



Advocacy. Tailored Insurance Solutions. Peace of Mind

2021 Open Enrollment

Presented by | SilverStone Group,
a HUB International Company



Table of Contents

1. [Open Enrollment Time line](#)
2. [What is New? What is Staying the Same?](#)
3. [Health Plan Terms/Definitions](#)
4. [Annual Maximums for Health Plans](#)
5. [Medical Plan Comparison Chart](#)
6. [Prescription Drugs](#)
7. [Medical FSA/Dependent Care Accounts](#)
8. [Supplemental Benefits](#)
9. [2021 Health Plan Decisions](#)
10. [Why Choose a High Deductible Health Plan?](#)
11. [Health Savings Accounts](#)
12. [Why Choose a PPO Health Plan"](#)
13. [CHI High Deductible Health Plan](#)
14. [Nebraska Health Network \(NHN\) High Deductible Health Plan](#)
15. [Out of Network CHI/NHN](#)
16. [Teladoc – Telehealth Services \(General Medical, Dermatology, Mental Health\)](#)
17. [Aetna Support \(Concierge, Aetna Advocate, Pharmacy Benefits\)](#)
18. [Reminders \(Wellness Program, Beneficiaries\)](#)

**Click on a link from the
Table of Contents to jump
to a section of interest.**

2021 Open Enrollment Timelines and Key Dates

Open Enrollment Begins in early November and will end on November 20, 2020

- Benefits elections become effective January 1, 2021
- Coverage period: January 1, 2021 to December 31, 2021
- First district HSA contribution: January 8, 2021 payroll salaried staff*
January 13, 2021 payroll hourly staff*
- Second district HSA contribution: September 10, 2021 payroll salaried staff*
September 8, 2021 payroll hourly staff*

*Please allow four to five business days for processing of HSA contributions

2021 Open Enrollment

What's *NEW* or Changing?

- Aetna Prescription Drug Formulary Change to Advanced Control Plan
 - Impacted participants and their physician will be sent letters from Aetna later in November
- Updated Teladoc Fees
- Updated HSA and Medical FSA annual contribution limits

What's Staying the Same?

- Can still select from HDHP or PPO plan options
- CHI HDHP or Nebraska Health Network (NHN) HDHP
- Medical plan designs
- District HSA contributions and use of debit card for HSA Bank
- Dental/Vision/Life/Disability

Health Plan Terms/Definitions

Copayment

- A fixed fee you pay for medical services such as an emergency room copayment and prescription drug copayments. These amounts count toward maximum out of pocket, but not deductible

Deductible

- The amount you pay for covered medical expenses **before** the medical plan pays for covered services. The deductible amount you pay is less if see an in-network provider

Health Plan Terms/Definitions (cont'd)

Embedded deductible (PPO Option):

- If you have Family coverage (two or more covered) there are two types of deductible amounts within one plan; single and family
- The single deductible is embedded in the family deductible, so no one family member can contribute more than the single amount toward the family deductible. Once the member meets their single deductible, the plan will start paying for covered services at the coinsurance level, plan pays 75%, member pays 25% until the out-of-pocket maximum is met.

Aggregate deductible (HDHP Options):

- The **total** family deductible must be paid before health insurance starts paying for the healthcare services incurred by any family member

Health Plan Terms/Definitions (cont'd)

Premium

- The amount taken out of each paycheck to pay for health insurance

Coinsurance

- The shared payment between the health plan and covered member. The percentage of costs you pay after you have met the deductible. The medical plan will pay a higher percentage of the cost if you see an in-network provider

Out-of-pocket maximum

- The most money you can expect to pay for covered expenses during a calendar year. Once the out-of-pocket maximum is reached, the plan pays 100% for eligible expenses for the remaining calendar year. The deductible amount you pay applies to the out-of-pocket

The Annual Maximum Amount You Will Pay

- All Millard medical plans have an out-of-pocket maximum
- If you are enrolled in the Traditional PPO Plan, you will continue to pay a coinsurance once you meet the deductible until the out-of-pocket is reached
 - Example: If you have a 25% coinsurance, **after** your deductible is reached, you still pay 25% of your bill. So a \$150 office visit will still have \$37.50 owed
- All HDHP plans have no coinsurance so once you meet the deductible, you have also met your out-of-pocket on these plans for the entire plan year
 - Example: With an HDHP, **after** your deductible is met, your \$150 office visit will be completely paid and you will not owe anything

Medical Plan Options In-Network Comparison

	CHI HDHP (Narrow Network)	NHN HDHP (Narrow Network)	Standard HDHP Broad Network	Traditional PPO Broad Network
Deductible	Single \$3,100 Family \$6,200	Single \$3,100 Family \$6,200	Single \$3,700 Family \$7,400	Single \$1,050 Family \$2,100
Family Deductible Type	Aggregate	Aggregate	Aggregate	Embedded
Primary Care Physician	Deductible	Deductible	Deductible	Deductible/ Coinsurance
Specialist	Deductible	Deductible	Deductible	Deductible/ Coinsurance
Routine/Preventive Care Services	100%	100%	100%	100%
Coinsurance	100%	100%	100%	75%
Out-of-Pocket Maximums	Single \$3,100 Family \$6,200	Single \$3,100 Family \$6,200	Single \$3,700 Family \$7,400	Single \$5,000 Family \$10,000
HSA Contributions	Single \$1,100 Family \$2,200	Single \$1,100 Family \$2,200	Single \$1,100 Family \$2,200	N/A

*Refer to the Schedule of Benefits for out-of-network benefits

In-Network Prescription Drug Benefits

- Aetna Formulary Change effective January 1, 2021
- To review a list of covered drugs, access the Advanced Control Plan Formulary list by accessing <https://www.aetna.com/individuals-families/find-a-medication/2021-advanced-control-plan.html>
- For questions about your prescription benefits, call the number on your Aetna Member ID card
- If your doctor needs to request precertification, they can contact Aetna at 1-855-240-0535

