



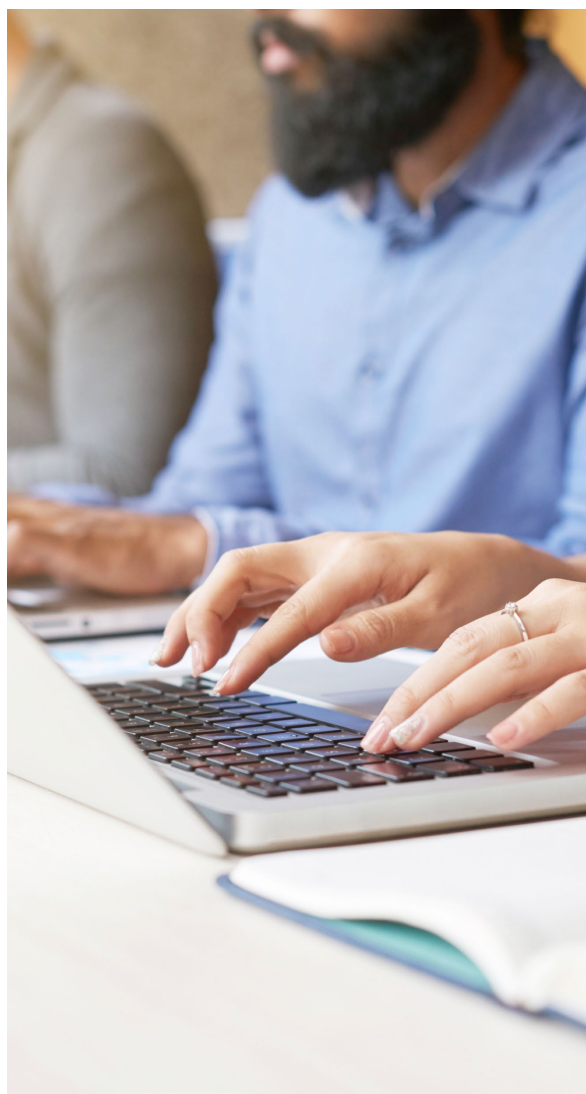
Employee benefits

2022

WELCOME TO RACINE UNIFIED SCHOOL DISTRICT'S BENEFIT GUIDE!

Here's where to find...

| | |
|---------------------------------------|-------|
| Benefit Basics | 3 |
| Benefits 101 | 4 |
| Medical Plan Overview | 5 |
| Prescription Drug Overview | 6 |
| Racine Health and Wellness Clinic | 7 |
| Dental | 8 |
| Vision | 9 |
| Employee Assistance Program (EAP) | 10 |
| Health Reimbursement Account (HRA) | 11 |
| Flexible Spending Accounts (FSA) | 12 |
| Retirement | 13 |
| Wellness Program | 14 |
| Disability Insurance | 15 |
| Life and AD&D Insurance | 16 |
| Real Appeal Weight Loss Program | 17 |
| Rehab and Physical Therapy | 17 |
| Employee Discounts | 18 |
| Life Happens – Making Benefit Updates | 19-20 |
| Carrier Contact Information | 21 |
| RUSD Contact Information | 21 |
| Benefit Enrollment Form | 23-26 |



BENEFIT BASICS

Racine Unified School District offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides a summary of your benefits. Please review it carefully so you can choose the coverage that is right for you and your family.

Benefit Criteria

Employees of Racine Unified School District qualify for benefits enrollment if the following criteria is met:

- Work at least 30 hours per week as an hourly paid staff member (i.e., education assistants; clerical; building services)
- Classified as a full-time employee of 60% or greater as a salaried paid staff member (i.e., teachers, administrators)

Employees may elect Family Coverage if they have qualified dependents. Qualified dependents are defined as:

- Spouse - Individual to whom you are legally married according to the laws of the State of Wisconsin.
- Child – Under age 26 including a natural child; legally adopted child, stepchild, child placed for adoption, or a child for whom you and your spouse are appointed legal guardian. Legal documentation may be required for enrollment.
- Child – Age 26 or over who is or becomes disabled and dependent upon you. Legal documentation may be required for enrollment.

