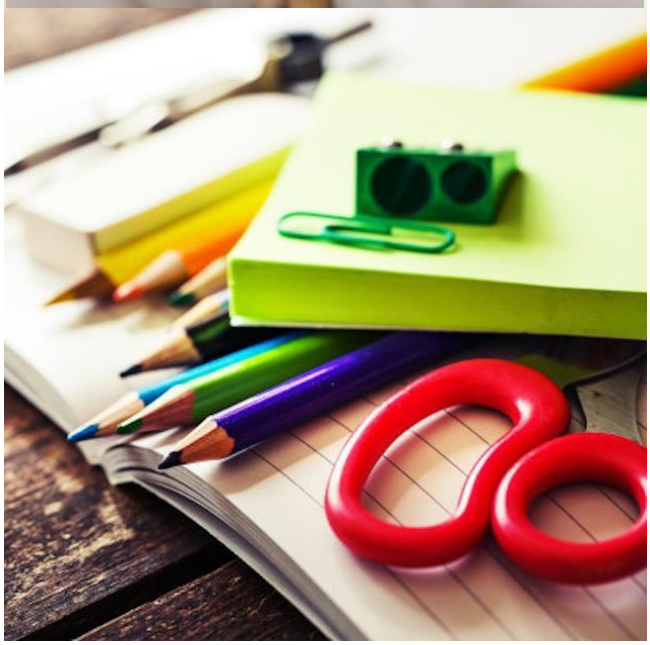
A Guide to Your Benefits





2027

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.

SCHOOL DISTRICT OF SOUTH MILWAUKEE

WELCOME TO YOUR BENEFITS!

At the School District of South Milwaukee, our greatest asset are our Employees. Providing for your health and well-being is a high priority as we continue to deliver best-in-class benefits in the face of rising health care costs. We are fortunate to have a great team of people who are dedicated to our mission and vision. We value each member of SDSM and care about each one's success and well-being.

One way we can thank you for your dedication and hard work is by providing a comprehensive and competitive benefit plan. The School District of South Milwaukee benefit package is an important and valuable part of your overall total compensation.

We understand selecting the benefits that best meet your financial, lifestyle and family needs is very important to you.

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.

Everyone's needs are different; our benefits package is flexible and can be customized to suit your individual situation. No matter which plans you choose, the best way to save money on health care is to stay well by leading a healthy lifestyle – eating right, exercising, utilizing preventive care, and developing healthy habits.

Note: This is a summary of benefits and not in any way a guarantee of coverage. This summary provides a general description of your medical benefits. It does NOT list all benefits. The plan contains limitations and restrictions that could reduce the benefits payable under the plan. The Summary Plan Description will take precedence over all other documents.

Eligibility

Employees

Generally, you are eligible to enroll in the School District of South Milwaukee benefits program if you are a regular full-time Employee who is actively working a minimum of 30 hours per week. Please see section 4 of the Employee Handbook for more detailed eligibility rules.

Dependents

If you are eligible for family benefits, so are your eligible dependents. In general, eligible dependents include your legal spouse and children up to age 26. Children may include natural, adopted, step-children, and children through court-appointed legal guardianship. Dependent children are also eligible for benefits if the Employee is required to provide benefits through a divorce decree, court order, or Qualified Medical Child Support Order (QMCSO). Dependent children are covered for vision, dental, accident & critical illness coverage through the end of the month that they turn 26 years of age, regardless of marital status. Dependent children are covered by health insurance until the end of the calendar year in which they turn 26 years old, regardless of their marital status.

Cash in lieu benefit: Some employees may elect to decline the medical coverage and receive a monthly cash payment. The payment is $400 per month for 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.

ENROLLMENT BASICS

Initial Enrollment Period Upon Meeting Eligibility

If you are an employee working 30 or more hours per week, you may be eligible.

You must enroll during the enrollment period: within 30 days of your date of hire. If you do not enroll during the required time frame, it will be deemed a "Waiver of participation."

Results of Waiving Coverage & Eligibility Periods

If coverage is waived during your initial enrollment period, future entrance into any benefits plan will only be allowed if you experience a Qualified Life Event or during the period of open enrollment.

Be Prepared

Before you make your elections, be sure to read this benefit guide, review your options, and write down any questions you may have. Please note the following:

Social Security numbers are required for newly enrolled dependents. Proof of dependency (i.e. marriage certificate, birth certificate, tax form, or court order) must be turned into the business office.

You will be asked to provide beneficiary names, birth dates, addresses, and phone numbers.

Making Changes During the Year

A Qualifying Life Event is a change in your personal life that may impact your eligibility, or your dependent's eligibility, for benefits. Examples of some Qualifying Events include:

- Change of legal marital status (e.g., marriage, divorce, death of spouse).
- Change in number of dependents (e.g., birth, adoption, court order, death of dependent, ineligibility due to age).
- Change in employment or job status for you or your spouse.
- If such a change occurs, you must make the changes to your benefits within 30 days of the Qualifying Life Event date.

Documentation will be required to verify the change in status. If you fail to request a change within 30 days of the Qualifying Event, you may have to wait until the next Annual Enrollment period to make your change; this includes the enrollment of a newborn child.

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

OPEN ENROLLMENT DATES

Nov. 3rd – Nov. 13th 2026

IMPORTANT: EVERYONE must enroll via our Employee Navigator Administration System to make your elections. This includes waiving benefits.



REGISTERING/ENROLLING ON EMPLOYEE NAVIGATOR

The School District of South Milwaukee has implemented an online benefit administration system called Employee Navigator for employees to elect their new hire benefits as well as complete their annual open enrollment.

After you've been hired or before open enrollment, your HR administration will input your personal data into Employee Navigator and send you a registration email like the below example. You will need to click the registration link within the email and set up your Employee Navigator account.

School District of South Milwaukee - Annual Benefit Open Enrollment

EN Employee Navigator <noreply@employeenavigator.com>
To Jenny Koenig

Reply | Reply all | Forward

Hello Jenny,

School District of South Milwaukee is hosting your annual benefit Open Enrollment. **November 2nd - November 14th.** Open Enrollment is an annual event that allows you to make changes to existing benefits or elect new benefits for the first time.

If this is your first time enrolling, you can register by accessing this **Registration** link. During the registration process, you may be required to enter personal identifying data as well as the following company identifier: **SDSMilwaukee**

If you need help with the enrollment process, please review this short video, Enrolling in Benefits. Please direct any additional questions about enrollment or benefits to Gaye Lener at atoner@sdsm.k12.wi.us

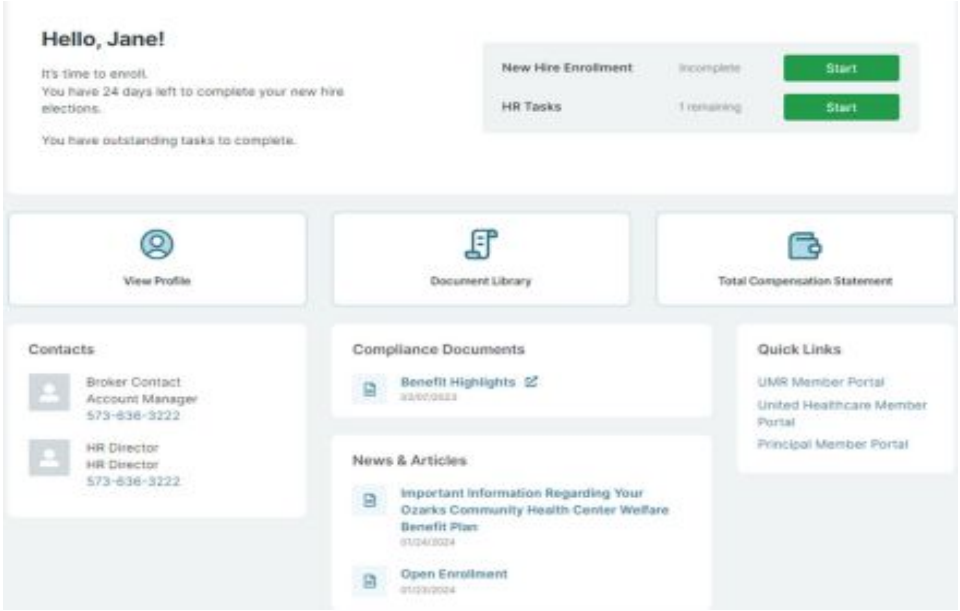
Thank you,
School District of South Milwaukee

This is an automated email. Please do not reply.