Prescription Drug Benefits (up to a 30-day supply in-network*)	CHI HDHP (Narrow Network)	NHN HDHP (Narrow Network)	Standard HDHP Broad Network	Traditional PPO Broad Network
Generic Drug	Subject to deductible	Subject to deductible	Subject to deductible	\$25 copay
Formulary Brand Name Drug	Subject to deductible	Subject to deductible	Subject to deductible	\$80 copay
Non-Formulary Brand Name Drug	Subject to deductible	Subject to deductible	Subject to deductible	\$110 copay
Specialty Drugs	Subject to deductible	Subject to deductible	Subject to deductible	\$175 copay

*Refer to the Schedule of Benefits for out-of-network benefits/90-day supply

Medical FSA/Dependent Care Accounts

Medical FSA

- If you decline health benefits or choose the traditional PPO health plan, you can contribute up to \$2,750 to an FSA on a pretax basis
- Qualified medical expenses are those incurred by you and your legal spouse and/or all dependents you claim on your tax return

Dependent Care FSA

- Contribute up to \$5,000 annually pretax for qualifying dependent care expenses
- Children must be under the age of 13 and someone you can claim expenses on Federal income tax form 2441 “Credit for Child and Dependent Care Expenses”

Funds must be spent by December 31 or the funds will be forfeited

Debit cards will not be issued and are no longer valid

***Reminder you must substantiate expenses via the Discovery Benefits web portal or mobile app**

Supplemental Benefits

Dental

- You may elect dental benefits

Vision

- You may elect vision benefits

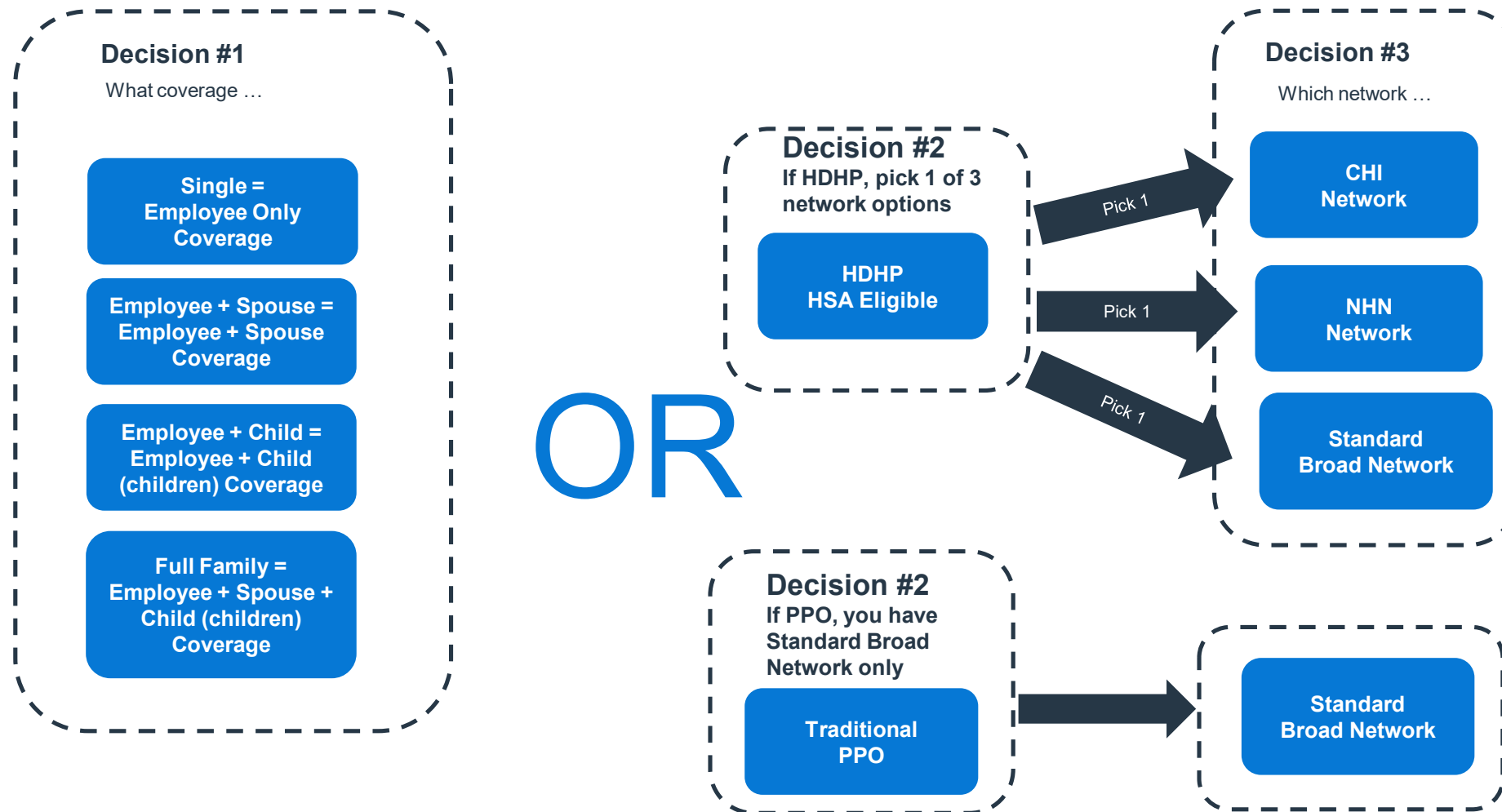
Life Insurance

- You may choose to request or remove supplemental life insurance at any time during the year subject to underwriting
- Email your requests to mpsbenefitsq@mpsomaha.org

