



**SCHOOL DISTRICT OF NEILLSVILLE**  
2024 Employee Benefits Guide



# Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2024 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

## During Enrollment

Enroll in these plans or waive coverage:

- Medical
- Dental
- Flex
- Life
- Voluntary Life
- Voluntary Short-Term Disability
- Long Term Disability
- Voluntary Accident
- Voluntary Critical Illness
- Voluntary Hospital Indemnity

## Additional Voluntary Options by WEA Member Benefits

- Individual Retirement Accounts (IRA's)
- Tax Sheltered Annuities (TSA's)
- Automobile Insurance
- House Insurance
- Umbrella Insurance

Federal Notices can be found in the Annual Notices Booklet on the School Website.

## Table of Contents

Benefits Enrollment Checklist	1	Voluntary Critical Illness	15
Carrier Contacts	2	Voluntary Hospital Indemnity	16
Medical	3	Mental Health Resources	18
Health Reimbursement Account (HRA)	7	Retirement Savings & Holidays	19
Flexible Spending Account (FSA)	8	Paid Time Off (PTO)	20
Dental	9	Federal Notices	21
Voluntary Short-Term Disability	10	403B Universal Availability Notice	38
Long Term Disability	10	Payroll Schedule	47
Group Term Life/Voluntary Life/AD&D	11	Benefit Plan and Open Enrollment Dates	48
Voluntary Accident	12		

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



# Carrier Contacts

Coverage	Carrier	Contact
Medical	Aspirus Health Plan	866-631-5404 <a href="http://www.aspirushealthplan.com">www.aspirushealthplan.com</a>
Dental	Delta Dental of WI	800-236-3712 <a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
Flexible Spending Account (Flex) and Health Reimbursement Account (HRA)	Diversified Benefits	800-234-1229 <a href="http://www.dbsbenefits.com">www.dbsbenefits.com</a>
Life	Securian Financial	833-810-8260 <a href="http://www.securian.com">www.securian.com</a>
Short Term Disability (STD)	The Standard	866-851-5505 <a href="http://www.standard.com">www.standard.com</a>
Long Term Disability (LTD)	The Standard	800-368-1135 <a href="http://www.standard.com">www.standard.com</a>
Voluntary Life and AD&D	The Standard	800-628-8600 <a href="http://www.standard.com">www.standard.com</a>
Worksite (Accident, Critical Illness & Hospital)	The Standard	866-851-5505 <a href="http://www.standard.com">www.standard.com</a>
Retirement (WRS/ETF)	Wisconsin Retirement Service	877-533-5020 <a href="http://www.etf.wi.gov">www.etf.wi.gov</a>
Investments/Personal Insurance	WEA Member Benefits	800-279-4030 <a href="http://www.weabenefits.com">www.weabenefits.com</a>

# Medical Plans

## Medical Plans

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. The School District of Neillsville provides eligible employees the choice of 2 medical plans administered by Aspirus Health Plan. The benefits are the same, the difference is in the networks.

1. Aspirus Health Plan Signature HMO Plan offers the lowest premiums and features Aspirus Health Care and affiliated providers and does not provide any coverage – outside of the network – except for emergency room services or with an approved referral from Aspirus Health Plan.
2. Aspirus Health Plan Freedom Network Point-of-Service Plan. This is a 2-Tier plan – meaning that it provides both in and out-of-network coverage. This option features the Aspirus Health Plan Freedom Network which provides additional access to WI-based providers in addition to all the providers in the Signature Network but does have a higher premium cost.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Aspirus Health Plan network that you select. Find a participating health care provider in your area by going to:

<https://p1.aspirushealthplan.com/find-a-doctor/>

## Eligibility

- All full-time employees

## And Your...

A covered employee's legal spouse

- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to age 26.

## Terms To Know

### Deductible

The amount ***you pay*** out of your pocket each year ***before the plan begins*** sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

### Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but ***not*** toward your deductible.

### Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

### Coinsurance

The cost shared between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expenses shown.

### In-Network Coinsurance

Plan Pays 100%

.....  
You Pay 0%

# Medical Plan Highlights – Embedded Plan

Aspirus Health Plan Signature Network	HMO Copay   \$2,000 Deductible	
	In-Network Coverage	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	N/A
Family	\$4,000	N/A
<b>Out-of-Pocket Maximum</b>		
Single	\$2,000	N/A
Family	\$4,000	N/A
<b>Coinsurance</b>		
	100%	N/A
<b>Physician Services</b>		
Routine / Preventative Care	Select Service Covered 100%	
Primary Care Physician	100% After Deductible	N/A
Specialist	100% After Deductible	N/A
<b>Hospital Services</b>		
	100% After Deductible	N/A
<b>Urgent Care</b>		
	<b>100% After Deductible</b>	<b>N/A</b>
<b>Emergency Care</b>		
	\$100 Copay; then, Deductible	\$100 Copay; then Deductible
<b>Prescription Drugs</b>		
	<b>Retail – 34 Day Supply</b>	<b>Out-of-Network</b>
Generic	\$10	N/A
Brand	\$30	N/A
Non-Preferred	\$60	N/A