You can also go to www.employeenavigator.com and click login in the upper right-hand corner of the screen and then click Register as a new user. From there, you will be required to enter the following information :

- First Name
- Last Name
- Company Identifier: **SDSMilwaukee**
- PIN: (Last 4 digits of your SSN)
- Birth Date

STEP 1. Once you have successfully registered and logged into your account, you will land on your homepage which will look like this:

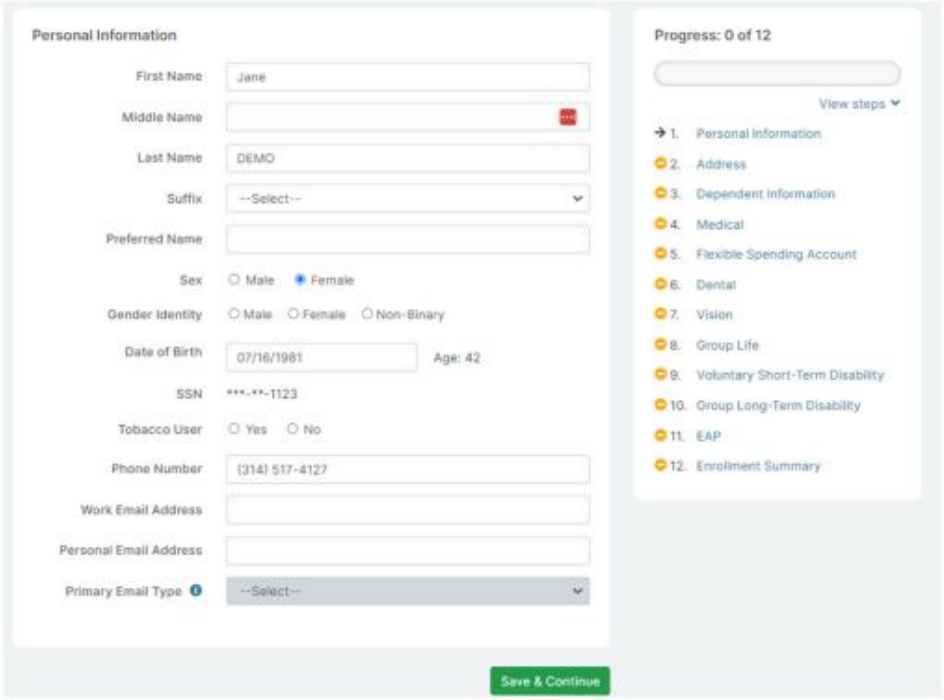


EMPLOYEE NAVIGATOR (Continuation)

STEP 2. At the top of your screen, you will see green start buttons for any tasks that you need to complete.

Once you click the links, the system will guide you through the enrollment process. The first several steps in the process, you will be asked to verify personal information. If any information needs updating, now is the time to do that.

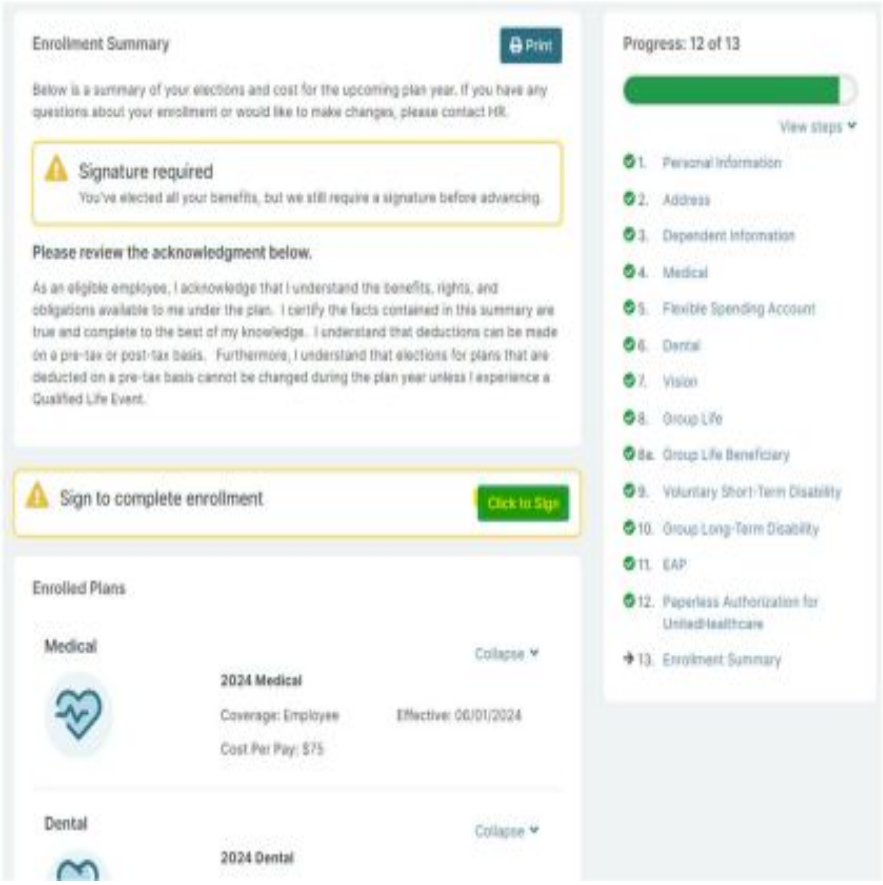
The remaining steps will show the benefits offered to you by your employer. You will need to review each benefit and either enroll or decline the benefit.



STEP 3. The last step in the process will be the enrollment summary where you will review the benefits you've elected.

Once you've reviewed your elections, you must click the Click to Sign button to submit your enrollment to receive your elected benefits.

Remember: You must enroll or decline/waive your benefits.



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
Vision Coverage	Pre-tax	You
Life Insurance	N/A	The District
Short-Term Disability (STD)	Post-tax	You
Long-Term Disability (LTD)	Post-tax	The District
Flexible Spending Accounts (FSAs)	Pre-tax	You
Critical Illness Insurance	Post-tax	You
Accident Insurance	Post-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 INSURANCE

The School District of South Milwaukee provides you one medical plan option through Surest, a UnitedHealthcare company, using the Choice Plus Network.

What's different with the Surest health plan?
For starters, your benefits work for you immediately. There's no deductible to chip away at and no coinsurance to worry about paying weeks after receiving care.

Join Surest is live: https://join.surest.com/SouthMilwaukee
Access code: SouthMilwaukee2025
The access code is NOT case sensitive

Important! By using the Surest app or website, employees can consider the cost of their care options in advance and review variable copays, which may help people select quality, high-value care providers and facilities. This upfront pricing also helps avoid billing surprises that, with a traditional health plan, might show up weeks or months after a service or procedure.

Log into the Surest app for more information on pg. 12

MEDICAL PREMIUMS

Medical Employee Premium Per Pay Period		
Coverage Tier	**Hourly & School Year Employees 20 Payrolls**	**Salaried & Year-Round Employees 24 Payrolls**
Single	$98.83	$82.36
Family	$225.02	$187.52

Surest Plan Design

surest
A UnitedHealthcare Company

Category	Plan Design Element	Surest B 4000	
		In-Network	Out-of-Network
Overall Provisions	**Deductible**	$0	
	Coinsurance(Plan Paid)	100%	
	OOP Limit Individual	$4,000	$8,000
	OOP Limit Family	$8,000	$16,000
Surest -Medical Coverage	**Office Visit**	$10 to $65	$195
	Virtual Care		
	Virtual Care(Primary and Urgent) Virtual Care(Specialty)	$0 $10 to $40	Not Covered Not Covered
	Preventive Care	$0	$100
	Routine Diagnostic Test(e.g. X-ray, Lab, Ultrasound)	$0	$0
	Complex Imaging(MRI, CT, etc.)	$60 to $450	$1,230 to $1,350
	Emergency Room	$350	$350
	Observation Stay	$350	$350
	Ambulance	$160	$160
	Urgent Care	$35	$105
	Procedures (Office, Outpatient and Inpatient)	$15 to $2,500	Up to $7,000
	Procedures (Inpatient and some Outpatient) Other Outpatient Hospital Services Other Inpatient Stay (inc. admission from ER)	$150 to $2,500 $75 to $525 $1,600	Up to $7,000 $1,575 $4,800
	Mental Health		
	In an office setting Mental Health Telehealth Intensive Outpatient Treatment Program	$10 $10 $40	$100 $100 $120
	Maternity		
	Prenatal and Postnatal Care Delivery	$0 $625 to $1,600	$100 $4,800
	Home Health Care	$30	$90
	Rehabilitative Therapies	$5 to $60	Up to $180
	Physical Therapy Speech Therapy	$5 to $45 $10 to $55	$135 $165
	Durable Medical Equipment	$0 to $500	Up to $1,000
	Advanced Tests	$10 to $750	Up to $2,250
	Medical Infusions And Chemotherapy	$15 to $1,850	Up to $5,550
	Therapeutic Treatments	$30 to $1,750	Up to $5,250

SUREST MEMBER RESOURCES

surest
A UnitedHealthcare Company

Get all your health plan information in one place

When it comes to managing your health plan and making informed decisions about your care, simpler is always better. With the new Surest website experience, connecting to the information you need to do both is easier than ever.