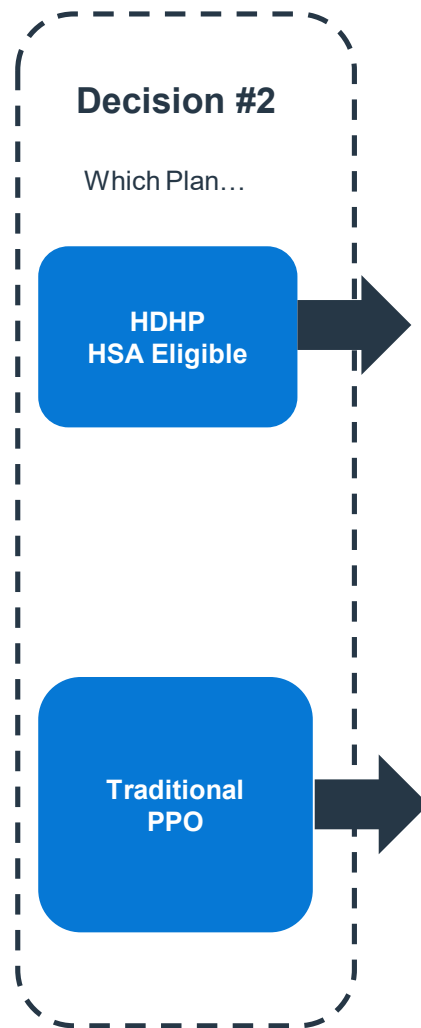
Long-Term Disability

- Coverage remains the same

2021 Health Plan Decisions



Decision #2: Pick a Plan



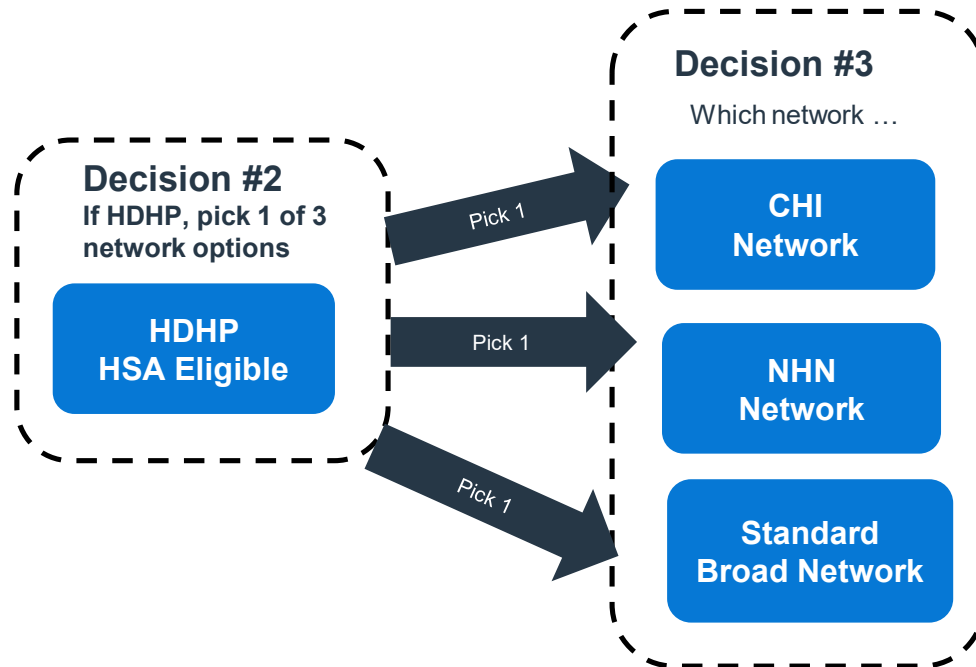
HDHP

- District contributes \$1,100 single coverage and \$2,200 to employee + child/employee + spouse/family coverage
- This plan means you will have to satisfy the plan deductible before the insurance plan pays anything
- You can contribute toward an HSA
- Setting up an HSA allows you to set aside money pretax to pay for qualified medical expenses

PPO

- A network of providers who have agreed to contracted rates for their services; called in-network providers
- Lower copays, deductibles and out of pockets if in-network providers are utilized
- Out-of-network benefits are still available for **non**-participating providers

Decision #3: If You Picked the HDHP Option, You Need to Select a Network



Overview of Network Options

- Includes CHI and Children's Hospital
- Includes Nebraska Health, Methodist Hospital and Children's
 - CHI and NHN specific discounts; overall 8% to 10% better discounts than Standard Broad Network
- Wide area Network incorporating all Aetna in-network providers; not restrictive to a single health system

Why Choose an HDHP?

An HDHP works well for

- Savers – want access to an HSA
- Low utilizers of healthcare – “safety net” for medical emergencies but do not see a doctor that often
- Frequent utilizers of healthcare – once you meet your deductible; plan pays 100%

Other advantages of HDHP

- Lower premiums – the higher the deductible, the less you pay for coverage
- Premium savings can be set aside in an HSA for future expenses

What Is a Health Savings Account (HSA)?

