



EMPLOYEE BENEFITS GUIDE

2024

CONTACT INFORMATION FOR BENEFIT VENDORS

Pierz ISD #484 Payroll/Human Resources

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How to Enroll 3

Health Insurance 4

HealthPartners w/ Sourcewell
 Member Services: 7:00 am- 7:00 pm (CST) Monday-Friday
 800-883-2177 or 952-883-5000
<https://www.healthpartners.com/>

Health Savings Account 5

Farmers & Merchants, Pierz
 320-468-6422
www.fmpierz.com

Dental Insurance 6

HealthPartners Dental
 Members Services: 7:00 am- 7:00 pm (CST) Monday- Friday
 800-883-2177 or 952-883-5000
<https://www.healthpartners.com/>

Vision Insurance 7

EyeMed
<https://eyemed.com/en-us>

Flexible Spending Account 8

Educators Benefits Consultants
 Customer Service: 8:00 am- 5:00 pm (CST) Monday-Friday
 888-507-6053 or 763-552-6053

HOW TO ENROLL

Please refer to your enrollment folder for the applicable forms and/or online links that are required for each benefit.

WHEN TO ENROLL

Employees are initially eligible for medical, dental, vision, and flexible spending coverage the first of the month following first day worked.

You must enroll for benefits within 30 days of becoming eligible or if you have a life-changing qualifying event.

If you do not enroll within this time period you will need to wait for the next open enrollment period (usually in November of each year). The benefits you choose during open enrollment will be effective on the following January 1st.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you **cannot** make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

HEALTH INSURANCE

We are with the Sourcewell Pool for 2024 and HealthPartners is the insurance carrier. There are three different Smart Plan options, all of them are HSA eligible plans.

HealthPartners Smart Plans			
Plan and In-Network Benefits	\$1600 Deductible	\$3200 Deductible	\$4150 Deductible
Deductible	\$1600 Individual \$3200 Family	\$3200 Individual \$6400 Family	\$4150 Individual \$8300 Family
Out of Pocket Max (Medical & Rx)	\$1600 Individual \$3200 Family	\$3200 Individual \$6400 Family	\$4150 Individual \$8300 Family
Preventative Care	100% Coverage	100% Coverage	100% Coverage
Office Visits	100% after Deductible	100% after Deductible	100% after Deductible
Hospital Visits	100% after Deductible	100% after Deductible	100% after Deductible
Prescription Coverage	100% after Deductible	100% after Deductible	100% after Deductible
Prescription Out of Pocket Max	Included in deductible	Included in deductible	Included in deductible

*Out of Network - Deductibles are doubled, Out-of-Pocket Maximums are tripled and coverage is 80% after deductible

YOUR PER PAYROLL COST IN 2024

BASED ON 22/23 CONTRACT RATES PENDING NEGOTIATIONS

*The employee only plan employer total monthly contribution is \$808, remaining employer contribution amounts deposited into an HSA account. *A more detailed benefit guide can be found online on the school's website under Departments / Human Resources / Employee Benefits.*

2024 CONTRIBUTION AMOUNTS PER PAYROLL					
Plan Choice	Employee/ Employer	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
\$1600 Ded	Employee Per Pay Check	\$7.48	\$225.73	\$338.18	\$600.60
	Employer Contribution	\$404	\$541.50	\$541.50	\$541.50
\$3200 Ded	Employee Per Pay Check	\$0.00	\$157.40	\$259.84	\$498.88
	Employer Contribution	\$347.83	\$541.50	\$541.50	\$541.50
\$4150 Ded	Employee Per Pay Check	\$0.00	\$122.68	\$220.02	\$447.19
	Employer Contribution	\$356.21	\$541.50	\$541.50	\$541.50

Health Savings Account

FARMERS & MERCHANTS BANK

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

WHAT ARE THE BENEFITS OF AN HSA?

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

How an HSA works:

- You can contribute to your HSA via payroll deduction, online banking transfer, or by sending a personal check. Your employer or third parties, such as a spouse or parent, may contribute to your account as well.
- You can pay for qualified medical expenses with your Health Benefits Debit Card directly to your medical provider or pay out-of-pocket. You can either choose to reimburse yourself or keep the funds in your HSA to grow your savings.
- Unused funds will roll over year to year. After age 65, funds can be withdrawn for any purpose without penalty (subject to ordinary income taxes).
- Check balances and account information via F & M's Website or mobile device 24/7.

Are you eligible for an HSA?

If you have a qualified High Deductible Health Plan (HDHP) - either through your employer, through your spouse, or one you've purchased on your own - chances are you can open an HSA. Additionally:

- You cannot be covered by any other non-HSA-compatible health plan, including Medicare Parts A and B.
- You cannot be covered by TriCare.
- You cannot be claimed as a dependent on another person's tax return (unless it's your spouse). You must be covered by the qualified HDHP on the first day of the month.

