHORT TERM DISABILITY - You must submit an application and be approved to be enrolled in this employee-paid coverage.**



Vol STD Rates

BENEFIT	60% of your Earnings to a Maximum of \$1,250 a Week
DURATION	90 Days
WAITING PERIOD	Illness: 7 Days Accident: 7 Days

**LONG TERM DISABILITY - You are automatically enrolled in this employer-paid coverage**

BENEFIT	66.67% of your earnings to a maximum of \$7,500 a Month
DURATION	Up to SSNRA
WAITING PERIOD	90 Days



# ADDITIONAL BENEFITS

Click on the logos to learn more!!

PreferredOne®



Wellbeats™

HEALTHY  
SAVINGS®







**DOWNLOAD  
NOTICES HERE**

# Employee Notices

Please review the following required employee notices detailing your rights and options. You can also request a paper copy of any of these notices at any time.

**READY TO  
ENROLL?**

