



**MILWAUKEE
PUBLIC SCHOOLS**

OFFICE OF HUMAN RESOURCES
Department of Benefits, Pension & Compensation



INFORMATION REGARDING YOUR MPS BENEFITS

SUMMARY OF BENEFITS

EFFECTIVE January 1, 2022

This summary of benefits is periodically updated. You will find the most recent version on the MPS website.

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Table of Contents

INTRODUCTION	3
HEALTH AND DENTAL BENEFITS - ACTIVE EMPLOYEES.....	4
When Health and Dental Coverage Begins.....	4
Eligibility for Spouse & Children.....	5
Adult Child Dependent Eligibility	5
Where Both Spouses Are Employed by MPS.....	5
Adding New Dependents.....	5
Open Enrollment for Health and Dental Coverage.....	6
Removing Ineligible Dependents from Your MPS Health and /or Dental Plan.....	6
When Health and Dental Coverage Ends.....	7
Health Insurance Opt-Out.....	8
Employee Wellness Benefit: Healthy You, Healthy Schools.....	9
Employee Assistance Program (EAP) - Effective April 1, 2022.....	10
Health Contributions Gym Reimbursement.....	11
Eligibility For Rehired Retiree Benefits.....	12
Health benefits - Summary Effective January 1, 2022	13
Prescription Drugs - OptumRX (in Network Benefit only).....	14
Vision Benefits.....	15
Dental benefits - Summary effective January 1, 2022	16
Employee Health and Dental Premium Contributions	17
LIFE INSURANCE.....	18
DISABILITY INSURANCE.....	20
BENEFITS INFORMATION FOR EMPLOYEES ON LEAVE OF ABSENCE	21
RETIREMENT SAVINGS PLANS AND PENSION PLANS FOR ACTIVE EMPLOYEES	24
Approved List Of Vendors For MPS 403(b) Plan.....	27
Annual Eligibility Notice For MPS 403(b) Plan	28
OTHER BENEFITS FOR ACTIVE EMPLOYEES.....	29
RETIREE HEALTH ELIGIBILITY REQUIREMENTS	31
MPS 403(b) ACCUMULATED LEAVE PROGRAM	35
RETIREE LIFE INSURANCE	36
BENEFIT PROVIDERS CONTACT INFORMATION	37

INTRODUCTION

This summary of benefits is intended to provide you with an overview of the various benefits available to you as an employee of Milwaukee Public Schools (MPS) and is a companion piece to the MPS Employee Handbook effective July 1, 2013. This summary is periodically updated. You will find the most recent version on *mConnect* at <https://mconnect.milwaukee.k12.wi.us>, then select Summary of Benefits under Quick Links on the Home page. Other information sources, including the District's Open Enrollment Benefit Plans Booklet for Active Employees, can also be found on *mConnect* and provides the most up to date benefits information.

This summary applies to the following MPS employee units:

(1) Administrators and Supervisors unit	(14) Office of Board Governance
(2) Exempt Administrators and Supervisors	(15) Part-time Recreation Employees unit
(3) Board Members	(16) Psychologists unit
(4) Bookkeepers/Accountants unit	(17) Substitute Teachers unit
(5) Building Engineers unit	(18) Superintendent
(6) Building Service Helpers unit	(19) Teachers unit
(7) Building Trades unit	(20) Temporary Employees, Limited Term Employees (LTE)
(8) Cabinet Level	(21) Warehouse and Distribution Services Buyers, F&M Services, Grounds Keeper, Seasonal Laborers, Parent Information Specialist, Social Work Aides, Radio and TV and Technology unit
(9) Clerical-Technical unit	(22) Management Interns
(10) Exempt from Clerical-Technical unit	(23) Supplemental Teachers
(11) Educational Assistants/Safety Assistants unit	(24) Part-time Teachers
(12) Food Service, CHA, SNA unit	(25) Substitute Teachers on Special Assignment
(13) Office of Accountability and Efficiency	(26) Emerging Educator

Throughout this summary, eligibility or access restrictions applicable to the various benefit programs are listed by employee unit at the end of the section that describes the benefit. For example, the following shows the employee units that are not eligible for the Health Insurance Opt-Out benefit.

Note: Eligibility Restrictions for Health Insurance Opt-Out

- > (3) Board Members are not eligible for the Opt-Out benefit.
- > (15) Part-time Recreation Employees are not eligible for Opt-Out benefit.
- > (17) Active Substitute Teachers are not eligible for the Opt-Out benefit effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for Opt-Out benefit.
- > (24) Part-time Teachers are not eligible for Opt-Out benefit.
- > Seasonal Laborers are not eligible for the Opt-Out benefit effective with dates of hire or layoff on or after 7/1/12.

IMPORTANT NOTICE: This summary provides highlights of the Milwaukee Public Schools (MPS) health, dental, life and disability insurance, pension and other fringe benefits offered to benefit-eligible employees and retirees of MPS. This publication describes these benefits in general terms only as of the publication date indicated and is not intended to be a complete description of coverage. All benefit and eligibility provisions described herein are subject to, and subordinate to, the terms and provisions of the master plan document or contract for each plan, Board policies and procedures, and state and federal law, and are not intended to, and shall not be construed to, create any rights that in any manner exceed or modify the terms and conditions of the benefit plans as set forth in or mandated by these other sources. MPS reserves the right to modify, amend, repeal or terminate any provision or plan summarized herein, and any Board policy or procedure, consistent with state or federal law, at any time with or without notice. This summary and any of the sources referenced herein are not intended and should not be construed to be a contract of employment, express or implied.

HEALTH AND DENTAL BENEFITS– FOR ACTIVE EMPLOYEES

When Health and Dental Coverage Begins

Employees regularly scheduled to work in benefit-eligible positions of 30 or more hours per week are eligible for health and dental insurance, single or family coverage.

Health and dental coverage for a new or returning employee begins on the first day of the month following one (1) month of employment. To enroll in health and/or dental coverage, a completed MPS benefit application/change form must be submitted within 31 calendar days after beginning employment or return from leave. Applications received later than thirty-one (31) calendar days after the first day of employment shall not be accepted. If you do not enroll when first eligible, you only have the opportunity to do so at the next open enrollment period or with an applicable qualifying event (also referred to as Family Status Changes).

Coverage start date examples are:

Hire Date or Return from Leave:	Health/Dental/Vision Begins if enrolled:
August 29 th	October 1 st
May 10 th	July 1 st
November 4 th	January 1 st
April 1 st	May 1 st *

* If you are hired/return from leave on the 1st of the month, your coverage begins the 1st of the next month. If the 1st of the month falls on a weekend or holiday, and you work the very next work day, your coverage begins the 1st of the next month.

To obtain health insurance coverage as of the first day of employment, a completed MPS benefit application/change form along with payment of one month's total monthly premium must be submitted within 15 calendar days of the first day of employment. **Please Note:** "First day of employment" means employment of a newly hired employee in a benefit-eligible position.

Coverage for 10-month school year employees (including IB/early start and traditional) who work/are paid through the end of their regularly scheduled school year will receive active employee coverage through August 31st, and, for school year employees returning within the first 10 work days of the next school year, coverage will be continuous.

Employees may choose between the MPS PPO Health Plan, the MPS EPO Health Plan, or the MPS High Deductible Health Plan (HDHP), administered by United Healthcare (UHC). A highlight summary of benefits for each plan is provided at the end of this section. For additional information describing the MPS PPO, EPO, and HDHP health plans, please visit the Department of Benefits, Pension & Compensation site on *mConnect*. From the Home page select: Departments>Benefits, Pension & Compensation> Benefits Enrollment (under "Quick Links")> 2022 Open Enrollment Benefit Plans Booklet for Active Employees.

Note: Eligibility Restrictions for Health and Dental Benefits

- > (7) Building Trades only have access to the EPO and HDHP health plans.
- > (15) Part-time Recreation Employees are not eligible for health and dental benefits.
- > (17) Active Substitute Teachers are not eligible for health and dental benefits effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for health and dental benefits.
- > (24) Part-time Teachers are not eligible for health and dental benefits.
- > Seasonal Laborers are not eligible for health and dental benefits effective with dates of hire or layoff on or after 7/1/12.

Eligibility for Spouse & Children

When enrolling any dependent(s) you must submit verification of dependent eligibility. For example, if you are enrolling a spouse you must submit a marriage certificate/license or if you are enrolling a dependent child(ren) you must submit a birth certificate(s). Failure to submit acceptable documentation to MPS Department of Benefits, Pension & Compensation may delay or prevent processing of your eligible dependents. As per Board policy and Plan provisions, the following dependents are eligible for coverage:

- **Spouse** is the person to whom the subscriber is legally married.
- **Dependent Child** includes the following:
 - Natural or adopted child of the subscriber.
 - Stepchild - is the natural or adopted child of the subscriber's spouse for whom the subscriber and/or spouse provide more than 50% of the child's support during a calendar year.
 - Legal Ward - is a child for whom the subscriber or current spouse is the legal guardian and for whom the subscriber and/or spouse provide more than 50 percent of the child's support during a calendar year.
- **Grandchild** - is a child of the subscriber's dependent child for whom the subscriber and/or spouse provide more than 50 percent of the grandchild's support during a calendar year when the grandchild's parent is under age 18.

Adult Child Dependent Eligibility – As a result of state and federal mandated changes* to health and dental coverage, adult dependent children (age 19 and older) must meet coverage eligibility as outlined below. These mandates **do not require you** to cover your adult children under your MPS health and/or dental plan.

- Adult child is between the ages 19 to 26.
- Adult child can be single or married.
- Per State mandate, eligibility requirements also include the adult child who is a full-time student regardless of age **and** was under age 27 years when called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher education.
- Application for disabled dependents continuation of health and dental coverage must be completed prior to turning age 26.

*WI Statute 632.885; Federal Acts PPACA and HCERA

Where Both Spouses Are Employed by MPS, only a single plan for each or one family plan for both are permitted. An employee who changes marital status, or acquires dependents must apply by filing a new, complete application on Self Service listing all covered dependents with MPS Department of Benefits, Pension & Compensation within 31 calendar days of the event (60 calendar days for birth or adoption, loss of Medicaid or CHIP coverage) in order for such coverage to be effective as of the date of the event.

Note:

1. Employees shall not be entitled to duplicate coverage under any other health, vision, pharmacy or dental insurance plan offered by the Board.
2. If you are an employee who is also covered as an eligible dependent under another MPS health plan, MPS Department of Benefits will terminate the dependent coverage and continue only your current employee coverage.

To make a change to your coverage due to a Family Status Change, go to the MPS homepage <https://mps.milwaukee.k12.wi.us>, click the staff menu in the top blue bar and log in to Self Service. Then click the Benefit Details tile > Life Events tile > and make your selection from the list of life events and follow the instructions. Detailed instructions can be found on *mConnect* under Benefits Resources called Benefits Family Status Change- Self Service Instructions. Changes must be made within 31 calendar days of a qualifying family status change event, 60 calendar days for birth, adoption, or loss of Medicaid or State Children's Health Insurance Plan (CHIP).

Adding New Dependents

Family Status Changes/Life Events are now done on MPS Employee Self Service! If you have a family status change (marriage, birth of a child, adoption, divorce, etc.) and would like to make changes, go to the MPS homepage <https://mps.milwaukee.k12.wi.us>, click the staff menu in the top blue bar and log in to Self Service. Then click the Benefit Details tile > Life Events tile > and make your selection from the list of life events and follow the instructions. Detailed instructions can be found on mConnect under Benefits Resources called Family Status Changes-Self Service Instructions. Changes must be made within 31 calendar days of a qualifying family status change event, 60 calendar days for birth, adoption, or loss of Medicaid or State Children’s Health Insurance Plan (CHIP).

Adding a Dependent – MPS Department of Benefits, Pension & Compensation must be notified within 31 calendar days of the event (this is referred to as a Family Status Change). If notification is received within 31 calendar days, dependent coverage shall be effective on the date of the qualifying event; otherwise, the new dependent may be added only during an open enrollment period. Examples of the above would be a marriage or return of a child to dependent status. If a dependent loses Medicaid or CHIP coverage they may be added within 60 calendar days.

