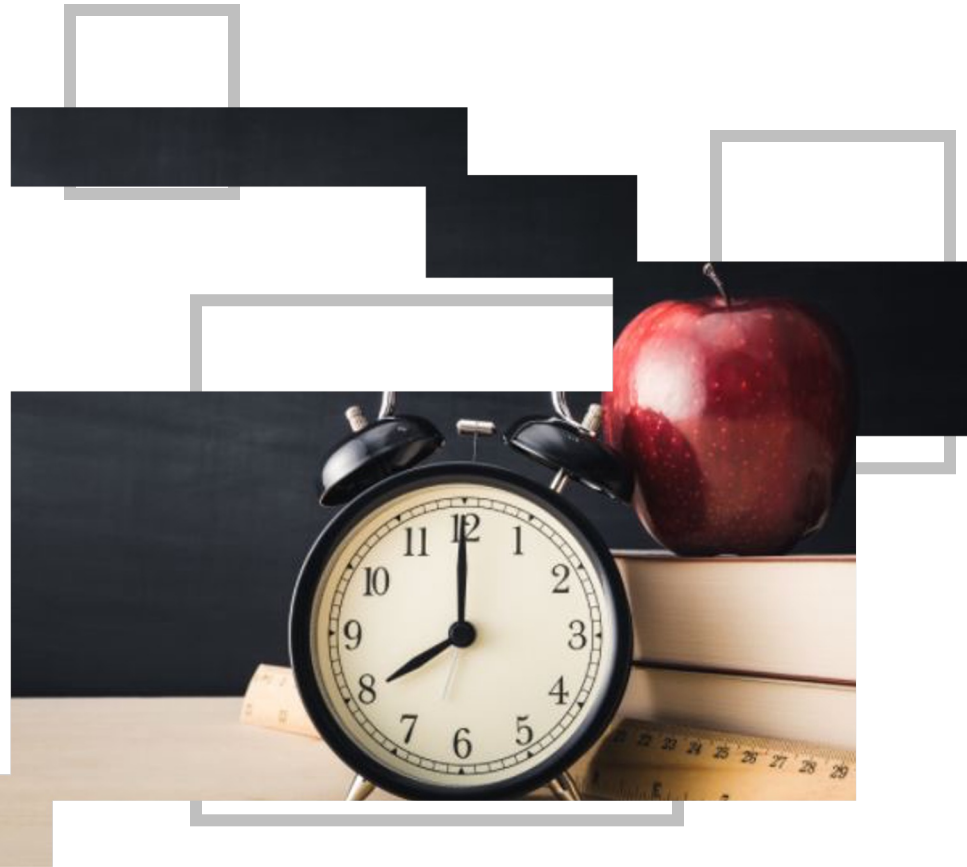




Beaver Dam Unified School District

2024 - 2025

BENEFIT INFORMATION



Initial Enrollment

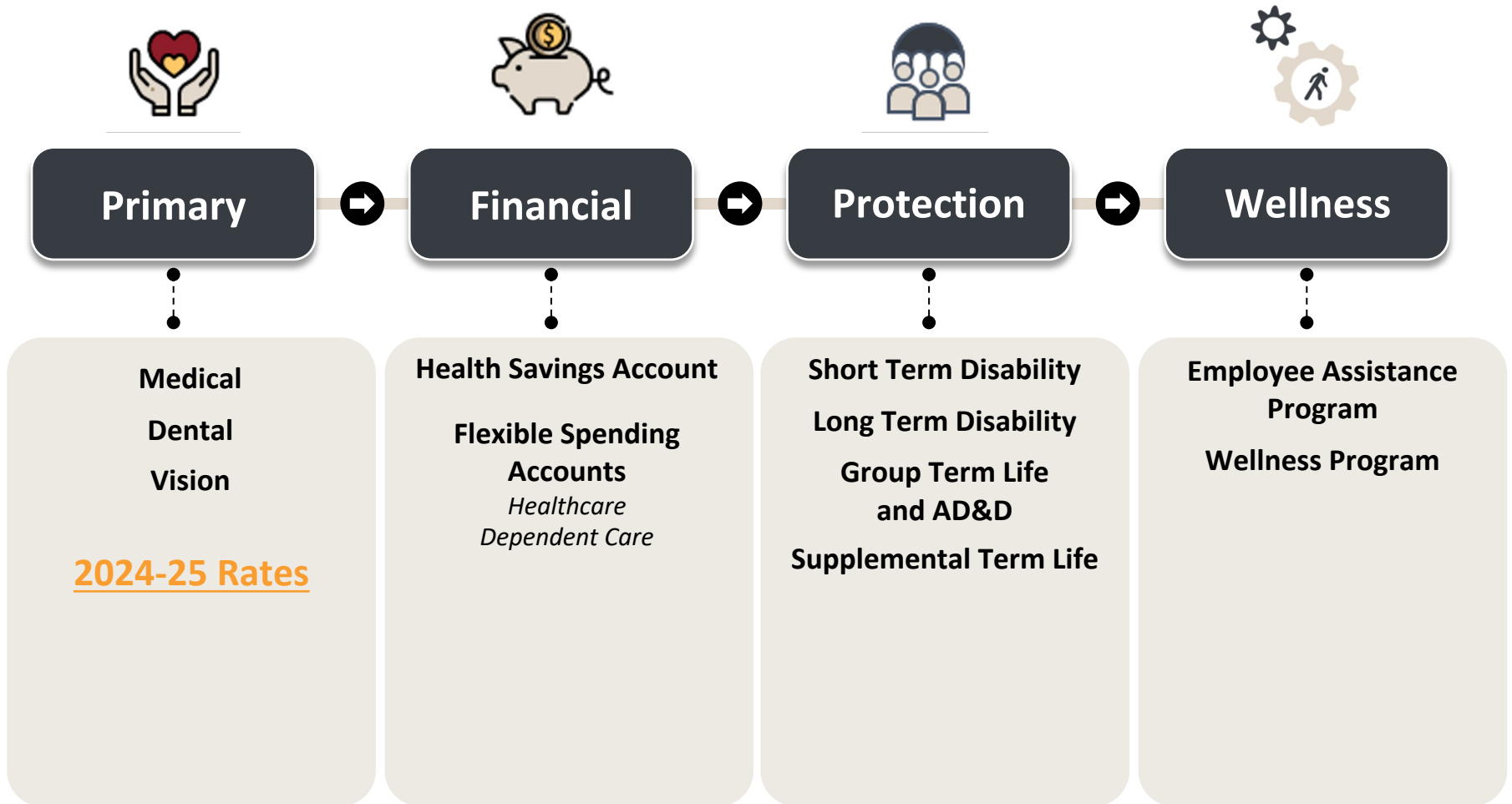
All benefit elections will become effective the first of the month following start date.