Qualifying Life Status Change

Generally, you may only change your benefit elections during the annual enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage or divorce
- Birth or adoption of a child, including placement for adoption
- Death of a qualified dependent
- Qualified dependent no longer meets qualifications for coverage
- Loss of other insurance coverage

You must notify Benefits within 30 days of a qualifying life event.

Depending on the type of event, you may need to provide proof of the event, such as a marriage license or birth certificate. If you do not contact Benefits within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualifying life event).



BENEFITS 101

- **Coinsurance:** The percentage of a covered health care expense that you pay, usually after you've met your deductible. For example, if the plan pays 90% of an expense, the other 10% is your coinsurance.
- **Copay:** A flat-dollar amount you pay for health-related services. Normally, you're expected to pay your copay at the time you receive the service (for example, appointment with your doctor).
- **Deductible:** The amount of covered health care expenses you pay out of your own pocket before the plan begins to pay part of your expenses. PPO plans usually have a calendar-year deductible that applies to most covered expenses.
- **Eligible Expenses:** The services and supplies eligible for reimbursement under your medical plan.
- **Health Reimbursement Arrangement (HRA):** A District contribution to offset eligible out-of-pocket medical, dental, and vision care services. You must be enrolled in the RUSD medical plan as well as participate in the Wellness Program. Contributions are made in January and July. Funds are only available while active on the RUSD medical plan.
- **In-Network Provider:** Medical and dental care providers (doctors, specialists, dentists, hospital and clinics) who are members of a network. In most circumstances, you will pay less for your care when you use in-network providers.
- **Flexible Spending Account (FSA):** A Flexible Spending Account allows you to contribute pre-tax money for healthcare and/or dependent care. Healthcare expenses include eligible out-of-pocket medical, dental, and vision services established by the IRS. Participating in a Flexible Spending Account will save you money on taxes. Unused contributions will be forfeited at the end of the plan year.
- **Out-of-Network Provider:** Medical and dental care providers who are not members of a network. In most circumstances, you'll pay more for your care if you use an out-of-network provider than you would if you received the same services from an in-network provider.
- **Out-of-Pocket Maximum:** The maximum amount you will pay for medical costs per plan (calendar) year. After you reach your out-of-pocket maximum, your medical plan pays 100% of your covered medical costs for the rest of that plan year (copays and service-specific deductibles may still be required).
- **R&C (Reasonable & Customary) Charges and Fees:** This term refers to the current range of fees charged for a particular service by providers in a geographic area. If you use out-of-network providers and your doctor or dentist charges more than the R&C charges in your area, you will have to pay the difference. Also, amounts you pay above the R&C charges don't count toward your out-of-pocket limit.
- **Wellness Program:** Comprehensive health and wellness program designed to integrate the RUSD medical plan, Racine Health and Wellness Center and RUSD Wellness Program to achieve optimum well-being of mind and body.



MEDICAL PLAN OVERVIEW



The Basics

Racine Unified School District offers a Choice Plus Plan through United Healthcare. This plan covers some preventive care before you meet your deductible, but there may be a copayment or coinsurance on the service. For more information on the plan specifics, visit www.welcometouhc.com. To see a list of covered services, visit www.healthcare.gov/coverage/preventive-care-benefits/.

| <u>Benefits Program</u> | <u>Individual</u> | <u>Family</u> | <u>*Family + Secondary Spouse Coverage</u> |
|------------------------------------|--------------------------------------|--|--|
| Administrators & Building Services | \$28.85 Monthly \$13.32 (26 pays) | \$69.89 Monthly \$32.26 (26 Pays) | \$0 |
| Clerical | \$28.85 Monthly \$17.31 (20 Pays) | \$69.89 Monthly \$41.93 (20 Pays) | \$0 |
| Educational Assistants | \$22.05 Monthly \$13.23 (20 Pays) | \$58.50 Monthly \$35.10 (20 Pays) | \$0 |
| Teachers | \$22.35 Monthly \$13.41 (20 Pays) | \$44.73 Monthly \$26.84 (20 Pays) | \$0 |
| Variable Hour Employees | \$125.00 Monthly \$75 (20 Pays) | \$736.78 Monthly \$442.07 (20 Pays) | N/A |

*Spouse Secondary

Must complete the spousal coordination form annually. If your spouse is working and eligible for medical coverage with their employer, they must enroll in at least single medical coverage. The spouse will still have the same benefits; however, all claims would go to the primary employer before claims can be processed through the RUSD medical plan. The cost for that plan is \$0.

