

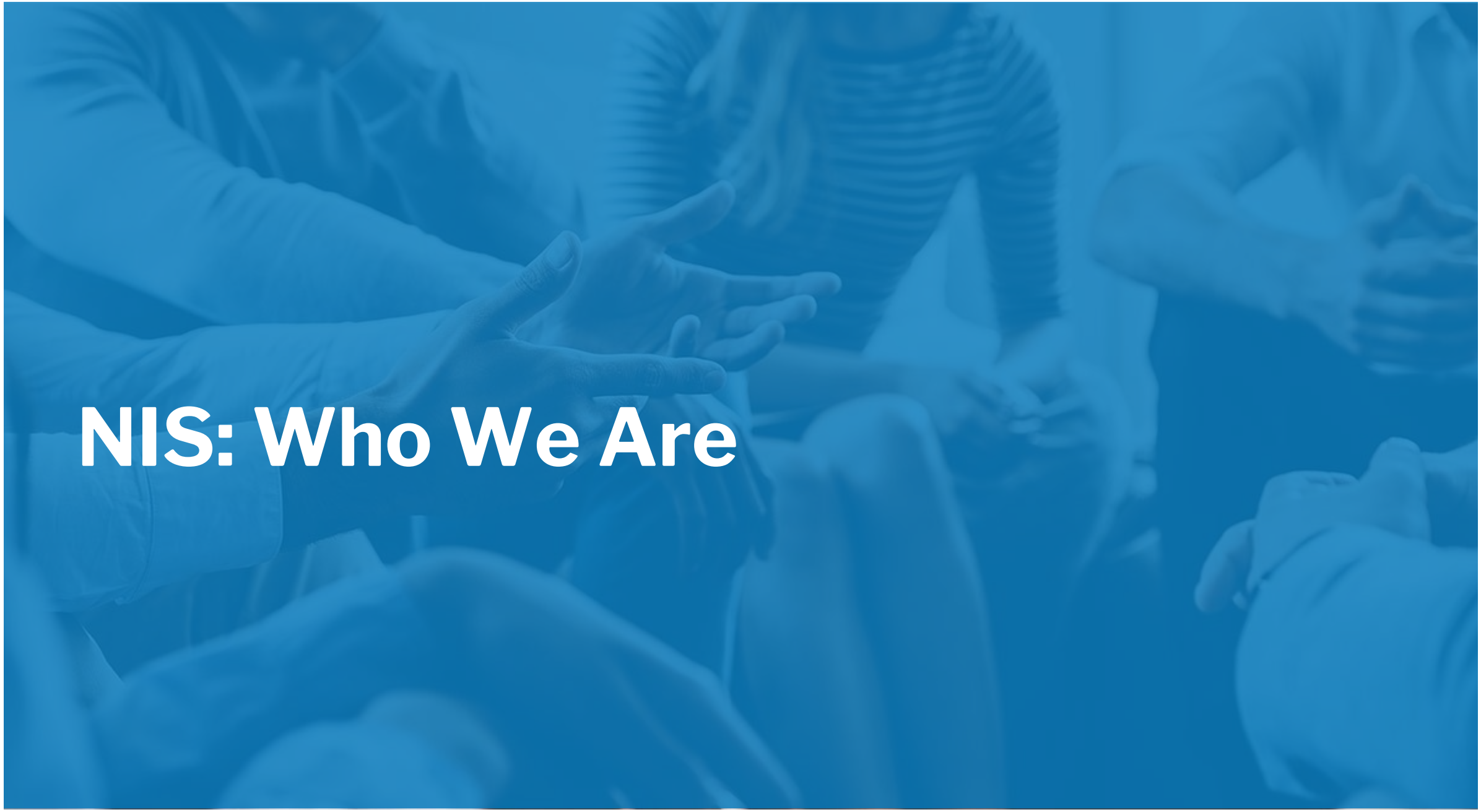
Stillwater ISD 834

Open Enrollment

05/05/2025 – 05/13/2025

Agenda

- Introductions
- Medical Insurance Definitions
- Consumerism
- Medical Insurance
- Flexible Spending Account (FSA)
- Voluntary Employees' Beneficiary Association (VEBA)
- Dental Insurance
- Vision Insurance
- Life Insurance
- Long-Term Disability Insurance
- Additional Services
- 2025 Open Enrollment
- Questions



NIS: Who We Are

Meet Your Team



Aaron Casper

Employee Benefits Consultant

Your full benefit expert: Responsible for overall assessment and management of all your benefit plans.



Alora Blaser

Account Manager

Your main point of contact for all your benefit plans. Resolves employee claim issues with carriers, takes policy-related questions, and assists the Consultant with the medical carrier during renewal.



Ashley Veenendaal

Full Benefits Consulting Service Supervisor

Your medical and ancillary benefit resource for assistance with policy changes, renewals, claim reconciliation, and Benefit Bridge implementation.



Pierre Guilfoile

Director of Health Plan Analytics

Your medical and dental utilization specialist: Runs utilization analytics and presents solutions based on your data. Handles medical and dental renewals, policy changes and claim reconciliation.

Medical Insurance Definitions

Definitions

Deductible

- The amount of money you're required to pay out-of-pocket before your plan starts paying benefits. Once you reach your deductible, your insurance will cover the rest for the duration of your plan year if your plan includes 100% coinsurance.

Coinsurance

- The percentage of claims charged by your health care provider that you're responsible for paying until you reach your out-of-pocket maximum.

Out-of-Pocket Maximum

- The dead-stop total amount of money you have to pay out of your own pocket for claims costs after your deductible and coinsurance are both satisfied.

