



Benefits Summary

Plan Year: 2021



Our employees are our most valuable asset.

At Medford Area Public Schools, we are committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work-life balance.

Stay healthy

- Medical, dental and vision care
- Flexible Spending Accounts
- Health savings accounts

Feeling secure

- Disability insurance

Work-life balance

- Employee assistance program
- Wellness Program

Additional Benefits

- Vision Discount Programs
- 24/7 Nurse Line
- ExerciseRewards
- MD Live



Benefits & Contact Information for Vendors

Health Insurance 5

Aspirus Health Plan
Tim Ottosen – Senior Account Manager
715.843.1394
Tim.Ottosen@aspirushealthplan.com

Member Services
866.631.5404
www.aspirushealthplan.com

Health Savings Account 11

Member Choice of Financial Institution

Dental Insurance 12

Delta Dental of Wisconsin
Customer Service/Claims
PO Box 828 – Stevens Pointe WI 54481
800.236.3712
www.deltadentalwi.com

Vision Insurance 13

National Vision Administrators (NVA)
Customer Service
PO Box 2187 – Clifton NJ 07015
800.672.7723
www.e-nva.com

Long-term Disability Insurance 14

National Insurance Company of Wisconsin, Inc.
250 South Executive Dr – Brookfield WI 53005
800.627.3660

Flexible Spending Account..... 15

WageWorks
Customer Service/Claims
877.924.3967 – phone
877.353.9236 – fax
PO Box 14053 – Lexington KY 40512
www.wageworks.com

Employee Assistance Program..... 16

Aspirus Employee Assistance Services
Helpline
800.236.4457

Wellness Program..... 17

Aspirus Business Health
Patrick Somsen – Wellness Specialist
715.847.0439
wellness@medford.k12.wi.us

Additional Benefits..... 18



Health Insurance—Chart of benefits

Three plan design choices. Employees need to enroll in a HDHP plan (Option 1 or 2) unless they are not able to contribute to a Health Savings Account (HSA).



Outline of Benefits – Option 1 - \$1,500/\$3,000 HDHP Plan

Medford Area Public Schools - Effective 1/1/2021

PROVISION/BENEFIT	SIGNATURE NETWORK What you pay	FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay ¹
Deductible: Non-embedded HDHP***			
Single	\$1,500	\$2,000	\$3,000
Family	\$3,000	\$4,000	\$6,000
Coinsurance			
Coinsurance	0%	10%	30%
Annual Out-of-Pocket Limit (includes deductible and coinsurance): Non-embedded HDHP****			
Single	\$1,500	\$3,500	\$7,500
Family	\$3,000	\$7,000	\$15,000
Covered Expenses (not including covered drugs and covered supplies dispensed by a pharmacy)			
PROVISION/BENEFIT	SIGNATURE NETWORK What you pay	FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay ¹
Ambulance services**	Deductible	Signature Network Provider Deductible	Signature Network Provider Deductible
Behavioral health Therapy services Outpatient/Transitional services Inpatient services**	Deductible Deductible Deductible Deductible	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Chiropractic office visit/manipulations	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Contraceptives	0%	0%	Deductible and Coinsurance
Diagnostic x-ray and laboratory services – outpatient**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Durable medical equipment**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Emergency room – visit charge only	Deductible	Signature Network Provider Deductible	Signature Network Provider Deductible
Emergency room services	Deductible	Signature Network Provider Deductible	Signature Network Provider Deductible
Home care – limited to 40 visits per year	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Hospital inpatient services**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Immunizations	0%	0%	0%
Injections - outpatient	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Kidney disease treatment	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Maternity services	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Medical supplies	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Nutritional counseling	0%	0%	Deductible and Coinsurance
Office visits – visit charge only Primary Care Practitioner Specialist	Deductible Deductible	Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance
Preventive care services* (includes routine eye exams for children and adults)	0% (see separate preventive benefit schedule)	0% (see separate preventive benefit schedule)	Deductible and Coinsurance

PROVISION/BENEFIT	SIGNATURE NETWORK What you pay	FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay ¹
Surgical services	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Telehealth visits (using our approved participating telehealth provider)	Deductible	Not Covered	Not Covered
Therapy visits (physical/speech/occupational)	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Office setting	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Home or outpatient hospital setting			
Transplant services**	Deductible	Not Covered	Not Covered
All other health care services – unless otherwise stated in your plan	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Covered Drugs and Covered Supplies			
Prescription drugs and certain diabetic supplies	Participating Provider Deductible and Coinsurance <i>(Drugs and covered supplies dispensed by a non-participating pharmacy are not covered.)</i>		
Preventive drugs – as required by the Affordable Care Act and defined in the policy Also includes additional preventive drugs at no cost to you (refer to \$0 Drug List for details).	0% (Deductible waived)		
Limitations	Retail: 90-day supply Home Delivery: 90-day supply Specialty drugs and Chemotherapy drugs: 30-day supply Smoking Cessation – Limited to 180-day supply		
Mandatory generic & Step therapy	Applicable – If a brand drug is dispensed when a generic equivalent is available, you are responsible for the difference in cost between the brand and generic, unless your physician specifically instructs to “dispense as written.” This difference is not applied to the out-of-pocket limits noted above.		
Specialty drugs**	Specialty drugs are prescription legend drugs that we determine to be: (a) associated with a high level of clinical management and/or patient monitoring; (b) associated with special handling or distribution requirements; or (c) generally high cost.		

