

BLOOMINGTON
Public Schools

Your Benefits

Effective July 2024 - June 2025



GETTING STARTED

Making benefit selections

Enrolling in coverage

Your benefit plans are in effect July 1 – June 30 next year. In general, there are **two times** you can make benefit selections:

1 At Open Enrollment
Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits. Your choices are in effect from July – June of the following year unless you have a qualifying life event.

2 If you have a qualifying life event
Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

Enroll now

You must re-enroll in your benefits this year, either to confirm you are not making a change, or to elect new plan option(s).

You will also be required to confirm group life covered dependents and add group life beneficiaries.



You must request a change to your benefits within 30 days of your life event (**60 days for changes involving Medicaid eligibility**).
Documentation will be required.

GETTING STARTED

Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include - but are not limited to - cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).



Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Bloomington Schools ISD #271.

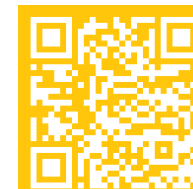
You can request a paper copy at no charge from:

Vickie Hepler

1-952-681-6444

vhepler@isd271.org

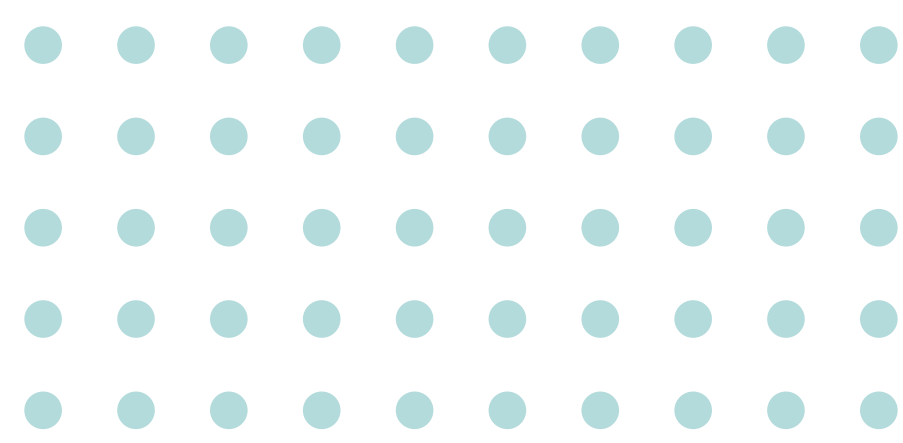
[Download now](#)



How to handle
medical bills (4:46)

