

SCHOOL DISTRICT OF NEILLSVILLE

2026-27 Employee Benefits Guide



School District of
Neillsville

Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2026-27 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
- Vision
- 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.

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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 | Security Health Plan | 800-472-2363 www.securityhealth.org |
| Dental | Delta Dental of WI | 800-236-3712 www.deltadentalwi.com |
| Vision | Delta Dental of WI | 844-848-7090 EyeMed www.deltavisionwi.com |
| Flexible Spending Account (Flex) and Health Reimbursement Account (HRA) | Diversified Benefits | 800-234-1229 www.dbsbenefits.com |
| Life | Securian Financial | 833-810-8260 www.securian.com |
| Short Term Disability (STD) | The Standard | 866-851-5505 www.standard.com |
| Long Term Disability (LTD) | The Standard | 800-368-1135 www.standard.com |
| Voluntary Life and AD&D | The Standard | 800-628-8600 www.standard.com |
| Worksite (Accident, Critical Illness & Hospital) | The Standard | 866-851-5505 www.standard.com |
| Retirement (WRS/ETF) | Wisconsin Retirement Service | 877-533-5020 www.etf.wi.gov |
| Investments/Personal Insurance | WEA Member Benefits | 800-279-4030 www.weabenefits.com |

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 Security Health Plan. The benefits are the same, the difference is in the networks.

1. Security Health Plan SimplyOne HMO Plan offers the lowest premiums and gives your employees access to the one provider system that simplifies the path to health care: Marshfield Clinic Health System. This plan does not provide any coverage – outside of the network – except for emergency room services or with an approved referral from Security Health Plan.
2. Security Health Plan Premier HMO Plan offers the option of access to a broader Wisconsin provider network that includes Mayo Clinic, Aspirus, ThedaCare, UW Health, and more at a slightly higher cost in premium.

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 Security Health Plan network that you select. Find a participating health care provider in your area by going to:

<https://www.securityhealth.org/find-a-plan>

For emergency room services, benefits always pay at the “in-network” level regardless of whether the hospital is considered in-network or not. Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

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 expenses covered with the plan. The plan covers the percentage of the expenses shown.

In-Network Coinsurance

Plan Pays 100%

You Pay 0%

Medical Plan Highlights

| | | |
|---|--|---|
| Security Health Plan Network: SimplyOne HMO HDHP | | HMO HDHP \$2,000/\$4,000 Deductible In-Network Coverage Only |
| Deductible | | |
| Single | | \$2,000 |
| Family | | \$4,000 |
| Out-of-Pocket Maximum | | |
| Single | | \$3,000 |
| Family | | \$6,000 |
| Coinsurance | | |
| | | 100% |
| Physician Services | | |
| Preventative Care | | Select Services Covered in Full |
| Primary Care Physician | | 100% After Deductible |
| Specialist | | 100% After Deductible |
| Hospital Services | | |
| | | 100% After Deductible |
| Urgent Care | | |
| | | 100% After Deductible |
| Emergency Room | | |
| | | \$100 After Deductible |
| Prescription Drugs | | |
| | | Retail- 30 Day Supply |
| Preventive Medications (See drug list) | | Paid in Full |
| Generic | | \$10 |
| Brand | | \$30 |
| Non-Preferred | | \$60 |
| Specialty | | 25% |
| Copays accrue to a maximum out-of-pocket | | |

