A photograph of a wooden bridge with a railing, leading into a dense forest. The bridge is made of light-colored wooden planks and has a dark brown metal railing. The forest is lush with green trees and foliage, creating a canopy overhead. The text "A Guide to Your Benefits" is overlaid in white, sans-serif font, centered on the image. The text is split into two lines: "A Guide to" on the top line and "Your Benefits" on the bottom line. The bridge leads towards the center of the image, where it disappears into the forest. The overall scene is peaceful and natural.

# A Guide to Your Benefits



# 2024

This guide provides a highlight of the plans offered by the employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents, the plan documents shall govern. We reserve the right to modify any of these plans at any time.

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## Benefits for You and Your Family

The School District of South Milwaukee is excited to announce our 2024 benefits program which we designed to help you stay healthy, feel secure, and maintain a positive work/life balance. Offering a competitive benefits package to promote health and financial security for you and your family is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the Summary Plan Descriptions (SPDs).

If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to Jennifer Sielaff or Dan Arnold.

## What is Changing for 2024

The overriding goal when offering our benefits program is to provide the highest level of benefits while remaining fiscally responsible. For 2024, the goal of the District was to keep the benefit plan design the same with a minimum increase in premium contributions. The District is continuing our partnership with Drexel.

- All Plan Premiums: **Staying the same.**
- All Plan Designs: **Change to Coinsurance for In Network and Out of Network.**
- **New Benefit at No Cost to Employee: United Health Care Real Appeal**

**No other changes.**

## 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 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 event).

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

**Reminder: The Open Enrollment Period for Dental Insurance will begin in May 2024 and the Open Enrollment for Health Insurance will begin November 2024**



# Cost Sharing 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 and You
Cash in Lieu of Medical Coverage	Post-tax	The District
Dental Coverage	Pre-tax	The District and You
Life Insurance	N/A	The District
Short-Term Disability (STD)	Pre-tax	You
Long-Term Disability (LTD)	Post-tax	The District
Flexible Spending Accounts (FSAs)	Pre-tax	You
403(b) Retirement Savings Plan	Pre-tax or Post-tax	You
Wisconsin Retirement System (Pension Plan)	Pre-tax	The District and You

## Medical Coverage

Nothing is more important than your overall health and well-being. That is why your benefits program provides medical insurance and access to our Health and Wellness Center to help keep you and your family healthy. Please note there are no deductible, copay, out of pocket, and drug copay changes for the 2024 plan year. The Pharmacy Benefit Manager is Drexel.

## Important Terms to Know

**Deductible** - A specified amount of money that an insured must pay before the medical insurance plan will pay a claim.

For example, the individual deductible under the Choice Plus 2 Plan is \$1,250. Once the employee has accumulated enough medical expenses, the health plan will begin to pay at the coinsurance level of 80% of covered medical expenses and the employee would pay 20%.

**Coinsurance** - The percentage an insured must pay against a claim after the deductible is satisfied. For example, the

Choice Plus 2 medical plan pays 80% for in-network services and you would pay 20% once the deductible is satisfied up to your out-of-pocket max.

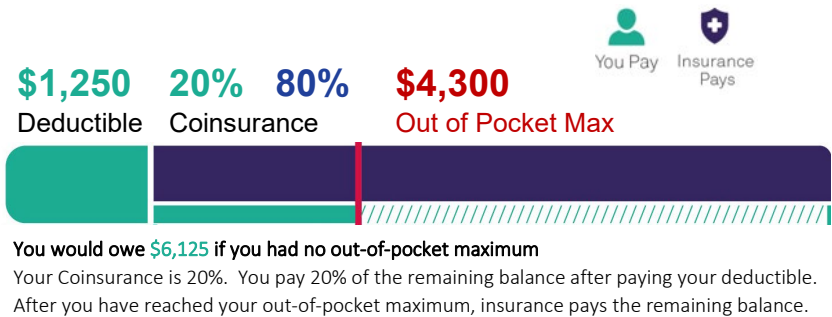
**Copayment** - A fixed dollar amount paid by a patient to the provider of service, typically before receiving the service. For example, under the Choice Plus 2 plan, you would pay a copay for Emergency Room Visits and prescription drugs. These copays do not apply towards your deductible, but they do accumulate towards your out-of-pocket maximum.

