



SPARTA AREA SCHOOL DISTRICT

EMPLOYEE BENEFITS GUIDE

Plan Year: 2023-24

Sparta Area School District values our employees and is committed to offering you and your eligible family members a comprehensive and valuable benefits program. Since the benefits provided to you are an important part of your total compensation, we encourage you to take the time to educate yourself about your options and coverage available to you and your family. This guide provides a brief description of the benefits offered and is not intended to be a complete source of information on the plans. For more detailed information, please refer to the Summary Plan Descriptions and Certificate of Coverages available on the district website under Staff Resources.

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BENEFITS BASICS

Who is Eligible?

Please refer to your applicable section in the Sparta Area School District employee handbook for eligibility requirements.

Your eligible dependents can enroll in some benefits as well. Eligible dependents include:

- Your legal spouse
- Dependent children up to the age of 26
- Your physically or mentally disabled children beyond age 26 if meeting specific criteria established by the insurance company.

Ultimately, determination of eligibility is based on the terms, conditions, and limitations of the plan document.

How to Enroll?

If you are a new employee, your benefits begin with the first day of hire and are effective through June 30th.

Each year you can review your benefit options and make choices based upon your current life situation. This guide will assist you in your benefits decisions.

If you are currently enrolled in Short-term Disability or Voluntary Life insurances and you wish to keep these benefits you do not need to do anything as the information will automatically roll over every year.

If you are currently enrolled in Health, Dental, or Vision insurances and wish to make changes or if you are needing to elect coverage, you must fill out each specific provider's enrollment form during the next open enrollment period unless you have a qualified change in status.

If you choose to take advantage of the Medical Flex or Dependent Care Flex, a new election form must be completed every year.

When to Enroll?

The open enrollment period runs from May 1st through May 15th each year. The benefits you elect during open enrollment will be effective from July 1st through June 30th.

BENEFITS BASICS (continued)

How to Make Changes

To protect the tax advantages of your benefits, you cannot make changes to your benefits during the plan year (July 1st – June 30th) unless you have a qualifying event. Qualified changes in status include:

- Marriage
- Divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child, or another qualified dependent
- Commencement or termination of adoption proceedings
- Change in employment status of your spouse or dependent
- Change in coverage under another employer-sponsored plan for your spouse or dependent
- Commencement or return from an unpaid leave of absence

Notification must be made within 30 days of the event.

Questions?

Please contact a Payroll & Benefits Specialist or Human Resources Specialist to set up an appointment to review the benefits available to you.

Megan Anderson (Certified Staff)

Payroll & Benefits Specialist
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Haylie Kinserdahl (Classified Staff)

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BENEFIT OVERVIEW

Benefit	Your Options	Coverage	Cost Sharing
Medical	Group Health Trust: HMO Plan	Individual or Family	District: 84.5% Employee: 15.5%
	Group Health Trust: PPO Plan	Individual or Family	District: 84.5% of HMO Plan Employee: 15.5% of HMO Plan + 100% of buy-up to PPO Plan
HRA	MidAmerica	Individual or Family	District: 100%
FSA - Medical	MidAmerica	Employee and eligible dependents	Employee: 100% (subject to IRS limits)
FSA - Dependent Care	MidAmerica	Employee and eligible dependents	Employee: 100% (subject to IRS limits)
Dental	Delta Dental	Individual or Family	District: 87.4% Employee: 12.6%
Vision	Delta Dental	Individual or Family	Employee: 100%
Short-term Disability	Madison National	Employee Covers 0-90 days	Employee: 100%
Long-term Disability	Madison National	Employee Covers 90+ days	District: 100%
Voluntary Life Insurance	Madison National	Employee and eligible dependents	Employee: 100%
TSA - 403(b)	WEA Member Benefits	Employee	District: \$1,500 Employee: \$50+

REALiving

REALiving is much more than an Employee Assistance Program. The REALiving Employee Achievement Program provides a variety of services that help employees be successful in navigating “bumps in the road” of life. To schedule an appointment, call the Employee Achievement Call Center at 1.877.256.9302, or visit: www.EAP.REALiving.com username: *SASDistrict* password: *sasdEmployee*

CONTACT INFORMATION

Carrier Customer Service

Additional information regarding benefit plans can be found on the District's Staff Intranet. Please contact Megan Anderson (Certified Staff) or Haylie Kinserdahl (Classified Staff) in the District Office to complete any changes to your benefits that are not related to your initial or annual enrollment.

