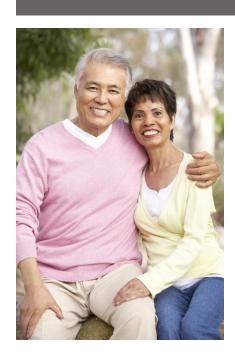
Welcome to the School District of Menomonee Falls Benefit Program!

# Employee Benefit Guide









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#### 2019 Highlights

# NEW Limited Purpose Flexible Spend Account (LPFSA)

This is a new option which allows employees who are enrolled on the District HDHP plan and/or have a health savings account to also put money aside pre-tax into a LPFSA for out of pocket <u>dental and vision expenses only</u>.

## NEW Flexible Spending Account Annual Maximum

The IRS has set the 2019 FSA maximum to \$2,700.

2019 HDHP Health/Rx Premium Rates					
Coverage Level	Total Premium	District Monthly Contribution	Employee Monthly Contribution	Premium per check (20)	Premium per check (24)
Single	\$829.48	\$721.65	\$107.83	\$64.70	\$53.92
Family	\$1,914.92	\$1,665.98	\$248.94	\$149.36	\$124.47
<b>Dental Premiu</b>	m Rates				
Coverage Level	Total Premium	District Monthly Contribution	Employee Monthly Contribution	Premium per check (20)	Premium per check (24)
Single	\$49.66	\$43.20	\$6.46	\$3.87	\$3.23
Family	\$133.74	\$116.35	\$17.39	\$10.43	\$8.69
Vision Premiu	m Rates				
Coverage Level	Total Premium	Employees pay 100% of the premium for		Premium per check (20)	Premium per check (24)
Single	\$6.16	vision coverage if enrolled		\$3.70	\$3.08
Family	\$15.30			\$9.18	\$7.65

<sup>2</sup> SDMF 2019 Benefits Guide – Teacher-Contracted, Administrative Assistants, Custodians, School Nutrition Managers, Youth Program Supervisor and School Age Supervisor

### Benefit Basics

The School District of Menomonee Falls offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides a summary of your benefits. Please review it carefully so you can choose the coverage that is right for you and your family.

#### Coverage for you and your family

As a Contracted Teacher, Administrative Assistant, Custodian, School Nutrition Manager, Youth Program Supervisor or School Age Supervisor you are eligible for benefits if you work at least 20 hours per week. Benefits are effective on the first day of work. You may enroll your eligible dependents for coverage, including:

- · Your legally married spouse
- · Your children up to age 26.

Once your benefit elections become effective, they remain in effect for the plan year from 1/1 - 12/31. You may only change coverage if you experience a qualifying life event, as described below.

#### Qualifying Life Events

Generally, you may only change your benefit elections during the annual enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage
- Divorce or legal separation
- · Birth of your child
- · Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within 30 days of a qualifying life event. Depending on the type of event, you may need to provide proof of the event, such as a marriage license. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualifying life event).

#### Benefit Costs

The District pays the full cost of some of your benefits; you share the cost for some others. In addition, you pay the full cost for any voluntary benefits you elect.

Benefit	Who Pays	Tax Treatment	
Medical Coverage	The District and You	Pretax	
Dental Coverage	The District and You	Pretax	
Vision Coverage	You	Pretax	
Basic Life and Accidental Death and Dismemberment (AD&D) Insurance	The District	After-tax	
Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance	You	After-tax	
Long-Term Disability Coverage	The District	After-tax	
Short-Term Disability Coverage	You	After-tax	
Flexible Spending Accounts	You	Pretax	
Employee Assistance Plan	The District	After-tax	
403(b) Retirement Savings Plan	You	Pre or Post tax	

PLEASE NOTE: Medical and
Dental premiums are pro-rated to a
maximum of 50% of the premium
cost for part-time employees.
School Nutrition Managers are not
eligible for Dental Insurance and
Long-Term Disability.

### Medical Plan

SDMF offers comprehensive Medical and Prescription Drug coverage to employees. The plan is a qualified high deductible health plan and employees who enroll may establish and fund a health savings account, if eligible.

The plan year deductible resets every January 1st.

