



Summary of FlexChoice *Plus* Benefits 2021-2022 Benefit Year (Effective: July 1, 2021; revised 04-29-2021)



What's Inside

- Eligibility Information
- How to be an Informed Consumer
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Menasha Joint School District's Benefits

Each year, we carefully review our benefit plans to ensure we're able to not only control costs, but also keep in mind the needs of our employees. Carefully review the benefits available to you and be sure to ask Human Resources if you have any questions.

The overviews in this document are intended to provide highlights of the plans listed. Please see the Summary of Benefits and Coverage documents for an overview of your plan coverages.

If there is a discrepancy between this document and a plan document, the plan document will govern.

If you have questions on this, please contact Human Resources.

Eligibility

You are eligible for our benefits as soon as you have started working with the District.

- Eligible employees are: FTE .50 or greater for exempt employees or 20 hours per week as per schedule for non-exempt employees.
- Some benefits may require evidence of insurability. Please see the summaries for additional details.
- Your dependents are eligible once you are eligible for benefits. Dependents are defined as:
 - Your lawful spouse.
 - Any child or stepchild of yours who is less than 26 years old.
 - Any child 26 years old or older, unmarried, primarily supported by you, and incapable of self-sustaining employment by reason of mental or physical handicap.

Changes to Your Elections after Open Enrollment

Following open enrollment, you may only make changes due to **qualified life events**. Your election (including waived coverage) generally lasts for the plan year, which is July 1 through June 30. To make changes due to a life event, contact Human Resources. **It is your responsibility to make changes within 31 days of the event.**

You may be able to make changes to your coverage mid-year for one of the following reasons:

- Marriage
- Birth, adoption, placement for adoption
- Change in employment status
- Gain/Loss of other coverage
- Gain/Loss of Medicare/Medicaid or State Children's Health Insurance Program (CHIP)
- Child care judgement or order
- Divorce, legal separation, or annulment
- Death of a spouse or child
- Child ceases to satisfy eligibility requirements

You have 31 days from the date of the event to make any benefit changes within Employee Navigator (benefits software – found in MJSD Links). If you do not make changes during the 31-day window, you will be unable to make changes until the next annual enrollment period.

To make any changes in your insurance, go into Employee Navigator:

- Coverage Changes-Select Benefits (view and manage); Select either "Add or Adjust Coverage" OR "Drop Coverage"; Select option that applies.
- Change Personal Information-Select Profile (update personal information); Select appropriate file.

Annual Open Enrollment - Occurs in late May each year, for the plan year starting July 1 and ending June 30. Annual elections must be made in Employee Navigator. During this time you can make changes to your annual pre-tax benefit election, including health, dental, and flexible spending account coverage(s). Enrollment in Voya Short Term Disability after your new hire eligibility period requires a completed evidence of insurability form and underwriting approval.

How to Enroll

1. Discuss with your dependents which elections are best for you (review last year’s health expenditures and discuss whether your situation might change in the new year).
2. Make your enrollment elections by using Employee Navigator.
3. Submit documentation supporting the eligibility of newly elected coverage or any applicable health questionnaires.

Employee Assistance Program

The Employee Assistance Program (EAP) is offered to all employees and anyone living in their home. It is a completely confidential counseling program that supports you through short-term counseling issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements, work-related problems, and other personal stressors in your daily life. This benefit offers up to 6 in person sessions per issue with a master’s level counselor; there are additional resources available by phone as well as resources and tools online.

| Emotional / Mental Health | Family / Marital |
|---|--|
| <ul style="list-style-type: none"> • Emotional/Mental Health • Lifestyle Transitions • Stress • Communication • Grief and Loss • Anger Management | <ul style="list-style-type: none"> • Relationship • Divorce • Child/Parent Conflict • Childcare • Eldercare |
| Work-Related Issues | Substance Abuse / Addictive Behavior |
| <ul style="list-style-type: none"> • Jobsite Conflicts • Sexual Harassment • Pre-Retirement Concerns | <ul style="list-style-type: none"> • Problem Drinking • Illegal Drug Use • Gambling |

Mental Wellbeing

Important Medical Terminology to Know

Please note the purpose of this glossary is to help explain the terms you will see on the following pages in the hopes you will better understand your plan.