Co-Pay

- The payment you're responsible for in addition to an amount paid by your insurance. For example, a copay of $100 for Emergency Room Services. Your health insurance would pay the rest.

Definitions Continued

Network

- A network is a group of health care providers who've agreed to provide you with discounted, pre-negotiated rates.
- When you visit providers outside of your network (called out-of-network providers), they can charge you whatever they want and can balance bill you after the insurance company pays their portion.

Embedded Deductible

- On a family contract, each family member has an individual deductible in addition to the overall family deductible. This means that if one member of the family reaches the individual deductible before the family deductible is reached, his/her services will be paid by the insurance company. The other members on the plan would then have to satisfy the remaining family deductible/out of pocket maximum.

Consumerism

How to be a good consumer:

- Use the preventive care portion of your plan
- Use 911 if necessary – If not a life or death situation, evaluate ER needs
- Utilize Virtual Care, Minute clinics or retail clinics
- Inform your doctor/provider if you are on a HDHP
- Shop and compare medical provider charges
- Choose a provider that is In-Network
- Use Generics whenever possible
- Shop for Prescription Costs with GoodRx or similar program
- Check to see if any drug coupons are available
- Talk with Pharmacy Navigator and/or meet with a Pharmacist
- If you are able to pay Medical bills in full until you reach your deductible, call the provider and see if they have any discounts for paying in full



Medical Plan

Plan Options

Your insurance carrier is Blue Cross Blue Shield of MN

- $2,000 Deductible Plan

Plan includes preventative eye exams!

BlueCross BlueShield Minnesota

Plan Design Layout

$2,000 Deductible Plan	In-Network	
Deductible	$2,000 Individual $3,500 Family	
Out-of-Pocket Maximum	$2,000 Individual $3,500 Family	
Preventative Care	No charge	
Office Visit	100% after Deductible	
Hospital Visit	100% after Deductible	
Urgent Care	100% after Deductible	
Emergency Services	$100 copay	
Prescription Coverage	$20 - $60 copay per prescription	$20 - $30 copay per prescription (no mail order or 90dayRx coverage)
Prescription Out-of-Pocket Maximum	Combined with medical	

Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.

BlueCross BlueShield Minnesota

Plan Rates



Contact your Human Resources or Benefits representative for more information regarding rates that are specific to your contract!

AWARE® PROVIDER NETWORK



With more than **98%** of doctors and **100%** of hospitals in Minnesota, the **Aware® network** gives you broad, open-access to the largest selection of providers in the state.

20,797 primary care providers[1]

47,863 specialty care providers[1]

174 hospitals[1]



When you travel outside of Minnesota, you have access to the large national **BlueCard® PPO network** with access to more than 2 million providers nationwide[2].



If you travel outside the United States, we have you covered with the **Blue Cross Blue Shield Global® Core network** with access to coverage in 190 countries and territories worldwide.

[1]Numbers are subject to change and are reflective of signed contracts as of June 2023. The Aware Network includes providers one county into the neighboring states of Iowa, South Dakota, North Dakota and Wisconsin. When seeking care in these counties, search for providers using Aware Network (not BlueCard PPO).
[2]Blue Cross and Blue Shield Association Network Portfolio Statistics, CHP, December 2023 Provider Data
Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

KNOW WHERE TO GO FOR CARE

Knowing where to go for the right care can help save you time and money. Get familiar with your options now, before you need care.

WHEN YOU NEED	USE	ACCESS/AVAILABILITY	WAIT TIME	COST
MEDICAL/MENTAL HEALTH ADVICE	**Telehealth** Common medical and mental health concerns addressed by phone	Call the nurse line/your clinic for availability	short to medium	**$0 – $**
CARE QUICKLY	**Online care** Colds, cough or flu, bladder infections, mental health*	Visit doctorondemand.com/BlueCrossMN 24 hours a day, seven days a week or check with your provider.	short	**$**
CARE TODAY	**Convenience clinic** Minor illnesses or injuries, screenings and vaccinations	No appointment necessary. Often available nights and weekends.	short	**$$**
CARE SOON	**Office visit** Preventive care, screenings and vaccines, mental health therapy or referrals to specialty care	Call your clinic to schedule an appointment. Days and hours vary.	varies	**$$ – $$$**
CARE NOW	**Urgent care** Minor cuts, sprains and burns, skin rashes, fever and flu, X-rays and lab testing	No appointment necessary. Available seven days a week, but specific hours vary.	varies	**$$$$**
CARE IMMEDIATELY	**Emergency room (ER)** Chest pain, shortness of breath, uncontrolled bleeding, poisoning, risk of harming yourself or others, or other life-threatening illnesses or injuries	Immediately call 911 or go to your nearest ER anytime.	longer, unless life-threatening	**$$$$$**

Please note: The conditions listed are for example only and not a complete list.
[*Mental health visits are by appointment only, 7 a.m. to 10 p.m. local time.
Doctor On Demand® by Included Health is an independent company providing telehealth services.]
Make sure your doctor and clinic/hospital are in your network before receiving care. This will make sure you receive the highest level of benefits.
Each health care provider is an independent contractor and not our agent.

MATERNITY MANAGEMENT

Healthier babies begin with healthier pregnancies

The maternity management program provides one-on-one support during and after pregnancy with a maternity nurse.

GET PERSONALIZED ADVICE AND EXPERT ANSWERS

- Guidance for having a healthier pregnancy
- Online tools and resources about prenatal and infant care
- Help preparing for your baby's arrival
- Tips on staying happy and healthy after your baby is born

CONSIDERING BREASTFEEDING?

