Benefits Open Enrollment
Login to Benefits
Open Enrollment
Log into Open Enrollment
Click on “Main Menu”
Click on “Self Service”
Click on “Benefits”
Click on “Benefits Enrollment”

Benefits Enrollment Home Page

Click on “Select” to begin

Benefits Enrollment

After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change.

The blue Information icon below provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment. Use the Select button to begin your enrollment.

For open enrollment, check out ALEX for an interactive way to learn about your benefit options.

The Benefits and Active Enrollment Guide is also a handy reference tool.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Open Benefit Events

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Event Date</th>
<th>Event Status</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Enrollment</td>
<td>01/01/2021</td>
<td>Open</td>
<td></td>
</tr>
</tbody>
</table>

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.
### Open Enrollment

Active open enrollment is your annual opportunity to select or modify your benefit choices. To continue participating in the flexible spending accounts (FSA) and the health savings account (HSA), you must re-enroll in these programs during the open enrollment period.

The district benefit contributions reflected currently may not include pending contribution changes resulting from contract negotiations, if applicable. Always refer to the benefit summary on your union contract for the most up-to-date information.

For open enrollment, check out ALEX for an interactive way to learn about your benefit options.

The SPS Benefits tab also includes valuable information about your benefits.

#### Important: Your enrollment will not be complete until you click submit.

**Current = 2020 Elections**

**New = 2021 Elections**

<table>
<thead>
<tr>
<th>Enrollment Summary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td></td>
</tr>
<tr>
<td>Current: CoPay Plan Open Access Only</td>
<td>Edit</td>
</tr>
<tr>
<td>New: Wave</td>
<td></td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td></td>
</tr>
<tr>
<td>Current: Dental Insurance Empl Only</td>
<td>Edit</td>
</tr>
<tr>
<td>New: Dental Insurance Empl Only</td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
</tr>
<tr>
<td>Current: Wave</td>
<td>Edit</td>
</tr>
<tr>
<td>New: Wave</td>
<td></td>
</tr>
<tr>
<td><strong>AFLAC Accident</strong></td>
<td></td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>Edit</td>
</tr>
<tr>
<td>New: No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>AFLAC Hospital Indemnity</strong></td>
<td></td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>Edit</td>
</tr>
<tr>
<td>New: No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Life</strong></td>
<td></td>
</tr>
<tr>
<td>Current: Basic Life $5,000</td>
<td>Edit</td>
</tr>
<tr>
<td>New: Basic Life $6,000</td>
<td></td>
</tr>
<tr>
<td>Additional Life Insurance</td>
<td></td>
</tr>
<tr>
<td>Current: Additional Life $65,000</td>
<td>Edit</td>
</tr>
<tr>
<td>New: Additional Life $65,000</td>
<td></td>
</tr>
<tr>
<td><strong>Employee Optional Life</strong></td>
<td></td>
</tr>
<tr>
<td>Current: Optional Life for Employees: $100,000</td>
<td>Edit</td>
</tr>
<tr>
<td>New: Optional Life for Employees: $100,000</td>
<td></td>
</tr>
<tr>
<td><strong>Employee ADA</strong></td>
<td></td>
</tr>
<tr>
<td>Current: ADA for Employees: $100,000</td>
<td>Edit</td>
</tr>
<tr>
<td>New: ADA for Employees: $100,000</td>
<td></td>
</tr>
<tr>
<td><strong>Spouse Optional Life</strong></td>
<td></td>
</tr>
<tr>
<td>Current: Optional Life for Spouse: $25,000</td>
<td>Edit</td>
</tr>
<tr>
<td>New: Optional Life for Spouse: $25,000</td>
<td></td>
</tr>
<tr>
<td><strong>Spouse ADA</strong></td>
<td></td>
</tr>
<tr>
<td>Current: ADA for Spouse: $25,000</td>
<td>Edit</td>
</tr>
<tr>
<td>New: ADA for Spouse: $25,000</td>
<td></td>
</tr>
<tr>
<td><strong>Dependent Life</strong></td>
<td></td>
</tr>
<tr>
<td>Current: Wave</td>
<td>Edit</td>
</tr>
<tr>
<td>New: Wave</td>
<td></td>
</tr>
<tr>
<td><strong>AFLAC Critical Illness</strong></td>
<td></td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>Edit</td>
</tr>
<tr>
<td>New: No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Short-Term Disability</strong></td>
<td></td>
</tr>
<tr>
<td>Current: STD $1400 coverage 90 days: 56.67% of Salary</td>
<td>Edit</td>
</tr>
<tr>
<td>New: STD $1400 coverage 90 days: 56.67% of Salary</td>
<td></td>
</tr>
<tr>
<td>Long-Term Disability</td>
<td></td>
</tr>
<tr>
<td>Current: LTD - 60% salary replacement: 60.00% of Salary</td>
<td>Edit</td>
</tr>
<tr>
<td>New: LTD - 60% salary replacement: 60.00% of Salary</td>
<td></td>
</tr>
<tr>
<td><strong>Flex Spending Health - U.S.</strong></td>
<td></td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>Edit</td>
</tr>
<tr>
<td>New: No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Flex Spending Dependent Care</strong></td>
<td></td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>Edit</td>
</tr>
<tr>
<td>New: No Coverage</td>
<td></td>
</tr>
<tr>
<td><strong>Health Savings Account</strong></td>
<td></td>
</tr>
</tbody>
</table>

Submit

Select the Submit button to submit your changes.