This is a summary of benefits created from a sales quote presentation. Finalized benefits will take precedence over any benefit information presented in this outline.

* Includes preventive screenings as required by the United States Preventive Services Task Force (USPSTF)

** Some services may require prior authorization. Please go to our website aspirushealthplan.com/group for further information.

*** If enrolled in family policy, coinsurance does not begin until family deductible is met.

**** If enrolled in family policy, benefits are not paid at 100% until family out-of-pocket limit is met.

Non-participating provider services are subject to our non-participating provider reimbursement value. That value fee may be less than what the health care provider bills and you may be responsible for the difference between what the health care provider bills and our non-participating provider reimbursement value (often referred to as "balance billing"). These amounts do not apply to the overall deductible and out-of-pocket maximums noted above.

	Monthly Premiums		Support Staff Employee Premiums Per Payroll (17) 20%		Support Staff Employee Premiums Per Payroll (24) 10%		Certified & Admin Employee Premiums Per Payroll (24) 11%	
	Employee	Family	Employee	Family	Employee	Family	Employee	Family
Option 1 \$1500/\$2000	\$845.54	\$1,873.22	\$119.37	\$264.45	\$42.28	\$93.66	\$46.50	\$103.03



**Outline of Benefits – Option 2 - \$5,500/\$11,000
HDHP Plan
Effective January 1, 2021**

PROVISION/BENEFIT	SIGNATURE NETWORK What you pay	FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay ¹
Deductible: Embedded HDHP			
Per Person	\$5,500	\$6,500	\$12,900
Per Family	\$11,000	\$13,000	\$25,800
Coinsurance			
Coinsurance	0%	10%	30%
Annual Out-of-Pocket Limit (includes deductible and coinsurance): Embedded HDHP			
Per Person	\$5,500	\$7,000	\$17,400
Per Family	\$11,000	\$14,000	\$34,800
Covered Expenses (not including covered drugs and covered supplies dispensed by a pharmacy)			
PROVISION/BENEFIT	SIGNATURE NETWORK What you pay	FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay ¹
Ambulance services**	Deductible	Signature Network Provider Deductible	Signature Network Provider Deductible
Behavioral health Therapy services Outpatient/Transitional services Inpatient services**	Deductible Deductible Deductible	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Chiropractic office visit/manipulations	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Contraceptives	0%	0%	Deductible and Coinsurance
Diagnostic x-ray and laboratory services – outpatient**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Durable medical equipment**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Emergency room – visit charge only	Deductible	Signature Network Provider Deductible	Signature Network Provider Deductible
Emergency room services	Deductible	Signature Network Provider Deductible	Signature Network Provider Deductible
Home care – limited to 40 visits per year	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Hospital inpatient services**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Immunizations	0%	0%	0%
Injections - outpatient	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Kidney disease treatment	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Maternity services	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Medical supplies	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Nutritional counseling	0%	0%	Deductible and Coinsurance
Office visits – visit charge only Primary Care Practitioner Specialist	Deductible Deductible	Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance
Preventive care services* (includes routine eye exams for children and adults)	0% <i>(see separate preventive benefit schedule)</i>	0% <i>(see separate preventive benefit schedule)</i>	Deductible and Coinsurance

PROVISION/BENEFIT	SIGNATURE NETWORK What you pay	FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay ¹
Surgical services	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Telehealth visits (using our approved participating telehealth provider)	Deductible	Not Covered	Not Covered
Therapy visits (physical/speech/occupational) Office setting Home or outpatient hospital setting	Deductible Deductible	Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance
Transplant services**	Deductible	Not Covered	Not Covered
All other health care services – unless otherwise stated in your plan	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Covered Drugs and Covered Supplies			
Prescription drugs and certain diabetic supplies	Signature Network Deductible and Coinsurance <i>(Drugs and covered supplies dispensed by a non-participating pharmacy are not covered.)</i>		
Preventive drugs – as required by the Affordable Care Act and defined in the policy Also includes additional preventive drugs at no cost to you (refer to \$0 Drug List for details).	0% (Deductible waived)		
Limitations	Retail: 90-day supply Home Delivery: 90-day supply Specialty drugs and Chemotherapy drugs: 30-day supply Smoking Cessation – Limited to 180-day supply		
Mandatory generic & Step therapy	Applicable – If a brand drug is dispensed when a generic equivalent is available, you are responsible for the difference in cost between the brand and generic, unless your physician specifically instructs to “dispense as written.” This difference is not applied to the out-of-pocket limits noted above.		
Specialty drugs**	Specialty drugs are prescription legend drugs that we determine to be: (a) associated with a high level of clinical management and/or patient monitoring; (b) associated with special handling or distribution requirements; or (c) generally high cost.		