**Out-of-Pocket Maximum** - The most money you will pay during a policy period for covered health care services and prescription drugs. After you spend this amount on deductibles, copayments, and coinsurance, the health plan pays 100% of the costs of covered benefits. For example, the Choice Plus 2 Plan has an individual \$4,300 out-of-pocket maximum for medical expenses and \$3,600 out-of-pocket maximum for prescriptions. Meaning that once you have paid \$4,300 for medical services, the plan will begin to pay 100% for all medical expenses.

## Knee Replacement

Expense under Choice Plus 2 Plan. How Insurance Works for you.

**You pay** **\$4,300**  
**Total cost** **\$50,000**



\*This scenario is for illustration purposes only and represents the average charges for a knee replacement. Actual charges may vary.

## Medical Coverage

There is no increase to the premium you pay out of your paycheck. No changes to the deductibles and out of pocket maximums for the 2024 plan year. There is a change to the coinsurance this year. You should keep your current ID card to use until your new card(s) arrive.

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

Plan Provisions	Choice Plus Plan 1		Choice Plus Plan 2	
	In-Network	Non-Network	In-Network	Non-Network
Annual Plan Cost (Employer+Employee)	Single \$12,335.52 / Family \$28,096.68		Single \$11,891.64 / Family \$27,085.08	
Annual Employee Premium Share	Single \$1,973.68 / Family 16%, \$4,495.47		Single \$1,545.91 / Family 13%, \$3,521.06	
Annual Deductible (Single/Family)	\$800 / \$1,600	\$1,600 / \$3,200	\$1,250 / \$2,500	\$2,500 / \$5,000
Medical Out-of-Pocket Maximum (Includes Deductible)	\$3,500 / \$7,000	\$7,000 / \$14,000	\$4,300 / \$8,600	\$8,600 / \$17,200
Lifetime Maximum	Unlimited		Unlimited	
Preventive Care	100%	60% after deductible	100%	60% after deductible
Primary Physician Office Visit	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Specialist Office Visit	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Inpatient Hospital Services	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient Hospital Services	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Urgent Care	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room Care	\$150 co-pay		\$150 co-pay	
<b>*Pharmacy Maximum Out-of-Pocket</b>	<b>Single \$3,600 / Family \$7,200</b>		<b>Single \$3,600 / Family \$7,200</b>	
<b>*Retail Prescription Drugs</b>	(30-day supply)		(30-day supply)	
Generic	\$10 co-pay	n/a	\$10 co-pay	n/a
Brand Preferred	\$40 co-pay		\$40 co-pay	
Brand Non-Preferred	\$60 co-pay		\$60 co-pay	
<b>*Mail Order Prescription Drugs</b>	(90-day supply)		(90-day supply)	
Generic	\$20 co-pay	n/a	\$20 co-pay	n/a
Brand Preferred	\$80 co-pay		\$80 co-pay	
Brand Non-Preferred	\$120 co-pay		\$120 co-pay	

### 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](http://www.myuhc.com) to create an account to find valuable information about your health insurance and costs at various locations.

## 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.

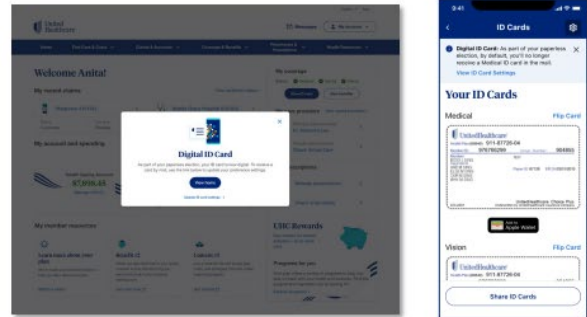


# Digital medical ID card on myuhc.com and the UnitedHealthcare app

Digital Medical ID cards provide easy access to health plan information. Simply present it at a doctor's office, clinic, pharmacy or wherever benefit information needs to be provided.

