BE READY FOR ENROLLMENT

DO I NEED TO ENROLL?
Yes. Even if you plan to stick with the same medical and dental benefits, you still need to enter your coverage. If you do not select coverage (or waive benefits) you will be placed into the core coverage listed in your bargaining unit agreement for 2022.

To enroll, visit spps.org/activeenrollment and enroll in 2022 benefits by November 19, 2021.

WHEN CAN I ENROLL?
2022 PEIP Active Enrollment will take place November 8 - November 19.
Active Enrollment requires employees to edit their medical and dental coverage for 2022. Previous year coverage will not roll over.

WHAT HAPPENS IF YOU DON’T ENROLL?
Medical and dental coverage will not roll over. Even if you want to maintain your current coverage (or waive benefits), you must edit the selection for benefit year 2022.

Employees covered by a cafeteria plan: Full-time and part-time Teachers and SCSPs will be placed into employee-only core coverage and employee-only dental coverage. Part-time members wishing to waive coverage must elect to waive all coverages.

If you elect or default into core coverage and do not select a Primary Care Clinic you will default into the HealthPartners HSA (low) plan with the HealthPartners Midway Clinic as your PCC.

All other employees: All other full-time employees will lose medical and dental coverage. Part-time employees will also lose medical coverage and are not eligible for dental coverage. Please review your bargaining unit’s core coverage at spps.org/activeenrollment.

LET’S FIND YOUR BEST BENEFITS
ALEX®, the official SPPS benefits counselor, walks you through the process of picking your best benefits, and provides easy-to-understand explanations for any questions you might have along the way.

You’ll receive personalized, confidential benefits guidance, which you can access on any computer, tablet, or smart phone. Before you make your enrollment decisions, let ALEX® help you find the plans that make the most sense for you.

Visit ALEX® during Open Enrollment at myalex.com/spps/home.

HOW TO ENROLL

STEP 1:
At work or home, go to spps.org/activeenrollment. Click on: ENROLL NOW. You will be taken to the Employee Self-Service login (this is the same system you use to view your paycheck).

• Enter your User ID - Your 6-digit employee ID without the letter “E”.
• Enter your PeopleSoft password.
  › If you forgot your password, click on FORGOT PASSWORD to reset, or call Human Resources at 651-767-8200.

• Once logged in, click on:
  Main Menu → Self Service → Benefits → Benefits Enrollment.

STEP 2:
Review the benefits listed on your “Benefits Enrollment” page.

• “Current” reflects your benefits for 2021.
• “New” indicates 2022 coverage. You MUST click EDIT if you want to enroll in the same, or different, medical or dental coverage. If you wish to change an election, click EDIT. You must click EDIT for each option you wish to enroll in or change. Refer to the enrollment materials at spps.org/activeenrollment.

STEP 3:
Once you have made your final elections, click SUBMIT.

• A confirmation is not sent. Print or save your elections prior to submitting.
• If you re-enter after you submit, you MUST submit again. The system resets your selections upon re-entry.
• After Nov. 23, you can review your elections by logging back in to Employee Self-Service → Benefits → Benefits Summary, go to the top of the page and change the date to 01/01/2022.

For complete enrollment instructions, visit: spps.org/activeenrollment.
CHOOSING YOUR PEIP MEDICAL PLAN

SPPS offers employees three comprehensive PEIP medical plan options that include prescription drug coverage. Most care is coordinated through your Primary Care Clinic (PCC), referrals are needed for specialist care outside your PCC. The information below is a step-by-step process for choosing the medical plan that is right for you. For a personalized benefits counselor, please visit myalex.com/spps/home. Detailed plan summaries are available at spps.org/benefits.

See the PEIP Plan Comparison Chart and Choosing a PCC Guide included in your mailing.

IMPORTANT! Once enrolled you will receive TWO ID cards. One card will be sent from your health plan (HP, BCBS, POne) which is to be used for medical services. The second card from CVS is to be used for all pharmacy charges. If you have questions please call 952-746-3101 or 800-829-5601 or email margo@innovomn.com & shawn@innovomn.com.