Benefit	Carrier	Phone Number	Website
Medical - enrollment	WCA Group Health Trust	866-404-2700	www.wcaght.org
Medical - claims	UMR	800-207-3172	www.umar.com
Dental	Delta Dental of Wisconsin	715-344-6087	www.deltadentalwi.com
Vision	Delta Dental of Wisconsin	715-344-6087	www.deltadentalwi.com
Voluntary Life	National Insurance Services	800-627-3660	www.nisbenefits.com
Short-Term & Long-Term Disability	National Insurance Services	800-627-3660	www.nisbenefits.com
FSA Plan	MidAmerica Journey	855-329-0095	www.mymidamericajourney.com
Employee Assistance Program (EAP)	REALiving	877-256-9302	www.realiving.com
403(B) Plan	WEA Member Benefits	800-279-4030	www.weabenefits.com
Wisconsin Retirement Plan (WRS)	Employee Trust Funds (ETF)	877-533-5020	https://etf.wi.gov

HEALTH INSURANCE

Group Health Trust will be administering the Health Plan for 2023-24. Employees will choose to enroll in the HMO plan, or the PPO plan. The following chart compares the two plan options.

Services	HMO		PPO	
	In Network	Out of Network	In Network	Out of Network
Deductible		Not Covered		
- Individual	\$2,000		\$2,000	\$3,500
- Family	\$4,000		\$4,000	\$7,000
Coinsurance				
After deductible, plan pays	80%		80%	60%
Preventative Care	100%		100%	\$50 Copay/ Deductible/ 60%
Primary Office Visit Copayments	\$25 Copay		\$25 Copay	\$50 Copay/ Deductible/ 60%
Specialty Office Visit Copayments	\$50 Copay		\$50 Copay	\$100 Copay/ Deductible/ 60%
Urgent Care Copayments	\$75 Copay/ Deductible/ 80%		\$75 Copay/ Deductible/ 80%	\$75 Copay/ Deductible/ 80%
Emergency Room Copayments	\$300 Copay/ Deductible/ 80%		\$300 Copay/ Deductible/ 80%	\$300 Copay/ Deductible/ 80%
Out-of-Pocket Max				
- Individual	\$3,500	\$3,500	\$6,500	
- Family	\$7,000	\$7,000	\$13,000	
Drug Plan Formulary	<u>Generic</u>	<u>Preferred</u>	<u>Non-Preferred</u>	
- Retail, 30 Days	\$10	\$30	\$60	
- Retail, 31-90 Days	\$30	\$90	\$180	
- Mail Order, 90 Days	\$20	\$60	\$120	
- Specialty, 30 Days	20% to max \$250			
	Pharmacy Out of Pocket Max:			
	- Individual: \$2,000			
	- Family: \$4,000			

HEALTH INSURANCE (continued)

Additional Offered Services at no cost to employees:

Members of the health plan can use Teladoc, the Neighborhood Family Clinic, UHC Hearing Program, Maternity Management, Vision Exam, Hearing Exam, Live Well Reward\$, and Real Appeal.

Your cost in 2023-2024

The district will pay 84.5% of the premiums for the base HMO plan. The employee is responsible for the other 15.5%. Bi-weekly payroll deductions are illustrated below.

HMO Plan - Employee Bi-Weekly Deductions			
Single 21 Pays	Family 21 Pays	Single 26 Pays	Family 26 Pays
\$92.80	\$210.85	\$77.33	\$175.70

The district will pay 80.5 % of the premiums for the PPO Plan. The employee is responsible for the other 19.5%. Bi-weekly payroll deductions are illustrated below.

PPO Plan - Employee Bi-Weekly Deductions			
Single 21 Pays	Family 21 Pays	Single 26 Pays	Family 26 Pays
\$122.73	\$278.86	\$102.27	\$232.38

HEALTH REIMBURSEMENT ACCOUNT (HRA)

Sparta Area School District also contributes an amount into an HRA account for every participating employee to help offset the health insurance deductible.

To be eligible for the full amount of the district contribution into your HRA account, a confidential annual (preventative) wellness exam must be completed. If you or your covered spouse decides to bypass having an annual wellness exam, your HRA contribution will be reduced to \$0.00.

Wellness exams are covered 100% by your health insurance plan and provide the following benefits:

- You can schedule them at your own convenience.
- They provide more immediate follow-up for any health and/or wellness concerns.
- They encourage you to form a relationship with a primary care provider.

