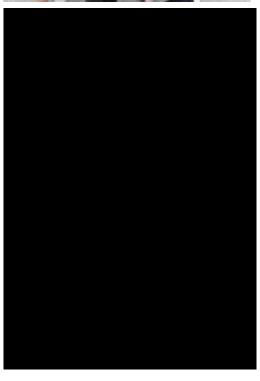


# A Guide to Your Benefits 2019







The School District of South Milwaukee offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

### **Benefit Basics**

As a School District of South Milwaukee employee, you are eligible for benefits according to your employee classification. Benefits are effective on September 1<sup>st</sup> for new teachers or first of the month following your date of hire.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- → Your legal spouse
- → Your children up to age 26.

Once your benefit elections become effective you may only change your election within 30 days of a qualified life event.

#### **Qualified Life Events**

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid
- Loss of other coverage

You must notify the Business Office within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact the Business Office within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

For more information about your benefits please contact Gaye Tonar at 414-766-5025.

### Cost of Your Benefits

The District pays the full cost of many of your benefits; you share the cost for others. You pay the full cost for any voluntary benefits you elect.

Benefit	Tax Treatment	Who Pays
Medical Coverage	Pre-tax	The District & You
Cash In Lieu of Medical Coverage	Post-tax	The District
Dental Coverage	Pre-tax	The District & You
Life Insurance	N/A	The District
Long Term Disability	N/A	The District
Flexible Spending Accounts	Pre-tax	You
403(b) Retirement Savings Plan	Pre-tax or Post-tax	You
Wisconsin Retirement System (Pension Plan)	Pre-tax	The District & You

### Medical Coverage

The District offers two medical plans administered through United HealthCare. The plans include comprehensive health care benefits, including free in-network preventive care services and coverage for prescription drugs.

al a ::	Choice Plus Plan 1		Choice Plus Plan 2		
Plan Provisions	In-Network	Non-Network	In-Network	Non-Network	
Annual Plan Cost (Employer + Employee)	Family \$24,936 Single \$10,948		Family \$24,038 Single \$10,554		
Annual Employee Premium Share	Family 16%, \$39	989 Single \$1,751	Family 13% 3,12	Family 13% 3,125 Single \$1,372	
Annual Deductible (Individual/Family)	\$750 / \$1,500	\$1,050 / \$2,100	\$1,150 / \$2,300	\$1,450 / \$2,900	
Medical Out-of-Pocket Maximum (Includes Deductible)	\$1,500/ \$3,000	\$1,800 / \$3,600	\$2,300 / \$4,600	\$2,600/ \$5,200	
Lifetime Maximum	Unli	imited	Unli	mited	
Preventive Care	100%	70% after deductible	100%	70% after deductible	
Primary Physician Office Visit	90% after deductible	70% after deductible	90% after deductible	70% after deductible	
Specialist Office Visit	90% after deductible	70% after deductible	90% after deductible	70% after deductible	
Inpatient Hospital Services	90% after deductible	70% after deductible	90% after deductible	70% after deductible	
Outpatient Hospital Services	90% after deductible	70% after deductible	90% after deductible	70% after deductible	
Urgent Care	90% after deductible	70% after deductible	90% after deductible	70% after deductible	
Emergency Room Care	\$150	\$150 Copay		Copay	
*Pharmacy Maximum Out-of-Pocket	Single \$3,600 / Family \$7,200		Single \$3,600 / Family \$7,200		
*Retail Prescription Drugs Generic Brand Preferred Brand Non-preferred	(30-day supply) \$10 copay \$35 copay \$50 copay	n/a	(30-day supply) \$10 copay \$35 copay \$50 copay	n/a	
*Mail Order Prescription Drugs Generic Brand Preferred Brand Non-preferred	(90-day supply) \$20 copay \$70 copay \$100 copay	n/a	(90-day supply) \$20 copay \$70 copay \$100 copay	n/a	

#### **Important Notes**

- This is a synopsis of coverage only; the benefits summary contains exclusions and limitations that are not shown here. Please refer to the benefits summary for the full scope of coverage.
- The plan includes 1 eye exam every other year.
- Go to www.myuhc.com to create an account to find valuable information about your health insurance and cost at various locations.
- Please review the Health Allies discount program at www.unitedhealthallies.com for information about discounts for non-covered items.
- \*Maximum out of pocket expenses for pharmacy is \$3,600 single/\$7,200 family
- CVS Pharmacy is no longer IN-NETWORK as of 1/1/2018

### Cash In Lieu of Medical Coverage

Eligible employees may elect to decline the Medical Coverage and receive a monthly cash payment. The payment is \$400 per month for all eligible staff. If at some point, while on the cash option a life changing event takes place that requires you to enroll in the Medical Coverage you may do so within 30 days of the event.