Birth or Adoption of a Child – as the parent, you must file a new application online through Self Service with MPS Department of Benefits, Pension & Compensation **within 60 calendar days of the date of birth or placement**. A copy of the birth certificate or adoption papers must also be submitted during the application process. The 60-calendar day automatic coverage period commences as of the date of birth and only applies to newborns and does not apply to adopted children.

If you are enrolling any dependent(s) you must submit verification of dependent eligibility. For example, if you are enrolling a spouse you must submit a marriage certificate/license; for dependent child(ren) you must submit the birth certificate(s). Failure to submit acceptable documentation to MPS Department of Benefits, Pension & Compensation will delay processing of your eligible dependent(s). If verification is not received within 31 calendar days of our written request, the dependent will not be enrolled and will have to wait until the next open enrollment period to enroll.

After initial enrollment and open enrollment, additions, terminations, and changes will only be allowed to your MPS health/vision and dental plans as the result of a Family Status Change. The following is a list of the most common family status changes and the documentation needed from you to make a change:

Family Status Change	Copy of Document or Notice Required
Marriage	Marriage certificate/license (must be registered certified state copy)
Birth	Birth certificate or proof that the birth certificate is registered.
Adoption	Court adoption or adoption agency placement letter.
Divorce	Notification of date of divorce.
Death	Notification of date of death.
Loss of Other Insurance Coverage	HIPAA notice of coverage loss.

If you are dropped from other coverage due to divorce, you have 31 calendar days to enroll in an MPS plan with proof of loss of coverage. **Please see the 2022 Benefit Plans for Active Employees Booklet for a detailed list of Family Status Changes/Life Events and allowable changes (saved on mConnect).**

Open Enrollment for Health and Dental Coverage

The annual open enrollment period will be held during October/November each year with plan coverage effective January 1st. Open enrollment materials will be distributed to eligible employees in late October. Look for the specific dates and deadlines for Open Enrollment on the MPS website and in printed materials. The open enrollment period allows active employees who are eligible to enroll in a health and/or dental plan to add dependents or change health and/or dental plans. The open enrollment period also allows current enrolled retirees and surviving spouses to change health plans and retirees with family health plan coverage to add dependent children. **Please note:** Currently, our Medicare eligible retirees/spouses and their dependents have one health care plan option, the MPS Group Medicare Advantage plan.

Current employees can enroll in Opt-Out during Open Enrollment. See page 8 for more information about the Opt-Out plan.

Removing Ineligible Dependents from Your MPS Health and/or Dental Plan

You are required to notify MPS Department of Benefits, Pension & Compensation of events such as a divorce or death of spouse or dependent, in order to remove ineligible dependents from your plan. In the case of divorce, your ex-spouse and your step-child(ren) from that marriage are no longer eligible to be covered as your dependents and you must remove them from your MPS health and dental plan within 31 calendar days.

MPS reserves its rights to pursue appropriate disciplinary action against you, up to and including termination of your employment with MPS, as well as any available legal remedies to recover benefits wrongfully paid on behalf of ineligible dependent(s) including notification to local law enforcement authorities regarding possible insurance fraud.

When Health and Dental Coverage Ends

Board-paid health and dental coverage for the employee and all dependents ceases on the last day of the month following the month in which the employee becomes ineligible due to non-payment of the required employee premium contribution, termination, suspension, resignation, layoff, move into a non-benefit eligible position, or unpaid status for more than one-half the number of paid work days in a calendar month. However, for Early Start and Traditional School Calendar employees who lose eligibility at the end of their regularly scheduled school year, health and dental coverage ceases on August 31 following the loss of eligibility.

As per Board policy/procedures, Plan provisions, and state/federal mandates coverage ceases for dependents as follows:

- Spouse - coverage ends at the end of the month in which the spouse is no longer legally married to the subscriber.
- Dependent Child

(1) End of the month in which adult child attains age 26 per current state and federal mandates in effect as of the date of this publication.

(Note: See page 5 Adult Child Dependent Eligibility for additional details.)

Health/Vision and Delta Dental Plans- coverage ends at the end of the month in which the child attains age 26, regardless of support, unless prior to attaining age 26 the child is and continues to be both incapable of self-sustaining employment by reason of mental or physical disability and chiefly dependent upon the subscriber and/or subscriber's spouse for support and maintenance. Proof of such incapacity and dependency must be furnished by the subscriber to the employee's health plan, at no expense to the employee's health plan, within 31 calendar days of the child's attainment of age 26, and subsequently when and as often as the employee's health plan may reasonably require but not more frequently than annually after the two-year period following the child's attainment of age 26.

- (2) Grandchild - coverage ends at the end of the month when the grandchild's parent loses dependent status or the grandchild's parent turns 18 or the subscriber and/or spouse no longer provide more than 50 percent of the grandchild's support.
- (3) Loss of legal status - coverage ends at the end of the month in which the child no longer meets the definition of stepchild or legal ward. For example, a stepchild's parent is no longer legally married to the subscriber; legal ward's coverage ends at age 18.
- (4) Emancipation - coverage ends at the end of the month in which the child is legally emancipated, even if the emancipation occurs prior to the attainment of age 19.

In the event you, your spouse or your dependent children lose Board health and/or dental insurance coverage due to a loss of employment for any reason (except gross misconduct), divorce, death of a spouse, over-age dependent child, or move into a non-benefit eligible position, you and/or your spouse and dependent children are eligible to remain in the group on a self-pay basis for either 18 or 36 months. For more information about COBRA continuation, contact MPS Department of Benefits, Pension & Compensation.

Health Insurance Opt-Out

If you are eligible and covered by another employer's health insurance, you may choose not to be covered by Milwaukee Public Schools health insurance and receive \$50 per month (up to \$500 per year pro-rated on a 10-month basis). In order to be eligible for the Opt-Out option, eligible employees must provide (1) Annual Verification of current health coverage under another employer group health plan and (2) Attestation of you and your tax family's (as defined by the IRS) having Minimum Essential Coverage (MEC) as defined by the Affordable Care Act (ACA). For more information about tax family/dependents go to www.irs.gov/uac/who-can-i-claim-as-a-dependent. For more information regarding MEC go to www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-minimum-essential-coverage. Please note that a copy of your ID card is not accepted as proof of other coverage. If your other insurance is through a government program like Tri-Care, the VA, or BadgerCare, or if you are already covered under MPS, you are not eligible for this program.

The Opt-Out plan will not automatically roll-over from year to year. All employees must provide the required documentation when enrolling into this plan for the first time and during Open Enrollment. For further information, please contact MPS Department of Benefits, Pension & Compensation or search *mConnect* for [Opt Out Info & Form for 2022](#).

This option is only available within the first 31 calendar days of eligibility, during the annual open enrollment period or within 31 days of becoming eligible for coverage under a different employer due to a Family Status Change.

Opt-Out plan during a leave of absence: Please note that if you are enrolled in Opt-Out and you go on an unpaid leave of absence, your Opt-Out option will terminate as soon as you have no active pay. If you are on FMLA, your Opt-Out plan will automatically be reinstated once you return to work. For any non-FMLA leave, you will need to re-enroll and provide proof of other coverage once you return to work.

NOTE: A limitation of the Opt-Out plan includes employees who are covered as a dependent under an MPS health plan and submit another employer plan as coverage – these employees are not eligible for the MPS Opt-Out option while covered under an MPS health plan.

Note: Eligibility Restrictions for Health Insurance Opt-Out

- > (3) Board Members are not eligible for the Opt-Out benefit.
- > (15) Part-time Recreation Employees are not eligible for Opt-Out benefits.
- > (17) Active Substitute Teachers are not eligible for the Opt-Out benefit effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for Opt-Out benefits.
- > (24) Part-time Teachers are not eligible for Opt-Out benefits.
- > Seasonal Laborers are not eligible for the Opt-Out benefit effective with dates of hire or layoff on or after 7/1/12.

MPS Employee Wellness Benefit: Healthy You, Healthy Schools

Milwaukee Public Schools offers a robust employee wellness benefit for staff and their families. Our benefit includes a variety of programs and resources designed to improve your physical, emotional, and professional well-being. Programs include Wellness On-Site, Employee Assistance Program (EAP), UnitedHealthcare Tobacco Cessation program (for those enrolled in UnitedHealthcare insurance through MPS), and Healthy Contributions (gym reimbursement program).

Current employees may login to *mConnect* and visit the Employee Wellness page to learn more.



Employee Wellness Program

**MILWAUKEE
PUBLIC SCHOOLS**

Take advantage of this important employee benefit – programs are **free of cost** and **voluntary!**

At MPS, we believe that when our employees are healthy and happy, our students and our community thrive. That is why we are invested in the well-being of all MPS employees through the "Healthy You, Healthy Schools" employee wellness program. Healthy You, Healthy Schools offers a wide variety of individual and group programs to enhance your physical, emotional and professional well-being.

**HEALTHY YOU
HEALTHY SCHOOLS**

Professional | Physical | Emotional

Learn more about wellness programs on *mConnect* at mpsmke.com/wellness or under "Other Benefits" in this booklet. For additional information, contact Veronica Bohannon at griffiv1@milwaukee.k12.wi.us.

Individual Program Offerings

The following programs are available based on your individual health and wellness goals.

- UHC programs include:
 - Real Appeal (Weight Loss Program)
 - Asthma Disease Management
 - Cancer Resources Services
 - Congenital Heart Disease Resource Services
 - Kidney Resource Services
 - Maternity Support Program
 - Diabetes Condition Management
 - Coronary Artery Disease
- Healthy Contributions Gym Reimbursement
- Employee Assistance Program



Group Program Offerings

Wellness On-Site is a menu of physical, emotional, and professional wellness programming offered on-site, virtual, and at no cost to you!

- Healthy Cooking Demonstrations
- Heart Health
- Weight Loss
- Stress Management

See the Wellness Champion at your location! The Wellness Champion coordinates each worksite's involvement in the Wellness programs.

Employee Assistance Program – Effective April 1, 2022

The EAP is a free benefit provided to all employees of MPS, their spouses/partners, and their dependents. The EAP is 100% confidential as specified by both state and federal law. All employees and their families are provided free, confidential counseling and referral service pertaining to personal difficulties related to the following: Financial and legal consultation, medical advocacy, drug and alcohol abuse, childcare search, adoption assistance, school and college planning or eldercare assessment.

EAP services

Milwaukee Public Schools

Call: 800 638-3327

Visit: myassistanceprogram.com/fei/

Use Code: MPSEAP

We're here for you: 24/7/365

Your Employee Assistance Program (EAP) can help you strengthen your well-being and overcome some of life's most common challenges. When you have the support you need, everyone benefits. We have stronger employees, families and workplaces.

Our EAP counselors are accessible day or night. When you call, they'll assess your needs and help you find appropriate resources. They may refer you to short-term counseling or to specialists for legal, financial or work-life consultations. All services are free and confidential.

Your EAP website, myassistanceprogram.com/fei/, provides access to additional information and resources, including our monthly webinars. Here's a closer look at your EAP benefits:



Short-term counseling Up to 6 sessions per issue per year to help you:

- Alleviate emotional stress
- Enhance interpersonal relationships
- Tackle family/parenting challenges
- Deal with substance misuse
- Manage strong feelings
- Build on personal strengths
- Navigate life transitions
- Work through grief and loss



Legal benefit One consultation per issue:

- Bankruptcy, foreclosure
- Home sale/purchase or lease agreement
- Separation or divorce
- Adoption
- Child custody/child support
- Free simple will
- Traffic, civil or criminal matters
- Elder law
- Legal document review
- Simple dispute resolution



Financial benefit Consultation for issues such as:

- Manage expenses and debt
- Prepare a realistic budget
- Deal with tax-related questions
- Plan for retirement
- Identity theft solutions
- Invest in a college education
- Student loan coaching
- Home purchase education
- Credit report review



Work-Life benefit Consultations and referrals for:

- Childcare
- Adoption
- Elder care
- Dependent care
- K-12 & higher education resources
- Medical Advocacy
- Life Coaching

Healthy Contributions Gym Reimbursement



Congratulations on taking a positive step toward wellness!

