

# Benefits Guide

2024 - 2025

Madison Metropolitan District

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# **Contact Information**

**HR Department** 

(608) 663-1693

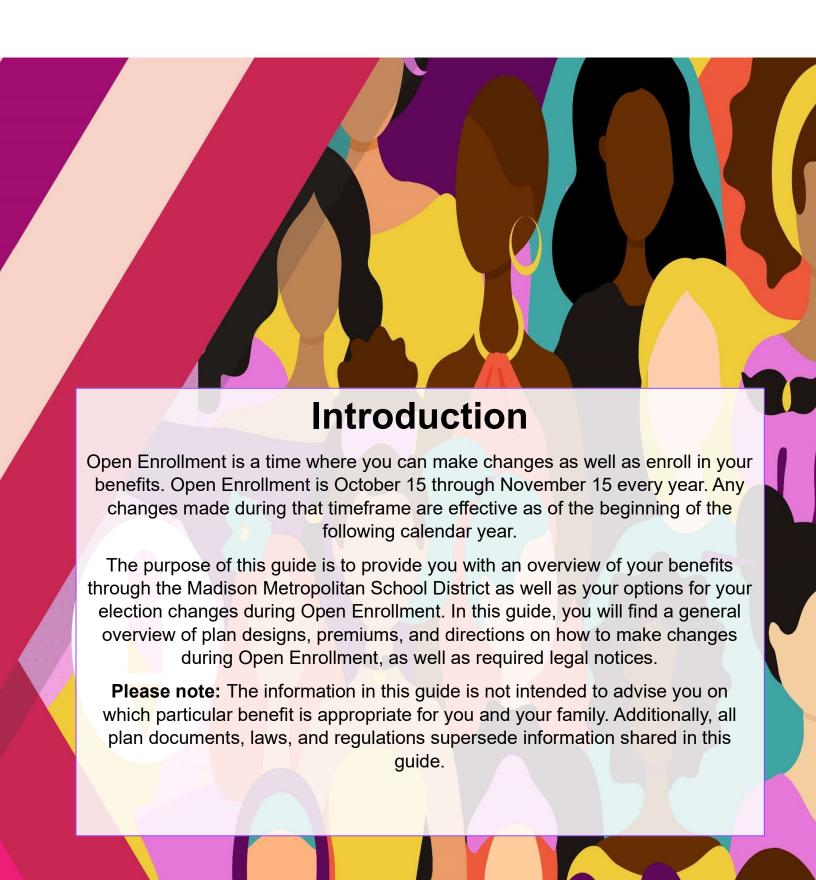
https://hr.madison.k12.wi.us

### **Benefits Division**

(608) 663-1692

benefits@madison.k12.wi.us





# **Open Enrollment**

Open Enrollment for the 2024-2025 school year is October 15, 2024 – November 15, 2024. Any changes and elections made during open enrollment will be effective January 1, 2025. Changes submitted after November 15, 2024 will not be accepted.

Flexible Spending Accounts (FSA) must be renewed every year during Open Enrollment. To continue with or to initiate new enrollment into an FSA for 2025, you must (re)enroll during the Open Enrollment period. Late enrollments will not be accepted.

All other benefits will remain the same unless you make changes during Open Enrollment. Possible changes might include switching from one health insurance carrier to another, adding/removing dependents, or changing from an HMO plan to a POS plan or adding new coverage, such as dental or short-term disability coverage or adding supplemental life insurance coverage.

#### What do I need to do?

- If you want a Flexible Spending Account for 2025 or to make changes to your existing benefit selections, you
  must complete your enrollment in the MMSD's Benefits Enrollment Portal (https://standard.benselect.com)
  during the Open Enrollment period.
- If you are not making any changes to your current benefits and are not electing a flexible spending account for 2025, you do not need to do anything.