How to get started

Just register at **benefits.surest.com**. Log in and you'll see everything you need – your own personalized plan information, choices for where to go for care, budgeting tools and helpful wellness tips. It's all right there. Get your information anytime at Surest.com or download the Surest mobile app for on-the-go access.

Join Surest: https://join.surest.com/southmilwauke
Access code: SouthMilwaukee2027

Find and price the care you need

The find-and-price care tool is available when you want to know where to go for the services you need. Use it to find a doctor, clinic, hospital or lab using multiple search options, including location, specialty, quality, cost, services offered and more. You can even see patient ratings. Review your choices before you make appointments to help control spending and choose the level of service you need for your situation.

Care24: Call the number on your Surest plan ID card

- Call or web chat with a registered nurse, master's-level counselor, or legal or financial professional 24/7.
- Health and pharmacy information.
- Help coping with grief, stress, relationship issues, and more.
- Financial management information.
- Legal support.

Virtual Visits: 24/7 access every day of the year for many common conditions

- Visits are typically under 20 minutes.
- Physicians who can diagnose and prescribe.
- Health care beyond normal clinic hours.
- More time at work, not time driving to or waiting for an office visit.

Questions?

Contact Surest Member Services via chat, email, or phone at 866-683-6440, Monday – Friday from 6 am – 9 pm CT.

Get to know our value-based copays

The Surest health plan sets copays for services and procedures that you can see in advance.

Lower copays indicate providers that are evaluated as higher value.* In other words, providers who may help you feel better, faster.

Find your copay.
Our copays may vary for the same service or procedure based on who delivers the service and where the service is provided. Use the Surest app or website to search for care by symptom or condition first to find a specific copay for care.

Watch now to learn how to find a specific copay for care.

COMMON QUESTIONS

Do I have coverage for emergencies?
YES! If you go to the emergency room, you pay the emergency room copay.

What if I need emergency surgery?
If you need emergency surgery and/or need to be admitted to the hospital, the emergency room copay is waived, and you will be responsible for the inpatient hospital emergency admit copay.

Do I have coverage during international travel?
You have emergency medical coverage outside the United States, as well as limited access to virtual services. Any emergency care received overseas is a cost to you. You'll need to submit a claim for reimbursement upon returning to the U.S.

What's covered under the Surest Plan?
With the Surest Plan, you get what you'd expect from a health plan, only with price visibility to check and compare costs and options. Plus, lower costs are an indication of higher-value care.

How does the Surest Plan Work?
From office visits and many procedures- from having an MRI to having a baby - you see one price. By grouping these services together, combining the labs and X-Rays that go along with a medical procedure or test into one procedure, we're trying to make it easier for our members to know what they'll pay in advance.

Does Surest cover Dental and Vision?
When there is an underlying medical condition, dental and vision are covered. For routine care, services are offered through a separate plan. Reach out to your benefits team for more information.

Is there an out-of-pocket limit? What applies?
Yes. There is an out-of-pocket limit or the most money you'll pay in a given year for healthcare benefits your plan covers. Visit Join.Surest.com or your benefit summary for details. All copays count toward the out-of-pocket limit, from office visits to surgery. Paycheck deductions (premiums) and most out-of-network expenses don't count toward in network out-of-pocket limits.

Is my doctor in-network?
Moving to the Surest plan does not change your Network. Your Choice Plus Network is a group of hospitals, doctors, labs, specialist and pharmacists who have a partnership (and contract) with your health insurance company to be part of your plan. Your doctor is likely in-network. As a member, you access the national UnitedHealthcare Choice Plus and Optum Behavioral Health networks - but you should confirm at Join.Surest.com.

What should I do if my doctor doesn't recognize Surest?
Share your Surest ID card. Your ID card provides the provider your member ID number which identifies the insured, while the group number identifies the new Surest plan.

Tips to avoid copay confusion



1. Use the Surest app or go to Benefits.Surest.com to find the copay for the provider and location you're visiting. Helpful tip: Take a screenshot of the provider price on your device and save it for reference.



2. At check-in, confirm the provider copay matches what's displayed on your Surest app or website. If the copay matches your plan, then pay it at your visit or ask to be billed.

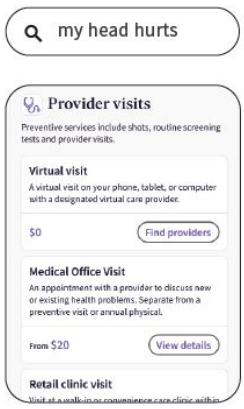


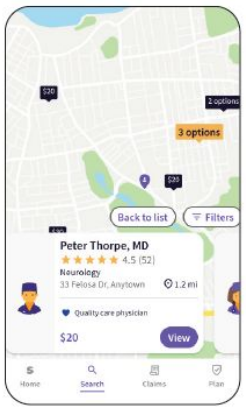
3. If the amount doesn't match your plan, ask the office to bill you for the visit. This will allow the claim to be submitted, processed, and then charged back to you at the correct copay.

How to Search in the Surest App

Search: So much more than "Is my doctor in-network?"

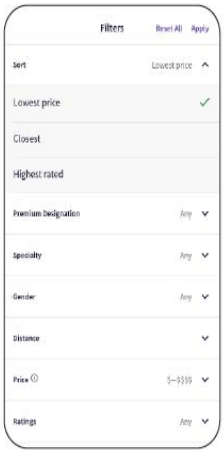
Download the Surest app or visit Benefits.Surest.com to search for care and supplies — and see the price before you get them.



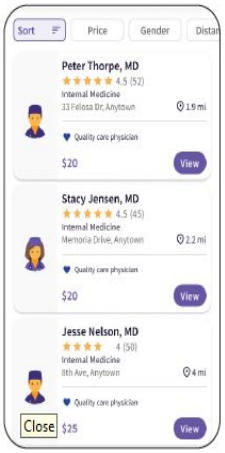


1 Search

- From the search bar, type in your condition, or symptoms like “my head hurts”.
- Results will show care options for you to consider.
- Select a doctor or location to see the copay.
- You can also search by provider name to see prices and if they’re in-network.







2 Compare

Turn on filters like specialty, gender, and distance to find care that suits you. Patient-submitted provider star ratings and reviews may also help you compare options.

3 Decide

By evaluating providers, locations, and costs in advance, you can make more informed decisions about care that fits your lifestyle and budget.

- View a map of provider listings to see upfront prices and nearby locations.
- Select the provider you want and see scheduling info.

You’ve got questions. We’ve got answers.

The Surest health plan puts you in the driver’s seat so you can search and find the care you need; at prices you can see. When you have questions or need support along the way, our Surest Member Services team is just a click or call away.

From Surest.com Click on the Menu button/icon and then select “Help and Support”. From here, you will see all the ways you can connect with Surest Member Services. **From your phone call 866-683-6440 to speak with a Surest Member Services team member. Available Monday – Friday from 6 am – 9 pm CT.**

Get the free Surest app for help at your fingertips.

GET IT ON Google Play

Available on the App Store

From the Surest app

Chat with a team member in real-time, Monday – Friday from 6 am – 9 pm CT.

Email us to get a response within 24 hours.

Clinical advocates

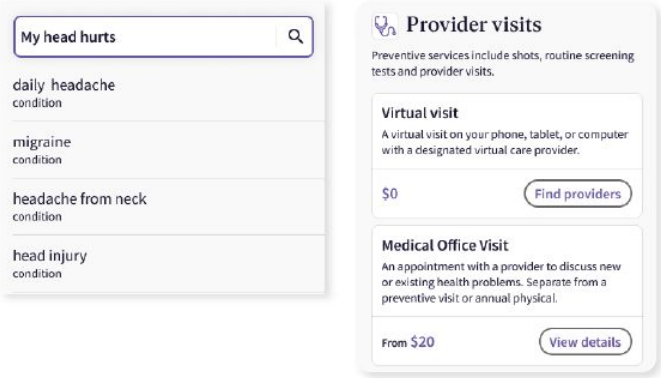
If you need help navigating care and support, the Surest Clinical Advocacy team can help. Clinical advocates can offer guidance on providers, locations, and treatment options to support all types of care needs — from family planning and physical therapy to cancer treatment.