Personal electric and manual breast pumps are covered by your health plan. Additional breast pump supplies, including bottles, tubes, shields and freezer packs, are not covered.

Call **1-866-489-6948** or TTY **711**.

Monday through Friday, 8 a.m. to 4:30 p.m., Central Time.



MENTAL HEALTH RESOURCES

Specialized support for individual needs

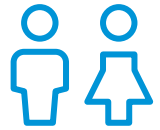
Opioid use program
Get assistance from a behavioral health case manager to identify underlying conditions that contribute to substance use and find appropriate care to support recovery.

Eating disorder program
Get one-on-one support from a behavioral health case manager for you or a family member recovering from an eating disorder.

Autism program
Connect with an autism navigator to discuss a new diagnosis, care options, health plan coverage and support.



Call the number on the back of your member ID card.



GENDER CARE SERVICES

Connect with the Gender Services Team to discuss gender-related care options, health plan coverage and providers.

Visit **bluecrossmn.com/GenderCare** or call **1-866-694-9361**

QUITTING TOBACCO AND VAPING

Make a solid plan to kick nicotine products for good.

QUITTING IS HARD. BUT YOU'VE GOT SUPPORT.

A wellness coach will work with you to develop a quit plan tailored to you:

- Identify potential hurdles
- Create strategies to manage urges
- Check in regularly

You'll also have access to online resources to help keep you on track.

Call **1-888-662-BLUE (2583)** or TTY **711**.

Monday through Thursday, 8 a.m. to 8 p.m., Central Time
Friday, 8 a.m. to 6 p.m.



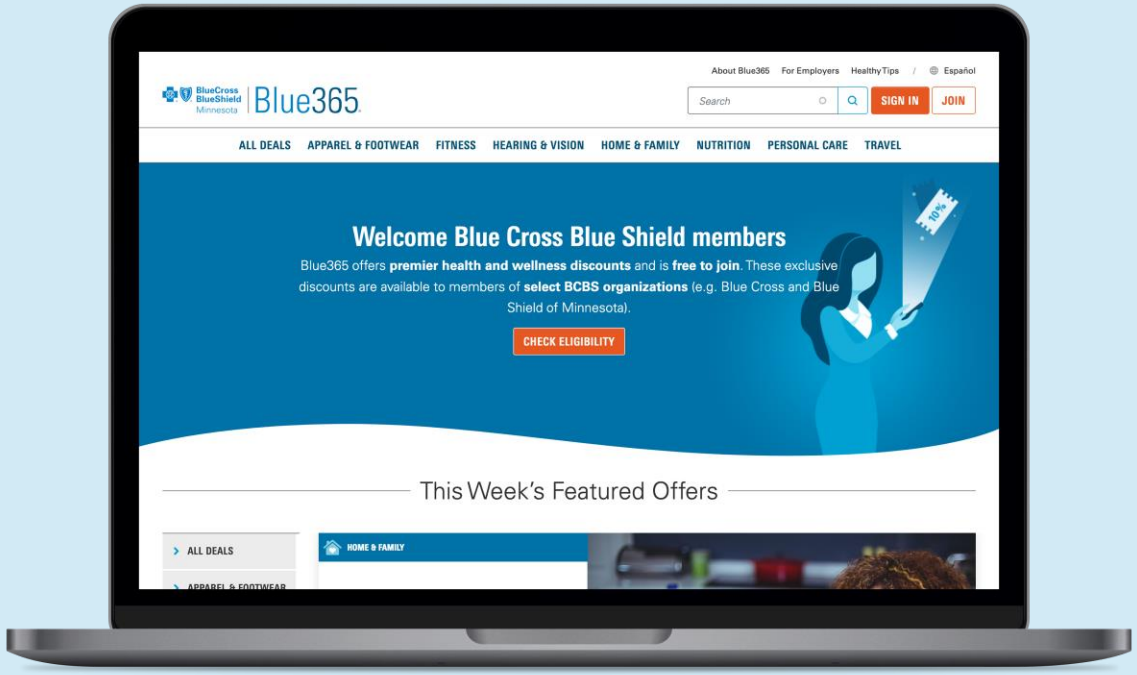
WELLNESS DISCOUNT MARKETPLACE

Take advantage of premier health and wellness discounts

Get discounts on products and services that complement your health from Blue365®. Weekly deals from leading national brands on:

- Gym memberships and wearable devices
- Healthy eating options
- Personal care (e.g., LASIK, dental care, acupuncture, massages, etc.)
- Travel
- And more