	Active High Deductible Health Plan (HDHP)		
	In- Network Benefits	Out-of-Network Benefits	
Annual Deductible (Individual/Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	
Coinsurance	The plan pays 100% after deductible	The plan pays 50% after deductible	
Out-of-Pocket Maximum (Includes Deductible)	\$4,000 / \$8,000 (no one individual can exceed \$6,550)	\$6,000 / \$12,000	
Lifetime Maximum	Unlimited	Unlimited	
Preventive Care	100%, No deductible	Deductible and Coinsurance	
Primary Physician Office Visit	Deductible then 100%	Deductible then 50%	
Specialist Office Visit	Deductible then 100%	Deductible then 50%	
X-Ray and Lab	Deductible then 100%	Deductible then 50%	
Inpatient Hospital Services	Deductible then 100%	Deductible then 50%	
Outpatient Hospital Services	Deductible then 100%	Deductible then 50%	
Urgent Care	Deductible then \$75 Copay Applicable	Deductible then \$75 Copay Applicable	
Emergency Room Care	Deductible then \$250 Copay Applicable	Deductible then \$250 Copay Applicable	
Prescription Drug Deductible (Individual/Family)	Prescription Drugs will track to the Annua	al Deductible and Out of Pocket Maximum	
Retail Prescription Drugs (30-day supply)  Generic  Brand Preferred  Brand Non-preferred	Copays Applicable after Deductible \$10 Copay \$25 Copay \$50 Copay	Copays Applicable after Deductible \$10 Copay \$25 Copay \$50 Copay	
Mail Order Prescription Drugs (90-day supply)  • Generic  • Brand Preferred  • Brand Non-preferred	Copays Applicable after Deductible \$20 Copay \$50 Copay \$100 Copay	Copays Applicable after Deductible \$20 Copay \$50 Copay \$100 Copay	

#### Pharmacy Benefits: Express Scripts

The District contracts with Express Scripts to manage our pharmacy benefits. To find pharmacies, formulary information and other pharmacy benefit information, visit the Express Scripts site at www.express-scripts.com/sdmf.

<u>Preventive Medications:</u> The District offers an expanded list of preventive drugs covered under the high deductible health plan (HDHP) with ZERO cost share to members.

<u>Mail Order:</u> Mail order is mandatory under the pharmacy benefits after two 30-day fills at a retail pharmacy. Members may choose to order through Express Scripts mail order service, or access the Walgreens Smart90 program.

<u>Specialty Pharmacy:</u> Certain Specialty medications must be obtained through Accredo, the specialty pharmacy vendor for Express Scripts.

<sup>4</sup> SDMF 2019 Benefits Guide – Teacher-Contracted, Administrative Assistants, Custodians, School Nutrition Managers, Youth Program Supervisor and School Age Supervisor

### Health Savings Account (HSA)

Employees enrolled on the medical plan can establish a Health Savings Account (HSA), an account that provides a tax-free way to save and pay for eligible medical, prescription drug, dental or vision expenses – even those not covered by your health care plan.

When you have eligible health care expenses, you can withdraw money tax-free from your HSA to pay for them. You save for health care expenses through your own before-tax contributions. All the money in your HSA earns interest tax free.

You can use the money in your HSA to pay for eligible out-of-pocket health care expenses incurred by you, your spouse, and dependent children (that you claim on your tax return). Your dependents do not need to be covered under the SDMF health plan to be eligible for reimbursement from your HSA.

Your HSA funds rollover from year to year. You can use the money in your HSA to pay for current expenses, or you can save your HSA funds for future health care expenses.

#### Benefits of an HSA

- TRIPLE tax savings
  - Contributions are pre-tax
  - o Earnings grow tax-free
  - Distributions are tax-free as long as you are paying for qualified medical expenses
- The funds stay with you, regardless of employment or enrollment in the plan
- The funds rollover every year there is no use it or lost it rule

#### How is my HSA Funded?

You can make tax-free contributions to your HSA. You may do this by setting up a payroll deduction from your paycheck, or by making a deposit directly into your HSA account.

#### How much can I add to my HSA?

Your total HSA contributions cannot exceed the Contribution Limits (based on a calendar year) set by the IRS as shown below. If you are age 55 or older, you are allowed to contribute an additional \$1,000 per year.

