→2026-27

EMPLOYEE BENEFITS GUIDE

Verona Area School District



Employee Benefits Guide

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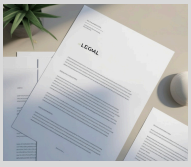
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Compliance Packet and Information

Can be found at:

https://www.verona.k12.wi.us/departments/humanresources/employee-benefits

INTRODUCTION

The purpose of this guide is to provide you with information regarding your benefits through the Verona Area School District (VASD). This guide contains general overviews of each plan offered, employee costs, and directions for enrolling, as well as required legal notices.

Specific information about VASD benefits, including summaries and plan documents, can be found on VASD's website under Human Resources/Employee Benefits.

Please note: The information in this guide is not intended to advise you on which particular benefits are appropriate for you and your family. All plan documents, laws and regulations supersede information shared in this guide.

QUESTIONS?

Contact the HR HELP DESK at:
payrollbenefits@verona.k12.wi.us
or call (608) 845-4390.

Section 1

TOTAL REWARDS



Important Information to Remember:

- **Employee name change requests** should be made immediately by clicking on the Available Forms icon in TalentEd Employee Records and selecting the Employee Name Change Request form.
- **Mid-year changes to benefits** due to Marriage, Divorce, Birth of a Child, etc., must be made **within 30 days** of the event and should notify the HR Help Desk promptly at (608) 845-4390 or by emailing: payrollbenefits@verona.k12.wi.us
- **Work-related injury** reporting should be completed as soon as possible. Call 855-675-3501 to report your injury (within 24 hours).
- **Insurance open enrollment** and flex spending enrollment is October 15 - November 15 of every year.

More detailed benefit information, including comprehensive retirement and time off allocation reasons, can be found in the Employee Handbook and the Human Resources website.

General Benefit Information

Payroll Frequency: Employees are paid on a bi-weekly basis through direct deposit. Teachers and salaried staff are paid to date and hourly staff are paid for time worked 3 weeks in arrears. Refer to the Human Resources & Payroll Employee Guide Book on the Important Links & Forms Site for pay dates and other important information.

Work/Life Balance & Wellness: The V-Well Employee Wellness Program is a comprehensive program whose mission is to provide staff with the opportunity to engage in healthy lifestyle choices to promote a balance between life and work. Most activities are at little to no cost depending on the activity.

General Leave: General leave is earned and allocated on an annual basis. Employees can view their general leave balance in Skyward under Time Off. General leave may be taken for a variety of reasons, including but not limited to illness of self or family member, medical appointments, mental health, bereavement, weddings, school visits, and graduation of a family member. General Leave accumulates annually and may be paid out as a Well Pay benefit with accumulations over the maximum amount. Any remaining general leave at the time of resignation/retirement may be paid out as a non-elective, post-employment contribution, if eligible.

Vacation: Vacation is available to 12-month employees and is earned and allocated on an annual basis. Employees can use their vacation for any allowable reason, with approval from their supervisor. Any remaining accumulated vacation at the time of resignation/retirement may be paid out at the time of resignation/retirement.

Catastrophic Sick Leave Bank (SLB): The District offers a Sick Leave Bank to employees in the Teacher, CTS and Hourly groups. The SLB covers 100% of regular salary to those experiencing a catastrophic hardship involving their own serious medical condition, or one of their spouse or dependents after all general leave is exhausted. Participants must donate at least 1 day into the SLB **annually** to be eligible to access it.

Holidays: Employees receive paid holidays for holidays identified during the school year for which school is closed. 12-month staff also receive paid summer holidays.

Employee Wellness Incentive: The Employee Wellness Incentive encourages employees to establish and maintain a healthy relationship with their primary care provider. It provides up to a $150 wellness incentive for employees and an additional $150 if their VASD Health Insurance enrolled spouse participates as well. An employee that is covered under the District Health Plan and participates in the Wellness Incentive will continue to receive VASD's 89% health insurance premium contribution if enrolled. District Health Plan participants that choose not to participate in the Wellness Incentive will receive an 87% district contribution for that year. Employees do not have to be enrolled in VASD health insurance to participate and be eligible for the employee wellness incentive bonus of $150. Participation requires employees to provide a Wellness Affidavit from their primary care health provider each year. The program information and Wellness Affidavit are provided to employees annually through Talent Ed and the affidavits are due by November 15th each year to participate.