### **Dental Coverage**

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health. The District offers you a dental plan administered by Delta Dental. Dental and Vision both run on a fiscal year basis. The fiscal year is July 1st through June 3oth each year, while the annual maximum runs January 1<sup>st</sup> through December 31<sup>st</sup>. This is the districts accounting plan year and is different from our Health Insurance Plan year.



Plan Provision	Provision PPO Dentist*		Non-Contracted Dentist*	
Annual Deductible (Individual/Family)	\$0	\$0	\$0	
Annual Maximum (per person)	\$2,000	\$2,000	\$2,000	
Diagnostic and Preventive Care: Includes cleanings, fluoride treatments, sealants and x-rays	8o%, no deductible	8o%, no deductible	8o%, no deductible	
Basic Services: Includes fillings, periodontics, scaling and root planning, and oral surgery	es fillings, periodontics, scaling 80%, no deductible		8o%, no deductible	
lajor Services: acludes crowns, bridges and full and 80%, no deductible artial dentures		8o%, no deductible	8o%, no deductible	
Orthodontia (Children only up to age 25)	50% Covered \$1,500 lifetime maximum	50% Covered \$1,500 lifetime maximum	50% Covered \$1,500 lifetime maximum	

2018-19 Dental	Employer (87.4%)** Annual / Monthly	Employee (12.6%) Annual / Monthly	Total Annual
Family	<b>\$1,174 / \$95</b>	\$169 / \$14	\$1,343
Single	\$455/\$38	\$65/\$5	\$520

<sup>\*</sup>You may receive services in any network, however the discounts will be the highest with the PPO dentists, and the discounts will be the lowest with the non-contracted dentist. In addition, you may be balanced billed for services outside of the PPO network.

**Delta Vision:** Employees can voluntarily enroll in the Delta Vision program. The benefit summary and fiscal rates can be found in the tables below.

A Brief Summary of B	enefits	Networ	Network Benefit Non-Network Reimburse			
Frequency Exams/Lenses	s or Contacts/Frames	12/12/24 Months				
Comprehensive Eye Exar	n	Membe	Member Pays \$0 \$40			
Frames: Lenses: Single/Bifocal/Trifocal		Member pays \$0, plan pays balance		\$70/\$25/\$40/\$55		
Contact Lenses		\$155 allowance		\$124		
Laser Vision Correction		15% off retail price or 5% off promo		None		
Delta Vision	Employee	Employee Spouse	Employee & Child(re	en) Employee/Spouse/ Child(ren)		
Annual Plan Cost	\$106.08	\$212.04	\$216.36	\$322.44		

<sup>\*\*</sup>District premium share will vary depending on employee full time equivalency.

### Life Insurance Coverage

Life insurance is an important part of your financial security, especially if others depend on you for support. The District provides Basic Life Insurance to all eligible employees at no cost to you. This benefit includes: One times or two times annual basic earnings (depending on class).

### Employee Insurance & Healthcare Help

Sometimes navigating the insurance waters can be challenging. This is why the District utilizes Health Advocate as a resource to employees to help solve your insurance questions. Health advocate can find qualified doctors, specialists and hospitals. They also can help you

interpret your medical bills and be sure that you pay only what you need to.

#### Health Advocate

For Healthcare and Insurance Help

Call: 866.695.8622 or answers@healthadvocate.com



# **Employee Assistance Program**

The District pays for this confidential service for you and any family member living in your house. If assistance is needed beyond the scope of Aurora EAP, referrals to appropriate resources becomes available.

Help begins as soon as you make the first call. Based on your specific needs the EAP will either:

- Connect you directly with an EAP counselor
- Schedule a consultation at a convenient time for you, or
- Link you with specialized work-life services

Consider calling the EAP when a problem:

- Occupies too much of your time
- Interferes with normal activities
- Persists for more than 2-3 weeks

#### Aurora EAP

Visit aurora.org/eap or call 800-236-3231

Typical concerns may include:

- Alcohol/drug abuse
- Anxiety or depression
- Balancing work and family
- Caring for aging parents
- Child/family concerns
- Divorce
- Financial pressures
- Finding quality and cost-effective child care
- Legal issues
- Relationship issues
- Workplace stresses

Work-life services available as part of your EAP benefit:

- Child care and elder care consultation, information and referral.
- Educational resource assistance for K-12 and higher education.
- Adoption information.
- Legal consultation and mediation services.
- Financial consultation.
- Unlimited access to our web based work-life services.

# Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre-tax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses.