Deductible - Amount of money you must pay for covered health care services before your health insurance kicks in. The important thing to note is that deductibles don't necessarily apply to all medical services and your medical premiums do not apply toward your deductible.

Copay - Co-pays are a fixed dollar amount that you are responsible for paying for specific services. Depending on your plan, these may apply either before or after your deductible has been met. Please see your plan document for specifics.

Types of Deductibles

- Embedded – means that no one person on a family plan will pay more than the single deductible in order for post deductible benefits to kick in
- Aggregate – means that the full family deductible must be met in order for post deductible benefits to kick in

Coinsurance – the percentage of covered health care services that you pay after you've paid your deductible

Out-of-Pocket Maximum – the most you will pay in a plan year for covered services prior to all health care expenses being covered at 100%

Network Types

- In – Network – providers or health care facilities that are part of a health plan's network of providers with which it has negotiated a discount
- Out-of-Network – providers or health care facilities who are considered nonparticipants of your medical insurance meaning they have not negotiated discount rates for services. The providers can bill you for the difference between their fee and what your plan pays.

Types of Care

- Preventive – care you receive to prevent illness and/or diseases (annual physical or a Well-Baby checkup)
- Diagnostic – care you receive for symptoms or health issues
- Routine – care you receive for diagnosed conditions (diabetes, high blood pressure, etc.)

Prescription Drug Formulary – Each carrier has a list of covered prescription drugs. Please see carrier website for more information.

Types of Drugs

- Generic – a prescription drug that has the same active-ingredient formula as a brand-name drug
- Brand – a drug sold by a drug company under a specific name or trademark that is protected by a patent
- Specialty – a high-cost drug used to treat complex or rare chronic conditions

Medical Plan Option 1

| | | Prairie States | | |
|--------------------------|---|--|-----------------------------|---|
| PROVIDER NETWORKS | | Tier 1 | Tier 2 | Tier 3 |
| | | MJSD Clinic/DPC Provider/Direct Contracts | HPS Network | Out of Network |
| DEDUCTIBLE | | | | |
| | Single | \$0 | \$0 | \$0 |
| | Family | \$0 | \$0 | \$0 |
| | Type | Embedded | | |
| COINSURANCE | | | | |
| | | 0% | 0% | 0% |
| OUT OF POCKET MAX | | | | |
| | Single | \$0 | \$3,000 | \$6,000 |
| | Family | \$0 | \$6,000 | \$12,000 |
| SERVICES | | | | |
| | Teladoc | \$0 copay | --- | --- |
| | Home Health Care visit | --- | \$50 copay | \$100 copay |
| | Physical/Occupational/Speech Therapy per visit | \$0 copay | \$50 copay | \$100 copay |
| | Chiropractic visit | \$0 copay | \$20 copay | \$40 copay |
| | Behavioral Health visit | \$0 copay | \$50 copay | \$100 copay |
| | Primary Care Physician visit | --- | \$100 copay | \$200 copay |
| | MJSD Clinic | \$0 copay | --- | --- |
| | Lab Test | \$0 copay | \$50 copay | \$100 copay |
| | Specialty Office visit | \$0 copay | \$150 copay | \$300 copay |
| | Urgent Care visit | --- | \$200 copay | \$200 copay |
| | Emergency Room Visit | --- | \$500 copay | \$500 copay |
| | Ground and Air Ambulance | --- | \$500 copay | \$500 copay |
| | Inpatient Facility per day | --- | \$1,500 copay/day | \$3,000 copay/day |
| | Pregnancy/Deliveries (Employee and/or Spouses only) | --- | \$0 copay | \$3,000 copay/day |
| | Outpatient Surgery | \$0 copay | \$1,000 copay | \$2,000 copay |
| | Other Outpatient Procedures (injections, etc.) | \$0 copay | \$500 copay | \$1,000 copay |
| | Imaging (CT/MRI/PET, etc.) | \$0 copay | \$500 copay | \$1,000 copay |
| | Skilled Nursing Facility (per admission) | \$0 copay | \$500 copay/admission | \$1,000 copay/admission |
| | DME/Prosthetics | \$0 copay | \$100 copay | \$200 copay |
| | X-Ray & Other low-end imaging | \$0 copay | \$100 copay | \$200 copay |
| PHARMACY | | Retail (30-day supply) | | Domestic Mail Order (84-90 day supply) |
| | Generic | \$5 copay (\$15 copay for 90 day supply) | | \$12.50 copay |
| | Brand Preferred | \$30 copay | | \$75 copay |
| | Brand Non-Preferred | \$90 copay | | \$225 copay |
| | Brand w/Generic Equivalent | Non-Preferred Copay + Difference in Cost between Generic & Brand | | |
| | Specialty Medications | Text or email ScoutRx | | |
| | International Mail Order | N/A | | \$0 for Qualifying Medications |
| | Non-Insulin Injectables | Text or email ScoutRx | | |