Educational Advancement: Employees are eligible to be reimbursed up to $1,800 every 5 years for continuing educational advancement including national board certification for teachers.

Employee Onsite Health Clinic: Verona Area School District has partnered with Dean/SSM Health to provide an onsite health clinic designed exclusively for VASD employees. Whether you need care for an unexpected illness, support for your ongoing health, or a quick checkup, the clinic is here to help, right in our district.

Who Can Use the Clinic?

The clinic is open to:

- Employees and dependents enrolled in the VASD Dean Health Plan: $0 copay
- All other regular/permanent staff, as listed below ($20 copay)
  - 30+ hours per week, not enrolled on Dean Health Plan
  - Regular and permanent employees working less than 30 hours per week*
- Work-related injuries: Always covered at $0 copay

At this time, the clinic is not available for substitute staff, temporary employees, or Aquatic Center part-time employees for non-work-related care.

Scheduling an Appointment

There are a few easy ways to make an appointment, with same-day and next-day appointments typically available.

- Click for Online Scheduling
- By Phone: Call the clinic directly at 608-845-4380
- MyChart: Through your MyChart account after your 1st appointment with the provider

Locations & Hours

Lower Level of Central Office, 700 N Main Street, Verona

- Hours: Monday–Thursday: 7:30 am – 6:00 pm, Friday: 7:30 am - 5:00 pm

Savanna Oaks Middle School, 5890 Lacy Road, Fitchburg
Hours: Two Fridays per month: 7:40 am - 5:00 pm

Section 2

GENERAL INSURANCE INFORMATION

Who Can Be Covered?

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

- Your legal spouse
- Your biological children and stepchildren up to the age of 26
- Your biological children and stepchildren over the age of 26 who are disabled and meet plan requirements
- Any child for whom you have been awarded legal guardianship or court-ordered custody

Can I Waive Coverage?

You have the option to not participate in the insurance plans available to you. If you do not enroll in the insurance plans offered, please indicate you are waiving coverage when completing your onboarding process. If you waive offered insurance, you are still eligible to enroll in other benefit options. There is no non-participation incentive should you opt to waive coverage.



When Can I Make Changes?

Changes to your benefits are only allowable at certain times, namely, during open enrollment and due to a qualifying life event.

Changes Can be Made During Open Enrollment

The Internal Revenue Service (IRS) states that eligible employees may only make elections to plans once each year during that plan's annual open enrollment period. Annual open enrollment benefit choices are binding through the following calendar year (January 1 through December 31.)

Open Enrollment for the 2026-27 year will be from October 15, 2026 through November 15, 2026. Changes made during open enrollment will take effect January 1, 2027. During open enrollment, changes can be made to:

- Health Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Account (Medical & Dependent Care)

Changes Can be Made Due to Qualifying Life Events

Qualifying life events allow you to make certain plan changes at other times during the year in which they occur. For any allowable changes, you must notify human resources within 30 calendar days of the event (60 days for the birth of a child, CHIP / Medicaid eligibility or loss of eligibility) to avoid a lapse in coverage. The following are reasons you may make changes to your health, dental, vision and/or flexible spending account benefits during the year:

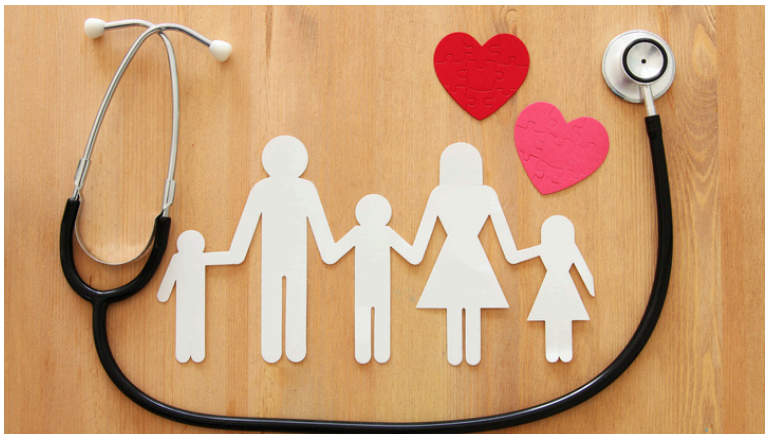
- Marriage
- Birth, adoption or placement of a child for adoption
- Divorce or legal separation
- Termination or commencement of your spouse's coverage
- Death of spouse or dependent
- Shift from part-time to full-time status (or vice versa) by you or your spouse
- When a dependent satisfies or ceases to satisfy eligibility
- Taking an unpaid leave of absence (you or your spouse)
- Eligibility (or loss of eligibility) for Children's Health Insurance Plan (CHIP) or Medicaid
- Eligibility for a special enrollment or annual enrollment in Health Insurance Marketplace ("Exchange") coverage (to avoid a period of duplicate coverage or no coverage)

