

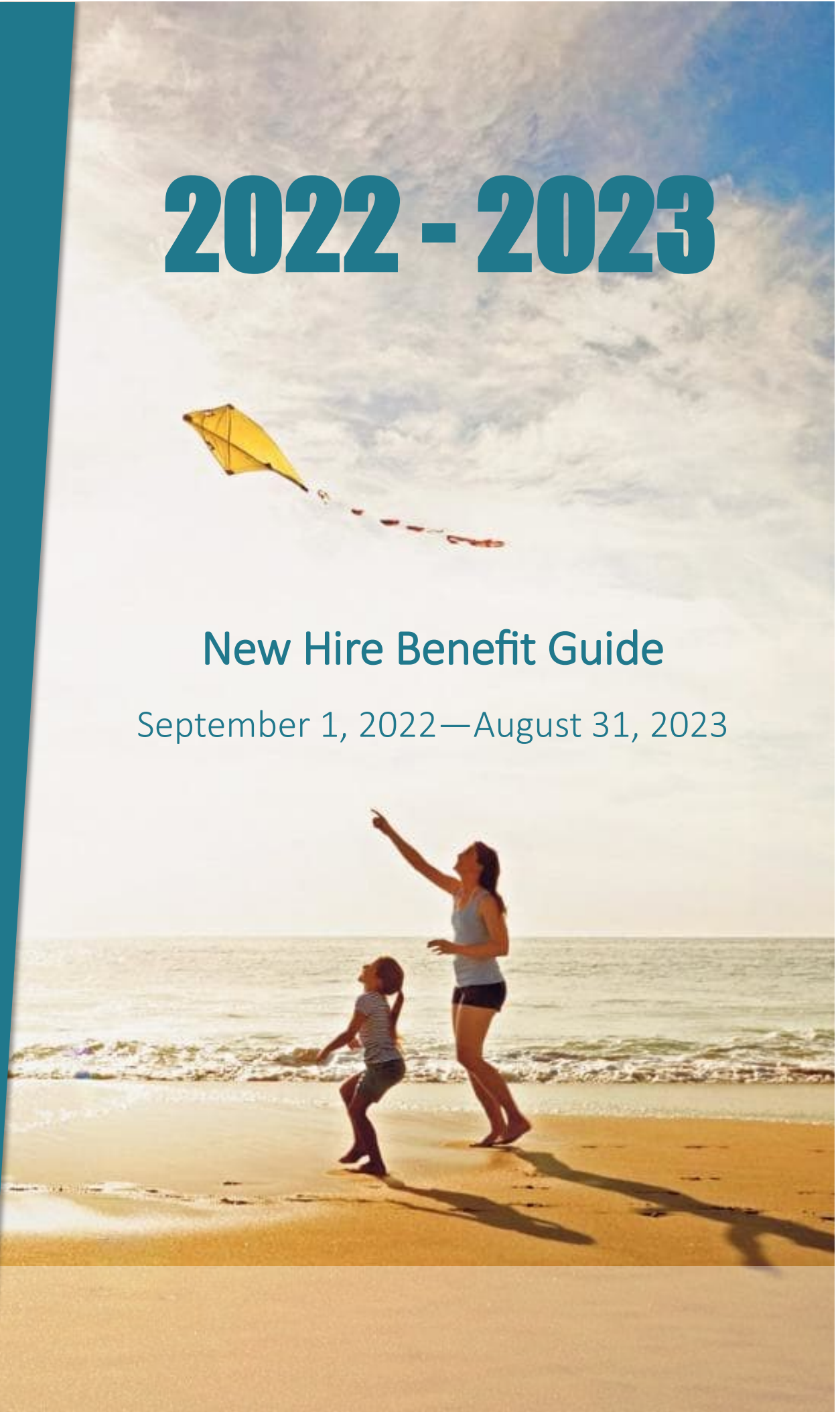


2022 - 2023

New Hire Benefit Guide

September 1, 2022—August 31, 2023

School District
of Waukesha
222 Maple Ave.
Waukesha, WI 53186
262-970-1000





The School District of Waukesha invests in a quality and comprehensive benefit package that will assist you in safeguarding your financial and health care needs.

One of the greater challenges when designing our benefit plans is balancing our desire to offer you excellent coverage with our responsibility to keep the plans affordable for both you and SDW.

