



School District of Greenfield

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**2019/2020
BENEFITS OPEN ENROLLMENT INFORMATION**

MAY 16, 2019



Open Enrollment Meeting Agenda

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- UnitedHealthcare Medical Plan
- Delta Dental Plan
- Superior Voluntary Vision Plan
- 2019/2020 Monthly Contribution Amounts
- Flexible Spending Account (FSA)
- Next Steps

Medical Plan

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- No changes to the current medical plan design for the 07/01/19 through 06/30/20 plan year
- Benefits, maximums and deductibles will re-set on 07/01/19
- All coverages remain the same
- Same provider network as current; UnitedHealthcare Choice Plus.
- To locate a network provider, please register for UHC online services at www.myuhc.com (if you haven't already). Our network is "Choice Plus."

Medical Plan Design

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Medical Plan		
Benefit Highlights		
Policy Year Deductible	Single Deductible	\$750
	Family Deductible	\$1,500
Coinsurance	Coinsurance, Single - Member Cost Share	20%
	Coinsurance, Family - Member Cost Share	20%
Copays	Office Visit - Member Cost Share	\$30
	Urgent Care - Member Cost Share	\$40
	Emergency Room - Member Cost Share	\$100 copay, plus deductible and coinsurance
Medical Out-of-Pocket Maximum	Single Out-of-Pocket Maximum	\$2,000
	Family Out-of-Pocket Maximum	\$4,000
Prescription Drug Out-of-Pocket Maximum	Single Out-of-Pocket Maximum	\$1,000
	Family Out-of-Pocket Maximum	\$2,000
Prescription Drug Copays	Prescription Drugs Tier 1	\$5 copay
	Prescription Drugs Tier 2	\$25 copay
	Prescription Drugs Tier 3	\$50 copay
	Prescription Drugs Tier 4 (Specialty)	\$150 copay
		*\$750 Single Deductible to a maximum of \$1,500 per family per policy year. Copays do not apply toward the deductible but do apply toward the respective out-of-pocket maximums.

Delta Dental Plan

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- No changes to the current dental plan design for the 07/01/19 thru 06/30/20 plan year
- Benefits, maximums and deductibles will re-set on 07/01/19
- Network includes both Delta PPO and Delta Premier dentists. Seeing a PPO dentist provides the deepest discounts. You can also choose a non-contracted dentist. However, you may be balance-billed for the difference between the amount the dentist charges and the portion of the claim that Delta pays
- To locate a network provider, log onto www.deltadentalwi.com
- Monthly premiums will continue to be paid 100% by the School District of Greenfield

Delta Dental Plan

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Delta Dental Plan		
Benefit Highlights	Delta Dental PPO Dentist*	Delta Premier Dentist or Any Other Dentist**
Policy Year Deductible	\$25	\$25
Individual Annual Maximum	\$1,500	\$1,500
Diagnostic & Preventive	Paid at 100%, no deductible	Paid at 100%, no deductible
Basic & Major Services	Paid at 80% after deductible	Paid at 80% after deductible
Orthodontic Services	Paid at 60% after deductible to a lifetime maximum of \$1,500	Paid at 60% after deductible to a lifetime maximum of \$1,500
	<i>*Seeing a PPO dentist provides deeper discounts, making your annual maximum stretch even further!</i>	<i>**Premier dentists also offer discounts, although not as deep as PPO dentists.</i>

Superior Vision Voluntary Vision Plan

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- No change to the current voluntary vision plan design for the 07/01/19 thru 06/30/20 plan year
- Superior Vision has one of the largest eye care provider networks in Wisconsin, offering access to **both** private practitioners and retail optical centers (Herslof, Pearle, Sears, Shopko, Walmart, Wisconsin Vision, for example)
- Members may receive discounts of up to 20% on eyewear purchases exceeding the benefit coverage
- Members may elect to receive a \$200 allowance toward Lasik vision correction in lieu of their eyewear benefit. 15 % off standard prices or 5% off promotional pricing
- To locate a network provider, log onto www.superiorvision.com , select “locate a provider” and select the “Superior Select Midwest” network