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Premium Cost	Employee Cost	Employer Cost
<b>Employee (Single)</b>	\$12,003.72	Based on hours worked	Based on hours worked
<b>Work (1080-1349 hours)</b>	EE 50% and ER 50%	\$6,001.86	\$6,001.86
<b>Work (1350-2079 hours)</b>	EE 25% and ER 75%	\$3,000.93	\$9,002.79
<b>Work (2080+ hours)</b>	EE 12% and ER 88%	\$1,440.45	\$10,563.27
<b>Employee + Spouse</b>	\$27,248.52	Based on hours worked	Based on hours worked
<b>Employee + Child(ren)</b>	\$27,248.52	Based on hours worked	Based on hours worked
<b>Family</b>	\$27,248.52	Based on hours worked	Based on hours worked
<b>Work (1080-1349 hours)</b>	EE 50% and ER 50%	\$13,624.26	\$13,624.26
<b>Work (1350-2079 hours)</b>	EE 25% and ER 75%	\$6,812.13	\$20,436.39
<b>Work (2080+ hours)</b>	EE 12% and ER 88%	\$3,269.82	\$23,978.70

To calculate per check costs, take employee cost and divide by either 18 for 9-10 month support staff or 24 payments for 12 months staff and teachers.

# Medical Plan Highlights – Embedded Plan

Aspirus Health Plan Freedom Network	Freedom POS Copay   \$2,000 Deductible	
	In-Network Coverage	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Out-of-Pocket Maximum</b>		
Single	\$2,000	\$8,000
Family	\$4,000	\$16,000
<b>Coinsurance</b>		
	100%	80%
<b>Physician Services</b>		
Routine / Preventative Care	Select Service Covered 100%	Deductible;
Primary Care Physician	100% After Deductible	Then 20%
Specialist	100% After Deductible	
<b>Hospital Services</b>		
	100% After Deductible	Deductible; Then 20%
<b>Urgent Care</b>		
	100% After Deductible	Deductible; Then 20%
<b>Emergency Care</b>		
	\$100 Copay; then, Deductible	\$100 Copay; then, Deductible
<b>Prescription Drugs</b>		
	<b>Retail – 34 Day Supply</b>	<b>Out-of-Network</b>
Generic	\$10	N/A
Brand	\$30	N/A
Non-Preferred	\$60	N/A





Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Premium Cost	Employee Cost	Employer Cost
<b>Employee (Single)</b>	\$14,044.44	Based on hours worked	Based on hours worked
<b>Work (1080-1349 hours)</b>	EE 50% and ER 50%	\$7,022.22	\$7,022.22
<b>Work (1350-2079 hours)</b>	EE 25% and ER 75%	\$3,511.11	\$10,533.33
<b>Work (2080+ hours)</b>	EE 12% and ER 88%	\$1,685.33	\$12,359.11
<b>Employee + Spouse</b>	\$31,880.76	Based on hours worked	Based on hours worked
<b>Employee + Child(ren)</b>	\$31,880.76	Based on hours worked	Based on hours worked
<b>Family</b>	\$31,880.76	Based on hours worked	Based on hours worked
<b>Work (1080-1349 hours)</b>	EE 50% and ER 50%	\$15,970.38	\$15,940.38
<b>Work (1350-2079 hours)</b>	EE 25% and ER 75%	\$7,970.19	\$23,910.57
<b>Work (2080+ hours)</b>	EE 12% and ER 88%	\$3,825.69	\$28,055.07

To calculate per check costs, take employee cost and divide by either 18 for 9-10 month support staff or 24 payments for 12 months staff and teachers.

# Understanding Your Care Options

Proactively understanding your care options can have a big impact in the amount you pay out-of-pocket when seeking care. The chart below is intended to help you identify the right setting for your specific needs.

Type of Care	Common Services	Approximate Wait Time	Average Member Cost
<b>Virtual Care</b> 	<ul style="list-style-type: none"> <li>▪ Colds or flu</li> <li>▪ Bronchitis</li> <li>▪ Respiratory infection</li> <li>▪ Pink eye</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sinus problems</li> <li>▪ Allergies</li> <li>▪ Urinary tract infection</li> <li>▪ Poison ivy</li> </ul>	<b>15-20</b> Minutes  <b>\$0</b>
<b>Your Doctor's Office</b> 	<ul style="list-style-type: none"> <li>▪ Preventative services</li> <li>▪ Vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medical problems that are not an immediate, serious threat to your health or life</li> </ul>	<b>1 Week</b> or More  <b>\$100-\$150</b>
<b>Urgent Care</b> 	<ul style="list-style-type: none"> <li>▪ Sprains or strains</li> <li>▪ Mild asthma attack</li> <li>▪ Sore throat</li> <li>▪ Earaches</li> </ul>	<ul style="list-style-type: none"> <li>▪ Minor broken bone</li> <li>▪ Minor cut</li> <li>▪ Minor infection</li> <li>▪ Minor rash</li> </ul>	<b>20 – 30</b> Minutes  <b>\$80-\$280</b>
<b>Emergency Room</b> 	<ul style="list-style-type: none"> <li>▪ Sudden change in vision</li> <li>▪ Sudden trouble talking</li> <li>▪ Large open wounds</li> <li>▪ Major burn</li> </ul>	<ul style="list-style-type: none"> <li>▪ Severe head injury</li> <li>▪ Heavy bleeding</li> <li>▪ Chest pain</li> <li>▪ Major broken bone</li> </ul>	<b>3 – 12</b> Hours  <b>\$500-\$2,200</b>

# Health Reimbursement Account (HRA)

The School District of Neillsville offers a Health Reimbursement Account (HRA) for those who take our group health insurance plan. The HRA keeps track of the employee and the employer's portion of the deductible for health insurance and automatically pays the districts portion of your health insurance deductible. This plan is administered by Diversified Benefit Services, Inc.