SDW Commitment:

- *Provide the information and resources to help you care for the health and well-being of yourself and family*
- *Help you be better and more informed consumers of health care*
- *Work together in understanding how best to control rising health care costs*
- *Continue to work with employees on transparency*
- *Create a culture of wellness within the District*

ABOUT THIS GUIDE

This guide summarizes certain features of the Health and Welfare Program. The information provided is only an overview and is not intended to provide full details, which are contained in the official plan documents and the SPD. If any statements in this guide or verbal representations are inconsistent with the official plan documents, the official plan documents will always govern.



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Benefit Basics

Eligibility

Employees

The School District of Waukesha Benefit Program is available to employees who are regularly scheduled to work 30 or more hours per week.

If you are currently eligible to enroll in the benefit program and will not meet the eligibility requirements of a benefit eligible employee regularly schedule to work 30 or more hours per week for the upcoming school year, you will be eligible to remain enrolled in the Health Plan, FSA and HSA benefits during the subsequent stability period as set by the District.

Dependents

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include your legal spouse as defined by WI State Law and your children up to age 26.

Qualified Life Events

You may only change your benefit elections one time a year during the Open Enrollment period. However, you may change your benefit elections outside of the Open Enrollment period, if you experience a life qualifying event, which include, but are not limited to:

- Marriage or divorce
- Death of a dependent (spouse or child)
- Birth or adoption
- Change in your spouse's employment status
- Loss of coverage



You must notify the District Benefits Coordinator within **30 days** of the date of the life qualifying event. Depending on the type of event, you may be asked to provide proof of the event.

Enrolling in your Benefits

The School District of Waukesha utilizes an online benefit enrollment system. This allows our employees access to all their benefit elections and more online. The site is monitored by the District Administrator. Below are a few things you need to know about completing your enrollment online.

How to Enroll as a New Hire

Enrolling is easy! Follow these simple steps:

1. Visit <https://benefits.plansource.com> from any Internet browser (even on your smartphone or tablet)
2. Enter your User ID:
 - First initial of your First Name
 - First six characters of your Last Name (it may be less than 6)
 - Last four digits of your SSN
3. Enter your Password:
 - Your password will be your birthdate in the format YYYYMMDD **OR** welcome1. Please try both.
4. First time users will be prompted to select a new Password

Be Prepared

Before you enroll, be sure to review this entire benefit guide to understand your options.

Qualifying Life Events

If you have a Life Qualifying Event, you will utilize the online benefit platform. You must request the change within 30 days of the date of the life qualifying event.

1. Visit <https://benefits.plansource.com> from any Internet browser (even on your smartphone or tablet)
2. Log on using your User ID and Password
3. Click on the link "Update my Benefit" & Report Life Event
4. Indicate the qualifying event and the date the change is to take effect
5. The District Administrator will be notified of your request and will review for approval. If supporting documentation is required you will be asked to provide this prior to approval.



Medical Plan Options

Nothing is more important than your overall health and well-being. That’s why your benefits program provides medical insurance and access to our Health and Wellness Center to help keep you and your family healthy.

When you enroll in one of the Medical plans, you can choose to contribute pretax dollars to a Health Savings Account. Your deposits can be used to pay for eligible health care expenses now, or roll over from year to year to help save for future health care costs, or even retirement.

Important Notes: The plan year runs from September 1 – August 31. This chart is a summary only. The official plan documents contain exclusions and limitations that are not shown here. Please refer to the official plan documents for the full scope of coverage.

High Deductible Health Plan (HDHP)

Plan Features	HDHP with HSA		
	In-Network (Choice Plus) Tier 1 Providers	In-Network (Choice Plus) Non-Tier 1 Providers	Out of Network
Non-Embedded Annual Deductible Resets 9/1 (individual/family)	\$1,400 / \$2,800*		\$5,200 / \$10,400
Out-of-Pocket Maximum (includes deductible)	\$1,400 / \$2,800	\$3,325 / \$6,650**	\$7,000 / \$14,000
Preventive Care	100%		Deductible then 70%
Primary Physician Office Visit and Services	Deductible then 100%	Deductible then 90%	Deductible then 70%
Specialist Office Visit and Services	Deductible then 100%	Deductible then 90%	Deductible then 70%
Inpatient Hospital Services	Deductible then 100%		Deductible then 70%
Outpatient Hospital Services	Deductible then 100%		Deductible then 70%
Urgent Care	Deductible then 100%		Deductible then 70%
Emergency Room Care	Deductible then 100%		Deductible then 100%
Retail Prescription Drugs (90-day supply)	Deductible then 100%		N/A
<ul style="list-style-type: none"> Tier 1, Tier 2, Tier 3, and Specialty Drugs 			
Mail Order Prescription Drugs (90-day supply)	Deductible then 100%		N/A
<ul style="list-style-type: none"> Tier 1, Tier 2, Tier 3, and Specialty Drugs 			
Prescription Drugs on Preventative List	You pay 15% coinsurance, accumulates to the annual deductible		N/A
Specialty Prescription Drugs	Prior authorization process with Navitus. Members must engage with Navitus Advocacy program before Tier AF specialty drug is covered by the plan. Many times the prescription can be obtained for free using Lumicera’s program. More details on page 6.		
Navitus Prescription Drug Narrow Network	Includes Walgreens. Excludes CVS, Walmart/Sams Club, A S Medication Solutions, Cardinal Health 132, Eaton Apothecary, Fairview, IHC Pharmacy Services, Ingles Markets, KS Management Services, and MDS Rx		

