



Roseville
Area Schools

2022-
2023

Employee
Benefit
Guide



About Your Benefits

Your Benefits

Roseville Area Schools is proud to offer a comprehensive benefits package to eligible, full-time employees who are contracted to work 30 hours or more per week. The complete benefit package is briefly summarized in this booklet. Plan booklets are available, which give you more detailed information about each of these programs. You share the costs of some benefits, and Roseville Area Schools provides other benefits at no cost to you.

The Benefit Plans Offered Are

- Medical
- Dental
- Basic Life Insurance
- Basic Accidental Death & Dismemberment (AD&D)
- Voluntary Life and AD&D
- Long-Term Disability
- Flexible Spending Accounts (FSA)
- Employee Assistance Program
- Matching Annuity Program
- Health Care Savings Plan (not available in all contracts)

Eligibility

You and your dependents are eligible for Roseville Area Schools' medical plan on your date of employment and all other benefits on the first of the month following your date of employment.

Eligible dependents are your legally married spouse, dependent children to age 26, and disabled dependents of any age. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying life event. If you experience a qualifying event, you must contact HR within 30 days. Please see below for more information on qualifying life events.

Special Enrollment Periods

Special enrollment periods are when an eligible Group Member or Dependent may enroll in the health Plan under certain circumstances after they were first eligible for coverage. In order to enroll the eligible Group Member or Dependent must notify HR within 30 days of the triggering event. If you have a new eligible Dependent as a result of birth, adoption or placement for adoption, or foster care or court order, you should request enrollment within 30 days in order to avoid Claim delays. Coverage will be made effective in accordance with applicable regulatory requirement. The eligible circumstances are:

- Loss of Minimum Essential Coverage (does not include loss due to failure to pay premiums or rescission)
- Gaining or becoming a Dependent due to marriage.
- Gaining a Dependent due to birth, adoption, placement for adoption or placement for foster care.
- An individual loses or gains eligibility for Medical Assistance (Medicaid) or Children's Health Insurance Program (CHIP)
- Child support order or other court order to provide coverage.



Medical Insurance Terminology

Deductible

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance plan makes any payments for healthcare services rendered. This amount is an annual amount calculated during the plan year, July through June.

Copays

Copays are a set dollar amount that you pay toward the cost of covered medical services. Typically you would see a copay for prescription drugs.

Coinsurance

The amount or percentage that you pay for certain covered healthcare services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Out-of-Pocket Maximum (OOPM)

An out-of-pocket maximum is the maximum amount that an insured will have to pay out of their own pocket for covered expenses under a plan. Deductibles, copays and coinsurance all accumulate towards the OOPM. District plans OOPM calculate on the plan year; July through June. In-network and out-of-network OOPM have separate accumulations.

Explanation of Benefits (EOB)

When you incur an expense, a claim is filed on your behalf with HealthPartners (HP). Once HP processes the claim, you will receive an EOB. The EOB tells you the total amount of the claim, what the provider must “write off” based on their provider contract with HP, what HP paid and what you owe on the claim. The EOB also shows what’s accumulated toward your annual OOPM and deductible, if applicable.

In-Network

In-network refers to providers or healthcare facilities that are part of a health plan’s network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower costs to the insurance companies with which they have contracts. You can search In-Network providers at www.healthpartners.com/openaccess

Out-of-Network (OON)

Services received by a non-network service provider are considered out-of-network. Out-of-network healthcare and plan payments may be subject to separate deductibles and OOPM. When you receive care from an OON provider, you may need to submit the claim on your own.

Open Access (OA)

Both of our plans are Open Access. Members are not required to select a primary care provider, nor do they need referrals to seek care for specialty needs.

High-Deductible Health Plan (HDHP)

A qualified health plan that gives you more control over your healthcare spending by offering lower monthly premiums in exchange for higher deductibles and out-of-pocket limits.