- An HSA is a tax-advantaged account that is owned and managed by you used to pay for eligible medical, prescription drug, dental and vision expenses
- There is no limit on the maximum accumulation
- Unspent balances remain in the account until spent/the unused contributions carry over each year
- Funds roll over from year to year and never expire.
- There are no “use it or lose it” rules
- If you leave employment, HSA account goes with you (you own the account)
- The HSA Account is administered by HSA Bank

HSA Advantages

With an HDHP, **if you are eligible**, Millard contributes **FREE** money to an HSA for you. You will receive two-thirds of your HSA contribution in January and one-third of your HSA contribution in September. The single District contribution is **\$1,100** and any of the three family levels is **\$2,200**

***HSA benefits**

- Employee contributions are pretax and the contribution also lowers your taxable income
- You are not taxed when you spend your HSA funds on qualified medical expenses
- AND, you are earning interest that is not taxed

***Even more advantages!**

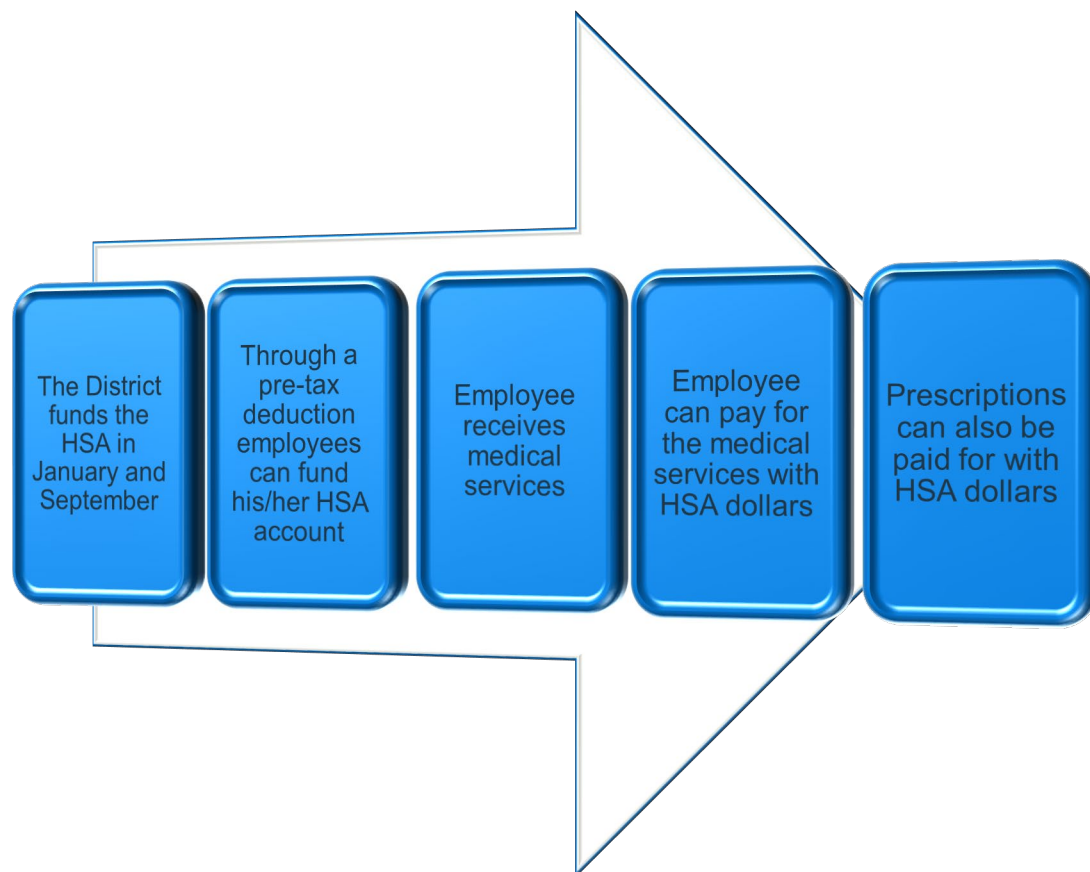
You do not have to submit receipts for approval but you do want to keep them to prove you are spending HSA funds on eligible expenses in case you are audited by the IRS

Funds left over at the end of the calendar year rollover, you do not lose them

It's your money. The money in your HSA account is yours even if you retire or leave employment

Reimburse yourself for out-of-pocket qualified expenses from your HSA tax free like orthodontia and vision

How Does the HDHP/HSA Work?



- HSA dollars in account may be withdrawn to pay for services applied to the deductible and other qualified expenses
- HSA funds can also be used for non-health plan expenses such as dental, orthodontia, and eye glasses
- Through the HSA Bank web portal, you can keep track of expenses and print tax forms easily

Who is Eligible for an HSA?

- Must be covered by an HDHP
- Cannot be enrolled in Medicare or Tricare
- Cannot be covered by Indian Health Services
- Cannot receive medical benefits from the Veterans Administration (VA) for non-service-connected disabilities in the previous 3 months
- Cannot have other medical coverage under a non-qualified HDHP
- Cannot be claimed as a dependent on someone else's tax return
- Spouse cannot participate in a traditional FSA or Health Reimbursement Account (HRA)

NOTE: Neither you or your employer can contribute to an HSA if any of these apply.

Why Choose a PPO Plan?

- The traditional PPO plan may be a choice for people willing to have larger deductions from their paychecks for premium in exchange for lower out-of-pocket costs
- If you or your family utilize medical/prescription drug benefits frequently or have chronic/serious health conditions. Your deductible is lower and you have copayments for prescription drugs
- The traditional PPO plan will have higher premiums

Importance of Using In-Network/Participating Providers

Using in-network providers leads to cost savings

You benefit in two ways

Reduced out-of-pocket costs:

- In-network providers have agreed to discount or reduce their fees for you as a plan member. An out-of-network provider doesn't have an agreement with the insurance company, and so you may be responsible for a portion of the out-of-network doctor's or hospital's billed charges

No balance billing:

- An out-of-network provider may bill you, called "balance billing," for the difference between the provider's billed charge and the amount paid by the insurance company

Aetna Whole Health – CHI Health Accountable Care Network



- **Led by your primary care doctor, your care team's goal is to:**
- Help keep you healthy or improve your health
- Better coordinate your care
- Spot problems and build personalized care plans to treat you
- Encourage you to play an active and informed role



