



Red Wing Public Schools

ENROLLMENT GUIDE 2026



intellicents®

Pick the best benefits for you and your family

Red Wing Public Schools strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that is why we have put together this Enrollment Guide.

This guide will outline all the different benefits offered, so you can identify which offerings are best for you and your family. If you have questions about any of the benefits mentioned in this guide, please contact Human Resources.

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The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact Human Resources.

Contacts

Medical | Blue Cross Blue Shield

Customer Service: (866) 873-5943
Network: Open Access Aware
Limited Access High Value
Policy Number: See ID Card
Website: bluecrossmnonline.com

Dental | Metlife

Customer Service: (800) 942-0854
Policy Number: 5780153
Website: metlife.com

Vision | Metlife

Customer Service: (833) 393-5433
Policy Number: 5780153
Website: metlife.com

Kavira | Virtual Primary Care

Website: kavirahealth.com

Virtual and At-Home HealthCare | Kavira

Appointment Line: (763) 373-3856
Website: kavirahealth.com

Life Insurance | Metlife

Customer Service: (800) 300-4296
Policy Number: 5780153
Website: metlife.com

Long Term Disability | Metlife

Customer Service: (800) 300-4296
Policy Number: 5780153
Website: metlife.com

VEBA, FSA | WEX

Customer Service: (866) 451-3399
Website: wexinc.com

Human Resources | Kelsie Kuyath

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Your *intelligents* Consulting Team

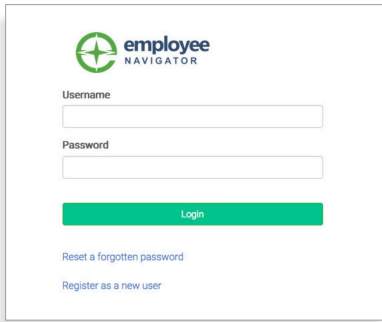


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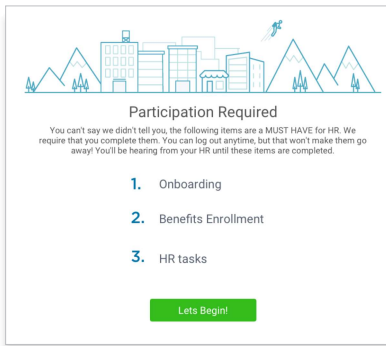
ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

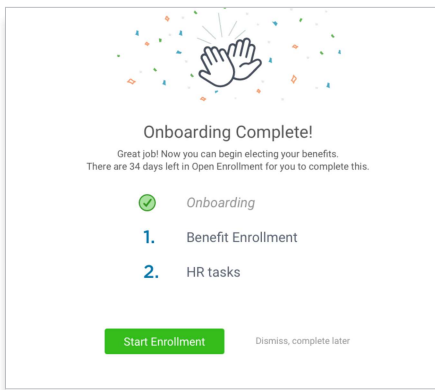
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
- **First time users:** You will be asked to enter a Company Identifier. Your Company Identifier is: RedWing



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

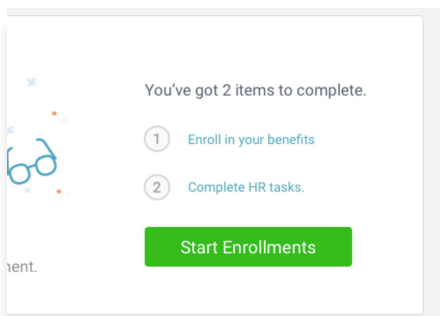


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

Myself

Elizabeth Reynolds (Spouse)

Gwen Reynolds (Child)

\$138.46 Effective on 08/01/18
Cost per pay period Employee

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	- \$ 138.46	= \$0.00

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical Collapsible

Key Care HSA PPO2017 404E2435 Long Plan Name

Progress 6 of 8

View Steps

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

Enroll in your benefits

1. HR Tasks

Dismiss, complete later

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

Health Insurance Networks

Employees of Red Wing Public Schools will have the choice between two medical insurance networks in 2026. Your medical network determines which hospitals and doctors are considered “in-network” and have enhanced coverage for you and your family.

