



2023-24

EMPLOYEE BENEFITS GUIDE



School District of New Berlin
Your Health & Wellness

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © Copyright 2020 Marsh & McLennan Agency. All rights reserved..



WELCOME TO YOUR 2023-24 BENEFITS!

Dear SDNB Employee,

At the School District of New Berlin we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits program we strive to support the changing needs of our employees and their family members. This guide provides an overview of the district's offerings.

Additional information about our benefits program including plan documents and supplemental materials can be found on the [Employment Services](#) page of the SDNB Employee Intranet.

Sincerely,

SDNB Employment Services

Nicole Jones, *Director of Employment Services*

Jackie Wagner, *Employee Experience & Benefits Coordinator*

Barbara Semrad, *Administrative Assistant*



ELIGIBILITY

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the School District of New Berlin benefits program effective July 1, 2023. Several benefits are offered to part-time employees. You may also enroll your eligible dependents for coverage.

Eligible dependents include:

- Your legal spouse
- Children under the age of 26, regardless of student, dependency or marital status
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

Benefits Begin

The effective date for your benefits is July 1, 2023. For newly hired individuals, benefits are effective the first day of the month following your date of hire.

Cost of Benefits

The cost of benefits depends upon several factors including your FTE, the plan(s) you select and if you choose to cover eligible dependents. Please refer to the [Employee Benefits page](#) of the SDNB Employee Intranet for rates.

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, or Health Care or Dependent Care Flexible Spending Accounts unless you experience a Qualified Life Event, such as marriage or the birth of a child. If you experience a Qualified Life Event (examples below), you should contact Employment Services within **30 days** of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Life Event).

Qualified Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage



MEDICAL

School District of New Berlin's medical coverage provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and preventative screenings are covered at 100% when you use in-network providers.

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.

Before You Enroll

Consider this:

1. Think about the amount you must pay out of pocket before the deductible is met and coverage begins.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting the medical carrier's websites. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding accident and/or cancer insurance to help offset your out-of-pocket medical costs.

Questions on your benefit options?
Contact Nicole or Jackie with Employment Services.



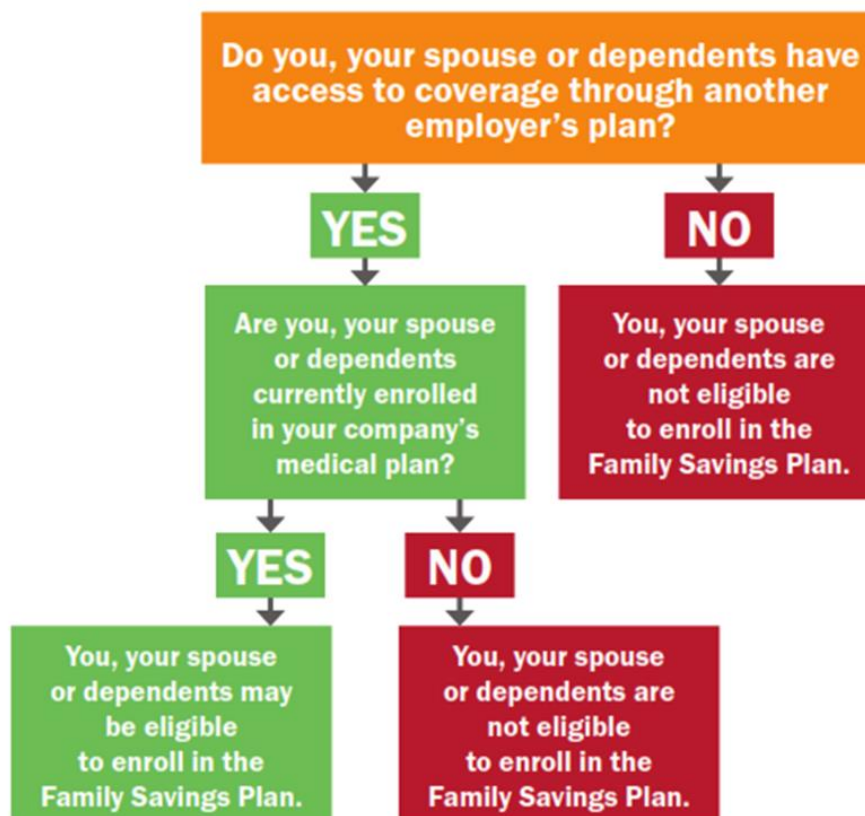
FAMILY SAVINGS PLAN



School District of New Berlin has partnered with Network Health to offer an innovative health plan option called Family Savings Plan (FSP). **If you have access to another employer-sponsored plan (for example, your spouse's), and waive School District of New Berlin's plan, you may all be eligible for FSP.** You will benefit from the Family Savings Plan in two ways.