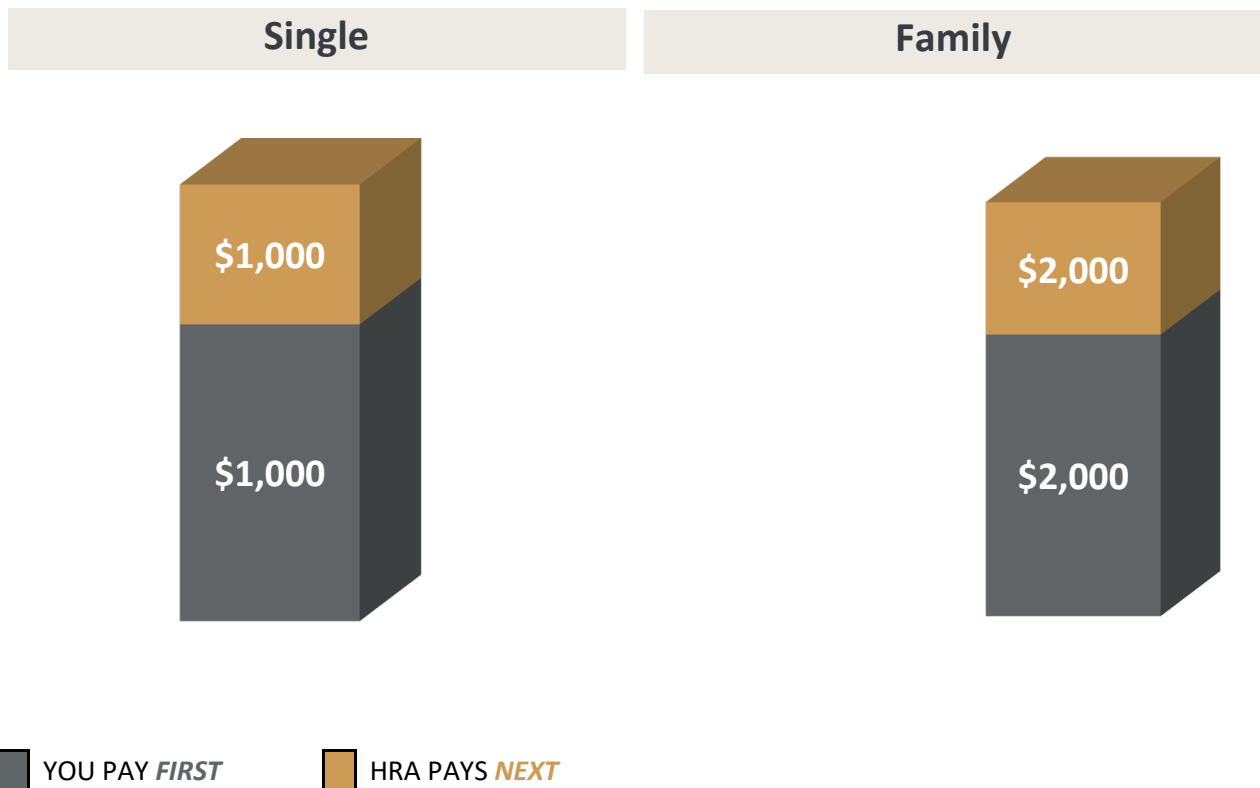
## How does a Health Reimbursement Account work?

Employees are required to cover the **FIRST**

- \$1,000 for single coverage
- \$2,000 for family coverage

Health Reimbursement Account (HRA) covers the **NEXT**

- \$,1000 for single coverage
- \$2,000 for family coverage





# Flexible Spending Account (FSA)

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by year-end or lose the balance.

The School District of Neillsville offers an FSA administered by Diversified Benefit Services, Inc.

## General Purpose FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care and vision care. You're ***not*** eligible for the General Purpose FSA if you are currently contributing to a Health Savings Account.

## General Purpose & Limited Health Care FSA Contribution Limits

School District of Neillsville follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for both the General Purpose FSA and Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$3,200. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$3,200 cap.

## Dependent Care FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You ***cannot*** contribute more than you or your spouse earned in income for the year. ***If you enroll during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

# Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That’s why School District of Neillsville offers a dental plan administered by Delta Dental.