Milwaukee Public Schools is offering employees and their spouse a monetary reimbursement of \$20.00 when you visit a participating fitness facility ten (10) or more times per calendar month.

In a continued effort to support your health and personal well-being, Milwaukee Public Schools is offering a reimbursement benefit at participating fitness facilities for employees and spouses. We are very excited to have you on board and look forward to offering you full access to a wealth of resources that are sure to enhance your work-life balance and yield remarkable results.

The following guidelines must be followed to receive the monetary incentive offered by Milwaukee Public Schools.

- Participants must be enrolled in the MPS health insurance plan to be eligible for his benefit.
- Participants must present a copy of the Milwaukee Public Schools Enrollment Form to the fitness facility to enroll in and participate in the program. [Enrollment form can be found on mConnect/Departments/Benefits & Compensation/Employee Wellness/Gym Reimbursement: Healthy Contributions.](#)
- Employees must provide the club upon enrollment their Employee ID. Spouses must provide the last four digits of their Social Security Number. If employees do not know their employee ID, please contact MPS HR 414-475-8224 or see your MPS employee paystub.
- Participant understands that facility locations are independently owned and operated and therefore can choose to participate in this program.

For a list of participating locations please visit www.healthycontributions.com and the club locator. Congratulations again!

Healthy Contributions

1.800.317-2739

info@healthycontributions.com

Monday- Friday, 8:00am to 5:00pm CST.



Eligibility for Retiree Health Insurance

Please refer to the section beginning on page 31 entitled "Summary of Retiree Benefits" for details on retiree health insurance eligibility requirements.

Note: Eligibility Restrictions for Retiree Health Insurance Benefits

- > (3) Board Members are not eligible for retiree health benefits.
- > (15) Part-time Recreation Employees are not eligible for retiree health benefits.
- > (17) Active Substitute Teachers are not eligible for retiree health benefits effective with dates of retirement after 7/1/12.
- > (20) Temporary Employees, LTEs are not eligible for retiree health benefits.
- > (22) Management Interns are not eligible for retiree health benefits.
- > (23) Supplemental Teachers are not eligible for retiree health benefits.
- > (24) Part-time Teachers are not eligible for retiree health benefits.
- > (25) Substitute Teachers on Special Assignment are not eligible for retiree health benefits.
- > Seasonal Laborers are not eligible for retiree health benefits effective with dates of hire or recall from layoff on or after 7/1/12.
- > Employees hired/rehired on or after 7/1/13 are not eligible for retiree health benefits after retirement.

Eligibility for Rehired Retiree Benefits

Under a district-wide provision effective July 1, 2013, all MPS retirees who are enrolled in MPS retiree medical and life insurance benefits will not lose eligibility for such retiree benefits by being rehired in MPS benefit-eligible positions. However, they will not be eligible to enroll in active medical and life insurance benefits unless they submit an irrevocable signed waiver of their MPS retiree medical and life insurance benefits. An MPS retiree who signs an irrevocable waiver of their previously earned MPS retiree medical and life insurance acknowledges that he/she (a) permanently and irrevocably forfeits their previously earned eligibility for themselves and their enrolled dependents for retiree medical and life insurance benefits and (b) is eligible to enroll in active MPS medical and life insurance benefits. A rehired retiree that keeps his/her retiree medical and life insurance is eligible to enroll in active dental coverage within 31 days of rehire in a benefit-eligible position.

Rehired Wisconsin Retirement System (WRS) Annuitants

For employees who terminate before July 1, 2013: A WRS participant who has applied to receive a retirement annuity **must wait at least 30 days between terminating covered employment with a WRS employer and returning as a participating employee.** If the employee does not wait the 30-day period, and is rehired before the expiration of the 30-day period, the employee is not eligible to receive a WRS retirement annuity. The rehired annuitant who has fulfilled the requirements and meets the eligibility criteria under the WRS may choose to either return to active participation in the WRS or continue their WRS annuity and must complete a WRS Rehired Annuitant Election Form.

For employees who terminate on or after July 1, 2013: A WRS annuitant **must remain separated from employment with a WRS participating employer for at least 75 days** in order to be an eligible rehired annuitant. If a WRS annuitant, or disability annuitant who has attained his or her normal retirement date, is appointed to a position with a WRS-participating employer, in which he or she is expected to work at least two-thirds of what is considered full-time employment by ETF, the annuity must be terminated and no annuity payment is payable until after the participant again terminates covered employment. These provisions first apply to a WRS participating employee who terminates on or after July 1, 2013.

Health Benefits – Summary Effective January 1, 2022

Benefits/Service <small>*Includes deductible, or copayment & coinsurance.</small>	UHC PPO Choice Plus Network		UHC EPO (In Network Only) Choice Network	UHC HDHP Choice Plus Network	
	In Network	Out of Network		In Network	Out of Network
Annual Deductible (per person)	\$750 per person	\$1,500 per person	\$350 per person	\$1,600 per person	\$3,200 per person
Annual family deductible	\$2,250 family (3 individuals)	\$4,500 family (3 individuals)	\$1,050 family (3 individuals)	\$3,200 family	\$6,400 family
Annual co-insurance after deductible	80%	50%	80%	80%	50%
Annual out-of-pocket maximum* (per person)	\$3,250 per person	\$4,500 per person	\$1,350 per person	\$3,200 per person	\$6,400 per person
Annual out-of-pocket maximum* (family)	\$9,750 family (3 individuals)	\$13,500 family (3 individuals)	\$4,050 family (3 individuals)	\$6,400 family	\$12,800 family
Office visit co-pays	\$20	50% after deductible	\$20	80% after deductible	50% after deductible
Urgent Care	\$35	50% after deductible	\$35 Designated urgent care centers and doctor offices	80% after deductible	50% after deductible
Specialist Office Visits	\$35	50% after deductible	\$35	80% after deductible	50% after deductible
Emergency room	\$150	\$150	\$125	80% after deductible	80% after deductible
Preventive	100%	50% after deductible	100%	100%	50% after deductible

Prescription Drugs – OptumRx (In Network Benefit Only)

Benefits/Services	UHC PPO Choice Plus Network	UHC EPO Choice Network	UHC HDHP** Choice Plus Network
Pharmacy annual out-of-pocket maximum*	Individual \$4,100 Family \$4,950	Individual \$6,000 Family \$10,650	Included in Medical Out-Of-Pocket Maximum
Retail -Tier 1: Generic (30-day supply)	\$8	\$8	80% after deductible
Retail –Tier 2: Preferred Brand (30-day supply)	10% with \$25 minimum	10% with \$25 minimum	80% after deductible
Retail – Tier 3: Non-Preferred Brand (30-day supply)	20% with \$50 minimum	20% with \$50 minimum	80% after deductible
Multi-Source Brand	Member-Pay-Difference*	Member-Pay-Difference*	N/A
Mail order –Tier 1: Generic (90-day supply)	\$16	\$16	80% after deductible (pricing discounts at mail order)
Mail order -Tier 2: Preferred Brand (90-day supply)	\$50	\$50	80% after deductible (pricing discounts at mail order)
Mail order –Tier 3: Non-preferred Brand (90-day supply)	\$100	\$100	80% after deductible (pricing discounts at mail order)
Multi-Source Brand	Member-Pay-Difference*	Member-Pay-Difference*	80% after deductible (pricing discounts at mail order)

***Member-Pay-the-Difference: Member pays the \$8 Retail Generic (\$16 Mail Order Generic) copay plus the gross cost difference between the Brand and equivalent Generic. This additional cost is excluded from the out-of-pocket limit.**

****HDHP only: Retail and mail order pharmacy coverage at 1, 2, or 3 tier copay costs for specific preventive drug on OptumRx preventive drug list – see current list on *mConnect*, and the MPS Website.**

Vision Benefits

If you elect health insurance, you will also receive vision coverage through National Vision Administrators (NVA). When you enroll, NVA will provide you with an identification card. For a list of providers, please visit www.e-nva.com.

Note: Vision benefits are not offered on a free-standing basis (e.g. cannot be unbundled from the health insurance enrollment).

NATIONAL VISION ADMINISTRATORS (NVA)		
BENEFITS	FREQUENCY	Participating Provider Covered Amount In-Network Only
EXAM	Once Every 12 Months	Paid in Full
FRAMES	Once Every 12 Months	Up to \$100 Retail Allowance (20% discount off balance)
LENSES (glass or plastic) Type: Single Vision Bifocal Trifocal Lenticular Standard Scratch Coating Polycarbonates (under age 19)	One Pair Every 12 Months	Paid in Full Covered 100% Covered 100%
CONTACT LENSES (in lieu of frames and lenses) Elective Fit/Follow-Up Standard Daily Wear Standard Extended Wear Specialty Wear Medically Necessary- Preapproval From NVA required	Once Every 12 Months Once Every 12 Months	Covered up to \$100 Retail Allowance 15% discount (Conventional) or 10% discount (Disposable) off remaining balance over \$100 Covered 100% after \$20 copay Covered 100% after \$30 copay Covered 100% after \$50 copay

Note Eligibility Restrictions for Health/Vision Benefits:

- > (15) Part-time Recreation Employees are not eligible for health/vision benefits.
- > (17) Active Substitute Teachers are not eligible for health/vision benefits effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for health/vision benefits.
- > (24) Part-time Teachers are not eligible for health/vision benefits.
- > Seasonal Laborers are not eligible for health/vision benefits effective with dates of hire or layoff on or after 7/1/12.

Dental Benefits – Summary - Effective January 1, 2022

DENTAL BENEFITS Does not duplicate medical coverage	DELTA DENTAL PPO	DELTA DENTAL EPO* In-Network Providers Only
ANNUAL MAXIMUM Per Person	\$1,500 January 1 – December 31	\$3,000 January 1 – December 31
ANNUAL DEDUCTIBLE	\$25 (maximum 3 per family)	\$25 per person
DIAGNOSTIC Oral exam, x-rays	100% no deductible	100% not applied toward annual maximum, no deductible
PREVENTIVE Cleaning, fluoride	100% no deductible Cleanings twice per calendar year Fluoride up to age 19 Sealants to age 19	100% not applied towards annual maximum, no deductible Cleanings twice per calendar year Fluoride up to age 19 Sealants to age 19
RESTORATIVE Fillings, pre-fab crowns	80%	100%
CROWNS	80%	80%
ENDODONTICS Root Canals	80%	100%
ORAL SURGERY	80%	100%
PERIODONTICS Treatment of Gums	80%	100%
PROSTHODONTICS Bridges, dentures, implants	80% (crowns and adjustments) 50% (bridges, denture, implants)	80%
ORTHODONTICS Complete treatment	50% to a lifetime maximum of \$1,500 (no deductible)	50% coverage with a \$750 maximum out-of-pocket per person; thereafter 100% coverage
Eligibility	Children to Age 19	Children to Age 19

* The Delta Dental EPO plan only provides coverage for services from a Delta Dental PPO provider. This coverage includes all Dental Associates (Care Plus) facilities and more. To find an in-network dentist go to: www.deltadentalwi.com, select "Find A Dental Provider," and search for a provider in the network entitled "Delta Dental PPO" or call 1-800-236-3712.

Note: Eligibility Restrictions for Dental Benefits

- > (15) Part-time Recreation Employees are not eligible for dental benefits.
- > (17) Active Substitute Teachers are not eligible for dental benefits effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for dental benefits.
- > (24) Part-time Teachers are not eligible for dental benefits.
- > Seasonal Laborers are not eligible for dental benefits effective with dates of hire or layoff on or after 7/1/12.

Employee Health & Dental Premium Contributions

Health Insurance – Per Paycheck Employee Premium Contributions Effective January 1, 2022 through December 31, 2022

Employee insurance premium share is deducted from twenty (20) paychecks, for all employees, typically starting with the first paycheck in January 2022 through the first paycheck in June 2022. Deductions will resume with the second paycheck of September 2022 through the last paycheck in December 2022. There are no “make-up” contributions for 10-month employees, and 12-month employees do not pay any premium share in July and August.