¹ For family coverage, the plan’s family Annual Deductible must be fully satisfied before the plan pays out any benefits for a family member.

² Out-of-Pocket maximum must be met before plan pays 100%, with the exception of annual well visits.

*All in network services, regardless of tiering, track towards the same deductible. Tier 1 and Non-Tier 1 providers share the same deductible.

**Visits to in-network, Non-Tier 1 providers after the deductible will incur a cost share to an increased out-of-pocket maximum.

Premium Designation

The District plan is part of the Premium Provider Designation Program with UHC. Members that choose to utilize in-network providers who are Tier 1 Providers will have benefits paid at the Tier 1 plan design structure. Members who choose to use in-network providers that are not considered Tier 1 will pay a coinsurance amount once the deductible is reached that accumulates to a higher out of pocket maximum.





Money Saving Tip

Did you know you could be paying up to 36% less for care by checking your costs on the myuhc.com website?





Only physicians (primary and specialty) are evaluated under this program. In-network hospitals and facilities will be paid as a Tier 1 providers. Providers and their premium designation status is identified on the myuhc.com member site.

What do the Two Blue Hearts Mean?

The UnitedHealth Premium Program evaluates physicians in various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient providers. Not all *specialties* are evaluated at this time. So, when searching for a provider, you must decipher whether it is the physician who is not evaluated or if it is the specialty which is not evaluated. The table below outlines the designations associated with the hearts. If a physician does not have two blue hearts, it does not mean that he or she provides a lower standard of care. It could mean that the data available for this physician was not sufficient to include the doctor in the program.

<p>TIER 1</p> <p>Premium Care Physician  The physician meets the criteria for providing quality and cost-efficient care.</p>	<p>Quality Care Physician  The physician meets the criteria for providing quality care but does not meet the criteria or is not evaluated for cost-efficient care.</p>
<p>Does Not Meet Quality  The physician does not meet the criteria for providing quality care so the physician is not eligible for the cost-efficient care designation.</p>	<p>Does Not Meet Quality  This program does not evaluate physicians in this specialty. There is not enough health plan claims data to evaluate or evaluation is in the process.</p>

How does the Premium Designation Program work?

-  **Premium Care Physician** If the provider has two blue hearts, they are a Tier 1 provider.
-  **Quality Care Physician** If the provider has one blue heart, they have been evaluated and are not considered a Tier 1 provider.
-  **Does Not Meet Premium Quality Care** If the provider has no blue hearts, but they are greyed in then they have been evaluated and are not considered a Tier 1 provider.
-  **Not Evaluated for Premium Care** If the provider has two empty blue hearts, it can mean either the physician is not evaluated or the specialty is not evaluated. You will need to click on the hearts to confirm which it is.
 - If the physician’s specialty is not evaluated, then this provider will be considered Tier 1.
 - If it indicates the physician does not have enough claims data to be evaluated then this provider is in an evaluated specialty and will not fall into Tier 1.



Wage Based Premium Plan (WBP)

Plan Features <i>Spousal Coverage Not Available under (WBP)</i>	Wage Based Premium Plan (WBP)	
	In-Network	Out of Network
Non-Embedded Annual Deductible Resets 9/1 (individual/family)	\$4,500 / \$9,000	\$9,000 / \$18,000
Out-of-Pocket Maximum (includes deductible)	\$6,450 / \$12,900	\$12,900 / \$25,800
Preventive Care	100%	100%
Primary Physician Office Visit	Deductible then 70%	Deductible then 50%
Specialist Office Visit	Deductible then 70%	Deductible then 50%
Inpatient Hospital Services	Deductible then 70%	Deductible then 50%
Outpatient Hospital Services	Deductible then 70%	Deductible then 50%
Urgent Care	Deductible then 70%	Deductible then 50%
Emergency Room Care	Deductible then 70%	Deductible then 70%
Retail Prescription Drugs (90-day supply)	Deductible then 70%	N/A
<ul style="list-style-type: none"> Tier 1, Tier 2, Tier 3, and Specialty Drugs 		
Mail Order Prescription Drugs (90-day supply)	Deductible then 70%	N/A
<ul style="list-style-type: none"> Tier 1, Tier 2, Tier 3, and Specialty Drugs 		
Specialty Prescription Drugs identified as Tier AF on the Formulary	Prior authorization process with Navitus. Members must engage with Navitus Advocacy program before a Tier AF specialty drug is covered by the plan. Many times the prescription can be obtained for free using Lumicera's program. More detail below.	
Prescription Drugs on Preventative List	You pay 15% coinsurance, accumulates to the annual deductible	N/A