Delta Dental of WI	PPO / Premier
<b>Individual Annual Maximum</b>	<b>\$1,000</b>
<b>Deductible</b>	
Employee Only	\$0
Family	\$0
<b>Preventive Care Services</b>	
Exams	100%
Cleanings	100%
Fluoride Treatments	100%
X-Rays	100%
Space Maintainers	100%
Sealants	100%
Emergency Treatment to Relieve Pain <i>(Deductible does not Apply)</i>	100%
<b>Basic Restorative Services</b>	
Fillings	100%
Endodontics – Surgical / Non-Surgical	100%
Periodontics – Surgical / Non-Surgical	100%
Extractions – Surgical / Non-Surgical and other oral surgery <i>(Deductible Applies)</i>	100%
<b>Major Restorative Services</b>	
Crowns, Inlays, Onlays	80%
Bridges and Dentures	50%
Repairs and Adjustments to Bridges and Dentures	80%
Implants	50%
<b>Orthodontic Services</b>	
Coinsurance	50%
Individual Lifetime Maximum	\$1,500
Dependents Eligible to Age	19
Full-Time Students Eligible to Age	19

Monthly Premiums	Premium Cost	Employee Cost	Employer Cost
<b>Employee</b>	\$558.24	Based on hours worked	Based on hours worked
<b>Work (1080-1349 hours)</b>	EE 50% and ER 50%	\$279.12	\$279.12
<b>Work (1350-2079 hours)</b>	EE 25% and ER 75%	\$139.56	\$418.68
<b>Work (2080+ hours)</b>	EE 12% and ER 88%	\$66.99	\$491.25
<b>Employee + Spouse (Family)</b>	\$1,598.04	Based on hours worked	Based on hours worked
<b>Employee + Child(ren) (Family)</b>	\$1,598.04	Based on hours worked	Based on hours worked
<b>Family</b>	\$1,598.04	Based on hours worked	Based on hours worked
<b>Work (1080-1349 hours)</b>	EE 50% and ER 50%	\$799.02	\$799.02
<b>Work (1350-2079 hours)</b>	EE 25% and ER 75%	\$399.51	\$1,198.53
<b>Work (2080+ hours)</b>	EE 12% and ER 88%	\$191.76	\$1,406.28

# Protection Plans

## Short Term Disability (STD)

The School District of Neillsville offers two voluntary Short Term Disability plans that are administered by The Standard. These plans will help offset your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury. This benefit is offered to staff working twenty (20) or more hours per week.

The Standard	Benefit Highlights - Plan A
Premium	Voluntary
Weekly Benefit	\$150
Sickness Benefit Begins On	08 Day
Accident Benefit Begins On	08 Day
Maximum Benefit Duration	60 Days

The Standard	Benefit Highlights - Plan B
Premium	Voluntary
Weekly Benefit	66 2/3% of the first \$750 of your pre-disability earnings
Sickness Benefit Begins On	08 Day
Accident Benefit Begins On	08 Day
Maximum Benefit Duration	60 Days

## Long Term Disability (LTD)

School District of Neillsville’s Long Term Disability plan is administered by The Standard and paid for by School District of Neillsville. This benefit pays a *monthly* percentage of your salary if you become disabled and are unable to work for an extended period. This benefit is offered to staff working twenty (20) or more hours per week.

The Standard	Benefit Highlights
Premium	Employer Paid
Monthly Benefit	90% of the first \$10,500 of your monthly pre-disability
Elimination Period	60 Days
Maximum Benefit Duration	Determined by your age

**NOTE:** Both the STD and LTD include pre-existing condition limitations. Please review the plan summaries for more details. Earnings for STD and LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.

# Protection Plans (continued)

## Group Term Life and Accidental Death & Dismemberment (AD&D)

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump payment if you pass away while employed by School District of Neillsville.

School District of Neillsville offers a Group Term Life Insurance benefit equal to your annual salary plus accidental death and dismemberment insurance coverage. Specific details of the plan are covered in the Plan Certificate. This benefit is offered to staff working twenty (20) or more hours per week.

### Securian Basic Life Plan Highlights

Amount of Life Insurance Benefit	Equal to your annual salary and increases with your salary
Amount of AD&D Benefit	Equal to term life

## Voluntary Life and Accidental Death and Dismemberment Insurance

In addition to the Basic Term Life and AD&D insurance, you have the option to purchase Supplemental Life Insurance coverage for you and your eligible family members through The Standard. Please see a representative from HR with any questions.

### The Standard Plan Highlights

Employee Coverage (\$10,000 increments)	Employee – minimum benefit \$10,000, maximum benefit \$500,000, Guarantee issue is \$100,000
Spouse Coverage (\$5,000 Increments)	Spouse – minimum benefit \$5,000, maximum benefit \$250,000, Guarantee Issue is \$30,000
Child Coverage (Flat \$10,000)	AD&D – Matches life benefit and is .015 per \$1,000
	Child – Flat \$10,000
	Rate: per \$1,000 is .200 for life and the AD&D Rate: Per \$1,000 is .030

## Employee & Spouse Premiums

Rate per \$1,000 of coverage

Age	Employee Per \$
00-24	\$.050
25-29	\$.060
30-34	\$.080
35-39	\$.090
40-44	\$.129
45-49	\$.203
50-54	\$.320
55-59	\$.497
60-64	\$.660
65-69	\$1.270
70-999	\$2.850

# Accident Insurance



Having an accident doesn't just hurt you — it can also damage your finances. Your medical insurance will cover some of the expenses, but you'll be left to foot the bills for your copays and deductible. Those can add up fast, especially if you're unable to work while you recover. That's where Group Accident insurance comes in: It helps protect your bank account from the out-of-pocket expenses that can come with an injury — whether you're coping with a broken arm or recovering from a serious car accident.

