FRIDLEY PUBLIC SCHOOLS

A World-Class Community of Learners

Open Enrollment 2018

Medical Plan Renewal

- No change to plan design, 2% increase to premiums
- Three plan options:
  - HP Classic Choice ME100 ($20 Copay; $1,000 / $2,000 out of pocket maximum)
  - HP Primary Choice HP 60 ($20 Copay; $1,000 / $2,000 out of pocket maximum)
  - HP NationalOne Nat1 ($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		HP Primary		HP NationalOne		
Tier	Premium	Employee	Premium	Employee	Premium	Employee	VEBA Contribution
Single	$779.60	$0.00	$820.65	$41.05	$680.95	$0.00	$98.65
Employee+1	$1,395.60	$265.26	$1,469.10	$338.66	$1,219.03	$160.00	$71.41
Family	$2,003.88	$521.01	$2,109.33	$626.46	$1,750.31	$359.23	$91.79

HealthPartners

2018-2019 Fridley ISD #14

Group #3138

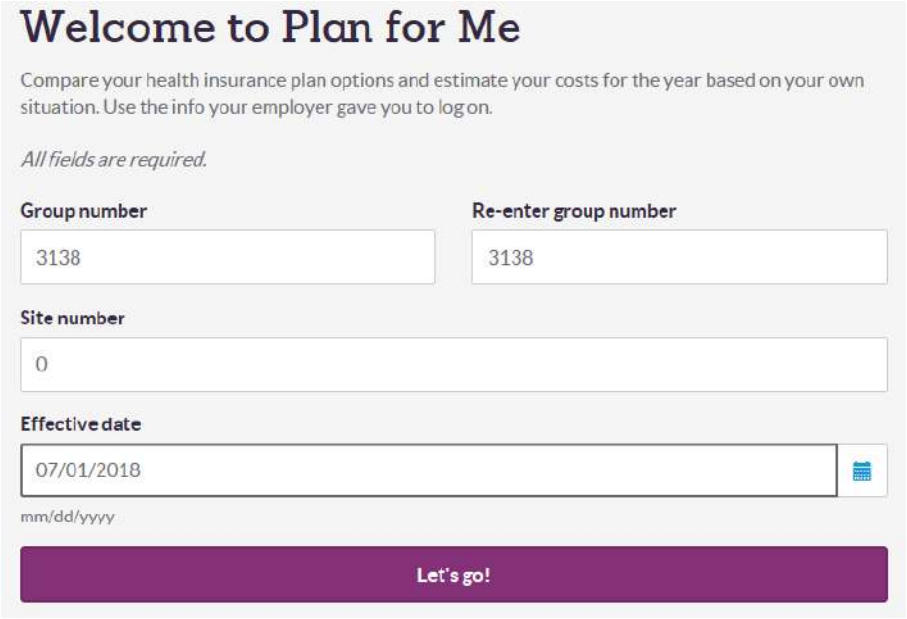
The following provides an overview of your HealthPartners coverage.

For exact coverage details consult a Group Membership Contract or Summary Plan Description or call Member Services at 952-883-5000 or 1-800-883-2177.