Medical Plan Details

Visit www.myuhc.com to locate United Healthcare in-network providers, estimate procedure costs and view claims history.



MEDICAL PLAN DETAILS



| <u>Summary</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
|--------------------------|--|--------------------------------|
| Deductible | | |
| Individual | \$1,500 (Variable \$3,000) | \$2,500 (Variable \$5,000) |
| Family | \$3,000 (Variable \$6,000) | \$5,000 (Variable \$10,000) |
| Coinsurance | Meet Deductible first then 10% | Meet Deductible first then 30% |
| Out-of-Pocket Max | | |
| Individual | \$2,000 (Variable \$3,500) | \$3,000 (Variable \$5,500) |
| Family | \$4,000 (Variable \$7,000) | \$6,000 (Variable \$11,000) |
| Preventive Care | Covered at 100% | Meet Deductible first then 30% |
| Urgent Care | Meet Deductible first then 10% | Meet Deductible first then 30% |
| Emergency Room | \$150 Copay (waived if admitted) then deductible plus coinsurance for emergency services | |



PRESCRIPTION DRUG OVERVIEW

Prescription coverage at Racine Unified School District is through Express Scripts.

Visit <https://www.express-scripts.com/> to locate Express Scripts in-network pharmacies, learn more about mail order and manage your prescriptions.

Prescription Costs

Prescription Drugs (30 Day Supply)

| | |
|-----------------------|---------------------------------------|
| Retail Generic | Meet Deductible first then \$0 Copay |
| Brand (Formulary) | Meet Deductible first then \$15 Copay |
| Brand (Non-Formulary) | Meet Deductible first then \$25 Copay |

Prescription Drugs (90 Day Supply) – Walgreens “Smart 90” program or Mail Order (Express Scripts)

| | |
|-----------------------|---------------------------------------|
| Generic | Meet Deductible first then \$0 Copay |
| Brand (Formulary) | Meet Deductible first then \$30 Copay |
| Brand (Non-Formulary) | Meet Deductible first then \$50 Copay |

RACINE HEALTH & WELLNESS CLINIC



All employees, retirees, and qualified dependents enrolled in the RUSD medical plan are eligible to access services at the Racine Employee Health & Wellness Center provided by Ascension.

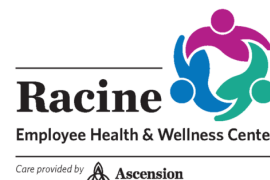
The clinic allows you to be healthier by providing easily accessible primary care and wellness services. They also offer health promotions, disease prevention and health risk management to help you live longer. There are no costs for medical services (in clinic or telephonic coaching), lab services or medications dispensed within the clinic.

Location

2333 Northwestern Avenue, Suite 114

Racine, WI 53404

(across from Gilmore Middle School, formerly the Kurten Clinic)



Phone

262-687-5565

Schedule Your Appointment

Schedule your initial appointment with Ascension Scheduling Line at 262-687-5565 today!

Hours: M/W: 7am – 6pm; Tu/Th: 8am – 7pm; F: 7am – 5pm; Sat: 8am – Noon

Services

- Preventive Care
- Disease Management
- Asthma
- Allergy Care
- Sinus Infections
- Headaches
- Muscle / Joint Pains
- Sprains / Strains
- Cuts / Stitches
- Tobacco Cessation
- Weight Loss
- Referral to Specialists
- Lab Services
- Administer Shots
- Occupational Medicine
- Disbursement of medications