You can get a Health Maintenance Screening Benefit of \$50 each year just for going to the doctor for a covered wellness exam, such as a stress test or lipid panel — a routine preventive visit that typically costs you nothing under your medical insurance.

## HERE'S HOW IT WORKS

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most — whether that's to help with your deductible, copays and other medical bills, or your daily expenses while you recover.



Let's say your teenage daughter gets injured during tryouts for her school basketball team and goes to urgent care for treatment. Diagnosis: dislocated elbow and fracture of the forearm and wrist. Although surgery isn't necessary, she will need follow-up appointments and physical therapy.

BENEFITS PAID TO YOU	
Urgent Care Visit.....	\$50
X-ray.....	\$50
Dislocated Elbow.....	\$800
Arm Fracture.....	\$550
Wrist Fracture.....	\$550
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment (2 visits)	\$100
<b>SUBTOTAL.....</b>	<b>\$2,150</b>
Youth Organized Sports Benefit (25% of subtotal).....	\$538
<b>Total paid directly to you.....</b>	<b>\$2,688</b>



Imagine that you survive a serious car accident. After a trip to the ER, you stay in the hospital for several days while you recover. In the weeks following the accident, you have a follow-up appointment at a clinic in another city and physical therapy.

BENEFITS PAID TO YOU	
Ambulance.....	\$300
Emergency Room Visit.....	\$150
CAT Scan.....	\$200
Hospital Admission Benefit .....	\$1,000
5-Day Hospital Confinement (\$200 per day).....	\$1,000
Right Leg Fracture.....	\$4,000
Knee Cap Fracture.....	\$1,100
Pelvis Fracture.....	\$2,400
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment.....	\$50
<b>SUBTOTAL.....</b>	<b>\$10,250</b>
Automobile Accident Benefit.....	\$500
Transportation Benefit.....	\$150
Lodging (4 days).....	\$700
<b>Total paid directly to you.....</b>	<b>\$11,600</b>

Coverage Tier	Monthly Accident Insurance Premiums
You	\$8.34
You and your spouse	\$13.31
You and your children	\$15.76
You, your spouse and your children	\$24.70

# Accident Insurance Schedule of Benefits

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits		Dislocations	
Ambulance — Ground	\$300	Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$800/\$1,600
Emergency Room Visit	\$150	Knee (not including kneecap)	\$900/\$1,800
Urgent Care Visit	\$50	Collarbone, Spine	\$400/\$800
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	\$50	Finger, Rib, Toe	\$150/\$300
Emergency Dental Care — Crown	\$200	Hip	\$2,500/\$5,000
Emergency Dental Care — Extraction	\$100	Partial Dislocation	25% of the associated dislocation listed above (non-surgical)
X-ray	\$50	Fractures	
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$200		Non-Surgical/Surgical
Transfusion Blood, Plasma or Platelets	\$300	Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$550/\$1,100
Specific Injury Benefits		Bones of Face, Coccyx, Nose, Vertebrae	\$500/\$1,000
Burns	\$200-\$10,000, depending on severity	Rib	\$400/\$800
Coma	\$7,500	Finger, Toe	\$100/\$200
Concussion	\$150	Hip	\$2,500/\$5,000
Eye Injury	\$200	Skull (non-depressed)	\$1,500/\$3,000
Lacerations	\$75-\$500, depending on size	Chip Fracture	25% of the associated fracture listed above (non-surgical)
Skin Graft	25% of burn benefit	Leg (knee to ankle), Pelvis, Vertebral Column	\$1,200/\$2,400
		Leg (hip to knee)	\$2,000/\$4,000
		Skull (depressed)	\$4,000/\$8,000

# Accident Insurance Schedule of Benefits (Continued)

Surgical Benefits		Additional Benefits	
Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)		Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$175
Exploratory	\$200	Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$150
Repair	\$750	Health Maintenance Screening Benefit (once per calendar year)	\$50
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)		Automobile Accident Benefit	\$500
Exploratory	\$200	Youth Organized Sports Benefit	Additional 25% of total benefit payable
Repair of one	\$750	<b>Follow-Up Care</b>	
Repair of two or more	\$1,000	Medical Appliance (e.g., wheelchair, cane or brace)	\$100
Ruptured Disc		Prosthesis	One: \$500 Two or more: \$1,000
Repair	\$750	Hearing Device	\$500
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)		Physician Follow-up (maximum 2 visits per covered accident, 1 per day)	\$50 per day
Exploratory	\$200	Chiropractic Care (maximum 2 visits per covered accident, 1 per day)	\$50 per day
Laparoscopic Repair Surgery	\$750	Occupational, Speech or Physical Therapy (maximum 3 visits per covered accident, 1 per day)	\$50 per day
Open Repair Surgery	\$1,000		
Surgical Facility Benefit	\$150		
Hospital Benefits			
Hospital Admission (once per covered accident)	\$1,000		
Daily Hospital Confinement (maximum 365 days per covered accident)	\$200 per day		
Critical Care Unit Admission* (once per covered accident)	\$750		
Daily Critical Care Unit Confinement* (maximum 15 days per covered accident)	\$200 per day		
Daily Rehabilitation Facility (maximum 90 days per covered accident)	\$100 per day		
* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.			