**Important: Your enrollment will not be complete until you click Submit.**

**Current = 2020 Elections**

**New = 2021 Elections**
Medical
Click on the “Edit” button to begin Medical Insurance election.
Medical Insurance

Click on the circle ⬜️ for the plan that you are electing.

**Benefits Enrollment**

**Medical**

- **HSA Smart Care**
  - **Coverage Level**: Employee Only, Employee + One, Family
  - **Your Costs**: $0.00, $0.00, $4.00
  - **Tax Class**: Before-Tax

- **HSA Open Access**
  - **Coverage Level**: Employee Only, Employee + One, Family
  - **Your Costs**: $0.00, $0.00, $78.50
  - **Tax Class**: Before-Tax

- **CoPay Plan Smart Care**
  - **Coverage Level**: Employee Only, Employee + One, Family
  - **Your Costs**: $22.75, $140.50, $270.00
  - **Tax Class**: Before-Tax

- **CoPay Plan Open Access**
  - **Coverage Level**: Employee Only, Employee + One, Family
  - **Your Costs**: $52.75, $229.00, $303.50
  - **Tax Class**: Before-Tax

- **HRA Smart Care**
  - **Coverage Level**: Employee Only, Employee + One, Family
  - **Your Costs**: $0.00, $21.00, $136.50
  - **Tax Class**: Before-Tax

- **HRA Open Access**
  - **Coverage Level**: Employee Only, Employee + One, Family
  - **Your Costs**: $5.25, $94.00, $220.50
  - **Tax Class**: Before-Tax

**Select an Option**

- **Overview of all Plans**

Select one of the following plans:

- HSA Smart Care
- HSA Open Access
- CoPay Plan Smart Care
- CoPay Plan Open Access
- HRA Smart Care
- HRA Open Access

**Update Elections**  **Discard Changes**

Select the **Update Elections button to accept these choices and then you will be returned to the Enrollment Summary.**

Select the **Discard Changes button to ignore all entries made on this page and return to the Enrollment Summary.**
After clicking on the circle that is next to the medical plan that you are electing - scroll to the bottom of the screen.

Need to add dependents?

If your dependent is list here, check the “Enroll” box next to their name.

If your dependent is not listed here, click on the “Add/Review Dependents” button.

Add/Review Dep/Ben Screen

Dependents previously covered will be listed under “Dependent Information”. Click on the dependent’s name to edit the dependents information, if needed.

Or

You can add a dependent by clicking the “Add a dependent or beneficiary” button.
Adding a dependent
Fill-in your dependent’s information.

After filling-in your dependents information, click on the “Save” button.

Click on the “OK” button

Save Confirmation

The Save was successful.
Review your newly added dependent’s information.

Click on the “Edit” button if something needs to be changed.

If no changes are needed, click on the “Return to Dependent/Beneficiary Summary” link.

Your newly added dependent will now be listed under “Dependent Information”.

Click on the “Add a dependent or beneficiary” button again if you have more dependents to add.

Once all dependents (that you want covered under your medical plan) have been added, click on the “Return to Event Selection” link.
You are now back on your Benefits Enrollment Medical election page.

Check the “Enroll” box next to the name(s) of the dependents you want to add to your medical coverage.

Click the “Update Elections” box to update your election.

Scroll down to the bottom of this page to view dependents.
Review your elections.

Click on the “Update Elections” to complete your Medical plan election.

(Click on the “Discard Changes” to start again).

ELECTING AN HSA MEDICAL PLAN WILL BRING YOU TO ANOTHER ELECTION SCREEN (BELLOW).

All other plan elections will bring you back to the Open Enrollment home screen.
Benefits Enrollment

Health Savings Account

The health savings account (HSA) MUST be re-elected each open enrollment.

Health savings account (HSA) plans allow you to save tax-free money towards current and future medical expenses.

IRS limits for 2021 are $3,600 for single enrollees, and $7,200 when enrolled in single or family coverage. Employees age 55 or older can contribute an additional $1,000.

IMPORTANT: It is the employee’s responsibility to stay within the IRS limit and monitor their contributions based on their eligibility.

You may only contribute to a health savings account (HSA) if you meet certain health plan requirements. If you have multiple HSA options available, please make sure you select the HSA that matches the HSA plan that you selected. If the plans do not match, you will receive an error when you try to submit your elections.