Aetna Whole Health – CHI Health Accountable Care Network

aetna®



Aetna Whole Health – CHI Health Accountable Care Network

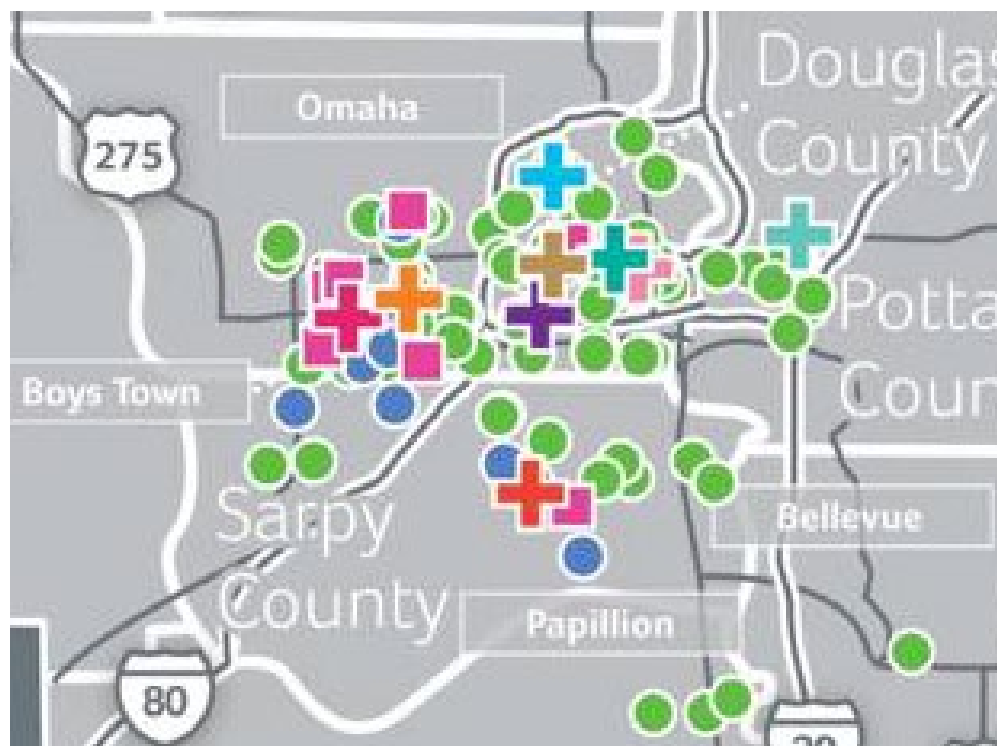
However, there are
significant potential
benefits of choosing a
limited network:

- 1 HDHP Deductibles are lower in the CHI Network option & premiums may be lower.
- 2 Access to medical records and the ability to schedule appointments online.
- 3 Costs of medical procedures may be lower because of cost containment within a single network.
- 4 Population coaches to assist in managing your health and chronic conditions.
- 5 24/7 virtual care visits by phone or video

If you already see a doctor in the CHI network or would be willing to switch to a CHI doctor this plan might work for you.

**A more limited network does restrict which doctors
will be covered for in-network services**

CHI Health Accountable Care Network Coverage Area



✚ Hospitals ● Primary care offices ● Urgent care facilities ■ Quick Care facilities



Omaha and Council Bluffs:

- 201 CHI PCPs
- 751 CHI Specialists
- 254 Independent PCPs
- 1,031 Independent Specialists
- 5 CHI Hospitals

Comprehensive Care Options:

Millard Public Schools partnered with NHN to create a comprehensive insurance network for employees

Millard
PUBLIC SCHOOLS

NEBRASKA
HEALTH
NETWORK

METHODIST
Nebraska
Medicine

aetnaSM

Nebraska
Medicine

Ortho
Nebraska

METHODIST

MSH MIDWEST
SURGICAL HOSPITAL
PROUDLY PHYSICIAN OWNED

Children's
HOSPITAL & MEDICAL CENTER
OMAHA

NEBRASKA HEALTH NETWORK



**A more limited network
does restrict which doctors
will be covered for
in-network services**

Led by the physicians and health systems of your community.

- 1 More than **1,700** primary care and specialty physicians, **11** urgent care centers, more than **70** clinics and **8** hospitals.
- 2 HDHP Deductibles are lower in the NHN Network option.
- 3 Premiums may be lower.
- 4 In a preferred network like NHN, **you save money when you keep your care within the network.**
- 5 Proactive management of care to ensure you are current on preventive screenings, are actively taking your medication,

However, there is
potential for
significant benefits
of choosing a limited
network

*Nebraska Health Network unites two leading health systems in Omaha – Methodist Health and Nebraska Medicine. NHN includes **Children’s Hospital and Physicians, Methodist Women’s Hospital, Midwest Surgical Hospital, OrthoNebraska**, to list a few. NHN also includes many leading independent physician groups.*

If you already see a doctor in the NHN network or would be willing to switch to a NHN doctor this plan might work for you.