Beginning this October, UnitedHealthcare will introduce digital medical ID cards to subscribers.

If your subscribing employee has elected to go paperless for required communications, they will receive an email containing information about their new digital medical ID card, how to access and change their medical ID card paperless preference and how to add their medical ID card to Apple or Google wallet.



## Digital medical ID card subscriber communication

**October 4 - 31, 2023:** Subscribers who have selected "paperless" for Required Communications will receive a "welcome email" containing information about their new digital medical ID Card.

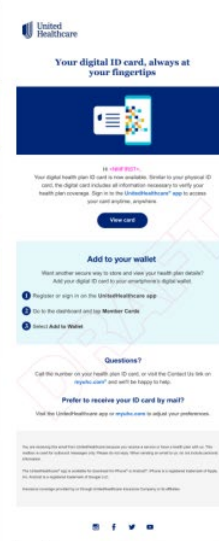
**Beginning November 7, 2023:** New paperless elections and/or change in family or plan status will result in a "transactional email" containing information about their new or updated digital medical ID Card.

**Undeliverable email:** If an email is returned undeliverable, a notice will be mailed along with a physical medical ID card and instructions on how to update information on myuhc.com.

**Note:** Your brand new UHC sponsored plan subscribers will receive a physical ID card for the 2024 plan year.



Welcome email



Transactional email



Undeliverable email notice



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# Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program.



## Get healthier, at no additional cost to you

Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

### Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

### Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.

Join today at [enroll.realappeal.com](https://enroll.realappeal.com) or scan this code




**Get a Success Kit delivered right to your door.**

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

United  
Healthcare

Real  
Appeal

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



## Start Your Real Appeal Journey

Real Appeal® is a free\* online lifestyle program designed to help you lose weight, feel better, and improve your health – one small step at a time.

### Make the Change You've Always Wanted

Real Appeal is a program on Rally Coach™ available to you and eligible family members at no additional cost as part of your health insurance.



#### Live Online Sessions

Join weekly online group sessions led by a coach, with the flexibility to reschedule anytime.



#### Tailored to You

You are not visible in the online group sessions and can choose how you'd like to participate.



#### Stay on Track

Use our fitness, food and weight trackers to stay on top of your progress and hit your goals.



#### Success Kit

A Success Kit with food and weight scales, and more, shipped to you after you attend your first session.




Get Started Today at  
**[enroll.realappeal.com](https://enroll.realappeal.com)**

Have your health insurance ID card handy when enrolling.

### With Real Appeal, You'll Learn Ways to

- Eat Healthier
- Stay Active
- Fit healthy choices into your lifestyle
- Stay motivated and energized
- Develop lasting, healthy habits

### What you need to Register

-  **Health Insurance Card**
-  **Personal Calendar –**  
to choose your weekly online session day and time
-  **Shipping Address –**  
to receive a Success Kit after attending your first online session.

Not on our health plan yet? Sign up for Real Appeal once your benefits are active.

**RALLY/COACH™**

Real Appeal is offered at no additional cost to members as part of their medical benefits plan, subject to eligibility requirements.  
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## Pharmacy Benefit Manager (PBM)

The District is continuing our partnership with Drex. This allows the District to keep the premium and plan design the same as the current year and limit against future prescription drug increases. Drex has access to all national pharmacy chains and most smaller local pharmacies. In addition, you will continue to get your prescriptions under the same copay structure you currently do.

Drex will fill retail prescriptions, and Kroger will be available for Mail Order prescriptions. For those that have higher cost prescription drugs, ARORx will provide Customer Service, High-Cost Rx Prior Authorization, and Advocacy Services. Those drugs will be filled at no cost or very low cost to you. Additional communications will be available as well as representatives from ARORx will reach out to ensure your prescriptions are ready at the start of the plan year.

### Do you have a Drex account set up?

Create an Account with Drex. <https://drex.com>

Start at <https://drex.com> and click on "Enroll Now."