Visit blue365deals.com/BCBSMN

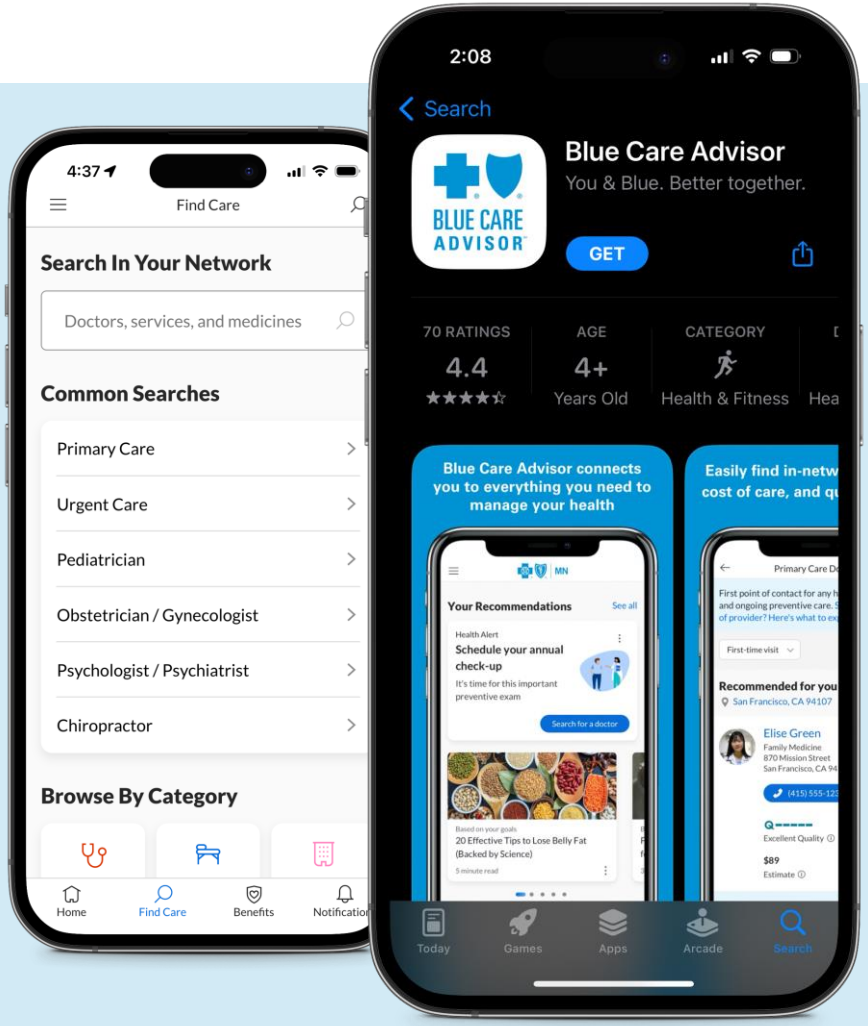


Blue365® © 2000 – 2018 Blue Cross and Blue Shield Association — All Rights Reserved. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and / or Blue Shield Companies. Blue365 offers access to savings on health and wellness products and services and other interesting items that members may purchase from independent vendors, which are not covered benefits under your policies with your local Blue Company, its contracts with Medicare, or any other applicable federal health care program. These products and services will be offered to you through the entire benefit year. During the year, the independent vendors may offer additional discounts on these products and services. To find out what is covered under your policies, contact your local Blue Company. The products and services described on the site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. Blue Cross and Blue Shield Association may receive payments from vendors providing products and services on or accessible through the site. Neither Blue Cross and Blue Shield Association nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or site.

GETTING STARTED

Blue Care Advisor℠ connects you to everything you need to easily manage your healthcare, meet your goals and live healthier.

Once your plan is in effect, visit **bluecrossmn.com/BCA** or download the mobile app.



- If you have an existing Blue Cross account, log in with the same username/password
- If you don't have an account, you will need your Blue Cross Member ID card to register

WE'RE HERE TO HELP

CUSTOMER SERVICE

1-866-873-5943

- Monday through Friday: 7 a.m. to 8 p.m., Central Time (hours may vary)
- TTY toll free: **711**
- Interpreter services available

FIND A DOCTOR TOOL

Search for doctors or pharmacies

- **Members:** Log in to **bluecrossmn.com/BCA**
- **Considering Blue Cross?**
  Visit **bluecrossmn.com/find-doctor**
  Choose Aware network when searching

Confidential and proprietary.

Flexible Spending Account (FSA)

How Your Medical FSA Works

1

You Estimate

next year's out-of-pocket costs

2

Equal pretax Portions
are deposited from your paycheck into the account

3

Total amount
is available day one. Pay for qualified costs, tax free

4

A Spouse
in another plan may also open an FSA. Spouses and Dependents can use the funds

5

Use a

convenient FSA debit card to pay providers for eligible expenses

6

A Medical FSA

is a "use it or lose it" account[1], maximum rollover $660

7

2025:
$3,300 IRS contribution limit

[1] Depending on how your employer sets up the account, money may be forfeited at end of the plan year or grace period.

ONEBRIDGE BENEFITS

You Can Use a Medical FSA to Pay for:

These You Can't Pay for:

- Health insurance premiums
- Costs that aren't considered qualified medical expenses as defined by the IRS



Always save your receipts to ensure proper validation of expenses, as required by the IRS.

Medical Expenses that Your Plan Doesn't Cover:

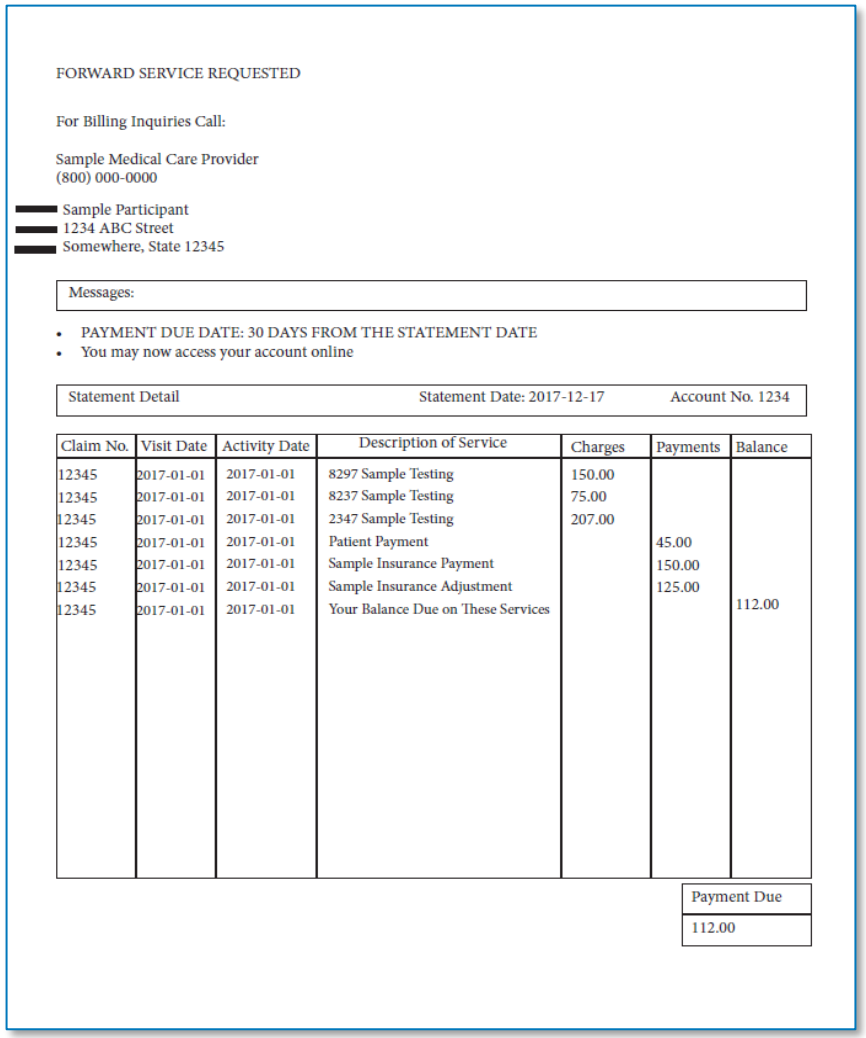
- Over-the-counter medications, supplies, and some feminine hygiene products
- Copayments, coinsurance and prescription drugs
- Dental and vision care expenses
- Some long-term care premiums
- Expenses for you, your spouse, and any health plan dependent
- If you have an HSA, your FSA will be limited to vision and dental expenses until your health plan deductible has been met

ONEBRIDGE BENEFITS

Documentation: Good vs. Bad

Good!

- ✓ Explanation of Benefits (EOB)
- ✓ Itemized statement (left)
- ✓ Co-Pay receipts or invoices if no insurance
- ✓ **MUST be from the provider/insurance company (EOB), include the date of service, type of service, cost of service, and participant name**



FORWARD SERVICE REQUESTED

For Billing Inquiries Call:

Sample Medical Care Provider
(800) 000-0000

[redacted] Sample Participant
[redacted] 1234 ABC Street
[redacted] Somewhere, State 12345

Messages:

- PAYMENT DUE DATE: 30 DAYS FROM THE STATEMENT DATE
- You may now access your account online

Statement Detail | Statement Date: 2017-12-17 | Account No. 1234

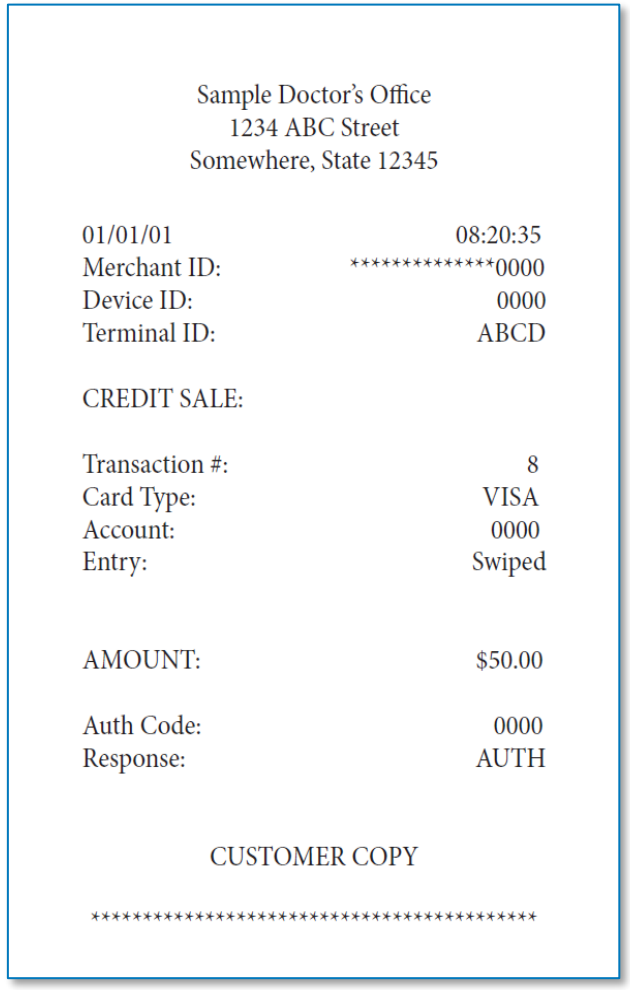
Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
12345	2017-01-01	2017-01-01	8297 Sample Testing	150.00		
12345	2017-01-01	2017-01-01	8237 Sample Testing	75.00		
12345	2017-01-01	2017-01-01	2347 Sample Testing	207.00		
12345	2017-01-01	2017-01-01	Patient Payment		45.00	
12345	2017-01-01	2017-01-01	Sample Insurance Payment		150.00	
12345	2017-01-01	2017-01-01	Sample Insurance Adjustment		125.00	
12345	2017-01-01	2017-01-01	Your Balance Due on These Services			112.00

Payment Due
112.00

Documentation: Good vs. Bad

Bad.