Total Monthly Premium (Health and Vision):

All rates effective January 1, 2022-December 31, 2022

HEALTH PLAN	PPO/Choice Plus	EPO Plan	HDHP
Single	\$880.52	\$911.18	\$842.24
Family	\$2,069.55	\$2,141.61	\$1,958.16

Note: If a plan change or new enrollment occurs in the summer months, your premium share will be adjusted accordingly and will be taken with deductions resuming in September.

The charts below list the per-paycheck deduction and the annual percentage of premium contribution for each plan and salary band. NOTE: If your salary changes throughout the year, you may move into a higher salary band and your contribution would increase as of the effective date of the salary change. For hourly employees, your previous calendar year’s earnings are used to set your salary band contribution every March 1st. As always, employee premium contributions are taken on a pre-tax basis.

Active Employee Per Paycheck Health and Vision Contribution:

Annual Base Salary		PPO %	PPO Employee Deduction	EPO%	EPO Employee Deduction	HDHP%	HDHP Employee Deduction
\$25,000 or under	Single	11%	\$58.11	5%	\$27.34	2%	\$10.11
	Family	11%	\$136.59	5%	\$64.25	2%	\$23.50
\$25,001 to \$50,000	Single	12%	\$63.40	8%	\$43.74	5%	\$25.27
	Family	12%	\$149.01	8%	\$102.80	5%	\$58.74
\$50,001 to \$75,000	Single	13%	\$68.68	10%	\$54.67	7%	\$35.37
	Family	13%	\$161.42	10%	\$128.50	7%	\$82.24
\$75,001 and above	Single	14%	\$73.96	12%	\$65.60	9%	\$45.48
	Family	14%	\$173.84	12%	\$154.20	9%	\$105.74

Note: Board Members pay any difference between the plan they have selected and the lowest cost plan.

Dental Insurance – Per Paycheck Employee Premium Contributions Effective January 1, 2022 through December 31, 2022

Dental Premiums for Active Employees

Dental Plan	Delta Dental PPO		Delta Dental EPO	
	Total Premium	Employee Per Paycheck Deduction	Total Premium	Employee Per Paycheck Deduction
Single	\$27.51	\$0.83	\$32.57	\$0.98
Family	\$95.79	\$2.87	\$107.63	\$3.23

The employee dental contribution is 5% of the total monthly premium rate for the single or family plan.

Employee Premium Contributions – Additional Information

When the Department of Benefits, Pension & Compensation is notified in a timely manner of a Family Status Change (within 31 days), premium adjustments will be made via the employee's payroll. Late status change notices will not result in retroactive premium refunds. If you are granted an approved leave, including leaves under the Family Medical Leave Act (FMLA), you are still required to pay your employee premium contribution. If your leave is unpaid, your employee premium contribution will be put into arrears. These deductions will be applied to your next paycheck upon your return to work, or billed to you in full if you do not return to MPS at the end of your unpaid leave.

LIFE INSURANCE

Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life and Accidental Death and Dismemberment Insurance is an employer-paid benefit and coverage begins first day of the month that follows or coincides with 30 consecutive days of eligibility.

MPS employees regularly scheduled to work in benefit-eligible positions of 30 or more hours per week will be automatically enrolled for this benefit.

The amount of Group Basic Life coverage is 1 times your annual earnings, rounded up to the next \$1,000, to a maximum of \$200,000.

Please note that the value of the premium payment in excess of a \$50,000 benefit coverage level is subject to federal income tax when the Board pays 100% of coverage in excess of \$50,000.

If you remain an active employee at attainment of age 65, your active life insurance coverage will reduce in the following manner:

Age of Employee on Jan 1st:	Coverage in force prior to age 65 is reduced to:
65 through 69	65%
70 through 74	50%
75 or over	35%

Notice of Conversion and Portability of Insurance Rights: Under the provisions of the Group Basic Life Insurance plan, you may be entitled to convert or purchase portable group insurance coverage within 31 calendar days of the date your group coverage ends, to an individual policy without evidence of insurability. The Standard Insurance Company, upon your request, will furnish information about individual policies that may be available.

Additional Life Insurance

Employees regularly scheduled to work in benefit-eligible positions of 30 or more hours per week can elect Additional Life Insurance for self, spouse, and/or child(ren) within 31 days of your date of benefit eligibility. Enrollment and beneficiary designation for this benefit is done online through the Standard Insurance Company's website standard.benselect.com.

Premiums are employee-paid through a monthly payroll deduction. If elected, coverage begins first day of the month that follows or coincides with 30 consecutive days of eligibility. Below are the coverage amount guidelines:

	Minimum	Incremental Unit	Guarantee Issue Amt	Maximum
Employee	\$10,000	\$10,000	\$250,000	\$500,000*
Spouse	\$5,000	\$5,000	\$50,000	\$250,000
Child	\$5,000	\$5,000		\$10,000

*Not to exceed 5 times your annual earnings.

Please note:

- Additional Life Insurance must be elected for yourself in order to elect coverage for dependents.
- The coverage amount for your spouse and child(ren) cannot exceed 50% of your Additional Life coverage.
- The age reductions in the chart above apply to Additional Life Insurance.
- Beneficiary designation(s) can be changed at any time at standard.benselect.com.

- Late applications for Additional Life Insurance (applying 31 days after first initial eligibility): All late applications, requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior life insurance plan are also subject to medical underwriting approval.
- Family Status Change: If you have a Family Status Change, you may elect new coverage or increase your coverage for you or your spouse, not to exceed the Guarantee Issue Amount, without submitting Evidence of Insurability if you apply within 31 days of a Family Status Change (see Family Status Changes/Life Events chart in the Health & Dental Plans for Active Employees booklet on *mConnect*).
- Coverage ends automatically on the earliest of:
 - The date the last period ends for which a premium was paid for your Life Insurance;
 - The date the Group Policy terminates;
 - The end of the calendar month in which your employment terminates, unless you are covered as a retired Member; see life insurance certificate in Benefit Resources under *mConnect*.

Note: Eligibility Restrictions for Life Insurance

- > (3) Board Members are not eligible for life insurance benefits.
- > (15) Part-time Recreation Employees are not eligible for life insurance benefits.
- > (17) Active Substitute Teachers are not eligible for life insurance benefits effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for life insurance benefits.
- > Seasonal Laborers are not eligible for life insurance benefits effective with dates of hire or layoff on or after 7/1/12.
- > Full-time members of the armed forces are not eligible for life insurance benefits.
- > A leased employee or an independent contractor are not eligible for life insurance benefits.
- > (23) Supplemental Teachers, (24) Part-time Teachers, and (25) Sub Teachers on Special Assignment are not eligible for life insurance benefits.

Eligibility for Retiree Life Insurance

Please refer to the section beginning on page 29 entitled “Summary of Retiree Benefits.” See page 34 for details on retiree life insurance eligibility requirements.

Note: Eligibility Restrictions for Retiree Life Insurance

- > (3) Board Members are not eligible for retiree life insurance benefits.
- > (15) Part-time Recreation Employees are not eligible for retiree life insurance benefits.
- > (17) Active Substitute Teachers are not eligible for retiree life insurance benefits effective with dates of retirement after July 1, 2012.
- > (20) Temporary Employees, LTEs are not eligible for retiree life insurance benefits.
- > Seasonal Laborers are not eligible for retiree life insurance benefits effective with dates of hire or recall on or after 7/1/12.
- > (22) Management Interns are not eligible for retiree life insurance benefits.
- > Employees hired/rehired on or after 7/1/13 are not eligible for retiree life insurance benefits.
- > (23) Supplemental Teachers are not eligible for retiree life insurance benefits.
- > (24) Part-time Teachers are not eligible for retiree life insurance benefits.
- > (25) Substitute Teachers on Special Assignment are not eligible for retiree life insurance benefits.

DISABILITY INSURANCE

Short Term Disability

Short Term Disability (STD) is a voluntary plan available to employees regularly scheduled to work in a benefit-eligible position of 30 or more hours per week. STD pays a weekly benefit in the event you cannot work because of a covered illness or injury. A STD benefit replaces a portion of your weekly income, providing funds directly to you to help pay your bills and living expenses. Premiums are employee-paid through a monthly payroll deduction.

The weekly STD benefit is 66 2/3 percent of the first \$5,769 of your weekly insured predisability earnings, reduced by deductible income.

The maximum benefit period is as follows:

- 90 days for (2) Exempt Administrators and Supervisors, (8) Cabinet Level, (13) Office of Accountability and Efficiency, (14) Office of Board Governance and the (18) Superintendent.
- 180 days for all other eligible employee units.

Enrollment for this benefit is done online through The Standard Insurance Company's website standard.benselect.com. Benefit-eligible employees can elect the STD coverage within 31 days of becoming eligible and coverage begins the first day of the month that follows or coincides with 30 consecutive days of eligibility.

Elections made after the 31-day eligibility period will be subject to a 60-day benefit waiting period.

Effective January 1, 2018, upon initiation of STD Benefits, you will not be able to receive any paid leave (except vacation pay) from Milwaukee Public Schools. As a result, effective January 1, 2018, employees should be taking unpaid leave when electing to initiate STD benefits.

Late application for Short Term Disability: If you do not apply for this STD coverage within 31 days of first becoming eligible, were eligible for insurance under the Prior Plan for more than 31 days but were not insured, or if your insurance ends because you failed to make a required premium contribution and is later reinstated, your benefit waiting period for physical disease, pregnancy or mental disorder will be 60 days if you become disabled during the first 12 months after your coverage takes effect.

Long Term Disability

Long Term Disability (LTD) is a voluntary plan available to employees regularly scheduled to work in a benefit-eligible position of 30 or more hours per week. LTD pays a monthly benefit in the event you cannot work because of a covered illness or injury. A LTD benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Premiums are employee-paid through a monthly payroll deduction.

There are two options for enrollment:

<i>LTD Option #1</i> <i>Benefit Amount: 66 2/3% Income Replacement</i> <i>Maximum Monthly Benefit: \$16,667 per month maximum</i> <i>Maximum Benefit Period: Normal Social Security Retirement Age</i>	<i>LTD Option #2</i> <i>Benefit Amount: 60% Income Replacement</i> <i>Maximum Monthly Benefit: \$16,667 per month maximum</i> <i>Maximum Benefit Period: 5 Years</i> <i>*Cost of Living is not included in this option</i>
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The benefit waiting period is as follows:

- 90 days for (2) Exempt Administrators and Supervisors, (8) Cabinet Level, (13) Office of Accountability and Efficiency, (14) Office of Board Governance and the (18) Superintendent.
- 180 days for all other eligible employee units.

Enrollment for this benefit is done online through The Standard Insurance Company's website standard.benselect.com. Benefit-eligible employees can elect the LTD coverage within 31 days of becoming eligible and coverage begins the first day of the month that follows or coincides with 30 consecutive days of eligibility.

Late application for Long Term Disability: All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior LTD insurance plan are also subject to medical underwriting approval.

Note: Eligibility Restrictions for Disability Insurance:

- > (3) Board Members are not eligible for disability insurance.
- > (15) Part-time Recreation Employees are not eligible for disability insurance.
- > (17) Active Substitute Teachers are not eligible for disability insurance.
- > (20) Temporary Employees, LTEs are not eligible for disability insurance.
- > Seasonal Laborers, full-time members of the armed forces, leased employees and independent contractors are not eligible for disability insurance.
- > (23) Supplemental Teachers are not eligible for disability insurance.
- > (24) Part-time Teachers are not eligible for disability insurance.
- > (25) Substitute Teachers on Special Assignment are not eligible for disability insurance.

BENEFITS INFORMATION FOR EMPLOYEES ON LEAVE OF ABSENCE

Unpaid Leave of Absence - (Except Family Medical Leaves (FMLA) – see FMLA section on page 23.)

If you are on an unpaid leave of absence which includes suspension, your benefits will be administered as follows:

Health/Vision and Dental Coverage: Board paid coverage ceases on the last day of the month following the month in which your unpaid status is effective.

For example, if your unpaid leave of absence is effective on November 25th, your Board paid coverage will remain in effect until December 31st and you will be billed for coverage starting January 1st. If your unpaid leave of absence is effective on December 4th, Board paid coverage will remain in effect until January 31st and you will be billed for coverage starting February 1st.