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

| Premiums | Premium Cost | Employee Cost | Employer Cost |
|-------------------------------|-------------------|-----------------------|-----------------------|
| Employee (Single) | \$12,439.32 | Based on hours worked | Based on hours worked |
| Work (1080-1349 hours) | EE 50% and ER 50% | \$6,219.66 | \$6,219.66 |
| Work (1350-2079 hours) | EE 25% and ER 75% | \$3,109.83 | \$9,329.49 |
| Work (2080+ hours) | EE 12% and ER 88% | \$1,492.72 | \$10,946.60 |
| Employee + Spouse | \$28,237.20 | Based on hours worked | Based on hours worked |
| Employee + Child(ren) | \$28,237.20 | Based on hours worked | Based on hours worked |
| Family | \$28,237.20 | Based on hours worked | Based on hours worked |
| Work (1080-1349 hours) | EE 50% and ER 50% | \$14,118.60 | \$14,118.60 |
| Work (1350-2079 hours) | EE 25% and ER 75% | \$7,059.30 | \$21,177.90 |
| Work (2080+ hours) | EE 12% and ER 88% | \$3,388.47 | \$24,848.73 |

*Hours are based on your contract/position. To calculate per check costs, take employee cost and divide by either 18 for 9-11 month support staff or 24 payments for 12 months staff and teachers.

Medical Plan Highlights

| Security Health Plan Network: Premier HMO HDHP | | HMO HDHP \$2,000/\$4,000 Deductible In-Network Coverage Only |
|---|--|---|
| Deductible | | |
| Single | | \$2,000 |
| Family | | \$4,000 |
| Out-of-Pocket Maximum | | |
| Single | | \$3,000 |
| Family | | \$6,000 |
| Coinsurance | | |
| | | 100% |
| Physician Services | | |
| Preventative Care | | Select Services Covered in Full |
| Primary Care Physician | | 100% After Deductible |
| Specialist | | 100% After Deductible |
| Hospital Services | | |
| | | 100% After Deductible |
| Urgent Care | | |
| | | 100% After Deductible |
| Emergency Room | | |
| | | \$100 After Deductible |
| Prescription Drugs | | |
| | | Retail- 30 Day Supply |
| Preventive Medications (See drug list) | | Paid in Full |
| Generic | | \$10 |
| Brand | | \$30 |
| Non-Preferred | | \$60 |
| Specialty | | 25% |
| Copays accrue to a maximum out-of-pocket | | |

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

| Premiums | Premium Cost | Employee Cost | Employer Cost |
|-------------------------------|-------------------|-----------------------|-----------------------|
| Employee (Single) | \$13,212.12 | Based on hours worked | Based on hours worked |
| Work (1080-1349 hours) | EE 50% and ER 50% | \$6,606.06 | \$6,606.06 |
| Work (1350-2079 hours) | EE 25% and ER 75% | \$3,303.03 | \$9,909.09 |
| Work (2080+ hours) | EE 12% and ER 88% | \$1,585.45 | \$11,626.67 |
| Employee + Spouse | \$29,991.60 | Based on hours worked | Based on hours worked |
| Employee + Child(ren) | \$29,991.60 | Based on hours worked | Based on hours worked |
| Family | \$29,991.60 | Based on hours worked | Based on hours worked |
| Work (1080-1349 hours) | EE 50% and ER 50% | \$14,995.80 | \$14,995.80 |
| Work (1350-2079 hours) | EE 25% and ER 75% | \$7,497.90 | \$22,493.70 |
| Work (2080+ hours) | EE 12% and ER 88% | \$3,598.99 | \$26,392.61 |

*Hours are based on your contract/position. To calculate per check costs, take employee cost and divide by either 18 for 9-11 month support staff or 24 payments for 12 months staff and teachers.

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?

Eligible Expenses:

Medical Deductible Expenses incurred under the Employer Sponsored Group Health Plan.