1. Premium Differential – School District of New Berlin will reimburse the premium difference up to \$1,000/month for those who transition.
2. Up to 100% coverage on eligible out-of-pocket expenses – this includes copayments, deductibles and coinsurance which are incurred through the other plan when using in-network providers with the spouses plan along with in plan with Network Health.

FSP allows you and your family the opportunity to have up to 100% coverage for eligible out-of-pocket medical and pharmacy expenses when using in-network providers. That's right, up to 100% coverage, something very rare in today's health care market. To see which providers are in-network with FSP, please visit <https://networkhealth.com/find-a-doctor/> or call 1-877-872-4232.



* If HSA employer and employee contributions are **not active** or are discontinued, your spouse or dependents may be eligible for the Family Savings Plan.



MEDICAL PLAN OPTIONS

You have a choice between three different medical plans that provide comprehensive medical and prescription drug coverage. Following is a brief description of each plan.



Marpai Health Aurora/Children's Hospital Plan

This plan offers the least expensive premium and out of pocket costs to you. You have the freedom to see Aurora or Children's Hospital providers as well as out of network providers (at a higher out of pocket cost).

To search for an in-network provider please visit: www.trilogycares.com/search/owner/everpointe
Pharmacy questions and in-network pharmacy look-up can be done at www.mysmithrx.com

Enrollment in this plan also provides you with access to the following at no cost.

- Virtual medical and behavioral health care with [Recuro Health](#)
- Virtual digestive health care with [GI Thrive](#)



UMR HDHP Plan

A High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the UnitedHealthcare Choice Plus Network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf. The HSA will be discussed further in the coming pages of this booklet.

To search for an in-network provider please visit:

www.umar.com/oss/cms/umar/choice_plus_excl.html

Pharmacy questions and in-network pharmacy search can be done at: www.mysmithrx.com

Enrollment in this plan also provides you with access to virtual medical and behavioral health care with [Teladoc](#) at \$49 per visit.



UMR PPO Plan

This plan offers a lower deductible and first dollar coverage on prescription drugs and office visits. This plan offers both in plan providers as well as the option to seek care at out-of-network providers at a higher out of pocket cost to you. **This plan is only available to employees that were hired prior to 9/1/19.**

To search for an in-network provider please visit:

www.umar.com/oss/cms/umar/choice_plus_excl.html

Pharmacy questions and in-network pharmacy search can be done at: www.mysmithrx.com

Enrollment in this plan also provides you with access to virtual medical and behavioral health care with [Teladoc](#) at no cost.