# What will I need to do if I'm making changes?

- **Step 1**: Gather the required information for you and your dependents. This will include complete legal names, dates of birth, and social security numbers.
- Step 2: Log into the Benefits Enrollment Portal
  - Your username is your b number without the "b"
  - If you have not previously logged in, your default PIN is the last 4 digits of your SSN followed by the last 2 digits of your birth year. You will be required to create a more secure PIN. Please be sure to save your new password for future logins. If you do not remember your PIN, email benefits@madison.k12.wi.us for assistance.
  - Once logged in, click the "Next" button on the top right portion of the page to navigate through your benefit elections. Continue to click "Next" until all benefit elections have been made.
  - Step by Step directions can be found at: Enrollment Help Guide
- Step 3: Review and complete your elections and/or changes no later than November 15, 2024.

- To save and submit your benefit elections, you must click "I Agree" on the final summary page in the Enrollment portal. Once submitted, a confirmation page will be displayed. Save this page for your records.
- Elections will be processed and sent to the insurance carriers in early December for a January 1, 2025 effective date. Insurance cards will be mailed to your home prior to January 1, 2025 if you made any changes.

### Making changes? Consider Updating Your Beneficiaries

While considering benefit changes this year, consider reviewing and updating your designated beneficiaries, if necessary. It's important to keep your designated beneficiaries up to date to ensure that your loved ones can easily access your life insurance and retirement benefits following your death.

For your life insurance policy, you can update your designated beneficiaries through the <u>Benefits Enrollment Portal</u> when you change your benefits or make your FSA election.

To update your WRS designated beneficiary, submit the ETF beneficiary designation form below to ETF.

https://etf.wi.gov/resource/beneficiary-designation

WRS Forms can be submitted to ETF by mail, fax or in-person.

By Mail: Wisconsin Department of Employee Trust Funds

P.O. Box 7931

Madison, WI 53707-7931

By Fax: 608-267-4549

In Person: ETF's secure locking drop box located outside the Hill Farms State Office

Building located at:

4822 Madison Yards Way Madison, WI 53705-9100

# **General Plan Information**

#### Plan Year

The Madison Metropolitan School District benefits plan year is January 1 through December 31. This guide outlines the benefits available during the calendar year 2025 plan year.

#### **Annual Deductible Year**

The annual deductible period for all Madison Metropolitan School District benefit plans is January 1 through December 31. The annual deductible resets each year on January 1.

### **Eligibility**

Eligibility is outlined in the Employee Handbook. In general, employees in the following employee units are eligible for coverage if working 19 or more hours per week or in a 50% position.

<ul><li>Administrator</li></ul>	<ul><li>Non-Union Clerical</li></ul>	<ul><li>Security Assistant</li></ul>
<ul><li>Custodial</li></ul>	■ Play & Learn	■ Teacher
<ul> <li>Educational Assistant / Special Educational Assistant</li> </ul>	<ul> <li>Professional /Professional – Instructional</li> </ul>	<ul> <li>Supportive Educational Employee</li> </ul>
<ul><li>Food Service</li></ul>		<ul><li>Trades</li></ul>

## **Dependent Coverage**

In addition to covering yourself, you can elect to cover your eligible dependents. Your eligible dependents may include:

- Your spouse
- Your child(ren) through the end of the calendar year in which they turn 26
- Your child of any age who is not self-supporting due to mental and/or physical disability

### Waive Option

You have the option of not participating in the insurance plans available to you. If you do not enroll in the health insurance plan offered, indicate you are waiving coverage and your reason. If you waive health insurance, you are still eligible to enroll in the other benefit options.

### **Making Changes to Your Benefits**

Generally, employees have the option to sign-up for benefits within the first 30 days of being hired or during the District's annual open enrollment period.

The only other time you may make changes or sign up for coverage if you previously waived it, is if you have a *qualifying life event*. The following events are qualifying life events.

- Marriage
- Birth, adoption or placement of a child for adoption
- Divorce or legal separation
- Termination or commencement of your spouses' coverage
- Shift from part-time to full-time (or vice versa) by you or your spouse
- When a dependent satisfies or ceases to satisfy eligibility requirements

- Taking an unpaid leave of absence (you or your spouse)
- Eligibility (or loss of eligibility) for BadgerCare or Medicaid
- Eligibility for a special enrollment annual enrollment in health insurance Marketplace ("Exchange") coverage (to avoid a period of duplicate coverage or no coverage

If you have a qualifying life event, **you must enroll or make changes during a special enrollment period**. The special enrollment period is 30 calendar days following the event or 60 days following the birth of a child, or eligibility for BadgerCare/ Medicaid or loss of eligibility. If you miss the special enrollment period, the next opportunity to enroll or make changes is during Open Enrollment.

