



Employer Provided Benefits Effective

The following summary is illustrative only and intended to highlight employer provided benefits. This information does not replace nor supersede benefits as described in official documents such as a summary plan description (SPD) or summary of benefits and coverages (SBC). If there is a conflict between this document and the SPD or SBC, the SPD/SBC controls. For detailed Summary Plan Documents on the benefits below, please login to your [SmartBen](#) account and click “Plan” at the top of the Home Screen.

As a new employee to the District, you are eligible for many benefits. A summary of the benefit offerings is below. To enroll in all, but the Retirement and Employee Assistance Program benefits (see last page), you must complete the online enrollment process in the online tool [SmartBen](#). Benefits are effective the first day of the full month after your effective date of employment. Keep in mind - you have 30 days from the effective date of employment to enroll in your benefits. Failure to complete this process in a timely manner may jeopardize benefit eligibility. Whether you decide to enroll in these benefits or not, you must complete the enrollment process in [SmartBen](#) by either enrolling or waiving the benefits.

To begin the enrollment process, please use the linked [SmartBen Instructions](#).

Medical, Dental and Vision Insurance

Employees with a benefit full time equivalency (FTE) of 75% or greater as identified on the work calendar to which the employee is assigned are eligible to enroll in medical, dental and vision insurance benefits for either single, single +1 or family coverage

Notwithstanding the above, an employee with less than 75% benefit FTE and with a regular work assignment of 30 hours or more per week, as defined by the **Affordable Care Act**, is eligible to enroll as follows:

1. Single health benefit plan with a payment of not greater than 9.5% of regular gross wages.
2. Single +1 or family plan by the paying the full cost differential above the cost of the single plan.
3. Vision and / or dental plan by paying the full cost of the benefit.

Eligible employees can enroll in benefits within the first 30 days of their effective date of employment or during the District's open enrollment period each fall. All benefit enrollments are completed using the online enrollment tool, [SmartBen](#). Enrollment may also occur due to a change resulting from a major life event (marriage/divorce, employment change, birth of child, etc.)

MEDICAL BENEFITS		Plan Summary		
Policy number	709948			
Coverage administered by	United Healthcare			
Number of plan options	Two			
Plan Types	Plan 1: Standard Health Plan with Health Reimbursement Account (HRA)		Plan 2: High Deductible Health Plan with Health Savings Account (HSA)	
Nicotine surcharge (applied to employee and spouse separately that test positive for use of nicotine)	\$75		\$75	
Benefit Coverage Comparisons Between the Two Plans				
Coverage Type	Plan 1 (HRA)		Plan 2 (HSA)	
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Preventive	100%	60% after deductible	100%	60% after deductible
Office visits	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Inpatient hospital	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient surgery	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency room	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Prescription Drugs	Generic / Brand / Non-formulary \$10 / \$50 / \$100		Employee pays 20% Co-Insurance after Deductible	
Medical Plan Feature	Plan 1 (HRA)		Plan 2 (HSA)	
In network deductible	\$2,000 single \$4,000 single +1 & family		\$2,750 single \$5,500 single +1 & family	
In network out of pocket limit	\$4,000 single \$8,000 single+1 & family		\$5,500 single \$11,000 single+1 & family	
Medical Flexible Spending Account eligible	Yes		Limited FSA for vision and dental only	
Max FSA annual election	\$2600		\$2600 (limited FSA for vision and dental only)	
Health Reimbursement Account (HRA) eligible	Yes		No	
Health Savings Account (HSA) eligible	No		Yes	
Max HSA Annual Election	NA		Single Employee + Employer Contribution	\$3450 (effective 1/1/18)

		Single +1 & Family Employee + Employer Contribution	\$6900 (effective 1/1/18)
HRA Rollover	No. Employee may be reimbursed for eligible deductible only. Money does not accumulate.	N/A	
HSA rollover feature	N/A	Yes – account balance will continue to accumulate and rollover year to year. Withdrawals and investment of balances controlled by employee.	

Medical Plan Feature	Plan 1 (HRA)	Plan 2 (HSA)
Wellness incentive for participation in biometric screening	<p>Reimbursement of deductible after employee pays first \$500 single, \$1000 single +1 & family.</p> <p>Maximum benefit \$1500 single, \$3000 single +1 & family.</p>	<p>Payment to employee's HSA account. First payment in January, \$500 single \$1000 single +1 & family.</p> <p>Second payment in September (returning employees only). \$350 single, \$700 single +1 & family.</p>
Wellness incentive feature	Payment made only if employee / family use medical benefit and exceed employee or single +1 / family share	Payment made to employee's HSA regardless of utilization of medical benefit.
Wellness incentive ownership	Reimbursement only, no assets accrue to benefit of employee.	Employee owns and controls balance in account.
Cost to full-time employee for calendar year 2017	\$0.00	\$0.00
Cost to full-time employee in calendar year 2018 and beyond	10% of premium ²	\$0.00