Coverage Level	2018 Max	2019 Max	55+Catch-Up Contribution
Family	\$6,900	\$7,000	\$1,000
Single	\$3,450	\$3,500	\$1,000

### Opening Your HSA

Employees who enroll on the health plan with the District are eligible to establish a health savings account, EXCEPT IF:

- You are enrolled on another health plan that is NOT a qualified high deductible health plan
- You are covered under a FSA or HRA under another employers health plan
- You are enrolled in Medicare or Tricare
- You are being claimed as a dependent on someone else's tax return (excluding spouses)

The District does not partner with a specific vendor and you may choose to establish your HSA with a financial institution of your choice.

Our health plan offers an option through Optum Bank. If you would like to establish an HSA you may contact them directly at 866-234-8913, or <a href="https://www.optumbank.com">www.optumbank.com</a>.

There are many other financial institutions who offer HSA's as well and checking with your current bank may be a good option.

In establishing a HSA, remember to review monthly maintenance fees, minimum balance requirements and investment options.

### Dental Plan

The District offers a dental plan through Delta Dental. Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower.

Provision	PPO Providers	Premier / Out of Network	
Annual deductible	\$0 / \$0		
Annual Maximum per person (per calendar year)	\$2,000		
Diagnostic and Preventive, to include cleanings, fluoride treatments, sealants and x-rays	100%, no 100%, no deductible deductible		
Basic Services to include fillings, periodontics, scaling and root planning, oral surgery	80% 80%		
Major Services to include crowns, bridges, full and partial dentures	80% 80%		
Orthodontia	50%; \$1,500 lifetime maximum	50%; \$1,500 lifetime maximum	

### Vision Plan

Your vision plan is provided through Delta Dental in partnership with EyeMed. It provides coverage for routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses if you need them. You can see in- or out-of-network providers, however, keep in mind that you always save more money if you stay in-network.

Benefit	In-Network	Non-Network Reimbursement
Exam	\$10 copay	\$35
Contact lens fit and follow-up	\$0	\$40
<ul><li>Frequency</li><li>Exam</li><li>Lenses</li><li>Frames</li></ul>	Every 12 months Every 12 months Every 24 months	Every 12 months Every 12 months Every 24 months
Frames	\$150, then 20% Discount	\$75
Standard Lenses Single vision lenses bifocal lenses trifocal lenses	\$10 copay \$10 Copay \$10 Copay	Up to \$25 Up to \$40 Up to \$55
Medically necessary contact lenses	Paid in Full	\$200
Elective contact lenses	\$150	\$120

### Flexible Spending Accounts

A Flexible spending account offers employees another way to save and pay for eligible health care and dependent care expenses on a pre-tax basis. FSA elections will not automatically roll over.

#### How much can I contribute?

For 2019, you can contribute up to \$2,700 to a Health Care FSA or Limited Purpose FSA and up to \$5,000 to the Dependent Care FSA.

Up to \$500 of funds will be rolled over at the end of the plan year for the Health Care FSA and LPFSA. All other funds remaining at the end of the plan year will be forfeited.

#### How can I use my FSA funds?

With FSA's, you can claim reimbursement for eligible expenses for yourself, your spouse and dependents that you can claim on your income tax return or your adult children to age 26, even if you cannot claim them on your tax return.

#### **Health Care FSA**

The Health Care FSA is available only if you are not eligible to contribute to an HSA. You can use the Health Care FSA for eligible medical, prescription drug, dental and vision expenses.

#### **Dependent Care FSA**

The Dependent Care FSA lets you pay for eligible child care or elder care expenses, such as nursery school or elder day care.

#### **Limited Purpose FSA (LPFSA)**

If enrolled in an HSA account, you can participate in a LPFSA. While your HSA can be used for medical, prescription drugs, dental and vision expenses, the LPFSA can only be used for eligible dental and vision expenses.

Note: IRS guidelines stipulate that an individual cannot be enrolled in a FSA and an HSA at the same time. Therefore, you cannot participate in a Health Care FSA (even if it is in your spouse's name) if you are contributing to an HSA.

### Life & Disability Benefits

### Life and Accidental Death & Dismemberment Insurance

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) Insurance is designed to provide a benefit in the event of death by accidental means or dismemberment, which includes loss of the use of certain body parts.

The District provides Basic Life and AD&D Insurance at no cost to you. The benefit amount is 1 times your annual basic earnings, up to a maximum benefit of \$200,000.

