



BENEFITS-AT-A-GLANCE – Teachers

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 	\$20.82		Monthly Cost <ul style="list-style-type: none"> Individual Coverage Family Coverage 	\$1.00	\$18.86
	\$41.65			\$3.00	\$59.15
	No Charge				
	In Network	Out of Network			
Deductible <ul style="list-style-type: none"> Individual Family 	\$1,500	\$2,500	Deductible <ul style="list-style-type: none"> Individual Family 	\$25	None
	\$3,000	\$5,000		\$75	
Coinsurance	Deductible plus 10%	Deductible plus 30%	Coinsurance	Varies based on type of service	None
Out-of-Pocket Maximum <ul style="list-style-type: none"> Individual Family 	\$2,000	\$3,000	Annual Maximum	\$1,000 per person	None
	\$4,000	\$6,000			
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 100%	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 100%	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 100%	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 50%	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 50% 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 	<table border="1"> <thead> <tr> <th>Employee</th> <th>Dependent</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Basic 1 times annual salary Supplemental 1 times annual salary 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> </tbody> </table>	Employee	Dependent	<ul style="list-style-type: none"> Basic 1 times annual salary Supplemental 1 times annual salary 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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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 				