



SUMMARY OF BENEFITS

Effective 1/1/2019

The following is a summary of benefits available and is intended to provide a brief description of benefits available upon employment with the district. Note: Information is subject to change. More information on these benefits is available on the District’s website under Staff Resources.

Health Insurance – The District’s health insurance provider is currently United Health Care. The plan runs on a calendar year basis, so all amounts paid by employees are effective through December 31st. Any changes made by the Board of Education to the plan will be effective January 1st.

Health Risk Assessment (HRA)

Our health insurance program reflects our commitment to a healthy workforce. All new employees and covered spouse who choose our health insurance plan, are offered the opportunity to complete a confidential Health Risk Assessment Survey (questionnaire) and screening.

Employees and covered spouse who choose not to take the HRA will be charged an additional \$80.00 per month for employees and spouse covered in the plan for a maximum of \$160 per month.

To schedule your HRA, call the Healthstat Scheduling Line at 1-866-959-9355. The assessments are done at the District’s Health & Wellness Center located inside of the 9th Grade Center (8640 S. Howell Avenue) on the Oak Creek High School campus.

This must be done within 30 days of enrollment or qualifying event.

Health Insurance Rate:

	<u>Single</u>	<u>Family</u>
Premium Share (HRA participant)	\$102.10/Month	\$228.70/Month
Premium Share (Non-HRA participant)	\$182.10/Month	\$308.70 (employee only) \$388.70 (employee & spouse)
Deductible In-Network	\$500	\$1,000
Deductible Out-of-Network	\$1,000	\$2,000
Co-Insurance In-Network (after deductible has been met)	10%	10%
Co-Insurance Out-of-Network (after deductible has been met)	30%	30%
Maximum Out-of-Pocket, In-Network	\$1,125	\$2,250
Maximum Out-of-Pocket, Out-of Network	\$2,875	\$5,750
Urgent Care Co-Payment	\$50	\$50
Emergency Room Co-Payment	\$250	\$250
Drug Co-Payment In-Network	\$10/40/75	\$10/40/75
Mail Order Drug Co-Payment 3-mo Supply	\$20/80/150	\$20/80/150

NOTE: If a drug is purchased out-of-network, the employee is responsible for any differences in drug costs in addition to the co-payment amount.

Please keep the following in mind regarding co-payments, deductibles and co-insurance:

- **Co-payment** is a fee providers will collect from you each time you receive certain health care services, such as office visits or emergency room care and amounts paid for prescriptions. It does not apply to your maximum out-of-pocket limit.
- The **deductible** is a set amount of money that you are responsible for each year. Once you have paid this amount in full, your plan starts to pay for covered medical services. You will still need to pay co-payments and co-insurance. This does apply toward your maximum out-of-pocket limit.
- **Co-insurance** is a fixed percentage of covered medical charges that you are responsible for paying after the deductible is paid. For example, if you are a family subscriber and receive all your services at in-network providers, the United Healthcare Plan will pay 90% of covered medical charges and you are responsible for the remaining 10%, until you reach your out-of-pocket maximum limit of \$2,250 (this would include up to \$12,500 of covered medical costs, after meeting the deductible).

Cash In Lieu of Health Insurance: Full-time staff who have alternative health coverage available through their spouse shall be offered a monthly cash payment of \$166.66/month (\$2,000 annually). The amount is prorated if teaching part-time. This contribution shall cease when the employee elects to enroll in the health insurance program under the terms of the maintenance of insurability as determined by the carrier. NOTE: Cash in Lieu of Health Insurance will be discontinued effective July 1, 2019.

Delta Dental Insurance – www.deltadentalwi.com

The District pays the FULL COST of a group dental benefits administered by Delta Dental of Wisconsin (current annual premium is \$541.76 for single coverage, and \$1,399.86 for family coverage). The plan pays for services to be received from any provider including two checkups per year, and 80/20 coverage for additional services, subject to reasonable and customary costs.