Formulary Drugs

Formulary drugs are the prescription medications covered under your medical insurance with the maximum plan benefit. If your provider prescribes a non-formulary medication, you will not have coverage. To see HealthPartners list of Formulary Drugs, visit www.healthpartners.com/preferredrx



Deductible Medical Plan

Administered by HealthPartners

Deductible Plan with VEBA Account		
	In Network	
Annual Deductible (Individual/Family)	\$1,000/ \$2,000	
Coinsurance	80% / 20%	
Annual Out-of-pocket Maximum (Individual/Family)	\$2,000 / \$4,000	
Preventive Care	Covered at 100%	
Office Visits	Primary Care Specialist Chiropractic Care Allergy Injections Urgent Care Convenience Care E-Visits Virtuwell Visit	
Hospital Visits	Inpatient Care Outpatient Care	
Emergency Room		
Mental Health Services	Inpatient Care Outpatient Care	
Pharmacy	Retail (31 day supply)	Mail Order (90 day supply)
	Generic Brand Non-Formulary	\$15 Copay \$15 Copay Not Covered
	Specialty	\$15 Copay (Non-Formulary Not Covered)
	Out of Network	
Annual Deductible (Individual/Family)	\$2,000 / \$4,000	
Coinsurance	60% / 40%	
Annual Out-of-pocket Maximum (Individual/Family)	\$4,000 / \$8,000	



Copay Medical Plan

Administered by HealthPartners

NO LONGER AVAILABLE TO NEW ENROLLMENT

Co-Pay Plan		
	In Network	
Annual Deductible (Individual/Family)	\$0/ \$0	
Coinsurance	100% / 0%	
Annual Out-of-pocket Maximum (Individual/Family)	\$750 / \$1,500	
Preventive Care	Covered at 100%	
Office Visits		
Primary Care	\$30 Copay	
Specialist	\$30 Copay	
Chiropractic Care	\$30 Copay	
Allergy Injections	\$2 Copay	
Urgent Care	\$30 Copay	
Convenience Care	\$30 Copay	
E-Visits	\$30 Copay	
Virtuwell Visit	\$30 Copay; 1st 3 Visits Free	
Hospital Visits		
Inpatient Care	Covered at 100%	
Outpatient Care	Covered at 100%	
Emergency Room	\$50 Copay	
Mental Health Services		
Inpatient Care	Covered at 100%	
Outpatient Care	\$30 Copay	
Pharmacy		
	Retail (31 day supply)	Mail Order (90 day supply)
Generic	\$15 Copay	\$30 Copay
Brand	\$15 Copay	\$30 Copay
Non-Formulary	Not Covered	Not Covered
Specialty	\$15 Copay (Non-Formulary Not Covered)	
	Out of Network	
Annual Deductible (Individual/Family)	\$200 / \$600	
Coinsurance	80% / 20%	
Annual Out-of-pocket Maximum (Individual/Family)	\$1,000 / \$2,000	



HealthPartners

Value-Added Services

myHealthPartners

Your myHealthPartners account gives you instant access to your benefits. From this site, you are able to do the following and more. To set up your account you will need your member ID card. Login at healthpartners.com or download the myHP app.

- View your member ID card and fax it to your doctor's office
- Search for doctors near you
- Check how much you have spent towards your deductible and out-of-pocket maximum
- Compare pharmacy costs to find the best place to get your medicines
- See recent claims
- Get cost estimates for treatments and procedures specific to your plan

Nurse Line

Living with a health condition is easier when you have a team of people to support you. You are able to work with a nurse one-on-one at no cost by using HealthPartners 24/7 Nurse Line. These registered nurses are able to answer questions and provide resources, discuss how your treatment is going, navigate the health system and you benefits, work with your doctor and more. You can connect with them at **952.883.5469** or **800.871.9243**.

Healthy Pregnancy

HealthPartners pregnancy support team is able to teach you about budgeting for child care, eating healthy and more. Start by taking the online assessment at healthpartners.com/pregnancysupport. Based on your answers, you may choose to get a call from a nurse or sign up for educational emails. We'll work with you over the phone to answer questions and give advice when you're between doctor visits. The support team is available 24/7 at **612.333.2229** or **800.845.9297**.

Frequent Fitness

Get special savings from handpicked retailers as a HealthPartners member. There are lots of great products and services available to you at a discounted rate – all designed to help you live healthy every day. Work out 12 or more days each month at participating locations and save up to \$20 per person on your monthly membership. Visit healthpartners.com/frequentfitness to find a gym near you.

