



**FRIDLEY**  
PUBLIC SCHOOLS

*A World-Class Community of Learners*

# Benefits 2022

---

# Medical Plans

---

- Two plan options:
  - HP Classic \$20 Copay Plan (\$20 Copay; \$1,000 / \$2,000 out of pocket maximum)
  - HP NationalOne Plan (\$1,000 / \$1,500 / \$2,000 deductible; \$2,000 / \$2,500 / \$3,000 out of pocket maximum)
- Monthly Costs: (Premiums based on full time status for employment groups; prorated amounts will apply if you are not considered full time for your employment group)

|             | HP Classic \$20 Copay Plan |                 | HP NationalOne Plan |                 |                          |
|-------------|----------------------------|-----------------|---------------------|-----------------|--------------------------|
| <u>Tier</u> | <u>Premium</u>             | <u>Employee</u> | <u>Premium</u>      | <u>Employee</u> | <u>VEBA Contribution</u> |
| Single      | \$807.12                   | \$0             | \$704.99            | \$0.00          | \$102.13                 |
| Employee+1  | \$1,444.86                 | \$274.52        | \$1,262.06          | \$165.65        | \$73.93                  |
| Family      | \$2,074.62                 | \$539.40        | \$1,812.10          | \$371.91        | \$95.03                  |

# Medical Plan Highlights

| Medical Plan   | HP Classic \$20 Copay Plan                                 | HP NationalOne Plan  |
|--|--|--|
| Deductible (Single/Single +1/Family)                           | \$0 / \$0 / \$0  | \$1,000 / \$1,500 / \$2,000  |
| Out-of-pocket maximum (Single/Single +1/Family)                | \$1,000 / \$2,000 / \$2,000                                | \$2,000 / \$2,500 / \$3,000  |
| Preventive care  | 100%   | 100%   |
| Office visit   | \$20 copay   | 80% after deductible   |
| Diagnostic test (x-ray, blood work)                            | 100%   | 80% after deductible   |
| Convenience care   | \$10 copay   | 80% after deductible   |
| Virtuwell  | No charge for the first 3 visits and \$10 copay thereafter | No charge for the first 3 visits and 80% after deductible thereafter |
| Emergency care (ER)  | \$75 copay   | 80% after deductible   |
| Inpatient hospital   | \$100 copay  | 80% after deductible   |
| Outpatient procedures  | \$100 copay  | 80% after deductible   |
| Retail Prescription Drugs<br>(Generic/Brand/Non-Formulary)     | \$10 / \$20 / Not covered                                  | \$10 / \$20 / Not covered  |
| Mail Order Prescription Drugs<br>(Generic/Brand/Non-Formulary) | \$20 / \$40 / Not covered                                  | \$20 / \$40 / Not covered  |

# Need Help Selecting Your Health Insurance Plan?

- <http://healthpartners.com/planforme>

## Welcome to Plan for Me

Compare your health insurance plan options and estimate your costs for the year based on your own situation. Use the info your employer gave you to log on.

*All fields are required.*

Group number

Re-enter group number

Site number

Effective date



Example: mm/dd/yyyy

Let's go!

# Dental Plan

---

- **Monthly Costs:** (Premiums based on full time status for employment groups; prorated amounts will apply if you are not considered full time for your employment group)

| <u>Tier</u>  | <u>Premium</u> | <u>Employee</u> |
|--------------|----------------|-----------------|
| Single       | \$42.50        | \$0.00          |
| Employee + 1 | \$83.00        | \$40.50         |
| Family       | \$116.00       | \$73.50         |