However, for 10-month employees who go on unpaid status after the end of the school year or at the start of the next school year, Board paid coverage ceases August 31st.

Group Basic Life Insurance and Additional Life Insurance Coverage: Board paid Life Insurance and Additional Life Insurance coverage (if applicable) terminates at the end of the month in which your unpaid leave of absence begins. You will be billed for coverage starting the following month.

Short Term Disability and Long Term Disability (Employee paid benefits): If you are on an unpaid leave of absence (non-health related) and enrolled in Short Term Disability (STD) and/or Long Term Disability (LTD), your STD and/or LTD will be terminated as of your leave of absence date. If you are on an unpaid leave of absence that is health-related, you will be billed for coverage starting the following month.

Self-Pay Option

Once your Board paid coverage has ended as outlined above, you have the option of continuing your coverage by self-paying the entire premium amount. Please note that health and/or dental coverage extended under the leave provision is automatically deemed to be continuation coverage under COBRA.

Per COBRA guidelines, the plan is not required to send monthly premium notices for self-pay benefits. Please contact us if there is any question regarding what you owe. If you choose not to self-pay for your coverage, your coverage will end the first month you are billed as described above. MPS Department of Benefits, Pension & Compensation will initially bill you for amounts owed. If you do not receive a bill within 3 weeks of your coverage ending, please contact us at the following numbers:

If your LAST NAME begins with A-F call: 414-475-8158	If your LAST NAME begins with M-R call: 414-475-8215
If your LAST NAME begins with G-L call: 414-475-8233	If your LAST NAME begins with S-Z call: 414-475-8559
Life Insurance and Short/Long Term Disability call: 414-475-8699	

If you elect to exercise this self-pay option, any such period of self-paid coverage will be deemed to be an election to exercise COBRA continuation coverage and will count against your applicable period of COBRA continuation coverage. Per COBRA guidelines, the plan is not required to send monthly premium notices; please contact us if there is any question regarding what you owe.

If you choose, you may switch to single coverage at any time while on unpaid leave of absence. However, you cannot re-enroll in a family plan until the next available open enrollment period. Your application to switch to single coverage must be received by MPS Department of Benefits, Pension & Compensation prior to the effective date requested.

For example, if you would like to switch to single medical coverage effective November 1st, your application to change to single must be received by us by October 31st. Timely receipt of your application for the effective date requested still applies whether or not you are in receipt of a billing statement.

Return from Unpaid Leave of Absence

If you do not continue your benefits while on an unpaid leave of absence by self-paying the applicable premium, your medical/vision and dental insurance will remain terminated until you return to work and you must re-enroll for coverage as explained below. Your effective date of coverage is subject to the same eligibility rules that apply to a new employee. **Your health/vision and dental coverage are NOT automatically reinstated if your policy lapses due to non-payment.** You must submit a completed enrollment form within 31 calendar days of your return to work or you must wait until the next open enrollment period (currently scheduled for October/November with coverage effective January 1st) to enroll. **This form can be found under mConnect > Resources > Benefits Resources > Benefits Application/Change Form.**

For example, if you return to work on April 18th and submit a completed enrollment form to MPS Department of Benefits, Pension & Compensation within 31 calendar days, your dental/health/vision coverage is effective June 1st. If you return to work on April 18th but do not submit a completed enrollment form within 31 calendar days, you must wait until the next open enrollment period to enroll.

If you continue your benefits by self-paying for coverage while on unpaid leave of absence, you will not need to reapply upon your return to work. However, Board paid health/vision and dental will not resume until after the applicable waiting periods as described above. You must continue to self-pay throughout the waiting periods until Board paid coverage resumes in order to have continuous coverage.

Group Basic Life Insurance coverage, if applicable, is reinstated automatically upon your return to work within 90 days. If you are returning to work after 90 days, your life insurance will begin the first day of the month that follows or coincides with 30 consecutive days.

Short Term Disability, Long Term Disability and Additional Life Insurance coverage are reinstated if you return to work within 90 days. If you return from leave after 90 days your coverage will not be reinstated. You can reapply for these benefits at standard.benselect.com and if approved, coverage will begin the first day of the month that follows or coincides with 30 consecutive days of your return from leave. Evidence of Insurability may apply.

Paid Leave of Absence

Health/Vision, Dental, Group Basic Life Insurance, Short Term Disability, Long Term Disability and Additional Life Insurance Coverage: If you qualify and are granted a paid leave of absence your Board paid health/vision, dental, and life insurance coverage will continue as long as you are on the paid leave of absence. If you are enrolled in Short Term

Disability, Long Term Disability and/or Additional Life Insurance, your coverage will also continue as long as you are on a paid leave of absence and premium contributions are deducted from your paycheck, when applicable.

Upon your **return to work from a paid leave of absence** to a benefit-eligible position you do not need to reapply for health/vision, dental, life insurance, Short Term Disability, Long Term Disability and/or Additional Life Insurance coverage, if your premiums were paid, when applicable.

Family Medical Leave (FMLA)

Health/Vision and Dental Coverage: If you qualify and are granted a leave under the FMLA, your Board paid health/vision and dental coverage will continue as long as you are on FMLA. NOTE: You are still required to pay your employee premium contribution. If you take a paid FMLA, premium contributions will be deducted as usual from your paycheck. **If your FMLA is unpaid, your missed employee premium contribution will be put into arrears, and these deductions will be applied in full to your first paycheck upon return to work from your approved leave or billed to you in full if you do not return to work at the District at the end of your unpaid FMLA leave.**

If you exhaust your FMLA and continue on an unpaid leave of absence, please refer to the **Unpaid Leave of Absence** section above for information on how this will affect your benefits.

Group Basic Life Insurance Coverage: If you are on a paid Family Medical Leave your Life Insurance will continue. Your Board paid Life Insurance coverage is terminated at the end of the month you begin your unpaid FMLA Leave. Once your Board paid coverage has ended, you have the option of continuing your Life Insurance coverage by self-paying the entire premium amount. If you choose not to self-pay for your coverage, you will not have coverage as of the first month you are billed. MPS Department of Benefits, Pension & Compensation will initially bill you for amounts owed.

Voluntary Benefits Billing- Short Term Disability, Long Term Disability and Additional Life Insurance: If your FMLA is unpaid and you are enrolled in voluntary Short Term Disability (STD), Long Term Disability (LTD) and/or Additional Life Insurance, MPS Department of Benefits, Pension & Compensation will bill you for the amount owed and you can continue the coverage by self-paying the entire premium amount. These benefits terminate at the end of the month in which your unpaid leave of absence begins. If you choose not to self-pay for your coverage, you will not have coverage as of the first month you are billed. If your FMLA is paid, your STD, LTD and/or Additional Life Insurance will continue, as premium contributions will be deducted from your paycheck when applicable.

Healthcare Flexible Spending Account (FSA)

If you are on an unpaid leave of absence and your MPS health insurance coverage ends, your Healthcare FSA will end the same day. This is either on the last day of the month following the month in which you become ineligible due to non-payment of the required employee premium contribution, termination, suspension, resignation, layoff, move into a non-benefit eligible position, or unpaid status for more than one-half the number of paid work days in a calendar month. However, for Regular/Traditional and Early Start School Calendar employees who lose eligibility at the end of their regularly scheduled school year, health coverage along with the Healthcare FSA, ends on August 31 following the loss of eligibility.

In the event you lose your FSA coverage, you may be eligible to elect Healthcare Reimbursement Account (HCRA) COBRA Continuation Coverage. In order to be eligible for HCRA COBRA Continuation Coverage, you must have elected COBRA Continuation Coverage under the applicable health plan, and must also have a positive balance in your reimbursement account as of the date of the qualifying event.

FSA Card Usage After Termination of FSA: Once HealthEquity is notified of the termination of your account your card will be deactivated. To process claims for service dates prior to the termination of your account log in to your HealthEquity account at <https://www.wageworks.com>. For assistance call HealthEquity customer service at 1-855-692-2959.

Upon your return to work from a leave of absence and your re-enrollment in either the MPS EPO or PPO health insurance plan, you may be eligible to elect a Healthcare FSA within 31 days of your return from leave or 60 days after the birth, adoption, or placement for adoption. See enrollment instructions on the next page- Family Status Change.

Family Status Change

If you experience a Family Status Change while on any Leave of Absence, and you are continuing your health/vision and/or dental insurance and wish to make a change to your coverage, (i.e., adding a newborn) you are required to notify MPS Department of Benefits, Pension & Compensation within 31 calendar days (60 days for birth, adoption or loss of Medicaid or State Children's Health Insurance Plan (CHIPS)) of the Family Status Change. A Family Status Change is defined as marriage, birth, adoption, divorce, death, or an involuntary change in other insurance coverage.

To make a change to your coverage due to a Family Status Change, go to the MPS homepage <https://mps.milwaukee.k12.wi.us>, click the staff menu in the top blue bar and log in to Self Service. Then click the Benefit Details tile > Life Events tile > and make your selection from the list of life events and follow the instructions. Detailed instructions can be found on *mConnect* under Benefits Resources called Benefits Family Status Change- Self Service Instructions. Changes must be made within 31 calendar days of a qualifying family status change event, 60 calendar days for birth, adoption, or loss of Medicaid or State Children's Health Insurance Plan (CHIP).

RETIREMENT SAVINGS PLANS AND PENSION PLANS FOR ACTIVE EMPLOYEES

Milwaukee Public Schools 403(b) Plan

This voluntary retirement savings plan, also referred to as a tax-deferred annuity plan, is available to all eligible MPS employees. Similar to a 401(k) plan, the 403(b) plan allows you to make voluntary before-tax contributions from your salary via payroll deduction. All eligible employees can make voluntary after-tax contributions to the Roth 403(b) option under the Milwaukee Public Schools 403(b) Plan.

When you enroll, individual accounts are opened in this 403(b) plan in either of the following two types in accordance with your selection: (a) an annuity contract which is provided through an insurance company or (b) a custodial account which is invested in mutual funds under 403(b)(7). Participation in this program is completely voluntary. Employees bear the sole responsibility for investigating the suitability including the investment risk and selecting the tax annuity and/or mutual fund option for the employee's individual account. See the list of authorized providers for the MPS 403(b) Plan included in this summary.

Planwithease.com is a third-party plan administrator that MPS has selected to administer the 403(b) Plan. You can go to [planwithease.com](http://www.planwithease.com) to view a summary of your account with your investment provider, access financial education information, or use the tools and calculators to help you plan for your retirement. Planwithease.com also authorizes on behalf of MPS loan approvals, withdrawals, contract exchanges, and rollover transaction requests under the Plan. <http://www.planwithease.com> 1-855-446-6928.

Note: Eligibility Restrictions for 403(b)

> (3) Board Members are not eligible for this 403(b) plan benefit.

457 Program

All eligible employees and elected officials can enroll in the Wisconsin Deferred Compensation 457 Program (WDC). Under this Program you are entitled to make before-tax voluntary contributions. The IRS annual contribution limits for this program are in addition to (not offset by) the 403(b) IRS annual contribution limit. The earnings on your contributions to this Program are also tax deferred. Upon withdrawal, your contributions and earnings are subject to ordinary federal and state income taxes. All eligible employees can make voluntary after-tax contributions to the Roth 457(b) option under the Milwaukee Public Schools 457 Program. The WDC 457 Program is administered by and funds are held in trust by the State of Wisconsin - Employee Trust Funds (ETF). Empower Retirement is the ETF appointed service provider for the WDC 457 Program and their number is 877-457-9327 or website www.wdc457.org.

Classified Employees – City of Milwaukee Employees’ Retirement System

Upon appointment, classified employees are eligible for enrollment in the City of Milwaukee – Employees’ Retirement System (ERS) in accordance with the charter ordinance and applicable ERS rules. Such employees are required to complete and submit both the ERS enrollment form and ERS Beneficiary Designation Form to Pension in the Department of Benefits, Pension & Compensation at Central Services, Room 124.