Once effective, you **cannot make changes** unless you experience a qualifying life event **or** until the next open enrollment period

Qualifying life event examples:

- Change in marital status
- Change in number of dependents
- Involuntary loss of coverage

Your Benefit Options



In-Network Medical Plan Highlights

Quartz Network: Quartz One In Network Search	Option 1: HMO Regular		Option 2: HMO HD with HSA	
	<i>Single</i>	<i>Family</i>	<i>Single</i>	<i>Family</i>
Deductible	\$1,250	\$2,500	\$2,000	\$4,000
Coinsurance	0%		0%	
Out-of-Pocket Maximum	\$2,500	\$5,000	\$2,000	\$4,000
<u>Office Visits</u>				
Primary Care	\$30		Deductible & Coinsurance	
Specialty Care	\$30		Deductible & Coinsurance	
Routine Preventive Care	Select Services Are FREE		Select Services Are FREE	
Virtual Care	\$20		Deductible & Coinsurance	
Urgent Care	\$60		Deductible & Coinsurance	
Hospital Visits	Deductible & Coinsurance		Deductible & Coinsurance	
Emergency Care	\$125		Deductible & Coinsurance	

These rates reflect discount given to employees that participate in Wellness requirements and work a minimum of 35 hours a week.

Option 1: Monthly Premiums (15%) Option 2: Monthly Premiums (15%)

Employee Only	\$116.64	Employee Only	\$110.59
Family	\$303.27	Family	\$287.54

[Summary of Plan Benefits HMO REG](#)
[Schedule of Benefits](#)

[Summary of Plan Benefits HMO HD](#)
[Schedule of Benefits](#)

Non-Network Medical Plan Highlights

Quartz Network: Quartz One In Network Search	Option 1: POS Regular		Option 2: POS HD with HSA	
	<i>Single</i>	<i>Family</i>	<i>Single</i>	<i>Family</i>
Deductible	\$2,500	\$5,000	\$4,000	\$8,000
Coinsurance	10%		20%	
Out-of-Pocket Maximum	\$5,000	\$10,000	\$5,000	\$10,000
<u>Office Visits</u>				
Primary Care	Deductible & Coinsurance		Deductible & Coinsurance	
Specialty Care	Deductible & Coinsurance		Deductible & Coinsurance	
Routine Preventive Care	Select Services Are FREE		Select Services Are FREE	
Virtual Care (with Out of Network provider)	Deductible & Coinsurance		Deductible & Coinsurance	
Urgent Care	Deductible & Coinsurance		Deductible & Coinsurance	
Hospital Visits	Deductible & Coinsurance		Deductible & Coinsurance	
Emergency Care	\$125		Deductible & Coinsurance	

These rates reflect discount given to employees that participate in Wellness requirements and work a minimum of 35 hours a week.