Medical Plan Option 2

| | | Prairie States | | |
|--------------------------|---|--|-----------------------------|---|
| PROVIDER NETWORKS | | Tier 1 | Tier 2 | Tier 3 |
| | | MJSD Clinic/DPC Provider/Direct Contracts | HPS Network | Out of Network |
| DEDUCTIBLE | | | | |
| | Single | \$0 | \$0 | \$0 |
| | Family | \$0 | \$0 | \$0 |
| | Type | Embedded | | |
| COINSURANCE | | | | |
| | | 0% | 0% | 0% |
| OUT OF POCKET MAX | | | | |
| | Single | \$0 | \$6,000 | \$12,000 |
| | Family | \$0 | \$12,000 | \$24,000 |
| SERVICES | | | | |
| | Teladoc | \$0 copay | --- | --- |
| | Home Health Care visit | --- | \$100 copay | \$200 copay |
| | Physical/Occupational/Speech Therapy per visit | \$0 copay | \$100 copay | \$200 copay |
| | Chiropractic visit | \$0 copay | \$40 copay | \$80 copay |
| | Behavioral Health visit | \$0 copay | \$100 copay | \$200 copay |
| | Primary Care Physician visit | --- | \$200 copay | \$400 copay |
| | MJSD Clinic | \$0 copay | --- | --- |
| | Lab Test | \$0 copay | \$100 copay | \$200 copay |
| | Specialty Office visit | \$0 copay | \$300 copay | \$600 copay |
| | Urgent Care visit | --- | \$200 copay | \$200 copay |
| | Emergency Room Visit | --- | \$500 copay | \$500 copay |
| | Ground and Air Ambulance | --- | \$500 copay | \$500 copay |
| | Inpatient Facility per day | --- | \$3,000 copay/day | \$6,000 copay/day |
| | Pregnancy/Deliveries (Employee and/or Spouses only) | --- | \$0 copay | \$6,000 copay/day |
| | Outpatient Surgery | \$0 copay | \$2,000 copay | \$4,000 copay |
| | Other Outpatient Procedures (injections, etc.) | \$0 copay | \$1,000 copay | \$2,000 copay |
| | Imaging (CT/MRI/PET, etc.) | \$0 copay | \$1,000 copay | \$2,000 copay |
| | Skilled Nursing Facility (per admission) | \$0 copay | \$1,000 copay/admission | \$2,000 copay/admission |
| | DME/Prosthetics | \$0 copay | \$200 copay | \$400 copay |
| | X-Ray & Other low-end imaging | \$0 copay | \$200 copay | \$400 copay |
| PHARMACY | | Retail (30-day supply) | | Domestic Mail Order (84-90 day supply) |
| | Generic | \$5 copay (\$15 copay for 90 day supply) | | \$12.50 copay |
| | Brand Preferred | \$30 copay | | \$75 copay |
| | Brand Non-Preferred | \$90 copay | | \$225 copay |
| | Brand w/Generic Equivalent | Non-Preferred Copay + Difference in Cost between Generic & Brand | | |
| | Specialty Medications | Text or email ScoutRx | | |
| | International Mail Order | N/A | | \$0 for Qualifying Medications |
| | Non-Insulin Injectables | Text or email ScoutRx | | |