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* Includes preventive screenings as required by the United States Preventive Services Task Force (USPSTF)

** Some services may require prior authorization. Please go to our website aspirushealthplan.com/group for further information.

Non-participating provider services are subject to our non-participating provider reimbursement value. That value fee may be less than what the health care provider bills and you may be responsible for the difference between what the health care provider bills and our non-participating provider reimbursement value (often referred to as “balance billing”). These amounts do not apply to the overall deductible and out-of-pocket maximums noted above.

	Monthly Premiums		Support Staff Employee Premiums Per Payroll (17) 20%		Support Staff Employee Premiums Per Payroll (24) 10%		Certified & Admin Employee Premiums Per Payroll (24) 11%	
	Employee	Family	Employee	Family	Employee	Family	Employee	Family
Option 2 \$5500/\$6500	\$572.28	\$1,267.82	\$80.79	\$178.99	\$28.61	\$63.39	\$31.48	\$69.73



**Outline of Benefits – Option 3 - \$750/\$1,500
Copay Plan
Effective January 1, 2021**

PROVISION/BENEFIT	SIGNATURE NETWORK What you pay	FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay ¹
Deductible			
Per Person	\$750	\$1,000	\$1,500
Per Family	\$1,500	\$2,000	\$3,000
Coinsurance			
Coinsurance	0%	10%	30%
Annual Out-of-Pocket Limit (includes deductible and coinsurance)			
Per Person	\$750	\$2,500	\$6,000
Per Family	\$1,500	\$5,000	\$12,000
Maximum Annual Out-of-Pocket Limit (includes deductible, coinsurance, and all copayments)			
Per Person	\$3,000	\$4,000	\$8,000
Per Family	\$6,000	\$8,000	\$16,000
Covered Expenses (not including covered drugs and covered supplies dispensed by a pharmacy)			
PROVISION/BENEFIT	SIGNATURE NETWORK What you pay	FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay ¹
Ambulance services**	Deductible	Signature Network Provider Deductible	Signature Network Provider Deductible
Behavioral health Therapy services	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Outpatient/Transitional services	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient services**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Chiropractic office visit/manipulations	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Contraceptives	0%	0%	Deductible and Coinsurance
Diagnostic x-ray and laboratory services – outpatient**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Durable medical equipment**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Emergency room – visit charge only (copayment waived if admitted)	Deductible, then \$250 copayment	Signature Network Provider Deductible, then \$250 copayment	Signature Network Provider Deductible, then \$250 copayment
Emergency room services	Deductible	Signature Network Provider Deductible	Signature Network Provider Deductible
Home care – limited to 40 visits per year	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Hospital inpatient services**	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Immunizations	0%	0%	0%
Injections - outpatient	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Kidney disease treatment	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Maternity services	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Medical supplies	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Nutritional counseling	0%	0%	Deductible and Coinsurance
Office visits – visit charge only Primary Care Practitioner Specialist	Deductible Deductible	Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance

PROVISION/BENEFIT	SIGNATURE NETWORK What you pay	FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay ¹
Preventive care services* (includes routine eye exams for children and adults)	0% <i>(see separate preventive benefit schedule)</i>	0% <i>(see separate preventive benefit schedule)</i>	Deductible and Coinsurance
Surgical services	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Telehealth visits (using our approved participating telehealth provider)	Deductible	Not Covered	Not Covered
Therapy visits (physical/speech/occupational) Office setting Home or outpatient hospital setting	Deductible Deductible	Deductible and Coinsurance Deductible and Coinsurance	Deductible and Coinsurance Deductible and Coinsurance
Transplant services**	Deductible	Not Covered	Not Covered
All other health care services – unless otherwise stated in your plan	Deductible	Deductible and Coinsurance	Deductible and Coinsurance
Covered Drugs and Covered Supplies			
Prescription drugs and certain diabetic supplies		<u>30-DAY</u>	<u>31-90 DAY</u>
	GENERIC	\$25.00	\$50.00
	BRAND	\$50.00	\$100.00
	NON-PREFERRED	\$75.00	\$150.00
	SPECIALTY	\$75.00	N/A
<i>(Drugs and covered supplies dispensed by a non-participating pharmacy are not covered.)</i>			
Preventive drugs – as required by the Affordable Care Act and defined in the policy	0% (Deductible waived) – Also includes additional preventive drugs at no cost to you (refer to \$0 List for details).		
Limitations	Retail: 90-day supply Home Delivery: 90-day supply Specialty drugs and Chemotherapy drugs: 30-day supply Smoking Cessation – Limited to 180-day supply		
Mandatory generic & Step therapy	Applicable – If a brand drug is dispensed when a generic equivalent is available, you are responsible for the brand copayment plus the difference in cost between the brand and generic, unless your physician specifically instructs to “dispense as written.” This difference is not applied to the out-of-pocket limits noted above.		
Specialty drugs**	Specialty drugs are prescription legend drugs that we determine to be: (a) associated with a high level of clinical management and/or patient monitoring; (b) associated with special handling or distribution requirements; or (c) generally high cost.		