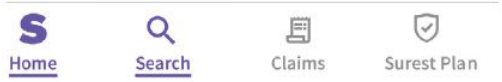
To get in touch, **call Surest Member Services at 866-683-6440 and ask to speak with a clinical advocate.**

How to Find Care and Benefits Information in the Surest App

Information at your fingertips.

Use the Surest app to quickly and easily find care and benefits information.



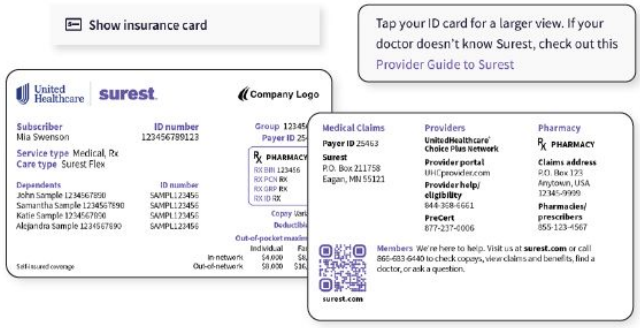


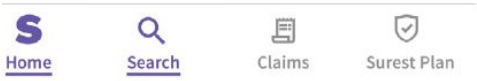
Know before you go when you search.

Search for care by symptom or condition to find in-network providers, locations, and copays.

How you search matters.

You can search by provider name, specialty type, or location to see in-network options but, to get to a specific copay, you need to search by symptom or condition first.



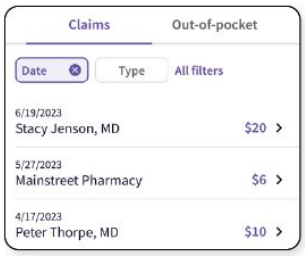


Access your digital member ID card.

From your account home page, click "Show Insurance Card" to see your ID card.

Not all in-network providers may be familiar with Surest.

If you experience this, open the Surest app and click "Show Insurance Card", select "Provider Guide to Surest", and share the details with office staff.

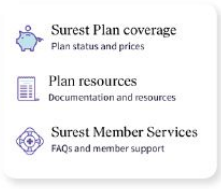


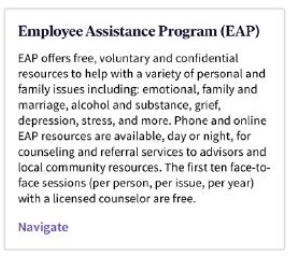




View claims.

From the main menu, click on the claims icon to see a list of your claims. You can also filter them by date and type (medical or pharmacy).







Find forms and resources.

From your account home page, click the "Surest Plan" icon at the bottom of the screen and then "Plan Resources" to access important forms (e.g., authorized representative) and resources available to you through your plan (e.g., Employee Assistance Program).



Get in touch.

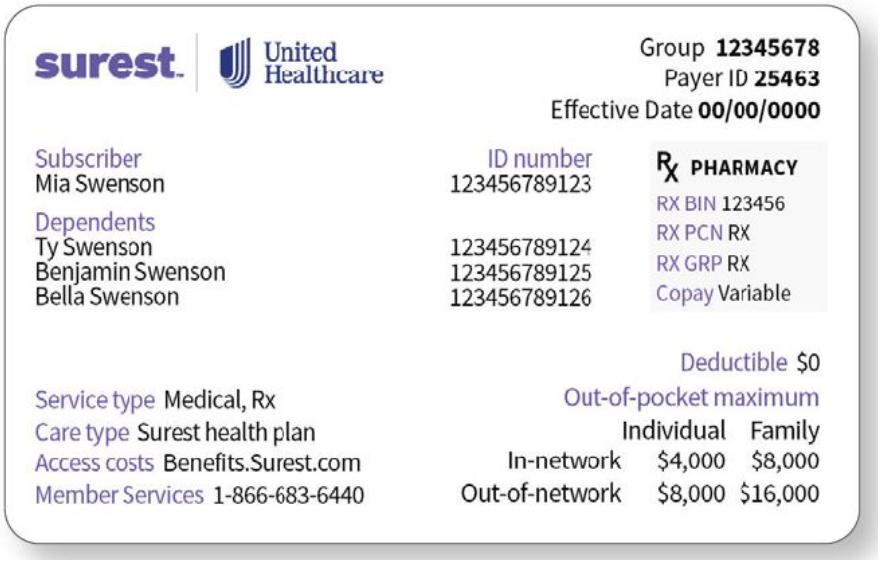
If you have questions about your coverage or how to find care and resources, contact Surest Member Services via chat, email, or phone at 866-683-6440, Monday – Friday from 6 am – 9 pm CT.

ID CARD EXAMPLES

MEDICAL ID CARD EXAMPLE

New members will receive a new ID Card for the Surest plan in the mail.

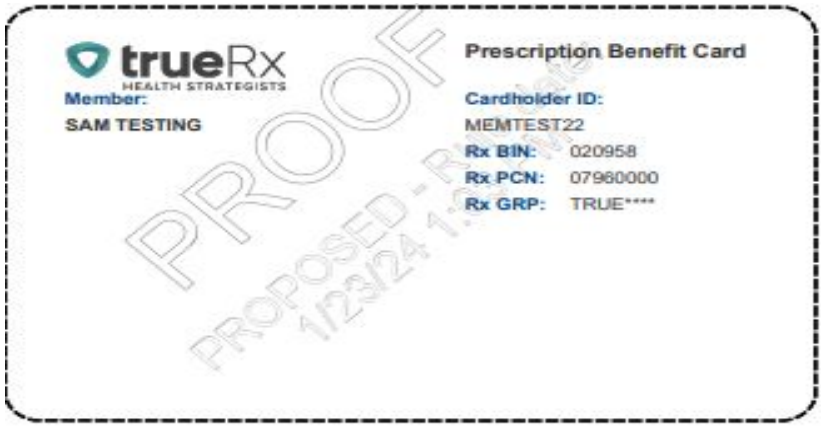
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A UnitedHealthcare Company

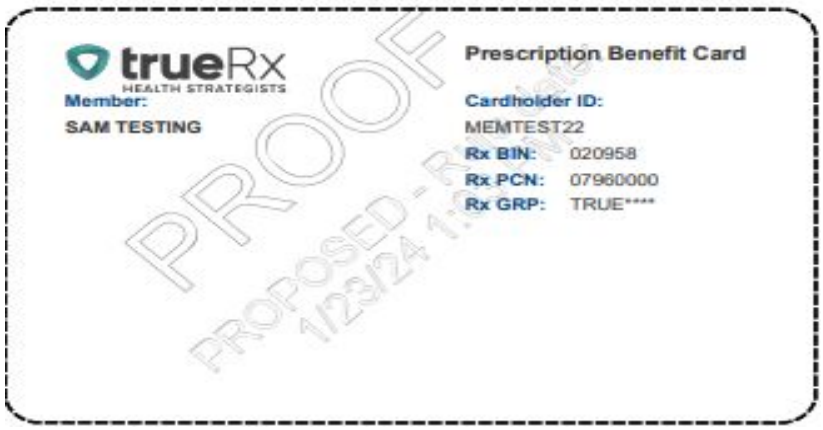


PHARMACY ID CARD EXAMPLE

Remember you will have a separate ID card for prescriptions. New members will receive a new ID Card for the TrueRx plan in the mail as well.

trueRx HEALTH STRATEGISTS





Pharmacy Benefit Manager (PBM)

TrueRX 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 do today.

TrueRX will fill retail prescriptions, and WB Express will be available for Mail Order prescriptions. For those that have higher cost prescription drugs, SHARx 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 SHARx will reach out to ensure your prescriptions are ready at the start of the plan year.

What pharmacies are in-network?
The TrueRx standard network includes over 66,000 pharmacies nationwide. Please visit www.truerx.com/members and scroll down the page to click the link to check the list of pharmacies.