1. **“Open Access Network”/Aware Network** – broadest medical coverage network in the State of Minnesota covering more than 98% of doctors and hospitals in Minnesota.
 - Available with \$3,000, \$5,000, and \$7,000 plans.
 - You will also have national coverage covering 95% of doctors and 96% of hospitals nationwide through the BlueCard PPO.
2. **“Limited Access Network”/High Value Network (HVN)** – alternative, Limited access network that **excludes Mayo Clinic in Rochester, all satellite Mayo Clinic locations, the VA Clinic, and other providers.**
 - Emergency care is considered “in-network” at any provider.
 - Available with \$3,000, \$5,000, and \$7,000 plans.
 - You also still have access to the BlueCard PPO - national coverage covering 95% of doctors and 96% of hospitals nationwide

Please note, the Limited Access/High Value network does not include Mayo as an in-network provider. If you elect either plan with this network, you will pay more for care a Mayo facility.

Network Comparison

	Aware Network	High Value Network
SOUTHEAST		
Allina	X	X
Children's Hospitals & Clinics	X	X
Gundersen Health System	X	X
Mankato Clinic LTD	X	X
Mayo Health System	X	
Northfield Hospital and Clinics	X	X
Olmsted Medical Center	X	X
Veterans Admin Medical Center	X	
Winona Health	X	X

	Aware Network	High Value Network
METRO		
Allina	X	X
Avera	X	
CentraCare Health	X	X
Children's Hospitals & Clinics	X	X
Entira	X	X
HealthPartners Health System	X	
Hennepin County Medical Center	X	X
M Health Fairview	X	X
Mankato Clinic Ltd	X	X
Mayo Health System	X	
North Memorial	X	X
Northfield Hospital and Clinic	X	X
Park Nicollet	X	
Ridgeview	X	X
St. Croix Regional Medical Center	X	X
University of Minnesota Physicians	X	X
Veterans Admin Medical Center	X	

Health Insurance Plans



<h2 style="margin: 0;">\$3,000 Plan</h2> <p style="margin: 0; font-size: 0.9em;">Open Access Aware Network</p> <p style="margin: 0; font-size: 0.8em;">In-Network Out-of-Network</p>		<h2 style="margin: 0;">\$5,000 Plan</h2> <p style="margin: 0; font-size: 0.9em;">Open Access Aware Network</p> <p style="margin: 0; font-size: 0.8em;">In-Network Out-of-Network</p>	
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Deductible Type				
Deductible Type	Embedded		Embedded	
Overall Deductible				
Individual	\$3,000	\$4,500	\$5,000	\$6,500
Family	\$6,000	\$9,000	\$10,000	\$13,000
Out-of-Pocket Limit				
Individual	\$4,500	\$6,000	\$5,600	\$8,000
Family	\$9,000	\$12,000	\$11,200	\$16,000
After Deductible is met, you owe				
Office visit for injury/illness	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent care	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventative	No Charge	40% after deductible	No Charge	40% after deductible
If you need immediate medical attention				
Emergency room services	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Prescription Drugs				
Preferred generic drugs	20% after deductible	No Coverage	20% after deductible	No Coverage
Preferred brand drugs	20% after deductible	No Coverage	20% after deductible	No Coverage
Non-preferred drugs	30% after deductible	No Coverage	30% after deductible	No Coverage
Specialty drugs	20% after deductible	No Coverage	20% after deductible	No Coverage

***This is a summary of benefit highlights only. See plan document for full plan details.**

Premium Summary

Please refer to your collective bargaining agreement for employee premium share amount.

Health Insurance – Open Access

 		<h2 style="text-align: center;">\$7,000 Plan</h2> <p style="text-align: center;">Open Access Aware Network</p> <p style="text-align: center;">In-Network Out-of-Network</p>	
Deductible Type			
Deductible Type	Embedded		
Overall Deductible			
Individual	\$7,000	\$10,000	
Family	\$14,000	\$20,000	
Out-of-Pocket Limit			
Individual	\$7,000	\$15,000	
Family	\$14,000	\$30,000	
After Deductible is met, you owe			
Office visit for injury/illness	0% after deductible	40% after deductible	
Specialist visit	0% after deductible	40% after deductible	
Urgent care	0% after deductible	40% after deductible	
Preventative	No Charge	40% after deductible	
If you need immediate medical attention			
Emergency room services	0% after deductible	0% after deductible	
Prescription Drugs			
Preferred generic drugs	0% after deductible	No Coverage	
Preferred brand drugs	0% after deductible	No Coverage	
Non-preferred drugs	0% after deductible	No Coverage	
Specialty drugs	0% after deductible	No Coverage	
<i>*This is a summary of benefit highlights only. See plan document for full plan details.</i>			
Premium Summary			
Please refer to your collective bargaining agreement for employee premium share amount.			