# Critical Illness Insurance



You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for — things like copays, deductibles, loss of income, childcare and travel expenses. Group Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.

## Here's how it works:

John has \$15,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks.



Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, childcare, certain medications, time away from work, alternative treatments and a special diet.

Coverage for...	Coverage Amount...
You	\$5,000-\$30,000 in increments of \$5,000
Your spouse	\$5,000-\$15,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your child(ren) through age 25	Automatically covered at 50% of your coverage amount
See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.	

## Covered Conditions:

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight, hearing, or speech
- Occupational HIV
- Occupational hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Multiple Sclerosis
- Advanced Parkinson's Disease
- Benign Brain Tumor
- Bone Marrow Transplant

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass surgery
- Carcinoma in situ (cancer that has not metastasized)

Initial diagnosis and initial recommendation must occur after your coverage becomes effective.

SAMPLE OUT-OF-POCKET EXPENSES	
Medical insurance deductible.....	\$1,300
Out-of-pocket expenses over the course of six months.....	\$5,000
Lost wages.....	\$4,500
Alternative treatments and diets not covered by medical plan.....	\$4,500
<b>TOTAL OUT-OF-POCKET EXPENSES.....</b>	<b>\$15,300</b>
<b>CRITICAL ILLNESS BENEFIT.....</b>	<b>\$15,000</b>
<b>OUT-OF-POCKET EXPENSES.....</b>	<b>\$300</b>

Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.

Critical Illness Monthly Premiums						
	Employee or Spouse Rate			Employee Only		
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
<30	\$1.95	\$3.90	\$5.85	\$7.80	\$9.75	\$11.70
30-39	\$2.85	\$5.70	\$8.55	\$11.40	\$14.25	\$17.10
40-49	\$5.85	\$11.70	\$17.55	\$23.40	\$29.25	\$35.10
50-59	\$12.15	\$24.30	\$36.45	\$48.60	\$60.75	\$72.90
60-69	\$22.35	\$44.70	\$67.05	\$89.40	\$111.75	\$134.10
70+	\$39.35	\$78.70	\$118.05	\$157.40	\$196.75	\$236.10



# Hospital Indemnity Insurance



Planned or unplanned, a trip to the hospital can be scary. It can be even more frightening to know that your medical insurance probably won't cover all your costs. Group Hospital Indemnity insurance can help cover unexpected out-of-pocket expenses such as copays, deductibles, and out-of-network charges, as well as everyday living expenses. It pays a benefit directly to you for hospital-related events, regardless of your treatment costs or other insurance coverage you might have.

## A cash benefit when you need it.

Even the best budgeters can forget to set aside money for medical expenses. Hospital Indemnity insurance provides a way to cover unexpected out-of-pocket expenses when you end up in the hospital. It also allows you to:

Choose how to spend your benefit. It's your money — spend it however you want, whether it's to pay for your groceries, rent or medical bills.

- Get a break from paying premiums during long hospital stays. If you are in the hospital for more than 30 days, you will be able to stop making premium payments until you're discharged.
- Take it with you. If you leave your job, you can take your coverage with you.

## Receive a benefit for taking care of your health.

You can get a Health Maintenance Screening Benefit of \$50 once a calendar year just for going to the doctor for a covered wellness exam, such as a bone density screening or mammogram — routine preventive visits that typically cost you nothing under your medical plan.

## Here's how it works:

Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted, and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's husband leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for travel and childcare.



Hospital Indemnity Benefits	
Hospital Admission (maximum 1 per calendar year)	\$500
Daily Hospital Confinement (maximum 15 days per stay)	\$100 per day
Daily Critical Care Unit Confinement (maximum 15 days per stay)	\$150 per day
Annual Health Screening Benefit	\$50 once per year

SAMPLE OUT-OF-POCKET EXPENSES	
Medical plan deductible/coinsurance .....	\$3,000
Other non-medical expenses .....	\$475
Travel expenses (flights, change fees, etc.).....	\$350
Childcare.....	\$500
<b>Total Expenses.....</b>	<b>\$4,325</b>
Benefit for:	
Hospital admission.....	\$500
Hospital confinement (10 days x \$100 per day).....	\$1,000
CCU confinement (3 days x \$50 per day) .....	\$150
<b>Total paid to you.....</b>	<b>\$1,650</b>
Net Out-Of-Pocket Expenses.....	\$2,675
<small>Costs are hypothetical. Actual costs will vary by state, condition, treatments received and personal factors.</small>	

Coverage Tier	Monthly Hospital Indemnity Premiums
You	\$8.96
You and your spouse	\$15.42
You and your children	\$12.92
You, your spouse and your children	\$22.80

# Health Maintenance Screening

## Get a Cash Benefit Each Year for Covered Wellness Exams

Regular checkups are important for the things you depend on — especially your health. You and your covered dependents will receive a cash benefit each calendar year when completing any one of the 20 tests listed below. It's all part of the Health Maintenance Screening Benefit that comes with your group insurance from Standard Insurance Company.