	UMR PPO Plan <i>NOTE: not available to anyone hired after 9/1/19</i>		UMR HDHP Plan		Marpai Aurora/Children's Hospital Plan	
Plan Year Benefit	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Annual Embedded Deductible						
Individual / Family	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$5,500	\$5,500 / \$11,000	\$500 / \$1,000	\$2,000 / \$4,000
Maximum Out-of-Pocket*						
Individual	\$4,000 / \$8,000	\$8,000 / \$16,000	\$6,000 / \$11,000	\$11,000 / \$22,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Employer Contribution to Your Health Savings Account (HSA) per plan year						
Individual/Family	N/A		\$900 / \$1,800		N/A	
Physician Office Visit						
Primary Care	Deductible then 80% premium designated provider; 60% non-premium designated provider	Deductible then 40%	Deductible then 80% premium designated provider; 60% non-premium designated provider	Deductible then 40%	100%	Deductible then 60%
Specialty Care	Deductible then 80%	Deductible then 40%	Deductible then 80%	Deductible then 40%	\$50 copay	Deductible then 60%
Preventive Care						
Adult Periodic Exams	100%	Deductible then 60%	100%	Deductible then 60%	100%	Deductible then 60%
Well-Child Care	100%	Deductible then 60%	100%	Deductible then 60%	100%	Deductible then 60%
Diagnostic Services						
X-ray and Lab Tests	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Urgent Care Facility	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Emergency Room Facility Charges*	Deductible then 80%		Deductible then 80%		Deductible then 80%	
Ambulance	Deductible then 80%		Deductible then 80%		Deductible then 80%	
Inpatient Facility Charges	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Outpatient Facility and Surgical Charges	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%
Chiropractic	Deductible then 80%	Deductible then 60%	Deductible then 80%	Deductible then 60%	Deductible then 80%	60% after deductible
Pharmacy Benefits					\$2,600 single / \$5,200 family annual Rx out-of-pocket	
Generic (Tier 1)	\$10 copay (30 days) \$25 copay (90 days)	Not covered	20%	Not covered	\$10 copay (30 days) \$25 copay (90 days)	Not covered
Preferred (Tier 2)	\$50 copay (30 days) \$125 copay (90 days)	Not covered	20%	Not covered	\$50 copay (30 days) \$125 copay (90 days)	Not covered
Non-Preferred (Tier 3)	\$100 copay (30 days) \$250 copay (90 days)	Not covered	20%	Not covered	\$100 copay (30 days) \$250 copay (90 days)	Not covered
Preferred Specialty (Tier 4)	\$100 copay (30 days)	Not covered	20%	Not covered	\$100 copay (30 days)	Not covered



WELLNESS & NEAR-SITE CLINICS

WELLNESS INCENTIVE PLAN

Employees and spouses enrolled in a SDNB medical plan can complete a biometric screening at Everside Health to earn a premium discount.

	UMR PPO Plan NOTE: not available to anyone hired after 9/1/2019	UMR HDHP Plan	Marpai Aurora/Children's Hospital Plan
Cost without participation	20% of premium	10% of premium	10% of premium
Cost with participation	12% of premium	0% of premium	0% of premium

EVERSIDE HEALTH -PRIMARY CARE CLINIC



Covering up to 90% of your comprehensive and primary care needs with no out-of-pocket costs. You and your dependents on the health plan can access Everside locations, including virtual care and 24/7 access to your provider for emergencies.

Everside providers and clinicians are dedicated to your healthcare and are easy to reach at convenient locations near your home or work, as well as virtually (by phone or video). Same day appointments are available for urgent issues. To learn more about the benefits of using our Everside Primary Care Clinic, visit eversidehealth.com/SDNB.

	UMR PPO Plan	UMR HDHP Plan	Marpai Aurora/Children's Hospital Plan
Cost per visit	\$0	\$40	\$0

ATI PHYSICAL THERAPY



- For aches and pains, think ATI FIRST
- ATI can help you address chronic pain, restore mobility or recover from an injury or surgery
- Over 30 locations in Southeastern Wisconsin to serve you either in-clinic or online through ATI CONNECT virtual visits

To find an ATI location near you, visit <https://www.atipt.com/> or call 1-833-284-0001

	UMR PPO Plan	UMR HDHP Plan	Marpai Aurora/Children's Hospital Plan
Cost per visit	\$0	\$40	\$0



HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for current or future qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Once you enroll in the HSA, you'll receive a VISA debit card from Re\$erveMOR to pay for qualified out-of-pocket medical expenses. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High Deductible Health Plan (HDHP).

The UMR HSA plan is a qualified plan. The Marpai and UMR PPO plan are not qualified plans.

How a Health Savings Account (HSA) Works

Eligibility

Anyone who is:

- Covered by a Qualified High Deductible Health Plan (QHDHP);
- Not covered under another medical plan that is not an High Deducible Health Plan (HDHP);
- Not entitled to Medicare benefits; or
- Not eligible to be claimed on another person's tax return
- You are not in the TRICARE or TRICARE for Life military benefits program.
- Will not receive Veterans Administration (VA) benefits within the past three months.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).



Your Contributions

You choose how much to contribute from each paycheck on a pretax basis.

You can contribute up to the IRS maximum of \$3,850/individual or \$7,750/family.

You can make an additional "catch-up" contribution of up to \$1,000 per year if you are age 55 or older.