Please note that for employer paid policies exceeding \$50,000, the IRS requires the cost of coverage to be included as income and taxed accordingly.

#### Supplemental Life Option

Employees may purchase additional life insurance coverage for themselves, spouse and dependent children.

Employees who enroll upon initial eligibility are guaranteed coverage per the table below. Late enrollees would be subject to medical underwriting and carrier approval.

Coverage	Guarantee Issue Amount	Maximum Amount
Employee	\$125,000	\$300,000
Spouse	\$25,000	\$50,000
Child	\$10,000	\$10,000

Rates are age banded for Employee and Spouse

Age Bands	Rate per \$1000 of Coverage
Through Age 29	\$0.040
30-34	\$0.050
35-39	\$0.070
40-44	\$0.090
45-49	\$0.150
50-54	\$0.230
55-59	\$0.390
60-64	\$0.520

#### District Provided Long-Term Disability (LTD)

LTD covers 66.67% of your gross monthly earnings, up to a monthly maximum benefit of \$10,556. Benefits begin after 60 calendar days of disability or illness and continue out to earlier of recovery or the age reduction scheduled as outlined in the certificate of coverage.

#### Voluntary Short-Term Disability (STD)

Employees may elect to enroll in short-term disability coverage by paying 100% of the cost. STD covers 66.67% of your weekly pre-disability earnings, to a maximum of \$1,500 per week. Benefits begin on the 1st day for an accident and the 7th day for an illness and continue to the earlier of recovery or 60 days.

Short-term disability benefits are payable in conjunction with sick leave.

Employees who enroll upon initial eligibility are guaranteed a \$301 weekly benefit amount. Any late enrollees or changes will be subject to underwriting and carrier approval.

Salary range	Weekly Benefits	Monthly Premium Rate
\$11,465 - \$13,648	\$147.00	\$6.63
\$13,649 - \$17,470	\$175.00	\$7.74
\$17,471 - \$21,291	\$224.00	\$9.93
\$21,292 - \$23,475	\$273.00	\$12.15
\$23,476 - \$27,843	\$301.00	\$13.26
\$27,844 - \$32,757	\$357.00	\$15.83
\$32,758 - \$36,033	\$420.00	\$18.42
\$36,034 - \$39,309	\$462.00	\$20.26
\$39,310 - \$45,236	\$504.00	\$22.10
\$45,237 - \$52,022	\$580.00	\$25.39
\$52,023 - \$59,822	\$667.00	\$29.19
\$59,823 - \$68,791	\$767.00	\$33.57
\$68,792 - \$79,087	\$882.00	\$38.61
\$79,088 - \$90,942	\$1,014.00	\$44.40
\$90,943 - \$104,591	\$1,166.00	\$51.07
\$104,592 - \$116,993	\$1,341.00	\$58.73
\$116,994+	\$1,500.00	\$67.54

### Retirement

#### 403(b) / 457 Retirement Savings Plan

The District offers voluntary retirement savings plans to help employees save for a secure retirement. All District employees are eligible to participate by making convenient payroll deducted contributions into a 403(b) or 457. The District Partners with the following three approved vendors:

Vender	Contact Name	Contact Phone
Retirement Plan Advisors / Security Benefit	Angel Tullar	(866) 669-9500
WEA Trust Member Benefits	Scott Nelson	(800) 279-4030, Ext 2239
Wisconsin Deferred Compensation	Ryan Collier	(877) 457-9327

