

2023-2024 Whitefish Bay School District Open Enrollment Summary

April 24 - May 5

It's Benefits Open Enrollment time again! Open Enrollment is a time every year in which employees have the opportunity to make changes to their benefit plans for the upcoming plan year. At Whitefish Bay School District, we believe our benefits should make a difference to you, to your job, and to the life you lead outside of work. Benefits are more valuable than ever and are a significant part of your Total Rewards Package.

Whitefish Bay School District is dedicated to educating, motivating, and empowering you to make healthy lifestyle choices that improve your overall quality of life. We encourage you to read through the benefits guide to learn more about your benefits and how they can help you obtain quality health care and other services at affordable prices. We thank you for your hard work and effort. We look forward to a healthy and productive 2023/2024.

Benefits elected during Open Enrollment will be effective (July 1, 2023)





Vendor Contact Information

| Benefit | Provider | Phone | Website |
|----------------------|--------------------|--------------|------------------------------|
| Medical | UMR | 800-826-9781 | www.member.umr.com |
| Dental | Delta Dental of WI | 800-236-3712 | www.deltadentalwi.com |
| Vision | Delta Vision | 844-848-7090 | www.deltadentalwi.com/vision |
| Long-Term Disability | NIS | 800-627-3660 | www.nisbenefits.com |

Medical Benefits – UMR



The medical plan at the School District of Whitefish Bay is administered by UMR.

To be eligible for medical benefits, employees must be scheduled to work at least 50% of full-time equivalency. The plan year runs July 1st through June 30th.

| Medical Plan Details | In-Network | Out-of-Network |
|--|--|---|
| Plan Year Deductible | Single: \$500 Family: \$1,000 | Single: \$1,000 Family: \$2,000 |
| Out-of-Pocket Maximum | | |
| (Includes Deductible & Medical | Single: \$5,350 | Single: \$12,500 |
| Copays; EXCLUDES Pharmacy | Family: \$10,700 | Family: \$25,000 |
| Copays) | 100/ | 000/ |
| Coinsurance | 10% | 30% |
| Office Visit - General | \$25, then Deductible and 10% Coinsurance | \$50, then Deductible and 30% Coinsurance |
| Office Visit Specialist | \$50, then Deductible | \$100, then Deductible |
| Office Visit - Specialist | and 10% Coinsurance | and 30% Coinsurance |
| Urgent Care | \$100, then Deductible and 10% Coinsurance | |
| Emergency Room | \$350 copay, then Deductible and 10% Coinsurance | |
| Prescription Drugs (Retail) Rx Out-of-Pocket Maximum Tier 1: Generic Brand Tier 2: Preferred Brand Tier 3: Non-Preferred Brand Tier 4: Specialty Drugs | Single: \$2,000 / Family: \$4,000 \$10 Copay \$25 Copay \$50 Copay 20% Coinsurance to a Max of \$250 | N/A |
| Employee Bi-Weekly Cost | Single: \$55.45 / Family: \$124.72 | |

Dental Benefits - Delta Dental of WI



The School District of Whitefish Bay offers dental benefits through Delta Dental of WI.

To be eligible for dental benefits, employees must be scheduled to work at least 50% of full-time equivalency. The plan year runs July 1st through June 30th.

| Dental Plan Details | Delta Dental PPO Dentists | Delta Dental Premier & Other Dentists | |
|---|-----------------------------------|---------------------------------------|--|
| Plan Year Deductible | Individual: \$0 / Family: \$0 | Individual: \$0 / Family: \$0 | |
| Plan Year Dental Maximum | \$2,000 | \$2,000 | |
| Lifetime Orthodontia Maximum | \$1,500 | \$1,500 | |
| Preventative Services | 100%, | 100%, | |
| Basic Restorative Services (Fillings, Endodontics, Periodontics, Extractions) | 100% | 100% | |
| Major Restorative Services (Crowns, inlays, onlays) | 80% to 50% | 80% to 50% | |
| Orthodontic Services (Dependents up to age 26) | 50% | 50% | |
| Employee Bi-Weekly Cost | Single: \$5.35 Family: \$13.80 | | |

Vision Benefits – Delta Vision, Insight Network



Vision benefits at the School District of Whitefish Bay are administer by Delta Vision.

To be eligible for vision benefits, employees must be scheduled to work at least 50% of full-time equivalency. The plan year runs July 1st through June 30th.

| Vision Plan Details | In-Network | Out-of-Network Reimbursement | Frequency |
|--|---|--|----------------------|
| Vision Exam | \$10 Copay | Up to \$35 | Once Every 12 Months |
| Frames | \$150 allowance | Up to \$75 | Once Every 12 Months |
| Standard Glass or Plastic Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses | \$10 \$10 \$10 | Up to \$25 Up to \$40 Up to \$55 | Every 12 Months |
| Contact Lenses • Elective | \$150 allowance, then 15% off balance for conventional contacts or \$150 allowance for disposable contacts. | Up to \$120 | In Lieu of Glasses |
| Medically Necessary | Paid in full | Up to \$200 | |
| Employee Bi-Weekly Cost | Single: \$3.21 Family: \$7.98 | | |

Long-Term Disability



The School District of Whitefish Bay offers long-term disability to employees working at least 600 hours per year through NIS. In the event that you become disabled from a non-work-related injury or illness, disability income benefits are available as a source of subsidized income.

| Cost to Employee: | FREE |
|--------------------------|---|
| Elimination Period: | 60 Consecutive Calendar Days |
| Benefits Payable Until: | The Earlier of your Return to Work or Social Security Normal Retirement Age |
| Income Replacement %: | 90% |
| Maximum Monthly Benefit: | \$14,167 |