For more information, visit

employerwellness.ascension.org or call 262-687-5565



DENTAL



Racine Unified School District offers a dental plan through Delta Dental of Wisconsin. This plan provides benefits for most types of basic and major dental care. Visit www.deltadentalwi.com to locate Delta Dental's in-network providers, estimate procedure costs and view claims history.

| Summary | Basic *Freedom of choice/balance billing | Exclusive PPO *Must go to PPO provider |
|--|---|--|
| Annual Benefit Maximum (Per Person) | \$1,000 per person | None |
| Deductible | \$25 Individual \$75 Family | None |
| Preventive Care | Covered at 100% | Paid in full* |
| Diagnostic (X-rays and Lab) | Covered at 100% | Paid in full* |
| Basic (Sealant and Simple Extractions) | Covered at 80% | Paid in full* |
| Major (Inlays and Crowns) | Covered at 80% or 50% (see plan document) | Paid in full* |
| Orthodontic Services | Covered at 50% up to \$1,500 lifetime max per person | \$450 deductible per person |

*some exclusions may apply

| Premiums | Individual Basic | Individual Exclusive PPO | Family Basic | Family Exclusive PPO |
|-----------------|--|---|--|--|
| Employee | \$2.89 Monthly \$1.73 (20 pays) \$1.33 (26 Pays) | \$31.83 Monthly \$19.10 (20 Pays) \$14.69 (26 Pays) | \$7.25 Monthly \$4.35 (20 Pays) \$3.35 (26 Pays) | \$120.86 Monthly \$72.52 (20 Pays) \$55.78 (26 Pays) |
| Variable | \$34.65 Monthly \$20.87 (20 Pays) | \$62.91 Monthly \$37.75 (20 Pays) | \$85.34 Monthly \$51.20 (20 Pays) | \$198.95 Monthly \$119.37 (20 Pays) |

Dental Costs

Payroll deductions vary between each dental plan option and are taken each pay period on a pre-tax basis.

Basic Dental Plan

Employees on the Basic Dental Plan contribute 8.5% of the total monthly dental premium.

Exclusive PPO Dental Plan

Employees on the Exclusive PPO Dental Plan contribute 8.5% plus the difference between the Basic Dental Plan and Exclusive PPO Dental Plan monthly premium.

Additional Online Tools Include:

- Chat with a Customer Experience Specialist
- Print Your ID Cards
- Manage Your Benefits
- Check Claim Status
- Get Cost by Provider or Procedure



www.deltadentalwi.com



VISION

Visit National Vision Administrators (NVA) at e-nva.com
Select “Find a Provider” and enter 3005000001

At Racine Unified School District, employees can enroll in vision coverage through National Vision Administrators (NVA). Participating members are entitled to receive a vision examination and one pair of lenses and frame or contact lenses and fitting once every 12 months from the last date of service.

You will receive a vision ID card with participating providers in your home zip code. At the time of your appointment, present your vision ID card. The provider will verify eligibility in order for you to receive the vision benefits outlined in the Vision Plan Summary.

NVA also provides some additional benefits:

- **EyeEssential Discount Program** – NVA provides additional discounts on eyewear and services that are not covered under the vision plan by participating providers only.
- **Laser Eye Surgery** – NVA has chosen The National LASIK Network to service participating members, which provides participants significant discounts and a free consultation by participating providers only.
- **Hearing Discount Program** – NVA provides participating members a hearing discount program. You will receive 30-60% off retail price at participating providers through EPCI Hearing.

Below are some of the vision plan details:

| Benefit Frequency | Participating Provider | Non-Participating Provider |
|--|---|---|
| Examination (once over 12 mos.) | \$10 Copay | Reimbursed up to \$35 |
| Lenses (Standard Glass or Plastic) (once every 12 mos.) | | |
| Single/Bifocal/Trifocal/Lenticular | \$25 Copay | Reimbursed up to \$25 / \$45 / \$75 / \$75 |
| Polycarbonate (Under age 19) | Covered at 100% | Not Covered |
| Standard Scratch Coating (Under age 19) | Covered at 100% | Not Covered |
| Frames (once every 12 mos.) | \$150 Retail Allowance, then 20% discount | Reimbursed up to \$45 |
| Contact Lenses – Elective (once ever 12 mos.) | \$130 Retail Allowance, then 15% discount for Conventional or 10% discount for Disposable | \$130 Retail Allowance |
| Contact Lenses – Fit & Follow-up | \$20 Copay for Standard Daily Wear \$30 Copay for Standard Extended Wear | Reimbursed up to \$20 for Standard Daily Wear Reimbursed up to \$30 for Standard Extended Wear Reimbursed up to \$50 for Specialty Wear |
| Contact Lenses – Medically Necessary | \$50 Copay for Specialty Wear Covered at 100% | Reimbursed up to \$210 |