Medical Plan Highlights	HP Classic Choice Plan ME 100		HP Primary Choice Plan HP 60		NationalONE Plan Nat 1	
Partial listing of covered services	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Lifetime Maximum	Unlimited	$1 Million	Unlimited	$1 Million	Unlimited	$2 Million
Calendar year deductible (non-embedded)	None	$300/single $900/family	None	$300/single $900/family	$1,000/single $1,500/single +1 $2,000/family	$2,000/single $2,500/single +1 $3,000/family
Calendar year **medical** out-of-pocket maximum	$1,000/single $2,000/family	$4,000/single $6,000/family	$1,000/single $2,000/family	$4,000/single $6,000/family	$2,000/single $2,500/single +1 $3,000/family	$5,000/single $6,000/single +1 $7,000 family
Preventive Healthcare						
Routine physical & eye exams, well-child care	100% Coverage	You pay 100%	100% Coverage	You pay 100%	100% coverage	35% after Deductible
Prenatal & postnatal care		25% after Deductible		25% after Deductible		
Immunizations		You pay 100%		You pay 100%		
Office Visits						
Illness or injury	$20 Copay	25% after Deductible	$20 Copay	25% after Deductible	20% after Deductible	35% after Deductible
Physical, occupational and speech therapy						
Chiropractic care						
Mental / Chemical health care						
Allergy injections	100% Coverage		100% Coverage		You pay nothing after Deductible	
Convenience Care						
Convenience clinics (retail clinics), eVisits	$10 Copay	25% after Deductible	$10 Copay	25% after Deductible	20% after Deductible	35% after Deductible
Online Care - Virtuwell	First three visits free, then same as Convenience Care benefit	You pay 100%	First three visits free, then same as Convenience Care	You pay 100%	First three visits free, then same as Convenience Care benefit	You pay 100%
Emergency Care						
Care at an urgent care clinic or medical center	$20 Copay	HealthPartners In-network Emergency Care benefit	$20 Copay	HealthPartners In-network Emergency Care benefit	20% after Deductible	35% after Deductible
Emergency care at a hospital ER & Ambulance	$75 Copay		$75 Copay			HealthPartners In-network benefit
Ambulance	You pay 20%		You pay 20%			
Inpatient Hospital Care						
Illness or injury, mental/chemical health	$100 per admission	25% after Deductible	$100 per admission	25% after Deductible	20% after Deductible	35% after Deductible
Outpatient Care						
Scheduled outpatient procedures	$100 per admission	25% after Deductible	$100 per admission	25% after Deductible	20% after Deductible	35% after Deductible
Outpatient MRI and CT Scan	You pay 20%	25% after Deductible	You pay 20%	25% after Deductible		
Durable Medical Equipment (DME)						
DME & prosthetic devices	You Pay 20%	25% after Deductible	You Pay 20%	25% after Deductible	20% after Deductible	35% after Deductible
Pharmacy Highlights						
Partial listing of covered services						
Preferred Rx Formulary	**Retail Pharmacy** (up to a 30-day supply or one cycle of oral contraceptives)		**Retail Pharmacy** (up to a 30-day supply or one cycle of oral contraceptives)		**Retail Pharmacy** (up to a 30-day supply or one cycle of oral contraceptives)	
Rx Specialty Drugs	80% coverage up to $200	25% after Deductible	80% coverage up to $200	25% after Deductible	80% coverage up to $200	35% after Deductible
Generic preferred	You pay $10		You pay $10		You pay $10	
Brand preferred	You pay $20		You pay $20		You pay $20	
	HealthPartners Mail Order Pharmacy (up to a 90-day supply)		**HealthPartners Mail Order Pharmacy** (up to a 90-day supply)		**HealthPartners Mail Order Pharmacy** (up to a 90-day supply)	
Generic preferred	You pay $20	No coverage	You pay $20	No coverage	You pay $20	No coverage
Brand preferred	You pay $40		You pay $40		You pay $40	

Need Help Selecting Your Health Insurance Plan?

- http://healthpartners.com/planforme



- OR Find out if your doctor is in your network here: https://www.healthpartners.com/hp/insurance/find-a-provider/group-medical/index.html
  - District networks are listed on the Benefits Plan Summary sheet on the prior slide/in your folder.

Dental Plan Renewal

- No plan or rate changes
- 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)

Tier	Premium	Employee
Single	$42.50	$0.00
Employee + 1	$83.00	$40.50
Family	$116.00	$73.50

HealthPartners®

Distinctions SM Dental Plan

Fridley ISD #14

07/01/2018

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at 952-883-5000 or 800-883-2177.