	Traditional 403(b)	Roth 403(b)	457 Deferred Comp	Roth 457
Contributions	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Growth	Tax-Deferred	Tax-Free	Tax-Deferred	Tax-Free
Distributions  Annual  Maximum  Contributions	<ul> <li>Taxable</li> <li>Available at age 59 ½ or separation of service</li> <li>Withdrawals prior to age 59½ may be subject to 10% federal penalty unless separation of service occurred after age 55</li> <li>\$18,500 basic</li> <li>\$6,000 extra if over 50 years of age</li> </ul>	Tax-free at age 59½ and at least 5 tax years from date of first Roth 403(b) contribution Withdrawals prior to age 59½ may be subject to 10% federal penalty  \$18,500 basic \$6,000 extra if over 50 years of age	<ul> <li>Available at separation of service</li> <li>Taxable</li> <li>No age requirement.</li> <li>No 10% federal penalty on early withdrawals</li> <li>\$18,500 basic</li> <li>\$6,000 extra if over 50 years of age</li> <li>\$37,000 "Double Up" provision for 3 consecutive years prior</li> </ul>	<ul> <li>Available at separation of service</li> <li>Tax-free at age 59½ and at least 5 tax years from date of first Roth 457 contribution</li> <li>No 10% federal penalty on early withdrawals (earnings may be taxable)</li> <li>\$18,500 basic</li> <li>\$6,000 extra if over 50 years of age</li> <li>\$37,000 "Double Up" provision for 3 consecutive years prior</li> </ul>
(2018)			to normal retirement age (if eligible)	to normal retirement age (if eligible)
Loans	No	No	No	No
Hardships	Yes	Yes	Yes	Yes
Benefits	<ul> <li>Reduces taxable income</li> <li>Provides tax-deferred income in retirement</li> <li>Can combine 403(b) Roth, 403(b), 457, and 457 Roth plan contributions</li> </ul>	<ul> <li>Tax-free growth</li> <li>Provides tax-free income in retirement</li> <li>Can combine 403(b) Roth, 403(b), 457, and 457 Roth plan contributions</li> </ul>	<ul> <li>Reduces taxable income</li> <li>Provides income for employees retiring before age 59 ½</li> <li>Can combine 403(b) Roth, 403(b), 457, and 457 Roth plan contributions</li> </ul>	<ul> <li>Tax-free growth</li> <li>Provides tax-free income in retirement</li> <li>Can combine 403(b) Roth, 403(b), 457, and 457 Roth plan contributions</li> </ul>

<sup>8</sup> SDMF 2019 Benefits Guide – Teacher-Contracted, Administrative Assistants, Custodians, School Nutrition Managers, Youth Program Supervisor and School Age Supervisor

### **Employee Pension**

#### Wisconsin Retirement System (WRS)

Employees who are expected to work at least 880 hours within a rolling 12 month period will be automatically enrolled in the Wisconsin Retirement System (WRS). Effective 1/1/19, the employee contribution requirement will be 6.55% of gross earnings per check, and the District matches it 6.55%.

The pension is managed by the State of Wisconsin, not by the District. Employees may contact the Pension directly at (608) 266-3285. Or you may visit the site online at <u>etf.wi.gov.</u>

If an employee hits eligibility during employment, participation is required. The employee will be notified by the payroll office and enrolled in the pension.

### Employee Assistance Program

#### Employee Assistance Program

The District provides an Employee Assistance Program (EAP) to all eligible employees – at no cost. The EAP is designed to provide prompt, confidential help with a range of personal and family issues that may affect all of us from time to time.

- Financial
- Stress
- Parenting
- Legal Counseling
- Family Issues



### Benefit Plan Provider Contact Information

Plan	Provider	Phone Numbers	Website
Medical	UMR	800-826-9781	www.umr.com
Prescription Drug	Express Scripts	800-837-6201	www.express-scripts.com/sdmf
Dental	Delta	800-236-3712	www.deltadentalwi.com
Vision	Delta/Eye Med	866-723-0514	http://portal.eyemedvisioncare.com
Flexible Spending Accounts	Diversified Benefits	800-234-1229	www.dbsbenefits.com
Health Savings Account (HSA)	Optum Bank	866-234-8913	www.optumbank.com
Life & AD&D Coverage	National Insurance Services	800-627-3660	
Short & Long-Term Disability Insurance	National Insurance Services	800-627-3660	
Employee Assistance Program	Optum EAP	855-205-9185	www.liveandworkwell.com
Wisconsin Retirement System	WRS/ETF	877-533-5020	http://etf.wi.gov
SDMF HR Department	Melissa Beck	262-255-8396	beckmel@sdmfschools.org
SDMF Payroll Department	Tim Hansen	262-255-8371	hanstim@sdmfschools.org



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#### 2019 SDMF Benefits Guide

Teacher-Contracted, Administrative Assistants, Custodians, School Nutrition Managers, Youth Program Supervisor and School Age Supervisor

This benefit summary provides selected highlights of the School District of Menomonee Falls benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the District. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. The School District of Menomonee Falls reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.