1 For family coverage, the plan's family Annual Deductible must be fully satisfied before the plan pays out any benefits for a family member.

2 Out-of-Pocket maximum must be met before plan pays 100%, with the exception of annual well visits.



Pharmacy Benefits: Navitus Health Solutions

The District contracts with Navitus to manage our pharmacy benefits. To find participating pharmacies, formulary information, and other pharmacy benefit information, visit the Navitus Member Portal at www.navitus.com. For questions about your pharmacy benefit, call **Navitus Customer Care 855-673-6504**.

Preventive Medications - A list of preventive drugs covered under the high deductible health plan (HDHP) with a 15% coinsurance. The amount you pay out of pocket will apply to your deductible.

MailService - Navitus partners with BirdiPharmacyServices to offer mail order services. To enroll in mail service, please fill out the Birdi Mail Order Registration Form.

Specialty Pharmacy - All Tier AF Specialty Drugs must run through a prior authorization with Navitus in order to be covered under the plan. A Lumicera Access Specialist will reach out to you regarding enrollment. Please respond to their outreach. Failure to do so may result in your prescription not being covered under the plan. **Call Lumicera at 855-847-3556.**

- If you qualify, the drug may be available to you for Free.
- If you do not qualify the prescription will be covered under the plan as before.
- If you do not complete the process with Lumicera you may be responsible for the full cost of the prescription.

To check if your specialty drug is a Tier AF drug, the formulary list is available at www.navitus.com > Members > Member Login > Formulary

Health Savings Account (HSA)

Both medical plans are considered High Deductible Health plans (HDHP) and Health Savings Account (HSA) qualified.

A Health Savings Account (HSA) is like a 403(b) for healthcare. It is a tax-advantaged personal savings or investment account that individuals can use to save and pay for qualified healthcare expenses, now or in the future. Paired with a qualified high deductible health plan (HDHP), an HSA is a powerful financial tool that empowers consumers.

The dollars roll over from year to year. If the dollars are not used for health care, they can be used in retirement for non-medical expenses and taxed like a 403(b).

However, unlike other financial savings vehicles (Roth IRA, Traditional IRA, 403(b), etc.), an HSA has the unique potential to offer triple tax savings through:

- Pre-tax or tax deductible contributions to the HSA
- Tax-free interest or investment earnings
- Tax-free distributions, when used for qualified medical expenses

How is my HSA Funded?

You can make tax-free contributions to the HSA through payroll deduction or with after tax dollars and the deduction can be made on your tax return at the end of the year.

How much can I add to my HSA?

Your total HSA contributions cannot exceed the Contribution Limits (based on a calendar year) shown.

If you are age 55 or older, you are allowed to contribute an additional \$1,000 per year on top of the contribution limit. If your spouse is also 55 or older, they are also eligible to make a catch up contribution, however it must be to an HSA in their name.

Coverage Level	2022 Max	2023 Max	55+ Catch-Up Contribution
Family	\$7,300	\$7,750	\$1,000
Single	\$3,650	\$3,850	\$1,000

Who is eligible to contribute to an HSA?

- Not covered by any other non HSA-compatible health plan
- Not claimed as a dependent on another person's tax return (excluding spouses per Internal Revenue Code)
- Not enrolled in Medicare
- If you are enrolled in Medicare you may take the insurance plan but you may NOT receive or place any contributions into an HSA bank account.

Opening Your HSA

The Bank: Educators Credit Union

SDW is partnered with Educators Credit Union for the Health Savings Account if you enroll in the High Deductible Health Plan or the Wage Based

Educators Credit Union HSA Highlights

- 0.76% APR, regardless of account balance
- 24/7 online access
- VISA Debit card or convenience checks
- Local branches for convenient personal access
- No set-up fees or monthly maintenance fees
- Ask about additional options available to employees of Waukesha School District
- You are responsible for opening your own HSA account
- The Waukesha location is at 1600 Summit Avenue. It's open from 9:00 am to 5:00 pm Monday through Thursday; 9:00 am to 6:00 pm Friday and 9:00 am to noon Saturday. Additional branch locations can be found at www.ecu.com/branch-locations, however the Waukesha location is the preferred location for you to open your HSA.
- Visit <https://www.ecu.com/partners-home/whsa/> for an online application.