School District of New Berlin's Contribution

\$900 for employee only coverage

\$1,800 for employee + 1 / Family

Your Contribution Limit

\$2,950 for employee only coverage

\$5,950 for employee + 1 / Family



Eligible Expenses

You can use your HSA to pay for medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. *Please note: Funds available for reimbursement are limited to the balance in your HSA.*



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses. You can also make a claim for reimbursement online. You must save all itemized receipts in order to verify that expenses comply with IRS Guidelines. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes. You can manage your HSA with the Re\$erveMOR mobile app or online at www.ConsociateReserveMOR.com.



Your HSA is always yours – no matter what

One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. And if you leave the School District of New Berlin or retire, your HSA goes with you.





FLEXIBLE SPENDING ACCOUNTS (FSA)



Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are three types of FSAs with Consociate Re\$erveMOR — the Health Care FSA, the Limited Purpose Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** — Used to pay for out-of-pocket expenses associated with your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses. You can contribute if you are not participating in a HSA.
- **Limited Purpose Health Care FSA** — Used if you are enrolled in the HDHP medical plan. It works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision and dental expenses.
- **Dependent Care FSA** — Used to pay for day care expenses associated with caring for elder or child dependents under the age of 13 that are necessary for you or your spouse to work or attend school full-time.

You cannot use your Health Care FSA to pay for dependent care expenses, and you cannot use your dependent care FSA to pay for health care expenses.

Important: The IRS has a “use it or lose it” rule. If you do not spend all of the money in your Dependent Care FSA by the annual deadline, any unused dollars in your account(s) will be forfeited.

How the Health Care/Limited Purpose Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to \$3,050 per year, pretax	You may contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to September 30, 2024 for expenses incurred from July 1, 2023 to June 30, 2024.	Submit claims up to September 30, 2024 for expenses incurred from July 1, 2023 to June 30, 2024.
Unused funds of up to \$610 can carryforward from the previous year.	If you do not spend all the money in this FSA by June 30, 2024 unused dollars will be forfeited per IRS regulations



Use your dollars with the Re\$erveMOR VISA Debit Card or make a claim for reimbursement online. All flexible spending accounts can be managed through the Re\$erveMOR mobile app or online at

www.ConsociateReserveMOR.com



DENTAL

School District of New Berlin will continue to offer you and your family members two dental plans.

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.



Delta Dental DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta PPO network. For more information or questions please visit: www.deltadentalwi.com or call 1-800-236-3712.

CarePlus

CarePlus DHMO

The CarePlus plan allows you to use the dentist of your choice at either Dental Associates or Midwest Dental. Following is a summary of the coverage available. For more information or questions please visit: www.careplusdentalplans.com.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.



The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Delta Dental of Wisconsin Inc. All Employees		Care Plus Dental
	In-Network	Out-of-Network	In-Network Benefits Only
Calendar Deductible (per plan year)			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Annual Maximum (per plan year; basic and major services combined)			
Per Individual	\$1,000		\$1,500
	You pay		You pay
Preventive Care			
Exams, Cleanings, X-rays, Fluoride Treatments	0%	0%	0%
Basic Services & Major Services			
Fillings, Endodontics, Periodontics, Extractions	0%	0%	0%
Crowns	10%	10%	0%
Bridges and Dentures, Repairs and adjustments to bridges and dentures	20%	20%	0%
Orthodontia			
Coverage available for- Delta Dental: Adults and dependent children up to Age 25 Care Plus: Dependent children up to age 26	50%	50%	50%
Lifetime Maximum	\$1,700	\$1,700	\$2,000 per person at Dental Associates; \$1,750 per person at Midwest Dental

Both plans cover night guards / mouth guards at 100%



VISION



National Vision Administrators, L.L.C.

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

School District of New Berlin offers vision coverage through National Vision Administrators (NVA). For information on finding a vision provider, visit <https://www.e-nva.com> and click on Find a Provider.