- Effective July 1, 2012, all employees enrolled in the City of Milwaukee Employees’ Retirement System (ERS) and who were hired prior to January 1, 2014 will pay 5.5% employee contribution on a before tax basis. As an ERS Member, you earn vesting rights after completing four credible years of service.
- Effective with dates of hire on or after January 1, 2014, employees enrolled in the City of Milwaukee Employees’ System will pay 4.0% employee contribution on a before tax basis. As an ERS Member, you earn vesting rights after completing four credible years of service.
- Classified employees of MPS hired on or after October 22, 2012 shall be enrolled as members in accordance with the charter ordinance and applicable ERS rules if one of the following events occur: if the person is employed in a position regularly scheduled for 30 hours or more per week on either a 10 or 12-month basis, you are employed as a 12-month employee on a yearly basis and work more than 1,040 hours in a calendar year, you are employed as a 10-month employee on a yearly basis and work more than 800 hours in a calendar year.

Note: Eligibility Restrictions for City ERS Pension

> **This benefit applies only to eligible Classified Employees who work 30 or more hours.**

> **(3) Board Members are not eligible for this pension benefit**

> **(15) Part-time Recreation Employees are not eligible for this pension benefit.**

> **(20) Temporary Employees, LTEs are not eligible for this pension benefit.**

> **(22) Management Interns are not eligible for pension benefits unless they had an active ERS pension before the start date of their Management Intern position.**

Certificated Employees – Wisconsin Retirement System

All certificated employees eligible for enrollment in the Employee-Trust Funds – Wisconsin Retirement System are required to pay the Employee Required Contribution on a before-tax basis. For calendar year 2022, the Employee Required Contribution is 6.50%. The Employee Required Contribution is subject to change prospectively as determined by the Wisconsin Retirement System on a calendar year basis. In accordance with the Wisconsin Retirement System Benefit Handbook, vesting rules are as follows:

- If you first began WRS employment after 1989 and terminated employment before April 24, 1998, then you must have some WRS-credible service in 5 calendar years.
- If you first began WRS employment on or after July 1, 2011, then you must have five years of WRS-credible service.
- If neither vesting requirement applies, you are considered vested when you first began WRS employment.

Note: Eligibility Restrictions for WRS Pension

> **This benefit applies only to eligible Certificated Employees.**

> **(3) Board Members are not eligible for this pension benefit.**

> **(15) Part-time Recreation Employees are not eligible for this pension benefit unless enrolled in WRS in a primary job.**

> **(20) Temporary Employees, LTEs are not eligible for pension benefit.**

> **(22) Management Interns are not eligible for pension benefits unless they had an active WRS enrollment with MPS before the start date of their Management Intern position.**

Please contact the appropriate pension department, as listed below, for more information regarding the pension benefits you are entitled to:

Classified Employees

City of Milwaukee Employees' Retirement System (ERS)
City Pension Office 414-286-3557

Certificated Employees

Wisconsin Retirement System (WRS)
Madison Office 1-877-533-5020

MBSD Supplemental Early Retirement Plan for Teachers

This Plan offers a supplemental pension benefit for teachers hired prior to July 1, 2013 that meet eligibility and vesting requirements as defined in the Plan Document. The Plan is closed to employees in the Teachers unit who are hired, rehired or transferred or demoted to the Teachers unit on or after July 1, 2013. The Plan is also frozen as of July 1, 2013.

This means that for purpose of calculating benefits, compensation and service credit up to July 1, 2013 as a teacher will be used. This Plan is administered by the Pension area of the MPS Department of Benefits, Pension & Compensation in the Office of Human Resources.

Note: Eligibility Restrictions for MBSD Supplemental Early Retirement Plan for Teachers

>This is a closed and frozen plan with eligibility restricted to the Teachers Unit as defined in the Plan Document.

MBSD Early Retirement Supplement and Benefit Improvement Plan

This Plan offers a supplemental pension benefit for certificated administrators and supervisors including exempts hired prior to July 1, 2003 that meet the eligibility and vesting requirements as defined in the Plan Document. A temporary benefit is provided to certain classified administrators and supervisors including exempts that meet the eligibility requirements as defined in the Plan Document. The Plan was closed on July 1, 2003 and only covers those individuals who were Covered Employees on or before June 30, 2003 in accordance with the Plan Document. This Plan is administered by the Pension area of the MPS Department of Benefits, Pension & Compensation in the Office of Human Resources.

Note: Eligibility Restrictions for MBSD Early Retirement Supplement and Benefit Improvement Plan>This is a closed plan with eligibility restricted to certificated administrators and supervisors and certain classified employees as defined in the Plan Document.



**MILWAUKEE
PUBLIC SCHOOLS**

LIST OF APPROVED VENDORS FOR THE MILWAUKEE PUBLIC SCHOOLS 403(b) PLAN

The following is the list of approved vendors (investment providers) for the Milwaukee Public Schools 403(b) Plan. This is a voluntary plan that allows employees to set aside a portion of their salary each year under payroll deduction on a **pre-tax** basis, and defer taxes on it until after retirement when income and related taxes are likely to be lower.

- 1. Voya Life Insurance and Annuity Company**
Local Representative Team (414) 256-2187
Voya Customer Service (800) 684-5001
mpsservicebox@voya.com
- 2. MetLife**
Local Representative Team (414) 615-4926
www.metlife.com/mps
- 3. WEA TSA Trust**
1-800-279-4030 or 414-259-1990
- 4. TIAA - CREF**
National Contact Center 1-800-842-2273
Enrollment Hotline 1-800-842-2888

(Important: No other investment providers other than those listed above and the funds these approved vendors offer are eligible to receive employee contributions (payroll deductions) under the Milwaukee Public Schools 403(b) Plan.)

Participation in the MPS 403(b) Plan is voluntary. Employees are responsible for selecting an investment provider and fund(s) from the above list of approved vendors. Employees can call and/or meet with representatives from the approved vendors to discuss and review investment options. There is no charge for this service.

Employees can cancel payroll deductions to this Plan at any time. Employees must complete the required Salary Reduction Agreement with their applicable vendor to indicate cancellation of payroll deduction. Payroll deductions will be cancelled as soon as administratively possible. For further details, contact the various MPS approved vendors at the telephone numbers listed above.



403(b) Plan
ANNUAL ELIGIBILITY NOTICE

February 2022

Great News! You have an opportunity to participate in or increase your contributions to the Milwaukee Public Schools 403(b) Plan.

If you are already currently contributing to the Milwaukee Public Schools 403(b) Plan, you may be able to increase your pre-tax contributions and Roth 403(b) after-tax contributions. To change your contributions, please contact your preferred investment provider to complete an updated salary reduction agreement.

Of course, you can keep your contributions at their current level. In the alternative, if your current financial situation means that you need to lower your saving for retirement, you can change your contribution rate by completing and returning a salary reduction agreement as described above.

If you are not currently contributing to the Milwaukee Public Schools 403(b) Plan, you have the opportunity to save for retirement by participating in the 403(b) plan. You can participate in the MPS 403(b) Plan by electing to make pre-tax contributions or Roth 403(b) after-tax contributions.

To start your contributions, please contact your preferred investment provider to complete an enrollment application and salary reduction agreement.

How much can I contribute?

In general, you may elect to contribute up to \$20,500 in 2022. This amount is the general limit on what you can elect to defer under the 403(b) plan and such amount may be adjusted annually. Additional catch-up contributions may be permitted if certain criteria are met. Specifically, if you have at least 15 years of service with Milwaukee Public Schools and/or you are at least 50 years old by year's end, you may also be able to make additional catch-up contributions. Each catch-up has its own limit.

More information on Milwaukee Public Schools 403(b) Plan is available on MPS website.

This Notice is not intended as tax or legal advice. Neither your employer nor the investment providers offering retirement savings products under the Plan can provide you with tax or legal advice. Employees are encouraged to contact their financial representative or tax professional with any questions.

OTHER BENEFITS FOR ACTIVE EMPLOYEES

Flexible Spending Account (FSA) Programs

Enrollment in the MPS Flexible Spending Account Program is done online through Self Service and must be submitted within 31 calendar days after beginning employment. Applications received later than thirty-one (31) calendar days after the first day of employment shall not be accepted. If you do not enroll when first eligible, you only have the opportunity to do so during the next open enrollment period or with an applicable qualifying event (also referred to as Family Status Changes -see page 6).

Dependent Care Flexible Spending Account

This plan allows you to set aside tax-free dollars to be used as reimbursement for work-related dependent care expenses you have already paid. Active employees who have dependent care expenses which enable them to be employed are eligible to enroll. If married, both you and your spouse must work unless your spouse is disabled or a full-time student while expenses are incurred. This plan operates on a calendar year basis with an annual open enrollment in October/November for the following calendar year. Once you enroll, the dollar amount that you determine will be deducted pre-tax from your gross earnings each paycheck and put into a "Dependent Care Account" for you. The Third Party Administrator is HealthEquity. You can contribute as little as \$100 or up to \$5000 per family annually. Enrollment in the MPS Flexible Spending Account Program is done online through MPS Employee Self Service.

Note: Eligibility Restrictions for Dependent Care FSA

> (3) Board Members are not eligible for Dependent Care FSA.

Health Care Flexible Spending Account

This is a voluntary program to help offset higher health care expenses. This program offers you a great way to save tax dollars on eligible health care expenses by setting aside tax-free dollar for reimbursement of eligible health care related expenses such as deductibles, copays and coinsurance for prescription drugs, physician office visits, dental and vision care. **Employees enrolled as subscribers in an MPS health plan are eligible to participate.** Enrollment in the MPS Flexible Spending Account Program is done online through Employee Self Service. This plan operates on a calendar year basis with an annual open enrolment in October/November for the following calendar year. You can contribute as little as \$100 or up to \$2,750 annually.

Carryover feature: Up to \$550 may be rolled over if you did not use all your funds elected in the current calendar year. Carryover funds are credited to your next calendar year's account for use approximately 12 weeks after the previous year's claim filing deadline.

Note: Eligibility Restrictions for Health Care FSA

> (15) Part-time Recreation Employees are not eligible for Health Care FSA.

> (17) Substitute Teachers are not eligible for Health Care FSA.

> (20) Temporary Employees, LTEs are not eligible for Health Care FSA.

> (24) Part-time Teachers are not eligible for Health Care FSA.

> Seasonal Laborers are not eligible for Health Care FSA effective with dates of hire or layoff on or after 7/1/12.

Health Savings Account

A Health Savings Account (HSA) is an employee-owned bank-account that allows employees to save money in a tax advantaged account toward current and future medical expenses (and potentially save toward retirement). If you are an active employee, you elect the HDHP plan **during the annual open enrollment** and you are eligible to open a HSA account, then MPS will provide a lump sum contribution as follows: \$400 for a single plan and \$800 for a family plan into your HSA account. Maximum contribution amounts for 2022 are \$3,650 for individuals and \$7,300 for families.

Please note: Employees who enroll mid-year or who experience a mid-year enrollment change will not receive a MPS employer contribution or a change in the MPS employer contribution level.

MPS will open accounts for participating employees at Optum bank. You can learn more about HSA accounts and how to use them at: <https://www.optumbank.com>.

Employee Assistance Program

The EAP is a free benefit provided to all employees of MPS, their spouses/partners, and their dependents. The EAP is 100% confidential as specified by both state and federal law. All employees and their families are provided free, confidential counseling and referral service pertaining to personal difficulties related to the following: Financial and legal consultation, medical advocacy, drug and alcohol abuse, childcare search, adoption assistance, school and college planning or eldercare assessment. For EAP services:

Contact FEI Workforce Resilience

Call: 800 638-3327

Visit: <https://myassistanceprogram.com/fei/>
Code: MPSEAP

Tuition Reimbursement - The District is committed to promoting the professional growth of its employees. A tuition reimbursement policy will be offered to employees subject to limitations, including, but not limited to, that the courses: (1) relate to a reasonable promotional opportunity within the District; or (2) have direct impact that supports student learning and supports the needs of the District. Eligible employees must have completed two years of eligible service with the district, be in an active status, and scheduled 30 or more hours per week (employees on sabbatical or any paid or unpaid leave of absence are not eligible for tuition reimbursement.) Eligible employees must submit application for tuition reimbursement to the Office of Human Resources and obtain approval prior to the start date of the coursework or training. The availability of tuition reimbursement subject to approved District budget. Tuition reimbursement is subject to successful completion of coursework verified by the District. Details on the Tuition Reimbursement policy and application process can be found on *mConnect*. From the Home page select: Departments>Benefits, Pension & Compensation (under "Resources").