If you are enrolling for the first time, please read the following new account authorization for OPTUM Bank HSA:

I appoint St Paul Public Schools as my agent for the purpose of opening and administering maintaining an Optum Bank Inc. (“Bank”) Health Savings Account (“HSA”) on my behalf and authorize Employer to send and receive information to and from the Bank on my behalf (including account number) in order to accomplish this purpose. I authorize the Bank to make any requests that it considers appropriate to determine if it should open and maintain my HSA, and I acknowledge that I have received the Bank’s USA PATRIOT Act Notice provided below.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies those persons who open an account. This means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I authorize and direct the Bank to issue a Debit Mastercard to me. I certify that I have received or viewed the Bank’s statement of the hardware and software requirements for access to and operation of electronic records and that I have the ability to access the Bank’s web site where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at www.optumbank.com. I understand that monthly account statements and other documentation will be delivered or made available electronically. If I want HSA statements mailed to my home, I must notify the Bank directly.

I agree that Employer will remain my agent unless and until Employer and the Bank receive notice that the appointment of Employer as my agent has been terminated, that I am no longer employed by Employer, or that I am no longer an HSA eligible individual; or I receive a notice from the Bank that my application for an HSA has been declined.

By clicking, you agree to the above to update your elections.

Click on the circle ○ that is next to your HSA plan to elect your contribution amount.

Or click on the circle ○ next to Waive to waive HSA election.

Click on the “Update Elections” button to continue.
Review your HSA election

Click on the “Update Elections” button to continue.

You are now back to the Open Enrollment home screen.
Dental
Click on the “Edit” button to begin Dental Insurance election.
Dental Insurance

Click on the circle for the plan that you are electing.

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**Benefits Enrollment**

**Dental**

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

The premium is the same for employee + one or family coverage. You will be enrolled in employee + one if you select one dependent, and family if you select more than one dependent.

Important: Your current coverage is: Dental Insurance with Employee Only coverage. Your coverage will remain the same.

---

**Select an Option**

Here are your available options with your per-pay-period costs. (Your cost = Full benefit cost - Credits)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Level</th>
<th>Your Costs</th>
<th>Tax Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental insurance</td>
<td>Employee Only</td>
<td>$0.00</td>
<td>Before-Tax</td>
</tr>
<tr>
<td></td>
<td>Employee + One</td>
<td>$36.74</td>
<td>Before-Tax</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$36.74</td>
<td>Before-Tax</td>
</tr>
</tbody>
</table>

---

**Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

---

**Dependent Beneficiary**

<table>
<thead>
<tr>
<th>Enroll</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sample Text</td>
<td>Spouse</td>
</tr>
</tbody>
</table>

---

If your dependent is listed here, check the “Enroll” box next to their name.

If your dependent is not listed here, click on the “Add/Review Dependents” button.
Add/Review Dep/Ben Screen

Dependents previously covered will be listed under “Dependent Information”. Click on the dependent’s name to edit the dependents information, if needed.

Or

You can add a dependent by clicking the “Add a dependent or beneficiary” button.

Adding a dependent

Fill-in your dependent’s information.

After filling-in your dependents information, click on the “Save” button.
Click on the “OK” button

Review your newly added dependent’s information.

Click on the “Edit” button if something needs to be changed.

If no changes are needed, click on the “Return to Dependent/Beneficiary Summary” link.
Your newly added dependent will now be listed under “Dependent Information”.

Click on the “Add a dependent or beneficiary” button again if you have more dependents to add.

Once all dependents (that you want covered under your dental plan) have been added, click on the “Return to Event Selection” link.
You are now back on your Benefits Enrollment Dental election page

Check the “Enroll” box □ next to the name(s) of the dependents you want to add to your dental coverage.

Click the “Update Elections” box to update your election.
Review your elections.

Click on the “Update Elections” to complete your Dental plan election and return to the Open Enrollment home screen.

You are now back to the Open Enrollment home screen.
Vision
Click on the “Edit” button to begin Vision Insurance election.
Vision Insurance

Click on the circle  to select or to waive coverage.

Benefits Enrollment

Vision

Vision coverage helps you and your dependents cover expenses for eye glasses and contacts.

Important! Your current coverage is: Waive. You will continue with this coverage if you do not make a choice.

Select an Option

Here are your available options with your per-pay-period costs.

(Your cost = Full benefit cost - Credits)

Overview of all Plans

Select one of the following plans:

- Vision Service Plan
  - Coverage Level
    - Employee Only: $3.80 Before-Tax
    - Employee + One: $7.22 Before-Tax
    - Family: $10.60 Before-Tax
  - ○ Waive

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent’s name.

<table>
<thead>
<tr>
<th>Dependent Beneficiary</th>
<th>Enroll</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add/Review Dependents

Update Elections  Discard Changes

Select the Update Elections button to accept these choices and then you will be returned to the Enrollment Summary.

