

2021 PEIP Active Enrollment



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 edit 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 2021.

To enroll, visit spps.org/activeenrollment and enroll in 2021 benefits by November 20, 2020.

When Can I Enroll?

2021 PEIP Active Enrollment will take place November 9 - November 20.

Active Enrollment **requires employees** to edit their medical and dental coverage for 2021. Previous year coverage will not roll over.

What Happens If I 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 2021.

Employees covered by a cafeteria plan: Full-time and part-time Teachers and School and Community Professionals will be placed into single core coverage (HealthPartners HSA (low) plan) and single 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 Midway Clinic as your PCC.

HealthPartners Midway Clinic
451 N Dunlap St,
St Paul, MN 55104

All other employees: All other full-time employees will lose medical coverage and will be placed into single 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/2021.

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 2020
- > “New” indicates 2021 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 Guide at spps.org/activeenrollment
- > **Click on:** Open Enrollment - Enrollment Guide

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 November 24, you can review your elections by logging back into Employee Self-Service - Benefits - Benefits Summary. Go to the top of the page and change the date to 01/01/2021

For complete enrollment instructions, visit:
spps.org/activeenrollment.





Medical Coverage

Choosing Your PEIP Medical Plan

SPPS offers employees three comprehensive, high-quality 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/2021. 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 Advantage 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 2021 primary care clinic directory. 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.

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 OBGYN, 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.

Reminder- 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 and Vision Coverage



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

BENEFIT	BENEFIT LEVEL 1 HEALTHPARTNERS DENTAL GROUP	BENEFIT LEVEL 2 HEALTHPARTNERS OPEN ACCESS	OUT-OF-NETWORK CARE FROM AN OUT-OF-NETWORK PROVIDER
Annual/Calendar Year Maximum	Plan pays \$2,000 per calendar year	Plan pays \$1,500 per calendar year	Plan pays \$1,500 per calendar year
Annual/Calendar Year Deductible (Individual/Family)	None	\$10/\$30 Per calendar year	\$10/\$30 Per calendar year
Preventive Services	You pay nothing	You pay nothing	You pay nothing
Basic Services	You pay 15%	You pay 15%	You pay 15%
Major Services	You pay 50%	You pay 50%	You pay 50%
Orthodontia Lifetime Maximum	You pay 50% with a lifetime maximum benefit of \$1,000 paid by the plan	You pay 50% with a lifetime maximum benefit of \$1,000 paid by the plan	You pay 50% with a lifetime maximum benefit of \$500 paid by the plan
MONTHLY PREMIUMS			
Employee Only		\$36.64	
Family		\$119.12	

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

BENEFIT	EYEMED INSIGHT IN-NETWORK	OUT-OF-NETWORK
Exam	Covered under medical	Covered under medical
Lenses		
Single	\$0 Copay	\$30 Allowance
Bifocal	\$0 Copay	\$45 Allowance
Trifocal	\$0 Copay	\$55 Allowance
Standard Progressive	\$0 Copay	\$45 Allowance
Frames	\$0 Copay, \$200 Allowance + 20% off balance over \$200	\$70 Allowance
Contact Lenses Instead of Glasses		
Conventional/Disposable	\$0 Copay; \$200 allowance, plus balance over \$200	\$100 Allowance
Medically Necessary	\$0 Copay, Paid in full	\$200 Allowance
MONTHLY PREMIUMS		
Employee Only		\$7.48
Employee + 1		\$14.20
Family		\$20.88

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.



More Benefits and Resources

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.

Get More Information

Visit ALEX during Open Enrollment at myalex.com/spps/2021. If you still have questions after using ALEX you may email the Benefits team at benefits@spps.org.

BENEFIT	WHO TO CALL	WEBSITE	CONTACT
Medical & Prescription Drug	Innovo	innovomn.com	952-746-3101 800-829-5601
Dental	HealthPartners	healthpartners.com	952-883-5000 800-883-2177
Vision	EyeMed	eyemed.com	866-804-0982 866-800-5457
Basic Life & Accidental Death & Dismemberment	Ochs Agency	spps.org/benefits	ochs@ochsinc.com 800-392-7295
Voluntary Benefits	Aflac	aflacgroupinsurance.com	800-433-3036
Short & Long-Term Disability	Ochs Agency	spps.org/benefits	ochs@ochsinc.com 800-392-7295
Flexible Spending Accounts and Dependent Care Spending Accounts	HealthPartners	healthpartners.com	952-883-7000 866-443-9352
Health Savings Account	Optum	optumbank.com	844-326-7967
Employee Assistance Program	SandCreek	sandcreekeap.com	651-430-3383 888-243-5744
Tax Sheltered Accounts 403 B & 457	Saint Paul Public School Human Resources	spps.org/tsa	payroll@spps.org
Benefits Office		spps.org/benefits	benefits@spps.org

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 10/2020

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, Principle, 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

AFLAC 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 Aflac are available.

Critical Illness

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

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.

Choosing your Primary Care Clinic with PEIP

Step 1. View the 2021 Clinic Directory located on the Innovo website

The 2021 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 2021 List".

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



Step 2. Open 2021 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.)