Superior Vision Voluntary Vision Plan

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Superior Voluntary Vision Plan		
Benefit Highlights	Participating Provider	Non-Participating Provider
Exam (once each 12 months)	Paid in Full	Up to \$35 Retail Value
Frame (once each 24 months)	Retail Allowance of \$150	Up to \$75 Retail Value
Lenses (clear glass or plastic, standard; once each 12 months)		
Single Vision	Paid in Full	Up to \$25 Retail Value
Bifocal	Paid in Full	Up to \$40 Retail Value
Trifocal	Paid in Full	Up to \$45 Retail Value
Progressive	The Trifocal benefit is applied to the purchase of Progressive Lenses	
Contact Lenses (includes related diagnostic, fitting and evaluation services; once each 12 months)		
Elective	Retail allowance of \$175	Up to \$150 Retail Value
Medically Necessary	Paid in Full	Up to \$150 Retail Value
Lasik Vision Correction	Members may elect to receive a \$200 allowance toward Lasik Vision Correction in lieu of their eyewear benefit. 15% off standard prices or 5% off promotional pricing.	

Monthly Premiums & Contributions 07/01/19



Monthly Premiums & Contributions 07/01/19			
	Full Monthly Premium Effective 07/01/19	SDG Monthly Premium Contributions Effective 07/01/19	Employee Monthly Premium Contributions Effective 07/01/19
	Medical	Medical	Medical
Single	\$782.58	\$704.33	\$78.25
Family	\$1,818.94	\$1,637.04	\$181.90
	Dental	Dental	Dental
Single	\$39.13	\$39.13	\$0.00
Family	\$105.02	\$105.02	\$0.00
	Voluntary Vision	Voluntary Vision	Voluntary Vision
Single	\$9.65	\$0.00	\$9.65
Family	\$24.15	\$0.00	\$24.15

Flexible Spending Account (FSA)

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- Employees have the opportunity to enroll or waive the Flexible Spending Account for the 7/1/19 through 6/30/20 plan year. Employees will make their FSA elections online on the ***Diversified Benefit Services*** website. Please refer to the materials provided by Diversified for online instructions. **Online enrollment will be from April 22nd through June 14th**
- The maximum FSA medical election for the new plan year is **\$2,700**
- FSA medical funds can be used for any section 213d expense. Please refer to the materials provided by ***Diversified Benefit Services*** for eligible expenses.
- The maximum Dependent Care Election remains at \$5,000

Next Steps

MEDICAL, DENTAL, VISION ENROLLMENT FORM

- **All eligible employees must complete a Benefit Enrollment Form, whether enrolling for coverage or not. Open enrollment begins Monday, May 20th and ends Friday, May 31st.**
- ***All forms should be returned to Debbie Ehemann at the District office no later than Friday, May 31st***
- All benefits are effective 07/01/19
- Enrollment changes are only allowed at open enrollment, including enrolling for coverage, terminating coverage, adding dependents to coverage or terminating dependents from coverage. You may be allowed to enroll or make changes outside of open enrollment should you experience a qualifying event that creates a special enrollment period for you
 - Qualifying events include situations such as: changes in household such as marriage and birth of child, loss of coverage elsewhere, changes in hours worked

Next Steps, continued

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FLEXIBLE SPENDING ACCOUNT (FSA):

- FSA Health and Dependent Care elections need to be made online at www.dbsbenefits.com. Please refer to instruction materials from Diversified Benefit Services. **The deadline to enroll is June 14th.**

H S A:

- Unused H S A funds can continue to be used for all Section 213d expenses.

H R A:

- Unused HRA funds can continue to be used for medical deductibles, medical coinsurance, medical copays and prescription drug copays.