Section 3

INSURANCE

HEALTH INSURANCE





VASD'S Health Insurance Provider is Dean Health Plan
Contact Information:
Dean Welcome Center: (608) 250-1134
Dean Customer Service: (877) 379-7605
Dean Website for School Districts
Dean Health Plan website: deancare.com
SSM Health website: ssmhealth.com
Nurse Advice Line: 1 (800) 576-8773 (TTY: 711)

VASD offers health insurance through Dean Health Plan (Dean). Employees have two plan options: Dean HMO Plan or Dean POS plan. Each plan works a little differently.

The HMO plan allows you to use Dean in-network providers and specialists; SSM Health direct providers and St. Mary's Hospitals. SSM Health direct providers and facilities can be found on the Dean - Find Care Site. Dean & SSM Health have a full complement of in-network specialists. Referrals to out-of-network providers are made when necessary. Dean has an expansive list of preventive prescriptions in their Formulary with a $0 copay. Note: Your out of area dependents can still be covered in-network, by completing the Out-of-Area Dependent Form.

The POS Plan allows you to see in-network providers (as above under the HMO Plan), as well as out-of-network providers without pre-approval or a referral. The POS plan has an additional annual deductible and once the deductible is met, a 10% insurance copay. As the cost for this plan is more expensive, employee premium contributions are also more expensive. Some employees choose the POS plan for the flexibility to see out-of-network providers, even if it may never happen.

Both plan options offer coverage for out of area dependents, such as adult children attending college or living outside of the network area. Out-of-area dependents have access to a nationwide network of providers. Services provided by these doctors/clinics are considered in-network. Both plans also cover emergency and urgent care throughout the U.S. Additional information about both plans can be found on Dean's website, in the Employee Benefits Guidebook and on the VASD Human Resources website.

Where can I get help?
The Dean SSM Health Welcome Center is always available to help you! You can call them any time at 608-250-1134. They can help you find a provider that's right for you, confirm whether your current provider is in-network, help with transition of care and/or medications questions and much more. If you have questions or need more information about your benefits, please email the HR Helpdesk at payrollbenefits@verona.k12.wi.us

HMO OPTION

The Dean Health Plan HMO allows you to use Dean in-network providers and specialists; SSM Health direct providers and St. Mary's hospital. If you see an in-network provider, the plan covers all expenses (excluding copays and deductibles). The HMO plan has a $100 annual deductible for a single plan and a $300 annual deductible for a family plan. If you need to see an out-of-network provider for specialty care, your doctor will request a referral for that provider. Normally, the referral is approved if there are no in-network providers that can treat the condition. Office visits, urgent care and specialty care visits require a $20 copay for both adults and children. The HMO plan covers urgent care and emergency care anywhere within the USA. If you or a family member needs urgent or emergency care, the HMO plan will cover those costs.

POS OPTION

Under the POS Plan, you have the option to use in-network providers, but you are also able to use out-of-network providers without pre-approval or a referral. With out-of-network providers, you have an additional $200 individual or $600 family annual deductible and a 10% co-insurance (you pay the first $200/$600 of services and then 10% of everything after that). Some employees elect the POS plan for the flexibility to see out-of-network providers, even if it may never happen. As a reminder, if you need a referral to an out-of-network provider due to a medical condition that an in-network provider cannot treat, you can request a referral to a specialist that can treat that condition. Other employees have selected the POS plan due to dependents who live outside of the area, such as college students, or due to significant family travel needs. By enrolling in the POS plan and not using out-of-network providers, you are incurring additional costs (higher premiums out of your paycheck and district resources) and you may be enrolled in a plan that doesn't meet your medical needs. Sometimes, though, being enrolled in a POS plan is the best option for your medical needs. Be mindful that the premium contribution difference between the HMO and POS plan may be more than what it would cost you to pay for the out-of-network medical care out of your pocket. Additionally, be aware that out-of-network services may be subject to "Balance Billing" where the insurance company pays only the "usual, customary & reasonable cost of services" and you are billed for the difference. This could mean additional costs when using out of network providers.

