



Whitefish Bay
SCHOOL DISTRICT

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2023-2024 Whitefish Bay School District Open Enrollment Summary

April 24 - May 5

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

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

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



Attention! Open Enrollment Is Coming Soon!



Vendor Contact Information

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

Medical Benefits – UMR



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

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

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

Dental Benefits – Delta Dental of WI



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

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

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

Vision Benefits – Delta Vision, Insight Network



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

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

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

Long-Term Disability



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

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

School District of Whitefish Bay

Health Plan Changes effective 7/1/23 (for 2023-24 School Year)

Medical Summary Changes Effective 7/1/23 (for 2023-24 School Year)			
<i>Benefit Summary</i>	2022-23 Coverage Single / Family	2023-24 Coverage Single / Family	NOTES
Deductible			
<i>In Network</i>	\$500 / \$1,000	\$500 / \$1,000	No change
<i>Non-Network</i>	\$1,000 / \$2,000	\$1,000 / \$2,000	No change
Coinsurance			
<i>In Network</i>	10%	10%	No Change
<i>Non-Network</i>	30%	30%	No Change
Out-of-Pocket (Includes Deductible & Medical Co-pays – EXCLUDES Pharmacy Copays)			
<i>In Network</i>	\$5,350 / \$10,700	\$5,350 / \$10,700	No Change
<i>Non-Network</i>	\$12,500 / \$25,000	\$12,500 / \$25,000	No Change
Office Visits - General			
<i>In Network & General</i>	\$25 then deductible and 10% coinsurance	\$25 then deductible and 10% coinsurance	No Change
<i>Non-Network</i>	\$50 then deductible and 30% coinsurance	\$50 then deductible and 30% coinsurance	No Change
Office Visits - Specialist			
<i>In Network & Specialist</i>	\$50 then deductible and 10% coinsurance	\$50 then deductible and 10% coinsurance	No Change
<i>Non-Network & Specialist</i>	\$100 then deductible and 30% coinsurance	\$100 then deductible and 30% coinsurance	No Change
Emergency Room			
<i>ER Services</i>	\$350 then deductible & coinsurance	\$350 then deductible & coinsurance	No Change
Urgent Care			
<i>UC Services</i>	\$100 then deductible & coinsurance	\$100 then deductible & coinsurance	No Change
Prescription Drugs (Retail)			
<i>Value Drugs (Tier 1)</i>	\$0	\$0	No Change
<i>Generic (Tier 1)</i>	\$10	\$10	No Change
<i>Formulary (Tier 2)</i>	\$25	\$25	No Change
<i>Non-Formulary (Tier 3)</i>	\$50	\$50	No Change
<i>Specialty (Tier 4)</i>	20% coinsurance, up to a max copay of \$250 (Access to WEA Coupon Copay Program)	20% coinsurance, up to a max copay of \$250 (Access to WEA Coupon Copay Program)	No Change
<i>Maximum Pharmacy Out-of-Pocket</i>	Single = \$2,000 Family = \$4,000	Single = \$2,000 Family = \$4,000	No Change