

PEIP Online Enrollment

Open Enrollment – PEIP

Benefits Enrollment

Open Enrollment



Print

As an employee of St Paul Public Schools, you must elect the core benefits required under your collective bargaining agreement. The only time employees may enroll or make changes to their elections is within 30 days of hire or a qualified status change, and during annual open enrollment.

To continue participating in the flexible spending accounts (FSA) and the health savings account (HSA), you must re-enroll in these programs annually during the open enrollment period.

Core benefits include:

Benefit Plan	Coverage Level
Advantage HSA Medical Plan	Single Coverage
HealthPartners Dental	Single Coverage
Basic/Additional Life Insurance	\$50,000 Coverage
Long-Term Disability Insurance	60% of Pre-Disability Pay

You may choose to upgrade or elect additional coverage beyond the core benefits.

ALEX can help you decide what benefits are right for you. During open enrollment, [ALEX lives here](#). The rest of the year, [ALEX lives here](#) to help new hires and employees with qualifying status changes.

IMPORTANT: For PEIP medical plans, employees must identify a network and a primary clinic. Failure to do so will result in defaulting the medical coverage to the PEIP Advantage HSA Medical Plan in the Health Partners network with the Midway Health Partners Clinic as the primary clinic.

Eligible employees receive insurance credits (or district contribution) towards the premium for single coverage in the lowest cost medical plan. Refer to the benefit summary applicable to your union group for information on the amount of insurance credit (or contribution amount) provided by the district towards the cost of insurance coverage. Insurance credits (or contribution amounts) vary for single, single-1, and family coverage. Insurance credits (or contribution amounts) are prorated for PT eligible employees based on FTE.

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

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

Current = 2020 Elections

New = 2021 Elections

Enrollment Summary

Medical

Current: HSA Open Access:Empl Only

New: PEIP - HP - Advantage HSA:Empl Only

Edit

Medical Summer Deposit

Current: HSA Open Access SD:Empl Only

New: PEIP - HP - Advantage HSA SD:Empl Only

Edit

Dental

Current: Dental Insurance:Empl Only

New: Dental Insurance:Empl Only

Edit

Dental Summer Deposit

Current: Dental Insurance:Empl Only

New: Dental Insurance:Empl Only

Edit

Vision

Current: No Coverage

New: No Coverage

Edit

Vision Summer

Current: No Coverage

New: No Coverage

Edit

AFLAC Accident

Current: No Coverage

New: No Coverage

Edit

AFLAC Accident Summer

Current: No Coverage

New: No Coverage

Edit

AFLAC Hospital Indemnity

Current: No Coverage

New: No Coverage

Edit

AFLAC Hospital Indemnity Summ

Current: No Coverage

New: No Coverage

Edit

Basic Life

Current: Basic Life: \$5,000

New: Basic Life: \$5,000

Basic Life Summer Deposit

Select the "Edit" button to make your Open Enrollment Medical plan election.

Medical Insurance

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

(Medical plan options continue on next page)

Benefits Enrollment

Medical

i Important! Your current coverage is: HSA Open Access with Employee Only coverage. This coverage is no longer available. If you do not make a choice, your coverage will be: PEIP - HP - Advantage HSA with Employee Only coverage

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Medical Summer Deposit
Health Savings Account

Complete your enrollment on this page [before](#) enrolling in the benefit plans listed above.

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:

PEIP - HP - Advantage HSA

Coverage Level	Your Costs	Tax Class
Employee Only	\$279.71	Before-Tax
Employee + One	\$613.70	Before-Tax
Family	\$721.22	Before-Tax

PEIP - HP - Advantage High

Coverage Level	Your Costs	Tax Class
Employee Only	\$409.53	Before-Tax
Employee + One	\$898.56	Before-Tax
Family	\$1,055.75	Before-Tax

PEIP - HP - Advantage Value

Coverage Level	Your Costs	Tax Class
Employee Only	\$367.77	Before-Tax
Employee + One	\$806.89	Before-Tax
Family	\$948.24	Before-Tax

PEIP - BCBS - Advantage High

Coverage Level	Your Costs	Tax Class
Employee Only	\$409.53	Before-Tax
Employee + One	\$898.56	Before-Tax
Family	\$1,055.75	Before-Tax

PEIP - BCBS - Advantage Value

Coverage Level	Your Costs	Tax Class
Employee Only	\$367.77	Before-Tax
Employee + One	\$806.89	Before-Tax
Family	\$948.24	Before-Tax

PEIP - BCBS - Advantage HSA

Coverage Level	Your Costs	Tax Class
Employee Only	\$279.71	Before-Tax
Employee + One	\$613.70	Before-Tax
Family	\$721.17	Before-Tax