Deductible In-network Level:

\$2,000 Single / \$4,000 Family

Reimbursement Levels for the Plan Year:

First \$1,000 of in-network deductible:

Employee Responsibility

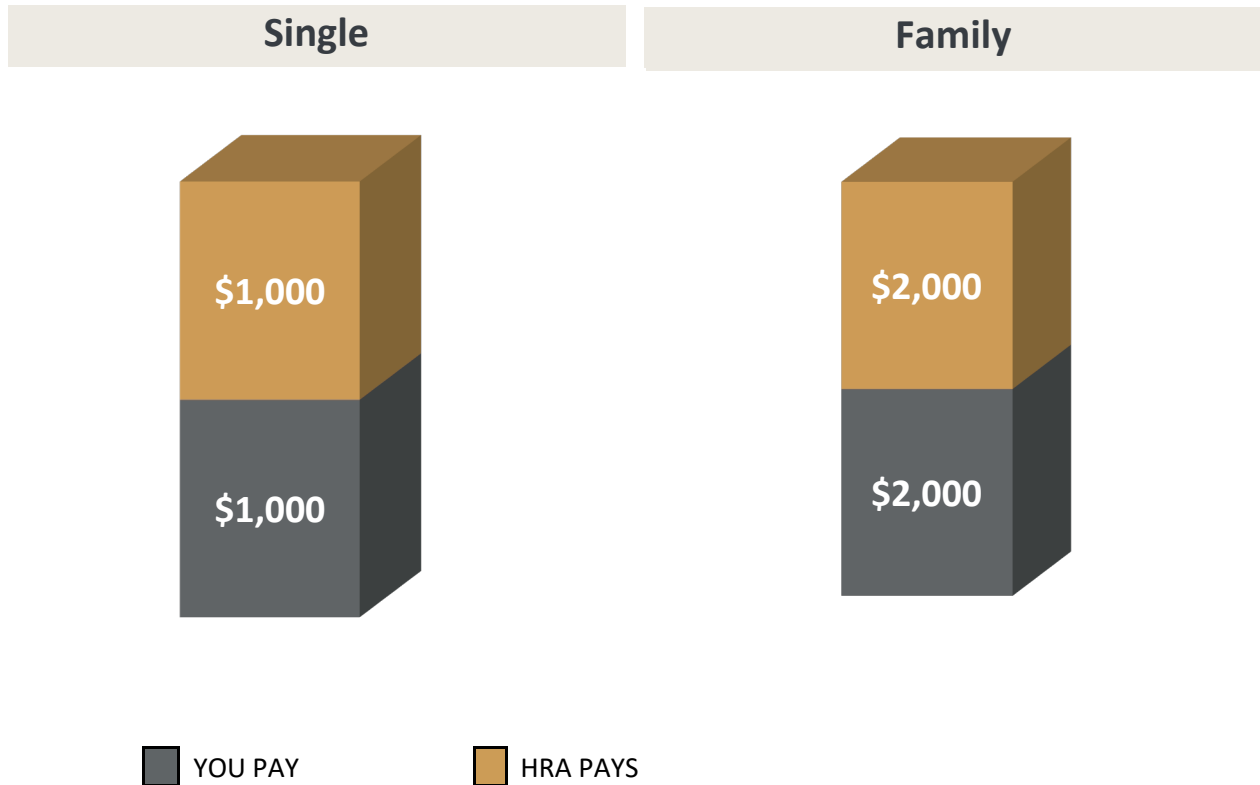
Next \$2,000 of in-network deductible:

Reimbursed to the Provider

Last \$1,000 of in-network deductible:

Employee Responsibility

The HRA reimbursement is based on the Employer's in-network Group Health Plan.



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 \$3,400. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$3,400 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 \$7,500 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$3,750. 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 |
|--|----------------|
| Individual Annual Maximum | \$1,000 |
| Deductible | |
| Employee Only | \$0 |
| Family | \$0 |
| Preventive Care Services | |
| 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% |
| Basic Restorative Services | |
| 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% |
| Major Restorative Services | |
| Crowns, Inlays, Onlays | 80% |
| Bridges and Dentures | 50% |
| Repairs and Adjustments to Bridges and Dentures | 80% |
| Implants | 50% |
| Orthodontic Services | |
| Coinsurance | 50% |
| Individual Lifetime Maximum | \$1,500 |
| Dependents Eligible to Age | 19 |
| Full-Time Students Eligible to Age | 19 |