Omada

Omada is a diabetes prevention program available to you and your dependents ages 18+ who are enrolled in the district's Medical plan and are eligible for the prevention program. Take the one minute questionnaire to see if you qualify for Omada today by visiting omadahealth.com/roseville. Upon your acceptance, you will be mailed a wireless smart scale and connected with a life coach and support group of others on the same health journey. See if you qualify today.



VEBA

Administered by Medsurety

A voluntary employee beneficiary account (VEBA) is a unique, tax-free health care savings plan funded entirely by your employer. It can pay for qualified medical expenses now or in the future, plus it can be used to pay health insurance premiums when you retire.

- A VEBA account is offered with the District's \$1,000 deductible health plan.
- Money is available to you as the District funds the account.
- You don't pay taxes on the account balance, interest earned or on qualified withdrawals.
- VEBA funds can be used to pay for eligible medical expenses now or later, even in retirement.
- Once retired, you can use VEBA funds to pay for health insurance premiums like COBRA or Medicare.
- A VEBA account can be paired with an HSA and limited to dental and vision expenses, so that VEBA funds can be saved for future medical expenses.

Eligible VEBA Expenses

- Medical expenses that your plan does not cover:
 - Out-of-pocket expenses until you reach your deductible;
 - Copayments, coinsurance and prescription drugs.
- Health insurance premiums like COBRA during transition to Medicare in retirement. (You cannot use VEBA money to pay current health insurance premiums).
- Certain health expenses that your plan may not cover such as dental and vision care.
- If you have any questions about an item's eligibility, you can contact Medsurety at **952.303.5700**.





Flexible Spending Account (FSA)

Administered by Medsurety

Healthcare Reimbursement FSA

A flexible spending account (FSA) is a personal expense account that works with your health plan. Each year you can set aside a portion of your salary pretax. You can use that money to pay for medical costs not paid for by your health plan. Depending on your tax bracket, and FSA can help you save as much as 10 to 40 percent on most of these costs.

How a medical FSA works:

- Decide how much you may pay for medical, dental and vision costs next year.
- The amount you select is withheld pretax from your pay in equal portions throughout the year and put into your FSA.
- Your total FSA contribution is available from day one, even if it has not all been deposited into your account.
- Pay your out-of-pocket medical bills using a Medsurety Debit Card or by submitting receipts for reimbursement.

Dependent Care Reimbursement FSA

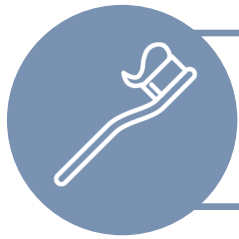
A dependent care flexible spending account (FSA) is a personal expense account that allows you to set aside a portion of your salary pretax. You can use that money to pay for certain dependent care costs such as daycare, preschool and after-school programs, and eldercare, tax-free.

Depending on your tax bracket, a dependent care FSA can help you save as much as 28 to 40 percent on most of these costs.

How a dependent care FSA works:

- Estimate your dependent care costs next year. (Plan wisely—any unused money will be forfeited at the end of the plan year.)
- Select how much to withhold from your pay at enrollment.
- The amount you select is withheld pretax from your pay in equal portions throughout the year and put into your FSA.
- Once it is in your FSA, the money is ready to use for dependent care costs. Simply submit your receipts and get reimbursed up to the available balance in your account.





Dental Coverage

Administered by Delta Dental of MN

Good oral care enhances overall physical health, appearance and mental well-being. Problems with teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the District's dental benefit plan.