What are the annual IRS contribution limits?

The maximum amount that you can contribute to an HSA in **2024 is \$4,150 for individual coverage and \$8,300 for family coverage.**

Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000 per year. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

WHICH EXPENSES CAN BE REIMBURSED BY AN FSA/HSA?

Health Savings Account lets you pay for medical care expenses with pre-tax dollars.

Unfortunately, we cannot provide a definitive list of "qualified medical expenses." A determination of whether an expense is for "medical care" is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness. More information can be found on irs.gov website at: <https://www.irs.gov/publications/p502>

Dental Insurance

HEALTHPARTNERS DENTAL

Dental insurance is a voluntary benefit that is fully paid for by the employee and provided by HealthPartners Dental. Dental insurance changes can be made during open enrollment, or if there are qualifying events as noted on page 3.

HealthPartners Dental			
Type of Service	Benefit Level 1	Benefit Level 2*	Out of Network*
Preventive Services Exams, cleanings, X-rays	100%	100%	100%
Deductible	\$25 per person \$75 per family	\$50 per person \$150 per family	\$50 per person \$150 per family
Basic I Services Fillings, simple extractions	100%/80%	80%	50%
Basic II Services Oral surgery, periodontics	80%	50%	50%
Major Services Crowns, bridges, dentures, implants	50%	50%	0%
Annual Maximum	\$1,500 per person	\$1,000 per person	\$750 per person

*There is a 6 month waiting period for basic I and II services and a 12 month waiting period for major services if using level 2 or out of network dentists.

2024 RATES	
	Employee Monthly Cost
Single	\$36.88 per month, \$18.44 per pay check
Single + 1	\$73.37 per month, \$36.69 per pay check
Family	\$110.59 per month, \$55.30 per pay check

*A more detailed dental benefit guide can be found online on the school's website under Departments / Human Resources / Employee Benefits

Vision Insurance

EYEMED

Vision insurance is a voluntary benefit that is fully paid for by the employee and provided by EyeMed. Vision insurance changes can be made during open enrollment, or if there are qualifying events as noted on page 3.

EyeMed Vision Plan		
Type of Service	In-Network	Out of Network Reimbursement
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
Contact Lenses – (includes materials only)	Conventional – \$0 copay Disposable - \$0 copay Medically Necessary – Paid in full	Up to \$150
Standard Plastic Lenses	\$20 copay	Varies
Progressive Lenses	\$75-\$195 copay	Up to \$50
Anti-Reflective Coating	\$45-\$85 copay	Up to \$23
Contact lens fit and follow up	Up to \$40	-
*See detailed coverage information on website		

2024 RATES	
	Employee Monthly Cost
Single	\$5.95 per month, \$2.98 per pay check
Employee + Spouse	\$11.31 per month, \$5.66 per pay check
Employee + Child(ren)	\$11.90 per month, \$5.95 per pay check
Family	\$17.49 per month, \$8.75 per pay check

A more detailed vision benefit guide can be found online on the school's website under Departments / Human Resources / Employee Benefits.

Flexible Spending Accounts

EDUCATOR BENEFITS CONSULTANTS

Paying for health care can be stressful. That's why Pierz ISD #484 offers an employer-sponsored flexible spending account (FSA). **Please note if you are enrolling in the Health Savings Account (HSA), you can only use the Limited Use Medical FSA or the Dependent Care section of an FSA.** You would use your HSA for health expenses.

WHAT ARE THE BENEFITS OF A MEDICAL FSA?

- **It saves you money.** Allows you to put aside money tax-free that can be used for qualified medical expenses (up to \$3,200 for 2024).
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.

WHAT IS A DEPENDENT CARE FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

WHAT IS A LIMITED USE FSA?

A Limited Use FSA is available for employees with a High Deductible Plan contributing to an HSA account. **The funds contributed to a Limited Use FSA can only be used for eligible dental and vision care expenses.**

****You cannot stockpile money in your FSA. If you do not use it, you lose it.** You should only contribute the amount of money you expect to pay out of pocket that year.

HOW DO I ENROLL?

Enrollment should be done online with EBC. Please go online under Departments/Human Resources/Employee Benefits – the link to EBC/Aviben is available here.

REMINDER - You must re-enroll in your FSA each year during open enrollment.

WHICH EXPENSES CAN BE REIMBURSED BY AN FSA/HSA?

Reimbursement Flexible Spending Account or Health Savings Account lets you pay for medical care expenses with pre-tax dollars.

Unfortunately, we cannot provide a definitive list of “qualified medical expenses.” A determination of whether an expense is for “medical care” is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness. More information can be found on irs.gov website at: <https://www.irs.gov/publications/p502>