



## BENEFITS-AT-A-GLANCE – Clerical

COVERAGE CATEGORY	UHC MEDICAL		COVERAGE CATEGORY	UHC DENTAL
<b>Monthly Cost</b> <ul style="list-style-type: none"> <li>Individual Coverage</li> <li>Family Coverage</li> <li>Family + Secondary Spouse Coverage</li> </ul>	\$28.85 \$69.89 No Charge		<b>Monthly Cost</b> <ul style="list-style-type: none"> <li>Individual Coverage</li> <li>Family Coverage</li> </ul>	\$4.50 \$4.50
	<b>In Network</b>	<b>Out of Network</b>		
<b>Deductible</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$1,500 \$3,000	\$2,500 \$5,000	<b>Deductible</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$25 \$75
<b>Coinsurance</b>	Deductible plus 10%	Deductible plus 30%	<b>Coinsurance</b>	Deductible plus 20%
<b>Out-of-Pocket Maximum</b> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	\$2,000 \$4,000	\$3,000 \$6,000	<b>Annual Maximum</b>	\$1,500 per person
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Mammography</li> </ul>	Covered at 100%	Deductible plus 30%	<b>Preventive</b> <ul style="list-style-type: none"> <li>Prophylaxis</li> <li>Fluoride Treatments</li> </ul>	Covered at 80%
<b>Urgent Care</b>	Deductible plus 10%	Deductible plus 30%	<b>Diagnostic</b> <ul style="list-style-type: none"> <li>Oral Exam</li> <li>X-ray</li> <li>Lab</li> <li>Space Maintainers</li> </ul>	Covered at 80%
<b>Emergency Care</b>	\$150 Copay (waived if admitted) plus deductible and coinsurance for emergency services		<b>Basic</b> <ul style="list-style-type: none"> <li>Sealants</li> <li>Denture Repairs</li> <li>Simple Extractions</li> </ul>	Covered at 80%
<b>Lab and Radiology</b>	Deductible plus 10%	Deductible plus 30%	<b>Restorative</b> <ul style="list-style-type: none"> <li>Inlays/Crowns</li> <li>Implants</li> </ul>	Covered at 80%
<b>Diagnostic</b> <ul style="list-style-type: none"> <li>MRI</li> <li>CT Scan</li> <li>PET Scan</li> </ul>	Deductible plus 10%	Deductible plus 30%	<b>Oral Surgery</b>	Covered at 80%
<b>Hospital</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> <li>Maternity</li> </ul>	Deductible plus 10%	Deductible plus 30%	<b>Periodontics</b>	Covered at 80%
<b>Rehabilitation</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> <li>Skilled Nursing</li> </ul>	Deductible plus 10%	Deductible plus 30%	<b>Endodontics</b>	Covered at 80%
<b>Mental Health</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> <li>Substance Abuse</li> </ul>	Deductible plus 10%	Deductible plus 30%	<b>Major Services</b> <ul style="list-style-type: none"> <li>Dentures</li> <li>Prosthetics</li> </ul>	Covered at 80%
<b>Special Coverage</b> <ul style="list-style-type: none"> <li>Chiropractic</li> <li>Durable Medical</li> <li>Home Health Care</li> </ul>	Deductible plus 10%	Deductible plus 30%	<b>Orthodontic Services</b>	Covered at 80% up to \$1,500 lifetime maximum per person
<b>Prescription Drugs –Retail (30 day supply)</b> <ul style="list-style-type: none"> <li>Generic</li> <li>Brand (Formulary)</li> <li>Brand (Non-formulary)</li> </ul>	Deductible plus \$ 0 Copay Deductible plus \$15 Copay Deductible plus \$25 Copay			
<b>Prescription Drugs – Mail Order (90 day supply)</b> <ul style="list-style-type: none"> <li>Generic</li> <li>Brand (Formulary)</li> <li>Brand (Non-formulary)</li> </ul>	Deductible plus \$ 0 Copay Deductible plus \$30 Copay Deductible plus \$50 Copay			

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