MMSD Benefits Highlight Sheet

Medical Plan Offerings

Dean Health Plan

In-Network

⇒ Preventive Care: 100%
⇒ Deductible: $100 single / $200 family
⇒ Coinsurance: None
⇒ Out of Pocket Max: $7,150 single / $14,300 family
⇒ *Office Visits: $20 PCP / $20 Specialist
⇒ *Urgent Care: $20
⇒ *Emergency Room: $150
⇒ Prescriptions: $6 / $15 / $30 / $15 or $30

**copay waived for dependents*

www.deancare.com

Quartz

In-Network

⇒ Preventive Care: 100%
⇒ Deductible: $100 single / $200 family
⇒ Coinsurance: None
⇒ Out of Pocket Max: $4,600 single / $9,200 family
⇒ *Office Visits: $20 PCP / $20 Specialist
⇒ *Urgent Care: $20
⇒ *Emergency Room: $150
⇒ Prescriptions: $6 / $15 / $30 / 50% coinsurance

**copay waived for dependents*

www.quartzbenefits.com

Dental

Standard Plan

⇒ Deductible: $25 single / $75 family
⇒ Annual Benefit Maximum: $1,200
⇒ Preventive: 100%
⇒ Basic services: 80%
⇒ Major services: 50%
⇒ Orthodontics: 100% to *$2,000

**lifetime maximum*

Buy-Up Plan

⇒ Deductible: None
⇒ Annual Benefit Maximum: $1,500
⇒ Preventive: 100%
⇒ Basic services: 80%
⇒ Major services: 50%
⇒ Orthodontics: 100% to *$2,000

**lifetime maximum*

www.deltadentalwi.com

Vision

⇒ Glasses: $250 Benefit
⇒ Contacts: $250 Benefit
⇒ Frequency: Every 12 Months

www.deltadentalwi.com

Life & Disability

Life Insurance:

District Coverage: 100% of Salary
Supplemental Life Insurance:
Employee: Multiples of $1,000 not to exceed 5x earnings
Spouse: Multiples of $5,000 not to exceed $150,000
Dependent: Flat $5,000 or $10,000

Disability

Long Term Disability (District paid)

www.standard.com

Tax Savings

Flexible Spending Account

⇒ Health Care Max: **$3,300** (2025)
⇒ Dependent Care Max: **$5,000**

www.ebcflex.com

Voluntary Benefits

⇒ Short-Term Disability
www.standard.com

⇒ Long-Term Care