² Based on 2018 premium projections, the cost per month would be:

Single	\$55.00
Single +1	\$121.00
Family	\$198.00

DENTAL BENEFITS	Plan Summary
Policy number	99009
Coverage administered by	Delta Dental
Deductible	\$0.00
Benefit maximum – per person, per year (diagnostic and preventive procedures do not apply to the maximum)	\$1,000
Orthodontic maximum – per person, lifetime	\$1,700
Benefits:	
Diagnostic & preventive procedures	100%
Basic restorative procedures	100%
Major restorative procedures 1	90%
Major restorative procedures 2	80%
Orthodontic procedures	50%

VISION INSURANCE	Plan Summary	
Policy number	12740005	
Coverage administered by	National Vision Administrators (NVA)	
Benefits	Co-Payment	In-network Coverage
Exam (once every 12 months)	\$10	100%
Lenses (once every 12 months)	\$25	100% standard glass or plastic
Frame (once every 24 months)		Up to \$130
Contact lenses (once every 12 months)		
Elective		Up to 150
Medically necessary		Covered 100%

Disability Insurance

The District provides Long-term Disability insurance for eligible employees with a regular work schedule of six-hundred (600) hours or more per fiscal year.

LONG-TERM DISABILITY INSURANCE		Plan Summary	
Policy number		6182	
Coverage provided by		Madison National Life Insurance Company	
Disability benefit as percentage of regular earnings		75%	
Elimination (waiting) period		45 consecutive calendar days	
Maximum benefit period – based on age at time of disability	59 and younger	To age 65	
	60 – 64	To age 65, but not less than 36 months	
	65 – 68	To age 70, but not less than 24 months	
	69 and over	1 year	
Maximum monthly benefit		\$10,625	

New employees in the District may elect to enroll in Short-term Disability at their own cost. Employees must enroll within the first 30 days of their effective date of employment with the District. This benefit provides weekly payments (based on a selected percentage of an employee's salary) to an employee who is temporarily sick or disabled.

SHORT-TERM DISABILITY INSURANCE		Plan Summary													
Policy number		7288													
Coverage provided by		Madison National Life Insurance Company													
Weekly disability benefit		Elective in the following amounts, not to exceed 66 2/3% of weekly regular earnings. <table style="margin-left: 40px;"> <tr> <td>\$ 98</td> <td>\$224</td> <td>\$357</td> <td>\$504</td> </tr> <tr> <td>\$147</td> <td>\$273</td> <td>\$420</td> <td></td> </tr> <tr> <td>\$175</td> <td>\$301</td> <td>\$462</td> <td></td> </tr> </table>		\$ 98	\$224	\$357	\$504	\$147	\$273	\$420		\$175	\$301	\$462	
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Elimination (waiting) period		Injury – 0 days Disease – 3 days													
Waiting period for pre-existing conditions		12 months													
Other conditions		Pays in addition to sick pay. Definition of Disability: Total Coverage w/premium payment while on FMLA													

Life Insurance

The District provides group term life insurance for eligible employees who work a minimum of 20 hours per week. Employees may also purchase additional voluntary life insurance for themselves, their spouse and their dependents.

LIFE INSURANCE		Plan Summary
Policy number		GL 156113
Coverage provided by		Reliance Standard Life Insurance Company
Eligibility		50% FTE (20 hours per week).
Coverage		\$50,000
Cost to employee		None
VOLUNTARY LIFE INSURANCE		
Policy number		To be assigned
Coverage provided by		Reliance Standard Life Insurance Company
Option for additional employee coverage (employee pays full cost)		\$10,000 increments up to \$500,000 (\$100,000 guaranteed issue ¹).
Option for additional coverage for spouse (employee pays full cost)		\$10,000 increments up to \$500,000 (\$30,000 guaranteed issue ¹)
Option for additional coverage for child (employee pays full cost)		Choice of various coverage levels from \$2,500 to \$10,000
Age reduction on district provided plan – original amount reduced to:		Age 65 – 75% Age 66 – 50% Age 67 – 25%
Age reduction on optional additional coverage (employee & spouse) – original amount reduced to:		Age 70 – 60% Age 80 – 35% Age 90 – 20% Age 95 – 7.5% Age 100 – 5%

¹ Guaranteed issue is the amount the insurance company has agreed will be provided without the need to provide evidence of insurability (e.g. physical, health examine, health risk survey).