Select the Discard Changes button to ignore all entries made on this page and return to the Enrollment Summary.
Need to add dependents?

If your dependent is listed here, check the “Enroll” box next to their name.

If your dependent is not listed here, click on the “Add/Review Dependents” button.

Add/Review Dep/Ben Screen

Dependents previously covered will be listed under “Dependent Information”. Click on the dependent’s name to edit the dependents information, if needed.

Or

You can add a dependent by clicking the “Add a dependent or beneficiary” button.
Adding a dependent

Fill-in your dependent’s information.

After filling-in your dependents information, click on the “Save” button.

Click on the “OK” button
Review your newly added dependent’s information.

Click on the “Edit” button if something needs to be changed.

If no changes are needed, click on the “Return to Dependent/Beneficiary Summary” link.

Your newly added dependent will now be listed under “Dependent Information”

Click on the “Add a dependent or beneficiary” button again if you have more dependents to add.

Once all dependents (that you want covered under your vision plan) have been added, click on the “Return to Event Selection” link.
You are now back on your Benefits Enrollment Vision election page.

Check the “Enroll” box next to the name(s) of the dependents you want to add to your vision coverage.

Click the “Update Elections” box to update your election.

Scroll down to the bottom of this page to view dependents.
Review your elections.

Click on the “Update Elections” to complete your Vision plan election.

(Click on the “Discard Changes” to start again).
You are now back to the Open Enrollment home screen.
AFLAC Accident
Click on the “Edit” button to begin AFLAC Accident Insurance election.
Click on the circle ○ to select or to waive coverage.
Need to add dependents?

If your dependent is listed here, check the “Enroll” box next to their name.

If your dependent is not listed here, click on the “Add/Review Dependents” button.

Add/Review Dep/Ben Screen

Dependents previously covered will be listed under “Dependent Information”. Click on the dependent’s name to edit the dependents information, if needed.

Or

You can add a dependent by clicking the “Add a dependent or beneficiary” button.
Adding a dependent
Fill-in your dependent’s information.

After filling-in your dependents information, click on the “Save” button.

Click on the “OK” button
Review your newly added dependent’s information.

Click on the “Edit” button if something needs to be changed.

If no changes are needed, click on the “Return to Dependent/Beneficiary Summary” link.

Your newly added dependent will now be listed under “Dependent Information”

Click on the “Add a dependent or beneficiary” button again if you have more dependents to add.

Once all dependents (that you want covered under your AFLAC Accident plan) have been added, click on the “Return to Event Selection” link.
You are now back on your Benefits Enrollment AFLAC Accident election page

Enroll Your Dependents
The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

Dependent Beneficiary
Enroll Name Relationship

Add/Review Dependents

Check the “Enroll” box □ next to the name(s) of the dependents you want to add to your AFLAC Accident coverage.

Click the “Update Elections” box to update your election.

Scroll down to the bottom of this page to view dependents
Review your elections.

Click on the “Update Elections” to complete your AFLAC Accident plan election.

(Click on the “Discard Changes” to start again).

You are now back to the Open Enrollment home screen.
AFLAC Hospital Indemnity
Click on the “Edit” button to begin AFLAC Hospital Indemnity Insurance election.
AFLAC Hospital Indemnity

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

Click here for complete information.

If you enroll in this plan, please read the following information. By selecting this coverage, you agree to the terms and conditions outlined below.

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy via direct bill. You should contact your insurance carrier for an explanation of your options for both continuation or cancellation of your existing coverage.

If a covered child reaches a limiting age as specified in the certificate or a rider, it is your responsibility to notify the company.

The best of my knowledge and belief, my answers to the questions are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued. I realize any false statement or misrepresentation in the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect unless I am actively at work on the effective date of coverage, and until my application is approved and the necessary premium is paid. If I am not actively at work on the effective date of coverage, coverage will become effective on the date I return to an active work status.

I understand and agree that the coverage I am applying for may have a pre-existing condition limitation. I authorize the Group Policyholder to deduct the appropriate dollar amount from my earnings each pay period to pay Continental American Insurance Company the required premium for my insurance.

A person is guilty of insurance fraud if he intends to defraud an insurer or if he knowingly facilitates a fraud against an insurer. Fraudulent activities include submitting an application or filing a claim that contains any false or deceptive statement.