| Coverage Type | Premium |
|------------------------------|--|
| Employee Only | \$4.57; \$2.74 (20 Pays) or \$2.11 (26 Pays) |
| Employee + Spouse | \$9.15; \$5.49 (20 Pays) or \$4.22 (26 Pays) |
| Employee + Child(ren) | \$13.15; \$7.89 (20 Pays) or \$6.07 (26 Pays) |
| Family | \$18.74; \$11.24 (20 Pays) or \$8.65 (26 Pays) |

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources through ComPsych provides support, resources and information for personal and work-life issues. GuidanceResources is a company-sponsored, confidential benefit provided to you and your dependents. Employees and their family members receive up to 5 sessions per person per issue completely free! Contact ComPsych for assistance at [1-844-994-7873](tel:1-844-994-7873) or online at www.guidanceresources.com. The WebID is **RUSD**.

No-Cost Confidential Counseling

This service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by Guidance Consultants – highly trained Masters and Doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:

- Stress, anxiety and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

Work-Life Solutions

Specialists will do the research for you, providing qualified referrals and customized resources for:

- Child and elder care
- Moving and relocation
- Making major purchases
- College planning
- Pet care
- Home repair

Legal Support and Resources

Talk to an attorney by phone. If you require representation, they will refer you to a qualified attorney in the area for a free 30-minute consultation with a 25 percent reduction in customary legal fees thereafter. Call about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

Financial Information Resources

Guidance Resources also offers Financial Information Resources. You can speak by phone with Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college



HEALTH REIMBURSEMENT ACCOUNT (HRA)



Racine Unified School District offers a Health Reimbursement Arrangement (HRA) to help offset eligible out-of-pocket medical, dental and vision care expenses. Contributions to the HRA are made automatically by RUSD to those enrolled in the medical plan. Employees participating in the wellness program can also earn contributions to their HRA. Contributions for the medical plan participants are made on January 15th and July 15th.

| Medical Plan Contribution | January | July |
|---------------------------|---------|-------|
| Individual | \$250 | \$250 |
| Family | \$500 | \$500 |