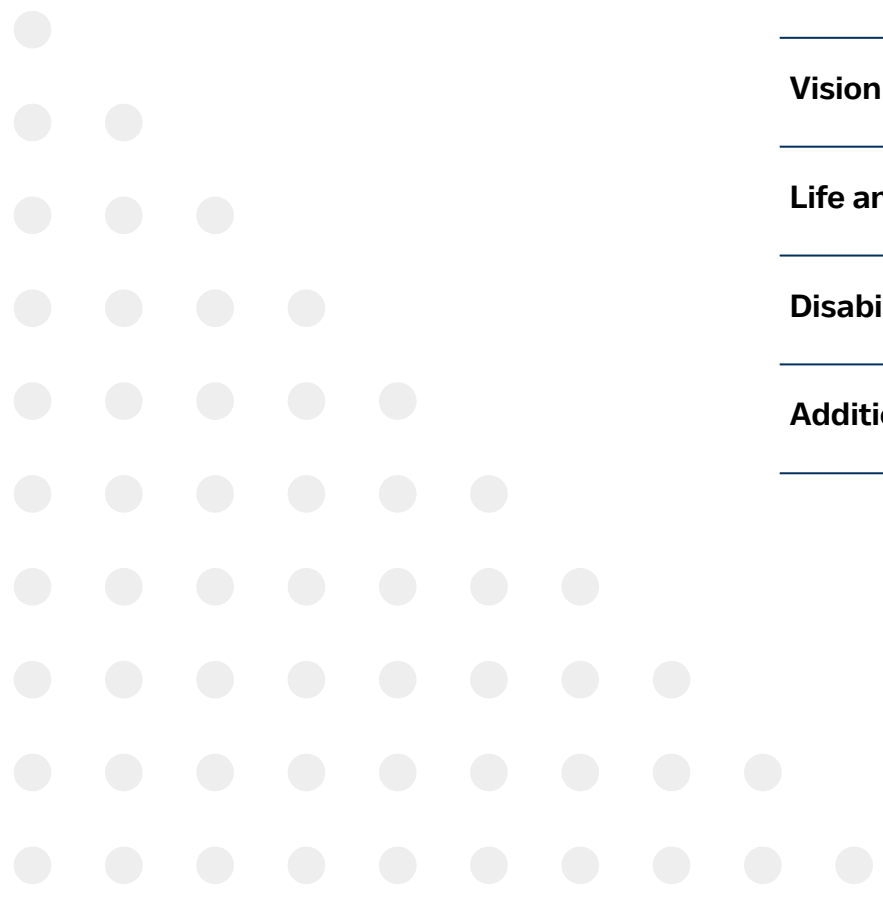


Contact information



Benefits contacts

Medical insurance	UMR	Phone: refer to the back of your ID card www.umar.com
Health Savings Account (HSA)	HealthEquity	1-866-346-5800 https://healthequity.com/contact
Flexible Spending Accounts (FSAs)	Benefit Extras	1-952-435-6858 www.benefitextras.com
Telehealth	Teladoc	1-800-Teladoc www.Teladoc.com
Employee Assistance Program (EAP)	Fairview	1-612-672-2195
Dental insurance	Delta Dental of MN	1-800-448-3815 www.DeltaDentalMN.org
Vision insurance	EyeMed	1-866-939-3633 https://eyemed.com/en-us/member
Life and AD&D insurance	The Hartford	1-888-563-1124 www.thehartford.com
Disability insurance	The Hartford	1-888-563-1124 www.thehartford.com
Additional benefit options	Voya	https://presents.voya.com/EBRC/BloomingtonSchools



Medical insurance

[Mental health support](#)

Your medical plan is through UMR.

You'll get in-network preventive care at 100%, prescription drug coverage, and an annual limit on your expenses.

[UMR Member Resources](#)

[Healthy Savings](#)

See more details on the next page



Full Time Employees PPO IN-NETWORK BENEFITS

[See plan details](#)

In-network care

Network name:	Choice Plus
Annual Deductible (DED)	\$1,600 per person \$3,200 family max
Out-of-pocket maximum	\$1,600 per person \$3,200 family max
Pre-tax account availability	Health Savings Account (HSA)
Preventive care	100% covered
Primary care visit	DED then you pay 0%
Specialist visit	DED then you pay 0%
Urgent care	DED then you pay 0%
Emergency room	DED then you pay 0%
Inpatient hospital care	DED then you pay 0%
Prescription drugs	(30 days 90 days)
Generic	DED then you pay 0%
Preferred brand	DED then you pay 0%
Non-preferred brand	DED then you pay 0%
Specialty	DED then you pay 0%

EE FT MONTHLY PREMIUMS

Full monthly premiums:	FT Employee: \$0.00 (District pays \$985.00/mo.)
Single: \$985.00	FT Employee + 1: \$622.00 (District pays \$1,451.00/mo.)
EE + 1: \$2,073.00	FT Family: \$680.00 (District pays \$1,587.00/mo.)
Family: \$2,267.00	

EE FT PER PAY PERIOD PREMIUMS

Full monthly premiums:	FT Employee: \$0.00
Single: \$985.00	FT Employee + 1: \$311.00
EE + 1: \$2,073.00	FT Family: \$340.00
Family: \$2,267.00	

● [See your plan documents for out-of-network benefits.](#)

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Medical insurance

[Mental health support](#)

Your medical plan is through UMR.

You'll get in-network preventive care at 100%, prescription drug coverage, and an annual limit on your expenses.