- x Only includes total amount paid
- x Doesn't include breakdown of services



Sample Doctor's Office
1234 ABC Street
Somewhere, State 12345

01/01/01	08:20:35
Merchant ID:	**********0000
Device ID:	0000
Terminal ID:	ABCD

CREDIT SALE:

Transaction #:	8
Card Type:	VISA
Account:	0000
Entry:	Swiped

AMOUNT:	$50.00

Auth Code:	0000
Response:	AUTH

CUSTOMER COPY

****

ONEBRIDGE BENEFITS

Voluntary Employees' Beneficiary Association (VEBA)

How Your VEBA Works

1

Works
with any employer-sponsored medical health plan

2

Your employer
funds the account; the money belongs to you. No “Use it or lose it”; Beneficiary can be named on the account

3

No Taxes
on money going in, interest earned or on qualified withdrawals

4

Unused Money
rolls over to save for future medical expenses. Funds can be spent post employment

5

Convenient
debit card to pay providers for eligible expenses

6

Pair with
an HSA[1] or an FSA for added flexibility and increased savings

7

Mutual Fund
investment options are available 1st Dollar

[1] VEBA dollars will be limited toward eligible dental and vision expenses until individuals meet their medical health plan deductibles.

ONEBRIDGE BENEFITS

You Can Use a VEBA to Pay for:

These You Can't Pay for:

- Current health insurance premiums while you are employed
- Costs that aren't considered qualified medical expenses as defined by the IRS

Medical Expenses that Your Plan Doesn't Cover:

- Over-the-counter medications, supplies, and some feminine hygiene products
- Copayments, coinsurance and prescription drugs
- Dental and vision care expenses
- Some long-term care premiums
- Health insurance premiums like COBRA during transition or Medicare in retirement



Always save your receipts to ensure proper validation of expenses, as required by the IRS.

ONEBRIDGE BENEFITS

Dental Insurance

Dental Plan Highlights

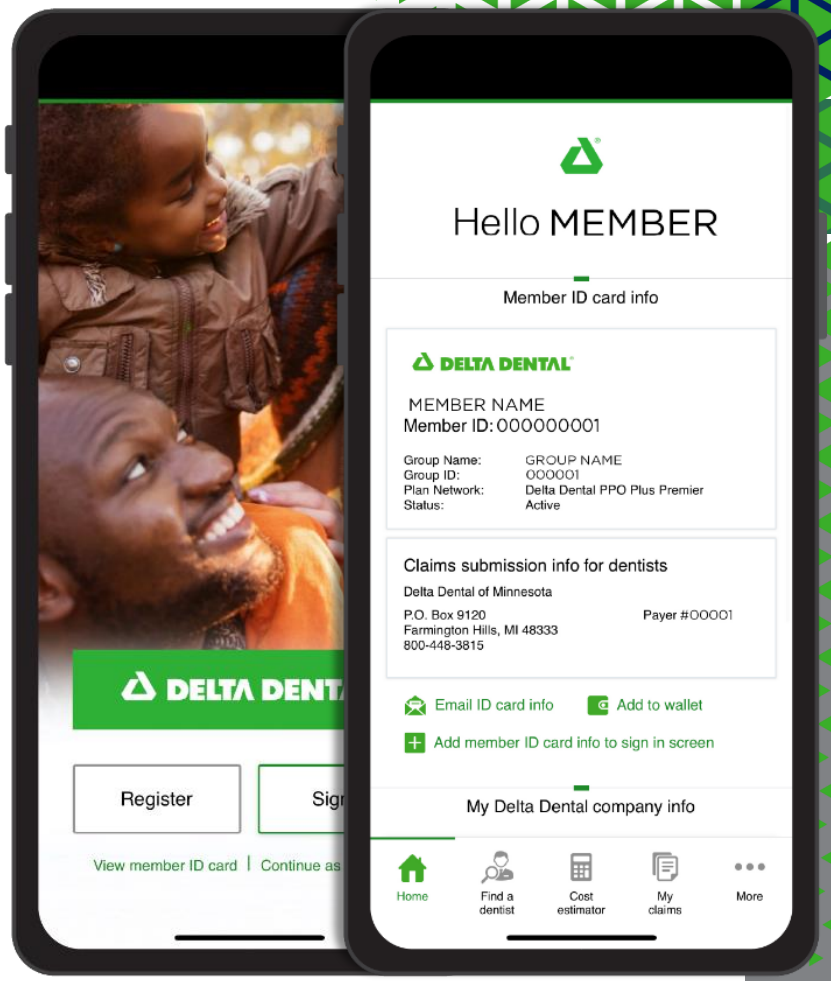
Covered Services	Amount
Deductible (applies to Basic and Major only)	$35 per person per coverage year ($50 per person on Prosthetic Repairs & Adjustments)
Annual Benefit Maximum	$1,500 per person per calendar year
Preventative Services (Exam and cleanings twice annually)	100% after deductible
Basic Services (Fillings, etc.)	70% after deductible
Major Restoration and Prosthodontic	60% after deductible
Orthodontic Services	50% coverage on treatment. Lifetime maximum of $1,500 per eligible dependent aged 8-18.

Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.

DELTA DENTAL®

Delta Dental mobile app

Reduce the carbon footprint and access your insurance benefits and ID card, anywhere with the Delta Dental Mobile App.



Features:

- One touch mobile ID card
- Cost estimator
- Find a Dentist tool
- Claims details
- Enhanced digital ID card

Available on the App Store

GET IT ON Google Play

Customer service

Prefer to speak to someone?