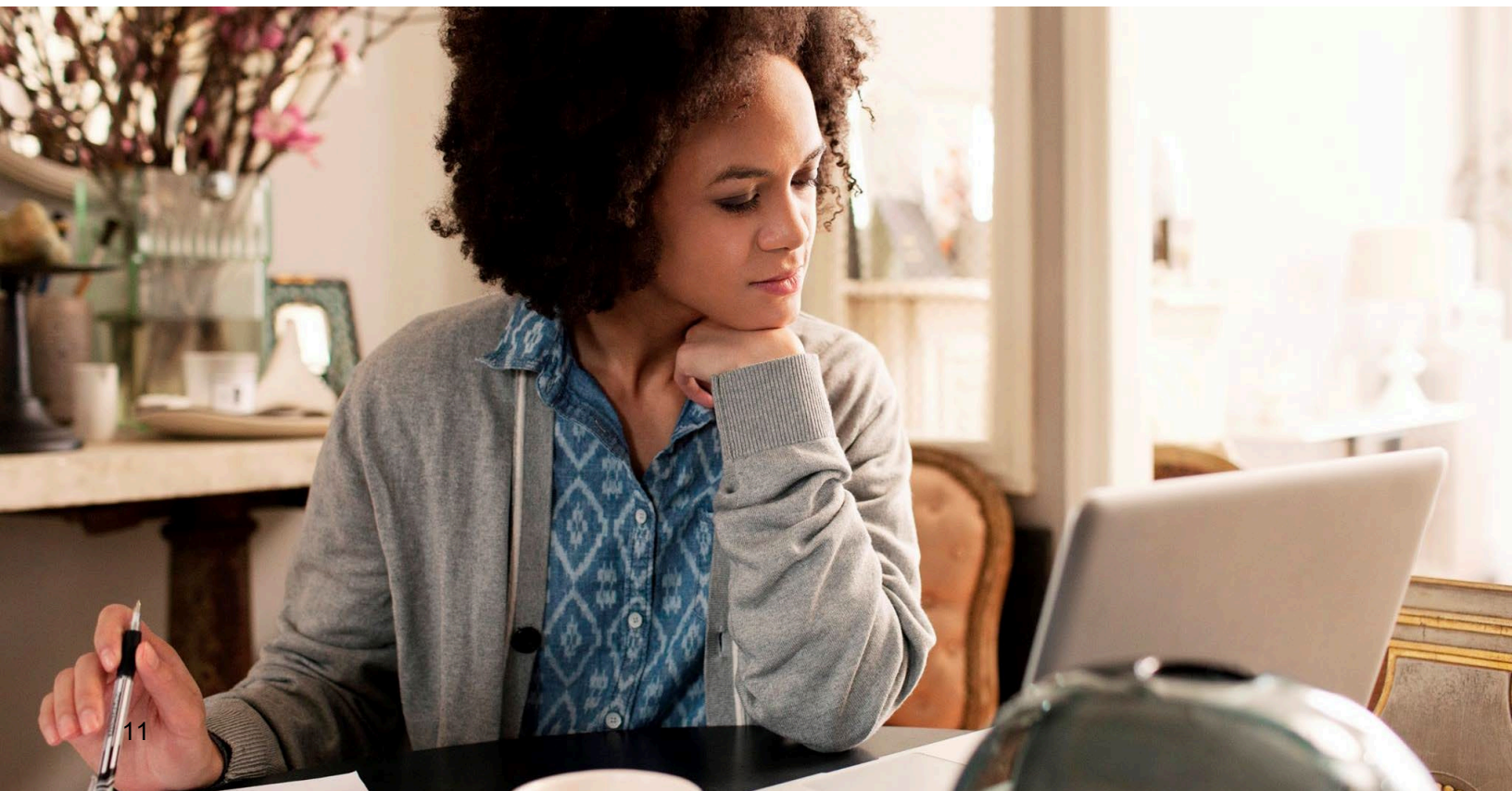
| Wellness Program- Awarded by August 15 th | |
|--|-------|
| Gold | \$175 |
| Silver | \$125 |
| Bronze | \$75 |

Please use your Discovery Benefits (WEX) debit card for payment at the time of your health-related services.

If necessary, please contact Discovery Benefits (WEX) Customer Care at [1-866-451-3399](tel:1-866-451-3399).

You will be prompted to provide the following information in order to locate your account:

- Last four digits of primary accountholder's social security number (SSN)
- Date of birth (MM/DD/YYYY)
- ZIP code



FLEXIBLE SPENDING ACCOUNTS (FSA)

- Enrolling in a Flexible Spending Account (FSA) allows you to set aside money to pay for eligible expenses on a pre-tax basis.
- Estimate your expenses you expect to incur during the plan year (1/1 – 12/31). The amount you elect will be divided by annual equal pre-tax deductions. You have access to the entire annual election at any time in 2022.
- Healthcare expenses include eligible health-related medical, dental and vision care services established by the IRS.

| | Health Care FSA | Daycare Care FSA |
|--|---|--|
| Use it to pay for: | Eligible health care expenses that are not fully covered by your medical, dental and vision plans | Eligible child or elder care expenses to enable you and your spouse to work or attend school |
| Annual Contribution Limit: | According to IRS Limits | \$5,000 |
| Eligible Expenses: (refer to IRS publications 502 and 503 available at www.irs.gov for full list) | Deductibles, copays, coinsurance, dental expenses, eyeglasses, etc. | Day care, after school programs, summer camps, elder care programs, etc. |