Health Insurance – High Value



\$3,000 Plan		\$5,000 Plan	
High Value (NO MAYO) Network		High Value (NO MAYO) Network	
In-Network	Out-of-Network	In-Network	Out-of-Network

Deductible Type				
Deductible Type	Embedded		Embedded	
Overall Deductible				
Individual	\$3,000	\$5,000	\$5,000	\$6,500
Family	\$6,000	\$10,000	\$10,000	\$13,000
Out-of-Pocket Limit				
Individual	\$4,500	\$10,000	\$5,600	\$10,000
Family	\$9,000	\$20,000	\$11,200	\$20,000
After Deductible is met, you owe				
Office visit for injury/illness	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Urgent care	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Preventative	No Charge	40% after deductible	No Charge	40% after deductible
If you need immediate medical attention				
Emergency room services	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Prescription Drugs				
Preferred generic drugs	20% after deductible	No Coverage	20% after deductible	No Coverage
Preferred brand drugs	20% after deductible	No Coverage	20% after deductible	No Coverage
Non-preferred drugs	30% after deductible	No Coverage	30% after deductible	No Coverage
Specialty drugs	20% after deductible	No Coverage	20% after deductible	No Coverage

**This is a summary of benefit highlights only. See plan document for full plan details.*

Premium Summary

Please refer to your collective bargaining agreement for employee premium share amount.

Health Insurance – High Value



\$7,000 Plan

High Value (NO MAYO) Network

In-Network Out-of-Network

Deductible Type		
Deductible Type	Embedded	
Overall Deductible		
Individual	\$7,000	\$10,000
Family	\$14,000	\$20,000
Out-of-Pocket Limit		
Individual	\$7,000	\$15,000
Family	\$14,000	\$30,000
After Deductible is met, you owe		
Office visit for injury/illness	0% after deductible	40% after deductible
Specialist visit	0% after deductible	40% after deductible
Urgent care	0% after deductible	40% after deductible
Preventative	No Charge	40% after deductible
If you need immediate medical attention		
Emergency room services	0% after deductible	0% after deductible
Prescription Drugs		
Preferred generic drugs	0% after deductible	No Coverage
Preferred brand drugs	0% after deductible	No Coverage
Non-preferred drugs	0% after deductible	No Coverage
Specialty drugs	0% after deductible	No Coverage
<i>*This is a summary of benefit highlights only. See plan document for full plan details.</i>		

Premium Summary

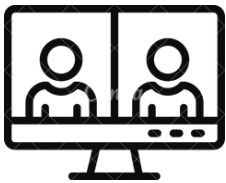
Please refer to your collective bargaining agreement for employee premium share amount.



Clinic Hours

House Visits: Weekdays 8am-7pm
Virtual Visits: Weekdays 8am-7pm,
Weekends 10am-2pm

Health care, like it should be.



Virtual Care First

- ✓ Diagnose
- ✓ Prescribe
- ✓ Treatment
- ✓ Peace of Mind



Rx Refills & Delivery

Prescription management,
Free Rxs, and delivery.



House Visits

When in-person care is needed,
our clinicians come to you.

- ✓ In-Home Labs
- ✓ In-Home Exams
- ✓ In-Home X-Rays
- ✓ In-Home Acute Care



Mobile App

Secure, HIPAA-compliant
messaging and video chats
with expert providers.



Free Care

Employees and their families
receive unlimited free care
on demand.

KaviraHealth.com



We offer:

Acute Care

- Asthma
- Athlete's foot
- Bronchitis
- Bug bites
- Cold sores
- Cough, cold & flu
- Diarrhea
- Ear concerns (pain, drainage, wax)
- Gout flare up
- Insomnia
- Hand, foot, mouth
- Muscle or joint pain
- Pink eye
- Rashes, skin conditions
- Burns
- Sprains and strains
- Sinus infection
- Sore throat
- Stitch removal
- UTI (female)
- Vaginitis (yeast or BV infection)
- Various viral illnesses
- Wart evaluation
- Many more

Chronic Care

- Acne
- Anemia (mild) evaluation
- Anxiety / Mild-moderate depression
- Asthma
- Constipation
- Diabetes type 2
- Eczema
- Epi-pen refills
- Gout
- Hair Loss
- Heartburn (GERD)
- High cholesterol
- Hypertension
- Hypothyroidism
- Obesity
- Osteoarthritis
- Seasonal allergies

Wellness Services

- Wellness exams
- Sports physicals
- Contraception
- Tobacco / nicotine cessation
- Wellness goals

Diagnostics

- X-rays (non-emergency)
- EKGs
- Lab Tests

Member Services

- 30 Free Labs
- 350+ free Rx's*

This is not a comprehensive list of treatable conditions. Decisions to treat specific medical conditions will be based on patient medical history, complexity, and provider discretion.