Toll free:
1-800-448-3815

Local:
651-406-5901



Vision Insurance

Vision Plan Highlights

Covered Services	Amount
Frames (Every 24 months)	20% coverage on balance over $130 allowance
Lenses (Every 12 months)	$30 copay
Contact Lenses (in lieu of lenses) (Every 12 months)	$130 allowance

Please read your plan documents. Additional information such as benefit details, plan limitations and exclusions, and the costs of coverage can be found in the Summary of Benefits.

VSP® Vision Care

Exclusive Member Extras

Get the Savings You Need.

Visit **vsp.com** to see all the Exclusive Member Extras. VSP puts members first by providing you with exclusive special offers from leading industry brands, totaling more than **$3,000 in savings**. Discover great deals on glasses, sunglasses, contact lenses, and more.

Extra $20 to Spend

Enjoy an Extra $20 on Featured Frame Brands.

Up to 40% Off Lens Enhancements

Save up to 40% on popular lens enhancements.*

Offers vary based on state and benefit plan. Brands and offers subject to change.

*Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details



Classification: Confidential

Savings On Hearing Aids

Like vision loss, hearing loss can have a huge impact on your quality of life. TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP Vision Care members.

As a VSP member, you can save up to 60% on a pair of hearing aids with TruHearing. Your dependents and even extended family members are eligible too.

Learn more about this VSP Exclusive Member Extras at **truhearing.com/vsp**.

TruHearing™



Classification: Confidential

Using Your Benefit is Easy.

Once you're enrolled…

- Create an account at **vsp.com** and review your personalized benefit information.
- Find a VSP in-network doctor by visiting **vsp.com** or calling **800.877.7195.**

- Your VSP benefits can be applied to purchases to eyewear and contacts online at Eyeconic®, the preferred online retailer of VSP.

eyeconic
a vsp vision company



Classification: Confidential



Life Insurance

How Much Life Insurance Should You Consider?

It's not for you. It's for the ones you love.

- In the event of your death, Group Term Life Insurance would pay a lump-sum cash benefit to the beneficiaries of your choice.
- Your beneficiaries can use that money in any way they choose – anything from your funeral costs to mortgage payments.

Life Insurance protection is usually needed most during your working career. When choosing an amount, consider:

- Making sure that all outstanding debts are covered (i.e. mortgage, outstanding loans, credit cards, insurance premiums, bills, etc.)
- What kind of income replacement will your loved ones need when you are gone? Your family's continued cost of living should be considered.
- Burial costs
- Education for your dependents
- Inheritance, charity, etc.

VOYA FINANCIAL

Basic Term Life Insurance

- Employer Paid Premiums
- Benefit amounts vary per contract. Please see refer to your employment contract for plan details.
- Includes matching Accidental Death and Dismemberment (AD&D)
- Make sure to designate a beneficiary.

Supplemental Term Life Insurance

Your employer pays for Basic Life Insurance. However, many employees want to add more coverage.

- Available by Employee Paid Premiums
- Purchase coverage for yourself, your spouse, and your children
- Includes matching Accidental Death and Dismemberment (AD&D) for Member and Spouse
- Eligibility requirements – you will need to complete additional steps to be approved for coverage.

VOYA FINANCIAL

Life Insurance Beneficiaries & Continuation

Reminder and Options

Beneficiary Designations

- Review and update your beneficiaries periodically
- Events such as marriage, birth/adoption of children, divorce, or death may change how you want your life insurance benefit paid.

Continuation

- Take your Life Insurance coverage with you after active employment
- No health questions needed
- Rates are generally higher than active rates

VOYA FINANCIAL

EAP

Employee Assistance Program (EAP) offers convenient and easy access to counseling, referrals, follow-up care — and other workplace mental health benefits — to meet your unique well-being needs.

- Access by calling customer service 800-877-7195
- Log on at www.voya.com

VOYA FINANCIAL



Long-Term Disability Insurance

Long Term Disability Insurance

- Definition of Disability: The insured person is, as a result of physical disease, injury, pregnancy, substance abuse or mental disorder, unable to perform a majority of the material duties of his or her own occupation.

- Definition of Partial Disability: This feature allows a claimant to remain eligible for some disability benefits while working in a limited capacity and earning less than the plan's earnings test.

- Disability insurance is income insurance. If an illness or accident interrupts your ability to earn a living and your doctor says you are not fit to work, Disability Insurance provides a monthly benefit.

VOYA FINANCIAL

Long Term Disability Insurance

YOUR MONTHLY BENEFIT

- 70% of your monthly earnings averaged over 12 months
- Maximum amounts vary per contract
- Employer Paid Contribution



