

Understanding Your Benefits

20
24

Open Enrollment (VIDEO)



AGENDA

- >>> **UnitedHealthcare Medical Plan**
- >>> **Froedtert Workplace Clinic**
- >>> **Delta Dental Plan**
- >>> **Superior Voluntary Vision Plan**
- >>> **2024/2025 Monthly Contribution Amounts**
- >>> **Flexible Spending Account (FSA)**
- >>> **Next Steps**



MEDICAL BENEFITS



Plan Benefits	In-Network Employee Cost	Out-of- Network Employee Cost
Single Deductible	\$750	\$1,500
Family Deductible*	\$1,500	\$3,000
Coinsurance	20%, Tier 1 (PDP) 30%, Non-Tier 1 (Non-PDP)	50%
Single Out-of-Pocket Max	\$3,000	\$6,000
Family Out-of-Pocket Max	\$6,000	\$12,000
Preventive Care	0%, no cost share	50% coinsurance
Office Visit	\$30 copay, Tier 1 (PDP) \$50 copay, Non-Tier 1 (Non-PDP)	50% coinsurance
Urgent Care	\$40 copay	50% coinsurance
Emergency Room	\$100 copay, then deductible and coinsurance	Same as In-Network
Tier 1 Rx (Retail)	\$15 copay	\$15 copay
Tier 2 Rx (Retail)	\$60 copay	\$60 copay
Tier 3 Rx (Retail)	\$150 copay	\$150 copay
Tier 4 Rx (Retail)	\$300 copay	\$300 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.		

PREMIUM DESIGNATED PROVIDERS





- **PDP (Tier 1)**

- Lower your medical expenses by choosing a qualified Premium Care Physician under the UHC plan
- Evaluated by UHC first for quality of care followed by cost efficiency
- Must meet both criteria to earn designation


Plan Benefits	Premium Designated Provider (Tier 1)	Non-Premium Designated Provider
Coinsurance	20%	30%
Office Visit	\$30 copay	\$50 copay

IDENTIFY PREMIUM CARE PHYSICIANS

- Premium designations are displayed publicly in UHC's provider directories to help you make smart health care choices

	Premium Care Physician	The physician meets the UnitedHealth Premium program quality and cost-efficient care criteria.
	Quality Care Physician	The physician meets the UnitedHealth Premium quality care criteria but does not meet the program's cost-efficient care criteria or is not evaluated for cost-efficient care.
	Not Evaluated for Premium Care	The physician's specialty is not evaluated in the UnitedHealth Premium program, the physician does not have enough claims data for program evaluation or the physician's program evaluation is in process.
	Does Not Meet Premium Quality Criteria	The physician does not meet the UnitedHealth Premium Quality Criteria, so the physician is not eligible for a Premium designation.

FIND A PHYSICIAN

 **Smith, John, MD**
Internist | [ASSIGN AS PCP](#)
★★★★☆ 12 Reviews

1234 Any Street
Any City, State 12345
123-123-4567
[2.6 Miles Away](#)

[View Additional Locations \(21\)](#)
[View Physician ID Number](#)

TIER 1 Tier 1 Provider

♥♥ Premium Care Physician

✓ Accepting All Patients

Office Visit With Physician
Meets Average Cost

[VIEW SERVICES & COSTS](#)



The blue hearts signify
Premium Care Physicians
on **myuhc.com**.

WORKPLACE CLINIC

In-person, virtual and telephonic care available for:

- All district employees
- Spouses and dependents ages two and older who subscribe to the District's health insurance plan

Clinic hours and location:

- Monday: 7:30 a.m. – 2 p.m.
- Wednesday: 8:30 a.m. – 5 p.m.
- Friday: 6:30 a.m. – 1 p.m.
- Located on the campus of Greenfield High School

Call 414-777-3463 to schedule an appointment

- If you are an established Workplace Clinic patient, you can schedule online through MyChart® or the Froedtert & MCW app

Care for non-emergent minor illness/injuries and wellness services at no cost to you

- Cold and flu
- Blood pressure checks
- Ear infections
- Eye infections
- Cuts and scrapes
- Lifestyle counseling (nutrition, weight and exercise)
- Muscular sprains and strains
- Nebulizer treatments (albuterol)
- On-site dispensing of select medications
- Rashes/skin conditions
- Removal of stitches/staples
- Upper respiratory infections
- Tobacco cessation
- Vaccinations
- Wart removal



CONVENIENT CARE WHEN & WHERE YOU NEED IT AT NO COST TO YOU

- Available to adults and children older than 18 months who subscribe to the District's health insurance plan



In-person care for non-urgent episodic minor illness and injury

- Greenfield Meijer
- Sussex Meijer
- McKinley Health Center
- West Band Meijer

FastCare® Clinic hours located inside Meijer stores:

- Monday – Friday: 8 a.m. – 8 p.m.
- Saturday: 8 a.m. – 6 p.m.
- Sunday: 8 a.m. – 2 p.m.

FastCare® Clinic hours located inside McKinley Health Center:

- Monday – Friday: 8 a.m. – 6 p.m.
- Saturday and Sunday: 8 a.m. – 12 p.m.

On-Demand Video Visits

Care via mobile app or webcam

Visit Froedtert.com/virtual-clinic or the Froedtert & MCW app to start your virtual visit

Hours:

- Monday – Friday: 8 a.m. – 8 p.m.
- Saturday/Sunday: 8 a.m. – 8 p.m.