The first step of account creation is member validation by entering some basic information about who you are. We use your work email address as your account name since everyone has one, it is unique and easy to remember.

Your ZIP code allows us to preset the drug search criteria to nearby pharmacy locations. Choose the "I have a membership card from my employer or primary subscriber" option to avoid registering for another plan.

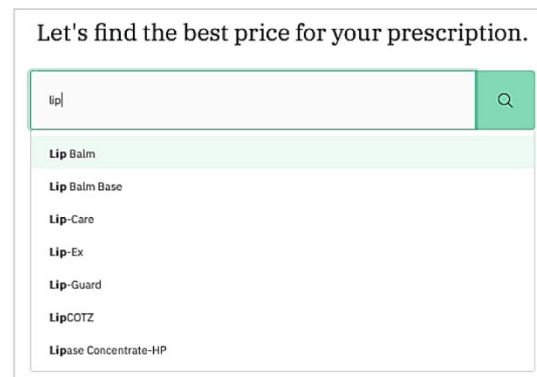
### Mail Order Pharmacy and Website.

Set up your [mail](https://www.kroger.com/d/pharmacyservices) order account at <https://www.kroger.com/d/pharmacyservices> and follow the steps. Or call 1-800-552-6694.

### Finding the best price for your prescription.

Did you know the price for a prescription can change dramatically depending on where you fill it?

Drug search helps you see what the cost of your prescription will be at various pharmacies near the location you specify (not all pharmacies price a given drug the same, so shopping will save you and the District money). Additionally, it has other features to make it very easy to use:



Let's find the best price for your prescription.

lip

Lip Balm

Lip Balm Base

Lip-Care

Lip-Ex

Lip-Guard

LipCOTZ

Lipase Concentrate-HP

### For Those with High-Cost Prescription Drugs.

ARORx's high-cost drug service reduces cost on drug spend for you and the District, often getting your high cost medication for free and delivered right to your door.

A list of these prescriptions will be provided. If you see your Rx on the list, contact ARORx at (833) 306-4092. ARORx will also be reaching out to you to help. Be sure to engage with ARORx promptly to ensure timely processing and no disruption to your medication fill.

If you are not taking a high-cost drug, continue to use the same retail pharmacy at the same copays as before.

## Ways to Save on Care

### Low-Cost Prescription Drugs

Did you know that the Health and Wellness Center has certain prescriptions available for \$0?

#### Medication Refill Process at the Health & Wellness Center:

1. Schedule an initial visit with a provider. The provider needs to evaluate the medication before prescribing. In some cases, the provider will be able to dispense up to three (3) months of medication at this visit.  
**Note:** While all employees who work 15 hours a week may visit and obtain a prescription at the Health & Wellness Center at no cost, only employees on the district insurance may obtain prescription medication from the Health & Wellness Clinic directly.
2. If a refill is requested, the patient schedules a medication refill visit. This is a check-in with the provider so they can dispense the medication. Since it is not a pharmacy, patients need to see the provider, at least briefly, so they can dispense the medication to the patient directly. There is no office visit fee for the medication refill appointment itself.
3. It is up to provider discretion if they are able to refill a prescription or if they need to evaluate a patient further to determine if medication is working or needs adjusting. This may require a follow-up visit (blood test, BP check, etc.,) and may require a more comprehensive visit in that instance. For some patients this could be 90 days, 6 months, or yearly, but would not be every refill.
4. If you are seen by one of our providers and your medication is not included in the list, the providers will be able to write you a script. It can be sent electronically to your preferred pharmacy for pick up. Regular pharmacy rates will apply.



### Your Claims Concierge

Navigating the health care system can be difficult. Our benefit consultants at Acrisure have a dedicated advocate to help resolve issues on behalf of you or your family members.