Out-of-Area Dependent Coverage

Both plan options offer coverage for out-of-area dependents up to age 26. This coverage would include care for children attending college or living outside of the network area. Out-of-area dependents have access to a nationwide network of providers. Services provided by these doctors/clinics are considered in-network. You must register any out of area dependents in order for the in-network coverage to be effective.

PLAN OVERVIEW

Plan Selection Annual Deductible	Office Visit Copay	Office Visit Specialty Care	Prescription Copay	Virtual Urgent Care Copay	Urgent Care Copay	Emergency Room Copay
HMO						
$100 Single/$300 Family	$20	$20	$10/$25/$50/30% Preventive Rx $0	$20	$20	$100
POS						
In-Network						
$100 Single/$300 Family	$20	$20	$10/$25/$50/30% Preventive Rx $0	$20	$20	$100
Out-of-Network						
$200 Single/$600 Family	N/A*	N/A*	Not Covered	$0*	$0*	$100*

*All out-of-network costs subject to 10% insurance co-pay after annual deductible is met

Who is Eligible to Enroll in Health Insurance?

Employees whose regular assignment is at least 30 hours per week.



When Does My Coverage Begin?

Coverage is effective on the first day of employment if enrolled within 30 days.

Who Else Can I Cover?

Your legal spouse and/or eligible dependents up to age 26.

How Much Does is Cost?

The employer contribution for health insurance is 89% of the full cost of a single or family HMO plan. **This assumes participation in the annual Employee Wellness Incentive.** Non-participants receive an 87% contribution for that year. The additional amount is deducted over 6 months (January through June).

DID YOU KNOW?

A Medical Expenses Flexible Spending Plan is a great way to help you pay for out of pocket costs such as copays, deductibles, dental and vision costs on a pre-tax basis. Check out the FSA plan information on page 11.

MEMBER GUIDES & INFORMATION

- Dean New Member Guide
- VASD Benefits Website
- Welcome Center: (608) 250-1134
- Dean Customer Service: (877) 379-7605
- Dean Health Plan website: deancare.com
- SSM Health website: ssmhealth.com
- Nurse Advice Line: (800) 576-8773 (TTY: 711)
- Dean Health Plan Documents
- Additional Information about Preventive Health Services

2026-27 MONTHLY PREMIUMS

(Wellness Participants)

PLAN	Employee Cost Monthly	Estimated Cost Per Paycheck 20 checks	24 checks
HMO SINGLE:	$82.79	$49.67	$41.40
HMO FAMILY:	$210.55	$126.33	$105.28
POS SINGLE:	$269.70	$161.82	$134.85
POS FAMILY:	$682.91	$409.75	$341.46

(Non-Wellness Participants)

	Additional 2% (HMO) Per Paycheck Jan - June	Estimated Cost Per Paycheck +2% 20 checks	24 checks
HMO SINGLE:	+$15.05	$64.72	$56.45
HMO FAMILY:	+$38.28	$164.61	$143.56
POS SINGLE:	+$18.79	$180.61	$153.64
POS FAMILY:	+$47.73	$457.48	$389.19

Section 3

INSURANCE

DENTAL INSURANCE



PREMIUMS, ELIGIBILITY AND PLAN OVERVIEW

The dental insurance plan gives you access to non-preventive procedures at lower out-of-pocket costs for most other services. Dental Insurance is offered to employees hired to work at least 20 hours per week or .5 FTE. Coverage begins on the date of hire. Spouses are eligible for coverage, as well as eligible dependent children, up to age 26.

MONTHLY PREMIUMS

		Estimated Cost Per Paycheck	
Plan	Employee Cost	24 checks	20 checks
Single:	$5.49	$2.75	$3.29
Family:	$14.12	$7.06	$8.47

DID YOU KNOW?

A Medical Expenses Flexible Spending Plan is a great way to help you pay for out of pocket costs such as copays, deductibles, dental and vision costs on a pre-tax basis. Check out the FSA plan information on page 11.

Delta Dental of Wisconsin is VASD's dental insurance carrier. Delta Dental has a nationwide network, and covers more than 75% of the area and nation's dentists. Your lowest out-of- pocket costs will come from seeing a Delta Dental PPO dentist, but you will also receive cost advantages if you see a Premier dentist. Dental expenses are all eligible expenses for Medical/Health Care FSAs. Consider enrolling in an FSA to help reduce expenses.