Medical Payroll Deductions (24 pay periods)

| EMPLOYEE PAYROLL DEDUCTION | 1.0 FTE* - (Platinum Level Wellness) | |
|----------------------------|--------------------------------------|----------|
| | Option 1 | Option 2 |
| Single | \$42.39 | \$13.89 |
| Family | \$105.97 | \$34.72 |

*Rates for <1.0 FTE can be found in Employee Navigator

Be an Informed Consumer and Save Your Money

Summary Guide for Where to Go When Medical Care is Needed

If you need medical attention, but it is not life threatening, look into the most cost-effective treatment facilities that can provide you with the care you need when using your medical plan.

The below table shows the average cost of care, not necessarily the cost you will pay. To know your approximate cost, please see the medical table on the previous page.

| TREATMENT TYPE | POSSIBLE NEEDS FOR CARE | AVERAGE COST OF CARE |
|--|---|----------------------|
| Nurse Direct (920-738-2230) | <ul style="list-style-type: none"> Choosing where to get medical care Health and wellness help Answers to questions about medicines | \$0 |
| Telemedicine | <ul style="list-style-type: none"> Cold & Flu Bronchitis Allergies Pink Eye Urinary Tract Infection Acne Skin Rash Moles/Warts Stress/Anxiety Depressions Addiction Domestic Abuse | \$0 |
| Convenience Care (Walk-in clinic in a retail setting) | <ul style="list-style-type: none"> Flu Shot Skin rash Infections (skin, eye, ear/nose/throat) Respiratory (cough, pneumonia, asthma) Stomach (vomiting, diarrhea) Minor Injuries (burns, stitches, sprains, small fractures) Earache | \$65 |
| Primary Care Physician | <ul style="list-style-type: none"> Back pain Infections (skin, eye, ear/nose/throat) Stomach (vomiting, diarrhea) Respiratory (cough, pneumonia, asthma) | \$120 |
| Urgent Care | <ul style="list-style-type: none"> Back pain Infections (skin, eye, ear/nose/throat) Respiratory (cough, pneumonia, asthma) Stomach (vomiting, diarrhea) Minor injuries (burns, stitches, sprains, small fractures) | \$190 |
| Emergency Room | <ul style="list-style-type: none"> Chest pain Shortness of breath Severe asthma attack Major burns Severe injuries Kidney stones | \$1,700 |

*These are average costs of care, not necessarily the cost you will pay. Physician Care and Urgent Care may have slightly higher averages than what is shown.

Health Reimbursement Arrangement (HRA)

An HRA is an employer funded health care reimbursement account available under IRS Code Section 105 for medical care expenses incurred by the employee, the employee’s spouse and dependents, while enrolled in the District health plan. It is meant to help offset some of your out of pocket expenses you incur.

Eligible Expenses

Any eligible medical expenses as defined as 213(d) medical, dental and vision expenses. These expenses could be claims that apply to a member’s deductible.

| Diversified Benefit Services | | |
|------------------------------|---------------|---------|
| PAYMENT ARRANGEMENT | Employee Only | Family |
| Benefit Amount | \$500 | \$1,000 |

Carryover

Unused money in your HRA accumulates from one year to the next. The HRA is part of the District Health plan and therefore the HRA is only available while insured through the District’s health plan. Used wisely, your HRA can play a significant role in helping you save money.

Participants on the health insurance plan may rollover up to \$2,000 Single / \$4,000 Family from year to year with a maximum balance of \$2,500 Single / \$5,000 Family.

How your HRA Works



Step 1

You go to the doctor, pharmacy, dentist or eye doctor



Step 2

The doctor sends the claim to the insurance company



Step 3

The insurance company will send you an explanation of benefits (EOB)



Step 4

You submit your EOB, bill or pharmacy receipt to Diversified Benefit Services



Step 5

Diversified Benefit Services will deposit your reimbursement into your checking or savings account out of your HRA



Step 6

You pay any outstanding invoices using your HRA dollars based on your EOB

Note: Future contributions to the HRA, by the District, have not been determined (amounts may be changed and/or discontinued).