Important: Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

Select an Option

Here are your available options with your per-period costs:
(Your cost = Full benefit cost - Credits)

Overview of All Plans

Select one of the following plans:

- AFLAC Hospital Indemn Low

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Your Costs</th>
<th>Tax Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$5.56</td>
<td>After-Tax</td>
</tr>
<tr>
<td>Employee + Ona</td>
<td>$9.45</td>
<td>After-Tax</td>
</tr>
<tr>
<td>Family</td>
<td>$12.96</td>
<td>After-Tax</td>
</tr>
</tbody>
</table>

- AFLAC Hospital Ind High

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Your Costs</th>
<th>Tax Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$8.97</td>
<td>After-Tax</td>
</tr>
<tr>
<td>Employee + Ona</td>
<td>$15.73</td>
<td>After-Tax</td>
</tr>
<tr>
<td>Family</td>
<td>$21.82</td>
<td>After-Tax</td>
</tr>
</tbody>
</table>

- Waive

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Dependent Beneficiary

<table>
<thead>
<tr>
<th>Enroll</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

Add/Review Dependents

Update Elections Discard Changes

Select the Update Elections button to accept these choices and then you will be returned to the Enrollment Summary.

Select the Discard Changes button to ignore all entries made on this page and return to the Enrollment Summary.
Need to add dependents?

If your dependent is list here, check the “Enroll” box next to their name.

If your dependent is not listed here, click on the “Add/Review Dependents” button.

Add/Review Dep/Ben Screen

Dependents previously covered will be listed under “Dependent Information”. Click on the dependent’s name to edit the dependents information, if needed.

Or

You can add a dependent by clicking the “Add a dependent or beneficiary” button.
Adding a dependent

Fill-in your dependent’s information.

After filling-in your dependents information, click on the “Save” button.

Click on the “OK” button

Save Confirmation

The Save was successful.
Review your newly added dependent’s information.

Click on the “Edit” button if something needs to be changed.

If no changes are needed, click on the “Return to Dependent/Beneficiary Summary” link.

Your newly added dependent will now be listed under “Dependent Information”.

Click on the “Add a dependent or beneficiary” button again if you have more dependents to add.

Once all dependents (that you want covered under your AFLAC Hospital Indemnity plan) have been added, click on the “Return to Event Selection” link.
You are now back on your Benefits Enrollment AFLAC Hospital Indemnity election page.

Check the “Enroll” box next to the name(s) of the dependents you want to add to your AFLAC Hospital Indemnity coverage.

Scroll down to the bottom of this page to view dependents.

Click the “Update Elections” box to update your election.
Review your elections.

Click on the “Update Elections” to complete your AFLAC Hospital Indemnity plan election.

(Click on the “Discard Changes” to start again).

You are now back to the Open Enrollment home screen.
Employee Optional Life
Click on the “Edit” button to begin Employee Optional Life Insurance election.
Employee Optional Life Insurance

Click on the circle 🗼️ to select or to waive coverage.

Click the “Update Elections” box to update your election.
Review your elections.

Click on the “Update Elections” to complete your Employee Optional Life plan election.

(Click on the “Discard Changes” to start again).

You are now back to the Open Enrollment home screen.
Employee AD&D
Open Enrollment Summary

Click on the “Edit” button to begin Employee AD&D Insurance election.
Employee AD&D Insurance

Click on the circle ☑ to select or to waive coverage.

Click the “Update Elections” box to update your election.
Review your elections.

Click on the “Update Elections” to complete your Employee AD&D plan election.

(Click on the “Discard Changes” to start again).

You are now back to the Open Enrollment home screen.
Spouse Optional Life
Click on the “Edit” button to begin Spouse Optional Life Insurance election.
Spouse Optional Life Insurance

Click on the circle 〇 to select or to waive coverage.

Click the “Add/Review Dependents” button to add spouse (if not listed under “Allocation Details”).
Add/Review Dep/Ben Screen

You can add a dependent by clicking the “Add a dependent or beneficiary” button.

Adding a dependent

Fill-in your dependent’s information.

After filling-in your dependents information, click on the “Save” button.
Click on the “OK” button

Review your newly added dependent’s information.

Click on the “Edit” button if something needs to be changed.

If no changes are needed, click on the “Return to Dependent/Beneficiary Summary” link.
Your newly added dependent will now be listed under “Dependent Information”.

Click on the “Add a dependent or beneficiary” button again if you have more dependents to add.

Once all dependents (that you want covered under your Spouse Optional Life plan) have been added, click on the “Return to Event Selection” link.
You are now back on your Benefits Enrollment Spouse Optional Life election page.

Check the “Covered” box next to the name(s) of the dependents you want to add to your Spouse Optional Life coverage.

Click the “Update Elections” box to update your election.

Scroll down to the bottom of this page to view dependents.
Review your elections.

Click on the “Update Elections” to complete your Spouse Optional Life plan election.

(Click on the “Discard Changes” to start again).
You are now back to the Open Enrollment home screen.

### Benefits Enrollment

**Open Enrollment**

Active open enrollment is your annual opportunity to select or modify your benefit choices. To continue participating in the flexible spending accounts (FSA) and the health savings account (HSA), you must re-enroll in these programs during the open enrollment period.

The district benefit contributions reflected currently may not include pending contribution changes resulting from contract negotiations, if applicable. Always refer to the benefit summary in your union contract for the most up to date information.

For open enrollment, check out ALEX for an interactive way to learn about your benefit options.