STEP 1 - CHOOSING YOUR PLAN LEVEL

The Public Employees Insurance Program plan has cost sharing features that will help you and your employer to better control health care costs while maintaining flexibility in access to doctors and clinics. The Public Employees Insurance Program offers three Plan choices:

- Advantage (High), Value (Medium), HSA (Low)

Choose the Plan Level that best fits your needs. The premium and cost sharing will vary based on the Plan Level you choose. You may change your Plan Level each year during the District’s annual Active Enrollment.

STEP 2 - CHOOSE YOUR HEALTH PLAN-NETWORK

The Public Employees Insurance Program offers three different Health Plans/Networks to choose from:

- Blue Cross Blue Shield
- HealthPartners
- Preferred One

Choose the network carrier that best fits your needs. Your network selection will not affect the cost of the plan; nor will it affect the premium rate. The benefits are similar under each network (HP has a slightly higher benefit for treatment of infertility). You may change your Health Plan/Network each year during your group’s annual Active Enrollment.

For coverage or network questions you may call the Network Providers directly.

- Blue Cross Blue Shield - 651-662-9930 or 866-286-2948
- HealthPartners - 952-883-5000 or 800-883-2177
- Preferred One - 763-847-4477 or 800-997-1750

STEP 3 - CHOOSING YOUR PRIMARY CARE CLINIC

Primary Care Clinics have been placed into one of four cost levels, depending on the care system in which the provider participates and that care system’s total cost/quality of delivering health care. The amount of cost sharing that is paid for health care services varies depending upon the cost level of the Health Plan/Network that you choose.

- Select a primary care clinic (PCC) for each family member

Each family member enrolling in medical coverage must select a primary care clinic (PCC) from the 2022 primary care clinic directory. PCC’s for 2022 only need to be updated if you are changing your network or plan. PCC changes ONLY can be made by calling your carrier directly.

The directory can be found on the Innovo website at innovomn.com/employeeplan.php or at spps.org/activeenrollment.

Family members may choose different PCCs - even in a different cost level, but all family members must enroll with the same Plan Level and Network choice. When you are making your benefit election in PeopleSoft, you will need to include the primary care clinic # associated with your network carrier in the designated space, if you are changing your plan or network only.

All primary care clinics are broken into four cost levels that determine the benefits received by that family member. A list of participating clinics is available online to help you make your primary care clinic selection. This list includes your primary care clinic’s clinic number that you will need in order to enroll. You can change clinics by calling the phone number on your ID card. Please see the Choosing a PCC Guide included in your mailing for step by step instructions on how to select your clinic.

SPECIALIST REFERRALS

Most medical care is coordinated through a Primary Care Clinic (PCC) and you will generally need a referral to see a specialist (referrals to a specialist’s office will be covered at the same cost level as your PCC). You may self-refer to certain specialists including OB/GYN, chiropractors, routine vision, and mental health/chemical dependency practitioners, providing the practitioner is part of the carrier’s self-referral network. No referrals needed for urgent care and emergencies.

A statewide primary care clinic listing and health plan documents, including the Summary Benefit Comparisons (SBC’s) for all plan levels, are available online at www.innovomn.com.

PHARMACY BENEFITS WITH CVS

CVS Caremark is the pharmacy benefit manager for PEIP and provides prescription services for all three networks. Pharmacies include both CVS and other retail pharmacies. You do not need to go to a CVS retail pharmacy. The pharmacy network includes over 68,000 retail pharmacies. To find a in-network pharmacy visit https://www.caremark.com/wps/myportal/PHARMACY_LOCATOR_FAST.

REMEMBER - You will receive a separate ID card for your pharmacy benefit.

To search for your prescription costs visit http://www.innovomn.com/employeeplan.php.

If you have prescription related questions, call CVS at 844-205-8475.
DENTAL BENEFITS

Dental coverage is important to your overall health and wellness. You can enroll in dental benefits through HealthPartners for yourself and your eligible dependents. The dental plans feature a network of dentists and specialists who have agreed to provide services at a discounted price. If you use these in-network providers, you'll pay less. You can see providers outside of the network, but you'll pay more. The information below is a summary of coverage only. You may go online at spps.org/dental for more information.