Setting money aside on a pre-tax basis not only allows you to pay for eligible expenses with money you've already saved, but it also increases your "spendable" income!

| Without FSA | | | With FSA | |
|------------------------------------|--------------|--|---|-------------------|
| Gross Monthly Salary: | \$2,000 | | Gross Monthly Salary: | \$2,000 |
| Less Applicable Taxes: | | | Less FSA Contributions for Expenses: | |
| Federal Income | \$260 | | Dependent Care | \$400 |
| State Income | \$140 | | Health Care | \$150 |
| Social Security | \$150 | | Taxable Income: | \$1,450 |
| Net Income | \$1,450 | | Less Taxable Taxes: | |
| Less Expenses: | | | Federal Income | \$188.50 |
| Dependent Care | \$400 | | State Income | \$101.50 |
| Health Care | \$150 | | Social Security | \$108.75 |
| "Spendable" Monthly Income: | \$900 | | "Spendable" Monthly Income: | \$1,051.25 |
| | | | Monthly Increase: | \$151.25 |
| | | | Annual Increase: | \$1,815.00 |

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- Last four digits of primary accountholder's social security number (SSN)
- Date of birth (MM/DD/YYYY)
- ZIP code





RETIREMENT PLAN

No matter where you are financially in life, preparing for retirement should be part of the journey. RUSD provides you resources to plan your course.

WRS/ETF Pension

The Wisconsin Retirement System (WRS) offers a retirement benefit based on a defined contribution plan. A defined contribution plan means there is a set amount of money paid into a member's retirement account. WRS determines the employee and district contributions on an annual basis. Half of the defined amount is deducted from the employee's paycheck and half is paid (matched) by the employer. Employees are auto-enrolled in this benefit and deductions are taken through payroll. Employees are vested after 5 years of creditable years of service.

403(b)/457 Plan

A 403(b)/457 plan is a retirement plan that allows employees to contribute pre-tax or post-tax funds through payroll deduction. IRS limits apply. To establish your 403(b)/457 account, you must complete the following steps:

1. Establish an account under the RUSD plan code with one of our approved [Eligible Providers](#)
2. [Complete Deduction or Cancellation](#) which will automatically process on the next available payroll once confirmation of your established account is approved.

Important: You MUST establish an account prior to completing the deduction form. If the account has not been properly established, your contributions will be returned to you and subject to the appropriate payroll taxes.

***If you want to rollover previous accounts to RUSD, you can reach out to
TSA Consulting Group Representatives to assist:
[1-866-796-3786](tel:1-866-796-3786) or recordkeeping@tsacg.com**



WELLNESS PROGRAM

Unified for Health offers a variety of programs, activities and resources to help RUSD staff maintain a healthy lifestyle. We encourage you to take part in RUSD’s wellness initiatives.

Overview

Unified for Health offers a wellness program for RUSD staff through Ascension. As part of this program, you can earn reward points on a scorecard for participating in certain wellness activities and have the opportunity to earn rewards.

| Gold | Silver | Bronze |
|----------------|-------------------|-----------------|
| Points: 1,200+ | Points: 900-1,199 | Points: 500-899 |
| Rewards: \$175 | Rewards: \$125 | Rewards: \$75 |

For additional information, you can access the employee portal by visiting <https://ushealthcenter.com/PHDLogin.aspx?ReturnUrl=%2f> or the Ascension website <https://employerwellness.ascension.org/racinewellnesscenter>





DISABILITY INSURANCE

How do you see yourself five years from now? Or maybe ten? Chances are, you don't see yourself disabled. A surprising number of people do find themselves hurt or sick and unable to work even if only for a short time.

Short-Term Disability

Racine Unified School District offers short-term disability to all employees for a premium. The weekly benefit ranges from \$147 to \$504 depending on the coverage elected (not to exceed 66 2/3% of weekly earnings. Short-term disability has a 60-day benefit period.)