Frequently Asked Questions About High Deductible Health Plans and HSAs

What is a High Deductible Health Plan?

A High Deductible Health Plan (HDHP) is a health plan which, when combined with a Health Savings Account (HSA), provides traditional insurance coverage and a tax-advantaged way to help save for future medical expenses. The HDHP/HSA gives you greater flexibility and discretion over how you use your health care dollars.

What are the general features of a HDHP?

In-network preventive care is covered at 100%, but in all other cases the deductible must be met before the plan pays benefits.

HSA voluntary contributions are made as pre-tax payroll contributions and interest can be earned on the account tax-free. Tax-free withdrawals of HSA funds can be made for qualified medical, dental, vision, and prescription expenses. The HSA bank account funds also help you to satisfy your plan's annual deductible. Unused funds and interest are carried over, without limit, from year to year. You own the HSA and it is yours to keep, even when you change plans or retire.

When you use your HSA, expenses are covered in a number of ways. Below is an overview of how the cost of your medical expenses will be covered.

How do I use my HSA to pay my medical bills and prescriptions?

The HDHP works the same as a traditional plan where your provider will submit claims to the health plan. You will receive an "Explanation of Benefits" outlining the contractual discounts for the services. If you have not met your deductible, you will be responsible for 100% of the amount agreed upon between the health plan and the physician. Do not pay a provider at the time of service. A provider will send out a billing statement to members for any amounts owed to them. Also, providers may be willing to set up a monthly payment plan if needed.

For prescription drugs, you will have to pay the agreed upon cost at the time the prescription is filled. You may use your own money and reimburse yourself from the HSA at a later date, or use your HSA bank debit card.

HSA Rules You Need to Know

You own the funds in your account, but there are some IRS rules to know:

Use it to pay for eligible health care expenses tax-free: When used for things like deductibles, copays, prescriptions, and covered medical, dental, or vision care services, the money is not taxed.

Using your HSA for non-health care expenses will cost you: The money is taxed and there is a 20% penalty if you are under age 65. After age 65, the 20% penalty does not apply but the expenses are still taxable.

HSAs are not compatible with Medicare: You cannot contribute after you elect Medicare, but any accumulated funds in your account are still available to use.

Catch-up contributions are allowed: If you are age 55- 65 and not enrolled in Medicare, you can make a catch-up contribution of an additional \$1,000 per tax year over the contribution limit.

Avoid going over the contribution limit: It is your responsibility to monitor your HSA account balance to ensure you do not exceed the IRS combined maximum for the calendar year. Any excess contributions are subject to standard income tax rates plus a 6% excise tax.

What happens to the money in my HSA if I lose my HDHP coverage?

Funds deposited into your HSA remain in your account and automatically roll over from one year to the next. You may continue to use the HSA funds for qualified medical expenses. You are no longer eligible to contribute to an HSA for months that you are not an eligible individual because you are not covered by an HDHP. If you have coverage by an HDHP for less than a year, the annual maximum contribution is reduced; if you made a contribution to your HSA for the year based on a full year's coverage by the HDHP, you will need to withdraw some of the contribution to avoid the tax on excess HSA contributions. If you regain HDHP coverage at a later date, you can begin making contributions to your HSA again.

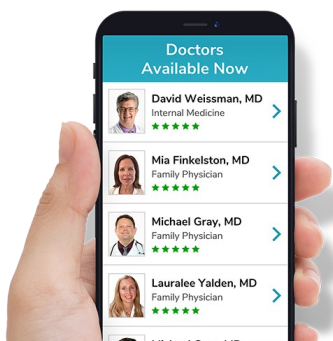
Virtual Visits

The District offers Virtual Visits as part of the health plan.

A virtual visit is a very convenient way to let you see and talk with a doctor from your mobile device or computer without an appointment. Most visits take 10-15 minutes and doctors can write a prescription if needed that can be picked up at your local pharmacy.

Virtual visits are generally less costly than an office visit or urgent care, but still more costly than the Onsite Health and Wellness Center.

Did you know that 65% of callers who initially intended to use the Emergency room avoided a costly event?