Plan highlights Partial listing of covered services	Benefit Level 1 Care from a network Benefit level 1 provider	Benefit Level 2 Care from a network Benefit level 2 provider	Out-of-Network Care from an out-of-network provider*
Annual Maximum	**Annual maximums are combined across all tiers**		
Annual maximum	Plan pays $2,000 per calendar year	Plan pays $1,500 per calendar year	Plan pays $1,500 per calendar year
Implant maximum *included in annual maximum*	Plan pays $500 per calendar year	Plan pays $500 per calendar year	Plan pays $500 per calendar year
Deductible	**Deductibles are combined across all tiers**		
- Applies to Basic Care, Special Care & Prosthetics	None	None	$50 per person $150 per family per calendar year
Preventive and Diagnostic Care			
- Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay nothing	You pay nothing
- Sealants	You pay nothing	You pay nothing	You pay 20%
Basic Care			
Basic Care I			
- Fillings (amalgam and anterior composite)	You pay nothing	You pay nothing	You pay 20%
- Posterior composite (white) fillings You also pay the difference between the amalgam and composite fee	You pay 20%	You pay 20%	You pay 50%
- Simple extractions	You pay nothing	You pay 10%	You pay 20%
- Non-surgical periodontics	You pay nothing	You pay 10%	You pay 20%
- Endodontics (root canal therapy)	You pay nothing	You pay 10%	You pay 20%
Basic Care II			
- Surgical periodontics	You pay nothing	You pay 10%	You pay 20%
- Complex oral surgery	You pay nothing	You pay 10%	You pay 20%
Special Care			
- Restorative crowns & onlays	You pay 10%	You pay 10%	You pay 20%
Prosthetics			
- Bridges, dentures & partial dentures	You pay 40%	You pay 40%	You pay 40%
- Dental implants	You pay 50%	You pay 50%	You pay 50%
Orthodontic Services	**Orthodontic lifetime maximums are combined in and out-of-network**		
- Orthodontic care for all ages	No Coverage	No Coverage	No Coverage

** If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference.*

Emergency Care
Refer to the Group Dental Member Contract for coverage of emergency dental services.

Little Partners℠ Benefit: Services for children 12 years old and under will be covered at 100% without deductible, annual maximum, or frequency limitations, when provided by a HealthPartners network dentist. Excluded services: Orthodontics, dental implants, and services that are not covered for all members.

Diabetes and Pregnancy: Additional periodontal services (exams, cleanings, scaling and root planing, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.

Vision Plan

- Vision Plan

Plan/Tier	Premium
Standard:	
Single	$7.67
Employee + 1	$11.13
Family	$19.95
Premier:	
Single	$12.99
Employee + 1	$18.83
Family	$33.77

Choice:

Your VSP Vision Benefits Summary

FRIDLEY PUBLIC SCHOOLS and VSP provide you with an affordable eyecare plan.

Visit **vsp.com** for more details on your vision benefit and for exclusive savings and promotions for VSP members.

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
	Your Coverage with a VSP Provider		
WellVision Exam	• Focuses on your eyes and overall wellness	$10	Every plan year*
Prescription Glasses		$25	See frame and lenses
Frame	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every other plan year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every plan year
Lens Enhancements	• Scratch-resistant coating • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements	$0 $55 $95 - $105 $150 - $175	Every plan year
Contacts (instead of glasses)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every plan year
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. **Retinal Screening** • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction** • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam	up to $45	Single Vision Lenses	up to $30	Lined Trifocal Lenses	up to $65	Contacts	up to $105
Frame	up to $70	Lined Bifocal Lenses	up to $50	Progressive Lenses	up to $50		

*Plan year begins in July
VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Premier:

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Frame	• $130 allowance for a wide selection of frames • $150 allowance for featured frame brands • 20% savings on the amount over your allowance	Combined with exam	Every plan year
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Other Benefits

- Life (Employer Paid) and Long Term Disability (Employee Paid)

- Employee Assistant Program 1-866-326-7194; text US HPEAP and concern to 919-324-5523 or hpeap.com; password Fridley

Other Benefits

- Flexible Spending Accounts:
  - Daycare flex spending account
  - Medical flex spending account (Annual election max increasing to $2650)
  - Remember you have 90 days after the end of the plan year to submit expense or you “lose it”

- Change to the Flexible Spending and HRA/VEBA Administrator.

- Effective July 1 2017 SelectAccount/Further will be our new administrator.
  - Flex Expenses for the July 2017 – June 2018 plan year will be submitted to PlanSource for reimbursement. Once the run-out period has expired if you have $500 or less unspent it will rollover to SelectAccount/Further.
  - HRA Expenses submit to TASC until 6/30, then plan will black out and remaining balance will transfer to SelectAccount/Further in mid July.

Online Enrollment

- New system for enrollment this year.

- https://plansource.com/resources/videos/demovideos/openenrollmentexp/

Questions

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