If you have a qualifying life event, contact the Benefits Helpdesk at Benefits@ or 608-663-1962 so we can initiate a special enrollment period for you.

# **Health Plans**

#### **Carriers**

The District offers health insurance through Dean Health Plan or Quartz. These insurers generally have the same benefit designs (deductible, copays, etc.) but provide you with a different range of networks and providers and different premiums apply (what you pay per pay period for your coverage).

### **Plan Options**

Each insurer provides a Health Maintenance Plan (HMO), Point-of-Service Plan (POS) or Preferred Provider Organization Plan (PPO). The PPO plan is only available to employees or retirees who do not live in South Central Wisconsin and generally is not addressed in the information below.

The HMO plan only covers services at **in-network providers unless it's an emergency**. Below is a list of the major health care providers that are in-network for Dean Health Plan and Quartz.

Quartz	Dean Health Plan
<ul> <li>UW Health</li> <li>GHC Clinics (excluding Urgent Care)</li> <li>Unity Point Health Meriter Clinics</li> <li>UW Hospital and Unity Point Health Meriter Hospital</li> </ul>	<ul> <li>SSM/Dean Clinics</li> <li>SSM Health - St. Mary's Hospital</li> <li>SSM Health - St. Clare Hospital</li> <li>SSM Health - Janesville</li> </ul>

If you see an in-network provider, the plan generally covers all expenses (excluding deductible and copays). Both Dean and Quartz require enrollees in the HMO plan to select a primary care provider at enrollment. Some specialists may require a referral from a primary care provider before seeing you.

Under the POS plan, you will receive the most benefit if you use in-network providers but you will still receive some coverage if you use out-of-network providers. For the POS plan, the out-of-network benefit is a \$250 individual/\$500family annual deductible and you will be responsible for 20% of the cost for any benefits covered after the deductible has been met.

Preventive services are covered 100% under both the HMO and POS plans, but only if received at in-network providers. Click <u>here</u> to see a list of qualifying preventive services.

# **Health Plan Out-of-Pocket Cost Overview**

	НМО	Plan	POS Plan			
Member Out-of- Pocket	Quartz	Dean Health Plan	Qu	artz	Dean He	alth Plan
Costs		twork iders	In-Network Providers	Out-of- Network Providers	In-Network Providers	Out-of- Network Providers
Deductible	\$100 Single \$200 Family	\$100 Single \$200 Family	\$100 Single \$200 Family	\$250 Single \$500 Family	\$100 Single \$200 Family	\$250 Single \$500 Family
Employee Coinsurance	0%	0%	0%	20%	0%	20%
Medical Out-of- Pocket Maximum	\$4,600 Single \$9,200 Family	\$7,150 Single \$14,300 Family	\$4,600 Single \$9,200 Family	\$6,900 Single \$13,800 Family	\$7,150 Single \$14,300 Family	\$14,300 Single \$28,600 Family
Preventive Care	No charge	No charge	No charge	20% coinsurance	No charge	20% coinsurance
Office Visit/ Telehealth Copays	\$20 per visit	\$20 per visit	\$20 per visit	20% coinsurance	\$20 per visit	20% coinsurance
Urgent Care Copays	\$20 per visit	\$20 per visit	\$20 per visit	20% coinsurance	\$20 per visit	20% coinsurance
Emergency Room Copays	\$150 p	er visit	\$150 per visit			
Pharmacy Copay per Script	Tier 1 - \$6 Tier 2 - \$15 Tier 3 - \$30 Tier 4 \$15 preferred \$30 non- preferred	Tier 1 - \$6 Tier 2 - \$15 Tier 3 - \$30	Tier 1 - \$6 Tier 2 - \$15 Tier 3 - \$30 Tier 4 \$15 preferred \$30 non- preferred	Not covered	Tier 1 - \$6 Tier 2 - \$15 Tier 3 - \$30	Tier 1 & 2 50% coinsurance Tier 3 Not covered
Pharmacy Out -of- Pocket Maximum	\$2,000 Single \$4,000 Family	Combined with Medical Out-of- Pocket Maximum	\$2,000 Single \$4,000 Family		Combined with Medical Out-of- Pocket Maximum	Not covered

### **Health Insurance Premiums**

Your health insurance premium contributions – the amount you pay for your coverage every month – are based on which carrier you choose, which plan you enroll in, the coverage tier (single vs family) you select, your employee category, and your payroll frequency.