How do I receive 90-day Mail Order service?
To contact WB Express, please call 812-642-1044 or toll free via 833-391-0126. Online visit: https://wbrxexpress.com/

Is TrueRx Health Strategists a pharmacy?
No, we're not a pharmacy. We're your pharmacy insurance provider. You will continue to receive medications at your local pharmacy while we work in the background to make sure you're getting prescriptions with ease and accuracy.

Out of Pocket Maximum	
Single	$3,600
Family	$7,200

30 Day Supply		90 Day Supply
Tier 1	$10.00 Copay	$20.00 Copay
Tier 2	$40.00 Copay	$80.00 Copay
Tier 3	$60.00 Copay	$120 Copay
Specialty	Call SHARx	Call SHARx

SPECIALTY MEDICATIONS

What is SHARx? (pronounced "Sharks") SHARx is a pharmacy advocacy solution. This program was created to extend advocacy program benefits to employees like you. Their role is to help facilitate the advocacy onboarding process for each eligible member of your employer's health plan and provide access for all high-cost medications.

Who is Eligible? School District of South Milwaukee is making this program available to members enrolled in the health plan. If you are eligible to participate in the SHARx program to lower drug costs for you and your family, follow the instructions in the welcome email or call 314-451-3555.

HELP WITH HIGH-COST PRESCRIPTION ACCESS

If you take a specialty or other high-cost medication the SHARx advocacy program will contact you and provide access to those specific prescriptions.

Look for a welcome email from SHARx or call 314-451-3555, Option 1.

TrueRX FAQ

How do I continue my mail order service? Contact WB Rx Express at www.wbrxexpress.com/mail-order or 833-391-0126.

Is TrueRx Health Strategists a pharmacy? TrueRX is not a pharmacy. TrueRX is your pharmacy insurance provider. You will continue to receive medications at your local pharmacy while we work in the background to make sure you're getting prescriptions with ease and accuracy.

How much will my medication cost? You can find the cost of your medication by using the member portal at truerx.com/member-portal or by downloading the "MyRxPlan" app to compare prices at different pharmacies in your area.

What should I do if my claim is delayed or denied? If you're having difficulties, please give us a call. Our patient care representatives are experts in your pharmacy benefits plan.

How to Register to The TrueRX Portal

Register :

1. Using a web browser, go to your member portal at https://truerx.myrxplan.com

2. Click on the " Register Now" Button for New members

3. Enter the following information;
   - Cardholder ID
   - Group Number
   - Your First and Last Name
   - DOB (Date of Birth)

4. Click Continue

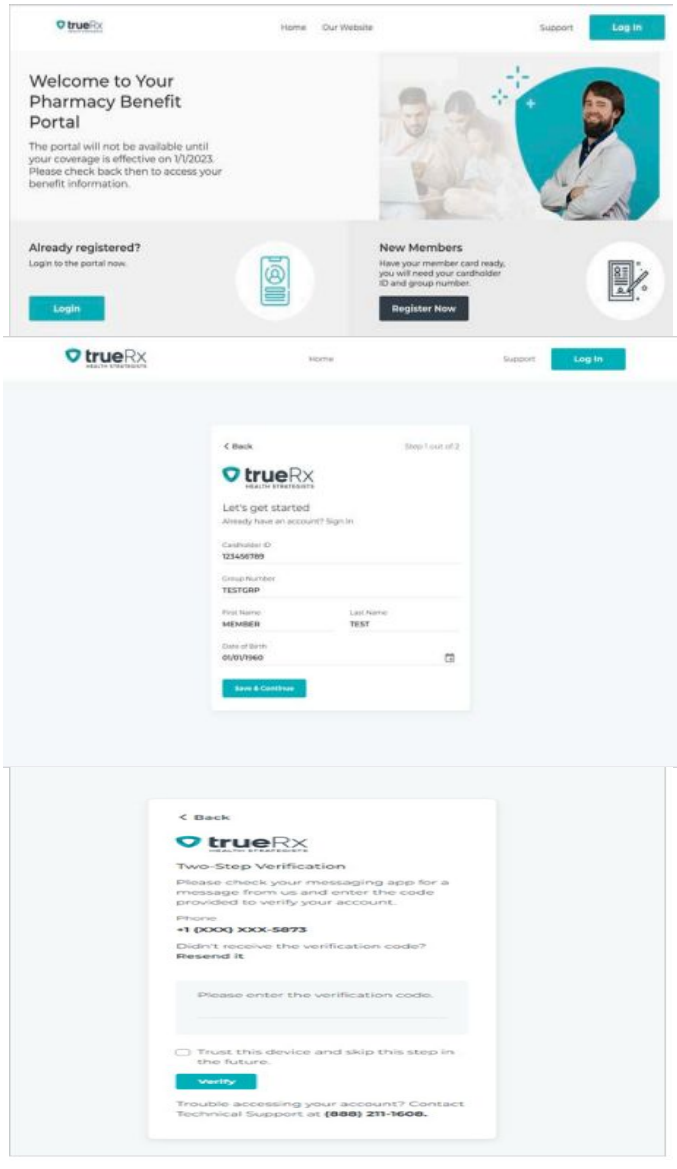
5. When your credentials are confirmed, you will be asked to provide:
   - A mobile number used to complete two factor authentication for added security
   - An email address which will serve as your User ID
   - A password (at least 8 characters long, including upper and lowercase letters, a number, and a special character)

6. Click "Finish" to submit

7. A verification code will be sent to the mobile number you provided. Enter it in the field provided

8. Click the checkbox for " Trust this device" for every device you use to access your account to complete the two-factor authentication process only

9. Verify to complete the registration process



SHARx FAQ

What is SHARx? SHARx is an advocacy solution provided by your employer. This program was created to extend advocacy program benefits to employees like you. SHARx role is to help facilitate the advocacy process for each eligible member of your employer's health plan and provide access for all high-cost medications. As it can take a few weeks to get set up, now is the time to begin the process to access your high-cost medications

Who is Eligible? Your employer is making this program available to members enrolled in the health plan. If you are currently on a high-cost prescription medication, you will want to follow the steps below for potential cost savings to you! If you are eligible to participate in the SHARx program to lower drug costs for you and your family, follow the instructions in the welcome email or call 314-451-3555.

What are the costs? There are no costs to participate in the SHARx program. Your employer has paid 100% of the cost of this service for you and your family as long as you are enrolled in your employer's health plan. Prescriptions obtained through this service could be FREE for you and your family. Sometimes a co-pay or out of pocket amount will be required, but this out of pocket may be substantially less than what you are paying now.

What is considered a High-Cost Prescription? Any medication that has a cost of at least $350 per month is considered high cost. These would include: Insulin (all types), Abilify, Actemra, Advair, Ajovy, Atripla, Biktarvy, Breo, Brilinta, Budesonide, Bydureon, Cimzia, Copaxone, Cosentyx, Creon, Descovy, Dexilant, Dulera, Effient, Eliquis, Elmiron, Enbrel, Entyvio, Farxiga, Flovent HFA, Genvoya, Gilenya, Glatopa, Glyxambi, Humira, Invokana, Janumet, Januvia, Jardiance, Lantus, Latuda, Lialda, Lyrica, Multaq, Otezla, Pentasa, Premarin, Remicade, Repatha, Restasis, Spiriva, Stelara, Symbicort, Takhzyro, Taltz, Toujeo, Truvada, Victoza, Xarelto, Xeljanz, Xolair, and MANY, MANY More!!

What happens if I don't enroll in the SHARx program? Your high-cost medications will no longer be covered by your employer pharmacy benefit plan.

What can I expect? It is important to note that this is not an overnight solution and usually takes from two to four weeks on average to implement your cost savings, depending on outside circumstances of doctor cooperation, ease of communication and understanding. You may also be asked to verify your income, so please respond right away. Be patient with this process and realize that SHARx advocates want to help you.

How will I receive my prescriptions that are not high-cost? You will continue to use your same pharmacy for acute and low-cost maintenance medications. You are welcome to see if the SHARx program can save you money on low-cost maintenance medications by visiting www.sharxplan.com/generics. Often you can receive a year's supply of maintenance medications for less than you would pay over the course of a year using your insurance copays. Use coupon code SHARx5 for $5 off your first order.

Instructions to Create Your Advocacy Request. If you have been identified as having a high-cost medication, you will receive a welcome email from SHARx.