In addition to the services provided by your insurance carriers, your dedicated Claims Concierge can provide help to you and your spouse for:

- Claim Issue Assistance
- Insurance Carrier or Provider Issues
- Insurance Product Education
- Insurance ID Cards
- Online Assistance
- General Questions
- Provider Directory Searches
- Plan Design Information
- COBRA/State Continuation
- Individual or Short-Term Policies

**MARGARITA LEWISON**  
**CLAIMS CONCIERGE**

**p: 262.641.5858**

**[mlewison@acrisure.com](mailto:mlewison@acrisure.com)**

**\* Bilingual - fluent in English & Spanish**



# Ways to Save on Care

## Health & Wellness Center – Ascension partner

The **Health & Wellness Center** is an on-site clinic for all employees who work at least 15 hours per week, as well as their spouses and children. Employees do NOT have to be enrolled in the health insurance to visit the Health & Wellness Center at no cost. Employees and dependents (ages 2+) may use the Health & Wellness Center.

### Scheduling Options:

**School District of Cudahy Ramsey Clinic**  
 Health Center: (414) 766-5878  
 3501 East Ramsey Avenue, Cudahy

Monday	7:00 AM – 11:00 AM
Tuesday	1:00 PM – 5:00 PM
Wednesday	1:00 PM – 5:00 PM
Thursday	7:00 AM – 11:00 AM
Friday	12:00 PM – 2:00 PM

### Health & Wellness Center

Health Center: (414) 766-5878  
 Far south end of the SM Middle School  
 1001 15<sup>th</sup> Avenue, South Milwaukee

Monday	12:00 PM - 5:00 PM
Wednesday	8:00 AM – Noon
Thursday	Noon – 5pm
Friday	7:00 AM - 11:00 AM

### Services:



#### Disease Management

- Manage and Prevent Diabetes
- Cholesterol
- Blood Pressure

#### Lifestyle Coaching / Health Coaching

- Weight Loss
- Tobacco Cessation

#### Preventive Services

- Routine Annual Physical Exam (ages 6+)
- Preventive Screenings

#### Acute Illness

- Sore Throat
- Ear and Sinus Infections
- Cold, Flu, etc.
- Mole Removal

#### Minor Injuries

- Muscle and Joint Pain
- Sprains and Strains
- Cuts and Stitches

#### Lab Work

- Administer Shots / Vaccinations
- Order, conduct, interpret and consult on routine diagnostic lab work
- Can complete lab draw with orders from outside provider