Opt-Out Health Insurance Option

Under the terms of the Opt-Out Option, eligible District employees (must be full-time and have FTE 1.0) having other health insurance, may elect to not select or cancel their MJSD health insurance. The Opt-Out Option will equal \$2,000 for an annual family health policy and \$750 for an annual single health policy. The Opt-Out will be payable in equal payments (Sept through June). See HR for more information.

Flexible Spending Account Plan

Full Flexible Spending Account

This account reimburses you for healthcare expenses you incur that are not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for qualified healthcare services provided they are not covered by insurance.

Examples Include: Deductibles, Copayments, Coinsurance, Dental Fillings, Dental Crowns, Orthodontic Care, Lasik Vision Correction, Contacts, Glasses

You are allowed to roll over up to a \$500 balance into the following year. Any amount over \$500 will be forfeited. Healthcare services may also include dental, vision and hearing.

Run-out: Claims MUST be submitted and received by Diversified Benefit Services by September 30th following the plan year.

The benefit year follows the fiscal year starting July 1 and ending June 30. Due to the fact that Teachers school year starts September 1 and the FSA ends June 30, deductions will be based on 20 paychecks only (not 24).

You cannot use this program if you have an HSA Health Plan.

The employee maximum contribution is \$2,750.

Dependent Care Spending Account

This account reimburses you for dependent care/daycare expenses for eligible children and adults. You can set aside part of your income to pay for these expenses on a tax-free basis, through regular payroll deductions.

Any money that is not used during the covered period will be forfeited. Qualified expenses for reimbursement include: adult and child daycare centers, preschool, and before/after school care.

To qualify, your dependents must be:

- A child under the age of 13
- A child, spouse, or other dependent who is physically or mentally incapable of self-care and spends at least eight hours a day in your household

You can use this program if you have an HSA Health Plan.

The annual family maximum is \$5,000.

Dental Plan Options



| | Option 1 Delta Dental | Option 2 Dental Associates |
|-----------------------------------|--|--|
| | Delta Premier Dentist | Services provided by Dental Associates Only |
| PROVIDER NETWORK | | |
| | Visit https://www.deltadentalwi.com/s/find-a-provider | Visit https://www.careplusdentalplans.com/network-dentists |
| DEDUCTIBLE | | |
| Single | \$0 | \$0 |
| Family | \$0 | \$0 |
| ANNUAL MAX | | |
| | \$1,250 <small>Preventive Services do not apply toward the annual maximum</small> | \$1,500 <small>Preventive Services do not apply toward the annual maximum</small> |
| PREVENTIVE SERVICES | | |
| Oral Exam | Covered 100% | Covered 100% |
| Bitewing X-Ray | Covered 100% | Covered 100% |
| Full Mouth X-Ray | Covered 100% | Covered 100% |
| Cleaning/Scaling | Covered 100% | Covered 100% |
| Fluoride | Covered 100% | Covered 100% |
| BASIC SERVICES | | |
| Simple Extraction | Covered 100% | Covered 100% |
| Filling | Covered 100% | Covered 100% |
| Oral Surgery | Covered 100% | Covered 100% |
| MAJOR SERVICES | | |
| Endodontics /Root Canals | Covered 100% | Covered 100% |
| Periodontics | Member pays 20% | Covered 100% |
| Crowns | Covered 100% | Covered 100% |
| Dentures | Member pays 50% | Covered 100% |
| Bridgework | Member pays 50% | Covered 100% |
| Implants | Member pays 50% | Member pays 50% |
| ORTHODONTIA | | |
| Benefits Paid at | 50% | 50% |
| Lifetime Max | \$1,500 | \$2,500 |
| Adult Ortho | Not covered | Not covered |
| EMPLOYEE PAYROLL DEDUCTION | | |
| | <i>Based on 1 FTE & 24 Pay Periods All others – please refer to Employee Navigator for costs</i> | |
| Employee | \$2.62 | \$2.19 |
| Family | \$9.13 | \$7.11 |

*Negotiated costs do not apply to services done by out of network dentists. Member will be responsible for any additional cost.