Your premium contribution is a percentage of the total monthly cost of coverage and is taken from your paycheck on a pre-tax basis. The difference between the amount you contribute and the total premium is paid by the District.

Premiums for health insurance are paid a month in advance. For example, the January health insurance premiums will be taken from your December paycheck(s). You may notice an adjustment on your paycheck after enrolling or changing coverage to catch-up on premiums. The table below shows the employment groups and the corresponding July 1, 2024-June 30, 2025 total insurance premiums and employee contributions by category.\*

Health Insurance		De	an	Qua	artz
		НМО	POS	НМО	POS
<b>Full Monthly Premi</b>	um				
Single		\$885.48	\$987.96	\$799.19	\$1,158.55
Family		\$2,328.81	\$2,598.33	\$2,133.83	\$3,093.32
	Employee Mo	onthly Contribution	n - 10 Months of	Pay	
EA/SEA	Single	\$26.56	\$59.28	\$23.98	\$69.51
Food Service	Family	\$69.86	\$155.90	\$64.01	\$185.60
Play/Learn	Employee Monthly Contribution - 12 Months of Pay				
Security Assistants	Single	\$22.14	\$49.40	\$19.98	\$57.93
	Family	\$58.22	\$129.92	\$53.35	\$154.67
Custodial,	Employee Monthly Contribution - 10 Months of Pay				
Non-Union Clerical,	Single	\$63.75	\$142.27	\$57.54	\$166.83
SEE,	Family	\$167.67	\$374.16	\$153.64	\$445.44
Teacher, BRS, Employee Monthly Contr		onthly Contribution	n - 12 Months of	Pay	
Therapy Assist,	Single	\$53.13	\$118.56	\$47.95	\$139.03
Trades	Family	\$139.73	\$311.80	\$128.03	\$371.20
	Employee Mo	onthly Contribution	n - 10 Months of	Pay	
	Single	\$106.26	\$237.11	\$95.90	\$278.05
Professional/ Professional -	Family	\$279.46	\$623.60	\$256.06	\$742.40
Instructional	Employee Monthly Contribution - 12 Months of Pay				
instructional	Single	\$88.55	\$197.59	\$79.92	\$231.71
	Family	\$232.88	\$519.67	\$213.38	\$618.66
	Employee Mo	onthly Contribution	n - 12 Months of	Pay	
Administrators	Single	\$106.26	\$237.11	\$95.90	\$278.05
	Family	\$279.46	\$623.60	\$256.06	\$742.40

<sup>\*</sup>Premiums are subject to change starting July 1, 2025 (for paychecks starting in June).

# **Dental Coverage**

### **Dental Coverage**

Delta Dental of Wisconsin administers MMSD's dental plan. Delta Dental has a nation-wide network and covers 75% of the area and nation's dentists. Out-of-pocket dental expenses not covered by this plan may be eligible for reimbursement through a Flexible Spending Account.

# **Plan Options**

The District offers two dental plan options: The Base Dental plan and the Buy-Up Plan. Under these plans, you may visit any dental provider you choose, but you will get the most benefit if you use Delta's PPO Network providers since they offer the best discounts.

Dental Plan Coverage	Basic Plan	Buy-Up Plan
Deductible	\$25 Single \$75 Family	\$0 Single \$0 Family
Annual Maximum Benefit	\$1,200 per person \$1,500 per person	
Preventive (e.g. exams and x-rays)	100%	100%
Basic (e.g. periodontics, endodontics, fillings)	80%	80%
Major (e.g. crowns and bridges)	50%	50%
Orthodontia	\$2,000 lifetime maximum/person	\$2,000 lifetime maximum/person

#### **Dental Plan Premiums**

Your dental plan premium contributions are based on which plan you enroll in, the coverage tier (single vs family) you select, and your payroll frequency. The district pays 90% of the total premium for the Basic Plan. You pay the remainder of the premium for the Basic or Buy-Up Plan.