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

Vision Plan Highlights



Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That's why School District of Neillsville provides vision care administered by Delta Dental.

| DeltaVision | In-Network | Out-of-Network |
|---|---------------------------------------|----------------|
| Frequency | | |
| Vision Exam | Once per 12 months | |
| Frame | Once per 12 months | |
| Lenses | Once per 12 months | |
| Contact Lenses | Once per 12 months | |
| Annual Vision Exam | \$10 Copay | \$35 |
| Contact Lens (Fit and Follow-up) | | |
| Standard | Paid in Full | \$40 |
| Premium | \$55 allowance, then 10% off retail | \$40 |
| Allowance Summary | | Up To |
| Frames | \$150 allowance, then 20% off balance | \$75 |
| Conventional Contacts | \$150 allowance, then 15% off balance | \$120 |
| Disposable Contacts | \$150 allowance | \$120 |
| Medically Necessary*** | Paid in Full | \$200 |
| Standard Plastic Lenses | | |
| Single Vision | \$10 Copay | \$25 |
| Bifocal | \$10 Copay | \$40 |
| Trifocal | \$10 Copay | \$55 |
| Standard Progressive | \$75 Copay | N/A |
| Lens Options | | |
| UV Coating | Member pays \$15 | N/A |
| Tint (Solid and Gradient) | Member pays \$15 | N/A |
| Standard Scratch Resistance | Member pays \$15 | N/A |
| Standard Polycarbonate | Member pays \$40 | N/A |
| Standard Anti-Reflective Coating | Member pays \$45 | N/A |
| Other Add-Ons and Services | 20% off retail | N/A |
| Laser Vision Correction | | |
| Lasik or PRK | 15% off retail or 5% off promotional | None |

Diabetic Eye Care Benefits included that provide an additional office visit and diagnostic testing for those who have diabetes.

| Monthly Premiums | Employee Cost |
|------------------|---------------|
| Employee | \$7.74 |
| Family | \$19.27 |

*Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear mode only.

**Includes all lens powers and designs other than spherical powers, modes of wear that are extended or overnight schedules and rigid or gas-permeable materials.

***Medically necessary contacts require authorization from a vision doctor.

Refer to the DeltaVision summary for detailed coverage information

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.

Basic Life Plan Highlights

| | |
|----------------------------------|---|
| Amount of Life Insurance Benefit | Equal to your annual salary and increases with your salary increases. |
| 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) | <u>Employee</u> – minimum benefit \$10,000, maximum benefit \$500,000, Guarantee issue is \$100,000 |
| Spouse Coverage (\$5,000 Increments) | <u>Spouse</u> – minimum benefit \$5,000, maximum benefit \$250,000, Guarantee Issue is \$30,000 |
| Child Coverage (Flat \$10,000) | <u>AD&D</u> – Matches life benefit and is .015 per \$1,000 <u>Child</u> – 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 \$ | Spouse Per \$ |
|--------|-----------------|---------------|
| 00-24 | \$.050 | \$.050 |
| 25-29 | \$.060 | \$.060 |
| 30-34 | \$.080 | \$.080 |
| 35-39 | \$.090 | \$.090 |
| 40-44 | \$.129 | \$.129 |
| 45-49 | \$.203 | \$.203 |
| 50-54 | \$.320 | \$.320 |
| 55-59 | \$.497 | \$.497 |
| 60-64 | \$.660 | \$.660 |
| 65-69 | \$1.270 | \$1.270 |
| 70-999 | \$2.300 | \$2.865 |

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 |
| SUBTOTAL..... | \$2,150 |
| Youth Organized Sports Benefit (25% of subtotal)..... | \$538 |
| Total paid directly to you..... | \$2,688 |