**Fridley Ind. School Dist. #14**  
**DEN Distinctions II SI**  
**Dental distinctions plan**  
 7-1-2021

| Plan highlights  | In-network   | Out-of-Network                         |
|--|--|--|
| Partial listing of covered services  | <u>Level 1:</u> Care from HealthPartners Dental Group and Park Dental<br><u>Level 2:</u> Care from remaining PPO network | Care from an out-of-network provider * |
| <b>Dental Plan Parameters</b>  | <b>Annual Maximums &amp; Deductibles are combined across all tiers</b>   |  |
| - Annual maximum   | Level 1: \$2,000 per plan year<br>Level 2: \$1,500 per plan year   | \$1,500 per plan year                  |
| - Individual Deductible<br>(Applies to Basic Care, Special Care & Prosthetics) | Level 1: None<br>Level 2: None   | \$50                                   |
| - Family Deductible<br>(Applies to Basic Care, Special Care & Prosthetics)     | Level 1: None<br>Level 2: None   | \$150                                  |
| <b>Implant maximum included in annual maximum</b>                              | Level 1: \$500<br>Level 2: \$500   | \$500                                  |
| <b>Preventive and Diagnostic Care</b>  |  |  |
| - Teeth cleaning, exams, dental x-rays and fluoride treatments                 | Level 1: 100%<br>Level 2: 100%   | 100%                                   |
| - Sealants   | Level 1: 100%<br>Level 2: 100%   | 80%                                    |
| <b>Basic Care</b>  |  |  |
| <b>Basic Care I</b>  |  |  |
| - Fillings (amalgam and anterior composite)                                    | Level 1: 100%<br>Level 2: 100%   | 80%                                    |
| - Posterior composite (white fillings)   | Level 1: 80%<br>Level 2: 80%   | 50%                                    |
| - Simple extractions   | Level 1: 100%<br>Level 2: 90%  | 80%                                    |
| - Non-surgical periodontics  | Level 1: 100%<br>Level 2: 90%  | 80%                                    |
| - Endodontics (root canal therapy)   | Level 1: 100%<br>Level 2: 90%  | 80%                                    |
| <b>Basic Care II</b>   |  |  |
| - Surgical periodontics  | Level 1: 100%<br>Level 2: 90%  | 80%                                    |
| - Complex oral surgery   | Level 1: 100%<br>Level 2: 90%  | 80%                                    |
| <b>Special Care</b>  |  |  |
| - Restorative crowns & onlays  | Level 1: 90%<br>Level 2: 90%   | 80%                                    |
| <b>Prosthetics</b>   |  |  |
| - Bridges, dentures & partial dentures   | Level 1: 60%<br>Level 2: 60%   | 60%                                    |

# Vision Plan

| <u>Plan/Tier</u>      | <u>Premium</u> |
|-----------------------|----------------|
| <b>Standard Plan:</b> |                |
| Single                | \$6.37         |
| Employee + 1          | \$9.23         |
| Family                | \$16.56        |
|                       |                |
| <b>Premium Plan:</b>  |                |
| Single                | \$10.78        |
| Employee + 1          | \$15.63        |
| Family                | \$28.03        |

**PROVIDER NETWORK:**

VSP Choice

**EFFECTIVE DATE:**

07/01/2021



| BENEFIT   | DESCRIPTION   | COPAY                                       |
|---|---|---|
| <b>STANDARD PLAN COVERAGE WITH A VSP PROVIDER</b> |   |   |
| <b>WELLVISION EXAM</b>                            | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every plan year*</li> </ul>   | \$10  |
| <b>PRESCRIPTION GLASSES</b>                       |   |   |
| <b>FRAME</b>                                      | <ul style="list-style-type: none"> <li>\$150 featured frame brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>Every other plan year</li> </ul>   | Included in Prescription Glasses            |
| <b>LENSES</b>                                     | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every plan year</li> </ul>  | Included in Prescription Glasses            |
| <b>LENS ENHANCEMENTS</b>                          | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Scratch-resistant coating</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every plan year</li> </ul>   | \$0<br>\$0<br>\$95 - \$105<br>\$150 - \$175 |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>              | <ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every plan year</li> </ul>   | Up to \$60                                  |
| <b>PRIMARY EYECARE<sup>SM</sup></b>               | <ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>   | \$0<br>\$20 per exam                        |
| <b>EXTRA SAVINGS</b>                              | <b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul> |   |

| BENEFIT  | DESCRIPTION   | COPAY                                       |
|--|---|---|
| <b>PREMIUM PLAN COVERAGE WITH A VSP PROVIDER</b> |   |   |
| <b>WELLVISION EXAM</b>                           | <ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every plan year*</li> </ul>   | \$10 for exam and glasses                   |
| <b>PRESCRIPTION GLASSES</b>                      |   |   |
| <b>FRAME</b>                                     | <ul style="list-style-type: none"> <li>\$150 featured frame brands allowance</li> <li>\$130 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Walmart*/Sam's Club*/Costco* frame allowance</li> <li>Every plan year</li> </ul>   | Combined with exam                          |
| <b>LENSES</b>                                    | <ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every plan year</li> </ul>  | Combined with exam                          |
| <b>LENS ENHANCEMENTS</b>                         | <ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Scratch-resistant coating</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every plan year</li> </ul>   | \$0<br>\$0<br>\$95 - \$105<br>\$150 - \$175 |
| <b>CONTACTS (INSTEAD OF GLASSES)</b>             | <ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every plan year</li> </ul>   | Up to \$60                                  |
| <b>PRIMARY EYECARE<sup>SM</sup></b>              | <ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration.</li> <li>Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.</li> <li>Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul> | \$0<br>\$20 per exam                        |



