





Plan Year: 2023-2024



# OUR EMPLOYEES ARE OUR MOST VALUABLE ASSET.

At School District of Ladysmith, 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
- Health Savings Account (HSA)

#### **FEELING SECURE**

- Short and Long-Term Disability insurance
- Life and accidental death & dismemberment (AD&D) insurance
- Voluntary Individual Insurance

#### **WORK-LIFE BALANCE**

• Employee Assistance Program (EAP)



# CONTACT INFORMATION FOR BENEFIT VENDORS

Health Insurance	4
Provider name: GHT WCA Group Health Trust / UMR	
Provider phone number: 1.800.207.3172	
Provider website: <u>www.umr.com</u>	
Health Savings Account (HSA)	5
Provider name: Security Financial Bank	
Provider phone number: 1.715.609.1511	
Provider Contact Person: Missy Kroening	
Provider website: <u>www.sfbank.com</u>	
Dental Insurance	6
Provider name: Delta Dental of Wisconsin	
Provider phone number: 1.800.236.3712	
Provider website: <u>www.deltadentalwi.com</u>	
Vision Insurance	7
Provider name: Delta Dental of Wisconsin	
Provider phone number: 1.800.236.3712	
Provider website: <u>www.deltadentalwi.com</u>	
Long-Term Disability Insurance	8
Provider name: National Insurance Services	
Provider phone number: 1.800.627.3660	
Provider Contact Person: Tyler Loney	
Provider email: tloney@nisbenefits.com	
Provider website: <u>www.nisbenefits.com</u>	
Life Insurance	9
Provider name: EFT – Wisconsin Department of Employee Trust Funds	
Provider phone number: 1.877.533.5020	
Provider website: <u>www.eft.wi.gov</u>	
Employee Assistance Program	10
Provider name: LifeWorks	
Provider phone number: 866.451.5465	
Provider website: <a href="https://login.lifeworks.com/">https://login.lifeworks.com/</a>	
Voluntary Indivdual Insurance	10
Provider name: Building Blocks for Business	
Provider phone number: 1.844.624.1380	
Provider email: <a href="mailto:service@bbforb.com">service@bbforb.com</a>	
Open Enrollment Assistance	11
Provider name: Building Blocks for Business	
Provider phone number: 1.775.382.1287	
Provider website: <a href="https://schooldistofladysmith.youcanbook.me">https://schooldistofladysmith.youcanbook.me</a>	



# **HEALTH INSURANCE**

#### WHO IS ELIGIBLE:

School District of Ladysmith makes coverage available to all employees who work 30 hours or more per week.

#### **BENEFITS YOU RECEIVE:**

Provider	GHT WCA Group Health Trust / UMR	
Deductible	In-Network / Out-of-Network	
Single	\$3,000 / \$3,000	
Family	\$6,000 / \$6,000	
Coinsurance	In-Network / Out-of-Network	
After deductible, plan pays	100% / 70%	
Out of Pocket Maximum	In-Network / Out-of-Network	
Single	\$3,000 / \$5,000	
Family	\$6,000 / \$10,000	
	In-Network / Out-of-Network	
Preventative Care	100% (Deductible does not apply) / 70%	
	In-Network / Out-of-Network	
Office Visit - Primary	100% / 70%	
Office Visit - Specialist	100% / 70%	
Urgent Care	100% / 70%	
Emergency Room	100% / 100%	
Hospital	In-Network / Out-of-Network	
(inpatient and outpatient)	100% / 70%	
Prescription Drugs	In-Network	
	100%	

All percentages show what plan pays after deductible has been met.

#### **EMPLOYEE PAYS:**

#### **EMPLOYER PAYS:**

12% of the cost for coverage

88% of the cost for coverage

#### Cost of Medical Insurance per Month

Coverage Level	Employee Cost per Month	Employer Cost per Month	Total Cost per Month
Employee Only	\$95.23	\$698.32	\$793.55
Family	\$241.88	\$1,773.75	\$2,015.63



# HEALTH SAVINGS ACCOUNT (HSA)

#### WHO IS ELIGIBLE:

All employees enrolled in the School District of Ladysmith health plan.

