

Medford Area Public School District Employee Benefits Guide

Plan Year: January 1, 2018 to December 31, 2018



**MEDFORD AREA PUBLIC
SCHOOL DISTRICT**

2018



Medical
Security Health Plan

Dental
Delta Dental

Section 125/Limited Purpose Flex (FSA)
Wage Works

Health Savings Account (HSA)
Financial Facility of Your Choice

Wellness Plan

Long Term Disability
National Insurance Services

Additional Benefit Offerings

Medical and Prescription Drugs

The following chart shows the health plans effective January 1, 2018:

Services	Security Health Plan HMO \$1,500/\$3,000 HDHP/HSA		Security Health Plan HMO \$6,450/\$12,900 HDHP/HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible - Individual - Family	\$1,500 \$3,000*	Not Applicable	\$6,450 \$12,900	Not Applicable
Out-of-Pocket Max - Individual - Family	\$1,500 \$3,000	Not Applicable	\$6,450 \$12,900	Not Applicable
Physician Visit	100% after deductible	Not Applicable	100% after deductible	Not Applicable
Preventive Care	100%	Not Applicable	100%	Not Applicable
Emergency Room	100% after deductible		100% after deductible	
Hospitalization	100% after deductible	Not Applicable	100% after deductible	Not Applicable
Prescription Drugs - Generic - Preferred - Non-Preferred	100% after deductible	Not Applicable	100% after deductible	Not Applicable

*One individual within the family can satisfy the entire family deductible

Your Medical Cost in 2018

	Monthly Premiums		Support Staff Employee Premiums Per Payroll (18) 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
SHP - HMO \$1,500/ \$3,000	\$792.20	\$1,755.04	\$105.63	\$234.01	\$39.61	\$87.75	\$43.57	\$96.53
SHP - HMO \$6,450/ \$12,900	\$536.17	\$1,187.83	\$71.49	\$158.38	\$26.81	\$59.39	\$29.49	\$65.33

Medical and Prescription Drugs

The following chart shows the health plans effective January 1, 2018:

Services	Security Health Plan HMO \$750/\$1,500 Traditional	
	In-Network	Out-of-Network
Deductible - Individual - Family	\$750 \$1,500	Not Applicable
Out-of-Pocket Max - Individual - Family	\$3,000 \$6,000	Not Applicable
Physician Visit	100% after deductible	Not Applicable
Preventive Care	100%	Not Applicable
Emergency Room	\$250 copay then 100% after deductible	
Hospitalization	100% after deductible	Not Applicable
Prescription Drugs - Generic - Preferred - Non-Preferred	\$25 \$50 \$75	Not Applicable

**This plan is only offered if a Health Savings Account cannot be opened/or contributions cannot be made

Your Medical Cost in 2018

	Monthly Premiums		Support Staff Employee Premiums Per Payroll (18) 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
SHP-HMO \$750/ \$1,500	\$915.47	\$2028.13	\$122.06	\$270.42	\$45.77	\$101.41	\$50.35	\$111.55

Health Savings Account (HSA) Contributions

Health Savings Account (HSA) is a special account owned by the employee. Monies can be placed into the account tax free and used to pay for expenses incurred by you and your dependents. You must be enrolled in a High Deductible Health Plan (HDHP) and cannot be covered by another health insurance that is not an HDHP, and are not enrolled in Medicare as well as be claimed as a dependent on someone else's tax return.

2018 MAPS Contribution \$1,500/\$3,000 HDHP		2018 Maximum Contribution (Employer & Employee Combined)	
Employee	Family	Employee	Family
\$750	\$1,500	\$3,450	\$6,900

2018 MAPS Contribution \$6,450/\$12,900 HDHP		2018 Maximum Contribution (Employer & Employee Combined)	
Employee	Family	Employee	Family
\$3,000	\$6,500	\$3,450	\$6,900

*Members who are age 55 and older may contribute an extra \$1,000 to their HSA's.

Dental

The following chart shows the dental plan effective January 1, 2018:

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

Your Cost in 2018

	Monthly Premium		Employee Premiums Per Payroll (18) 20%		Employee Premiums Per Payroll (24) 10%	
	Employee	Family	Employee	Family	Employee	Family
	\$45.64	\$127.06	\$6.09	\$16.94	\$2.28	\$6.35

Standard, Limited Purpose Flex and Dependent Care

The Standard Flex Plan provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars.

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 (Example: acupuncture, fertility treatment, home and vehicle modifications for persons with disabilities, guide dog/service animal, etc.)

You must enroll/re-enroll annually if you wish to participate for the plan year Jan. 1st to Dec. 31st. You can save approximately 25 percent of each dollar spent on these expenses when you participate in a FSA.