- **Council Bluffs**
933 E. Pierce Street
Council Bluffs, IA 51503
- **Gretna**
11946 Standing Stone Drive
Gretna, NE 68028
- ✚ **Methodist Hospital**
8303 Dodge Street
Omaha, NE 68114
- ✚ **Methodist Women's Hospital**
707 N. 190th Plaza
Omaha, NE 68022
- ✚ **Methodist Jennie
Edmundson Hospital**
933 E. Pierce Street
Council Bluffs, IA 51503
- **Millard**
5908 S. 142nd Street
Omaha, NE 68137
- **Northwest Omaha**
10710 Fort Street
Omaha, NE 68134
- **South Omaha**
3353 L Street
Omaha, NE 68107



- **Bellevue Medical Center**
2510 Bellevue Medical
Center Drive, Suite 200
Bellevue, NE 68123
- **Chalco Health Center**
8343 S. 168th Ave.
Omaha NE 68136
- **Eagle Run Health Center**
3685 N. 129th Street
Omaha, NE 68164
- **Midtown Health Center**
139 S. 40th Street
Omaha NE 68131
- ✚ **Nebraska Medical Center**
4350 Dewey Ave.
Omaha, NE 68105
- **Plattsmouth Care Center**
1938 E. HWY 34
Plattsmouth, NE 68048



- **Dundee**
4825 Dodge Street
Omaha, NE 68132
- **Val Verde**
9801 Giles Road, Suite 1
La Vista, NE 68128
- **West Village Pointe**
110 N. 175th Street
Suite 1000
Omaha, NE 68118
- ✚ **Children's Hospital and
Medical Center**
8200 Dodge Street
Omaha, NE 68114



- **Orthopaedic OakView 144th**
2725 S. 144 Street
Suite 110
Omaha, NE 68144
- **Orthopaedic Sarpy, County,
Gold Coast Drive**
754 Gold Coast Drive
Suite 105
Papillion, NE 68046
- ✚ **OrthoNebraska Hospital**
2808 S. 143rd Plaza
Omaha, NE 68144



- ✚ **Midwest Surgical Hospital**
7915 Farnam Drive
Omaha, NE 68114

✚ Hospital ● Urgent/Immediate Care ● Outside above map

Resources Available

Up-to-date Information on Physicians and Facilities:

[Aetna.com/DocFind](https://www.aetna.com/DocFind)

Nebraska Health Network Patient Resources:

NebraskaHealthNetwork.com/Patient-Resources



Out-of-Network Dependents for Both CHI and NHN

You have options – and they do, too

If you have children going to school in another state or country, or a dependent that travels frequently for work, you can still enroll in either the CHI or NHN network and have coverage for those dependents:

- **Out-of-network option:** If your dependents live outside of the Aetna Whole Health network, but within another Aetna® network, they may still be able to see doctors in the Aetna network where they live
- **Out-of-area option:** If your dependents live outside of the Aetna Whole Health network or any similar Aetna network, they may still get access to one of our national preferred provider networks

Just keep these points in mind

- Employees should let MPS Human Resources know within 30 days when their dependent moves out of or back into the CHI or NHN service area
- The dependent will get their own member ID card – so they won't appear on their family's ID card
- Aetna will track the dependent's deductibles and cost shares based on their plan design, not the employee's
- There is not a separate premium charged for dependents outside of the employee's premium for dependents on an out-of-area option



Teladoc[™]
HEALTH

made available through
♥ aetna[™]

Teladoc: Your Comprehensive Virtual Care Solution

♥ aetna[™]

General Medical can be used for



Pediatric care for ages two years or older



If there's **no time** for an office visit



If you need a short-term **prescription refill***



If your **doctor is unavailable**



If **distance** makes an office visit difficult



If you're on **vacation** or a **business trip** in the U.S.

* Rx limited to two refills for the same diagnosis in a year.

Dermatology: Quick, reliable access to skin specialists

Access to board-certified dermatologists via web or app

Treats acute or ongoing skin conditions like psoriasis, skin infection, rosacea, and more

Images shared to receive a diagnosis within two business days

Providers can prescribe approved medications

Follow-up with the doctor within 7 days after the visit



Mental Health: Confidential, ongoing support

Patients select their choice of board-certified psychiatrists, licensed psychologists, therapists or counselors*

Talk to the same therapist on-going for anxiety, eating disorders, depression, grief, family difficulties, and more

Available 7 days a week,
from 7am–9pm local time, by video

Receive discreet and confidential support from
wherever the member
is most comfortable

*Mental Health Care is available to members who are 18 and older.



Cost of visits

General Medical

HDHP \$47 Consult Fee

(Until deductible is met, then subject to coinsurance)

PPO \$47 copay

Dermatology

HDHP Dermatologist:

\$75 per visit (Includes follow-up within 7 business days)