| | Superior Vision Platinum Materials Only 150 | | Superior Vision Platinum Full Service 150 | |
|-----------------------------------|--|---|---|---|
| | In Network | Out of Network | In Network | Out of Network |
| | PROVIDER NETWORK | Visit https://superiorvision.com/locator/ | | |
| EXAMINATION | <i>Covered once every 12 months</i> | | | |
| Exam | Covered under medical plan | -- | Covered 100%; contact lens fit & follow up covered under contact lens benefit | \$35 allowance on exam; contact lens fit & follow up covered under contact lens benefit |
| LENSES | <i>Covered once every 12 months</i> | | <i>Covered once every 12 months</i> | |
| Single Vision | Covered 100% | \$25 allowance | Covered 100% | \$25 allowance |
| Bifocal | Covered 100% | \$40 allowance | Covered 100% | \$40 allowance |
| Trifocal | Covered 100% | \$45 allowance | Covered 100% | \$45 allowance |
| Standard Progressive | Covered to lined-trifocal level; member pays difference | \$45 allowance | Covered to lined-trifocal level; member pays difference | \$45 allowance |
| CONTACT LENSES | <i>Covered once every 12 months in lieu of traditional lenses</i> | | <i>Covered once every 12 months in lieu of traditional lenses</i> | |
| Elective | \$175 allowance | \$150 allowance | \$175 allowance | \$150 allowance |
| Medically Necessary | Covered 100% | \$150 allowance | Covered 100% | \$150 allowance |
| FRAMES | <i>Covered once every 12 months</i> | | <i>Covered once every 12 months</i> | |
| | \$150 allowance | \$75 allowance | \$150 allowance | \$75 allowance |
| EMPLOYEE PAYROLL DEDUCTION | <i>Based on 1 FTE & 24 Pay Periods</i> <i>All others – please refer to Employee Navigator for costs</i> | | | |
| Employee | \$4.14 | | \$5.83 | |
| EE/Spouse or EE/Child(ren) | \$8.27 | | \$11.65 | |
| Family | \$10.95 | | \$15.45 | |

Benefits plan runs on a rolling calendar year. Benefits cannot be used until the date of purchase the following year.

Minnesota Life – Basic Life & AD&D

Your employer pays this benefit for you.

- 1 times annual base earnings

Minnesota Life – Supplemental Life & AD&D

Flexible plan allows you to choose the amount of life insurance appropriate for you and your family. At the time of hire, you can elect up an additional amount of 1, 2, 3 or 4 times your annual average regular earnings, rounded to the next \$1,000. Existing employees wishing to increase employee and/or dependent life insurance coverage are required to prove Evidence of Insurability through an Application.

- Coverage up to \$300,000 available for Employee
- Coverage up to \$20,000 available for Spouse
- \$10,000 of coverage available to Children

Mutual of Omaha – Voluntary Short Term Disability

Covers disabilities caused by non-occupational injuries/illnesses and maternity.

- Your benefit plan is 60%(tax-free) to a weekly maximum of \$2,000
- Injury benefits begin on the 1st consecutive day
- Sickness benefits begin on the 8th consecutive day of disability
- Benefits may continue for up to 9 weeks
- Annual Open Enrollment
 - If looking to enroll at a time other than a new hire eligibility or open enrollment, Evidence of Insurability will be required

VOYA – Long Term Disability

Coordinates with Short Term Disability plan to ensure no gap in coverage.

Your employer pays for this benefit for you

- Benefits continue, as long as you are disabled, up to age 65, but not less than 5 years
- Your benefit plan is 60%(tax-free) to a monthly maximum of \$7,000

Wisconsin Retirement System (WRS)

As an employee in the MJSD you are eligible to participate in the in the WRS retirement plan. Contributions are based on a percentage of your eligible salary, and are paid equally by you AND the MJSD. Note: Percentage of contribution subject to change based on State regulations.