Dental Plan Overview

Base Plan Annual Maximum $1,250
$50 Individual Deductible
$150 Family Deductible

Preventive Services

(not subject to deductible or annual maximum)
Examinations 100%
Cleanings 100%
Fluoride Treatments 100%
X-rays 100%
Sealants 100%
Space Maintainers 100%

Basic & Major Services

(deductible applies)
Emergency Treatment 85%
Fillings 85%
Endodontics 85%
Periodontics 85%
Extractions 85%
Crowns/Inlays/Onlays 80%
Bridges/Dentures 50%
Bridge/Denture
Repairs or Adjustments 85%
Implants 50%

Orthodontic Services

Coverage copayment 50%
Lifetime Maximum $2,000

Section 3

INSURANCE

VISION INSURANCE





This "materials only" insurance plan is provided by DeltaVision, in conjunction with EyeMed. The EyeMed network gives you access to a national network of both independent providers along with the nation's most respected optical retail brands such as LensCrafters®, Target Optical® and Skopko Optical®. You can elect this benefit to cover yourself and your eligible family members.

PREMIUMS, ELIGIBILITY AND PLAN OVERVIEW

MONTHLY PREMIUMS

Plan	Employee Cost	Estimated Cost Per Paycheck	
		24 checks	20 checks
Single:	$8.60	$4.30	$5.16
Family:	$21.42	$10.71	$12.85

The DeltaVision benefit is simple to understand and easy to use. The plan allows for materials (glasses or contact lenses) to be obtained once every 12 rolling months. The benefit must be used all at one time. Each member enrolled in the plan (either single or family coverage) will receive up to $250 toward the purchase of frames, lenses, and/or contacts. Additionally, any expenses above the benefit maximum may be discounted.

Plan Overview

Frequency - Glasses or contacts once every 12 rolling months

In-Network / Out-of-Network

Glasses $250 allowance / $125

(Includes frames, +20% discount off plastic lenses and lens balance options / N/A for out-of-network)

Contact Lenses

Conventional $250 allowance / $200

(15% discount off balance / N/A for out-of-network)

Disposable $250 allowance / $200

Medically necessary

Paid in full / $200

Laser Vision Correction

LASIK or PRK 15% off retail or 5% off promo price / None

Section 3

INSURANCE

FLEXIBLE SPENDING ACCOUNT (FSA)

FSA'S ALLOW YOU TO SAVE ON YOUR MEDICAL/HEALTH CARE EXPENSES AND DEPENDENT (DAYCARE/ADULT CARE) EXPENSES ON A PRE-TAX BASIS. COSTS FOR DAY-TO-DAY EXPENSES CAN PILE UP AND VASD PROVIDES YOU WITH AN OPPORTUNITY TO SAVE ON SOME OF YOUR EXPENSES BY TAKING ADVANTAGE OF THE PRE-TAX FLEXIBLE SPENDING ACCOUNTS.

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) lets you budget and save for qualified expenses. These funds are put aside before taxes, which means more money in your pocket on payday! For example, if you contribute $2,500 to an FSA during a plan year and pay a tax rate of 30%, you could save $750.

Medical Expenses FSA

One of the best benefits of a medical expenses FSA is that funds are available to use at the start of the calendar year. That means if you have a big medical expense at the start of the year, you can access your FSA funds immediately to help cover the cost.

A medical expenses FSA allows you to save for medical expenses for yourself and dependents, including: office visit copayments, deductibles, prescription drug copayments, dental expenses, vision care expenses (e.g. eyeglasses or contact lenses), hearing care expenses (e.g. a hearing aid) and orthodontia. A full list of eligible and ineligible FSA expenses are defined and listed in IRS Publication 502, available online at www.irs.gov/publications.

The maximum annual amount you can deposit into a Health Care FSA is $3,400 for 2026.

Dependent Care FSA (Daycare)

A dependent care FSA allows you to save for daycare expenses for your child (up to age 13) or a disabled adult dependent/spouse. To be eligible for a dependent care FSA, you must work or be a full-time student. Expenses include preschool, after-school care, daycare and summer day camps. Dependent care funds are not for medical expenses for dependents. The maximum annual amount you can deposit into a dependent care FSA is $7,500 for 2026.