Account Type	Eligible Expenses	Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$2,700 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

# Important Information About FSAs

Your FSA elections will be in effect from January 1 through December 31 for the plan year. Your full FSA election is available day one of the plan. Claims for reimbursement must be submitted by March 1<sup>st</sup> of the following year. Please plan your contributions carefully. Any money remaining in your account after October 30 will be forfeited.

This is known as the "use it or lose it" rule and it is governed by IRS regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

#### The Advantages of an FSA

With an FSA, the money you contribute is never taxed—not when you put it in the account, not when you are

reimbursed with the funds from the account, and not when you file your income tax return at the end of the year.

#### Save on Your Taxes

Here is an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pre-tax contribution to Health Care and Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes*	\$15,696	\$16,350
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses	\$32,304	\$31,650
Tax savings with the Medical and Dependent Care FSA	\$654	

<sup>\*</sup>This is an example only, and may not reflect your actual experience. It assumes a 25% federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes as well.

# 403(b) Retirement Savings Plan

The School District of South Milwaukee 403(b) Retirement Savings Plan offers a convenient way to save for your future through payroll deductions.

#### Eligibility

You are eligible to participate in the plan as of the first pay period after your hire date.

#### **Employee Contributions**

Contributions from your pay are made on a pre-tax or post-tax basis -- up to the IRS annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS annual limit.

#### Vesting

Vesting refers to your right of ownership to the money in your account. You are immediately vested in all contributions and earnings.

#### For More Information

For additional details about the 403(b) Retirement Savings Plan or to enroll or change your contribution rates or investment elections, please refer to the investment information to the right. Additional Investment Information:

MidAmerica, 1-800-430-7999 www.midamerica.biz

Voya Financial Advisors, 414-256-2157

Ameriprise, Inc. 262-641-4100

AXA Equitable, 414-276-2000

Metropolitan Life/Metlife Resources, 1-800-756-7890

WEA Insurance Group, 1-800-279-4030

Wisconsin Deferred Comp 457(b), 1-877-533-5020

### Wisconsin Retirement System (WRS)

The School District of South Milwaukee is a Wisconsin Retirement System Employer. As a requirement of participating in the WRS a total contribution must be made in the amount of 13.1% for the 2019 calendar year for eligible employees.

#### Eligibility

Your eligibility depends on your hire date and employee classification. To determine if you are eligible please contact the Business Office at 414-766-5025

#### **Employee Contributions**

As mentioned to the above, a total contribution of 13.1% is made with every payroll. 50% of the contribution is paid for by the District while the other 50% is paid as a pre-tax deduction by the employee. For example, if an employee's gross earnings are \$1,800 for a pay period, there will be a mandatory contribution of \$235.80 (1,800 \* 13.1%). The \$235.80 will be split \$117.90 as a benefit paid by the District and a \$117.90 pre-tax deduction from the employee.

#### For More Information

For additional details about eligibility for the WRS please contact the Business Office at 414-766-5025. For all other questions please contact Employee Trust Funds at 877-533-5020.



# Other Post-Employment Benefits (Retirement)

The School District of South Milwaukee offers district paid Other Post-Employment Benefits (retirement benefits) to certain employees. This is in addition to WRS benefits and any 403(b) retirement savings plans the employee contributed to through the years of employment.

In order to be eligible, teachers must be at least 55 years of age and have been with the district for at least 20 years. The benefit will then be a payment made to a tax sheltered annuity in the amount of \$3,800 per year of service, with a maximum benefit of \$95,000. The amount will be paid over five years in

equal installments. Please see the plan summary for detailed information and eliqibility requirements.

Other employee groups also receive similar benefits. A detailed summary will be provided to all new employees.

### **Contact Information**

Plan	Whom To Call	Phone Number	Website
Medical Plan	United HealthCare	800-377-5154	www.myuhc.com
Dental & Vision Plans	Delta Dental	800-236-3712	www.deltadentalwi.com
Life Insurance	District	414-766-5025	
Long Term Disability	National Insurance Services	800-627-3660	www.nisbenefits.com
Flexible Spending Accounts	Diversified Benefit Services	800-234-1229	www.dbsbenefits.com
Employee Insurance & Healthcare Help	Health Advocate	866-695-8622	www.healthadvocate.com
403(b) Retirement Plan	Refer to Page 7	Refer to Page 7	N/A
Wisconsin Retirement System	Employee Trust Funds	877-533-5020	<u>www.etf.wi.gov</u>
Employee Assistance Program	Aurora EAP	800-236-3231	<u>Aurora.org/eap</u>

### **About this Guide**

This benefit summary provides selected highlights of the School District of South Milwaukee employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the School District of South Milwaukee. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. School District of South Milwaukee reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.