A Standard or Limited Purpose Flex 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.

The maximum that you can contribute to the Standard and or Limited Purpose Flexible Spending account is \$2,400 for 2018.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

Health Savings Accounts (HSA)

If you participate in the High Deductible Health Plan (HDHP), you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars. There are several advantages of an HSA. For instance, money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire.

The maximum amount that you can contribute to a HSA is \$3,450 in 2018 for individual coverage and \$6,900 in 2018 for family coverage. Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000.

Wellness Program

As a valued employee of MAPS, we want you to know that we are committed to helping you protect your health for a lifetime. If you are enrolled in our medical plan you (and spouse) have the opportunity to complete biometric screenings and, an online Health Risk Assessment (HRA). You will also have the opportunity to earn participation points for completing various wellness activities.

To be eligible for the health insurance premium discount you (and your spouse) will be required to participate each year by 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). These three areas are mandatory components of participating in the wellness program.

You (and your spouse) will also be required to complete the required components along with the Wellness Program Accountability Log annually (can be submitted quarterly) and earn a minimum of 100 point per wellness year. A minimum of 25 points must be earned from the Physical Activity category. A maximum of 30 points can be earned from the Life Enrichment category per wellness year.

****Annual Wellness Program Accountability Logs are due: June 30, 2018****

Participants who have lab results and biometric measurements that fall into ALL the 4 “healthy” categories outlined below will not need to track and submit any points for the year, they will automatically be granted 100 points. Participants have from July 1, 2017 to June 30, 2018 to meet the Healthy Test Out requirements. If the participant fails to meet them by the June 30, 2018 deadline, the participant will still be responsible for submitting 100 points to be compliant with the wellness program.

“Healthy” is defined as:

Blood pressure: 120/80 or under

Cholesterol: Cholesterol: 200 or less - OR - Allow for ASCVD Score of less than 7.5% if

Cholesterol is not in range

- o ASCVD factors Gender, Age, Race, HDL Cholesterol, Total Cholesterol, Systolic Blood Pressure, Diabetes (Yes/No), Treatment for Hypertension (Yes/No), Smoker (Yes/No)

BMI: 25 or less OR Body Fat: 32% or less for women and 25% or less for men

Completion of an annual exam in previous wellness year (proof of visit required)

Non-participation in the Wellness Program will result in the employee (and spouse) not receiving the medical premium discount. The differential is \$65.00 per employee and \$65.00 for a spouse per month. The differential for non-compliance will be effective November 1 through August 31 pay periods.

Employees and spouses who feel that they cannot comply with the Wellness Program should contact the Wellness Coordinator at wellness@medford.k12.wi.us to review alternative standards. Alternative standards are reviewed on an individual basis.

Long Term Disability

MAPS provides long term disability (LTD) to all full-time eligible employees at no cost to you. Below is a brief summary of the benefits:

Employment Waiting Period	Eligibility upon date of hire
Benefit Amount	90% of monthly earnings to a monthly maximum of \$9,000
Elimination Period	60 consecutive calendar days – the length of time an insured employee must be continuously Totally Disabled before monthly benefits become payable

Information on this plan can be obtained from Human Resources. Questions can also be answered by National Insurance Company of Wisconsin, Inc.:

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

Additional Benefit Offerings

Security Health Plan

PO Box 8000

Marshfield, WI 54449-8000

800.472.2363 – Customer Service/Claims

www.securityhealth.org

Care My Way® - A quick, convenient way to receive a diagnosis by phone, and when needed, have a prescription sent to the pharmacy for certain common symptoms such as the flu, sinus infections, seasonal allergies, or many other common conditions.

Care My Way® is available from 7am to 9pm seven days a week. Here are some of the conditions that Care My Way® treats:

Athlete's foot - over age 10	Pink eye (bacterial conjunctivitis)
Cold sores	Pinworms
Diaper rash - infants/toddlers	Poison ivy rash
Eczema - children	Scabies exposure/symptoms
Head lice	Seasonal allergies
Impetigo	Sinus infection
Influenza	Stye
Jock itch - male adults and adolescents	Sunburns
Laryngitis	Thrush - infants
Mastitis (breast infections)	Tick bite - over age 8
Minor thermal burns	Upper respiratory infections
Pertussis (whooping cough) exposure	Urinary tract infections - female adults

Call Care My Way® at 844-227-3929 to get help from wherever you are.

Nurse Navigator – The health care system is complex and it's easy to get frustrated. With just one call, you can talk with a Nurse Navigator. The Nurse Navigator is a registered nurse who works across the health care system to make sure members receive the right care.