Planning and Considerations

The FSA plans runs on a calendar year basis, so you'll want to plan ahead. Because the plan is "use it or lose it", you will want to make sure to spend all of your funds by the end of the calendar year. The medical expenses FSA plan does have a $680 rollover option built in, allowing for additional spending of remaining funds following the end of the calendar year. The dependent care FSA plan does not have this rollover feature.

To plan ahead, you'll want to estimate how much you think you may spend on qualified expenses. For the medical expenses FSA, consider any trips to the doctor or emergency room, prescription drug refills, along with dental and vision expenses. You can also visit the online FSA Store for over-the-counter medications, equipment and other qualified expenses.

Helpful Links & Forms

- Save Money With an FSA
- Eligible Expenses - Medical & Dependent Care FSA Forms
- Claim Form - complete this form for reimbursement from your BESTflex Plan FSA.
- Direct Deposit Authorization - complete this form to have your reimbursements deposited into your checking or savings account.
- Create an FSA online account - register for an account to review your funds and request reimbursements.

Section 3

INSURANCE

INCOME PROTECTION

Protecting yourself and your family during unexpected life events should not be a worry for you. VASD provides you with basic life insurance, basic accidental death & dismemberment (AD&D), voluntary life insurance and AD&D, long-term disability and voluntary short term disability insurance.



LIFE INSURANCE

You are automatically enrolled in Basic Life and AD&D Insurance through National Insurance Services. Coverage is 1x your salary, rounded up to the next thousand. VASD pays 100% of the cost of this plan on your behalf.

You may also enroll in Voluntary (Additional) Life and AD&D Insurance through the Wisconsin Public Employers Group Life Insurance Program. Additional Life is completely voluntary and paid for by the employee via payroll deduction. Life and AD&D Insurance under this plan is available for yourself, your spouse and qualifying dependent children up to age 26.

SHORT TERM DISABILITY INSURANCE

Short term disability insurance is optional. The benefit level is 70% of your regular weekly pre-disability earnings after a 14 calendar day wait period. Late enrollees (anyone enrolling after the first 30 days of your first day worked) are subject to a 60 day wait period for the first 12 months of coverage. The benefit will continue for up 60 calendar days from the date of disability. Employees are responsible for 100% of the cost of this insurance.

LONG TERM DISABILITY INSURANCE

You are automatically enrolled in Long Term Disability Insurance. The benefit level is 90% of your regular pre-disability earnings after a 60 calendar day wait period. The benefit will continue as long as you are disabled and continue to provide necessary documentation, through the standard Social Security full retirement age. VASD pays 100% of the cost of this plan.



Section 4

RETIREMENT

WISCONSIN RETIREMENT SYSTEM



Wisconsin Retirement System (WRS) is a retirement pension benefit for most state, local, and public school district employees in Wisconsin. WRS requires that participants contribute a mandatory percentage of income to the plan pre-tax (50% is contributed by you and 50% is contributed by VASD). As of January 1, 2026, the participation percentage is 14.4% (7.2% by you and 7.2% by VASD).

ENROLLMENT

There are a few ways to be enrolled in WRS. VASD will automatically enroll you when you become eligible:

- At the start of your employment the FTE and/or combined FTE's must be 2/3 or greater (1/3 or greater for those contributing before 7/1/2011)
- Become re-hired within 12 months of a separation with VASD, when you last contributed
- Work 365 days (one calendar year) and have worked 880 hours or more (440 hours or more for those contributing prior to 7/1/2011)

VARIABLE FUND

WRS consists of two fund options, the Core Fund (which is the default fund) and the Variable Fund. Your contributions will automatically be placed into the Core Fund. You have the option to allocate 50% of your contributions into the Variable Fund. You are able to cancel your Variable Fund participation effective 12/31 of the year the cancellation form is referred.

Please be aware, you are only able to enroll in the Variable Fund one time and transfer out one time – you cannot switch between the Core Fund and Variable Fund multiple times. More information about the Core and Variable Funds can be found on WRS's website.

ADDITIONAL CONTRIBUTIONS

You may make additional contributions to WRS annually. You must submit the payment directly to WRS by 12/31 of every calendar year and include the form Additional Contributions Remittance. This type of contribution is not pre-tax.

MORE INFORMATION

WRS has a comprehensive website that provides you with more information about the pension plan, including financial webinars, a beneficiary form, a retirement estimate calculator and information on how to read your annual Statement of Benefits. Check out the ETF/WRS website.