Your premium contribution is taken from your paycheck on a pre-tax basis. Premiums for dental coverage are paid in the same month for which you have coverage. For example, the January dental premium will be taken from your January paycheck(s). You may notice an adjustment on your paycheck after enrolling or changing coverage to catch-up on premiums. The table below shows the premium contributions for the dental plans that apply from July 1, 2024-June 30, 2025\*.

Dental Plan Premiums			
	Base Plan	Buy-Up Plan	
Full Monthly Premium			
Single	\$39.46	\$59.06	
Family	\$102.19	\$150.60	
Employee Monthly Contribution - 10 Months of Pay			
Single	\$4.74	\$28.26	
Family	\$12.26	\$70.35	
Employee Monthly Contribution - 12 Months of Pay			
Single	\$3.95	\$23.55	
Family	\$10.22	\$58.63	

<sup>\*</sup>Premiums are subject to change starting July 1, 2025.

# **Vision Insurance**

#### **Vision Insurance**

This insurance plan is provided by Delta Dental, in conjunction with EyeMed. The EyeMed network gives you access to a national network of both independent providers along with the nations most respected optical retail brands. You can elect this benefit to cover yourself and your eligible family members. The plan allows for materials to be obtained once every 12 months. Routine eye exams are covered under your health insurance plan, not this plan. See the chart below for benefit details.

Out-of-pocket vision expenses not covered by this plan may be reimbursable through a Flexible Spending Account. See below for details.

### **Plan Overview and Premiums**

Plan Features	In-Network Providers	Out-of-Network Providers
Glasses or Contacts	Once every 12 months	Once every 12 months
Glasses Allowance	\$250, then 20% off the balance	\$125
Lenses	Single, bifocal, trifocal, and progressive	Single, bifocal, trifocal, and progressive
Lense options	UV coating, tint, scratch resistance, anti-reflective, etc.	UV coating, tint, scratch resistance, anti-reflective, etc.

#### **Vision Plan Premiums**

The vision plan premium is paid 100% by employees. The District does not contribute towards the premium. The amount you pay for your coverage – is based on the coverage tier (single vs family) you select and your payroll frequency.

Your vision plan premium is taken from your paycheck on a pre-tax basis. Premiums are paid in the same month for which you have coverage. For example, the January vision premium will be taken from your January paycheck(s). You may notice an adjustment on your paycheck after enrolling or changing coverage to catch-up on premiums. The table below shows the vision plan premiums that apply from July 1, 2024-June 30, 2025.\*

Vision Plan Premiums		
Full Monthly Premium		
Single	\$6.61	
Family	\$16.44	
Employee Monthly Premium - 10 Months of Pay		
Single	\$7.93	
Family	\$19.73	
Employee Monthly Premium - 12 Months of Pay		
Single	\$6.61	
Family	\$16.44	

<sup>\*</sup>Premiums are subject to change starting July 1, 2025.

# Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow you to save on certain expenses by setting funds aside on a pre-tax basis from which you can seek reimbursement later. Such accounts are regulated by the Internal Revenue Service and subject to some restrictions. MMSD offers two types of accounts, a medical account or a dependent care account.

You must re-enroll in an FSA every year. Funds set aside *do not carry forward each year*. Therefore, in determining how much to set aside, consider your anticipated out-of-pocket expenses carefully. You have until March 15<sup>th</sup> of the year following your plan year to incur eligible expenses and until March 31<sup>st</sup> to submit a claim for the prior plan year. *If you miss these timelines, you forfeit any balance remaining in your account.* 

MMSD contracts with Employee Benefits Corporation to administer it's FSA accounts. See the District's <u>Flexible Spending</u> webpage to learn about eligible expenses and how to submit claims for reimbursement.

#### Medical FSA

A medical FSA allows you to save for medical, dental, and vision expenses for yourself and dependents, including annual deductibles, office visit copayments, prescription drug copayments, dental expenses, vision care expenses (e.g. eyeglasses or contact lenses), hearing care expenses (e.g. a hearing aid), orthodontia, and some over-the-counter prescriptions and supplies.