The [JPS Benefits Page](#) also includes valuable information about your benefits.

**Important:** Your enrollment will not be complete until you click submit.

- Current = 2020 Elections
- New = 2021 Elections

### Enrollment Summary

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Current</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical CoPay Plan</td>
<td>Open Access Empl Only</td>
<td>Wave</td>
</tr>
<tr>
<td>Dental</td>
<td>Dental Insurance Empl Only</td>
<td>Dental Insurance Empl Only</td>
</tr>
<tr>
<td>Vision</td>
<td>Wave</td>
<td>Wave</td>
</tr>
<tr>
<td>AFLAC Accident</td>
<td>No Coverage</td>
<td>No Coverage</td>
</tr>
<tr>
<td>AFLAC Hospital Indemnity</td>
<td>No Coverage</td>
<td>No Coverage</td>
</tr>
<tr>
<td>Basic Life</td>
<td>Basic Life $5,000</td>
<td>Basic Life $5,000</td>
</tr>
</tbody>
</table>
Spouse AD&D
Click on the “Edit” button to begin Spouse AD&D Insurance election.
Spouse AD&D Insurance

Click on the circle to select or to waive coverage.

Enter a Coverage Amount

Click the “Add/Review Dependents” button to add spouse (if not listed under “Allocation Details”)
Add/Review Dep/Ben Screen

You can add a dependent by clicking the “Add a dependent or beneficiary” button.

Adding a dependent

Fill-in your dependent’s information.

After filling-in your dependents information, click on the “Save” button.
Click on the “OK” button

Review your newly added dependent’s information.

Click on the “Edit” button if something needs to be changed.

If no changes are needed, click on the “Return to Dependent/Beneficiary Summary” link.

---

**Personal Information**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Name:</td>
<td>Test</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Test</td>
</tr>
<tr>
<td>Name Prefix:</td>
<td></td>
</tr>
<tr>
<td>Name Suffix:</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Birth:** 12/31/1960

**Gender:** Male

**SSN:** (Social Security Number)

**Relationship to Employee:** Spouse

**Status Information**

- **Marital Status:** Married
- **Student:** No
- **Disabled:** No
- **Smoker:** Non Smoker

**Address and Telephone**

- **Same Address as Employee**
  - **Country:** United States
  - **Address:**

- **Same Phone as Employee**
  - **Phone:**
Your newly added dependent will now be listed under “Dependent Information”.

Click on the “Add a dependent or beneficiary” button again if you have more dependents to add.

Once all dependents (that you want covered under your Spouse AD&D plan) have been added, click on the “Return to Event Selection” link.
You are now back on your Benefits Enrollment Spouse AD&D election page.

Check the “Covered” box next to the name(s) of the dependents you want to add to your Spouse AD&D coverage.

Click the “Update Elections” box to update your election.

Scroll down to the bottom of this page to view dependents.
Review your elections.
Click on the “Update Elections” to complete your Spouse AD&D plan election.
(Click on the “Discard Changes” to start again).

You are now back to the Open Enrollment home screen.
Dependent Life
Click on the “Edit” button to begin Dependent Life Insurance election.
Dependent Life Insurance

**Dependent Life**

Dependent life insurance allows you to purchase life insurance for your child(ren). You are the beneficiary of this life insurance. Children from age 6 mos. to 25 yrs is $10,000 of coverage. (Birth to 6 mos. is $1,000 coverage). This policy covers all your children at one rate.

**IMPORTANT:** If you elect dependent life insurance, you must list your child dependents.

**Select an Option**

- Yes: Optional Life for Children ($10,000)
- No, I do not want to enroll

**Notes**

Your per-pay-period cost for this coverage is $0.65.

**Designate Your Dependents**

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

- Click the “Add/Review Dependents” button to add spouse (if not listed under “Allocation Details”)

**Allocation Details**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Covered</th>
</tr>
</thead>
</table>

**Update Elections**

Select the Update Elections button to accept these choices and then you will be returned to the Enrollment Summary.

**Discard Changes**

Select the Discard Changes button to ignore all entries made on this page and return to the Enrollment Summary.
You can add a dependent by clicking the “Add a dependent or beneficiary” button.

Adding a dependent

Fill-in your dependent’s information.

After filling-in your dependents information, click on the “Save” button.
Click on the “OK” button

Review your newly added dependent’s information.

Click on the “Edit” button if something needs to be changed.

If no changes are needed, click on the “Return to Dependent/Beneficiary Summary” link.
Your newly added dependent will now be listed under “Dependent Information”

Click on the “Add a dependent or beneficiary” button again if you have more dependents to add.

Once all dependents (that you want covered under your Dependent Life plan) have been added, click on the “Return to Event Selection” link.
You are now back on your Benefits Enrollment Dependent Life election page.

Check the “Covered” box next to the name(s) of the dependents you want to add to your Dependent Life coverage.