How to Access to Virtual Visits

Log into myuhc.com/virtualvisit and select a virtual provider and register for a virtual visit. After registering and requesting a visit, you will pay your portion of the service costs per the plan design, and then you will enter a virtual waiting room. During your visit, you will be able to talk to a doctor about your health concerns, symptoms, and treatment options.

When to use a Virtual Visit

- Out of area college students or while traveling
- Your doctor or clinic is unavailable
- Middle of the night convenience
- You are considering visiting a hospital emergency room for a non-emergency health condition.

Tip: Register ahead of time so that when you need to use it, the process is quick and convenient.

Real Appeal

Real Appeal is a weight loss and healthy living program that can help you and your family take small steps that lead to big results.

Based on decades of clinical research, Real Appeal helps you lose weight and reduce your risk of developing diseases like diabetes and cardiovascular disease. Real Appeal members who attended 4 or more sessions during the program lost 10 pounds on average.

Health plan participants at the District (employees and spouses) with a BMI of 23 or higher are invited to join the program voluntarily and at no cost to the member.

How does the program work?

Once participants enroll, they will meet with a **personalization expert** - from a smart phone, tablet or computer - who will customize a program that suits participants lifestyle and targets desired weight loss goals.

Next, Real Appeal will give participants access to a **transformation coach** to meet with virtually for the next year to offer support and help participants stay on track.

Real Appeal also supplies participants with a **Success Kit** that is complete with nutrition and activity guides, and workout DVD's!

In addition to all of this, **Real Appeal offers a complete online experience** to keep participants motivated and inspired.

For more details and to enroll, visit www.realappeal.com



Using the Health Clinics

Employee Health & Wellness Center

The District Health & Wellness Center managed by ProHealth Care-Occupational Health Services is available to those on the medical plan (including employees, spouses, and dependents 6+). The Clinic provides the following services:

- ◆ Acute/Urgent Care for minor illnesses or injuries (in-person or virtual)
- ◆ Employee Health Services - pre-placement physicals, drug screening, TB screen and Hepatitis B vaccines
- ◆ Management of Chronic Medical Conditions - Diabetes, Hypertension, Asthma, etc.
- ◆ Prescription review to help you access affordable options, ensure proper use and achieve optimal results, along with sending needed prescriptions to your local pharmacy for pick up
- ◆ Preventive Health Services - annual physicals, immunizations and WIAA evaluations for student athletes
- ◆ Referral services for Primary or Specialty Care

Schedule an Appointment

In-person care visits, please call 262-928-5800 or use your ProHealth MyChart account.

Virtual care visits, please call 262-928-4420.

Cost

Virtual and in-person clinic visit fees are \$30. Once your deductible is met, the fee is \$0. See your plan documents for other services cost of care.

Locations and Hours

ProHealth Medical Group Clinic—195 Discovery Drive (2nd Floor), Brookfield

ProHealth Waukesha Memorial Hospital —721 American Avenue, Suite 310 (Physician Office Bldg.)

In-Person Hours: M - F 8:00 am to 4:30 pm

Virtual Visit Hours: M - F 8:00 am to 8:00 pm

SA & SU 8:30 am to 4:00 pm

Where to go for care?

Did you know that there is a large cost difference to receive health care based on where you go to receive it? With a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA), you pay the full cost for a visit prior to meeting the deductible. For those instances when you need to make a quick choice about where to get the medical attention you need, it is important to not only map out the closest medical location to you, but also be aware of the types of facilities nearby, their hours of operation, and the costs associated with them.

- Health and Wellness Center
- Virtual Visits
- Convenience Care Clinic
- Primary Care Physician
- Urgent Care
- Emergency Room

Lowest Severity
Lowest Cost



If you aren't sure ...

Start with Advocate4me
1-888-887-4114

Or the Clinic.

*Please note: These dollars are for illustrative purposes only. Costs may vary based on where services are rendered.

Dental, Vision, and FSAs

Dental

SDW offers a dental plan through Delta Dental. Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower.

Plan Features	PPO Dentist	Premier or Other Dentist
Annual Deductible	\$0	
Annual Maximum (per person)	\$2,000	
Diagnostic and Preventive Care: Includes cleanings, fluoride treatments, sealants and X-rays	100%, no deductible	100%, no deductible
Basic Services: Includes fillings, periodontics, scaling and root planning, and oral surgery	80% after deductible	80% after deductible
Major Services: Includes crowns, bridges and full and partial dentures	80% after deductible	80% after deductible
Orthodontia (Children up to age 26)	50% after deductible \$1,500 lifetime maximum	

FSAs

The Flexible Spending Accounts (FSAs) offer you another way to save and pay for eligible health care and dependent care expenses on a pre-tax basis. [Your current FSA election will not automatically roll over...you must make an election to continue contributing.](#)

How much can I contribute?