*Some labs may cost extra. Acute Rx's at a pass-through rate for HSA-eligible members. Visit www.kavirahealth.com/labsandmeds to learn more

How do I learn more about the free labs and medications?

Visit our website at www.kavirahealth.com/labsandmeds

Who are my providers?

We have a team of Board-Certified Nurses and Nurse Practitioners. Our providers have specialties in family medicine, urgent care, pediatrics and behavioral health.

Who in my family can use this?

Your spouse and children (under the age of 26). If they are under the age of 18, we ask that you use the app and handle communication with providers. If they are between the ages of 18-26, we ask that you provide us with their information so that we can get them into our system.

I don't have a smartphone

No problem! Give us a call or send us a text at (763) 373-3856. Or access our clinic through your browser.

Dental Insurance



Low Dental Plan

In-Network

Basic Information	
Deductible Per Person	\$25
Deductible Per Family	\$75
Deductible Waived for Preventative	Yes
Calendar Year Maximum Per Covered Person	\$800
Benefit Coverage	
Diagnostic & Preventative	80%
Routine and Restorative Care	50%
Major Restorative Services	50%
Orthodontia	
Orthodontia Lifetime Maximum	N/A
Orthodontia Coverage Age	N/A
Other Features	
Waiting Periods	No waiting periods
Dependent Child Coverage Age	Until Age 26
<i>This is a summary of benefit highlights only. See plan document for full plan details.</i>	



High Dental Plan

In-Network

Basic Information	
Deductible Per Person	\$25
Deductible Per Family	\$75
Deductible Waived for Preventative	Yes
Calendar Year Maximum Per Covered Person	\$1,000
Benefit Coverage	
Diagnostic & Preventative	100%
Routine and Restorative Care	80%
Major Restorative Services	50%
Orthodontia	
Orthodontia Lifetime Maximum	\$1,000 Per Person
Orthodontia Coverage Age	Dependent Child Only; To Age 19
Other Features	
Waiting Periods	No waiting periods
Dependent Child Coverage Age	Until Age 26
<i>This is a summary of benefit highlights only. See plan document for full plan details.</i>	

Vision Insurance



MetLife

Voluntary Vision

In-Network

Basic Information

Eye Exam	Covered 100% after a \$10 Copay
Contact Lens Evaluation & Fitting	Covered 100% after a \$10 Copay

Lenses

Standard Plastic Lenses	Covered 100% after a \$10 Copay
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Frames

Standard Frames	Up to \$200 Allowance
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Contact Lenses

Elective Contact Lenses - Non-Collection	Up to \$200 allowance
Medically Necessary Contact Lenses	Covered 100% after a \$10 Copay

Frequency of Services

Exams	12 months
Frames	12 months
Lenses	12 months
Contact Lenses	12 months (in lieu of eyeglass lenses)

This is a summary of benefit highlights only. See plan document for full plan details.

Premium Summary

Contract Type	Monthly Employee Premium 2025
Employee Only	\$7.70
Employee + Spouse	\$15.38
Employee + Child(ren)	\$14.56
Family	\$23.75

> VEBA

What is a health reimbursement arrangement (VEBA)?

A benefit provided by your employer that sets money aside for you to spend on eligible healthcare expenses. Depending on how your employer set up your VEBA, you may have access to all or some of your funds at the beginning of the year. And you may be able to spend your funds on your spouse or dependents.

What does it cover?

There are thousands of eligible items, including:



Doctor visits and surgeries



Over-the-counter medications



Prescription drugs



Dental and orthodontia



Vision expenses

How do I get the most from my VEBA?

Spending funds

You can use your VEBA dollars on eligible healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Simply swipe your debit card at the point of purchase.

Online account and mobile app

You can log in to your online account or mobile app 24/7 and review your VEBA balance and submit out-of-pocket claims for reimbursement.

Text alerts

Sign up for text alerts in your online account and stay on top of your VEBA balance and debit card transactions.

> VEBA

What is a health reimbursement arrangement (VEBA)?

A benefit provided by your employer that sets money aside for you to spend on eligible healthcare expenses. Depending on how your employer set up your VEBA, you may have access to all or some of your funds at the beginning of the year. And you may be able to spend your funds on your spouse or dependents.