Click the “Update Elections” box to update your election.

Scroll down to the bottom of this page to view dependents.
Review your elections.
Click on the “Update Elections” to complete your Dependent Life plan election.

(Click on the “Discard Changes” to start again).

You are now back to the Open Enrollment home screen.
Click on the “Edit” button to begin AFLAC Critical Illness election.
AFLAC Critical Illness

The AFLAC critical illness plan provides a lump-sum payment for covered conditions such as cancer, heart attack, and stroke.

Click here for complete information.

If you enroll in this plan, please read the following information. By selecting this coverage, you agree to the terms and conditions outlined below:

If the coverage will reduce any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed renewable policy via direct bill. You should contact your agent or broker for an explanation of your options for both continuation or cancellation of your existing coverage.

If a covered child reaches a limiting age as specified in the certificate or a rider, it is your responsibility to notify the company.

To the best of my knowledge and belief, my answers to the questions are true and complete. They are offered to Continental-American Insurance Company as the basis for any insurance issued. I recognize any false statement or misrepresentation in the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect unless I am actively at work on the effective date of coverage, and until my application is approved and the necessary premium is paid. If I am not actively at work on the effective date of coverage, coverage will become effective on the date I return to an active work status.

I understand and agree that the coverage is applied for may have a pre-existing condition limitation. I authorize the Group Policyholder to deduct the appropriate dollar amount from my next pay period to pay Continental-American Insurance Company the required premium for my insurance.

A person is guilty of insurance fraud if he intends to defraud an insurer or if he knowingly facilitates a fraud against an insurer. Fraudulent activities include submitting an application or filing a claim that contains any false or deceptive statement.

Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

Select an Option

Here are your available options with your per-pay-period costs:

Select one of the following plans:

- **Valve**: 19.80
- **Critical Illness**: E+15,000 / S+15,000 ($15,000)
- **Critical Illness**: E+10,000 / S+10,000 ($10,000)
- **Critical Illness**: E+5,000 / S+5,000 ($5,000)
- **Critical Illness**: E+1,000 / S+1,000 ($1,000)
- **Critical Illness**: E+500 / S+500 ($500)
- **Critical Illness**: E+100 / S+100 ($100)

Designate Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, you are responsible for updating the policy to determine why they are not listed. You may also use this button to add new dependents to your list.

Click the “Add/Review Dependents” button to add spouse (if not listed under “Allocation Details”).
Add/Review Dep/Ben Screen

You can add a dependent by clicking the “Add a dependent or beneficiary” button.

Adding a dependent

Fill-in your dependent’s information.

After filling-in your dependents information, click on the “Save” button.
Click on the “OK” button

Review your newly added dependent’s information.

Click on the “Edit” button if something needs to be changed.

If no changes are needed, click on the “Return to Dependent/Beneficiary Summary” link.
Your newly added dependent will now be listed under "Dependent Information"

Click on the “Add a dependent or beneficiary” button again if you have more dependents to add.

Once all dependents (that you want covered under your AFLAC Critical Illness) have been added, click on the “Return to Event Selection” link.

You are now back on your Benefits Enrollment AFLAC Critical Illness election page

Scroll down to the bottom of this page to view dependents
Check the “Enroll” box next to the name(s) of the dependents you want to add to your AFLAC Critical Illness coverage.

Click the “Update Elections” box to update your election.

Review your elections.

Click on the “Update Elections” to complete your AFLAC Critical Illness election.

(Click on the “Discard Changes” to start again).
Benefits Enrollment

Open Enrollment

Active open enrollment is your annual opportunity to select or modify your benefit choices. To continue participating in the flexible spending accounts (FSA) and the health savings account (HSA), you must re-enroll in these programs during the open enrollment period.

The district benefit contributions reflected currently may not include pending contribution changes resulting from contract negotiations, if applicable. Always refer to the benefit summary in your union contract for the most up-to-date information.

For open enrollment, check out ALEX for an interactive way to learn about your benefit options.

The JPLS Benefit Pay also includes valuable information about your benefits.

Important: Your enrollment will not be complete until you click submit.
- Current = 2020 Elections
- New = 2021 Elections

<table>
<thead>
<tr>
<th>Enrollment Summary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
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<tr>
<td>Current: CoPay Plan Open Access Employee Only</td>
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<td>New: Wave</td>
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<tr>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Current: Dental Insurance Employee Only</td>
<td>Edit</td>
</tr>
<tr>
<td>New: Dental Insurance Employee Only</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
</tr>
<tr>
<td>Current: Wave</td>
<td></td>
</tr>
<tr>
<td>New: Wave</td>
<td></td>
</tr>
<tr>
<td>AFLAC Accident</td>
<td></td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td>Edit</td>
</tr>
<tr>
<td>New: No Coverage</td>
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<td></td>
</tr>
<tr>
<td>Current: No Coverage</td>
<td></td>
</tr>
<tr>
<td>New: No Coverage</td>
<td></td>
</tr>
<tr>
<td>Basic Life</td>
<td></td>
</tr>
<tr>
<td>Current: Basic Life $5,000</td>
<td></td>
</tr>
<tr>
<td>New: Basic Life $5,000</td>
<td></td>
</tr>
</tbody>
</table>
Short-Term Disability
Click on the “Edit” button to begin Employee Short-Term Disability election.
Employee Short-Term Disability

Click on the circle ◯ to select or to waive coverage.

