



BENEFITS-AT-A-GLANCE – Building Services

COVERAGE CATEGORY	UHC MEDICAL		COVERAGE CATEGORY	UHC DENTAL
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 	\$4.50 \$4.50
	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
Coinsurance	Deductible plus 10%	Deductible plus 30%	Coinsurance	Deductible plus 20%
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
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%
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%
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%
Lab and Radiology	Deductible plus 10%	Deductible plus 30%	Restorative <ul style="list-style-type: none"> Inlays/Crowns Implants 	Covered at 80%
Diagnostic <ul style="list-style-type: none"> MRI CT Scan PET Scan 	Deductible plus 10%	Deductible plus 30%	Oral Surgery	Covered at 80%
Hospital <ul style="list-style-type: none"> Inpatient Outpatient Maternity 	Deductible plus 10%	Deductible plus 30%	Periodontics	Covered at 80%
Rehabilitation <ul style="list-style-type: none"> Inpatient Outpatient Skilled Nursing 	Deductible plus 10%	Deductible plus 30%	Endodontics	Covered at 80%
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%
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
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 	<table border="1"> <tr> <td>Employee</td> <td>Dependent</td> </tr> <tr> <td> <ul style="list-style-type: none"> • Employee 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 </td> <td> <ul style="list-style-type: none"> • Spouse at \$10,000 or \$20,000 • Children at \$5,000 or \$10,000 </td> </tr> </table>	Employee	Dependent	<ul style="list-style-type: none"> • Employee 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 	<ul style="list-style-type: none"> • Spouse at \$10,000 or \$20,000 • Children at \$5,000 or \$10,000
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<ul style="list-style-type: none"> • Employee 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 	<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 • 365-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 				
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 				