What you need to know about your VEBA:

Funding

As soon as your employer funds the account, the money belongs to you. Active employees and early retirees enrolled in the group medical plan may receive a base VEBA benefit of \$900 per year at \$75 per month.

Additional Funding

Eligible participants can earn an additional VEBA contribution of up to \$900 annually through the district sponsored wellness program.

Total Funding

Between the \$900 base contribution and the wellness program incentive, eligible members can receive up to \$1,800 into their VEBA annually.

Reimbursement

VEBA funds can be used to pay for eligible medical expenses now or later, even in retirement.

Taxation

You don't pay taxes on account contributions, interest earned or on qualified withdrawals.

Growth

Your money can earn interest tax-free, from day one. After your Base Balance reaches \$1,000, you can open a basic investment account with access to 30+ mutual funds.

Flexible Spending Accounts



What is a Flexible Spending Account (FSA)?

- Flexible Spending Accounts are personal expense accounts that allow you to set aside a portion of your salary pre-tax and use that money for eligible expenses. Using pre-tax dollars on those eligible expenses allows you to save 10 to 40% on these eligible costs, depending on your tax bracket.¹
- You have two types of Flexible Spending Accounts available to you as an employee of Red Wing Public Schools:
 - Health Flexible Spending Account
 - Dependent Care Flexible Spending Account
- The district’s Flexible Spending Accounts are administered by **WEX**.

<p>Have questions?</p> <p>Our Participant Services team is available Monday - Friday 6:00 a.m. to 9:00 p.m. Central time.</p>	<p>Questions when enrolled: 1-866-451-3399 Questions before you enroll: 1-844-561-1337 Email a question: customerservice@wexhealth.com Submit a form: forms@wexhealth.com Live chat: go to www.wexinc.com, hover over Solutions and select Participants/Employees.</p>
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¹ Depends on your income tax bracket. Consult a tax advisor for more information.

Medical FSA

Why should I choose a medical flexible spending account?

A medical FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses. This saves you money by reducing your taxable income.



Funds on Day 1

Schedule that surgery, buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away. Use your benefits debit card at the point of purchase.



Discount

Think of it like a discount on healthcare expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a \$100 purchase would actually cost you over \$130 without a medical FSA.*



Plan ahead

Think about the money you spent on healthcare expenses last year. Plan ahead and set those funds aside in a medical FSA and save 30%.*

*Based on a 30% tax bracket.

What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, etc.

View our interactive eligible expense list at

www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a health savings account (HSA).



Fast fact

Don't know how much to elect? Determine how much you spent on healthcare expenses last year and estimate the amount you'll spend this year using our eligible expense list. Any funds you contribute to the medical FSA must be spent by the end of the plan year.

> Flexible Spending Account

Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to a medical FSA. The annual contribution limit is \$3,400. We recommend reviewing how much you spend on eligible healthcare expenses every year to determine how much to elect.



Funds on day 1

All of your FSA dollars are available on the very first day of the plan year. For example, if you choose to contribute \$1,200 to your FSA, your contributions will be deducted evenly across all of your paychecks for the year, but you have access to all \$1,200 on day 1! You can use your funds for expenses incurred by you, your spouse or eligible dependents.



Use-or-lose

Don't forget to spend your FSA dollars. You will forfeit any money left in your account at the end of the plan year. (Check with your employer to confirm how many days you have to submit claims for reimbursement after the plan year ends.)

Changing your FSA election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event.

These events include:

- Change in marital status
- Change in the number of dependents
- Increase due to birth, adoption or marriage
- Decrease due to death, divorce or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse or dependent employment status

If you experience a qualifying life event, contact your employer to make changes to your election.

> Dependent Care FSA

Why should I choose a dependent care FSA?

A dependent care FSA allows you to put aside a portion of your paycheck before taxes for eligible dependent care expenses each year.



Save money

The dependent care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.



Save strategically

Submit all of your dependent care expenses at the end of the plan year for one lump sum reimbursement to give yourself a hard-earned "bonus".

Fast Fact

For recurring costs, submit our Recurring Dependent Care Form. It makes claim filing simple because you only need to submit one form once in order to get reimbursed each pay period. You can find the form on the back of this handout.

What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care



DCA Open Enrollment (video)

View our interactive eligible expense list at www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.

> Dependent Care FSA

Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to a dependent care flexible spending account (dependent care FSA). The annual contribution limit is:

Per household: \$7,500

Per person (if married and filing separately): \$3,750

Although most people incur more than the limit per year, we recommend reviewing how much you spend on eligible dependent care expenses every year to determine your election.