After Receiving the email, please follow the instructions in the email:

1. Click on the custom link in the email to create an account on the SHARX platform
2. Validate your identity and set up a user account for the website
3. After logging in, you can verify the prescription information we have on file for you (and your dependents)
4. Sign the HIPAA form and we'll get to work finding the best option for your medications

2026-2027 HRA Process

School District of South Milwaukee 2026-27 HRA Process: SDSM staff members and spouses on the insurance plan need to complete a Health Risk Assessment and a Health & Wellness Center visit each year to avoid additional insurance premium costs. Please review this document carefully and share it with your spouse if they are on the district's health insurance plan. This applies to all new employees hired prior to April 1 each year or existing employees new to insurance prior to April 1.

There are three components to this process: the biometrics collection, registering for our wellness platform and completing our Health Risk Assessment (HRA) questionnaire, and Wellness Center visits. You will be able to see your progress and associated deadlines on the wellness platform.

1. Biometrics: You can visit your primary care physician (PCP) or the Health & Wellness Center between July 1 and April 30 of each school year for this section. If you visit your PCP, you will need to take a form from the wellness platform for them to complete and sign. The biometrics will include height and weight, blood pressure, and BMI results, as well as a blood draw for lipids and glucose. After the form is completed, you will upload it to the wellness platform.

2. Online HRA questionnaire: This is available on the wellness website platform and will need to be completed each year between July 1 and April 30.

3. Wellness Visit: All participants will need to have one wellness visit to review their results in the Wellness Center each year. This visit needs to occur between July 1 and June 30 of the wellness year. You need to complete the biometrics and questionnaire prior to scheduling your wellness visit.

There will be a $100 per person/per month increase to your premium if you do not complete all three requirements. The premium increase would begin in October 2027 if you do not complete all three steps of the process this year.

In summary - complete the biometrics and online HRA questionnaire by April 30. Once you complete both of these items, schedule a visit in the Health & Wellness Center by June 30. You will be able to track your progress in the wellness platform. If you do all of these items, your health insurance premium will not be impacted.

OPTIONAL – There are wellness challenges in the wellness platform. Right now, these are only available to employees and spouses on the district's health insurance. We will be asking your feedback throughout the year to determine if the wellness challenges are valuable enough to provide the wellness platform to all employees.

For more information, review the Wellness Guide on the wellness platform.

Dental Coverage

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler, and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease and is an important part of maintaining your medical health. The District offers you a dental plan administered by Delta Dental. Dental and Vision plans run on a calendar year basis.

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

Coverage Tier	Dental Employee Premium Per Pay Period	
	Hourly & School Year Employees 20 Payrolls	Salaried & Year-Round Employees 24 Payrolls
Single	$3.23	$2.69
Family	$8.33	$6.94



*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.

DELTA DENTAL®

Health & Wellness Center

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 15th Avenue, South Milwaukee

Monday	12:00 PM - 4:00 PM
Tuesday	7:00 AM – 11 AM
Wednesday	7:00 AM – 11 AM
Thursday	Noon – 4:00 PM
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

Flexible Spending Accounts (FSAs)

FSAs are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre-tax basis and are deposited to your Health Care 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 $3,400 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 $7,500 per year ($3,750 if married and filing separate tax returns). An employee that elects the full $7,500 will have $2,500 of Wisconsin-taxable income.	Reduces your taxable income.

Important Information About FSAs

Your FSA elections will be in effect from January 1 through December 31 for the plan year. Your full FSA election is available day one of the plan. Claims for reimbursement must be submitted by March 1 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
Tax savings with the Health Care and/or Dependent Care FSAs	**$654**	**$0**

**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.



DIVERSIFIED BENEFIT SERVICES, INC.

Life Insurance Coverage

Basic Life Insurance is a term life insurance plan provided and fully funded by your employer, specifically designed to support your family during challenging times. Recognizing the significance of financial security, particularly for those who depend on your income, the district ensures that all eligible employees receive Basic Life Insurance at no cost. This benefit is administered through UHC and includes coverage equivalent to 1 or 2 times your annual basic earnings, contingent upon your Employment Classification.

Key Features:

- **Coverage Amount**: Eligible employees receive coverage equivalent to 1 or 2 times their annual basic earnings, contingent upon their Employment Classification.
- **Employer-Funded:** The district covers the entire cost of this benefit, ensuring peace of mind without any additional financial burden on employees.
- **Automatic Enrollment**: All eligible employees are automatically enrolled in this benefit, providing seamless integration into your financial safety net.

For further details on eligibility, coverage amounts, please refer to your contact support team.

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.

Eligibility Minimum Hour Requirement	Maximum Annual Covered Salary/ Maximum Monthly Benefit	Benefits	Elimination Period
All Eligible Employees (15 hours per week)	$189,996 / $14,250	90%	90 consecutive calendar days

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

www.aurora.org/eap

(800) 236-3231

AdvocateAuroraHealth

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.

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 403(b) account or have TSA plan administration questions.

TSA Contact Information: TSA Consulting Group Phone Number (888) 777-5827 Website: 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 403(b) 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 14.4% for the 2027 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 14.5% 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 $261 ($1,800 x 14.4%). The $259.20 will be split $126.10 as a benefit paid by the District and a $130.50 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.

Voluntary Benefits

The School District of South Milwaukee offers several voluntary benefits. Among these are continuing benefits like Vision and Short-Term Disability (STD), as well as: Accident Insurance (AI) and Critical Illness Insurance (CI).

Accident Insurance (AI) and Critical Illness Insurance (CI) offer direct financial protection by providing monetary benefits to policyholders upon qualifying events. Unlike traditional medical insurance, which covers healthcare expenses, AI and CI help with lost income, household expenses, or other financial needs during recovery. Employees can enroll in Accident and Critical Illness benefits even if they don't participate in the district's medical plan.

NIS offers complimentary Identity Protection services to all the District's employees. This valuable addition enhances the Long-Term Disability benefits provides.

Employees enrolled in the Surest Medical Plan have the opportunity to participate in the following programs:

- Cancer Treatment Decision Support through My Cancer Journey
- Diabetes Reversal Program through Virta
- Discount Gym membership through One Pass Select

More information on these programs in the next pages

Delta Vision® Plan

DeltaVision®

Delta Vision 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

Vision Employee Premium Per Pay Period		
Coverage Tier	Hourly & School Year Employees 20 Payrolls	Salaried & Year-Round Employees 24 Payrolls
Single	$10.25	$8.54
Employee+ Spouse	$20.48	$17.07
Employee + Child(ren)	$20.90	$17.42
Family	$31.14	$25.95

Voluntary Short Term Disability Coverage

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

How Would You Pay Your Bills If You Were Unable to Work?
Short Term Disability Insurance works alongside your Long-Term Disability Insurance plan to cover you during the period before your long-term benefits kick in, generally 90 days or more. The first few months of an illness or injury that takes you out of work may be costly. How would you keep your family afloat during this period of time without a paycheck?

Disability Insurance is paycheck insurance. The plan will pay you a percentage of your salary if you were to suffer a covered disability and were unable to work. Disability benefits can help you pay your mortgage or rent, health insurance payments, college tuition, and more.

What Causes Disabilities?
Many think that accidents and injuries cause most disabilities. However, disability is more often caused by conditions such as back injuries, mental health issues, cancer, pregnancy, and heart attack or stroke

Why Purchase Disability Insurance through My Employer?
This voluntary disability insurance plan is being offered through your employer so that you can purchase insurance at group rates instead of individual rates. The premium payments will be conveniently deducted from your paycheck.

How to File an STD Claim:
STD claim forms can be printed or completed online at www.madisonlife.com. The School District of South Milwaukee may also have these forms on hand when an insured needs to file for disability.

Complete These Three Forms:
1. Employee's Statement of Claim for Benefits should be completed by the employee.
2. Employer's Statement of Claim for Benefits should be completed by the employer.
3. Attending Physician's Statement form should be completed by the physician.

A Claim Can Be Submitted Via Mail, Fax, or Online:

Mail:
Madison National Life Insurance Company, Inc.
P.O. Box 2865 Clinton, IA 52733-2865

Fax:608-830-2701

Online: www.madisonlife.com

NIS National Insurance Services

Madison National Life a Horace Mann company

ACCIDENT INSURANCE

reliancematrix
A MEMBER OF THE TOKIO MARINE GROUP

These are actual TAX-FREE benefits PAID DIRECTLY TO YOU in the event of a covered accident. It could be a sports injury that just requires an X-ray and an arm sling or a serious car accident that requires hospitalization and surgery. You can use the cash benefits in any manner you choose, and it is not coordinated with any other insurance coverage.
Plus, an Annual Wellness Benefit of $50 for up to 6 family members.