The maximum annual amount you can deposit into a Medical FSA is set by the IRS. The maximum amount for 2024 is \$3,200. The 2025 maximum has not yet been released.

## **Dependent care FSA**

A dependent care FSA allows you to save for dependent care expenses for your child (up to age 13) or a disabled dependent/spouse. To be eligible for dependent care FSA, you must work or be a full-time student. Expenses include preschool, after-school care, daycare and summer day camps and are <u>not for medical expenses for dependents</u>.

The maximum annual amount you can deposit into a dependent care FSA is set by the IRS. The amount for 2024 is \$5,000. The 2025 maximum has not yet been released.

# Life, Disability and LTC Insurance

The District contracts with the Standard to provide you with basic life and accidental death & dismemberment (AD&D) insurance, voluntary (or supplemental) life and AD&D insurance, and short- and long-term disability insurance. The District contracts with Unum Life Insurance Company to provide long-term care insurance.

#### Life Insurance

New employees starting January 1, 2019 are automatically enrolled in Basic Life and AD&D insurance. Coverage is 1 x your salary, rounded up to the next thousand. MMSD pays 100% of the cost of this plan.

The Basic + Retirement Plan is closed to new entrants as of January 1, 2019. Employees enrolled in this plan as of December 31, 2018 remain enrolled in this plan as long as they continue to pay their share of their premium. Basic coverage is 1x your salary, rounded up to the next thousand. MMSD pays 85% of this coverage.

Voluntary (or supplemental) Life and AD&D insurance is available for you, your spouse, and your child(ren) under both the new Basic and Basic + Retirement plans but you are responsible for 100% of the premium. You can enroll in coverage up to 5x your annual salary up to a maximum of \$500,000 for yourself and from \$10,000 to \$150,000 for your spouse up to 50% of the benefit you selected for yourself. You can also enroll in coverage up to \$10,000 for each of your children. Premiums for this plan are based on your age and coverage level.

Enrolling in supplemental coverage or increasing the benefit amount may require you to complete the Evidence of Insurability requirements. These requirements will be presented to you when you go through the enrollment portal.

## **Disability Insurance**

You are automatically enrolled in Long Term Disability Insurance and the District pays 100% of the premium. The benefit level is 80% of your pre-disability earnings after a 75-calendar day waiting period. Generally, the benefit will continue as long as you continue to be disabled up to age 65. See the Plan <u>Certificate</u> for details.

Voluntary Short Term Disability Insurance is available to all benefits-eligible employees except those in the Teacher Unit. You are responsible for 100% of the premium. The benefit level is 66.67% of your pre-disability earnings, after a 14-day waiting period if you enroll when you are first eligible. If you wait to enroll in coverage during Open Enrollment, you have a 12-month waiting period for most conditions before benefits are available. Teachers are eligible for the Teacher Sick Bank. See Addendum A of the Employee Handbook for more information about the Teacher Sick Bank.

# **Long Term Care Insurance**

Voluntary Long Term Care Insurance is available for you, your spouse, and parents. Long Term Care Insurance helps pay for long-term nursing home stays, assisted living facilities, home modification and care coordination for services not covered by health insurance. Premiums are based on the coverage level and additional options you select.

# **Retirement Savings Plan**

Your retirement savings plan at MMSD includes participation in the Wisconsin Retirement System (WRS) pension plan, which is administered by the state Department of Employment Trust Funds. You are automatically enrolled in WRS once you are eligible. Once enrolled, you must have five years of credible service to be vested in the plan. For more information on WRS, please visit their <u>website</u>.

In addition, you can save for retirement by participating in one of MMSD's 403(b) plans. You can participate by electing to make pre-tax contributions or Roth 403(b) after-tax contributions. 403(b) plans can play an important role in building a strong retirement income stream, in addition to your WRS plan. The value of your 403(b) investments may increase based upon fund performance and other factors, making it possible for you to build account balances greater than what you've contributed.

### 403 (b) Vendors

MMSD's preferred vendors for 403(b) plans are AXA Equitable, Fidelity and WEA Member Benefits. If you are currently contributing to a different 403(b) vendor through MMSD, you can continue to contribute to that plan. New enrollments are only available through AXA Equitable, Fidelity and WEA Member Benefits. You must first create an account with one of these vendors before you can sign-up to have a portion of your salary contributed to an account.