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* Includes preventive screenings as required by the United States Preventive Services Task Force (USPSTF)

** Some services may require prior authorization. Please go to our website aspirushealthplan.com/group for further information.

Non-participating provider services are subject to our non-participating provider reimbursement value. That value fee may be less than what the health care provider bills and you may be responsible for the difference between what the health care provider bills and our non-participating provider reimbursement value (often referred to as “balance billing”). *These amounts do not apply to the overall deductible and out-of-pocket maximums noted above.*

	Monthly Premiums		Support Staff Employee Premiums Per Payroll (17) 20%		Support Staff Employee Premiums Per Payroll (24) 10%		Certified & Admin Employee Premiums Per Payroll (24) 11%	
	Employee	Family	Employee	Family	Employee	Family	Employee	Family
Option 3 \$750/\$1000	\$977.11	\$2,164.69	\$137.94	\$305.60	\$48.86	\$108.23	\$53.74	\$119.06

Health Savings Account

Who is eligible and when:

You must be enrolled in the Medford School Districts medical plan (Option 1 or 2) to make contributions through payroll deduction on a pre-tax basis to an HSA account.

Benefits you receive:

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

Using an HSA

An HSA is managed by the account holder, giving you the choice of when to use your HSA dollars. You can begin using your HSA money as soon as your account is activated and contributions have been made. Contributions to your HSA can be made by anyone, including you, your employer or a family member; the combined contributions of you and your employer (and anyone else making contributions to your HSA) can not exceed the HSA maximum contribution limit. For 2021, the maximum is \$3,600 for single coverage and \$7,200 for family coverage. Individuals who are age 55 and older can also make additional “catch-up” contributions of up to \$1,000 annually.

You can use your HSA account for any purpose, including paying expenses that are not qualified medical expenses. However, you only get the tax benefits of an HSA when you use the account for [qualified medical expenses](#). If you use it for another purpose, you will be required to pay income tax on the withdrawal, and you may also be required to pay another 20% tax, unless you make the withdrawal after you reach age 65, become disabled or after your death.

Medford Schools contributes to the employee’s HSA accounts on a per-payroll basis. The amounts differ depending on what medical plan you are enrolled in. The total annual contributions are as follows:

MAPS Contribution Option 1 - \$1,500/\$3,000 HDHP		MAPS Contribution Option 2 - \$1,500/\$3,000 HDHP	
Employee	Family	Employee	Family
\$750	\$1,500	\$2,750	\$5,500

Dental Insurance



Services	Delta Dental	Coverage
Preventive Services	Exams, cleanings, x-rays	100%
Deductible	Applies to basic and major services only	\$50 – individual \$150 – family max
Basic Services	Fillings, simple extractions, oral surgery, root canal, crowns	100% after deductible
Major Services	Bridges, dentures, inlays, onlays, implants	50% after deductible
Annual Maximum		\$1,500
Orthodontic	50% up to \$1,500 individual lifetime maximum, dependents eligible to age 19, no adult ortho, deductible does not apply	\$1,500

	Monthly Premium		Employee Premiums Per Payroll (17) 20%		Employee Premiums Per Payroll (24) 10%	
	Employee	Family	Employee	Family	Employee	Family
	\$45.64	\$127.06	\$6.44	\$17.94	\$2.28	\$6.35

Voluntary Vision Insurance



<i>Benefit Frequency</i>	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
Examination Once Every 12 Months	<ul style="list-style-type: none"> Covered 100% After \$10 copay 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$35
Lenses Once Every 12 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polycarbonates (under age 19) 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% After \$25 copay Covered 100% 	<ul style="list-style-type: none"> Up to \$25 Up to \$45 Up to \$75 Up to \$75 Up to \$25 (SV) Up to \$30 (Bi/Tri)
Frame Once Every 24 Months	Retail Allowance <ul style="list-style-type: none"> Up to \$160 (20% discount off balance)* 	<ul style="list-style-type: none"> Up to \$96
Contact Lenses Once Every 12 Months Elective Contact Lenses Fit/Follow-Up*** Standard Daily Wear Standard Extended Wear Specialty Wear Medically Necessary****	In addition to Lenses & Frame <ul style="list-style-type: none"> Up to \$160 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** Covered 100% Covered 100% Covered 100% Covered 100% 	In addition to Lenses & Frame <ul style="list-style-type: none"> Up to \$120 Up to \$20 Up to \$30 Up to \$50 Up to \$200
Monthly Rates Eff 10/01/20 thru 12/31/23	Employee Only \$6.96	Employee + 1 or More \$21.49