For 2022-23, you can contribute up to \$2,850 to a Health Care FSA (HCFSA) or Limited Purpose FSA (LPFSA) and up to \$5,000 to a Dependent Care FSA (DCFSA).

Up to \$570 of funds will be rolled over at the end of the plan year for the HCFSA and LPFSA. All other funds remaining at the end of the plan year will be forfeited.

How can I use my FSA funds?

With FSAs, you can claim reimbursement for eligible expenses for yourself, your spouse, and dependents that you can claim on your income tax return or your adult children through age 26, even if you can't claim them as dependents on your income tax return.

Health Care FSA

The Health Care FSA is available only if you are not eligible to contribute to an HSA. You can use the Health Care FSA for eligible medical, prescription drug, dental and vision expenses.

Dependent Care FSA

The Dependent Care FSA lets you pay for eligible child care or elder care expenses, such as nursery school or elder day care.

Limited Purpose FSA (LPFSA)

If enrolled in an HSA account, you can participate in a LPFSA. While your HSA can be used for medical, prescription drugs, dental and vision expenses, the LPFSA can only be used for eligible dental and vision expenses.

Note: IRS guidelines stipulate that an individual cannot be enrolled in a FSA and an HSA at the same time. Therefore, you cannot participate in a Health Care FSA (even if it is in your spouse's name) if you are contributing to an HSA.

Vision

Vision insurance coverage is available through UHC. Please be familiar with the vision exam coverage offered under the medical plan as well as the option of a full service vision plan as outlined below. **You do not receive a Vision ID card upon enrollment.**

Benefit	In-Network	Out-of-Network
Exam	\$10 copay	Reimbursement of: Up to \$40
Hardware	\$10 copay	\$10 copay
Frequency		
• Exam	12 months	24 months
• Lenses	12 months	24 months
• Frames	24 months	24 months
Frames	\$130 retail allowance	Reimbursement of: Up to \$45
Lenses (Standard)		Reimbursement of:
• Single Vision Lenses	Covered at 100%	Up to \$40
• Bifocal Lenses	Covered at 100%	Up to \$60
• Trifocal Lenses	Covered at 100%	Up to \$80
Medically Necessary Contact Lenses	Covered at 100%	Reimbursement of: Up to \$210
Elective Contact Lenses in lieu of Glasses (covered at 100% for 6 month supply if on the formulary list)	Up to \$125 retail allowance	Same as in-network benefit



Life and Disability Benefits

Life and Accidental Death & Dismemberment Insurance

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of death by accidental means or dismemberment, which includes loss of the use of certain body parts.

The District provides Basic Life and AD&D Insurance to all eligible employees at no cost to you. The benefit amount is 2 times your annual basic earnings, up to a maximum benefit of \$250,000 and includes options for accelerated death benefits, conversion, and waiver of premiums.

Please note that for employer paid policies exceeding \$50,000, the IRS requires the cost of coverage to be included as income and taxed accordingly.

Voluntary Short-Term Disability (STD)

Short-term disability (STD) is voluntary and enrollment is your choice. STD Covers 66.67% of your weekly pre-disability earnings to a maximum of \$750/week. Benefits begin on the first day for injury and the fourth day for illness and continue to the earlier of recovery or nine weeks. The rates for this voluntary benefit are \$0.66 per \$10 of benefit. *Note: You may not be eligible for benefits if you have received treatment for a condition within 12 months prior to your effective date under this policy until you have been covered under the policy for 12 months.*

Short-Term Disability Sample Monthly Rates	
Weekly Elected Benefit	Monthly Cost @ \$0.66 / \$10
\$100	\$6.60
\$150	\$9.90
\$200	\$13.20
\$250	\$16.50
\$300	\$19.80
\$350	\$23.10
\$400	\$26.40
\$450	\$29.70
\$500	\$33.00
\$550	\$36.30
\$600	\$39.60
\$650	\$42.90
\$700	\$46.20
\$750	\$49.50



District-Paid Long-Term Disability (LTD)

The District provides eligible employee with LTD income benefits at no cost to you. LTD covers 66.67% of your weekly pre-disability earnings, up to a \$5,926 monthly maximum benefit. Benefits begin after 60 days of disability or illness and continue to the earlier of recovery or see the chart below.