[UMR Member Resources](#)

[Healthy Savings](#)



Part Time Employees PPO IN-NETWORK BENEFITS

[See plan details](#)

In-network care

Network name:	Choice Plus
Annual Deductible (DED)	\$1,600 per person \$3,200 family max
Out-of-pocket maximum	\$1,600 per person \$3,200 family max
Pre-tax account availability	Health Savings Account (HSA)
Preventive care	100% covered
Primary care visit	DED then you pay 0%
Specialist visit	DED then you pay 0%
Urgent care	DED then you pay 0%
Emergency room	DED then you pay 0%
Inpatient hospital care	DED then you pay 0%
Prescription drugs	(30 days 90 days)
Generic	DED then you pay 0%
Preferred brand	DED then you pay 0%
Non-preferred brand	DED then you pay 0%
Specialty	DED then you pay 0%

EE PT MONTHLY PREMIUMS

Full monthly premiums:	PT Employee: \$295.00 (District pays \$690.00/mo.)
Single: \$985.00	PT Employee + 1: \$1,057.00 (District pays \$1,057.00/mo.)
EE + 1: \$2,073.00	PT Family: \$1,156.00 (District pays \$1,111.00/mo.)
Family: \$2,267.00	

EE PT PER PAY PERIOD PREMIUMS

Full monthly premiums:	PT Employee: \$147.00
Single: \$985.00	PT Employee + 1: \$528.50
EE + 1: \$2,073.00	PT Family: \$578.00
Family: \$2,267.00	

● **See your plan documents for out-of-network benefits.**

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Additional perks

There's more to love with these extra benefits.

UMR Member Resources Bundled

[See plan details](#)

Teladoc Bundled Flyer

[See plan details](#)

Healthy Savings Plan Overview

[See plan details](#)

Delta Dental Member Resources

[See plan details](#)

EyeMed Flyer

[See plan details](#)



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Health Savings Account (HSA)



An HSA through HealthEquity is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – or retirement!

Contributions

Bloomington Schools ISD #271 contributes to your Health Savings Account (HSA) when you elect the HDHP medical plan and meet IRS eligibility requirements.

You may also contribute tax-free funds to save for current and future health expenses:

	If you cover yourself only	If you cover any dependents
Bloomington Schools ISD #271 for FT contributes up to:	\$800.00 (\$66.66 per month)	\$1,600.00 (\$133.33 per month)
Bloomington Schools ISD #271 for PT contributes up to:	\$400.00 (\$33.33 per month)	\$800.00 (\$66.66 per month)
2024 IRS maximum contribution	\$4,150	\$8,300

55 or older? You can contribute an extra \$1,000 per year in catch-up contributions.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses - even if you change jobs or health plans. Before retirement, any funds used for non-health care expenses are subject to tax penalties. **Keep your receipts!**

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties.

Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- be **enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not** be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be enrolled in Medicare A or B, Tricare, or VA benefits.



See how an HSA can help you save for today and tomorrow.



Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through Benefit Extras.

Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

Eligible expenses

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2024 maximum contribution	\$5,000
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Married filing separately: contribute up to \$2,500 per person.

Only the amount you've **actually contributed** is available for use at any one time. **Estimate carefully!** Unused funds will be forfeited at the end of the year per IRS regulations.



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Total wellbeing: caring for all of you

Support for your health, finances, and life.



The recipe to living well

There are **five** ingredients to wellbeing – each is just as important as the others:



Social & Emotional

Healthy, supportive relationships with family, friends, and most importantly, yourself. Effectively managing feelings and emotions and practicing healthy ways to manage stress and adapt to challenges.



Physical

Having good health and the energy to perform your job life outside of work, such as spending time with family, friends, or participating in activities you enjoy. Think of physical wellbeing as nutrition, staying hydrated, getting rest, avoiding illness through vaccines, preventive screenings, and following doctors' orders!



Financial

The ability to effectively understand and plan for day-to-day expenses, short-term, and long-term goals, like paying back student loans, saving for a house, sending children to college, retirement, or caring for aging family members.



Purpose

Connection to your passion, the reason you get out of bed every day.



Community

Feeling connected to where you live, work and play through activities such as volunteering and mentoring.

Telehealth: virtual health care that fits your schedule

[See plan details](#)

Access quality care in the convenience of your own home, on your lunch break, or on the way to your child's soccer game!