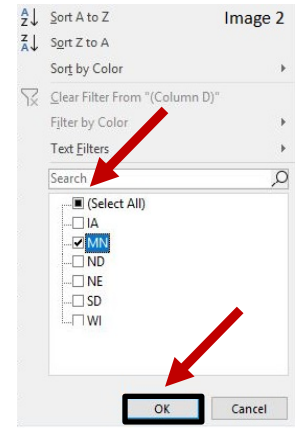
Plan	County	City	State	Primary Care Clinic Number	Clinic	Clinic Address	Type PCC=Primary Care Clinic; PC=Pediatric	2021 Cost Level (* denotes clinic move to 2 for access)
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To find the clinic that best fits your needs, filter the columns by selecting 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 screenshot of PeopleSoft System and entering your PCC section.

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients.

Specify a Primary Care Provider ID: Select a PEIP Provider

Check here if you have previously seen this provider

Check here to use the same provider for all your dependents

Confirming Your Clinic Selection

After November 24th, you can review your elections by logging back into Employee Self-Service – Benefits – Benefits Summary. Go to the top of the page and change the date to 1/1/2021.

When you receive your Medical ID Card it will also indicate your Primary Care Clinic.

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 2021 PEIP Plans

Plan Provision	PEIP High Plan In-Network Benefits				PEIP Value Plan In-Network Benefits				PEIP HSA Compatible Plan In-Network Benefits			
	Cost Level 1	Cost Level 2	Cost Level 3	Cost Level 4	Cost Level 1	Cost Level 2	Cost Level 3	Cost Level 4	Cost Level 1	Cost Level 2	Cost Level 3	Cost Level 4
Monthly Cost												
Deductible ¹	\$250/\$500	\$400/\$800	\$750/\$1,500	\$1,500/\$3,000	\$600/1,200	\$850/\$1,700	\$1,300/\$2,600	\$2,100/\$4,200	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
Out-of-pocket maximum ^{2,3}	\$1,700/\$3,400	\$1,700/\$3,400	\$2,400/\$4,800	\$3,600/\$7,200	\$2,600/\$5,200	\$2,600/\$5,200	\$3,800/\$7,600	\$4,800/\$9,600	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Preventive care	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost
Office visits	\$30 after deductible	\$35 after deductible	\$65 after deductible	\$85 after deductible	\$35 after deductible	\$40 after deductible	\$100 after deductible	\$125 after deductible	\$45 after deductible	\$55 after deductible	\$105 after deductible	\$130 after deductible
Convenience clinics	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost	No cost
Advanced radiology	10% after deductible	15% after deductible	25% after deductible	30% after deductible	10% after deductible	15% after deductible	25% after deductible	35% after deductible	20% after deductible	25% after deductible	30% after deductible	50% after deductible
Lab/x-ray	10% after deductible	10% after deductible	20% after deductible	25% after deductible	10% after deductible	15% after deductible	25% after deductible	35% after deductible	20% after deductible	25% after deductible	30% after deductible	50% after deductible
Chiropractic	\$30 after deductible	\$35 after deductible	\$65 after deductible	\$85 after deductible	\$35 after deductible	\$40 after deductible	\$100 after deductible	\$125 after deductible	\$45 after deductible	\$55 after deductible	\$105 after deductible	\$130 after deductible
Outpatient surgery	\$60 after deductible	\$120 after deductible	\$250 after deductible	25% after deductible	\$100 after deductible	\$175 after deductible	\$350 after deductible	35% after deductible	\$250 after deductible	\$400 after deductible	\$800 after deductible	50% after deductible
Urgent care	\$30 after deductible	\$35 after deductible	\$65 after deductible	\$85 after deductible	\$35 after deductible	\$40 after deductible	\$100 after deductible	\$125 after deductible	\$45 after deductible	\$55 after deductible	\$105 after deductible	\$130 after deductible
Emergency room	\$100 after deductible	\$100 after deductible	\$100 after deductible	25% after deductible	\$125 after deductible	\$125 after deductible	\$125 after deductible	30% after deductible	\$150 after deductible	\$150 after deductible	\$150 after deductible	50% after deductible
Ambulance	5% after deductible	5% after deductible	20% after deductible	25% after deductible	10% after deductible	10% after deductible	20% after deductible	35% after deductible	20% after deductible	25% after deductible	30% after deductible	50% after deductible
Inpatient hospital services	\$100 after deductible	\$200 after deductible	\$500 after deductible	25% after deductible	\$150 after deductible	\$325 after deductible	\$750 after deductible	30% after deductible	\$400 after deductible	\$650 after deductible	\$1,500 after deductible	50% after deductible

Prescription Drugs

	PEIP High Plan In-Network Benefits	PEIP Value Plan In-Network Benefits	PEIP HSA Compatible Plan In-Network Benefits
Rx out-of-pocket maximum	\$1,050/\$2,100	\$1,250/\$2,500	Combined with Medical
Tier 1	\$18	\$25	\$30 after deductible
Tier 2	\$30	\$45	\$50 after deductible
Tier 3	\$55	\$70	\$75 after deductible

¹ For the HSA Compatible plan the family tier has a per person deductible with the maximum for the family displayed. Per member deductible is: Level 1 - \$2,800; Level 2 - \$3,200; Level 3 - \$4,800; Level 4 - \$6,400.
² For the Advantage and Value plans there is a separate Rx out-of-pocket maximum
³ For the HSA Compatible plan the family tier has a per person out-of-pocket with the maximum for the family displayed. Per member out-of-pocket is: Level 1 and 2 - \$5,000; Level 3 and 4 - \$6,900.

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