### Approved Tests:

- ✓ Mental Health Assessment
- ✓ Novel Infectious Disease (COVID-19) testing
- ✓ Abdominal aortic aneurysm ultrasound
- ✓ Ankle Brachial Index (ABI) screening for peripheral vascular disease
- ✓ Biopsies for cancer
- ✓ Bone density screening
- ✓ Breast ultrasound
- ✓ Cancer antigen 125 (CA 125) blood test for ovarian cancer
- ✓ Cancer antigen 15-3 (CA 15-3) for breast cancer
- ✓ Carcinoembryonic antigen (CEA) blood test for colon cancer
- ✓ Colonoscopy
- ✓ Complete Blood Count (CBC)
- ✓ Comprehensive Metabolic Panel (CMP)
- ✓ Electrocardiogram (EKG)
- ✓ Hemocult stool analysis
- ✓ Hemoglobin A1C
- ✓ Human Papillomavirus (HPV) vaccination
- ✓ Lipid panel
- ✓ Mammography
- ✓ Pap smears or thin prep pap test
- ✓ Prostate specific (PSA) test
- ✓ Stress test on a bicycle or treadmill

Schedule your health screening test today, submit your claim, and receive your cash benefits.



+



=



# Mental Health Resources

## Employee Assistance Program (EAP)

Life doesn't always go as planned. From time to time, we may face personal, financial, legal, or other issues which can negatively affect our mental well-being. In these situations, our stress often transfers to the ones who matter most, our family members. That's why the School District of Neillsville has partnered with Health Standard to provide short-term counseling and support services.

School District of Neillsville offers this benefit to you and your immediate family members at no cost. To access services, simply call Health Advocate at 888-293-6948. A phone call allows you to establish an appointment with one of their counselors. Our EAP benefit offers up to 3 sessions per issue. In most situations additional services won't be needed. If other services are necessary, Health Advocate will facilitate a referral and those services will be paid according to your health plan coverage.

It should be noted that Health Advocate makes every effort to protect your privacy and ensure that your EAP service is completely confidential. School District of Neillsville does not know who utilizes these services and we encourage you and your family to take full advantage of the benefits of our EAP.

### Common Concerns

- Depression
- Legal issues
- Caring for aging parents
- Workplace stress
- Divorce
- Financial pressure
- Seeking childcare
- Relationship issues

# Retirement Saving

## Wisconsin Retirement Service (WRS)

WRS is a state pension fund that is designed to help you build retirement savings. If you meet eligibility criteria, you will be required to contribute to the WRS Plan through pretax automatic payroll deductions. In addition, the School District of Neillsville is required to match the employee required contribution which is set by the state of Wisconsin annually. Currently for 2024 the employee portion is 6.9% and the employer portion is 6.9% of your gross wages.

## WEA Member Benefits (WEA)

WEA Member Benefits is the only financial organization that was created solely for the benefit of Wisconsin public school employees and their families. They offer voluntary investments such as individual retirement accounts (IRA's) and tax-sheltered annuities (TSA's), as well as insurance such as home, automobile, and umbrella policies. The School District of Neillsville has accepted WEA as a vendor for automatic payroll deductions for these services.

**To enroll, make changes or manage your retirement account(s), please contact the School District of Neillsville's Human Resources.**

# Holidays

Part-time and full-time employees are eligible for paid holidays immediately upon hire based on their position and hours per day. Employees must work or have paid time off the day before and the day after each holiday to receive the paid holiday. Our holiday schedule includes the following for 2024-25:

Holiday	9-10 Month Support Staff and Teachers	12 Month Confidential and Support Staff	Observance Date
New Year's Eve Day		X	December 31, 2024
New Year's Day		X	January 1, 2025
Good Friday		X	April 18, 2025
Memorial Day	X	X	May 26, 2025
Independence Day		X	July 4, 2024
Labor Day	X	X	September 2, 2024
Thanksgiving Day		X	November 28, 2024
Day after Thanksgiving		X	November 29, 2024
Christmas Eve Day		X	December 24, 2024
Christmas Day	X	X	December 25, 2024

# Paid Time Off (PTO)

The School District of Neillsville provides paid time away from work that can be used for vacation, employee/family doctor visits, bereavement, illness, dependent care, weather and/or to attend to other personal business. PTO promotes a flexible approach to employee time off. All full-time and part-time employees receive PTO annually based on their specific employee handbook and length of service. Employees are eligible for PTO immediately upon hire under the following schedule:

Leave Type	Staff Classification	Annual PTO Hours	Accumulation of PTO Days
Personal Leave	All Staff	2 Days	No rollover
Vacation Leave	12 Month Support Staff and Confidential Staff	Please see employee specific handbook for details	No rollover
Sick Leave	9.5 Month Support Staff 10 Month Support Staff and Teachers 12 Month Staff	9.5 Days 10 Days 12 Days	Rollover up to 100 days Additional days over 100 are paid or banked based on employee handbook.
Bereavement Leave-Immediate Family	All Staff	3 Days for each member	No rollover
Bereavement Leave-Non-Immediate Family	All Staff	1 Day	No rollover. Taken off sick leave.
Military Leave	All Staff	Based on need	No rollover
Jury Duty Leave	All Staff	Based on need	No rollover. Checks received are signed over to district and days are paid by district.
Unpaid Leave	All Staff	Based on need	No rollover

# Payroll Schedule

Payroll will be paid on the following dates:

Also found in the Annual Notices Booklet in January of each year online.

24 Payment Staff	19 Payment Staff (Teacher Choice)
01/12/2024	01/12/2024
01/31/2024	01/31/2024
02/15/2024	02/15/2024
02/29/2024	02/29/2024
03/15/2024	03/15/2024
03/29/2024	03/29/2024
04/12/2024	04/12/2024
04/30/2024	04/30/2024
05/15/2024	05/15/2024
05/31/2024	05/31/2024
06/15/2024	06/15/2024 (deductions stop)
06/28/2024	No Checks
07/12/2024	No Checks
07/31/2024	No Checks
08/15/2024	No Checks
08/30/2024	No Checks
09/13/2024	09/13/2024
09/30/2024	09/30/2024 (deductions start)
10/15/2024	10/15/2024
10/31/2024	10/31/2024
11/15/2024	11/15/2024
11/29/2024	11/29/2024
12/13/2024	12/13/2024
12/31/2024	12/31/2024

18 Payment Staff	Payment by Timesheet Period Paid
01/12/2024	12/16/23-12/31/23
01/31/2024	01/01/24-01/15/24
02/15/2024	01/16/24-01/31/24
02/29/2024	02/01/24-02/15/24
03/15/2024	02/16/24-02/29/24
03/29/2024	03/01/24-03/15/24
04/12/2024	03/16/24-03/31/24
04/30/2024	04/01/24-04/15/24
05/15/2024	04/16/24-04/30/24
05/31/2024	05/01/24-05/15/24
06/15/2024 (deductions stop)	05/16/24-05/31/24
06/28/2024	06/01/24-06/15/24
No Checks	06/16/24-06/30/24
No Checks	07/01/24-07/15/24
No Checks	07/16/24-07/31/24
No Checks	08/01/24-08/15/24
09/13/2024	08/16/24-08/31/24
09/30/2024 (deductions start)	09/01/24-09/15/24
10/15/2024	09/16/24-09/30/24
10/31/2024	10/01/24-10/15/24
11/15/2024	10/16/24-10/31/24
11/29/2024	11/01/24-11/15/24
12/13/2024	11/16/24-11/30/24
12/31/2024	12/01/24-12/15/24

Extra-Curricular Activity Payments
02/29/2024 Winter Activity
06/28/2024 Spring Activity
10/31/2024 Fall Activity

School Board
02/15/2024
10/15/2024

## Benefit Plan and Open Enrollment Dates

Also found in the Annual Notices Booklet in January of each year online.

Benefit	Plan Dates	Deductible Dates	Open Enrollment Dates for this year
Health Insurance	07/01/2024-06/30/2025	01/01/2024-12/31/2025	05/13/2024-05/24/2024
Dental Insurance	07/01/2024-06/30/2025	01/01/2024-12/31/2025	05/13/2024-05/24/2024
Flexible Spending Account (FSA)	01/01/2024-12/31/2024	01/01/2024-12/31/2024 Can use credit card received from Diversified, claim on mobile app or online at any time during plan year.	11/18/2024-11/29/2024
STD Insurance	07/01/2024-06/30/2025	Paper claim must be filed immediately at time of disability.	05/13/2024-05/24/2024
LTD Insurance	07/01/2024-06/30/2025	Paper claim must be filed immediately at time of disability.	Enrolled automatically at time of hire.
Life Insurance	07/01/2024-06/30/2025	Online claim form must be filed shortly after deceased	05/13/2024-05/24/2024
Voluntary Life	07/01/2024-06/30/2025	Online claim form must be filed shortly after deceased	05/13/2024-05/24/2024
Worksite (Accident, Critical Illness & Hospital)	07/01/2024-06/30/2025	Online claim form must be filed within 3 months of the incident.	05/13/2024-05/24/2024
Voluntary Investments: IRA's, TSA's & Individual Insurance	07/01/2024-06/30/2025	See Human Resources to Enroll	Enroll anytime.

For information on benefits please contact Jessica Fitzl, Payroll/HR directly at 715-743-8777 or email [jefitzl@neillvillek12.org](mailto:jefitzl@neillvillek12.org) or Michelle Kranz, Business Manager at 715-743-8764 or email [mikranz@neillvillek12.org](mailto:mikranz@neillvillek12.org)

***Thank you for your dedication to the  
School District of Neillsville***