Whether it's a nagging cough, middle-of-the-night fever, or a suspicious-looking mole or rash – telehealth through Teladoc is here when you need it. Connect with a board-certified physician **24 hours a day, 7 days a week.**

Mental health care is essential health care.

Managing work, family, relationships, and finances can be tough. Our Employee Assistance Program (EAP) provides you and your family with no-cost, confidential assistance with all things related to your life. **24/7/365.**

Employee Assistance Program (EAP)

[See plan details](#)

Care for your mind - and your life - with support through Fairview.

Everyone needs support sometimes (even superheroes).

Our Employee Assistance Program (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support over the phone. 24/7/365.

EAP features:

- **Confidential.** No one at Bloomington Schools ISD #271 will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.
- **Face-to-face visits.** When needed, each person can receive face-to-face (or virtual) visits with a licensed counselor per issue per year. **At no cost.** Additional visits - if needed - will go through your health insurance.

24/7/365 access to care.

1-612-672-2195



Dental insurance



FT Employees can elect this option through Delta Dental of MN.

See more plans on the next page

All plans cover in-network preventive care at 100%. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- the maximum amount Delta Dental of MN will pay each year for dental care (**annual maximum benefit**), and
- whether **orthodontic** care is covered.

[Delta Dental Member Resources](#)

[Learn about dental care categories](#)



Comprehensive Plan – FT Employees

[See plan details](#)

Network name:	PPO	Premier / Out-of-Network
Annual Deductible (DED)	None	\$50 per person \$150 family max
Annual maximum benefit	\$1,500 per person	\$1,500 per person
Preventive care	100% covered	100% covered
Basic care	100% covered	DED then you pay 15%
Major care	You pay 40%	DED then you pay 50%
Orthodontic care Coverage	50% covered (Children aged 8 through 18) \$1,000 lifetime max benefit	Not covered
Lifetime max benefit		
PREMIUMS (MONTHLY)	Employee Only: \$0.00 Family: \$73.75	
PREMIUMS (PER PAYCHECK)	Employee Only: \$0.00 Family: \$36.88	



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Dental insurance

Select from two dental options through Delta Dental of MN.

All plans cover in-network preventive care at 100%. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- the maximum amount Delta Dental of MN will pay each year for dental care (**annual maximum benefit**), and
- whether **orthodontic** care is covered.

[Delta Dental Member Resources](#)

[Learn about dental care categories](#)



Buy Up Comprehensive Plan – PT Employees

[See plan details](#)

Preventive Plan – PT Employees

[See plan details](#)

	Buy Up Comprehensive Plan – PT Employees		Preventive Plan – PT Employees	
	PPO	Premier / Out-of-Network	PPO	Premier / Out-of-Network
Network name:	PPO	Premier / Out-of-Network	PPO	Premier / Out-of-Network
Annual Deductible (DED)	None	\$50 per person \$150 family max	None	None
Annual maximum benefit	\$1,500 per person	\$1,500 per person	\$500 per person	\$500 per person
Preventive care	100% covered	100% covered	100% covered	You pay 20%
Basic care	100% covered	DED then you pay 15%	100% covered	You pay 20%
Major care	You pay 40%	DED then you pay 50%	Not covered	Not covered
Orthodontic care Coverage	50% covered (Children aged 8 through 18) \$1,000 lifetime max benefit	Not covered	Not covered	Not covered
Lifetime max benefit				
PREMIUMS (MONTHLY)	Employee Only: \$13.20 Family: \$86.95		Employee Only: \$0.00	
PREMIUMS (PER PAYCHECK)	Employee Only: \$6.60 Family: \$43.48		Employee Only: \$0.00	



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Vision insurance

[Enrollment Change Form](#)

Your vision coverage is through EyeMed.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

Vision plan

In-network care

[See plan details](#)

[EyeMed fliers](#)

Network name:	Select
Annual eye exam (every 12 months)	\$10 copay
Materials copay (lenses & frames)	\$10 copay
Lenses (every 12 months)	Included in materials copay
Frames (every 12 months)	\$120 allowance, 20% off discount
Contact lenses (every 12 months)	Elective: \$120 allowance, 15% off discount Medically nec: 100% covered
Your cost for coverage	Per paycheck
Employee only	\$3.21
Employee + Spouse	\$6.43
Employee + Child(ren)	\$6.80
Employee + Family	\$10.67

Your vision plan covers either glasses (lenses and frames) or contact lenses each year. If you receive contact lenses, they will be instead of your glasses benefit.