COST OF COVERAGE

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>BENEFIT LEVEL 1 HEALTHPARTNERS DENTAL GROUP</th>
<th>BENEFIT LEVEL 2 HEALTHPARTNERS OPEN ACCESS</th>
<th>OUT-OF-NETWORK CARE FROM AN OUT-OF-NETWORK PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual/Calendar Year Maximum</td>
<td>Plan pays $2,000 per calendar year</td>
<td>Plan pays $1,500 per calendar year</td>
<td>Plan pays $1,500 per calendar year</td>
</tr>
<tr>
<td>Annual/Calendar Year Deductible (Individual/Family)</td>
<td>None</td>
<td>$10/$30 per calendar year</td>
<td>$10/$30 per calendar year</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
</tr>
<tr>
<td>Basic Services</td>
<td>You pay 15%</td>
<td>You pay 15%</td>
<td>You pay 15%</td>
</tr>
<tr>
<td>Major Services</td>
<td>You pay 50%</td>
<td>You pay 50%</td>
<td>You pay 50%</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum</td>
<td>You pay 50% with a lifetime maximum benefit of $1,000 paid by the plan</td>
<td>You pay 50% with a lifetime maximum benefit of $1,000 paid by the plan</td>
<td>You pay 50% with a lifetime maximum benefit of $500 paid by the plan</td>
</tr>
</tbody>
</table>

MONTHLY PREMIUMS

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$37.74</td>
<td>$122.69</td>
</tr>
</tbody>
</table>

VISION BENEFITS

SPPS offers you and your eligible dependents vision coverage through EyeMed. This information is only a summary of your vision coverage; go to spps.org/vision for more information about the vision plan.

COST OF COVERAGE

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>EYEMED INSIGHT NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Covered under medical</td>
<td>Covered under medical</td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$0 Copay</td>
<td>$30 Allowance</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$0 Copay</td>
<td>$45 Allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$0 Copay</td>
<td>$55 Allowance</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>$0 Copay</td>
<td>$45 Allowance</td>
</tr>
<tr>
<td>Frames</td>
<td>$0 Copay, $200 Allowance + 20% off balance over $200</td>
<td>$70 Allowance</td>
</tr>
<tr>
<td>Contact Lenses Instead of Glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional/Disposable</td>
<td>$0 Copay; $200 allowance, plus balance over $200</td>
<td>$100 Allowance</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$0 Copay, Paid in full</td>
<td>$200 Allowance</td>
</tr>
</tbody>
</table>

MONTHLY PREMIUMS

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7.48</td>
<td>$14.20</td>
<td>$20.88</td>
</tr>
</tbody>
</table>

NOTE: ID Card not required for vision services.

TERMS TO KNOW

Coinsurance The percentage of total costs that you pay out-of-pocket for covered expenses after your deductible.

Copayment (Copay) The set fee you pay out-of-pocket for certain services, such as doctor’s office visit or prescription.

Deductible The amount you pay out-of-pocket before the health plan starts to pay its share of covered expenses.

Network The plan’s preferred doctors, pharmacists, and/or other health care providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing. Also called in-network.

Out-of-Pocket Maximum The most you pay each year out-of-pocket for covered expenses. Once this maximum is reached, the health plan pays 100% of covered expenses.

Preventive Care Services you receive to stay healthy. These include annual physicals, wellness screenings, and well-baby care.
LIFE

SPPS offers a variety of plans to provide replacement income for you or your beneficiaries in the event of disability, accident, or death.

During Active Enrollment you can elect or increase optional coverage for yourself or spouse. You will need to complete and submit a health questionnaire. For children, you can elect coverage without completing a health questionnaire.

The insurance company will contact you if they require additional information. They will also advise you if your election has been approved.

NOTE: To purchase supplemental coverage for either your spouse or child(ren), you must enroll in employee coverage.

DISABILITY

SHORT-TERM DISABILITY (STD)

Coverage is available on an optional basis to benefit-eligible employees working at least 20 hours per week. Refer to your bargaining agreement.

During Active Enrollment you can increase your current STD coverage by $100. If you would like to increase coverage by more than $100 you will need to complete and submit a health questionnaire.