	National Vision Administrators (NVA)	
	In-Network	Out-of-Network
	You pay	You pay
Cost		
Routine Exams	\$10 copay	Up to \$40
Materials	\$25 copay	N/A
Covered Services - Lenses		
Single Lenses	N/A	Up to \$40
Bifocals	N/A	Up to \$60
Trifocals	N/A	Up to \$80
Frames	Covered at 100% up to \$130	Up to \$80
Covered Services - Contacts in lieu of Frames. <i>Medically necessary contacts may be covered at a Higher benefit level.</i>		
Contacts - Elective	Covered at 100% up to \$150	Up to \$150
Benefit Frequency		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 24 Months	
Contacts	Once every 12 Months	



DISABILITY INSURANCE & GROUP TERM LIFE INSURANCE

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work.

Long-Term Disability Benefits		Short-Term Disability Benefits	
Provided at NO cost to eligible employees		Monthly rates vary from \$9.07 to \$30.24	
Monthly Benefit	75% of Monthly Base Salary	Weekly Benefit	66 2/3% of Weekly Base Salary
Monthly Maximum	\$11,875 per month	Weekly Maximum	You may elect the following amounts: \$98, \$147, \$175, \$224, \$273, \$301, \$357, \$420, \$462, \$504
Benefit Duration	Varies on age at disablement	Benefit Duration	Lesser of 45 calendar days or commencement of LTD benefits.
When Benefits Begin	45 Calendar Days	When Benefits Begin	Immediately with injury; After 3 days with illness

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance

School District of New Berlin provides Basic Life and AD&D insurance in the amount of \$50,000 to eligible employees at NO COST through VOYA Financial. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid to you in the event of an accidental bodily injury that directly causes dismemberment while covered under the plan. In the event that your death occurs due to a covered accident, both the life and AD&D benefit would be payable.

Voluntary Group Term Life Insurance

If you determine that you need more than the district-paid basic life and AD&D insurance, you may purchase additional coverage for yourself and your eligible family members. Rates vary based on age and benefit amount.

Voluntary Group Term Life Insurance			
	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	\$10,000 increments up to \$500,000	\$10,000 increments up to \$500,000	\$2,500 increments up to \$10,000
Guaranteed Issue (GI)	\$100,000	\$30,000	N/A
*You can receive coverage up to the GI amounts without having to provide Evidence of Insurability (EOI) during your initial eligibility period only.			



PERMANENT LIFE INSURANCE

Permanent Universal Life Insurance

Beyond the above TERM Life Insurance (“term” insurance is limited to the term of your employment with SDNB), you may find it valuable to have BOTH term and permanent life insurance policies because of changing financial needs throughout your lifetime.

While working, we often have greater responsibilities, such as mortgage and children and therefore require greater protection. A combination of term and permanent life offers that flexibility and extra coverage. In retirement, this Permanent Universal Life policy which includes a Living Benefit Rider, offers a level of life protection as well as long term care that can help pay for those services at any age.

This permanent life insurance through Transamerica holds greater benefits and flexibility for life as well as death. Key features include:

- Flexible, long-term protection; Universal Life Coverage Builds Cash Value; Guaranteed Tax Deferred Interest Rate of 3%
- Use part of Death Benefit to help manage costs if diagnosed with terminal illness
- Spouse Coverage available (their own policy); children covered through Child Term Rider
- Waive policy payments during layoff / strike
- Keep coverages at same benefit level and price if you change jobs/retire

During open enrollment (May 1st – May 12th) Transamerica is offering Guarantee Issue underwriting (no health questions) for new hires and late entrants up to the Guarantee Issue amount. Current plan members wishing to increase their coverage will be subject to Evidence of Insurability.



TRANSAMERICA®



VOLUNTARY ACCIDENT INSURANCE



Accident Advance Plan

Accident coverage is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance. Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, child care, travel to and from treatment, home health care costs or regular household expenses.

HIGHLIGHTS...

- Most frequently purchased health supplement
- Tax favored premiums and payments to you are not taxed
- Pays in addition to and on top of any other health plan benefits
- Annual wellness benefits for employee and spouse
- Children are covered through age 25
- Pays directly to YOU
- Pays for off the job accidents/injuries
- Portable—you can take it with you

SUMMARY OF COVERAGE

For complete benefit coverage details, please refer to the [policy document](#).