Vision Insurance

The District offers a voluntary Vision Benefit through Delta Dental. The amount paid by employees and a brief summary is as follows:

Employee:	\$6.09/Month
Employee and Spouse:	\$12.17/Month
Employee and Children:	\$12.42/Month
Employee, Spouse and Children:	\$18.51/Month
Frame Allowance (Materials)	\$130
Contact Lenses Allowance (Materials)	\$120
Copay Amount:	\$10.00
Comprehensive Spectacle Exam	Member pays \$10.00, plan pays balance

Life Insurance - National Insurance Services (Life Insurance)

The District pays the FULL COST of \$10,000 term life insurance coverage.

Short Term Disability Insurance (STD) – National Insurance Services

The District offers a voluntary short-term disability plan, **paid for by the employee**, that provides compensation under certain conditions during a period of illness and/or disability up to 60 days.

The benefits and associated costs are as follows:

Weekly Benefit:	\$147	Monthly Employee Cost:	\$11.30
	\$175		\$13.24
	\$224		\$17.08
	\$273		\$20.96
	\$301		\$22.90
	\$357*		\$27.40
	\$420*		\$31.91
	\$462*		\$35.13
	\$504*		\$38.35

*Benefits at this level require completion of an evidence of insurability form.

Long Term Disability Insurance (LTD) – National Insurance Services

The District pays the FULL COST of a group long-term disability insurance plan that provides benefits equal to ninety percent (90%) of the employee’s base salary for the first year of disability, eighty percent (80%) for the second year of disability, and seventy percent (70%) for the third year of disability. Employees qualify for benefits after a sixty (60) calendar day waiting period.

LIFE INSURANCE – www.etf.wi.gov

The District participates in a term life insurance plan through the Department of Employee Trust Funds (Minnesota Mutual Life) with rates based on the schedule below. The basic life insurance coverage is the amount of your calendar year earnings rounded to the next highest thousand. You may choose to purchase an additional four Units equal to the basic coverage. The rate charged is based on your age as of July 1 of each year.

<u>Attained Age</u>	<u>Rate per \$1,000 of Insurance</u>
Under 30	\$.05
30-34	\$.06
35-39	\$.07
40-44	\$.08
45-49	\$.12
50-54	\$.22
55-59	\$.39
60-64	\$.49
65-69	\$.57

The district pays 20% above the scheduled premium payment listed for the basic coverage for those who elect to enroll. A spouse and dependent children can be added for \$1.75 or \$3.50 per month based on the below coverage. Regardless of the number of children insured, the costs for this coverage is listed below:

Amount of coverage for:	<u>\$1.75/Month</u>	<u>\$3.50/Month</u>
Spouse:	\$10,000	\$20,000
Children	\$ 5,000	\$10,000

FLEXIBLE BENEFIT PLAN (Section 125) – www.ebcflex.com

Employees can participate in a flexible benefit plan that provides for pre-tax treatment for costs of dependent care, medical costs (including deductibles and prescription co-pays), vision services, and dental services. This plan is on a calendar year basis and enrollment is offered annually. The enrollment for January – December 2018 will take place in November.

WISCONSIN RETIREMENT SYSTEM – www.etf.wi.gov

The employee contribution for eligible participants is deducted on a pre-tax basis, currently 6.6% of gross salary.

1. **TAX SHELTERED ANNUITIES 403(B) (TSA) - www.spokeskids.com/OakCreekFranklinJSD**
Similar to a 401(k) plan, employee contributions for saving for retirement can be made to a 403(b) through providers on the District's approved list. Visit **www.spokeskids.com/OakCreekFranklinJSD** for a list of providers. Employees are encouraged to participate in a 403(b) plan by completing a salary reduction agreement (SRA) to have pre-tax or post tax dollars set aside for retirement. This provides savings for retirement in addition to the pension available through the Wisconsin Retirement System. Employees may complete a Salary Reduction agreement at any time during the year.

2. **EMPLOYEE ASSISTANCE PROGRAM**
The district provides all employees and their family members an opportunity to address a wide range of family, health, workplace and personal issues. The Employee Assistance Program is provided through IMPACT in partnership with FEI.

If you have any questions regarding these benefits, please feel free to contact Troy Hamblin at (414) 768-6155 or e-mail at t.hamblin@ocfsd.org