If you currently do not have STD coverage, you can elect coverage during Active Enrollment but you will also need to complete and submit a health questionnaire.

The insurance company will contact you if they require additional information. They will also advise you if your election has been approved.

LONG-TERM DISABILITY (LTD)

Long-Term Disability (LTD) Insurance is one of the core coverages for employees who receive cafeteria flexible benefit dollars (Teacher, Principal, ASAP, SPSO, SCSP, MMSA), and is provided by the District to most non-cafeteria employee groups.

Refer to your bargaining agreement. If you have a total disability and cannot work for three months, you will receive a monthly benefit equal to 60% of your pre-disability salary, minus any other income benefits such as Workers’ Compensation, Social Security, and a maximum limit.

Go to spps.org/activeenrollment to learn more.

VOLUNTARY BENEFITS

Securian Financial provides voluntary insurance plans to help you protect your financial well-being in the event of a serious accident or illness. These policies offer a way to stay ahead of the medical, non-medical, and out-of-pocket expenses that add up quickly after an injury or illness. Voluntary insurance pays cash benefits directly to the policyholder and you decide how you want to use your policy’s cash benefits. That means you can use them to pay the mortgage or rent, child care costs, or even grocery bills. These are benefits that everyone can use! The following voluntary benefit plans administered by Securian Financial are available.

ACCIDENT

This plan pays when you incur eligible expenses as the result of an accident. The benefit is in addition to other medical coverage you may have, and is designed to help you cover some of your out-of-pocket expenses related to the treatment of certain injuries.

HOSPITAL INDEMNITY

The Hospital Indemnity plan offers supplemental coverage to offset out-of-pocket expenses related to inpatient hospital stays.

Visit spps.org/activeenrollment to enroll in benefits or for more information.

GET MORE INFORMATION

Visit ALEX® during Open Enrollment at myalex.com/spps/home. If you still have questions after using ALEX you may email the Benefits Team at benefits@spps.org.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>WHO TO CALL</th>
<th>WEBSITE</th>
<th>CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; Prescription Drug</td>
<td>Innovo</td>
<td>innovomn.com</td>
<td>952-746-3101</td>
</tr>
<tr>
<td>Dental</td>
<td>HealthPartners</td>
<td>healthpartners.com</td>
<td>952-883-5000</td>
</tr>
<tr>
<td>Vision</td>
<td>EyeMed</td>
<td>eyemed.com</td>
<td>866-804-0982</td>
</tr>
<tr>
<td>Basic Life &amp; Accidental Death &amp; Dismemberment</td>
<td>Ochs Agency</td>
<td>spps.org/benefits</td>
<td><a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a></td>
</tr>
<tr>
<td>Voluntary Benefits</td>
<td>Securian Financial</td>
<td>securian.com</td>
<td>833-810-8260</td>
</tr>
<tr>
<td>Short &amp; Long-Term Disability</td>
<td>Ochs Agency</td>
<td>spps.org/benefits</td>
<td><a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts &amp; Dependent Care</td>
<td>HealthPartners</td>
<td>healthpartners.com</td>
<td>952-883-7000</td>
</tr>
<tr>
<td>Spending Accounts</td>
<td>Optum</td>
<td>optumbank.com</td>
<td>844-326-7967</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>SandCreek</td>
<td>sandcreekkeap.com</td>
<td>651-430-3383</td>
</tr>
<tr>
<td>Tax Sheltered Accounts 403(b) &amp; 457</td>
<td>Saint Paul Public Schools Human Resources</td>
<td>spps.org/tsa</td>
<td><a href="mailto:payroll@spps.org">payroll@spps.org</a></td>
</tr>
<tr>
<td>Benefits Office</td>
<td>spps.org/benefits</td>
<td><a href="mailto:benefits@spps.org">benefits@spps.org</a></td>
<td></td>
</tr>
</tbody>
</table>

ABOUT THIS GUIDE: The information in this guide is a summary of coverage only. Refer to your Summary Plan Descriptions (SPDs) or certificates of coverage for full details.