Please visit Reliance Matrix for more information https://www.reliancematrix.com

Emergency Care Benefits	
Ambulance — Ground / Air	$300 / $1500
Emergency Room/ Urgent Care Visit	$150
Initial Care Office Visit (not payable if Urgent Care or ER Visit Benefit is payable)	$100
Emergency Dental Care — Crown	$225
Emergency Dental Care — Extraction	$75
Outpatient X-ray	$50
Major Diagnostic Exam (such as CT scan, MRI, EEG)	$200
Transfusion Blood, Plasma or Platelets	$200
Surgical Benefits	$100-$10,000
Youth Organized Sports Benefit Enhancement	25%

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	$100
Transportation	$300
	If more than 100
	Miles from residence
Physician Follow-up	$100 per day, up to 6 per accident
Chiropractic Care	$50 per day, up to 6 per accident
Physical Therapy	$50 per day, up to 12 per accident

Hospitalization Benefits	
Admission- Standard Room/ICU Room (1 per year)	$1000/$1500
Daily Confinement- Standard Room (max 365 days per accident)	$200 per day
Daily Confinement- ICU Room (max 30 days per accident)	$400 per day

Specific Injury Benefits	
Burns	$200-$12,800, depending on severity
Coma	$7,500
Concussion	$150
Eye Injury (object removal/ surgical repair)	$200/$400
Lacerations	$50-$800, depending on size
Skin Graft	50% of burn benefit

Dislocations	Non-Surgical/Surgical
Ankle, Collarbone, Foot	$942/$1,884
Knee (not including kneecap)	$1,570/$3,140
Wrist, Elbow, Hand, Lower Jaw, Shoulder	$471/$942
Finger, Toe	$157/$314
Hip	$2,512/$5,024
Partial Dislocation	50% of the associated dislocation listed (non-surgical)

Fractures	Non-Surgical/Surgical
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Jaw, Shoulder Blade, Sternum, Vertebrae, Wrist	$600/$1,200
Bones of Face, Coccyx, Nose, Rib	$300/$600
Finger, Toe	$100/$200
Hip	$3,200/$6,400
Skull (non-depressed)	$1,500/$3,000
Chip Fracture	50% of the associated fracture listed (non-surgical)
Leg, Pelvis, Vertebral Column	$1,600/$3,200
Skull (depressed)	$5,000/$10,000

Accident Employee Premium Per Pay Period		
Coverage Tier	Hourly & School Year Employees 20 Payrolls	Salaried & Year-Round Employees 24 Payrolls
Employee	**$3.58**	**2.98**
Employee + Spouse	**$7.70**	**6.42**
Employee & Child(ren)	**$9.63**	**8.02**
Family	**$10.45**	**8.71**

CRITICAL ILLNESS INSURANCE

reliancematrix
A MEMBER OF THE TOKIO MARINE GROUP

This is a TAX-FREE lump sum benefit PAID DIRECTLY TO YOU in the event you are diagnosed with a covered Critical Illness. You can use the cash benefits in any manner you choose, and it is not coordinated with any other insurance coverage. Critical Illness insurance helps fill the gap caused by out-of-pocket costs and lost wages, creating an extra layer of financial security for you and your family.

Please visit Reliance Matrix website for more information www.reliancematrix.com

Here's how it works:

John has $15,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks.

Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover, like copays, personal monthly household expenses, childcare, lost wages while out of work, alternative treatments and a special diet.

Coverage for…	Coverage Amount…
You	$5,000-$30,000 in increments of $5,000
Your spouse	$5,000-$30,000 in increments of $5,000, as long as it's not more than your coverage amount
Your child(ren) through age 26	Automatically covered at 50% of your coverage amount
See the Important Details section for more information, including requirements, exclusions and definitions.	

SAMPLE OUT-OF-POCKET EXPENSES

Medical insurance copay……..$1,000
Uncovered medical expenses…….. $1,780
Travel expenses…….$3,350
Childcare expenses……$1,025
Lost income for patient ……$9,480
Total Out-of-Pocket Expenses ……..$16,635

*These amounts represent average out-of-pocket expenses incurred due to a critical illness.

*Actual amounts could be higher or lower depending upon circumstances.

Covered Conditions:

Receive 100 percent of your coverage amount for:

- Heart attack, Stroke
- Invasive Cancer
- Major organ failure
- Coma, Paralysis, Benign Brain Tumor
- ALS, MS, Parkinson's Disease
- Loss of Sight/Hearing/Speech
- Ruptured Aneurysm
- Severe Brain Damage

Receive 25 percent of your coverage amount for:

- Acute Respiratory Distress
- Coronary Disease, Non-Invasive Cancer
- Carcinoma in situ (cancer that has not metastasized)

Plus 7 more Additional Covered Illnesses for Children, including Type 1 Diabetes.

Annual Wellness Benefit of $50 for up to 6 family members.

ADDITIONAL BENEFITS

Re-Occurrence of the Same Illness:

Receive 50% of your benefit amount if diagnosed again with the same illness after a 6-month separation period

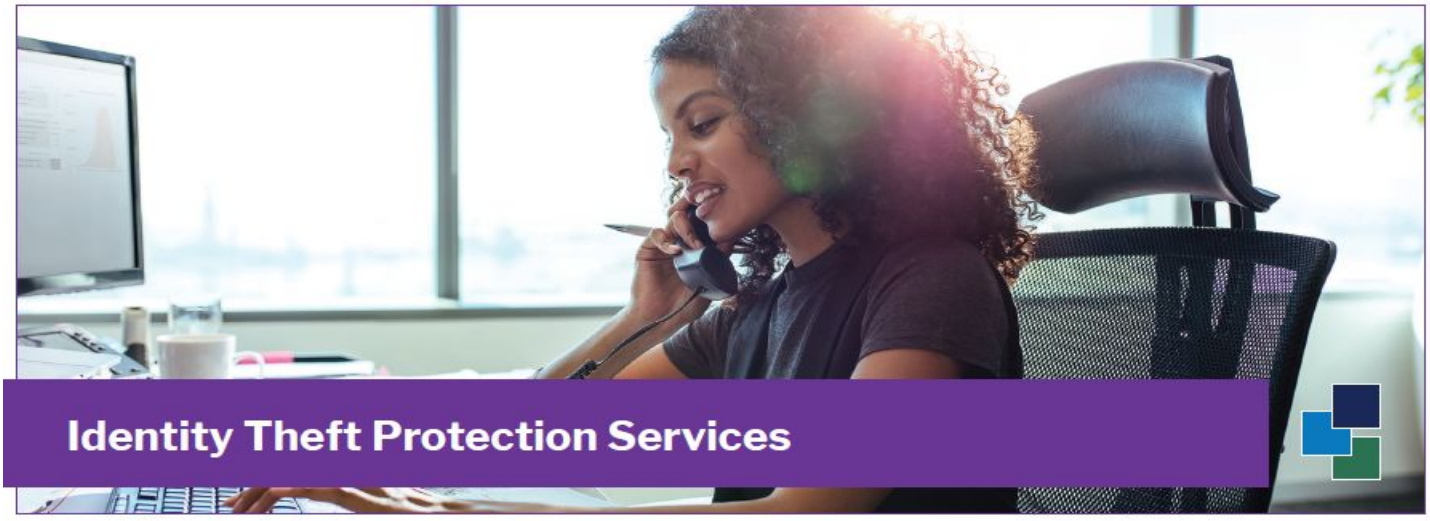
Diagnosis of a Different Illness:

Receive 100% of your benefit amount if diagnosed with a different critical illness, regardless of separation period

Employee & Spouse Premium, Monthly Rate per Employee & Spouse per $1,000 of Coverage						
Age	<30	30-39	40-49	50-59	60-70	71+
Premium Cost	0.35	0.65	1.32	2.20	4.50	9.00

Identity Theft Protection Services

NIS offers complimentary Identity Protection services to all the District's employees. This valuable addition enhances the Long-Term Disability benefits provided.