Snap the QR code for quick access to the app:



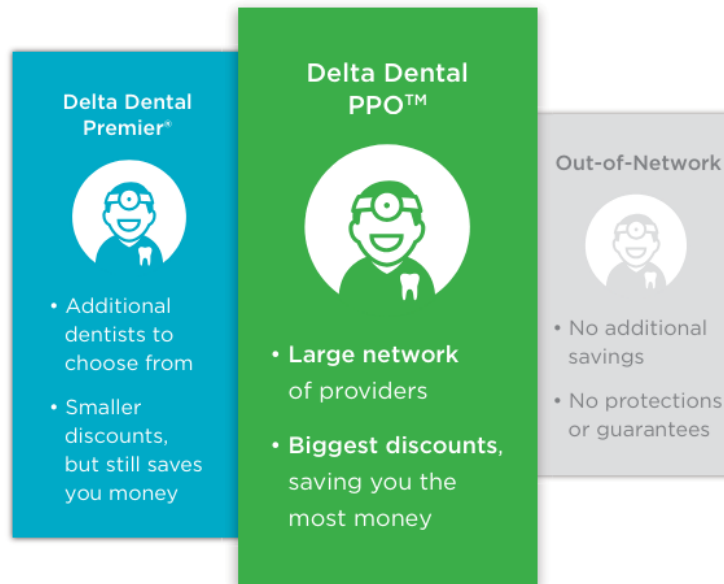
DENTAL BENEFITS



Plan Benefits	Delta PPO Dentist*	Delta Premier Dentist or Non-Network Dentist**
Individual 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 (to age 19)	Paid at 60% after deductible to a lifetime maximum of \$1,500	Paid at 60% after deductible to a lifetime maximum of \$1,500
<p>*Seeing a PPO dentist provides deeper discounts, making your annual maximum stretch even further</p> <p>**Premier dentists also offer discounts, although not as deep as PPO dentist. You may be balance-billed for the difference between the amount at non-network dentist charges and the portion of the claim that Dental will pay</p>		

DENTAL NETWORK

- Locate a network provider by visiting www.deltadentalwi.com
- You can see any provider you like. However, you'll save money if you see an in-network dentist. We have two networks:
 - **Delta Dental PPO** (these dentists provide the largest discounts to save you the most money)
 - **Delta Dental Premier** (additional providers to choose from, but they offer smaller discounts).



DENTAL NETWORK

Example Savings for a Common Procedure

	 Estimated Charge	 Maximum Allowed Fees	 Percentage Paid by Delta Dental	 Amount Delta Dental Pays	 Amount Dentist can Balance Bill	 Total Amount You Pay
PPO Network	\$1,200	\$825	80%	\$660	\$0	\$165
Premier Network	\$1,200	\$985	80%	\$788	\$0	\$197
Out-of-Network	\$1,200	\$925	80%	\$740	\$275	\$460

VISION BENEFITS



Plan Benefits	Participating Provider	Non-Participating Provider
Exam (once each 12 months)	Paid in Full	Up to \$35
Frames (once each 24 months)	\$150 allowance; 20% off amount over allowance	Up to \$75
Lenses (clear glass or plastic, standard; once each 12 months)		
Single Vision	Paid in Full	Up to \$25
Bifocal	Paid in Full	Up to \$40
Trifocal	Paid in Full	Up to \$45
Progressive	Trifocal benefit applied toward purchase	Trifocal benefit applied toward purchase
Contact Lenses (includes related diagnostic, fitting, and evaluation services; once each 12 months)		
Elective	\$175 allowance; 20% off amount over allowance	Up to \$150
Medically Necessary	Paid in Full	Up to \$150
Lasik Vision Correction	Member may elect to receive \$200 allowance toward Lasik in lieu of their eyewear benefit. 15% off standard prices or 5% off promotional pricing	

VISION PROVIDER NETWORK

- Superior Vision has one of the largest eye care provider networks in Wisconsin, offering access to both private practitioners and retail optical centers.
- To locate a network provider, visit www.superiorvision.com, select “Find an Eyecare Professional”
 - Insurance Through Your Employer
 - Superior Select Midwest

2024 PREMIUMS & CONTRIBUTIONS

Monthly Premiums & Contributions Effective 7/1/2024				
		Total Monthly Premium	SDG Monthly Contribution	Employee Monthly Contribution
Medical	Single	\$883.57	\$795.21	\$88.36
	Family	\$2,053.65	\$1,848.28	\$205.37
Dental	Single	\$39.13	\$39.13	\$0.00
	Family	\$105.02	\$105.02	\$0.00
Vision	Single	\$9.65	\$0.00	\$9.65
	Family	\$24.15	\$0.00	\$24.15

FLEXIBLE SPENDING ACCOUNTS

ACCOUNT TYPE AND ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION	BENEFIT
Healthcare FSA Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$3,200 per year Rollover up to \$640 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

NEXT STEPS

- **Medical, Dental and Vision Enrollment**

- All eligible employees must complete a Benefit Enrollment Form, **whether enrolling for coverage or not**. Open Enrollment begins Monday, May 6th and ends Friday, May 17th
- ***All forms should be completed electronically by Friday, May 17th. The form link will be provided in the Benefit Enrollment Letter you receive from the Human Resources Department through email on May 6th. Contact Debbie Ehemann with questions .***
- All benefit elections are **effective 7/1/2024**.
- 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 changes in household such as marriage, birth, adoption of a child, loss of other coverage, changes in hours worked, etc.

NEXT STEPS, CONT.

- **Flexible Spending Account (FSA) Enrollment**

- Healthcare and Dependent Care FSA elections need to be made online at www.dbsbenefits.com. Please refer to instruction materials from Diversified Benefit Services that were included with the Benefit Enrollment Letter information emailed to you on May 6th. The deadline to enroll is Friday, June 14th.

- **HSA**

- Unused HSA funds from prior health plans can continue to be used for all Section 213d expenses.

- **HRA**

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

This presentation provides selected highlights of the School District of Greenfield employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the District. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents.

School District of Greenfield reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.

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