	Delta Dental PPO	Delta Dental Premier	Non-Participating
	In Network	In Network	Out of Network
Annual Deductible (Individual/Family)	N/A	\$25 / \$75	\$25 / \$75
Annual Maximum (Per Person)	\$2,000 per person	\$1,000 per person	\$1,000 per person
Lifetime Orthodontic Maximum	\$1,500 per dependent	\$1,500 per dependent	\$1,500 per dependent age 8 to age 19
Orthodontics	50%	50%	50%
Diagnostic and Preventive Services	100%	100%	100% of maximum allowable fee**
Basic Restorative Care and Services	100%	70%	70% of maximum allowable fee**
Simple Oral Surgery Services	80%	60%	60% of maximum allowable fee**
Complex Surgical Oral Surgery	80%	60%	60% of maximum allowable fee**
Basic Endodontic Therapy	80%	60%	60% of maximum allowable fee**
Basic Periodontal Services	80%	60%	60% of maximum allowable fee**
Major Restorative Services	60%	50%	50% of maximum allowable fee**
Prosthetic Services (including standard implant coverage)	50%	50%	50% of maximum allowable fee**
Prosthetic Repairs and Adjustments	50%	50%	50% of maximum allowable fee**

Benefit Maximums

** Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.

How Do I Find An In-Network Dentist?

To find an in-network dentist, visit www.deltadentalmn.org and click on "find a dentist". Search the "Delta Dental PPO" network for the best level of coverage or the "PPO & Premier Networks" for other in-network Delta Dental providers.



Life and Accidental Death and Dismemberment

Administered by Standard Insurance Company

The District provides Basic Life and Accidental Death & Dismemberment coverage at no cost to you.

What would happen to your family or financial obligations if something happened to you? Life insurance is designed to provide protection for your dependents or to enable your beneficiary to settle your affairs in the event of your death. Regardless of your age, income, or health status, Life Insurance may help secure the future of your survivors.

When you enroll in a Life Insurance policy you need to designate a beneficiary. Since the most current beneficiary form determines who will receive your benefit, it is important to review your designation from time to time. You can change your beneficiary at any time by filling out a new beneficiary form and returning it to Human Resources.

Supplemental Life

This coverage is offered to employees as a way to supplement the employer-paid Life/AD&D coverage. Because this coverage is offered on a group basis through your employer, the cost is generally less than what an employee would find if seeking coverage on their own.

Amount of Voluntary/Supplemental Insurance:
\$10,000 Policy = \$1.84 per month
\$25,000 Policy = \$4.60 per month
\$50,000 Policy = \$9.20 per month



Long-Term Disability

Administered by Standard Insurance Company

Group Long Term Disability Insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by Roseville Area Schools.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Roseville Area Schools, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, or a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows or coincides with the date you become a member

Benefits

Monthly Benefit	70 percent of the first \$17,858 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$12,500
Minimum Monthly Benefit	\$100
Benefit Waiting Period	90 days

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restriction including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period	Age	Maximum Benefit Period
62	3 years 6 months	66	1 year 9 months
63	3 years	67	1 year 6 months
64	2 years 6 months	68	1 year 3 months
65	2 years	69+	1 year



Value–Added Services

Administered by Standard Insurance Company

Employee Assistance Program

Available to those covered by LTD.

Administered by Health Advocate

Standard Insurance Company works with Health Advocate to provide an Employee Assistance Program (EAP). The program offers a range of services available by telephone or in person to help employees and their household members. The services provided range from work life services, legal and financial counseling to 3 face-to-face assessments and counseling sessions. These services are designed to prepare employees to face workplace challenges and to steer them toward success.

Website: healthadvocate.com/standard

Phone: **888.293.6948**

Life Services Toolkit

Available to those covered by basic life.

Administered by Health Advocate

Similar to the Employee Assistance Program, Standard partners with Health Advocate to offer support to employees covered by basic life. When an employee calls the Life Services Toolkit phone assistance line, they can expect personalized attention from highly trained counselors to help determine what services may be right for them. Services include grief support, legal services, financial assistance, support services and more.

Website: www.standard.com/mytoolkit

Login: support

Phone: **800.378.5742**

Travel Assistance Program

Available to those covered by basic life.

Administered by Assist America, Inc.

Assist America, Inc. is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleaser. It offers aid before and during your trip including passport, visa and currency exchange information, credit card and passport replacement, help replacing prescription medication, connection to medical care providers and much more. You, your spouse and children through age 25 have access to Travel Assistance as well.