#### Medication

- Dispense Pre-Packaged Medications
- Prescribe Medications

#### Coordination with Outside Providers

#### Referrals to a Specialist

#### Virtual Visits

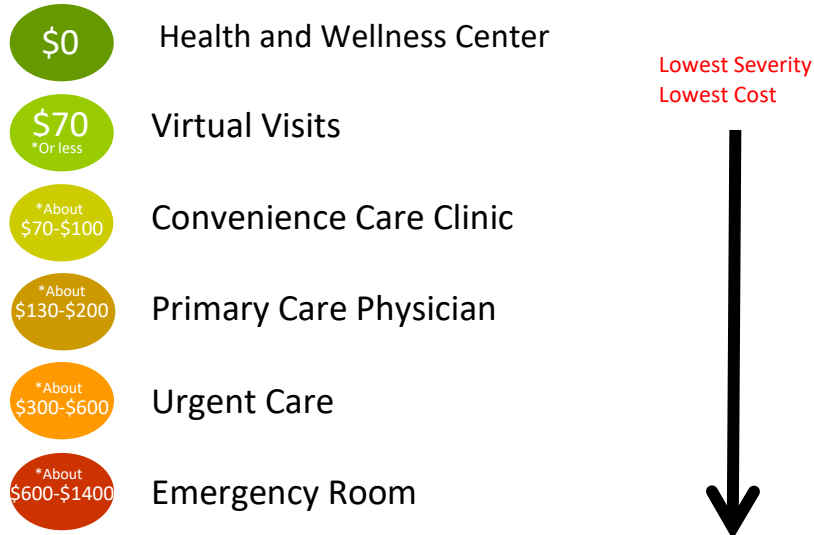
**Cost: \$0**



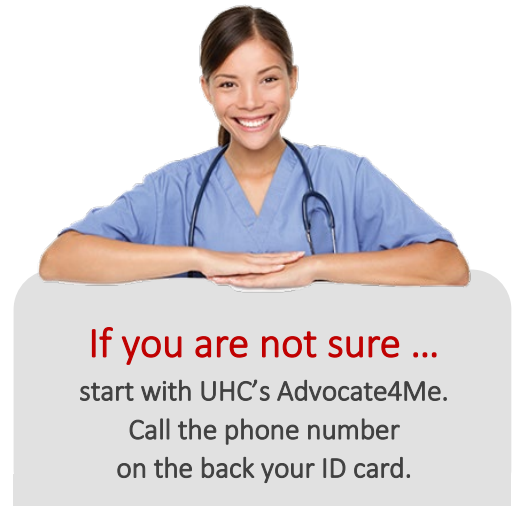
## Ways to Save on Care

### Where to Go for Care

Did you know that there is a large cost difference to receive health care based on where you go to receive it? For those instances when you need to make a quick choice about where to get the medical attention you need, it is important to not only map out the closest medical location to you, but also be aware of the types of facilities nearby, their hours of operation, and the costs associated with them.



\*Please note: These dollars are for illustrative purposes only. Costs may vary based on where services are rendered.



## Radiology

MRIs and CT scans can range anywhere from \$1,000 to \$3,500 in hospital facilities. Independent radiology centers cost on average 25-30% less than hospital-based MRI services and can be as low as \$600.

**MH Imaging** has locations in Milwaukee, Kenosha, and Racine. Visit: <http://www.mhimaging.com/location-and-hours/#overview> for locations, phone numbers, and hours.



## Colonoscopies

Outpatient surgery centers, also called ambulatory surgery centers (ASC) are often a lower cost than a hospital for procedures like colonoscopies.

**Did you know that Preventive Colonoscopies are covered at 100%?** Talk with your medical professional to determine when you should be scheduled.

## Ways to Engage in Your Health Care

### Accessing High Quality Care

Studies show that people who actively engage in their healthcare decisions have fewer hospitalizations, higher utilization of preventive care and overall lower medical costs. Premium designation makes it easy for you to find doctors who meet national standards for quality and local market benchmarks for efficiency.

**Only physicians (primary and specialty) are evaluated under this program.** In-network hospitals and facilities will be paid as Tier 1 Providers. Providers and their premium designation status are identified on the *myuhc.com* member site.

### What do the Two Blue Hearts Mean?

The UnitedHealth Premium Designation Program evaluates physicians in various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient providers. Not all *specialties* are evaluated at this time. So, when searching for a provider, you must decipher whether it is the physician who is not evaluated or if it is the specialty which is not evaluated. The table below outlines the designations associated with the hearts. If a physician does not have two blue hearts, it does not mean that he or she provides a lower standard of care. It could mean that the data available for this physician was not sufficient to include the doctor in the program.







### Money Saving Tip

Did you know you could be paying up to 36% less for care by checking your costs on the *myuhc.com* website?

**Choose smart.**  
**Look for blue hearts.**



Premium Designation	Displayed Explanation
<b>Premium Care Physician</b> 	The physician meets the UnitedHealth Premium program quality and cost-efficient care criteria.
<b>Quality Care Physician</b> 	<p>The physician meets the UnitedHealth Premium program quality care criteria but does not meet the program's cost-efficient care criteria.</p> <p>The physician meets the UnitedHealth Premium program quality care criteria but is not evaluated for cost-efficient care.</p>
<b>Not Evaluated For Premium Care</b> 	<p>The physician's specialty is not evaluated in the UnitedHealth Premium program.</p> <p>The physician does not have enough claims data for UnitedHealth Premium program evaluation, so the physician is not eligible for the Premium Care Physician designation.</p> <p>The physician's program evaluation is in process.</p>
<b>Does Not Meet Premium Quality Criteria</b> 	The physician does not meet the UnitedHealth Premium program quality criteria, so the physician is not eligible for a Premium designation.