Initial Accident Emergency Treatment	\$250
Major Diagnostic Exam Benefit	\$400
Dislocations/Fractures	Schedule of Payments \$300—\$10,000
Initial Accident Hospitalization	\$1,050
Burns, Lacerations, Eye/Dental Injuries	Varied
Concussions, Coma, Paralysis	Varied
Accidental Death	\$5,000—\$15,000
Dismemberment	\$250—\$5,000
Wellness Incentive	\$100/Year for Employee/Spouse Each

	Employee Only	EE + Children	EE + Spouse	Family
Weekly Cost	\$4.03	\$5.31	\$6.22	\$7.64
Annual cost	\$209.56	\$276.12	\$323.44	\$397.28
Pre-tax cost (Fed/State/FICA) (Assume 30% Savings)	\$146.69	\$193.28	\$226.41	\$278.10
Wellness Incentive	- \$100.00	- \$100.00	- \$200.00	- \$200.00
Annual Net cost	\$46.69	\$93.28	\$26.41	\$78.10



VOLUNTARY CANCER INSURANCE



Cancer Select Plus Plan

Cancer coverage is designed to provide a cash benefit in the event you face a diagnosis or treatment for invasive cancer. During Open Enrollment, Transamerica is offering Guarantee Issue underwriting (no health questions) for new hires and late entrants.

HIGHLIGHTS...

- Cancer is the leading critical illness associated with high out-of-pocket cost, often out-of-network/non-covered expenses
- Pays in addition to and on top of any other health plan benefits
- Tax favored premiums and payments to you are not taxed
- Annual cancer screening benefits for each family member
- Not age or smoker rated
- HSA compatible
- Children are covered through age 25
- Portable—you can take it with you

SUMMARY OF COVERAGE

For complete benefit coverage details, please refer to the [policy document](#).

Initial Diagnosis Benefit (Except Skin Cancer)	\$10,000
Major Diagnostic Exam Benefit	\$400
Chemo/Radiation Treatments	\$10,000
Blood, Plasma, Bone Marrow, Stem Cell Transplant	\$10,000
New/Experimental Treatment	\$10,000
Surgery Benefits	Inpatient—\$2,000
Outpatient—\$3,000	Varied
Anesthesia	25%
Reconstructive Surgery Hospital Benefits	Varied
Cancer Screening Incentive	\$100/Year for Each Family Member

	Employee Only	EE + Children	Family
Weekly Cost	\$6.60	\$7.50	\$11.85
Annual cost	\$343.20	\$390.00	\$616.20
Pre-tax cost (Fed/State/FICA) (Assume 30% Savings)	\$240.24	\$273.00	\$431.34
Wellness Incentive	-\$100.00	-\$200.00 +	-\$200.00 +
Annual Net cost	\$140.24	\$73.00 or Less	\$231.34 or Less



YOUR TEAM FOR BETTER HEALTH



Your Onsite Nurse

Angela Behling, RN

262-666-4685

Angela.behling@aah.org



The Nurse is here to make sure you have the information and resources you need to stay healthy. The Onsite Nurse will visit your site on a regular basis.

*Virtual visit options are available, email Angela for more information.

Your RN Care Manager

1-888-394-7650

Nurse.navigators@aah.org

A nurse will be available by phone or email to provide assistance to you and your family to manage your health care needs.

Provide clinical expertise

- Help you understand your health condition and treatment plan
- Help you prepare for provider appointments
- Discuss your care choices and when a second opinion is needed
- Coordinate care for chronic disease and at-risk conditions
- Proactive outreach for conditions, like diabetes, asthma, high cholesterol and hypertension

Promote wellness and prevention

- Provide wellness coaching to help with healthier behaviors and goal-setting
- Facilitate age-appropriate preventive screenings
- Provide information on community resources, educational classes and support programs

Assist with navigating the health care system

- Work with you to identify and resolve barriers to get the care you need
- Help you find in-network and specialty providers
- Help schedule appointments and tests
- Connect you with resources to help you understand your health plan and benefits