#### **BENEFITS YOU RECEIVE:**

School District of Ladysmith contributes **\$925** for employees enrolled in a single health plan and **\$1,850** for employees enrolled in a family plan annually to an account created in your name to reimburse you tax-free for eligible medical expenses.

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 2023, the maximum is \$3,850 for single coverage and \$7,750 for family coverage.

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 <u>qualified medical expenses</u>. 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 percent tax, unless you make the withdrawal after you reach age 65, become disabled or after your death.

#### CASH IN LIEU OF HEALTH INSURANCE

All employees eligible for health insurance can opt for a cash in lieu of health insurance benefit. The benefit is \$3,000 annually. The employee must fill out a disclaimer with the payroll clerk and provide a copy of their insurance card. This provision (\$3,000 annually is paid during the school year) shall not apply to married employees where both spouses are employed by the District.



# **DENTAL INSURANCE**

#### WHO IS ELIGIBLE:

School District of Ladysmith makes coverage available to all employees who work 25 hours or more per week.

#### **BENEFITS YOU RECEIVE:**

Delta Dental of WI	In-Network	Out-of-Network
Individual Annual Maximum	\$1,500	\$1,500
Individual Deductible	\$50	\$50
Family Deductible	\$150	\$150
Diagnostic & Preventative Services	•	
Exams	100%	100%
Sealants	100%	100%
X-rays and fluoride	100%	100%
Space Maintainers	100%	100%
Basic Restorative Services		
Fillings	80%	80%
Endodontics	50%	50%
Periodontics	50%	50%
Onlays	50%	50%
Major Restorative Services		
Bridges/Dentures	50%	50%
Implants	50%	50%
Orthodontic Services - Dependents to	o age 26	,
Coverage Coinsurance	50%	50%
Individual Lifetime Max	\$1,000	\$1,000

#### **EMPLOYEE PAYS:**

#### **EMPLOYER PAYS:**

0% of the cost for coverage

100% of the cost for coverage

#### Cost of Dental Insurance per Month

Coverage Level	Employee Cost per Month	Employer Cost per Month	Total Cost per Month
Employee Only	\$0.00	\$37.21	\$37.21
Family	\$0.00	\$104.55	\$104.55



# **VISION INSURANCE**

#### WHO IS ELIGIBLE:

School District of Ladysmith makes coverage available to all employees who work 30 hours or more per week.

#### **BENEFITS YOU RECEIVE:**

Calendar Year Benefit	In Network	Out-of-Network
Exams – Every 12 Months		1
Comprehensive Exam	\$20 copay	Up to \$35 Reimbursement
Lenses or Contact Lenses – Every 12	Months	
Single Vision	\$20 copay	Up to \$25 Reimbursement
Bifocal	\$20 copay	Up to \$40 Reimbursement
Trifocal	\$20 copay	Up to \$55 Reimbursement
Frames – Every 24 Months		
Frames	\$150 allowance, then 20% off balance	50% of the selected in- network allowance
Contact Lenses or Lenses – Every 12	Months	
Non-Elective	No Cost Share	\$200
Elective Conventional	\$150 allowance, then 15% off balance	80% of the selected in- network allowance
Elective Disposable	\$150 allowance	80% of the selected in- network allowance

#### **EMPLOYEE PAYS:**

#### **EMPLOYER PAYS:**

100% of the cost for coverage over the Employee Only cost 100% of Employee Only cost

#### Cost of Vision Insurance per Month

Coverage Level	Employee Cost per Month	Employer Cost per Month	Total Cost per Month
Employee Only	\$0.00	\$5.63	\$5.63
Employee + Spouse	\$5.63	\$5.63	\$11.26
Employee + Child(ren)	\$5.86	\$5.63	\$11.49
Family	\$11.49	\$5.63	\$17.12



# **DISABILITY INSURANCE**

#### WHO IS ELIGIBLE:

School District of Ladysmith provides all employees working at least 600 hours per year with long-term disability insurance. Benefits begin on your first day of active work and end on your last day of work.