## Ways to Engage in Your Health Care

### Other UnitedHealthcare Resources

#### myuhc.com

Register on myuhc.com to find tools and information to help you manage and improve your health and save money.

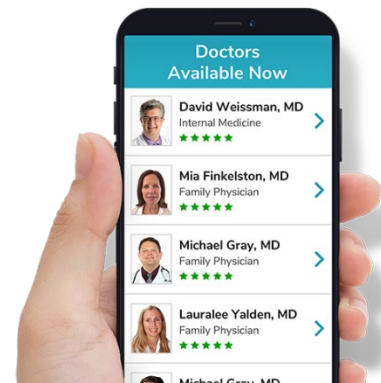
- Track Claims and Expenses for your Family.
- Check the Status of a Claim.
- Find Care and Costs.
- Find Providers.
- See your account balance for your Optum HSA.
- Print a temporary ID card.

#### UnitedHealthcare App™

Download the mobile app to take the features of myuhc.com on the go with your smartphone or tablet.

#### Find Care and Cost

- Step 1: Visit myuhc.com or the UnitedHealthcare App. Once you are logged in, click “Find Care & Costs” on the main dashboard.
- Step 2: Search for a condition or treatment. Try phrases like “colonoscopy” or “MRI.” Then hit the “Search” button.
- Step 3: Select a provider and/or facility.
- Step 4: Click “View Full Estimate.” You can see your Final Estimate, which includes estimated costs from the doctor or facility you have chosen, along with up-to-date out-of-pocket estimated costs based on your benefits and current level of coverage.



#### Virtual Visits

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Log in to myuhc.com® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit, you will pay your portion of the service costs (approximately \$50), and then you will enter a virtual waiting room.





## Dental and Vision 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 plans run on a fiscal year basis. The fiscal year is July 1 through June 30 each year, while the annual maximum runs January 1 through December 31 each year. This is the District's Dental Plan Year and is different from our Health Insurance Plan Year.

### Delta Dental Plan

Dental Plan Provisions	PPO Dentist	Premier Dentist	Non-Contracted Dentist*
Annual Deductible (Single/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	80% (no deductible)	80% (no deductible)	80% (no deductible)
Basic Services: Includes fillings, periodontics, scaling and root planing, and oral surgery	80% (no deductible)	80% (no deductible)	80% (no deductible)
Major Services: Includes crowns, bridges and full and partial dentures	80% (no deductible)	80% (no deductible)	80% (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

Costs	Employer (87.4%)** Annual / Monthly	Employee (12.6%) Annual / Monthly	Total Annual
Family	\$1,162.07 / \$96.83	\$167.53 / \$13.96	\$1,329.60
Single	\$447.52 / \$37.29	\$64.52 / \$5.38	\$512.04

\*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 Dentists. In addition, you may be balance billed for services outside the PPO Network.

\*\*District premium share will vary depending on employee full-time equivalency.



# DeltaVision® Plan

DeltaVision is in partnership with EyeMed Vision Care. Employees can voluntarily enroll in the Vision program. The benefit summary and fiscal rates can be found in this table.

Brief Summary of Vision Benefits	In-Network Benefit	Non-Network Reimbursement
Frequency of: Exams / Lenses or Contacts / Frames	12 / 12 / 24 Months	
Comprehensive Eye Exam	Member Pays \$0	\$35
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

Costs	Employee	Employee/Spouse	Employee/Child(ren)	Employee/Spouse/Child(ren)
Annual Plan Cost	\$102.46	\$204.84	\$209.04	\$311.40



## 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 1 OR 2 times annual basic earnings (depending on your Employment Classification).

## Short-Term Disability Coverage

The District offers Short-Term Disability on a Voluntary basis for employees working more than 15 hours per week or more (except food service employees.) This benefit includes a disability payment up to 66 2/3% of weekly pre-disability earnings. Premium varies per income level.

## Long-Term Disability Coverage

The District provides coverage for you in the event of a long-term disability for all employees working more than 15 hours per week. This benefit includes a disability payment up to 90% of your pre-disability earnings.