# Other Benefits

---

- Life (Employer Paid) and Long Term Disability (Employee Paid)
- Supplemental life (Employee Paid)
- Employee Assistant Program 1-866-326-7194; text US HPEAP and concern to 919-324-5523 or [hpeap.com](http://hpeap.com); password Fridley
- Flexible Spending Accounts with WEX Health Inc.:
  - Daycare/Dependent Care flex spending account – Note you must have dependents to elect this account.
  - Medical flex spending account annual election max is \$2,750

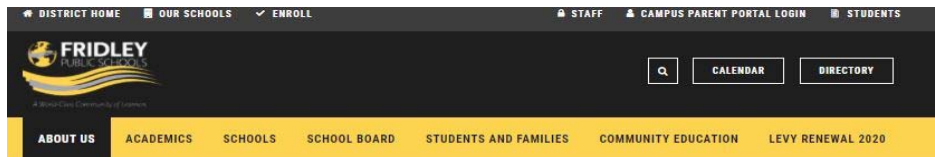
# Other Benefits

---

- Pension Plans – participation in this is required
  - TRA for licensed staff
  - PERA for non-licensed staff
- 403(b) Participation – optional, please see your master agreement for eligibility and matching amounts.

# Online Enrollment via Plansource

- Watch for a welcome email from Plansource with your login information.
- Review your demographic information for accuracy. Let HR know if anything is incorrect.
- Enter any dependents you wish to cover. (You will need your dependents SSN and DOB)
- “Shop for Benefits”
- *Click on the gold box for each benefit and either elect or decline the benefit. You must click them all.*
- Click Continue at the bottom
- Assign a beneficiary for your life insurance
- Review and Check out
- You will know you are done when the system offers to email you a **confirmation statement**. Please keep this for your records.



## HUMAN RESOURCES & EMPLOYMENT

### WELCOME TO FRIDLEY PUBLIC SCHOOLS!

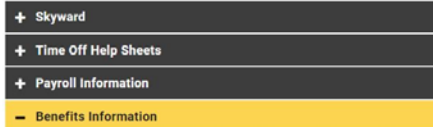
Thank you for your interest in joining Fridley Public Schools, an International Baccalaureate (IB) World Schools district. We are one of the few school districts that offers the full IB Continuum to students in pre-K to grade 12.



Click the button above to view current vacancies, apply for a position online, and continue or modify your online application.



## EMPLOYEE RESOURCES



- Further Member Portal
- PlanSource User Guide
- PlanSource Login
- PlanSource Enrollment Demo
- Dental Insurance Information
- 2022-23 Medical Insurance Plan Comparison
- 2021-2022 HP Plans Booklet
- VSP (Vision Plan) Brochure
- Employee Assistance Program Information
- Open Enrollment 2021-22 Interactive Tool
- Human Resources and Finance Contacts
- 403b Instructions



## MASTER AGREEMENTS



## Benefits on the Website:

- Start with the District Website (not staff portal).
- Click on **Employment** then scroll way, way down to Employee Resources.
- Then Click on **Benefits Information**.
- The Master Agreements can also be found on this page.

## Paychecks:

- All employees are paid semi-monthly, on the 15<sup>th</sup> and last day of the month.
- Hourly paid work is paid two weeks behind to allow for processing.

## Paid Time Off:

- Sick Leave
- Vacation
- Personal Leave
- Check your master agreement for details

# Skyward HRIS system – Employee Landing Page

The screenshot displays the Skyward HRIS Employee Landing Page for Fridley Public Schools. The interface features a dark blue header with the Skyward logo and school name on the left, and navigation links like 'What's New', 'My Messages', 'My Tasks & Processes', 'Knowledge Hub', and 'Sign Out' on the right. Below the header is a secondary navigation bar with icons for home, search, and 'EMPLOYEE ACCESS'. A breadcrumb trail shows 'Time Off Transactions > Employee Access'. The main content area contains a grid of functional tiles: 'Employee Profile', 'Payroll Check History', 'Estimate Check', 'Time Off Balances', 'Request Time Off', 'Calendar' (showing '31'), 'Clock In/Out', 'Unsubmitted Timesheets', and 'Timesheet History'. A second row includes 'Printed W2', 'Printed 1095', a 'New' section for 'ONLINE FORM' to update contact information, and 'Accounts Payable Check History'.