For more information, visit the District's Retirement Savings Plan website.

#### **Contributions**

If you are currently contributing to a 403(b) plan, you can increase or decrease your pre-tax contributions and Roth 403(b) after-tax contributions. To change your contributions, please complete the Salary Reduction Agreement found on the District's <u>Retirement Savings Plan</u> website.

To start new contributions, contact one of the preferred providers to create an account. Then complete the Salary Reduction Agreement (found on the District's <u>Retirement Savings Plan</u> website) and return it to Payroll. For 2024, you can contribute up to the following amounts:

Effective deferral limit: \$23,000

Age 50 catch-up contributions: \$7,500

15 years of service catch-up: \$3,000

# **Employee Assistance Program**

The Employee Assistance Program (EAP) is a free benefit provided to all employees, your spouse and dependents. The EAP is 100% confidential, no data is reported back to MMSD. All employees and their families are provided free, confidential counseling and referral service pertaining to personal difficulties including, but not limited to stress reduction, domestic abuse, drug and alcohol abuse, adoption assistance, school and college planning or eldercare assessment, financial and legal consultation. Immediate referral to an in-person counselor is available in crises.

Use the EAP by Contacting HealthAdvocate
Website: https://healthadvocate.personaladvantage.com/portal/landing?a=1 (Login ID:
Standard / Password: EAP4U)
Phone 888-293-6948 (24x7 access to counselors)

#### **Travel Assistance**

This program allows employees and their family member's assistance while traveling. Help includes assistance with lost luggage/password, emergency medical evacuation and help finding medical care.

### **Legal Assistance**

Employees and family members can receive assistance in preparing legal documents, including free personal wills and power of attorney declarations. Additionally, up to 30 minutes of free face-to-face consultation is available.

#### **Financial Assistance**

Employees and family members can receive unlimited telephonic assistance and a free 60-minute face-to-face counseling per issue from a Certified Consumer Credit Counselor, Certified Credit Reporting Reviewers and/or financial planners. Help includes issues such as budgeting strategies, managing credit, financial planning, goal setting, homeownership, and other personal financial issues. Additionally, identity theft consultations are available for identity theft prevention and a free identity theft kit is available if identity has been stolen.

### Other Helpful Resources

EAP also has helpful resources on a variety of topics, including managing relationships and family life, finances, health and wellness, personal and professional development, and legal issues. They also have resources to help find child care and summer camps, matching services for volunteer opportunities, a pet locator and more.

# **Additional Information**

**Madison Metropolitan School District** 

Address: 545 West Dayton Street, Madison, WI 53703

**Telephone:** 608-663-1692 (Benefits Division) **Website:** madison.k12.wi.us/human-resources **Benefits Email:** benefits@madison.k12.wi.us

### Review the 2024 Notices which provides important notices for you and your family.

Dean Health Plan (Health) Telephone: 800-279-1301	Website: www.deancare.com
Quartz (Health) Telephone: 608 644-3430	Website: https://quartzbenefits.com/
Delta Dental (Dental and Vision) Telephone: 800-236-3712	Website: https://www.deltadentalwi.com/DDWI/s/
The Standard (Life and Disability) Telephone: 800-628-8600	Website: https://www.standard.com/
UNUM (Long Term Care) Telephone: 866-679-3054	Website: https://www.unum.com/
Health Advocate (EAP) Telephone: 888-293-6948	Website: https://www.healthadvocate.com/site/
AXA Equitable (403b Provider) Telephone: 888-292-4636	Website: https://www1.equitable.com/educators
Fidelity (403b Provider) Telephone: 800-343-0860	Website: <a href="https://nb.fidelity.com/public/nb/ready2enroll/planoptions">https://nb.fidelity.com/public/nb/ready2enroll/planoptions</a>
WEA Member Benefits (403b Provider) Telephone: 800-279-4030	Website: https://www.weabenefits.com/product/403b/
Wisconsin Retirement System (Pension) Telephone: 877-533-5020	Website: https://etf.wi.gov/retirement