## Employee Assistance Program (EAP)

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 become 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.

**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 childcare
- Legal issues
- Relationship issues
- Workplace stresses



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

- Childcare 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 web-based work-life services.

[www.aurora.org/eap](http://www.aurora.org/eap)

**(800) 236-3231**





## Flexible Spending Accounts (FSA's)

FSA's 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 FSA and/or your Dependent Care FSA. You then use your funds to pay for eligible health care and/or dependent care expenses.

FSA 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 over-the-counter medications).	Maximum contribution is \$3,050 per year.	Saves on eligible expenses not covered by insurance and reduces your taxable income.
Dependent Care FSA	Dependent care expenses (such as daycare, 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 FSA's

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 of the following year. Please plan your contributions carefully. Any money remaining in your account after March 1 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 FSA accounts to pay for your predictable health care and/or dependent care expenses.

	With FSA*	Without FSA*
Your taxable income	\$50,000	\$50,000
Pre-tax contribution to Health Care and/or Dependent Care FSAs	\$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
<b>Tax savings with the Health Care and/or Dependent Care FSAs</b>	<b>\$654</b>	<b>\$0</b>

*\*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.*

\*You cannot enroll in Health Care FSA if you have an HSA.



## 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. Please contact TSA Consulting Group if you have a rollover on a 403b account or have TSA plan administration questions.

TSA Contact Information: TSA Consulting Group Phone Number (888) 777-5827 Website: [www.tsacg.com](http://www.tsacg.com)

### 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 below.

Voya Financial Advisors	(414) 256-2157
Ameriprise, Inc.	(262) 641-4100
AXA Equitable	(414) 276-2000
Metropolitan Life / MetLife Resources	(800) 756-7890
WEA Insurance Group	(800) 279-4030
Wisconsin Deferred Comp. 457(b)	(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 13.8% for the 2024 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 above, a total contribution of 13.8% 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 \$248.40 ( $\$1,800 \times 13.8\%$ ). The \$248.40 will be split \$124.20 as a benefit paid by the District and a \$124.20 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. Please contact Jen Sielaff or Dan Arnold to obtain a copy of the existing benefit for you.

## Contact Information

Plan Contact Info.	Whom To Call	Phone Number	Web Site
Medical Plan	UnitedHealthcare	(800) 377-5154	<a href="http://www.myuhc.com">www.myuhc.com</a>
Dental & Vision Plans	Delta Dental of Wisconsin	(800) 236-3712	<a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
Prescriptions	AroRx / Drex	(833) 306-4092	<a href="mailto:rx@arorx.com">rx@arorx.com</a>
Life Insurance	South Milwaukee School District	(414) 766-5025	n/a
Short and Long-Term Disability	National Insurance Services	(800) 627-3660	<a href="http://www.nisbenefits.com">www.nisbenefits.com</a>
Flexible Spending Accounts	Diversified Benefit Services (DBS)	(800) 234-1229	<a href="http://www.dbsbenefits.com">www.dbsbenefits.com</a>
Employee Insurance & Health Care Help	Health Advocate	(866) 695-8622	<a href="http://www.healthadvocate.com">www.healthadvocate.com</a>
403(b) Retirement Plan	TSA Consulting Group	(888) 777-5827	<a href="http://www.tsacg.com">www.tsacg.com</a>
Wisconsin Retirement System (WRS)	Employee Trust Funds	(877) 533-5020	<a href="http://www.etf.wi.gov">www.etf.wi.gov</a>
Employee Assistance Program (EAP)	Aurora EAP	(800) 236-3231	<a href="http://www.aurora.org/eap">www.aurora.org/eap</a>



## About This Guide

This Benefits Guide 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.

The School District of South Milwaukee recognizes the importance of assuring that all educational programs, including vocational and technical education/school-to-work programs, are available to all students without regard for gender, race, color, religion, national origin, sex, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability. Additionally, the District is committed to provide equal employment opportunities for all District employees and applicants and to provide a learning and working environment free of discrimination.