Scroll to bottom of screen

Click the “Update Elections” box to update your election.
Review your elections.

Click on the “Update Elections” to complete your Employee Optional Life plan election.

(Click on the “Discard Changes” to start again).

You are now back to the Open Enrollment home screen.
Flex Spending Health
Click on the “Edit” button to begin Employee Flex Spending Health election.
Employee Flex Spending Health

Benefits Enrollment
Flex Spending Health - U.S.

The flexible spending account (FSA) allows you to use pre-tax dollars to pay for expenses that are not covered through your group health care plan. The maximum you may elect for 2021 is $2,750.

The flexible spending account MUST be re-elected each open enrollment.

Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

Your annual pledge must be between $50.00 and $2,750.00, which are the limits established for this plan. If your spouse is also eligible for participation in a flexible spending account, a maximum combined contribution amount of $5,000 will apply.

Select an Option

- No, I do not want to enroll
- Health Care Flexible Spending

This plan requires that you specify an annual pledge amount.

Annual Pledge: _______ Worksheet

Select the Worksheet button to help calculate your annual pledge for this plan year.

Click on the circle ☑️ to select or to waive coverage.

Enter an election amount here.

Click the “Update Elections” box to update your election.
Review your elections.

Click on the “Update Elections” to complete your Employee Flex Spending Health election.

(Click on the “Discard Changes” to start again).

You are now back to the Open Enrollment home screen.
Flex Spending Dependent Care
Click on the “Edit” button to begin Employee Flex Spending Dependent Care election.
Employee Flex Spending
Dependent Care

Click on the circle ☑️ to select or to waive coverage.

Enter an election amount here.

Click the “Update Elections” box to update your election.
Review your elections.
Click on the “Update Elections” to complete your Employee Flex Spending Dependent Care election.

(Click on the “Discard Changes” to start again).

You are now back to the Open Enrollment home screen.
Health Savings Account
The health savings account (HSA) MUST be re-elected each open enrollment.

Health savings account (HSA) plans allow you to save tax-free money towards current and future medical expenses.

IRS limits for 2021 are $3,600 urban enrolled in single coverage, and $7,200 when enrolled in single-1 or family coverage. Employees age 55 or older can contribute an additional $1,000.

IMPORTANT: It is the employee's responsibility to stay within the IRS limit and monitor their contributions based on their eligibility.

You may only contribute to a health savings account (HSA) if you elect an HSA compatible medical plan. If you have multiple HSA options available, please make sure you select the HSA that matches the HSA medical plan that you selected. If the plans do not match, you will receive an error when you try to submit your elections.

If you are enrolling for the first time, please read the following new account authorization for OPTUM Bank HSA.

I appoint St Paul Public Schools as my agent for the purpose of opening and administering/maintaining an Optum Bank, Inc. (“Bank”) Health Savings Account (“HSA”) on my behalf and authorize Employer to send and receive information to and from the Bank on my behalf (including account numbers) in order to accomplish this purpose. I authorize the Bank to make any inquiries that it considers appropriate to determine if it should open and maintain my HSA, and I acknowledge that I have received the Bank's USA PATRIOT Act Notice provided below.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I certify that I am eligible to contribute to an HSA under Internal Revenue Code Section 223. I understand and direct the Bank to issue a Debit MasterCard to me. I certify that I have received or viewed the Bank’s statement of the hardware and software requirements for access to and retention of electronic records and that I have the ability to access the Bank's website where electronic statements and other documentation are stored. I instruct the Bank, unless otherwise notified and instructed by me, to provide the Custodial and Deposit Agreement and all other HSA notices, disclosures and information related to and governing my HSA to me online at www.optumbank.com. I understand that monthly account statements and other documentation and notices will be delivered or made available electronically. If I want HSA statements mailed to my home, I must notify the Bank directly.

I agree that Employer will remain my agent unless and until Employer and the Bank receive notice that the appointment of Employer as my agent has been terminated, that I am no longer employed by Employer, or that I am no longer an HSA eligible individual. I or receive a notice from the Bank that my application for an HSA has been declined.

By clicking, you agree to the above to update your elections.

Click on the circle ○ that is next to your HSA plan to elect your contribution amount.

Or click on the circle ○ next to Waive to waive HSA election.

Click on the “Update Elections” button to continue.
Review your HSA election

Click on the “Update Elections” button to continue.

You are now back to the Open Enrollment home screen.