Long Term Disability Insurance

National Insurance Company of Wisconsin, Inc

Medford Area Public Schools provides full-time employees with long-term disability income benefits and pays for the full cost of this coverage. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

	Long-term Disability
Elimination Period	60 consecutive calendar days – the length of time an insured employee must be continuously Totally Disabled before monthly benefits become payable
Percentage of Income Replaced	90% of monthly earnings
Maximum Benefit	Monthly maximum of \$9,000

Standard & Limited Purpose Flexible Spending and Dependent Care

WageWorks

Flexible spending accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money.

Standard Health Care Reimbursement FSA – NOT enrolled in a High Deductible Health Plan that qualifies for a Health Savings Account

This program lets Medford Area Public School's employees pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. The current limit on salary reduction contributions to a health FSA offered under a cafeteria plan is \$2,750 and is applicable to both grandfathered and non-grandfathered health FSAs. This limit is indexed for cost-of-living adjustments in subsequent years. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

Limited Purpose Health Care Reimbursement FSA - Enrolled in a High Deductible Health Plan that qualifies for a Health Savings Account

The Limited Purpose Flex allows you to pay out-of-pocket dental, vision and medical for dependents not covered under the High Deductible Health Plan. The Limited Purpose Flex may also be used for expenses not covered by the medical plan.

A Standard or Limited Purpose FSAs can be used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

Dependent Care FSA

The Dependent Care FSA lets Medford Area Public School's employees use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

Employee Assistance Program-EAP

Aspirus Employee Assistance Services (EAS)

Medford Area Public Schools has invested in the wellbeing of you and your household members by offering face-to-face confidential counseling services from Aspirus Employee Assistance Services (EAS). This benefit is provided at no cost to you, is confidential and easily accessible.

At times we all have day-to-day challenges in both our work and personal lives. The Aspirus EAS staff are skilled, licensed professional counselors who can help you sort through your concerns and explore possible solutions. After an initial meeting to understand your needs, your counselor will work with you to develop a course of action for dealing with your concerns.

This service is short term (up to 8 sessions-per same episode of need) and includes, but is not limited to, work/family balance, stress management, marital/family matters, children & adolescents and alcohol/drug abuse addictions. For those needing long-term counseling, referrals will be made to a provider or providers that will help with your needs.

Privacy is assured! All communication with an Aspirus EAS counselor is confidential. No information about you or the nature of your personal situation is provided the District and we will not release any medical information without your specific written consent.

Helpline access is available 24 hours/day; 7 days/week; 365 days/year through a toll-free number (800-236-4457). Callers have access to an on-call counselor who will evaluate their immediate need and identify options.

Wellness Program

Aspirus Business Health

As a valued employee of Medford Area Public Schools, we have created a worksite wellness program to create, support, and promote activities that foster good physical health and well-being for all employees and spouses. The program is dedicated to enhancing the mind, body and spirit of all employees and spouses and is designed to empower them to take responsibility for their health and well-being.

Participation in the Wellness Program is voluntary and recommended for all employees and their spouses. Participation requires (1) completing the Biometrics Screening (2) completing a Health Risk Assessment (HRA) online and (3) participate in a minimum of one coaching session (onsite or telephonic) **OR** Annual Physical with primary care provider.

Wellness coaching sessions are scheduled by logging in to the wellness portal (www.managewell.com) or by calling 844-309-1269 to reserve a time slot. Annual Physical exam documentation (copy of after visit summary) can be sent to one of the following:

Email: wellness@medford.k12.wi.us

Fax: 715-847-2928

Mail: Aspirus Business Health
3000 Westhill Drive Suite #100
Wausau, WI 54401



Other Benefits

ExerciseRewards – American Specialty Health (ASH)

(Must be enrolled in one of the Aspirus Medical Plans)

Aspirus Health Plan is pleased to offer a fitness rewards program for all members (ages 18+) who are enrolled on the District's Health Insurance Plan!