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Life and AD&D insurance



Financial peace of mind through The Hartford.

Life insurance pays a benefit if you pass away while you're covered. **Accidental Death and Dismemberment (AD&D)** insurance offers additional support if you pass away or are seriously injured due to an accident.



Basic life and AD&D insurance

Bloomington Schools ISD #271 provides life and AD&D insurance at no cost to you.

All Eligible Active Employees Who DO NOT Opt Out of the Portion of Their Benefit Exceeding \$50,000:

2x Annual Salary (Refer to Contract for Maximum Benefit)

All Eligible Active Employees Who Opt Out of the Portion of Their Benefit Exceeding \$50,000:

\$50,000

Dependent Spouse Benefit: \$15,000

Dependent Child Benefit: \$15,000

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.



What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Disability insurance

Protect your paycheck with disability insurance through The Hartford.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.


Long-term disability

Long-term disability coverage can provide lasting income protection if you remain unable to work. Bloomington Schools ISD #271 provides this coverage at no cost to you.

Benefits begin	After 90 days of inability to work
Coverage amount	66.67% of your earnings to a maximum noted in your contract
Payments may continue	Until your <u>Social Security Normal Retirement Age</u> if you remain unable to work.

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.

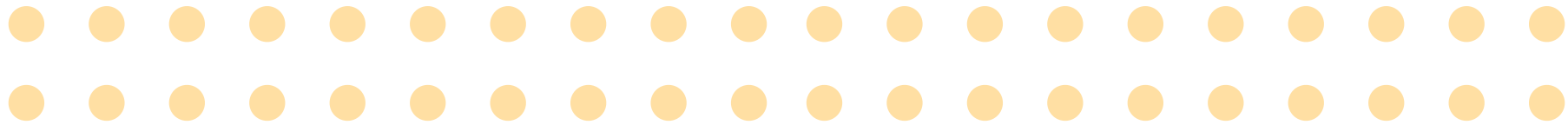


Wish you knew more about finances? Now you can - **at no cost!**



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Voluntary Accident insurance



Accident coverage

- [See plan details](#)
- [Voya link](#)
- [Wellness Benefit at a Glance](#)
- [Children accident enrollment form](#)

Accident coverage through Voya pays you a cash benefit to help with your expenses – your deductible or copays, transportation, groceries and more – if you or a covered family member is injured due to an accident. The money is yours to use as you choose.

Accident insurance can help you pay for the out-of-pocket cost you may experience after an accident and pay regardless of any other insurance you have.

- On & Off Job Accident Coverage with ability to cover your spouse & dependent children.
- Benefits are paid directly to you.
- All coverage is Guarantee issue.
- Plan is portable, you can take it with you at the same rates should you change jobs or retire.

How much does Accident Insurance cost?
All employees pay the same rate, no matter their age. See the chart below for the premium amounts.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$9.36	\$15.58	\$17.64	\$23.86

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District Paid Critical illness insurance

Critical illness

[See plan details](#)

[Voya link](#)

Critical illness coverage through Voya pays you a cash benefit to help with your expenses— your deductible or copays, transportation, groceries and more – if you or a covered family member is diagnosed with a covered critical illness. The money is yours to use as you choose.

Being diagnosed with a critical illness can be devastating, both personally and financially. Breathe easier knowing critical illness insurance can help you pay your out-of-pocket expenses and allow you to focus on your health.

Who is eligible for Critical Illness Insurance and what is the Maximum Critical Illness Benefit?

- **You** -All active employees classified as teachers working 17.5+ hours per week and active employees classified as non-teachers working 20+ hours per week.
 - **Employer-paid:** Your employer provides you with a \$2,000 Maximum Critical Illness Benefit at no cost to you.