#### **BENEFITS YOU RECEIVE:**

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
Definition of Disability	Total
Benefit %	90% of Pre-Disability Earnings
Maximum Monthly Benefit	\$10,125
Benefit Duration:	If disabled prior to age 61 to age 65; reduced duration thereafter
Pre-Existing Conditions Exclusion	None
Yearly Salary Definition	Base Wage Only
Sick Pay Coordination	Disability benefit is offset by sick pay
Evidence of Insurability (E of I)	E of I is required for late entrants not enrolled within 31 days of
Requirements	eligibility

#### **EMPLOYEE PAYS:**

Long-Term Disability Insurance = 0%

## **EMPLOYER PAYS:**

Long-Term Disability Insurance = 100%



# LIFE INSURANCE

#### WHO IS ELIGIBLE:

School District of Ladysmith provides all employees who are eligible, in accordance with Wisconsin Statutes 40.02(25)(a) or (c), whether full time or part time, and under age 70, basic group life insurance.

#### **BENEFITS YOU RECEIVE:**

Basic Employee Life- Wisconsin Retirement System		
Benefit Amount	1 times annual salary rounded to the next \$1,000	
Evidence of Insurability (E of I)	E of I is required for late entrants not enrolled within 31 days of	
Requirements	eligibility, increases, and amounts exceeding the Guarantee Issue	
Waiver of Premium	If deemed totally disabled prior to age 65 premiums may be waived while disabled until age 70	
Conversion	When coverage terminates you are eligible to convert policy into an individual whole life policy at your own expense	

#### **EMPLOYEE PAYS:**

**EMPLOYER PAYS:** 

Basic Life and AD&D: 0% Basic Life and AD&D: 100%



## **EMPLOYEE ASSISTANCE PROGRAM**

#### **BENEFITS YOU RECEIVE:**

The Employee Assistance Program is a no cost service offered to all employees. It is a **completely confidential** counseling program that covers issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements and other personal stressors.

Includes LIFT (virtual fitness): work out with personalized programs and access coaches if you have questions or choose to work out under the live supervision of a coach online, in 1-1 personal or group sessions.

Provider name: LifeWorks
Provider phone number: 866.451.5465
Provider website: www.niseap.com

# **VOLUNTARY INDIVIDUAL INSURANCE**

#### WHO IS ELIGIBLE:

School District of Ladysmith offers voluntary individual insurance to all employees working at least 30 hours per week.

#### **BENEFITS YOU RECEIVE:**

Employees can enroll in the following benefits.

- Accident For a covered accident, policyholders receive cash benefits for use as they see fit
- Cancer The cancer plan is designed to pay cash benefits that can be used to help offset cancer related expenses
- **Critical Illness** Helps with medical expenses related to a covered serious health event.
- Medical Bridge / Hospital Confinement Pays cash amounts to help with the non-covered expenses of a hospital stay
- **Life Insurance** Helps you get the peace of mind knowing your family is taken care of.
- · Short Term Disability

For questions or to file a claim, feel free to email westservice@bbforb.com or call 775-382-1369.



## **OPEN ENROLLMENT ASSISTANCE**

#### WHO IS ELIGIBLE:

School District of Ladysmith has partnered with Building Blocks for Business to provide Open Enrollment Assistance to all benefit eligible employees.

#### **BENEFITS YOU RECEIVE:**

A Building Blocks Benefit Advisor will assist you with an enhanced remote enrollment experience via a screen share enrollment session which will require access to a computer and internet. It is required to book and complete the virtual agent session as part of the electronic signature process.

After completing your enrollment session, you will receive membership information to the WellCard Savings Program, a free savings program available to all benefit eligible employees of Ladysmith School District.

To schedule your enrollment session, book online, call or email Building Blocks for Business.

Go to: <a href="https://schooldistofladysmith.youcanbook.me">https://schooldistofladysmith.youcanbook.me</a>
Call: 775.382.1287

Email: <a href="mailto:scheduling@bbforb.com">scheduling@bbforb.com</a>

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.