**Header:** Skyward, Fridley Public Schools, [User Profile], What's New (3), My Messages (4), My Tasks & Processes, Knowledge Hub, Sign Out

**Navigation:** EMPLOYEE ACCESS ☆

**Breadcrumb:** Time Off Transactions > Employee Access

**Employee Profile:** [Redacted Name]

**Functional Tiles:**

- Employee Profile
- Payroll Check History
- Estimate Check
- Time Off Balances
- Request Time Off
- Calendar (31)
- Clock In/Out
- Unsubmitted Timesheets
- Timesheet History
- Printed W2
- Printed 1095
- New** ONLINE FORM: Update Address/Phone/Email/Contacts
- Accounts Payable Check History

# Time off Request Screen-shot

**Add Time Off Transaction**  
Enter Time Off Transaction Details

Save & Add Another Save Cancel

**TIME OFF TRANSACTION DETAILS**

Transaction Type ☒ Single Day  
☐ Date Range

\*Start Date 09/14/2022 Wednesday

\*Assignment

\*Supervisors Clear

\*Employee Time Off Type

\*Employee Hours Per Day 0:00:00

\*Hours 8:00

\*Days 0.00000

Description

Start Time

End Time

Request Substitute ☒

## Skyward Time Entry for Hour Paid Positions



**SKYWARD** Fridley Public Schools

TIME TRACKING : CLOCK IN/OUT

+ Add to Dock Employee Profile: General - Profile

Clock In/Out

IN LUNCH OUT

**CURRENT**

Status Not Working

Start Time

Duration 0m

**TOTALS**

Wed 03/17/2021 2h 30m

Break 0m

Lunch 0m

Weekly 6h 32m

**TIME TRANSACTIONS**

← Previous Day 03/17/2021 Wednesday 31 Next Day →

Edit

**TIME TRANSACTIONS**

| Start Time | End Time | Status | Duration | Pay Type | Position        |
|------------|----------|--------|----------|----------|-----------------|
| 09:00 AM   | 11:30 AM | I - In | 2:30     | 10320    | 100916 - Casual |

K < > >I 20 Total Records

There may be multiple Assignment Types for You to Choose From

**SKYWARD** Fridley Public Schools

TIME TRACKING : CLOCK IN/OUT

+ Add to Dock

Clock In/Out

IN OUT

**CURRENT**

Status Not Working

Start Time

Duration 0m

**TOTALS**

Wed 03/17/2021 0m

Break 0m

Lunch 0m

Weekly 14h 0m

**TIME TRANSACTIONS**

← Previous Day 03/17/2021 Wednesday 31 Next Day →

**TIME TRANSACTIONS**

| Start Time            | End Time | Status | Duration | Pay Type | Position |
|-----------------------|----------|--------|----------|----------|----------|
| No records to display |          |        |          |          |          |

**Select Job**

ASSIGNMENT PAY TYPES

|        | Pay Type Description | Paid to Date | Pay Amount | Position Type Code |
|--------|----------------------|--------------|------------|--------------------|
| Select | Miscellaneous ...    | 0.00         | 21.22      | Para               |
| Select | Building Substi...   | 0.00         | 30.00      | BldgSubT           |
| Select | Para                 | 0.00         | 21.22      | Para               |

Close



## Submit Your Time Sheets – Each Week



**SKYWARD** Fridley Public Schools

UNSUBMITTED TIMESHEETS

Employee Profile: General - Profile

Unsubmitted Timesheets

UNSUBMITTED TIMESHEETS

MM/DD/YYYY 31 View: Skyward Default Filter: Skyward Default

|   | Status   | Start Date | End Date   |
|---|----------|------------|------------|
| → | → Submit | 03/15/2021 | 03/21/2021 |
| → | → Submit | 03/08/2021 | 03/14/2021 |
| → | → Submit | 03/01/2021 | 03/07/2021 |

# Questions

---

Ike Isaacson

*Director of Human Resources*

Fridley Public Schools

6000 West Moore Lake Drive

Fridley, MN 55432

Phone - 763-502-5013

Fax - 763-502-5045

[Ike.Isaacson@Fridley.k12.mn.us](mailto:Ike.Isaacson@Fridley.k12.mn.us)

Kris Carlston

*Human Resources*

Fridley Public Schools

6000 West Moore Lake Drive

Fridley, MN 55432

Phone - 763-502-5003

Fax - 763-502-5045

[Kristine.carlston@Fridley.k12.mn.us](mailto:Kristine.carlston@Fridley.k12.mn.us)

PlanSource

Customer Service at 877-549-8549 or

[service@plansource.com](mailto:service@plansource.com)