PPO Specialist office visit copay
per visit

Mental Health

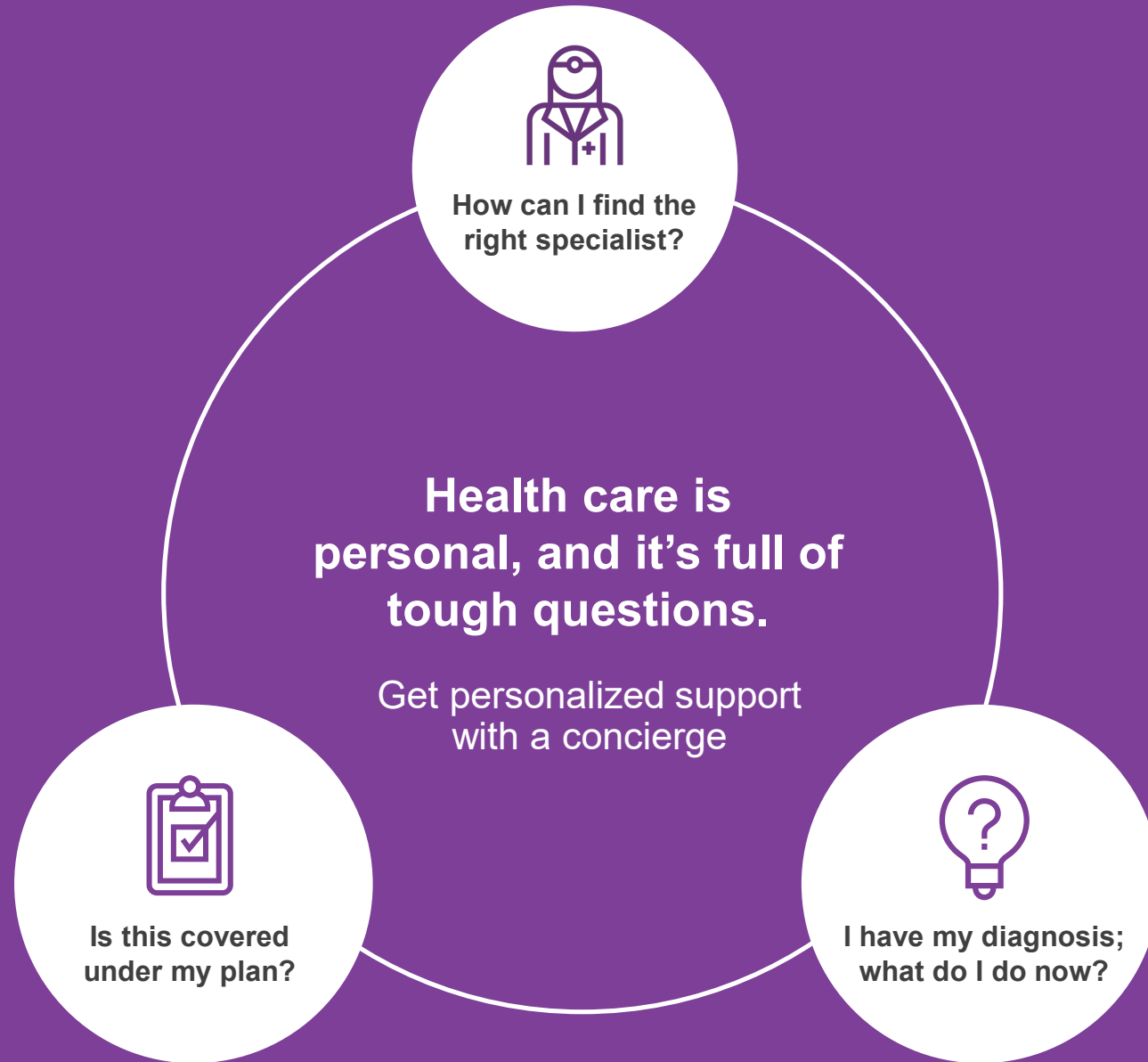
HDHP Psychiatrists:

\$190 per initial diagnostic evaluation
\$95 per on-going session

HDHP Non-MD Providers: Therapists

\$85 per session

**PPO Mental health
outpatient copay**
per session



Aetna Concierge is here with answers.

Health information is a phone call away

Surgery recovery

Condition support

Maternity program

Health advice
on any topic **(24/7)**



A new level of support to help you achieve your health ambitions

Aetna One® Advocate

Your dedicated advocate team is here to ease the burdens of managing your health, and your benefits. The best part — available at no cost to you.

And, the same advocate stays with you through issue resolution — getting to know you and your family along the way.



**Puts together a personal care plan
dedicated to you**



Schedules appointments with your doctor



Helps set goals that are right for you



**Works with you to help resolve claim
inquires or billing issues**

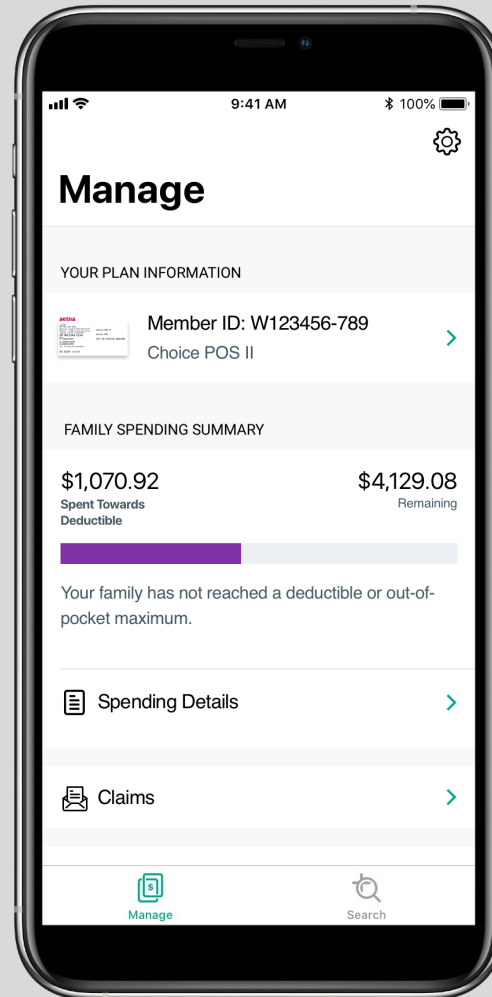


**Checks in to see how you're doing
when it's convenient for you
and when you need us most**



**Connects you with resources in
your community**

The Aetna HealthSM app



App screens are a composite of real situations.
All names and other identifying information are fictional.

Apple, the Apple logo, iPhone and Apple Watch are trademarks of Apple, Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

Enables members to:

Manage plan — view ID card, track progress toward deductible, view and manage claims, view a summary of benefits and manage prescriptions

Connect to care — tools and information to help find, decide on and connect with care

Manage health — get recommended next best actions to help improve health

Use our website and app to make the most of **your benefits and get healthier**



Find care

Find and
compare doctors



Download digital ID cards



Cost of care

Get estimates for your
out-of-pocket costs



Track account balances
and progress toward your
deductible



View and manage claims



Quality and cost

Get coverage and
benefits information



Use information to help
make treatment decisions



Look up
symptoms, conditions
and medications

Everything you need on one website: [Aetna.com](https://www.aetna.com).

Make the most of **your pharmacy benefits**

First, see what's covered under your plan at <https://www.aetna.com/individuals-families/find-a-medication/2021-advanced-control-plan.html?plan-year=2021&plan-name=advanced-control-plan>.