Updated 10/2021
Choosing your Primary Care Clinic with PEIP

Step 1: View the 2022 Clinic Directory located on the Innovo website

The 2022 PEIP Primary Care Clinic directory can be found at http://www.innovomn.com/employeeplan.php. On the far right hand side of the site, select “View 2022 List”.

This link will download a spreadsheet in your browser. Please ensure your computer is set to allow pop-ups.

Step 2: Open 2022 Clinic Directory and filter your results based on your preferred criteria

(You may need to click “enable editing” in order to use the sort/filter functions on the spreadsheet.)

To find the clinic that best fits your needs, filter the columns by selecting the arrow next to the category by which you would like to filter. This will populate a drop down box, uncheck the box next to “Select All”. Then choose (check) the boxes of the values you would like to include in your search. Click “OK” to apply the filter. You can also use the Search section and type a specific city, county, clinic, etc.

TIP: Filter by State and County to find clinics closest to you. You can narrow the search by selecting specific Cities.

TIP: If you know the City of your current clinic you can filter by State and then City to quickly locate them.

Remember, a Primary Care Clinic may be in more than one Network (Blue Cross, Blue Shield, HealthPartners). This is in the “Plan” column. Be sure to note the Cost Level for each of the Network clinic options.

Repeat Step 2 for all family members enrolling in coverage if they would like different Primary Care Clinics.

Family members can choose different clinics with different cost levels, but must have the same Network (HP, BCBS, POne) and Plan - Advantage (High), Value (Medium), HSA (Low).

Step 3: Write down your Primary Care Clinic Number along with clinic information for your records

After you have refined your results and have selected a clinic for yourself and dependents enrolling in medical coverage, you will need to write down the “Primary Care Clinic Number” located in column E of the spreadsheet.

Step 4: Insert Primary Care Clinic Number into your PeopleSoft election submission

See image below of PeopleSoft System and entering your PCC section. You only need to update your PCC in PeopleSoft if you are changing your network or plan.

Confirming Your Clinic Selection

After December 2nd, you can review your elections by logging into Employee Self-Service – Benefits – Benefits Summary. Go to the top of the page and change the date to 1/1/2022. When you receive your Medical ID Card it will also indicate your Primary Care Clinic. Please verify your clinic is accurate on your ID card.

Changing Your Clinic Mid-year

To change your clinic mid-year, call the number located on the back of your ID card.

You do NOT need to notify Saint Paul Public Schools of your clinic change.
# SPPS Medical Plan Comparison Chart for Educational Assistants, School and Community Professionals, Teachers, and Teaching Assistants

## 2022 PEIP Plans

<table>
<thead>
<tr>
<th>Plan Provision</th>
<th>PEIP High Plan in Network Benefits</th>
<th>PEIP Value Plan in Network Benefits</th>
<th>PEIP HSA Compatible Plan in Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost Level 1</td>
<td>Cost Level 2</td>
<td>Cost Level 3</td>
</tr>
<tr>
<td><strong>Monthly Cost</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single &amp; Single + 1</td>
<td>$903.96</td>
<td>$2,111.66</td>
<td>$2,300.64</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$250/$500</td>
<td>$400/$800</td>
<td>$750/$1,500</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td>$1,700/$3,400</td>
<td>$1,700/$3,400</td>
<td>$2,400/$4,800</td>
</tr>
</tbody>
</table>

### Prescription Drugs

- **Rx out-of-pocket maximum**
  - Tier 1: $1,050/$2,100
  - Tier 2: $1,250/$2,500
  - Combined with Medical: 
    - Tier 1: $30 after deductible
    - Tier 2: $30 after deductible
    - Tier 3: $55 after deductible

---

1. For HSA Compatible plan, the family has a per-person deductible with the maximum for the family displayed. For member deductible: Level 1 $2,000, Level 2 $3,000, Level 3 $4,000, Level 4 $5,000.
2. For the Value and Value plans there is a separate Rx out-of-pocket maximum.
3. For the HSA Compatible plan, the family has a per-person deductible with the maximum for the family displayed. For member deductible: Level 1 $2,000, Level 2 $3,000, Level 3 $4,000, Level 4 $5,000.

All coinsurance amounts listed reflect the amount the member may be charged.