Savings & Investment – 403(b) and 457(b)

MJSD offers a 403(b) and 457(b) Savings Plan through VALIC for employees to invest for their future retirement. You can contribute before-tax and after-tax Roth deposits (not to exceed the maximum \$19,000 for 2019). In addition, if you are over 50 years of age, you are able to make additional “catch up” payments (per IRS guidelines). A wide variety of investment options are offered.

Sick Leave

Regular full-time and regular part time employees will be granted sick leave, with pay, at the rate of twelve (12) days per year. Prorated for half-year employment. They will be paid at the employee's regular pay rate for the number of hours in the employee's normally scheduled work day. Employees may accumulate up to sixty (60) days of sick leave.

Emergency Days / Personal Days

Regular full-time and regular part time employees will be provided two (2) Personal days per year. Prorated for half-year employment. They will be paid at the employee's regular pay rate for the number of hours in the employee's normally scheduled work day. Personal Days/Emergency Days can be scheduled in advance and/or in cases of emergencies. Note: The number of Personal/Emergency days, available per building, are limited through the request process. Any days that are not used during the school year do not carry over.

Voluntary Accident Insurance Plan

You are able to purchase additional Group Accident Insurance coverage through VOYA . This plan pays you cash to help with out of pocket medical and non-medical expenses if you or a family member seeks medical attention for a covered accident. Coverage includes, but is not limited to office visits, hospital stays, physical therapy, accidental death and dismemberment. This plan also includes a wellness benefit each calendar year for insured employee, spouse and child when a covered exam has been completed. See brochure for detailed information.

Voluntary Critical Illness Plan

You are able to purchase Group Critical Insurance coverage through VOYA. This plan pays a lump sum benefit to you if you or a family member is diagnosed with a covered condition. Coverage includes, but is not limited to cancer, heart attack, stroke, and bypass surgery. This plan also includes a wellness benefit each calendar year for insured employee, spouse and child when a covered exam has been completed. See brochure for detailed information.

Voluntary Hospital Plan

Offered by VOYA, this benefit offers you and your family additional coverage should you require hospital confinement. This plan pays a lump sum cash benefit to you, if you or a family member is hospitalized as an inpatient due to accident, sickness, or pregnancy. In addition, there is a per day inpatient benefit. Wellness benefits are also included in this plan for the insured employee, spouse and child. See brochure for detailed information.

Verizon Discount

As an employee with the Menasha Joint School District you are eligible for discounts of: up to 15% off your plan; accessories up to 25% off; and discounts on phones. To find out more visit:

<http://www.verizonwireless.com/b2c/employee/eleuLanding.jsp>

Benefits Contact Information

Refer to this list when you need to contact one of the benefits. For general information, please contact Human Resources.

| PLAN TYPE | INSURANCE COMPANY | PHONE | WEBSITE |
|---------------------------------------|------------------------------|----------------------------|---|
| Employee Assistance Program | Ascension | (800) 540-3758 | Email – eap@ascension.org |
| Medical | Prairie States | FiveStar 1-844-993-9163 | www.prairieontheweb.com |
| HRA & FSA | Diversified Benefit Services | (800) 234-1229 | www.dbsbenefits.com |
| Dental | Delta Dental | (800) 236-3712 | www.deltadentalwi.com |
| Dental | Dental Associates | (888) 295-9126 | www.dentalassociates.com |
| Vision | Superior Vision | (855) 663-8692 | www.superiorvision.com |
| Life & Voluntary Life | Minnesota Life | (866) 295-8690 | www.LifeBenefits.com |
| Voluntary Short-Term Disability | Mutual of Omaha | (800) 885-6888 | www.mutualofomaha.com |
| Long Term Disability | VOYA | (855) ONE-VOYA | https://presents.voya.com/EBRC/MJSD |
| Accident, Critical Illness & Hospital | VOYA | (855) ONE-VOYA | https://presents.voya.com/EBRC/MJSD |
| 403(b) Savings Plan | VALIC | (888) 569-7055 | www.VALIC.com |
| Wellness Program & Coaching | Mobile Health Team | (844) 547-4343 | wellnesscoach@mjsd.k12.wi.us |

Additional Learning Opportunity

LTD/Hospital/Accident/Critical Illness Videos - <https://presents.voya.com/EBRC/MJSD>