Some drugs need approval for coverage.
Or, your doctor may need to prescribe another drug first for coverage (step therapy).



If you need help, just call us at the toll-free number on your ID card.

Get the best coverage when you use a network pharmacy and fill the maximum amount allowed by your plan. This is usually a 90-day supply.

After your effective date, you can log in to [Aetna.com](https://www.aetna.com) and check your drug coverage and compare costs.

Reminders

- Open enrollment ends **November 20, 2020**
- Benefit decisions will remain inforce for all of 2021 unless a qualifying event occurs
- Be sure to complete your own open enrollment form, even if declining Millard benefits or keeping them the same



2020-2021 school year

Eligible employees must

- Complete your health assessment on Aetna.com
- Schedule your health screening on the Quest Diagnostics website or download the Physician Results Form for your doctor.

To confirm completion of both requirements on the employee access center you need to complete the assessment and the screening prior to May 15, 2021. Deadline is May 31, 2021

If you complete both requirements prior to the deadline, you may qualify for a discount on your health premiums starting in September of the following school year.

Reminder: *The Wellness Program Requirements must be met each year to receive the health premium discount.*

Wellness Details

Visit the MPS website for instructions: <https://www.mpsomaha.org/departments/human-resources/benefits> and click on the Millard Wellness Program button.

Remember it is the employee's responsibility to make sure both requirements are complete.



Employees may also elect to purchase additional supplemental coverage for themselves, their spouses, and their children. Purchasing or modifying supplemental life insurance can be done at any time throughout the year.

If you are interested in adding or removing supplemental life insurance or have questions about supplemental life insurance coverage and premium reductions, please email HR at mpsbenefitsq@mpsomaha.org

Employee and spousal supplemental life insurance include premium and coverage reductions at age 70 (reduction to 50%) and age 75 (reduction to 30%).

Dependent Life eligibility requirements: Eligible Dependent Child(ren) means:

- 1) Your unmarried Child until age 19 or age 23 if a full-time student. Full-time student means a registered student in full-time attendance at an accredited educational institution, including vocational training.
- 2) Child includes a stepchild or legal ward, a Child placed in the home for adoption and/or a legally adopted Child.
- 3) Disabled Child

**To remove dependent life email mpsbenefitsq@mpsomaha.org with your request.*



Life changes often result in the need to update beneficiary information. Make sure your beneficiary information reflects your current wishes.



Add/Change Life Insurance Beneficiaries

You may change your beneficiaries at any time on the employee access center: [Employee Access Center](#)

Just log in using your employee number as the User ID.

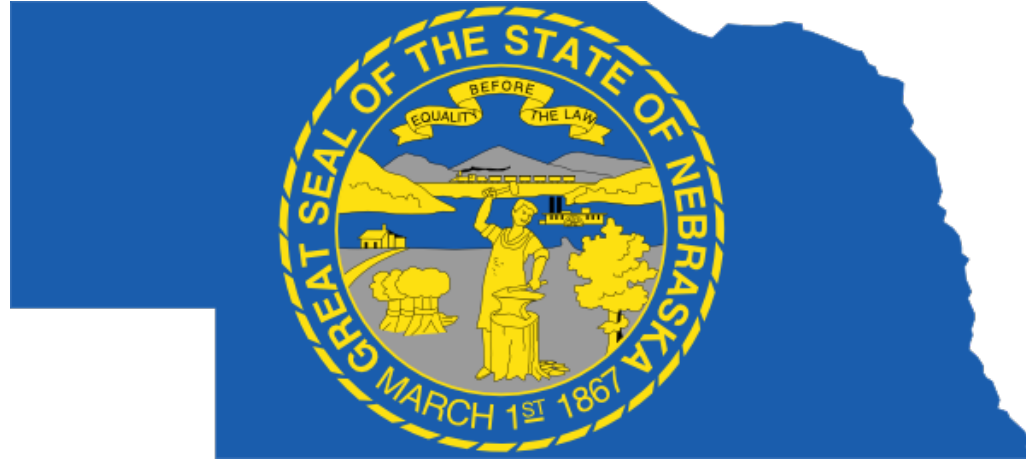
On the left-hand side, under employee tasks, click on the Deductions and Benefits link. Then click on the life insurance benefit you want to update. Overwrite your current beneficiary or click on add more beneficiaries. Enter all of the beneficiary information. You will need social security numbers and birth dates.

*For tips about beneficiaries open the life insurance folder on the MPS Website: [Tips about beneficiaries](#).

Employee Tasks:	LIFE 50,000	Active
Demographic Information	SPOUSE 25,000	Active
Certificate-Degree		
Payroll Checks		
Salary and Benefits		
Leave Information		
Continuing Education		
Print W2s		
Print 1095-Cs		
Tax Information		
Deductions and Benefits		

Beneficiaries		
Add More Beneficiaries		
First Name	Last Name	Birthd
John	Doe	1/1/1972
Contingencies and Instructions		

Contingents:			
Molly Doe	34%	3/20/1998	xxx-xx-xxxx
Polly Doe	33%	1/19/2000	xxx-xx-xxxx
Holly Doe	33%	9/28/2002	xxx-xx-xxxx



For details on choosing your beneficiary, start on page 26 of the NPERS retirement handbook: [NPERS Handbook](#)

Complete the NPERS beneficiary form and return it to NPERS. NPERS Beneficiary Form: [NPERS Beneficiary Form - Fillable Form](#)

Note: This form does require a notary signature



If you have a health savings account, you may want to add or update your beneficiaries on the HSA Bank employee portal. Just log in and under Quick Links, update your Health Savings Account Beneficiaries. For assistance, call HSA Bank 1-800-357-6246. HSA Bank log in: <https://MyAccounts.hsabank.com>

Thank you.