Look to a Nurse Navigator to:

- Research questions and coordinate care related to medical conditions
- Help them understand their benefits
- Help improve communication with their providers
- Help them choose the right provider
- Provide information and discuss possible treatment options
- Listen and coach them through difficult decisions

To reach a Nurse Navigator call Customer Service and ask to be put in touch with a Nurse Navigator. Call 800.472.2363 to start the process.

Partners in Fitness – Security Health Plan teams up with several area fitness centers to offer gym discounts that can help you begin a fitness program or remain active. Call Customer Service at 800.472.2363 to ask about participating facilities or visit Security Health Plan at www.securityhealth.org and click on the Live Healthier tab on the home screen, then Keeping Me Healthy to view participating partners.

Healthy Resources – Security Health Plan offers many resources to help you keep healthy. You can find recommended preventive guidelines for children and adults. Connect with a health coach who can help you by telephone with your lifestyle goals. You can also complete one of our online health coaching programs, which are designed to offer you a highly personalized program that has been proven to improve health. Our Stages of Change guidebooks can help you adopt a healthier lifestyle by giving you steps you can take at your own pace. We even have Wellness Webinars that you can view at your convenience.

Visit Security Health Plan at www.securityhealth.org and click on the Live Healthier tab on the home screen, then Keeping Me Healthy.

Subscribe to Newsletters – Security Health Plan offers electronic newsletters that provide the latest health news, tips and resources by email.

- Wellness
- Diabetes
- Asthma

Choose a topic that interest you and sign up to receive them bi-monthly via email. Visit Security Health Plan at www.securityhealth.org and click on the Live Healthier tab on the home screen, then Keeping Me Healthy.

Delta Dental

PO Box 828

Stevens Point, WI 54481

800.236.3712 – Customer Service/Claims

www.deltadentalwi.com

Vision Care Discount Program - Delta Dental of Wisconsin has chosen EyeMed Vision Care as the network provider for your vision care discount program. EyeMed offers you the choice and service you expect, at a great value. This is not insurance, but a discount plan that provides:

- Overall savings up to 30%.
- Access to thousands of private practice and retail providers nationwide, including LensCrafters, Target Optical, Sears 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.

Receiving your vision care discount is easy. Simply:

1. Locate an EyeMed Vision Care provider using the provider search at www.deltadentalwi.com/visionproviders, 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. (Two cards are provided. You can print additional or replacement cards at EyeMed's website, www.eyemedvisioncare.com/deltadental).

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.

Benefit Description – With your EyeMed Vision Care discount plan, you can save up to 30% on frames, lenses and lens options. You can use this program as often as you wish.

Service	Member Benefit
Exam with Dilation as Necessary	\$5 off comprehensive exam \$10 off contact lens exam
Complete Pair Glasses Purchased <ul style="list-style-type: none">• The following frames, lenses, and lens options discounts and fees apply only if a complete pair is purchased in the same transaction.• Items purchased separately will be discounted 20% off the retail price.	
Frames <ul style="list-style-type: none">• Any frame available at provider location (certain brands impose a no-discount policy and the frame discount is not available)	30% off retail price
Single Plastic Lenses, Including Standard Scratch Coating <ul style="list-style-type: none">• Single Vision• Bifocal• Trifocal	Member Pays: \$75 \$95 \$125

Lens Options <ul style="list-style-type: none"> • UV Coating • Tint (solid or gradient) • Standard Polycarbonate • Standard Anti-Reflective Coating • Standard Progressive (add on to bifocal) 	Member Pays: \$15 \$15 \$40 \$45 \$70
Conventional Contact Lenses (Applied to materials only)	15% of retail price
Laser Vision Correction LASIK or PRK	15% off retail price or 5% off promotional price
Frequency Exam, Frames, Lenses, and Contact Lenses	Unlimited

Additional Notes:

- After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com/deltadental.
- Member will receive 20% discount on items purchased at participating providers not included under the plan. 20% discount may not be combined with any other discounts, promotional offers or insurance coverage, and the discount does not apply to EyeMed provider's professional services, or contact lenses.
- Retail prices may vary by location.

Plan Limitations/Exclusions:

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)

Here are your Vision Care Discount Program enrollee cards

(Detach cards for use)

			
EyeMed Group Number: 9231093 Group Name: Delta Dental Vision Discount Program		EyeMed Group Number: 9231093 Group Name: Delta Dental Vision Discount Program	
Member Name: _____		Member Name: _____	
For provider information, go to www.deltadentalwi.com/visionproviders , or call EyeMed Vision Care at 866-246-9041.		For provider information, go to www.deltadentalwi.com/visionproviders , or call EyeMed Vision Care at 866-246-9041.	
This is a discount plan. It is not insurance.		This is a discount plan. It is not insurance.	