Note: Eligibility Restrictions for Tuition Reimbursement

- > **(3) Board Members are not eligible for tuition reimbursement.**
- > **(15) Part-time Recreation Employees are not eligible for tuition reimbursement.**
- > **(17) Active Substitute Teachers are not eligible for tuition reimbursement effective 9/1/12.**
- > **(20) Temporary Employees, LTEs are not eligible for tuition reimbursement.**
- > **(22) Management Interns are not eligible for tuition reimbursement.**
- > **(23) Supplemental Teachers are not eligible for tuition reimbursement.**
- > **(24) Part-time Teachers are not eligible for tuition reimbursement.**
- > **(25) Substitute Teachers on Special Assignment are not eligible for tuition reimbursement.**

Liability Protection – The District covers employees for liability insurance for incidents arising in the performance of their duties that are within the scope of their employment in accordance with Wis. Stat. 93.35 and 895.46 as amended. Employees are required to promptly report any formal claims or legal service to their supervisor and the MPS Office of Finance, Department of Procurement and Risk Management to fully cooperate with the District in the defense and investigation of such incidents and claims.

Prescription Safety Glasses

Prescription safety glasses are offered once per year (with a new prescription) and replaced as needed if damaged, stolen, or lost.

Note: Only the following units are eligible for Prescription Safety Glasses

- > **(5) Building Engineers unit**
- > **(6) Building Service Helpers unit**
- > **(7) Building Trades unit**
- > **Some employees in units listed under (21) that are required to wear safety glasses (see Introduction on page 3 for a list of these employee groups). Please check with your supervisor to confirm if you are eligible for this benefit.**

Summary of Retiree Benefits Effective with Dates of Retirement On or After July 1, 2020

RETIREE HEALTH – ELIGIBILITY REQUIREMENTS

Effective with a date of retirement on or after July 1, 2020, employees hired or rehired prior to July 1, 2013 with 20 or more years of eligible service and at least 55 years of age may continue in the group health insurance program. The employee must be enrolled in a health plan as the subscriber immediately prior to their date of retirement and meet the eligibility requirements in order to continue on a Board-paid or self-paid basis.

Retiree Health Eligibility Requirements:

- Must currently be in a benefit eligible position at the time of retirement
- Must be enrolled in an MPS health plan
- Must be Age 55 or older on the date of retirement
- Have 20 years or more of eligible service on the date of retirement
- Have 70% of the maximum sick leave full hours on the date of retirement (i.e., 812 hours for 10-month employees and 840 hours for 12-month employees) in order to receive Board paid subsidy. **Note:** Half-pay hours convert to full-pay sick leave hours for meeting retiree health eligibility requirement
- All employees are still required to give the Office of Human Resources a 30-day notice prior to their last day of employment

Employees who meet the age and service requirements above but have less than the 70% of the maximum sick leave accumulation may remain in the health insurance program on a self-pay basis.

If the employee described above has 70% or more of the maximum allowable full-day accumulation of sick leave, the employee will be allowed to continue in the PPO Health Plan, the EPO Health Plan, or the HDHP and the Board will pay its share of the average of the PPO Health Plan and EPO Health Plan active single plan or family plan premium rate in effect as of the employee's date of retirement in accordance with Board policy and Plan provisions. This applicable average active health plan premium rate is net (e.g. reduced by) the average employee required premium contribution from the salary band in effect as of the employee's retirement date. This is the "Board's share" and is also referred to as the "*Board subsidy*". Note: For Building Trades employees who retire on or after September 1, 2010, the Board will pay its share of the rate in existence for the EPO Health Plan at the time of retirement.

If the employee meets the age and service requirements but has less than the 70% of the maximum sick leave accumulation, the employee may remain in the health insurance program on a self-pay basis. In making the 70% determination, all half-day balances will be converted into full-day equivalents.

The maximum allowable sick leave accumulation may be either 1,160 hours (for 10-month employees) or 1,200 hours (for 12-month employees including 12-month Clerical-Technical employees), depending on their scheduled work year.

As described above, the Board's share of the average of the active PPO Health Plan and EPO Health Plan in effect at the date of retirement will be the Board subsidy. Upon the retiree reaching Medicare eligibility (currently age 65), the Board subsidy will be adjusted (reduced) to the Board's share of the average of the Medicare rates in effect as of the date of retirement for the plan you are in at the time of Medicare eligibility, to reflect the retiree's coordination with Medicare.

Health plan rates change effective January 1st every year. Rates are typically set for the entire calendar year and remain unchanged from January through December each year. Retirees are responsible for paying all future premium increases when the premium for the retiree plan you are enrolled in is greater than your Board subsidy.

Effective with dates of retirement on or after July 1, 2013, the methodology to determine retiree premium rates is changed to establish a pre-Medicare retiree premium rate for self-paid coverage and is applied to self-pay retirees who retire on or

after July 1, 2013 (e.g. for those retirees who meet the age and service eligibility requirements but are not eligible for the Board subsidy).

If you have additional questions, please feel free to contact your Benefits Associate listed below:

Employee last name beginning A – F	Toquinnie Lamar-Hannah	414-475-8158
Employee last name beginning G – L	Dina Marconi	414-475-8233
Employee last name beginning M – R	Merari Rodriguez	414-475-8215
Employee last name beginning S – Z	Ashley Lamar	414-475-8559

MPS pension related questions	414-475-8730
City Pension Office (ERS)	414-286-3557
State Pension Office (WRS)	1-877-533-5020

Open Enrollment for Retiree Health Coverage

The annual open enrollment period is during October/November each year with plan coverage effective January 1st. The open enrollment period also allows current enrolled retirees and surviving spouses to change health plans. Retirees with family health plan coverage can only add eligible dependent children. **Please note:** Currently, our Medicare eligible retirees/spouses and their dependents have one health care plan option, the MPS Group Medicare Advantage plan.

Both Spouses Retired From MPS

Depending on the employee's retirement date (see chart below), where both spouses retire from MPS and both meet eligibility requirements for Board-paid retiree health coverage as of his/her date of retirement, the Board subsidy as explained above is the Board's share of the average of the premium rates in effect as of his/her date of retirement for one (1) family plan or two (2) single plans.

<u>Units</u>	<u>Retirement date</u>
(1) Administrators and Supervisors	1/01/07 and after
(2) Exempt Administrators and Supervisors	1/01/07 and after
(4) Bookkeeper/Accountants	7/01/12 and after
(5) Building Engineers	2/28/08 and after
(6) Building Service Helpers	4/24/08 and after
(7) Building Trades	2/28/08 and after
(8) Cabinet Level	1/01/07 and after
(9) Clerical-Technical	6/30/09 and after
(10) Exempt from Clerical-Technical	6/30/09 and after
(11 & 26) Educational Assistants/Safety Assistants	7/01/12 and after
(12) Food Service, CHA, SNA	2/28/08 and after
(13) Office of Accountability and Efficiency	1/01/07 and after
(14) Office of Board Governance	1/01/07 and after
(16) Psychologists	4/01/11 and after
(17) Substitute Teachers	7/01/12 and after
(18) Superintendent	1/01/07 and after
(19) Teachers	7/01/13 and after
(21) Warehouse, Distribution, Buyers etc.	3/30/08 and after

Retiree Health - Disability Retirement:

Effective with dates of retirement on or after July 1, 2020, employees hired or rehired prior to July 1, 2013 who have 20 or more years of eligible service and qualify for a disability pension, may continue in the health plan on a self-paid basis or on a Board-paid basis if they have the required 70% or more of the maximum allowable full-day accumulation of sick leave as noted above. The methodology to determine the premium rates for employees who retire under this disability retirement provision and the Board subsidy are as described in this Retiree Health – Eligibility Requirements section.

Note: Eligibility Restriction for Retiree Health - Disability Retirement

- > (3) Board Members are not eligible for this disability retirement feature.
- > (4) Bookkeepers/Accountants unit is not eligible for this disability retirement feature.
- > (5) Building Engineers unit is not eligible for this disability retirement feature.
- > (6) Building Service Helpers unit is not eligible for this disability retirement feature.
- > (7) Building Trades unit is not eligible for this disability retirement feature.
- > (9) Clerical Technical unit is not eligible for this disability retirement feature.
- > (10) Exempt from Clerical Technical unit is not eligible for this disability retirement feature.
- > (11 & 26) Educational Assistants/Safety Assistant unit is not eligible for this disability retirement feature.
- > (12) Food Service, CHA, SNA unit is not eligible for this disability retirement feature.
- > (15) Part-time Recreation Employees are not eligible for this disability retirement feature.
- > (16) Psychologists unit is not eligible for this disability retirement feature.
- > (17) Substitute Teachers unit is not eligible for this disability retirement feature.
- > (20) Temporary Employees, LTEs are not eligible for this disability retirement feature.
- > (21) Warehouse and Distribution Services, Buyers, F&M Services, Grounds Keepers, Seasonal Laborers, Parent Information Specialists, Social Work Aides, Radio and TV and Technology unit is not eligible for this disability retirement feature.
- > (22) Management Interns are not eligible for this disability retirement feature.
- > (23) Supplemental Teachers are not eligible for this disability retirement feature.
- > (24) Part-time Teachers are not eligible for this disability retirement feature.
- > (25) Substitute Teachers on Special Assignment are not eligible for this disability retirement feature.
- > Employees hired/rehired on or after 7/1/13 are not eligible for this disability retirement feature.

Medicare Part B for Dates of Retirement on or after July 1, 2020 (hired or rehired prior to July 1, 2013)

As a retiree, regardless of whether or not you are in Social Security, you and your covered dependents are required to subscribe to Medicare Part "B" at age 65 or if eligible due to Social Security disability. If you participated in Social Security during your working life, you are also required to take Medicare Part "A" which is currently free. **Enrollment in Medicare is required as the MPS retiree health plan is a group Medicare Advantage Plan and an individual cannot be enrolled in a Medicare Advantage Plan unless enrolled in both Medicare Part A and Part B.**

When you as a retiree and/or your dependent becomes Medicare eligible, you will receive the MPS Medicare Advantage Plan upon reaching Medicare eligibility (currently age 65), and the Board paid amount will be adjusted (reduced) to reflect coordination with Medicare.

The Medicare "B" premium can be reimbursed by MPS to the retiree who is the subscriber of the retiree health plan, to the extent that your MPS premium and Medicare "B" premium do not exceed your total Board paid amount as adjusted once you reach Medicare eligibility. This reimbursement, if applicable, for the Medicare Part "B" premium is paid to the retired employee (subscriber) only (not payable to a retiree's spouse), once you, the retiree, become Medicare eligible. If you retire after attainment of age 65, you and your spouse if eligible for Medicare, must enroll in Medicare parts "A" and "B" immediately.

Death of Retired Employee Enrolled in an MPS Retiree Health Plan

In the event of the death of a retired employee enrolled as the subscriber in an MPS retiree health plan, the spouse (at the time of retirement) is allowed to continue in the retiree health insurance in a single plan with the Board paying its share of the applicable premium rate for the single plan in effect at the time of retirement. Further, the Board's share will be adjusted (reduced) once eligible for Medicare for those employees that retired 7/1/13 or after. If the retired employee did

not have the required accumulation of sick leave as of their date of retirement, the surviving spouse shall be allowed to continue in the single retiree health plan on a self-paid basis. Such surviving spouses shall not be eligible for Board-paid or

self-paid health insurance coverage if otherwise covered because he/she remarries or is covered by another group health insurance plan.

Note: Eligibility Restrictions:

- > (3) Board members are not eligible for this surviving spouse benefit.
- > Retired Substitute Teachers are not eligible for this surviving spouse benefit.

