

Retiree Benefits Information

2021

The 2021 Plan Renewal is completed. The District will not be making any changes to the medical and dental plan designs. In addition, the premium costs will not be changing for the 2021 plan year.

However, all enrollees will receive a new medical ID card.

As a School District of Menomonee Falls' retiree, you may be eligible for medical and/or dental insurance at group rates, depending upon the terms of your retirement. Please refer to the language of which you retired under to better understand your benefits.

Due to the current pandemic Retiree annual meetings will not be held. Please contact UMR directly or Melissa Beck at beckmel@sdmfschools.org or 262-255-8396 with any questions or concerns.

Coverage Level	Medical Monthly Premium	Dental Monthly Premium
Single	\$829.48	\$49.66
Family	\$1,914.92	\$133.74
Medicare Single	\$153.88	NA
Medicare Family	\$307.76	NA
1>65, 1<65	\$983.36	NA



Retiree Medical and Dental Coverage

Qualified High Deductible Health Plan (HDHP)

The plan year deductible resets every January 1st	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 Annual 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

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

The District does not provide prescription drug coverage to Medicare eligible retirees. Prescription Drug coverage is available through Medicare Part D plans that are available in the open market.

Dental Benefits	PPO Providers	Premier / Out of Network
Annual deductible	\$0 / \$0	\$0 / \$0
Annual Maximum per person	\$2,000	\$2,000
Diagnostic and Preventive, to include cleanings, fluoride treatments, sealants and x-rays	You pay \$0	You pay \$0
Basic Services to include fillings, periodontics, scaling and root planning, oral surgery	You pay 20%	You pay 20%
Major Services to include crowns, bridges, full and partial dentures	You pay 20%	You pay 20%
Orthodontia	You pay 50%; \$1,500 lifetime maximum	You pay 50%; \$1,500 lifetime maximum

The Dental plan option is not applicable to all retirees.

The dental plan premiums will remain the same for the 2021 plan year.