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 |
| SUBTOTAL..... | \$10,250 |
| Automobile Accident Benefit..... | \$500 |
| Transportation Benefit..... | \$150 |
| Lodging (4 days)..... | \$700 |
| Total paid directly to you..... | \$11,600 |

| 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 | Non-Surgical/Surgical |
| Major Diagnostic Exam (such as CT scan, MRI, EEG) | \$200 | Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist | \$550/\$1,100 |
| Transfusion Blood, Plasma or Platelets | \$300 | Bones of Face, Coccyx, Nose, Vertebrae | \$500/\$1,000 |
| Specific Injury Benefits | | Rib | \$400/\$800 |
| Burns | \$200-\$10,000, depending on severity | Finger, Toe | \$100/\$200 |
| Coma | \$7,500 | Hip | \$2,500/\$5,000 |
| Concussion | \$150 | Skull (non-depressed) | \$1,500/\$3,000 |
| Eye Injury | \$200 | Chip Fracture | 25% of the associated fracture listed above (non-surgical) |
| Lacerations | \$75-\$500, depending on size | Leg (knee to ankle), Pelvis, Vertebral Column | \$1,200/\$2,400 |
| Skin Graft | 25% of burn benefit | 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 | Follow-Up Care | |
| 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 |
| TOTAL OUT-OF-POCKET EXPENSES..... | \$15,300 |
| CRITICAL ILLNESS BENEFIT..... | \$15,000 |
| OUT-OF-POCKET EXPENSES..... | \$300 |

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 and Other Fixed Indemnity Notice

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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
Total Expenses.....\$4,325

Benefit for:
 Hospital admission.....\$500
 Hospital confinement (10 days x \$100 per day).....\$1,000
 CCU confinement (3 days x \$50 per day)\$150
Total paid to you.....\$1,650
 Net Out-Of-Pocket Expenses.....\$2,675

Costs are hypothetical. Actual costs will vary by state, condition, treatments received and personal factors.

| 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.



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Mental Health Resources

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.


Connection to Resources, Support and Guidance


You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents





Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10-2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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 2026 the employee portion is 7.20% and the employer portion is 7.20% 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 2026-27:

| Holiday | 9-11 Month Support Staff and Teachers | 12 Month Confidential and Support Staff | Observance Date |
|------------------------|---------------------------------------|---|-------------------|
| New Year's Eve Day | | X | December 31, 2026 |
| New Year's Day | | X | January 1, 2027 |
| Good Friday | X | X | March 26, 2027 |
| Memorial Day | X | X | May 31, 2027 |
| Independence Day | | X | July 5, 2027 |
| Labor Day | X | X | September 1, 2026 |
| Thanksgiving Day | | X | November 27, 2026 |
| Day after Thanksgiving | X | X | November 28, 2026 |
| Christmas Eve Day | | X | December 24, 2026 |
| Christmas Day | X | X | December 25, 2026 |

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 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) |
|------------------|--------------------------------------|
| 01/15/2026 | 01/15/2025 |
| 01/30/2026 | 01/30/2025 |
| 02/13/2026 | 02/13/2025 |
| 02/27/2026 | 02/27/2025 |
| 03/13/2026 | 03/13/2025 |
| 03/31/2026 | 03/31/2025 |
| 04/15/2026 | 04/15/2025 |
| 04/30/2026 | 04/30/2025 |
| 05/15/2026 | 05/15/2025 |
| 05/29/2026 | 05/29/2025 |
| 06/15/2026 | 06/13/2025 (deductions stop) |
| 06/30/2026 | No Checks |
| 07/15/2026 | No Checks |
| 07/31/2026 | No Checks |
| 08/14/2026 | No Checks |
| 08/31/2026 | No Checks |
| 09/15/2026 | 09/15/2025 |
| 09/30/2026 | 09/30/2025 (deductions start) |
| 10/15/2026 | 10/15/2025 |
| 10/30/2026 | 10/30/2025 |
| 11/13/2026 | 11/13/2025 |
| 11/30/2026 | 11/30/2025 |
| 12/15/2026 | 12/15/2025 |
| 12/31/2026 | 12/31/2025 |