- ✓ \$30/month reward for visiting a gym at least 10 times per month for 30-minutes each visit
- ✓ To be eligible for the reward:
 - (1) Use an "acceptable" fitness center that meets certain requirements
 - (2) Visit the facility at least 10 times a month for 30 minutes a visit
 - (3) Be age 18+ and enrolled on the Aspirus Health Plan insurance offered to Medford School District
- ✓ To claim your reward, you must either:
 - Track your visits using the ASHConnect mobile App
 - Complete a paper form and submit it to ASH

"Acceptable" fitness center requirements:

1. Must have staff oversight and be open to the general public.
2. Must offer a membership agreement.
3. Must collect monthly or yearly fees and indicated by the membership agreement.
4. Must have a clean Better Business Bureau record.
5. Must carry liability insurance.
6. Exclusions/limitations include rehab or physical therapy centers, martial arts centers, gym centers, hotels, social clubs or sports teams/leagues.

Nurseline - VitalWork-Life

(Must be enrolled in one of the Aspirus Medical Plans)

Wondering whether to visit an Emergency Room or Urgent Center? Want information about how to care for a bug bit or sun burn? Concerned about an aging parent's memory problems?

Call Nurseline whenever you have a medical question or concern - 866.220.3138

- Access to services 24 hours a day, 7 days a week
- Unlimited telephone calls to Nurseline Medical Services Representatives and Nurses
 - Calls are screened for priority so that the most urgent calls receive immediate attention by the RN
 - Staffed by Registered Nurses with an average of 20 years of experience
- Unlimited access to Nurseline audio library with 400+ messages on general topics

Other Benefits

(Must be enrolled in one of the Aspirus Medical Plans)

MDLIVE*

MDLive is an alternative to traditional health care. Board certified doctors can visit with you either by phone at 800.657.6169 or secure video to help treat any non-emergency medical conditions. Licensed behavioral health therapists offer online video therapy sessions, on your schedule from wherever you're located!

How it Works

1. Activate your account. Sign up online at MDLIVE.com/AspirusHealthPlan.
2. Choose a doctor. Select from a large network of board-certified doctors.
3. Receive care when you need it.

General Health

\$50/visit* or less

Acne
Allergies
Constipation
Cough
Diarrhea
Ear Problems
Fever
Flu
Headache
Insect Bites
Nausea
Pink eye
Rash
Respiratory problems
Sore throats
Urinary problems/UTI
Vaginitis
Vomiting
and more!

Counseling

\$90/visit* or less

Addictions
Bipolar disorders
Depression
Eating disorders
LGBTQ support
Grief and loss
Men's issues
Panic disorders
Stress
Trauma and PTSD
Women's issues
and more!

Psychiatry

\$250/visit* or less

Addictions
Bipolar disorders
Depression
Eating disorders
LGBTQ support
Grief and loss
Men's issues
Panic disorders
Stress
Trauma and PTSD
Women's issues
and more!

Dermatology

\$59/visit* or less

Acne
Alopecia
Cold sores
Eczema
Insect bites
Moles
Psoriasis
Rashes
Rosacea
Suspicious spots
Warts
and more!



Meet Sophie

Your personal health assistant! Sophie makes creating an account quick and easy using your smartphone, anytime, anywhere! **It's easy to register!**



Download the app.


Join for free. Visit a doctor.

Other Benefits

(Must be enrolled in the Delta Dental Plan)

Vision Care Discount

Your Delta Dental plan comes with a **free** Vision Discount Program add-on. Save on exams, eyewear, contacts and even laser vision correction just for being a dental member.

Vision Discount Program	 Member Benefit
Exam (with dilation as necessary)	\$5 off comprehensive exam/ \$5 off contact-lens exam
Complete Pair of Glasses The following discounts and fees for frames, lenses, and lens options apply only if a complete pair is purchased in the same transaction. Items purchased separately will be discounted 20% off of the retail price.	
Frames (any frame available at provider location)	35% off retail price
Single Plastic Lenses (including standard scratch coating) Single-Vision Bifocal Trifocal	Member Pays: \$50 \$70 \$105
Lens Options UV Coating Tint (solid and gradient) Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (add-on to bifocal)	Member Pays: \$15 \$15 \$40 \$45 \$65
Conventional Contact Lenses (materials only)	15% off retail price
Laser Vision Correction (LASIK or PRK)	15% off retail price or 5% off promotional price
Frequency (Exams, frames, lenses, and contact lenses)	Unlimited



find a vision provider

Visit www.deltadentalwi.com/provider-search/vision
or call 866-246-9041



Vision Care Discount

Your dental plan from Delta Dental comes with a **free** Vision Discount Program.

Delta Dental of Wisconsin has chosen EyeMed Vision Care® as the network provider for your vision care discount program. This is not insurance, but a discount plan that provides:

- Overall savings up to 35 percent.
- Access to thousands of private practice and retail providers nationwide, including LensCrafters®, Sears Optical®, Target Optical®, Shopko Optical®, and most Pearle Vision® locations.
- Choice of any product, including designer brand-name frames (certain brands impose a no-discount policy and the frame discount is not available).
- Savings on laser vision correction.
- Replacement contact lenses by mail.

accessing your benefits

Receiving your vision care discount is easy. Simply:

1. Locate an EyeMed Vision Care provider using the provider search on our website at www.deltadentalwi.com/provider-search/vision, or by calling EyeMed at **866-246-9041** (toll-free).
2. When scheduling your appointment, inform the office that you are an EyeMed member with a Delta Dental discount plan.
3. When you arrive for your appointment, present the enrollee card below to receive services.



