



BENEFITS-AT-A-GLANCE – Administrators

| COVERAGE CATEGORY | UHC MEDICAL | | COVERAGE CATEGORY | UHC DENTAL | DENTACARE 100 |
|---|---|---------------------|---|--|------------------------|
| Monthly Cost <ul style="list-style-type: none"> Individual Coverage Family Coverage Family + Secondary Spouse Coverage | \$28.85 \$69.89 No Charge | | Monthly Cost <ul style="list-style-type: none"> Individual Coverage Family Coverage | No charge No charge | \$18.86 \$59.15 |
| | In Network | Out of Network | | | |
| Deductible <ul style="list-style-type: none"> Individual Family | \$1,500 \$3,000 | \$2,500 \$5,000 | Deductible <ul style="list-style-type: none"> Individual Family | \$25 \$75 | None |
| Coinsurance | Deductible plus 10% | Deductible plus 30% | Coinsurance | Deductible plus 20% | None |
| Out-of-Pocket Maximum <ul style="list-style-type: none"> Individual Family | \$2,000 \$4,000 | \$3,000 \$6,000 | Annual Maximum | \$1,500 per person | None |
| Preventive Care <ul style="list-style-type: none"> Mammography | Covered at 100% | Deductible plus 30% | Preventive <ul style="list-style-type: none"> Prophylaxis Fluoride Treatments | Covered at 80% | Paid in full |
| Urgent Care | Deductible plus 10% | Deductible plus 30% | Diagnostic <ul style="list-style-type: none"> Oral Exam X-ray Lab Space Maintainers | Covered at 80% | Paid in full |
| Emergency Care | \$150 Copay (waived if admitted) plus deductible and coinsurance for emergency services | | Basic <ul style="list-style-type: none"> Sealants Denture Repairs Simple Extractions | Covered at 80% | Paid in full |
| Lab and Radiology | Deductible plus 10% | Deductible plus 30% | Restorative <ul style="list-style-type: none"> Inlays/Crowns Implants | Covered at 80% | Paid in full |
| Diagnostic <ul style="list-style-type: none"> MRI CT Scan PET Scan | Deductible plus 10% | Deductible plus 30% | Oral Surgery | Covered at 80% | Paid in full |
| Hospital <ul style="list-style-type: none"> Inpatient Outpatient Maternity | Deductible plus 10% | Deductible plus 30% | Periodontics | Covered at 80% | Paid in full |
| Rehabilitation <ul style="list-style-type: none"> Inpatient Outpatient Skilled Nursing | Deductible plus 10% | Deductible plus 30% | Endodontics | Covered at 80% | Paid in full |
| Mental Health <ul style="list-style-type: none"> Inpatient Outpatient Substance Abuse | Deductible plus 10% | Deductible plus 30% | Major Services <ul style="list-style-type: none"> Dentures Prosthetics | Covered at 80% | Paid in full |
| Special Coverage <ul style="list-style-type: none"> Chiropractic Durable Medical Home Health Care | Deductible plus 10% | Deductible plus 30% | Orthodontic Services | Covered at 80% up to \$1,500 lifetime maximum per person | \$495 copay per person |
| Prescription Drugs –Retail (30 day supply) <ul style="list-style-type: none"> Generic Brand (Formulary) Brand (Non-formulary) | Deductible plus \$ 0 Copay Deductible plus \$15 Copay Deductible plus \$25 Copay | | | | |
| Prescription Drugs – Mail Order (90 day supply) <ul style="list-style-type: none"> Generic Brand (Formulary) Brand (Non-formulary) | Deductible plus \$ 0 Copay Deductible plus \$30 Copay Deductible plus \$50 Copay | | | | |

| COVERAGE CATEGORY | | |
|--|--|--|
| Employee Assistance Program (EAP) | <ul style="list-style-type: none"> • District paid • Comprehensive assessments • Crisis counseling • Financial guidance and legal advice | |
| Health Reimbursement Account (HRA) | <ul style="list-style-type: none"> • \$1,000 District contribution for enrollment in medical plan family coverage • \$ 500 District contribution for enrollment in medical plan individual coverage • Additional District contribution for participation in Wellness Program • Funds can be used for health related expenses throughout lifetime | |
| Flexible Spending Accounts (FSA) <ul style="list-style-type: none"> • Health Care • Dependent Care | <ul style="list-style-type: none"> • Contribute up to \$2,500 on pre-tax basis for health care each calendar year • Contribute up to \$5,000 on a pre-tax basis for dependent care each calendar year • Re-enrollment required each calendar year • Use it or lose it per calendar year per IRS regulations | |
| Life Insurance <ul style="list-style-type: none"> • Employee • Dependent | Employee <ul style="list-style-type: none"> • District Paid Basic 1 times annual salary • Employee Paid Supplemental 1 times and Additional 1, 2 or 3 times annual salary • Premiums based on age • See Rate Sheet for calculation | Dependent <ul style="list-style-type: none"> • Spouse at \$10,000 or \$20,000 • Children at \$5,000 or \$10,000 |
| Short-term Disability | <ul style="list-style-type: none"> • Employee paid • No elimination period for accident • 3 calendar day elimination period for illness • 60-day benefit period • Weekly benefit ranges from \$147.00 to \$504.00 • Weekly benefit not to exceed 66% of weekly average wage • Evidence of Insurability may apply | |
| Long-term Disability | <ul style="list-style-type: none"> • District paid • 60 calendar day elimination period • Begins on 61st day of disability • 70% of annual salary • Automatic enrollment • Pre-existing condition limits apply | |
| RETIREMENT PROGRAMS | | |
| Wisconsin Retirement System (WRS) | <ul style="list-style-type: none"> • Employee contribution of 6.6% per pay period • District contribution of 6.6% per pay period • Automatic Enrollment • Payroll deduction • Vested after 5 years of employment | |
| Tax Sheltered Annuities (403b Plan) | <ul style="list-style-type: none"> • Employee pre-tax contribution for retirement • Payroll deduction • IRS limits apply • Investment options <ul style="list-style-type: none"> ○ AXA Equitable ○ Fidelity Investments ○ Horace Mann ○ VOYA ○ Metlife Insurance ○ Metlife 457 ○ Metlife Investors ○ Thrivent Financial ○ WEA ○ WI Deferred Comp (457) ○ WI Deferred ROTH ○ 403b Aspire (all other investment options) • Category <ul style="list-style-type: none"> ○ Standard Limit ○ Catch Up Limit (Age 50+) ○ Catch Up within 3 years of retirement ○ Catch Up worked 15 years at RUSD | |