EMPLOYEE ASSISTANCE PROGRAM



We Want to Help

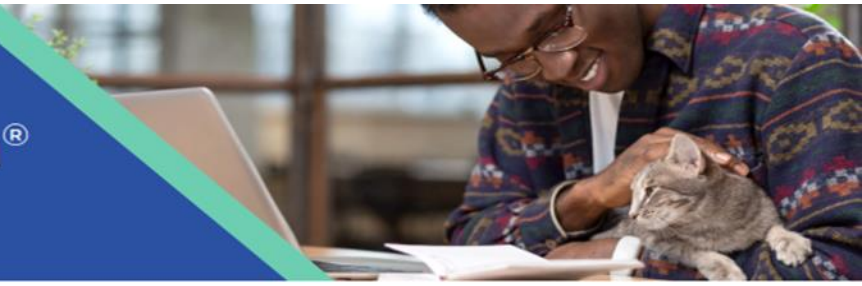
- Need to talk to someone?
- Planning for retirement?
- Need a lawyer?
- Feeling down?
- Challenging children?
- Elder care concerns?
- Communication problems?
- Feeling stressed?
- Need help budgeting?
- Marriage in trouble?
- Concerned about drinking too much?
- Interested in adoption?
- Looking for information on schools?
- Planning for college?
- Can't sleep because of worry?
- Have a mediation question?
- Have a legal question?
- Struggling with depression?
- Problems at school?
- Feeling anxious?
- Struggling with a challenging relationship?
- Substance abuse concerns?

The Advocate Aurora EAP is a **free** benefit for all employees and their immediate household members. Sessions with EAP counselors are confidential as specified by state and federal law.

Access EAP services by calling **1-800-236-3231**
Call **24/7** to speak with an EAP counselor
Visit our website at www.aah.org/eap



Nationwide[®] My Pet Protection[®] PLAN SUMMARY



Nationwide[™] pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible—without worrying about the cost.

My Pet Protection coverage highlights

My Pet Protection is available in two reimbursement options (50% and 70%) so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 annual benefit.

Coverage include¹:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

My Pet Protection includes these additional benefits for cats and dogs:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

What makes My Pet Protection different?

My Pet Protection is available only through your employer, which includes preferred pricing and is guaranteed issuance. It also includes additional benefits like lost pet advertising, emergency boarding and more.

It's no surprise that My Pet Protection is the most paw-pular coverage plan from America's #1 pet insurer.



Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

Nationwide offers more than great coverage

vethelpline[®]

- 24/7 access to veterinary experts
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Nationwide PetRxExpress[™]

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations



Get a quote at [PetsNationwide.com](https://www.petsnationwide.com) • 877-738-7874

¹These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, vethelpline[®] and Nationwide PetRxExpress[™] are service marks of Nationwide Mutual Insurance Company. ©2023 Nationwide. 22GRP9056B



Nationwide[®]



IMPORTANT CONTACTS

Coverage	Administrator	Contact	
Medical	UMR	800-236-8672	www.umar.com
	Marpai Health	844-657-0893	mymarpai.com
Prescription Drugs	SmithRx	844-454-5201	help@smithrx.com
Near Site Clinic	Everside Health	866-808-6005	eversidehealth.com/SDNB
Physical Therapy	ATI Physical Therapy	833-ATI-0001	www.ptfirst.com/New-Berlin
Health Savings Account	Consociate Re\$erveMOR	855-750-9667	www.ConsociateReserveMOR.com
Flexible Spending Accounts	Consociate Re\$erveMOR	855-750-9667	www.ConsociateReserveMOR.com
Dental	Delta Dental	800-236-3712	www.deltadentalwi.com
	CarePlus Dental	800-318-7007	www.careplusdentalplans.com
Vision	NVA	800-672-7723	www.e-nva.com
Life and AD&D	Voya Financial	888-238-4840	www.voya.com
Disability	Madison National Life	800-356-9601	www.madisonlife.com
Accident Insurance	Transamerica	800-851-7555 Opt. 4	www.tebcs.com
Cancer Insurance			
Permanent Life Insurance			
Employee Assistance Program	Aurora Health Care	800-236-3231	www.aah.org/eap
Identity Theft	IDX	855-205-6010	https://app.idx.us/account-creation/NIS
Pet Insurance	Nationwide	877-738-7874	www.Benefits.petinsurance.com/nb-excellence

IMPORTANT LEGAL NOTICES

Important legal notices affecting your health plan coverage can be found on the [Legal Notices](#) page of the SDNB Employee Intranet.

GLOSSARY

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

Annual Maximum Benefit: A cap on the benefits your insurance School District of New Berlin will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance School District of New Berlin pays the rest. Your deductible starts over each plan year.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount, you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.