Please be mindful that to have your annual wellness exam covered 100%, without any deductible cost, you should not mention, or seek treatment for, any health concerns. It is best for you to schedule a follow-up appointment for existing health and/or wellness concerns.

To complete this requirement, the Sparta Area School District asks you to complete the online Wellness Form for verification of an annual wellness exam.

Plan	Annual Wellness Exam	Contribution
Individual	Employee completed annual wellness exam	\$750
Individual	Employee did not complete annual wellness exam	\$0
Family	Employee and covered spouse (if applicable) completed annual wellness exam	\$1,500
Family	Employee completed annual wellness exam, covered spouse did not complete	\$0
Family	Covered spouse completed annual wellness exam, employee did not complete	\$0
Family	Neither employee or covered spouse completed annual wellness exam	\$0

If you have any questions, please contact your Payroll & Benefits Specialist.

FLEXIBLE SPENDING ACCOUNT (FSA)

Sparta Area School District provides you the opportunity to set aside money to pay for eligible out-of-pocket medical and dependent care expenses with pre-tax dollars through Flexible Spending Accounts.

You must enroll/re-enroll in the plan each year to participate, but doing so will offer you significant tax advantages. Contributions to your FSA come out of your paycheck before any Social Security, Federal or State taxes are taken out, meaning that you do not pay taxes on the portion of your paycheck that you contribute to your FSA. This provides you with an easy way to save money while paying for medical and/or dependent care expenses that you expect to incur in the coming year.

The Flexible Spending Accounts are administered by MidAmerica Administrative & Retirement Solutions. For more information, please visit www.mymidamerica.com.

Medical Flexible Spending Account

The Medical FSA is used to cover the cost of health, dental, vision and hearing expenses which are not covered under your health insurance plan, but are considered an eligible healthcare FSA expense, as detailed below. You can contribute up to \$3,050 for the 2023 calendar year. Participants can carry over up to \$610 of their unused balances into the following plan year.

- Deductibles and copays
- Prescription drugs and over-the-counter medicines (if prescribed by a doctor)
- Dental expenses, including orthodontics
- Vision expenses, including eye exams, glasses, and contact lenses
- Hearing expenses, including hearing aids and exams
- Mental health expenses (does not include marriage counseling)
- Orthopedic expenses
- Medical expenses for certain other procedures not covered by your health plan, such as laser vision correction or weight loss programs

Dependent Care Flexible Spending Account

The Dependent Care FSA is used to cover the cost of caring for eligible dependents while you work. If you are married, your spouse must either work or be attending classes full time for you to use the Dependent Care FSA. You may contribute up to \$5,000 per year per household, and the account can be used for:

- Childcare center or in-home day care for any dependent under age 13 or disabled
- Adult care center for disabled spouse or parent (does not include nursing home)

DENTAL INSURANCE

Sparta Area School District worked with Delta Dental to specially prepare a plan for you and your family. Delta Dental’s website, www.deltadentalwi.com, has a lot to offer. You can use it to obtain coverage information, check the status of a claim, or find a network dentist.

Services	Amount You Pay	
	Delta Dental PPO	Delta Dental Premier
Individual Annual Benefit Maximum	\$1,000	\$1,000
Deductible		
- Individual	\$0	\$0
- Family	\$0	\$0
Preventive Services		
- Exams and cleanings	Covered at 100%	Covered at 100%
- X-rays		
Basic Services		
- Fillings	Covered at 80%	Covered at 80%
- Extractions		
Major Services		
- Bridges	Covered at 50%	Covered at 50%
- Dentures and Implants		
Orthodontic Services	Coverage copayment 50% Individual max \$1,500	Coverage copayment 50% Individual max \$1,500
Vision Discount Program	Covered	Covered

Your dental plan also includes a vision-care discount program. Under the plan, you are eligible for discounts and savings on exams, eyewear, and contact lenses offered by participating providers. This is not an insurance program.

Your cost in 2023-24

Sparta Area School District is pleased to announce there will not be premium increase for the dental plan. The district will continue to pay for 87.4% of the premiums. Bi-weekly payroll deductions are illustrated below.

EMPLOYEE BI-WEEKLY DEDUCTIONS			
Individual 21 Pays	Family 21 Pays	Individual 26 Pays	Family 26 Pays
\$2.99	\$8.75	\$2.50	\$7.29

VISION INSURANCE

Sparta Area School District is pleased to announce there will not be a premium increase for the voluntary vision insurance plan offered through Delta Dental for the 2023-2024 school year.