Long-Term Disability Duration	
Age at Dismemberment	Benefit Duration
61 or younger	To age 65
62	3.5 years
63	3 years
64	2.5 years
65	2 years
66	1.75 years
67	1.5 years
68	1.25 years
69 or older	1 year

EAP & Retirement Benefits

Employee Assistance Program

Sometimes life can be challenging. That's why the District provides an employee assistance program (EAP) to all employees and your immediate family members -- at no cost to you. The EAP is designed to provide prompt, confidential help with a range of personal and family issues that may affect all of us from time to time.

A 24-hour toll-free telephone line staffed by professional counselors is an option when you want to talk to someone anonymously or if you feel the situation warrants a professional counselor.

Call a counselor if you or your family members want assistance in any of these areas:

- Marital or relationship issues
- Alcohol and drug abuse
- Stress Management
- Family/parenting problems
- Work relationships
- Legal Assistance
- Wellness information
- Many more

Currently we have two EAP Services available for staff:

OptumHealth (subsidiary of UnitedHealthcare)

Liveandworkwell.com (access code = sdwaukesha)

(866)248-4096

Lincoln Financial Group (financial resources)

(855) 891-3684

Guidanceresources.com (Web ID = LifeKeys)

WRS

Your retirement pension is through the Wisconsin Retirement System. You must meet the WRS eligibility guidelines to be enrolled. If you are unsure if you meet eligibility please contact the Payroll Department. The contribution requirement for 2022 is 6.5% (was 6.75% in 2021)of your gross income. The District matches the contribution.

Optional Benefits:

- You may elect to participate in the variable trust fund with the WRS
- Long-term disability, Income continuation, Long-term care

403(b) Retirement Savings Plan

The School District of Waukesha 403(b) Retirement Savings Plan offers a convenient way to save for your future through payroll deductions. This is an independent retirement option that you must set up and then notify the District that you would like contributions taken from your paycheck. The District does not match 403(b) contributions.

Approved Vendors:

WEA Member Benefits: (800) 279-4030

VOYA: (800) 335-0982

Fidelity: (800) 835-5097

Employee Contributions

Complete and submit a Salary Reduction Authorization Form to TSA Consulting, our Third Party Administrator.

Contributions from your pay can be made on a pre- or post-tax basis – up to the IRS annual limit dependent on the type of account you establish. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution.

2022-2023 Plan Year Rates

2022-2023 Employee Monthly Premium Contribution Amounts			
<i>*rates are based on 24 pay periods; will be adjusted for 19 & 20 pay employees</i>			
High Deductible Health Plan	8 Hours/Day	7 Hours/Day	6.5 Hours/Day
Single Wellness Participant	\$110.11	\$197.46	\$248.42
Family Wellness Participants	\$245.18	\$443.76	\$559.58
Wage Based Premium Plan			
Single	Variable	This plan does not offer spousal coverage	
Family Child(ren) Only	Variable		
Dental	8 Hours/Day	7 Hours/Day	6.5 Hours/Day
Single	\$6.32	\$11.88	\$15.12
Family	\$16.32	\$30.66	\$39.04
Voluntary Dental	Premium regardless of hours worked		
Single	\$60.52	Educational Assistants Only	
Family	\$168.74		
Vision	Premium regardless of hours worked		
Single	\$6.72	Employees pay 100% of the premium for Vision coverage.	
Family	\$20.06		
Short-Term Disability (\$100 min.—\$750 max) (see page 12 for full list)	Employee pays 100% of premiums		
\$300 Weekly Benefit Amount			\$19.80
\$400 Weekly Benefit Amount			\$26.40
\$500 Weekly Benefit Amount			\$33.00
\$600 Weekly Benefit Amount			\$39.60
\$750 Weekly Benefit Amount (Maximum)			\$49.50

Important Benefit Contacts

For Help With...	Contact	Phone Number	Website
Medical Plan	United Healthcare	866-633-2446	www.myuhc.com
Pharmacy Plan	Navitus	855-673-6504	www.navitus.com
Employee Health Clinic	Managed by ProHealth Care	262-928-5900	www.sdw.waukesha.com
Health Savings Account	Educators Credit Union	262-321-7852	https://www.ecu.com/partners-home/whsa/
Dental Plan	Delta Dental	800-236-3712	www.deltadental.com
Vision Plan	United Healthcare	866-633-2446	www.myuhcvision.com
Flexible Spending Accounts	Diversified Benefit Services	800-234-1229	www.dbsbenefits.com
Life and Disability	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Further Questions About Your Benefits	Kristin Mroz	262-970-1045	kmroz@waukesha.k12.wi.us

Important:

Please be sure to login <https://benefits.plansource.com> within 30 days of your start date to evaluate the options available to you and your family.