Option 1: Monthly Premiums (15%)

Employee Only	\$180.81
Family	\$470.10

[Summary of Plan Benefits POS REG](#)
[Schedule of Benefits](#)

Option 2: Monthly Premiums (15%)

Employee Only	\$151.57
Family	\$394.10

[Summary of Plan Benefits POS HD](#)
[Schedule of Benefits](#)

In-Network Dental Plan Highlights

Delta Dental	Network: PPO or Premier
Deductible	Single: \$50 Family: \$150
Preventive Services	100%
Basic Services	100%
Major Services	100%
Orthodontic Services	50% up to \$1,500
Annual Maximum	\$1,500

Monthly Premiums

Employee Only	\$ 7.83
Family	\$26.97

[Summary of Plan Benefits](#)

In-Network Vision Plan Highlights

Delta Dental - EyeMed	Plan Name Insight
Frequency	Exams / Lenses & Contacts / Frames = 12 / 12 / 24
Copayments	Exam: \$ 10 Frames: \$150 allowance, then 20% off balance Contacts: \$150 allowance, the 15% off balance
Materials: Eyeglass Lenses	<u>Covered At</u> Single: \$10 Bifocal: \$10 Trifocal: \$10

Monthly Premiums

Single	\$ 7.04
Family	\$17.53

[Plan Summary and Details](#)

Financial Support

Health Savings Account (HSA)

Administered By HSA Bank



A **tax-advantaged medical savings account** available to individuals who are enrolled in a **high-deductible** health plan.

- **Tax deductible** contributions
- Interest and earnings grow **tax free**
- **Tax free** distributions for eligible medical expenses
- **BDUSD contributes \$500 for single plans and \$1000 for family plans into your HSA.**
- If you are already making contributions to a HSA those will remain as is unless you contact HR to make changes.
- **Did you know that you can invest your HSA funds?** To learn more follow the link below for a Investment Guide Video from HSA Bank.

[HSA Bank Investment Guide](#)

2024 HSA Contribution Limits

Single: \$4,150

Family: \$8,300

Note: you are eligible to contribute an additional \$1,000 if you are age 55 or older

For more information regarding HSA expenses, please review [IRS Publication 969 at irs.gov](#) or contact a member of Human Resources.

Financial Support

Flexible Spending Accounts (FSAs) Administered By EBC



Medical | Dental | Vision

Healthcare

\$3,200

Healthcare FSA

You can use this FSA to pay any qualified **medical, dental, and vision** care expenses.

You're ***not eligible*** for the traditional Health Care FSA if you are currently contributing to a Health Savings Account.



Dependent Care

Dependent Care

\$5,000

Dependent Care FSA

Covers eligible **daycare** expenses for your tax-qualified dependent(s) 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.

[FSA Enrollment Instructions](#)

[Eligible FSA Expenses](#)

[FSA Plan Summary](#)

Financial Support

Employer Sponsored Retirement Plan

403b - voluntary retirement savings option

**Participants are fully
vested in their
contributions and
earnings at all times.**

[Authorized Investment Providers](#)



Wisconsin Retirement System (WRS)

Staff members are required by state statute to participate.

Employee Contribution-6.9%
District Contribution-6.9%

[Your Benefit Handbook](#)

[Wisconsin Department of Employee Trust Funds](#)



Protection Plans

Disability Coverage Administered By The Standard

Short Term Disability | Weekly Coverage (Voluntary Employee Paid)

Weekly Benefit

60% to Maximum of \$1500

Accident Elimination Period

15th Day of injury

Illness Elimination Period

15th Day of illness

Maximum Benefit Period

60 Days

[Short Term Disability Policy Info](#)

Long Term Disability | Monthly Coverage (100% Employer Paid)

Monthly Benefit

90% to Maximum of \$11,250

Elimination Period

60 Days

Duration

To age 65

[Long Term Disability Policy Info](#)

Protection Plans

Group Term Life / Accidental Death & Dismemberment Coverage
Administered By The Standard

Group Term Life / AD&D | 100% Employer Paid

Term Life Benefit 1x Annual Salary to \$300,000

AD&D Benefit Equal To Term Life
[Active Employee Life Insurance Info](#)

Voluntary Supplemental | Employee Paid

Optional Life Benefit up to max of \$300,000 (>\$200,000 EOI required) for employee and \$150,00 (>\$25,000 EOI required) for spouse

Voluntary Optional Dependent Coverage | Employee Paid

Optional Life Benefit Spouse coverage amount cannot exceed 100% of the employee amount
Child \$10,000 or \$5,000
[Supplemental Life Policy Info](#)

Mental Wellness

Employee Assistance Program (EAP) Administered By The Standard

Access to professional, confidential counseling services

You are eligible for up to 3 sessions per condition, per year

There is ***no cost*** to you, your dependents or eligible household members

Common Support Services For...

- Marital / relationship conflict
- Depression and anxiety
- Grief counseling
- Work-related issues / stress
- Substance abuse
- Domestic violence and abuse
- ***Much More!***

Contact: 888.293.6948 or go to:
healthadvocate.com/standard3



Questions??

Contact: Caitlyn Ostrander



(920) 885-7300 ext 1301



ostranderc@bdusd.org