PEIP - PreferOne - Advan High

Coverage Level	Your Costs	Tax Class
Employee Only	\$409.53	Before-Tax
Employee + One	\$898.56	Before-Tax
Family	\$1,055.75	Before-Tax

(Medical plan options continued from previous page)

PEIP - PreferOne - Advan Value

Coverage Level	Your Costs	Tax Class
Employee Only	\$367.77	Before-Tax
Employee + One	\$806.89	Before-Tax
Family	\$948.24	Before-Tax

PEIP - PreferOne - Advan HSA

Coverage Level	Your Costs	Tax Class
Employee Only	\$279.71	Before-Tax
Employee + One	\$613.70	Before-Tax
Family	\$721.17	Before-Tax

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

Enroll	Name	Relationship
<input type="checkbox"/>		

Add/Review Dependents

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

Dependent Provider List

Update Elections

Discard Changes

Select the **Update Elections** button to accept these choices and then you will be returned to on 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 listed here, check the "Enroll" box next to their name.

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

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

Enroll	Name	Relationship
<input type="checkbox"/>		

Add/Review Dependents

Update Elections

Discard Changes

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

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

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.

Add/Review Dep/Ben

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify their personal information.

Dependent Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled

Add a dependent or beneficiary

Return to Event Selection

Adding a dependent

Fill-in your dependent's information.

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

Dependent/Beneficiary Personal Information


Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2021.


Personal Information


*First Name:

Middle Name:

*Last Name:


Name Prefix: 

Name Suffix: 


*Date of Birth: 


*Gender: 



SSN: (Social Security Number)

*Relationship to Employee: 

Status Information

*Marital Status:  As of: 

Student:  As of: 

Disabled:  As of: 

Smoker:  As of: 

Address and Telephone

Same Address as Employee

Country: United States

Address:

Same Phone as Employee

Phone:


[Return to Dependent/Beneficiary Summary](#)

* Required Field

Click on the "OK" button

Personal Information

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.

Dependent/Beneficiary Personal Information

Dependent/Beneficiary's personal information as of Jan 1, 2021. Use the Edit button at the bottom of this page to update this information.

Personal Information

First Name: Sample
Middle Name:
Last Name: Test
Name Prefix:
Name Suffix:
Date of Birth: 12/31/1980
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:

Edit

[Return to Dependent/Beneficiary Summary](#)

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.

Add/Review Dep/Ben

The people listed below may be eligible for Benefit Coverage. Select a name to view or modify their personal information.

Dependent Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
Sample Test	Spouse	12/31/1980	Married		No	No

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)

You are now back on your Benefits Enrollment Medical election page

Benefits Enrollment

Open Enrollment



Print

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New = 2021 Elections



Scroll down to the bottom of this page to view dependents

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 text to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>	Sample Test	Spouse

Add/Review Dependents

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

Scroll to the bottom of Medical Open Enrollment screen to view "Choose a Primary Care Provider ID"

Click the "Select a PEIP Provider" link to search for Provider codes.

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

Dependent Provider List

Update Elections

Discard Changes

Clicking on the "Select a PEIP Provider" link brings you to this screen.

The MN Primary Clinic Directory is on the right-hand side of the screen.

Innovative Benefits Administration

PEIP Active Group PEIP Retiree Options Mpls Retiree Options About Contact

PEIP Advantage Plans

The PEIP Advantage plans offer the following features:

- A choice of three networks with a uniform, comprehensive set of benefits across all three carriers:
 - Blue Cross Blue Shield of Minnesota
 - HealthPartners
 - PreferredOne
- A choice of three benefit plan design options:
 - Advantage
 - Value
 - HSA - compatible
- State-wide tiered network of primary care clinics (PCC):
 - Each member chooses a primary care clinic to deliver and coordinate care.
 - Benefits for each plan level are based on the cost level of your primary care clinic.
 - Family members may elect different primary care clinics (even in different cost levels), but must enroll with the same carrier.
 - Members can change clinics throughout the year by calling their network carrier.
- Referrals are needed for specialist care outside the primary care group. No referrals are needed for emergencies or urgent care. Participant can self-refer to OB/Gyn, Chiropractic, Routine Vision, Mental Health/Chemical Dependency, provided the practitioner is with the carriers' self-referral network.
- No co-payments are charged for preventive care such as well-child care, immunizations, annual check-ups, cancer screenings, routine eye and hearing exams, etc.