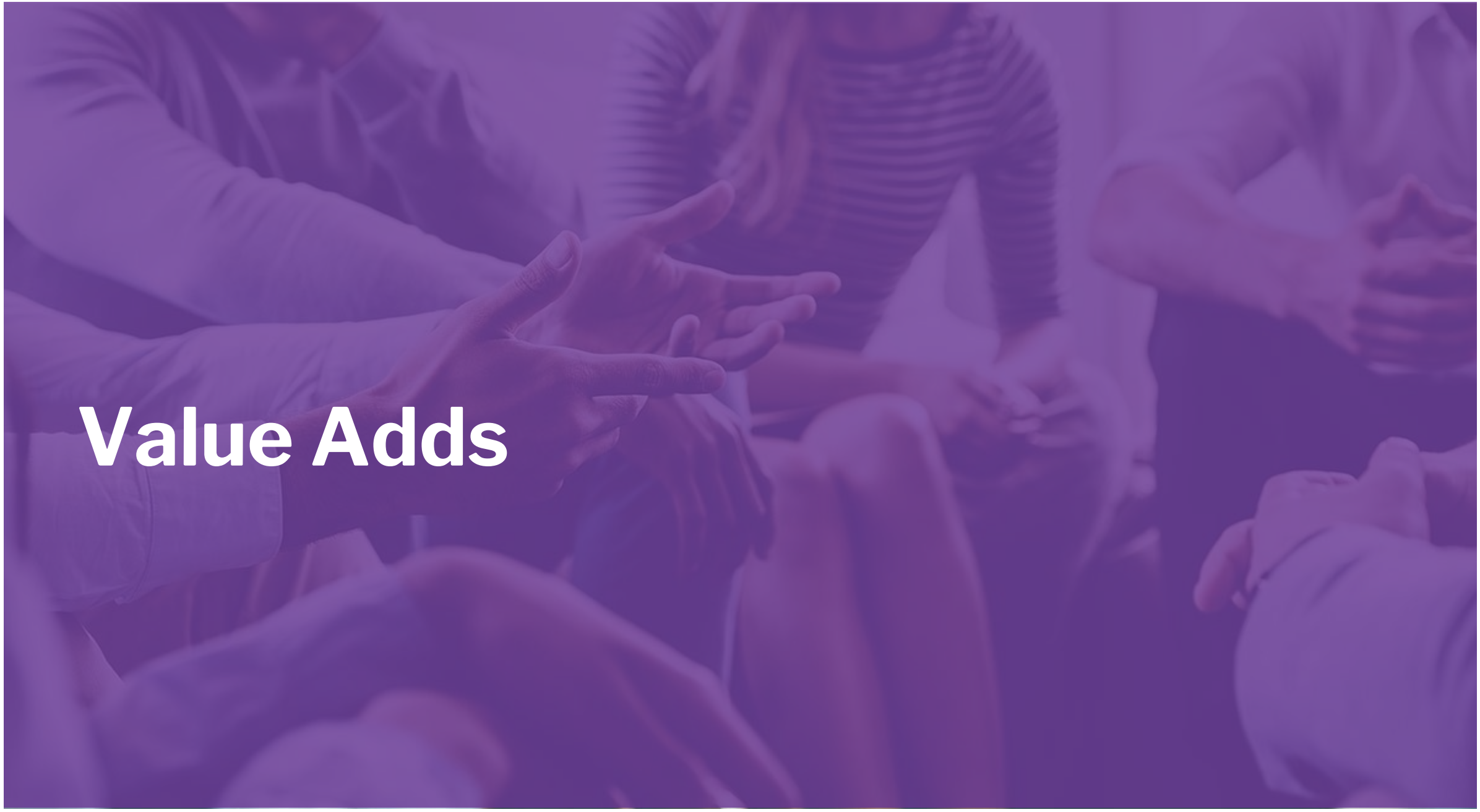
WHEN BENEFITS END

The earlier of:

- The date you are no longer disabled
- Your normal Social Security Retirement Age

Please refer to employment contract for individual benefits

VOYA FINANCIAL



Value Adds

Well@Work Clinic

- Clinic at work that treats many of the same things a regular primary care clinic does
- Staffed by Physician Assistant Autumn Swiger-Harrell, and Nurse Practitioner Randi Salter
- Located at Stillwater High School, Exterior Door 31S
- All employees can use the Well@Work clinic
- Dependents 18 months and older must be enrolled in the Stillwater Schools health plan to be seen

Well@Work-Diagnosis & Treatment at No Cost

- Preventive care
- Chronic condition management
- Seasonal allergies
- Sinus infections
- Strep throat
- Ear infections
- Minor injuries
- Lab tests and more

Scheduling

Regular Clinic Hours:

Monday, Wednesday, Friday	6 a.m. to 2:30 p.m.
Tuesday, Thursday	9:30 a.m. to 6 p.m.

How to make an appointment

Phone: **952-967-7661**

Online: **healthpartners.com/stillwaterschedule**

Legal coverage ARAG

Helps you address

- Will & Estate Planning
- Tax Issues
- Real Estate & Home Ownership
- Debt-Related Matters





2025 Open Enrollment

Don’t Miss Open Enrollment!

2025 Open Enrollment Period is:

05/05/2025 – 05/13/2025

Log in to PlanSource to add or drop dependents, change plans, waive coverage




Questions?

Questions

Who Can I Call?

- Benefits Questions:
  - **Aaron Casper**, Employee Benefits Consultant; 262.780.1361 or acasper@nisbenefits.com
  - **Alora Blaser**, Account Manager; 262.780.1306 or ablaser@nisbenefits.com
  - **Ashley Veenendaal**, FBC Service Supervisor; 262.780.1236 or aveenendaal@nisbenefits.com
  - **Ashley Xiong**, HR Supervisor; 651.351.8340 or xionga@stillwaterschools.org

Questions

Who Can I Call?

Coverage	Carrier	Portal Website	Customer Service
Medical, Rx	**BlueCross BlueShield**	www.bluecrossmn.com/members	800-382-2000
Dental	**Delta Dental**	www.memberportal.com/mp/mn/	1-800-448-3815
Vision	**VSP**	www.apias.vsp.com	1-800-877-7195
Life, AD&D, LTD, EAP	**Voya**	www.login.voya.com/voyassoui/index.html#/login	800-955-7736
FSA, VEBA	**OneBridge**	www.obbidentity.eignetwork.com	1-888-865-1628
Legal	**ARAG**	www.araglegal.com/authenticate?utm_campaign=eligibles-enrollment&utm_source=communications	800-247-4184 Access code: 10483isd
Well@Work Onsite Clinic	**HealthPartners**	www.healthpartners.com/lp/care/well-at-work-Stillwater-schools/	952-967-7661