Frequency is based on the date of service not the calendar year. Exams every 12 months, lenses or contacts every 12 months, frames every 24 months.

Services	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays \$20 copay, plan pays balance	\$35
Retinal Imaging	Member pays up to \$39	None
Standard Contact Lens Fit & Follow-Up	Member pays up to \$55	None
Premium Contact Lens Fit & Follow Up	10% off retail	None
Frames (any available frame at provider location)	\$130 allowance, then 20% off balance	\$65
Diabetic Eye Care Benefits included that provide an additional office visit and diagnostic testing for those who have diabetes		

Your cost in 2023-24

The employee will be 100% responsible for the vision insurance premiums.

EMPLOYEE BI-WEEKLY DEDUCTIONS			
Individual 21 Pays	Family 21 Pays	Individual 26 Pays	Family 26 Pays
\$2.83	\$7.04	\$2.36	\$5.87

LIFE AND DISABILITY BENEFITS

Short-term Disability

You are eligible to enroll or participate in a voluntary short-term disability insurance plan. The employee premium is based on the weekly benefit amount selected, up to 66.67% of pre-disability wages.

Short-term Disability	
Benefits Begin <ul style="list-style-type: none">- Injury- Physical Disease	1 st day of disability 3 rd day of disability
Benefits Duration	Lesser of 90 consecutive calendar days, or until LTD benefits commence
Benefit Percentage	9 weekly benefit options Not to exceed 66.67% of weekly wages

Long-term Disability

Sparta Area School District provides long-term disability income benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Long-term Disability	
Benefits Begin	90 th day of disability
Benefits Duration	Later of Age 65 or Social Security Normal retirement Age
Benefit Percentage	90%
Maximum Monthly Benefit	\$11,250

Voluntary Life Insurance

Employees who want to have life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly deductions. You can purchase coverage for yourself and can choose five options up to \$150,000, but not to exceed 5x your annual salary. You can purchase coverage for your spouse in the amount of \$10,000, \$20,000, or \$35,000. Coverage for your dependent children can be purchased in the amount of \$10,000, up to age 26. The employee must elect coverage for themselves to be eligible to purchase coverage for spouse and dependents.

You can make changes to your Life and Disability elections at any point during the year. If you choose to enroll/change your election, you are required to complete an Evidence of Insurability (EOI) form.

RETIREMENT PLANS

Invest in your future by taking advantage of Sparta Area School District's retirement plan options. Eligible employees have access to Tax Sheltered Annuity (TSA) and Wisconsin Retirement System (WRS) plans.

Tax Sheltered Annuity – 403(b) Plan

The district is excited to provide the opportunity for employees to save for retirement by participating in the district's 403(b) retirement plan. You can participate in the Plan with pre-tax contributions, meaning that you don't pay Social Security, Federal, or State income taxes on the portion of your paycheck you contribute to your 403(b) account.

In addition, employees who qualify will be eligible for a District match (non-elective contribution) of \$1,500 in 2023-24. To qualify, during the 12 months prior to the contribution, you must:

- Be employed in an eligible position, by September 1st
- Remain employed through the final teacher work day
- Qualify for the District's health insurance benefit
- Contribute a total of at least \$50 through elective recurring payroll deductions between July 1 and June 30.

The maximum amount that you can contribute to your retirement is determined by the IRS. Special catch-up provisions are also available for employees aged 50 and older. Some restrictions may apply.

You may change your investment selections, your deferral percentage, and a variety of other transactional activities by contacting WEA Member Benefits at 1.800.279.4030 or visit www.weabenefits.com.

Wisconsin Retirement System

For the remainder of 2023, the district will match your contribution to WRS of 6.8%. The Wisconsin Retirement System will determine the 2024 rate in Fall 2023.

The information in this Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made 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.

The Sparta Area School District reserves the right to change, amend, suspend, or terminate any or all the plans described in the guide at any time and for any reason. This Guide is not a contract, and participation in any of the plans does not guarantee employment.

Glossary

Coinsurance: The percentage of the bill you pay for a covered product or service after your deductible is met.

Copayment (Copay): A set dollar amount you pay for a covered product or service.

Deductible: The amount you must pay for health care services before your health insurance covers the cost of services.

In-Network: Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

Out-Of-Network: Use of a health care provider that does not participate in a plan's network.

Inpatient: Services provided to an individual during an overnight hospital stay.

Outpatient: Services provided to an individual at a hospital facility without an overnight hospital stay.

Out-of-Pocket Maximum: The maximum amount you & your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year.