Section 4

RETIREMENT

403(B) SAVINGS PLANS





VASD also provides employees with another opportunity for retirement savings by participating in one of VASD's 403(b) plans. You can participate by electing Traditional (pre-tax) or Roth (post-tax) contributions.

403(b) plans can play an important role in building a strong retirement income stream, in addition to a WRS Pension 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 have contributed.

403(B) APPROVED VENDORS

VASD's vendors are:

- Fidelity Investments
- Lincoln Investment Group
- WEA Member Benefits
- Wisconsin Deferred Compensation

CONTRIBUTIONS

If you are already currently contributing, you can increase or decrease your pre-tax contributions and Roth 403(b) post-tax contributions. To change your contributions, please complete the Salary Reduction Agreement form found in TalentEd Employee Records under the Available Forms tab.

When you invest in a **Roth 403(b) account**, your contributions are "post-tax" dollars. But when you withdraw money after you retire, you will not owe taxes on that money. The investment returns over time are tax-free, as you have already paid the income tax with your initial contributions.

If you invest in a **Traditional 403(b) account**, your contributions are "pre-tax" dollars. Your taxable income is reduced by the amount you pay into your account. That softens the impact of the loss in your take-home pay. However, after you retire you will owe income taxes on the pre-tax dollars you put in and on the investment returns the account generated.

To start new contributions:

- Contact your preferred investment provider to complete an enrollment application/open an account with one of the district-approved vendors listed above.
- Complete and submit a salary reduction agreement via TalentEd Employee Records under the Available Forms area.

2026 Contribution Limits

- Effective deferral limit: $24,500 (calendar year total)
- Age 50+ catch-up: $8,000 (calendar year total of $32,500)
- Ages 60-63 catch-up: $11,250 (calendar year total of $35,750)

Section 5

Employee Assistance Program (EAP)

THE EAP IS A FREE BENEFIT PROVIDED TO ALL EMPLOYEES, YOUR SPOUSE/DOMESTIC PARTNER AND LEGAL DEPENDENTS. IT IS 100% CONFIDENTIAL, NO DATA IS REPORTED BACK TO VASD. IT PROVIDES FREE, CONFIDENTIAL COUNSELING AND REFERRAL SERVICES PERTAINING TO PERSONAL DIFFICULTIES.

What is the Employee Assistance Program?
The **EAP** can assist with several needs including, but not limited to: alcohol or drug addictions, marital difficulties, stress management, depression, anxiety and other needs and concerns.

If, after speaking to a counselor, you need more immediate assistance, you can be referred to an in-person counselor for up to 3 free visits. Additionally, immediate referral to an in-person counselor is available in crisis situations.

Eldercare Assistance
Specialists can help locate eldercare options, such as residential care or in home care, help with dealing with the emotions of retirement, or legal aspects like estate planning.

Legal Assistance
Counselors may refer an employee to a phone and/or one in-person consulting with an attorney.

Childcare Assistance
Employees can consult a work-life professional to provide information, referrals, and resources related to childcare concerns.

Identity Theft Assistance
If you are a victim of identity theft, IDX Identity Theft Recovery specialists will provide service with expert advice, to help save you valuable time during a stressful process.

To start an account for assistance, use the information provided below:

IDX Account setup **LINK**
PIN ID: NIS
Phone: 855.205.6010

Workplace Options Platform
The Workplace Options Platform provides the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information discussed through the EAP is kept confidential in accordance with federal and state laws.

EAP Services are available by either:
Phone: 866.451.5465

Online: bit.ly/eap-nis
Company Code: NIS





Section 6

Verona Area School District Insurance Plan Information

Health Insurance
Dean Health Plan - HMO
Dean Health Plan - POS

Dental Insurance
Delta Dental Plan

Vision Insurance
DeltaVision (EyeMed) Plan

Life Insurance – Employer Paid
National Insurance Services

Voluntary Life Insurance – Employee Paid
ETF/Securian Financial Life Insurance

Disability Insurance
Long Term Disability Insurance - National Insurance Services
Short Term Disability Insurance - National Insurance Services

Click here for Verona Area School District - HR Benefits Website



CLICK BELOW FOR THE

VASD 2026-27 Insurance Compliance Addendum

Verona Area School District

700 N. MAIN STREET, VERONA, WI 53593
Human Resources Phone: 608-845-4390
Website: VERONA.K12.WI.US
Email: payrollbenefits@verona.k12.wi.us