| 18 Payment Staff | Payment by Timesheet Period Paid |
|----------------------------------|-------------------------------------|
| 01/15/2026 | 12/16/25-12/31/25 |
| 01/30/2026 | 01/01/26-01/15/26 |
| 02/13/2026 | 01/16/26-01/31/26 |
| 02/27/2026 | 02/01/26-02/15/26 |
| 03/13/2026 | 02/16/26-02/28/26 |
| 03/31/2026 | 03/01/26-03/15/26 |
| 04/15/2026 | 03/16/26-03/31/26 |
| 04/30/2026 | 04/01/26-04/15/26 |
| 05/15/2026 | 04/16/26-04/30/26 |
| 05/29/2026 | 05/01/26-05/15/26 |
| 06/15/2026 (deductions stop) | 05/16/26-05/31/26 |
| 06/30/2026 | 06/01/26-06/15/26 |
| No Checks | 06/16/26-06/30/26 |
| No Checks | 07/01/26-07/15/26 |
| No Checks | 07/16/26-07/31/26 |
| No Checks | 08/01/26-08/15/26 |
| 09/15/2026 | 08/16/26-08/31/26 |
| 09/30/2026 (deductions start) | 09/01/26-09/15/26 |
| 10/15/2026 | 09/16/26-09/30/26 |
| 10/30/2026 | 10/01/26-10/15/26 |
| 11/13/2026 | 10/16/26-10/31/26 |
| 11/30/2026 | 11/01/26-11/15/26 |
| 12/15/2026 | 11/16/26-11/30/26 |
| 12/31/2026 | 12/01/26-12/15/26 |

| Extra-Curricular Activity Payments |
|---------------------------------------|
| 02/27/2026 Winter Activity |
| 06/30/2026 Spring Activity |
| 10/30/2026 Fall Activity |

| School Board |
|--------------|
| 02/13/2026 |
| 10/15/2026 |

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 | 07/01/2026-06/30/2027 | 01/01/2026-12/31/2026 | 05/11/2026-05/22/2026 |
| Dental Insurance | 07/01/2026-06/30/2027 | 01/01/2026-12/31/2026 | 05/11/2026-05/22/2026 |
| Vision Insurance | 07/01/2026-06/30/2027 | 01/01/2026-12/31/2026 | 05/11/2026-05/22/2026 |
| Flexible Spending Account (FSA) | 01/01/2026-12/31/2026 | 01/01/2026-12/31/2026 Can use credit card received from Diversified, claim on mobile app or online at any time during plan year. | 11/17/2025-11/28/2025 |
| STD Insurance | 07/01/2026-06/30/2027 | Paper claim must be filed immediately at time of disability. | 05/11/2026-05/22/2026 |
| LTD Insurance | 07/01/2026-06/30/2027 | Paper claim must be filed immediately at time of disability. | Enrolled Automatically |
| Life Insurance | 07/01/2026-06/30/2027 | Online claim form must be filed shortly after deceased | 05/11/2026-05/22/2026 |
| Voluntary Life | 07/01/2026-06/30/2027 | Online claim form must be filed shortly after deceased | 05/11/2026-05/22/2026 |
| Worksite (Accident, Critical Illness & Hospital) | 07/01/2026-06/30/2027 | Online claim form must be filed within 3 months of the incident. | 05/11/2026-05/22/2026 |
| Voluntary Investments: IRA's, TSA's & Individual Insurance | 07/01/2026-06/30/2027 | See Human Resources to Enroll | 05/11/2026-05/22/2026 |

For information on benefits please contact Jessica Fitzl, Payroll/HR directly at jefitzl@neillsvillek12.org or Michelle Kranz, Business Manager at mikranz@neillsvillek12.org.

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