Dependent Care Flexible Spending Account	
Voluntary benefit that allows employee to elect pre-tax dollars to cover costs of child care, disabled spouse, elderly parents or mentally/physically impaired dependent.	
Max annual election	\$5000.00

Voluntary benefit insurance programs: Critical illness and Hospital indemnity

Employees may enroll themselves, spouse and / or dependents in one or both programs. These benefit offerings are provided as a form of “gap” insurance for individuals that have unique circumstances for which such coverage is helpful. For example, new employees, employees converting to an HSA, individuals with certain medical conditions and others may find these insurance coverages of benefit.

CRITICAL ILLNESS INSURANCE	Plan Summary
Policy number	304770
Coverage administered by	United Healthcare
Characteristic	Policy pays a flat dollar amount to the insured upon diagnosis of a covered critical illness.
Eligibility	30 hours or more per week
Pre-existing condition exclusion	12 months
Wellness benefit (payment for participation in wellness screening)	\$75
Employee benefit options	\$5,000 / \$10,000 / \$20,000
Spouse benefit options	\$2,500 / \$5,000 / \$10,000
Dependent coverage options	\$1,250 / \$2,500 / \$5,000
Monthly rates	Based on age and tobacco use
<i>Refer to plan documents for limitations and other conditions of coverage.</i>	

HOSPITAL INDEMNITY	Plan Summary
Policy number	304770
Coverage administered by	United Healthcare
Characteristic	Policy pays a flat dollar amount to the insured upon admission to a hospital.
Eligibility	30 hours or more per week
Pre-existing condition exclusion	12 months
Wellness benefit (payment for participation in wellness screening)	\$75
Benefits	Hospital admission & confinement ICU admission & confinement Emergency room usage Lodging for insured’s companion Transportation
Monthly rates	\$26.38 to \$74.55
<i>Refer to plan documents for limitations and other conditions of coverage.</i>	



Employee Assistance Program

The School District of New Berlin provides all employees with access to the [Employee Assistance Program](#) (EAP) through Aurora Healthcare. The EAP supports a wide variety of work/life challenges such as relationship issues, money management, legal issues, stress/depression, or other personal concerns.

Retirement Benefits

The following benefits require enrollment outside the SmartBen system. To learn more about these financial benefits, please click on the links below.

Wisconsin Retirement System (WRS)	Plan Summary
Benefit administered by	State of Wisconsin, Department of Employee Trust Funds
Characteristic	The school district will automatically enroll you in WRS as soon as you are eligible, based on eligibility rules established by the state. Enrollment in the WRS is not optional; when you are eligible you will be enrolled.
Eligibility	See page 3 via above link
Benefits	The district will withhold the required contribution from your paycheck. In addition, the district will make a contribution to the WRS equal to the amount withheld from your pay.
2018 rates	Employer 6.6%, Employee 6.6%
Important WRS Forms to Complete	
WRS Beneficiary Designation	Click the link to access the Beneficiary Designation Form. If you complete this form, it should be mailed directly to the Wisconsin Department of Employee Trust Funds at the address shown on the upper left hand corner. DO NOT SEND TO PAYROLL OR EMPLOYMENT SERVICES OFFICES.
WRS Election to Participate in the Variable Trust Fund	Follow the link on the left to complete an Election to participate in the Variable Trust Fund form ET-2356 You have the option to direct the Department of Employee Trust Funds to invest your retirement contributions in the Variable Trust Fund. DO NOT SEND TO PAYROLL OR EMPLOYMENT SERVICES OFFICES.

<u>WRS Rehired Annuitants</u>	For employees hired in the district with a valid termination that are currently receiving a WRS Annuity, follow the link on the left complete a Rehired Annuitants form
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Need the form for rehired annuitants!

<u>403(b) Tax Sheltered Annuity (MidAmerica)</u>	Plan Summary
Follow this link to learn more about your School District of New Berlin 403b plan options and to begin the enrollment process: http://www.spokeskids.com/NewBerlinPS/	
Plan administrator	<u>MidAmerica</u>
Characteristic	Employees may elect to enroll in the tax-sheltered annuity and set aside a portion of earnings for retirement. For more information on this option follow the link above.
403b Providers	<p>American Funds 6455 Irvine Center Drive Irvine, CA 92618 www.americanfunds.com 800.421.0180</p> <p>Ameriprise Financial Services, Inc. 1262 Ameriprise Financial Center Minneapolis, MN 55474 www.ameriprise.com 800.862.7919</p> <p>AXA Equitable 333 Thornall Street, 8th Floor Edison, NJ 08837 www.axa.com/teacher 800.628.6673</p> <p>Fidelity Investments PO Box 5000 Cincinnati, OH 45273 www.fidelity.com 800.835.5097</p> <p>Horace Mann Life Insurance Company 1 Horace Mann Plaza Springfield, IL 62715 www.horacemann.com 800.999.1030</p> <p>MetLife Insurance Company of CT PO Box 990079 Hartford, CT 06199 www.metlife.com 800.638.8378</p>

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