Death of Employee in Active Service - Eligibility for Health Insurance

If an employee enrolled as the subscriber in an MPS health plan dies while in active service and as of the date of death has met the retiree health eligibility requirements of 20 or more years of eligible service, then:

- A. The surviving spouse and eligible dependents can continue health coverage with the Board paying its share of the premium until the surviving spouse remarries or is covered by another group health insurance plan; and
- B. When the surviving spouse turns age 60, he/she (but not any dependents) will be eligible to continue coverage in a single plan and will be covered as a surviving spouse of an employee who retired that month. The Board paid amount will be the Board's share of the single premium as described in the Retiree Health – Eligibility Requirements section, in effect as of the date of the surviving spouse turning age 60 if the employee had the required 70% of maximum sick leave balance as of the employee's date of death. The Board paid amount will be adjusted once the surviving spouse is eligible for Medicare.

If the employee did not have the required 70% of maximum sick leave as of the employee's date of death, continuation in health coverage will be self-paid as invoiced by the Board.

Note: Eligibility Restrictions for Surviving Spouse Benefit

- > (3) Board Members are not eligible for this surviving spouse benefit.
- > (12) Employees in the Food Service, Children's Health Assistants, and School Nurse Associates unit are not eligible for this surviving spouse benefit
- > (15) Part-time Recreation Employees are not eligible for this surviving spouse benefit.
- > (17) Substitute Teachers are not eligible for this surviving spouse benefit.
- > (20) Temporary Employees, LTEs are not eligible for this surviving spouse benefit.
- > (22) Management Interns are not eligible for this surviving spouse benefit.
- > (23) Supplemental Teachers are not eligible for this surviving spouse benefit.
- > (24) Part-time Teachers are not eligible for this surviving spouse benefit.
- > (25) Substitute Teachers on Special Assignment are not eligible for this surviving spouse benefit.
- > Employees hired/rehired on or after 7/1/13 are not eligible for Retiree Health and this surviving spouse benefit.

No Retroactive Retirement Dates

All employees regardless of their work year are required to provide **advance** written notice of resignation for retirement to the MPS Office of Human Resources and their supervisor. The employee's retirement date that will be accepted by MPS will be the later of the retirement date indicated in the written notice or the date of receipt of the written notice by the MPS Office of Human Resources. Eligibility for retirement from the District will be verified by the MPS Office of Human Resources. (Refer to the Employee Resignations section in the Employee Handbook for additional information.)

Resignations are irrevocable. In the event of rare and extenuating circumstances, the employee may submit a request to rescind his/her resignation to the Chief Human Resources Officer within 30 days of the effective date of his/her resignation. All requests must be in **advance** of any official Board action.

30-day Notice Required for Retirement

All employees resigning for the purpose of Retirement must give written notice to the District (Office of Human Resources) at least 30 days prior to their last work day. Please see the Employee Handbook, Employee Resignations-Retirements section.

Dental Coverage after Retirement

If you were enrolled in an MPS dental plan at the time of retirement, you may continue this coverage under the COBRA law on a self-paid basis, for up to 18 months after your employee dental coverage ends. Under the COBRA law, you must complete an election form and pay for the first month's coverage at the time of retirement in order to continue this coverage. You will be billed monthly for the dental premium. Please note that if you retire and are immediately eligible for Medicare, you may be eligible to continue dental coverage under COBRA per the Wisconsin state statute. You may terminate this dental coverage at any time by not paying the premium; however, you may not continue this coverage past the time period allowed under the COBRA law.

Vision Coverage after Retirement

Your vision coverage ends upon retirement. Please note that vision coverage cannot be unbundled from your health plan and purchased separately under COBRA continuation.

MPS 403(B) ACCUMULATED LEAVE PROGRAM (FORMERLY SEVERANCE PAY BENEFIT)

Effective with dates of retirement on or after July 1, 2020, to be eligible for this benefit, employees hired or rehired prior to July 1, 2013 must be age 55 or older with 20 or more years of MPS service.

At the time of retirement, the employee must have a sick leave balance in excess of 70% of the maximum full-day accumulation. Half days are not convertible for this purpose. If you meet these eligibility requirements, you will be paid up to ten (10) accumulated full-days of sick leave in excess of the 70% of the maximum full-days accumulation.

MPS will pay this benefit upon your retirement as a mandatory (non-elective) employer contribution to your 403(b) Accumulated Leave Program account. Monies will be deposited in a fixed, no-risk, interest-bearing account. You do not have to currently contributing employee contributions to a 403(b) tax-sheltered annuity program to be eligible for this program.

Note: Eligibility Restrictions for Accumulated Leave Program

- > (3) Board Members are not eligible for the Accumulated Leave Program.
- > (15) Part-time Recreation Employees are not eligible for the Accumulated Leave Program.
- > (17) Active Substitute Teachers are not eligible for the Accumulated Leave Program.
- > (20) Temporary Employees, LTEs are not eligible for the Accumulated Leave Program.
- > (22) Management Interns are not eligible for the Accumulated Leave Program.
- > (23) Supplemental Teachers are not eligible for the Accumulated Leave Program.
- > (24) Part-time Teachers are not eligible for the Accumulated Leave Program.
- > (25) Substitute Teachers on Special Assignment are not eligible for the Accumulated Leave Program.
- > Employees hired/rehired on or after 7/1/13 are not eligible for the Accumulated Leave Program

RETIREE LIFE INSURANCE

Eligibility Requirements

Effective with retirements on or after July 1, 2020: Employees hired or rehired prior to July 1, 2013, who are age 55 with at least 20 years of MPS service may continue their life insurance by paying the full premium until attainment of age 65.

Retiree Life Insurance Eligibility Requirements:

- Must currently be in a benefit eligible position at the time of retirement
 - Must be Age 55 or older on the date of retirement
 - Have 20 years or more of MPS service on the date of retirement
- Note: Food Service, CHA, SNA and Building Service Helpers if hired on or after 7/1/86 are not eligible for retiree life insurance coverage

After attaining age 65, coverage is fully Board paid, following a reduction schedule, to a maximum benefit coverage amount of \$25,000 at the final 25% reduction, subject to maximum limitations. Food Service, Children's Health Assistants, School Nurse Associate and Building Service Helpers if hired on or after July 1, 1986 are not eligible for retiree life insurance coverage.

Amounts of Life Insurance Coverage

If you retire prior to age 65, your life insurance coverage amount equals your active life insurance coverage amount at retirement. On the January 1st following your 65th birthday, your life insurance coverage is reduced to 75% of the original coverage amount; on the January 1st following your 66th birthday, it is reduced to 50% of coverage; and on January 1st following your 67th birthday, coverage is reduced to the lesser of 25% of the original amount or \$25,000, and remains at that amount. \$25,000 is the maximum benefit that shall be paid after your 67th birthday.

NOTE: Age 67 or over: Noncontributory for all employee units retiring effective July 1, 2016 or later.

Note: Eligibility Restrictions

- > (3) Board Members are not eligible for retiree life insurance benefits.
- > (15) Part-time Recreation Employees are not eligible for retiree life insurance benefits.
- > (17) Active Substitute Teachers are not eligible for retiree life benefits effective with dates of retirement after July 1, 2012.
- > (20) Temporary Employees, LTEs are not eligible for retiree life insurance benefits.
- > (22) Management Interns are not eligible for retiree life insurance benefits.
- > (23) Supplemental Teachers are not eligible for retiree life insurance benefits.
- > (24) Part-time Teachers are not eligible for retiree life insurance benefits.
- > (25) Substitute Teachers on Special Assignment are not eligible for retiree life insurance benefits.
- > Seasonal Laborers are not eligible for retiree life insurance benefits effective with dates of hire or recall on or after 7/1/12.
- > Employees hired/rehired on and after 7/1/13 are not eligible for retiree life insurance benefits.

IMPORTANT NOTICE: This summary provides highlights of the Milwaukee Public Schools (MPS) health, dental, life and disability insurance, pension and other fringe benefits offered to benefit-eligible employees and retirees of MPS. This publication describes these benefits in general terms only as of the publication date indicated and is not intended to be a complete description of coverage. All benefit and eligibility provisions described herein are subject to, and subordinate to, the terms and provisions of the master plan document or contract for each plan, Board policies and procedures, and state and federal law, and are not intended to, and shall not be construed to, create any rights that in any manner exceed or modify the terms and conditions of the benefit plans as set forth in or mandated by these other sources. MPS reserves the right to modify, amend, repeal or terminate any provision or plan summarized herein, and any Board policy or procedure, consistent with state or federal law, at any time with or without notice. This summary and any of the sources referenced herein are not intended and should not be construed to be a contract of employment, express or implied.

BENEFIT PROVIDERS CONTACT INFORMATION**HEALTH**

EPO UnitedHealthcare (Choice)	1-877-440-5982	Group No.: 703772	www.myuhc.com (select "Choice")
PPO UnitedHealthcare (Choice Plus)	1-877-440-5982	Group No.: 703772	www.myuhc.com (select "Choice Plus")
HDHP UnitedHealthcare (Choice Plus)	1-877-440-5982	Group No.: 703772	www.myuhc.com (select "Choice Plus")
MPS Group Medicare Advantage Plan	1-866-487-9303		www.UHCRetiree.com
UHC's Employee Nurse Line	1-855-262-3438		Ask to speak with a nurse

PRESCRIPTION DRUG

OptumRx	1-877-440-5982	Group: UHEALTH	www.optumrx.com
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VISION

National Vision Administrators (NVA)	1-800-672-7723	Group No. 00148	www.e-nva.com
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DENTAL

Delta Dental	1-800-236-3712	PPO Group No.: 90114 EPO Group No.: 00420	www.deltadentalwi.com
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FLEXIBLE SPENDING ACCOUNTS

HealthEquity (FSA as of 2022)	1-855-692-2959		www.wageworks.com
WageWorks (FSA thru 2021)	1-888-842-8230		myspendingaccount.wageworks.com

HEALTH SAVINGS ACCOUNT

Optum Bank (HSA)	1-844-326-7967		https://www.optumbank.com
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LIFE INSURANCE, SHORT TERM DISABILITY, & LONG TERM DISABILITY

The Standard On-site Acct Specialist	414-475-8699	Group No.: 753788	mpsbenefits@standard.com
Standard Insurance Company	1-800-628-8600	Group No.: 753788	standard.benselect.com

PENSION

City Pension Office (ERS)	414-286-3557		www.cmers.com
State Pension Office (WRS)	1-877-533-5020		www.etf.wi.gov

TAX DEFERRED ANNUITIES – 403(b)

Voya Financial Services	Local Representative Team: 414-256-2187 Customer Service: 800-684-5001		
MetLife	414-615-4926		
TIAA	National Contact Center: 1-888-842-7782 Enrollment Hotline: 1-800-842-2005, ext.255611		
WEA TSA Trust	1-800-279-4030, ext. 8577; Local Contact: 414-259-1990		
Plan With Ease	1-855-446-6928		www.planwithease.com

DEFERRED COMPENSATION PROGRAM – 457

Wisconsin Deferred Compensation	1-877-457-9327 - Option 2		www.wdc457.org
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EMPLOYEE ASSISTANCE PROGRAM (EAP) – FEI Workforce Resilience

Employee Assistance Program (EAP)	1-800-638-3327	Code: MPSEAP	http://myassistanceprogram.com/fei/ Code: MPSEAP
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FAMILY MEDICAL LEAVE

Sedgwick (formerly York)	1-844-263-3120		timeoff.sedgwick.com
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MPS CONTACTS

Flexible Spending Accounts – Raquel Alvarez-Farris	414-475-8178	alvarer@milwaukee.k12.wi.us
Health/Vision, Dental (last names A – F) Toquinnie Lamar-Hannah	414-475-8158	lamart@milwaukee.k12.wi.us
Health/Vision, Dental (last names G – L) – Dina Marconi	414-475-8233	marconeberdm@milwaukee.k12.wi.us
Health/Vision, Dental (last names M – R) – Merari Rodriguez	414-475-8215	sandinm@milwaukee.k12.wi.us
Health/Vision, Dental (last names S – Z) – Ashley Lamar	414-475-8559	lamara@milwaukee.k12.wi.us
Leave of Absence	414-475-8685	ruffinmf@milwaukee.k12.wi.us
Payroll	414-475-8300	payroll@milwaukee.k12.wi.us
Pension/Tax Deferred Annuities - Including: Deductions/Loans/Hardship Withdrawals	414-475-8730	MPSPension@milwaukee.k12.wi.us