Members:

Locate an EyeMed provider convenient to you via website (www.deltadentalwi.com/visionproviders) or call 866-246-9041.

When scheduling an appointment, inform the provider that you have a vision discount plan through EyeMed Access Plan, with Delta Dental of Wisconsin.

At the time of your appointment, remind the provider that you have a vision discount plan through the EyeMed Access Plan.

Providers:

This is not insurance. It is a vision discount plan.

Members:

Locate an EyeMed provider convenient to you via website (www.deltadentalwi.com/visionproviders) or call 866-246-9041.

When scheduling an appointment, inform the provider that you have a vision discount plan through EyeMed Access Plan, with Delta Dental of Wisconsin.

At the time of your appointment, remind the provider that you have a vision discount plan through the EyeMed Access Plan.

Providers:

This is not insurance. It is a vision discount plan.

HealthView

877.748.6101

www.healthviewvision.com

Vision Care Discount Plan – HealthView Vision Care Plan is offered at no cost to all MAPS employees and dependent family members. The benefits are as follows:

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 non-disposable contact lenses (disposable contacts lenses are excluded from this discount)

10% discount on Lasik Procedures through TLC Vision Advantage Program

Questions on your benefits or provider network call 877.748.6101 or visit www.healthviewvision.com

There is no limit on the number of times you or a family member can use the discount card.

Below is a brief provider listing:

Chippewa Falls...New Vista Eyecare	Dr. Ryan Beloungy, Dr. Jacob Vergin - 331 East Prairie View Rd	715.726.9077
Clear Lake...Kivlin Eye Clinic	Dr. James Kivlin - 370 3 rd Ave	715.263.2600
Colby...HealthView Eye Care Center	Dr. Andy Baldus - 120 Dehne Dr	715.223.4003
Eagle River...Eye Care Associates	Dr. Kirby Redman, Dr. Michel Gelinias, Drs. Ben & Jill Redman - 141B S Willow St	715.479.9390
Ladysmith...Erik Ostenso O.D.	Dr. Erik Ostenso - 119 West Miner Ave	715.532.3006
Marshfield...Eye Wear Designs, LLP	Dr. Katie Knoedler -117 W Upham	715.387.2773
Medford...HealthView Eye Care Center	Dr. Perry Arndt, Dr. Jeff Bourgerie, Dr. Julie Thums - 209 E Broadway	715.746.2020
Menomonie...Kivlin Eye Clinic	Dr. James Kivlin, Dr. Todd Flood - 2303 Schneider	715.235.3838
Park Falls...Eye Care Associates	Dr. Kirby Redman, Dr. Michel Gelinias, Drs. Ben & Jill Redman - 698 S 4 th Ave	715.762.2300
Plover...Dr. Larry J Woods	Dr. Larry Woods - 2801 Willow Dr	715.341.5151
Rhineland...Eye Wear Express	Dr. Jeffrey Williquette - 232 S Courtney St	715.365.1515
Thorp...Cardinal Family Eye Care	Dr. Jacob Vergin, Dr. Ryan Beloungy - 102 East Stanley St	715.669.5631
Wausau...Envision Eyecare	Dr. Jeffrey Sarazen, Dr. Chris Marquardt, Dr. Raymond Goga - 515 N 17 th Ave	715.848.1246
Wis. Rapids...Central WI Eye Clinic	Dr. Kevin Miller, Sr. Jeffrey Sarazen, Dr. Chris Marquardt - 400 Dewey St	715.424.4141
Woodruff...Eye Care Associates	Dr. Kirby Redman, Dr. Michel Gelinias, Drs. Ben & Jill Redman - 1020 3 rd Ave	715.356.2262

Receive a 10% discount on your Lasik Surgery through TLC Vision Advantage Plan:

TLC Laser Eye Centers – Eau Claire
 Dr. Thomas Harvey & Dr. Lee Hofer
 745 Kenney Ave
 Eau Claire, WI 54701
 877.676.2020

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

HEALTHVIEW VISION CARE PLAN

Plan: 793 _____ Medford Area Public Schools
(Employer)

Date: 5/1/2007 _____
(Original Date) (Employee Signature)

10% discounts on frames, lenses, anti-reflective
 10% discount on prescription and non-prescription sunglasses
 10% discount on Lasik Surgery through TLC Advantage Program.
 For plan or provider information visit www.healthviewvision.com
 or call 1-877-748-6101.

Adelphoi Patient Retention Systems, Inc., P.O. Box 547, Medford WI 54451

The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide 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 Guide 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 your Guide, contact Human Resources.