This is a discount plan. It is not insurance. This discount plan may not be combined with any other discounts, promotional offers, or insurance coverage, and does not apply to EyeMed provider's professional services, or contact lenses.

Vision Care Discount Program Enrollee Cards

(Please detach cards for use)

EyeMed Group Number: 9231093
Group Name: Delta Dental Vision Discount Program
Member Name: _____

For provider information, go to www.deltadentalwi.com/provider-search/vision, or call EyeMed Vision Care at 866-246-9041.

This is a discount plan. It is NOT insurance.

EyeMed Group Number: 9231093
Group Name: Delta Dental Vision Discount Program
Member Name: _____

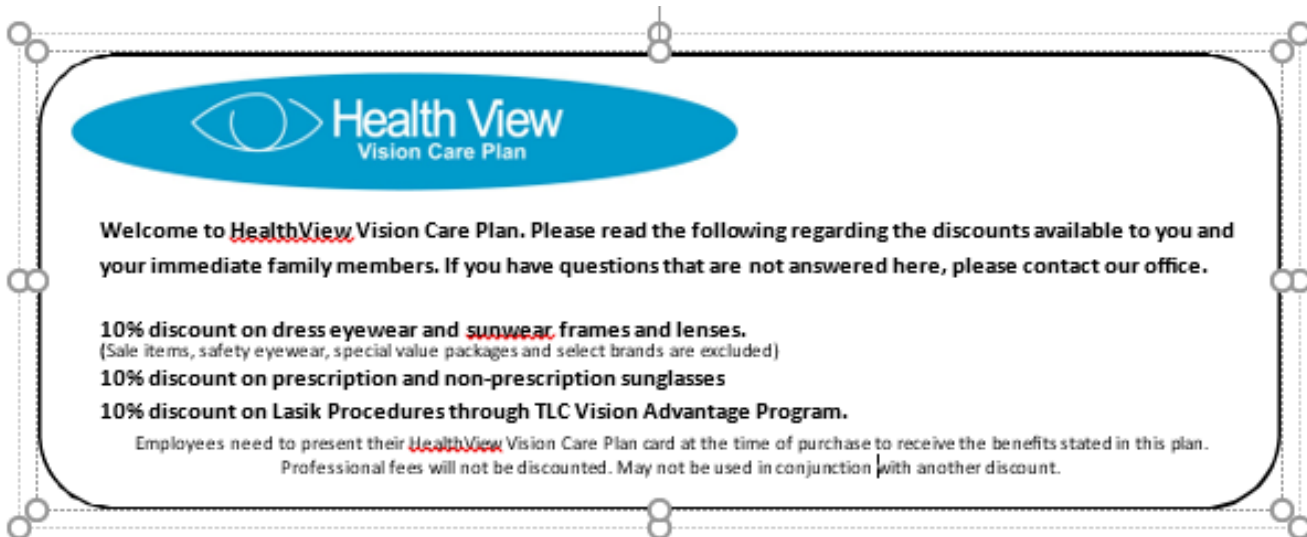
For provider information, go to www.deltadentalwi.com/provider-search/vision, or call EyeMed Vision Care at 866-246-9041.

This is a discount plan. It is NOT insurance.

Other Benefits


(You do not need to be enrolled in any of the benefit options to have this discount)

HealthView Vision Care



Frequently Asked Questions...