There is an identity theft victim every two seconds. If you are a victim, the IDX Identity Theft Recovery specialists will provide concierge-style service every step of the way. Their expertise will offer peace of mind and save valuable time during this stressful process.
Your dedicated recovery specialist will work with you until the identity is restored to pre-fraud status. Support may include:

- Assistance with investigation of the suspected identity theft
- Guidance through the recovery process
- Recovery for all 9 types of identity theft
- Advice from trained professionals in identity protection
- Single point-of-contact if you are a victim
- Assistance with notifying law enforcement or local government agencies
- Limited Power of Attorney to work on the victim's behalf
- Documentation including fraud affidavit
- And much More

"It was great knowing I had someone to help me resolve my identity theft issues and I didn't have to spend hours trying to figure out how to handle it on my own" - IDX member, Needham, MA

IDX
The Privacy Platform

https://app.idx.us/account-creation/NIS
855.205.6010

Resolution services offered to you by your employer and:

NIS
National Insurance Services
Corporate office:
250 South Executive Drive, Suite 300
Brookfield, WI 53005
800.627.3660

Madison National Life
a Horace Mann company
PO Box 5008, Madison, WI 53705

My Cancer Journey

We are pleased to inform you that the "My Cancer Journey" program is now available to employees enrolled in the School District of South Milwaukee Medical Plan.



A CANCER DIAGNOSIS IS OVERWHELMING. MYCANCERJOURNEY IS HERE TO HELP.
We will quickly arm you with relevant and credible information about your diagnosis, giving you the confidence to choose the treatment.

Patients Who Use MyCancerJourney:

- better understand their prognosis
- report higher satisfaction with their care
- have more realistic expectations of treatments and the associated side effects
- are less likely to make suboptimal treatment decisions

We are more than care coordinators. We are patient advocates.

Our board-certified patient advocates are with you every step of the way to make sure you and your family are prepared and supported throughout your journey. We see you as a person first and foremost and help to ensure your doctors do as well.

We have no financial ties to hospitals or pharmaceutical companies. We are here to **EMPOWER YOU AND ADVOCATE FOR YOU.**

Your **MyCancerJourney** advocate will use our proprietary analytics platform, powered by real-world data, to share treatment outcomes for other people like you; meaning people your age, sex,race/ethnicity, and health status, with the same cancer type and stage. They will discuss tradeoffs and quality of life considerations related to treatments, so you and your care team choose the option that is best for YOU.

DON'T DELAY. GET THE SUPPORT YOU DESERVE
Schedule your initial 30-minute meeting with a board-certified patient advocate:

mycancerjourney.com/join-surest

MyCancerJourney will respond within one business day.

surest

Virta

We are delighted to announce that the Virta program is now available to employees enrolled in the medical plan.



Don't settle for a life with diabetes

Virta Health is a virtual clinic that may help you lower blood sugar, lose weight, and rely less on pricey drugs. Members eat their way to better health thanks to a plan made just for them and support from medical providers, coaches, and digital health tools.

Within 10 weeks, 87% of Virta members in a clinical study stopped or reduced insulin[1].

Check eligiblity:
www.virtahealth.com/join/surest
Or scan this code

"It's been so easy to make my meals and life Virta-friendly. It's been 3 months and so far, I've lost 50 pounds...Beyond that, it's become easier for me to be on my feet all day at work, which is a great improvement."

Member Mauricio, 09/2022

Put a healthy spin on your go-to meals

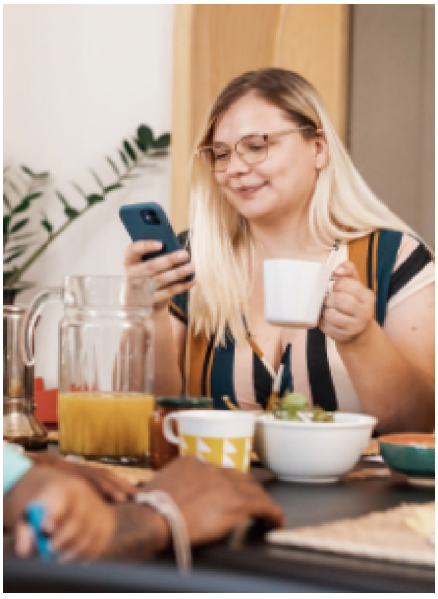
- Almond flour pancakes and eggs
- Tacos with cheese shells
- French fried green beans
- Sausage jambalaya and cauliflower rice

Behind Virta's programs

- Backed by research
- Tips to make meals more healthy
- Personalized provider care and coaching
- Daily support via mobile/desktop app
- You may be covered for $0 care

One Pass Select

We are delighted to announce that the One Pass Select program is now available to employees enrolled in the medical plan.



Rediscover your passion for health.

With One Pass Select, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole-body health in one easy, affordable plan. One Pass Select is available to you or your eligible family members (18+).

Find your fit with One Pass Select



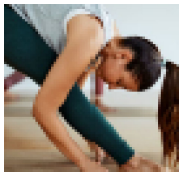
At the gym

Choose from our large, nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



In the kitchen*

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.
At home



At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.

$29/Month

Classic | 12,000+ gym locations

$64/Month

Standard | 14,000+ gym and premium locations

$99/Month

Premium | 16,000+ gym and premium locations

$144/Month

Elite | 19,000+ gym and premium locations

- *An enrollment fee may apply, or get started with a digital-only plan for $10/Month.*
- *All tiers Classic or above include the digital tier, grocery delivery, and additional benefits at no extra cost.*

Enroll today
Scan QR code below or visit OnePassSelect.com.

surest
A UnitedHealthcare Company

WAYS TO ENGAGE IN YOUR HEALTH 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.

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 Client Service Advocate

Navigating the healthcare system can be difficult. We have a dedicated advocate to help you with claims and coverage questions or issues.

How we can assist

- Guidance on claims resolution
- Insurance product education
- Employee ID cards
- Online Assistance
- General Questions
- Provider directory searches
- Plan design information
- COBRA/State Continuation
- Individual or Short-term Policies

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



Margarita Lewison
Client Advocate
25+ years in the healthcare industry,
Wisconsin Life & Health Licensed

262-641-5858
mlewison@acrisure.com

Frequently Asked Questions

Does the Client Advocate work with insurance companies?
Yes, we work closely with different insurance companies to resolve any issues that arise.

Can my dependents call the Client Advocate?
Yes, this service is available to all enrolled in coverage.

I am getting a bill and I don't know why. Can you help?
Yes, we will request a copy of the bill for review and determine why you're being billed.

Can you check my eligibility?
Yes, we can check the effective or termination date.

The pharmacy says my medication is not covered. Can you check on this?
Yes, we will check with the insurance company to determine why it's being denied.

ACRISURE®

Plan Contact Info.	Whom To Call	Phone Number	Web Site
Medical Plan	Surest	(866) 683-6440	https://join.surest.com/SouthMilwaukee **Member Access code(s): SouthMilwaukee2025** **The access code is NOT case sensitive**
Dental & Vision Plans	Delta Dental of Wisconsin	(800) 236-3712	www.deltadentalwi.com
Prescriptions	TrueRx ShaRx	(866) 921-4047 (314) 451-3555	truerx.com/members sharxplan.com/contact-us
Life Insurance	South Milwaukee School District	(414) 766-5025	
Short and Long-Term Disability	National Insurance Services (NIS)	(800) 627-3660	www.nisbenefits.com
Flexible Spending Accounts	Diversified Benefit Services (DBS)	(800) 234-1229	www.dbsbenefits.com
Accident Insurance & Critical Illness	Reliance Matrix	(800) 351-7500	www.reliancematrix.com
Wisconsin Retirement System (WRS)	Employee Trust Funds	(877) 533-5020	www.etf.wi.gov
Employee Assistance Program (EAP)	Aurora EAP	(800) 236-3231	www.aurora.org/eap

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.

IMPORTANT NOTICES

Newborn's and Mother's Health Protection Act Notice
Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protection Act Notice
Our plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your medical carrier. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your medical carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your medical carrier. See Contact information provided in this Guide.

Private Health Information
A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact the Human Resources Department.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
If you or your children are eligible for Medicaid or CHIP, and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

COBRA Continuation Coverage Rights -- Initial and General Notices

The right to COBRA continuation coverage was created by a federal law, the **Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)**. COBRA continuation coverage can become available to you and other members of your family when group health coverage you are enrolled in would otherwise end…considered a life event or qualifying event. The Notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The Notice will explain COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

You will receive this notice when you gain coverage under a group health plan (the Plan) or notify your Plan Administrator of a qualifying life event.

To protect your family's rights, let your Plan Administrator (usually your employer or insurance issuer…this will be listed on the Notice) know about any changes in the addresses of family members.

CMS Fact Sheet:
https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/cobra_fact_sheet.html
U.S. Dept. of Labor, Employee Benefit Security Admin. (EBSA) www.dol.gov/ebsa
The Marketplace: www.healthcare.gov

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov.**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office **or dial 1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov or call 1-866-444-EBSA (3272).**