Funds available as you contribute

Funds will be available to you as they're deducted from your paycheck and contributed to the plan. This means when payroll is processed and your paycheck is available to you, your dependent care FSA contributions will be applied to your account and available for reimbursement.



Use-or-lose

Don't forget to spend your FSA dollars. If you have not used all of your FSA dollars before the end of the plan year, you will forfeit any money left in your account. (Check with your employer to confirm how many days you have to submit claims for reimbursement after the plan year ends.)



Fast Fact

A great way to set it and forget it is to use our Recurring Dependent Care Form that allows you to submit one claim for the entire year and you will be reimbursed after each payroll.

Changing your dependent care FSA election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event. These events include:

- Change in marital status
- Change in the number of dependents
- Increase due to birth, adoption or marriage
- Decrease due to death, divorce or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse or dependent employment status
- Change in daycare providers
- Child turning age 13
- Increase or decrease in the cost of qualifying daycare expenses
- Judgement, decree or order requiring a change in coverage

If you experience a qualifying life event, contact your employer to make changes to your election.

Life Insurance



MetLife

Basic Life and AD&D

Basic Information	
Life Benefit Amount	Please refer to your collective bargaining agreement for Life Benefit Amount
Guarantee Issue Amount	100% of Life Benefit
AD&D Benefit Maximums	
Loss of Life	100% of Life Benefit
Other Loss	Percentage of Life Benefit Amount, Depending on Type of Loss
Other Features	
Waiver of Premium	Included
Accelerated Benefits	Included
Portability	Included
Conversion	Included
Reduction Schedule	35% at age 65 50% at age 70
<i>This is a summary of benefit highlights only. See plan document for full plan details.</i>	
Premium Summary	
This is an employer paid benefit	

Voluntary Life Insurance



MetLife

Voluntary Life and AD&D

Basic Information	
Employee Life Benefit Amount	Up to \$500,000 in \$5,000 increments
Spousal Life Benefit Amount	Up to \$250,000 in \$5,000 increments
Dependent Child(ren) Life Benefit Amount	\$10,000
Guarantee Issue	
Employee Amount	\$150,000
Spousal Amount	\$30,000
Dependent Child(ren) Amount	\$10,000
AD&D Benefit	
Employee Amount	Matching Elected Life Benefit
Spousal Amount	Matching Elected Life Benefit
Dependent Child(ren) Amount	Matching Elected Life Benefit
Other Features	
Waiver of Premium	Included
Accelerated Benefits	Included
Portability	Included
Conversion	Included
Reduction Schedule	No reduction schedule
<i>This is a summary of benefit highlights only. See plan document for full plan details.</i>	

Voluntary Life Insurance Rates

Employee	
Age	Monthly Premium per \$1,000 of Benefit (Includes \$0.02 rate for AD&D)
Under 25	\$0.055
25-29	\$0.055
30-34	\$0.061
35-39	\$0.081
40-44	\$0.111
45-49	\$0.165
50-54	\$0.245
55-59	\$0.403
60-64	\$0.530
65-69	\$0.972
70-74	\$1.643
75+	\$1.643

Spouse	
Age	Monthly Premium per \$1,000 of Benefit (Includes \$0.02 rate for AD&D)
Under 25	\$0.055
25-29	\$0.055
30-34	\$0.061
35-39	\$0.081
40-44	\$0.111
45-49	\$0.165
50-54	\$0.245
55-59	\$0.403
60-64	\$0.530
65-69	\$0.972
70-74	\$1.643
75+	\$1.643

Child Life (\$10,000 Benefit)
\$1.56 Per Family

Long Term Disability

Long Term Disability



Employer Paid Long Term Disability

Basic Information	
Benefit Percentage	66.6%
Monthly Benefit Maximum	Please refer to your collective bargaining agreement for Monthly Benefit Maximum
Monthly Benefit Minimum	\$100
Elimination Period (Number of days you must be disabled prior to collection of benefits)	90 days
Benefit Duration	
Own Occupation	24 months
Any Occupation	Social Security Normal Retirement Age
Specific Disability Provisions	
Chemical Dependency	24-Month limitation
Mental/Nervous	24-Month limitation
Other Features	
Return to Work Incentive	Included
Waiver of Premium	Included
Survivor Benefit	Included
Social Security Integration	Yes – Full Family
Conversion	Not Included
<i>This is a summary of benefit highlights only. See plan document for full plan details.</i>	



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