Plan Summaries

- 2019 - 2020 Advantage High Plan
- 2019 - 2020 Advantage Value Plan
- 2019 - 2020 Advantage HSA Qualified Plan

Plan Documents

- 2019 - 2020 Summary of Benefits PEIP High Plan
- 2019 - 2020 Summary of Benefits PEIP Value Plan
- 2019 - 2020 Summary of Benefits PEIP HSA Plan

MN Primary Clinic Directory

- View 2019 List
- View 2020 List
- View 2021 List

Overview

Why Choose PEIP

- PEIP Information (Power Point with voice)
- PEIP 2020 Step by Step Introduction
- PEIP 2019-2020 Step by Step Introduction
- PEIP Plan Highlights & Instructions
- PEIP Advantage Plan Q & A
- PEIP CVS Network Pharmacy Locator
- PEIP Advantage High CVS Drug Cost Tool
- PEIP Advantage Value CVS Drug Cost Tool
- PEIP Advantage HSA CVS Drug Cost Tool
- MN Life Certificate

Useful Forms

- Employee Enrollment Form
- Group Application
- Termination Form
- Change Form

Enter your Primary Care Provider ID number.

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

Dependent Provider List

Update Elections

Discard Changes

Click the "Update Elections" box to update your election.

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

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

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 **(below)**.

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

Benefits Enrollment

Medical

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Your Choice

You have chosen PEIP - HP - Advantage HSA with Employee Only coverage.

Your Estimated per-pay-period Cost

Your Cost: \$279.71

The Primary Care Provider ID is 1234. You have not seen this provider before.

Notes

Once approved, this choice will take effect on the 1st of the month or 01/01/2021, whichever is later.

Update Elections

Discard Changes

Your current election makes you eligible for a Health Savings Account (HSA). Select the **Update Elections** button to store your elections and transfer to the HSA Election page.

Select the **Discard Changes** button to go back and change your choices.

Continued below



HSA Plans

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 when 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 number) 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 drivers 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 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; 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.

i Important! Your current coverage is: HSA Open Access with an annual pledge of \$1,000.00. This coverage is no longer available. You will have no coverage with this plan if you do not make a choice.

This benefit plan requires enrollment in one of the following plans:
Medical

Please click edit and select the option button below for the medical plan you have elected for the new year, then enter the annual dollar amount you want deducted for your health savings account (HSA) through Optum Bank. If you do NOT wish to contribute to an HSA account, select the waive button.

Select an Option

- PEIP - HP - Advantage HSA
- PEIP - BCBS - Advantage HSA
- PEIP - PreferOne - Advan HSA
- Waive

Update Elections

Discard Changes

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

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

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.

Scroll to the bottom of the screen to view "Contributions"

Enter your "Elected Contribution Amount" here and then click on the "Update Elections" button.

Contributions

You may enter your total elected annual contribution amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions.

Calculations

Maximum total contribution:	\$3600.00
Maximum Employee Annual Contribution:	\$3600.00
Minimum Employee Annual Contribution:	\$100.00
Total Elected Contribution Amount:	\$0.00

Update Elections

Discard Changes

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Review your HSA election

Click on the "Update Elections" button to continue.

Benefits Enrollment

Health Savings Account

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Your Choice

You have chosen to enroll in the HSA Smart Care plan with an annual pledge of \$200.00.

Your Contributions

Your approximate per-pay-period contribution will be \$7.69.

Notes

Once approved, this choice will take effect on the 1st of the month or 01/01/2021, whichever is later.

Update Elections

Discard Changes

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Enrollment Summary

Medical	<input type="button" value="Edit"/>
Current: HSA Open Access:Empl Only	
New: PEIP - HP - Advantage HSA:Empl Only	
Medical Summer Deposit	<input type="button" value="Edit"/>
Current: HSA Open Access SD:Empl Only	
New: PEIP - HP - Advantage HSA SD:Empl Only	
Dental	<input type="button" value="Edit"/>
Current: Dental Insurance:Empl Only	
New: Dental Insurance:Empl Only	
Dental Summer Deposit	<input type="button" value="Edit"/>
Current: Dental Insurance:Empl Only	
New: Dental Insurance:Empl Only	
Vision	<input type="button" value="Edit"/>
Current: No Coverage	
New: No Coverage	
Vision Summer	<input type="button" value="Edit"/>
Current: No Coverage	
New: No Coverage	
AFLAC Accident	<input type="button" value="Edit"/>
Current: No Coverage	
New: No Coverage	
AFLAC Accident Summer	<input type="button" value="Edit"/>
Current: No Coverage	
New: No Coverage	
AFLAC Hospital Indemnity	<input type="button" value="Edit"/>
Current: No Coverage	
New: No Coverage	
AFLAC Hospital Indemnity Summ	<input type="button" value="Edit"/>
Current: No Coverage	
New: No Coverage	
Basic Life	
Current: Basic Life: \$5,000	
New: Basic Life: \$5,000	
Basic Life Summer Deposit	