- **HealthView Vision Care Plan is free to employees? There's no charge at all?** There is no cost to the employee or employer for the HealthView Vision Care Plan, it is underwritten by the participating providers.
- **What is my discount and what does it cover?**
Your HealthView Vision Care Plan Card can be used through our provider network for:
 - **10% discount on dress eyewear and sunwear frames and lenses**
(Sale items, safety eyewear, special value packages and select brands are excluded.)
 - **10% discount on prescription and non-prescription sunglasses**
 - **10% discount on Lasik Procedures through TLC Vision Advantage Program.**
(For questions on your benefits or provider network see reverse of this sheet)
- **Is there a warranty on my eyewear?** Yes. Your frame, lenses and anti-reflective choices all offer warranties, with a minimum of 1 year. Some options offer longer warranties. Contact lens warranty/guarantees are subject to the manufacturer. Please ask the staff when making your choices.
- **Does this replace what vision plan we have now?** HealthView Vision Care Plan is offered to you at 'No Cost', and it gives you the ability to save on qualified vision care purchases. YOU CAN USE your HealthView Vision Care Plan with FLEX PROGRAMS or VISION PLANS that require you, the participant, to file paperwork for reimbursement. Individual items or purchases that are covered by other insurance or vision care plans accepted by the clinic are not eligible for further discounts by the HealthView Vision Care Plan. ADDITIONAL ITEMS purchased at anytime are eligible for HealthView Vision Care Plan Discount. If you have a question on the use of your card, you are encouraged to call the participating provider in your area for clarification.
- **How does the card work?** It's important employees and dependent family members show their HVVCP card at the time of the appointment, so the provider is aware of your membership in the plan.
- **Can I use this program for my glasses and contacts?** HealthView Vision Care Plan discount is good on any dress eyewear or sunwear frames and lenses. It's also good on non-disposable contact lenses, excluding disposable contacts which are already pre-priced at a discount.
- **Can I use the card more than once?** There is no limit on the number of times you or a family member can use the discount card. If you wish to purchase sunglasses, eyeglasses, and contacts, you will receive the discount on all three, and so will your dependent family member.
- **What if I lose my card, or it goes through the wash?** Replacement cards are available through the Payroll/Benefits Administrator of your employer.

HEALTHVIEW VISION CARE PLAN	
Plan: 793	Medford Area Public Schools
Date: 6/1/2007	Expires:
	10% off frames, lenses, anti-reflective
	10% off prescription and non-prescription sunglasses
	10% off Lasik Surgery through TLC Advantage Program

The HealthView Vision Care Plan Discount is designed to cover the items stated above not paid for by your current insurance. Not valid on previous purchases or purchase of gift certificates or with any other coupons or discounts; not redeemable for optical credit or cash.



provider network...

CHIPPEWA FALLS...Cardinal Family Eye Care	Dr. Ryan Belzung, Dr. Jacob Vergin - 509 East South Avenue	(715) 726-9077
CLEAR LAKE...Kivlin Eye Clinic	Dr. James Kivlin - 370 3rd Ave	(715) 263-2600
COLBY...HealthView Eye Care Center-Colby	Dr. Perry Arndt, Dr. Mathew Mergenthaler, Dr. Brian Buent - 120 Debra Drive	(715) 223-4003
EAGLE RIVER...Eye Care Associates	Dr. Kirby Redman, Dr. Michel Geinas, Dr. Ben Redman - 141B S. Willow Street	(715) 479-9390
LADYSMITH...Erik Ostensjo O.D.	Dr. Erik Ostensjo - 119 West Miner Ave	(715) 532-3006
MEDFORD...HealthView Eye Care Center-Medford	Dr. Julie Thums, Dr. Betsy Berends, Dr. Mathew Mergenthaler - 309 E. Broadway	(715) 748-2020
MENOMONIE...Kivlin Eye Clinic	Dr. James Kivlin - 2303 Schneider	(715) 235-3838
PARK FALLS...Eye Care Associates	Dr. Kirby Redman, Dr. Michel Geinas, Dr. Ben Redman - 698 S. 4th Avenue	(715) 762-2300
PLOVER...Dr. Larry J. Woods	Dr. Larry Woods - 2801 Willow Drive	(715) 341-5151
RHINELANDER...Eye Wear Express	Dr. Jeffrey Williquette - 232 S. Courtney Street	(715) 365-1515
THORP...Cardinal Family Eye Care	Dr. Jacob Vergin, Dr. Ryan Belzung - 201 East Hill Street	(715) 669-5631
WAUSAU...Envision Eyecare	Dr. Jeffrey Sarazen, Dr. Chris Marquardt, Dr. Raymond Goga - 515 N. 17th Ave.	(715) 848-1246
WISCONSIN RAPIDS...Central Wisconsin Eye Clinic	Dr. Kevin Miller, Dr. Jeffrey Sarazen, Dr. Chris Marquardt - 400 Dewey Street	(715) 424-4141
WOODRUFF/MINOCQUA...Eye Care Associates	Dr. Kirby Redman, Dr. Michel Geinas, Dr. Ben Redman - 1020 3rd Avenue	(715) 356-2262

Receive a 10% discount on your Lasik Surgery through TLC Vision Advantage Plan. Contact one of our HealthView Vision Care Plan offices above for details.

LASIK SURGERY— TLC LASER EYE CENTERS WISCONSIN
http://www.tlcvision.com/why_advantage.fxml

Affiliate
TLC
Laser Eye Centers
Feel the Difference. See the Results™

TLC Laser Eye Centers-Eau Claire
 Dr. Thomas Harvey & Dr. Lee Hofer
 745 Kenney Ave
 Eau Claire, WI 54701
 715.838.2020 - 877.852.2020

TLC Laser Eye Centers - Madison
 Dr. Louis Probst, MD 2418
 Crossroads Drive
 Suite 1900
 Madison, WI 53718
 877.852.2020

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.