Website: www.standard.com/travel

Assist America Mobile App available on Google Play and Apple App Store

Phone Number within U.S. : **800.872.1414**

Phone Number outside U.S. : **609.986.1234**

Texting Number: **609.334.0807**

Email: medservices@assistamerica.com



Retirement Plans

In 1931, the Minnesota State Legislature established PERA and TRA as a retirement system for county and local government employees (including school district employees). Both of these pension plans are defined benefit plans. The Human Resources Department is able to answer some general questions regarding the plans; however, for specifics, please contact PERA or TRA direct.

PERA

If you are a non-licensed employee, you automatically become a member of PERA when you are hired and meet earning requirements. As a member of the Coordinated Plan, you contribute 6.5% of your salary to PERA (deducted through payroll), and the District contributes 7.5% of salary.

Public Employees Retirement Association (PERA)

60 Empire Drive, Suite 200 St. Paul, MN 55103

Phone **651.296.7460**

Fax **651.297.2547**

www.mnpera.org

TRA

If you are a licensed employee, you automatically become a member of TRA when you are hired and meet earning requirements. As a member, you contribute 7.5% of your salary to TRA (deducted through payroll), and the District contributes 8.55% of salary.

Teachers Retirement Association (TRA)

60 Empire Drive, Suite 400

St. Paul, MN 55103 Phone 651.296.2409

Fax **651.297.5999**

www.minnesotatra.org

Tax Sheltered Annuities (TSA)

Employees of Roseville Area Schools are eligible to participate in a Tax Sheltered Annuity plan such as the 403(b) or 457 plans offered through the District. Contributions to the TSA plans are made through payroll deduction and are forwarded by the District to the TSA company.

The employee will work directly with the company representative to receive information on the retirement plan requirements and rules. The representative will also assist the employee in selecting investment and retirement options.

Please Note: The IRS has issued a notice on deferred compensation plans of state and local governments that states that employer contributions made after January 1, 2004, to a 457 plan must have social security and Medicare taxes deducted at the time that the employer contribution is made if it is also vested at that time. This provision is a unique characteristic of 457 plans that is not applicable to our district 403(b) plan(s).

A District matching contribution is available after one full year of employment. See your group contract for details.

The Health Care Savings Plan (HCSP)

The Health Care Savings Plan (HCSP) is a program through the MN State Retirement System (MSRS). The HCSP is an individual tax-free account that allows you to invest money in a medical savings account while you are employed. After your employment ends, you may then access the funds in your account for reimbursement of eligible medical expenses. All employees must participate in the HCSP if it has been adopted by their employee group/bargaining unit.



Contact Information

Benefit	Administrator	Phone	Website
Medical	HealthPartners	800.883.2177	www.healthpartners.com
VEBA	Medsurety	952.303.5700	www.medsurety.com
Dental	Delta Dental of MN	800.553.9536	www.deltadentalmn.org
Life and AD&D	Standard Insurance Company	888.937.4786	www.standard.com
Voluntary Life and AD&D	Standard Insurance Company	888.937.4786	www.standard.com
Long-Term Disability	Standard Insurance Company	888.937.4786	www.standard.com
Employee Assistance Program (EAP)	Health Advocate	888.293.6948	healthadvocate.com/standard3
Flexible Spending Account	Medsurety	952.303.5700	www.medsurety.com
TRA	Teachers Retirement Association (TRA)	651.296.2409	www.minnesotatra.org
PERA	Public Employees Retirement Association (PERA)	651.296.7460	www.mnpera.org
HCSP	Health Care Savings Plan	800.657.5757	www.msrs.state.mn.us

Roseville Area Schools Human Resources

Julie Cyptar
julie.cyptar@isd623.org
651.635.1639

Notices

Notification of Possible Federal Public Service Loan Forgiveness Eligibility (PSLF)

Minnesota Statutes Section 136A.1792, covers promotion of federal public service loan forgiveness programs. Please be aware that you may be eligible for federal public service loan forgiveness of the remaining balance due on certain federal student loans after you have made 120 qualifying payments on those loans while employed full-time by certain public service employers. For detailed information including how to monitor your progress toward qualifying for PSLF, read the PSLF Questions and Answers documents at StudentAid.gov/publicservice or contact your federal loan servicer.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your Group. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.