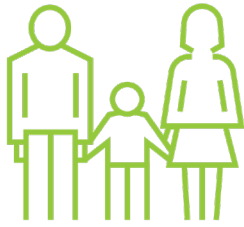
| Weekly Benefit | \$147 | \$175 | \$224 | \$273 | \$301 | *\$357 | *\$420 | *\$462 | *\$504 |
|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Monthly Premium | \$10.08 | \$11.72 | \$15.10 | \$18.48 | \$20.16 | \$24.08 | \$28.00 | \$30.80 | \$33.60 |
| 20 Pays | \$6.05 | \$7.06 | \$9.06 | \$11.09 | \$12.10 | \$14.45 | \$16.80 | \$18.48 | \$20.16 |
| 26 Pays | \$4.65 | \$5.43 | \$6.97 | \$8.53 | \$9.30 | \$11.11 | \$12.92 | \$14.22 | \$15.51 |

*Requires evidence of insurability underwriting to determine approval.

Long-Term Disability

Long-term disability benefits vary on your employment type. See below for further details.

| Employee Type | District Paid | Enrollment Required | Benefit Begins | % of Annual Salary |
|---|--------------------|----------------------------------|-------------------------------------|--------------------|
| Administrators, Teachers, Educational Assistants and Nurses | Yes | No (Employees are Auto-Enrolled) | *61 st Day of Disability | 70% |
| Secretaries and Clerks (Clerical) | At 50% | Yes | *61 st Day of Disability | 70% |
| Carpenters, BSE | No – Employee Paid | Yes | *61 st Day of Disability | 60% |



LIFE AND AD&D INSURANCE



Life and Accidental Death & Dismemberment (AD&D) insurance protects your family financially in the event of your death or dismemberment. This benefit can be used towards burial expenses or assist in making ends meet in your absence.

Basic Life and AD&D

ADMINISTRATORS: The School District pays this benefit, which is equal to one-times your salary for both Life and AD&D. Enrollment for this benefit is required.

ALL OTHERS: Basic Life Insurance and AD&D coverage is available for employees to purchase. The benefit is equal to one-times your annual salary. Enrollment for this benefit is required.

Supplemental Life and AD&D

RUSD offers supplemental Life and AD&D insurance to employees up to one-times their annual salary, rounded to the next higher \$1,000, for active employees up to age 70. Enrollment for this benefit is required. Supplemental Life and AD&D it not available for employees age 70 and older, or Spouse and Dependent coverage.

Additional Life and AD&D

Employees may elect additional Life and AD&D with no age limit for up to three times their annual salary, rounded to the next higher \$1,000. This benefit is employee paid and enrollment is required. Additional AD&D it not available for employees age 70 and older, or Spouse and Dependent coverage.

Spouse/Dependent Life

Employees may elect Spouse/Dependent Life coverage if enrolled in at least Basic coverage. Spouse is lawful husband or wife. Dependents for children, including natural children, stepchildren, adopted children, legal wards and children in adoptive placement from birth to age 26 or older if individual has physical or mental disability. Coverage remains in place until employee reaches age 70, retires or requests to terminate coverage.

Monthly Cost for Each \$1,000 Insurance Coverage

| Age | <30 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 |
|---|-----------------------|--------|------------------------------------|--------|--------|--------|-----------------------|--------|--------|
| Life and AD&D | \$0.05 | \$0.06 | \$0.07 | \$0.08 | \$0.12 | \$0.22 | \$0.39 | \$0.49 | \$0.57 |
| Dependent Life Insurance for Spouse and Child(ren) | Spouse: \$10,000/unit | | Each Dependent Child: \$5,000.unit | | | | \$1.75 per unit/month | | |

When an active employee reaches age 70:

- Basic coverage continues at a reduced level without further premiums.
- Supplemental coverage ceases.
- Additional coverage will continue until the employee cancels coverage, stops paying premiums or terminates employment.
- Additional coverage rates for employees aged 70 and older are listed to the right.



OTHER BENEFITS



Rehab and Physical Therapy

Our Employee Health Clinic (run by Ascension) and all ATI Physical Therapy locations provide rehabilitation and/or physical therapy services to our members enrolled in our medical plan at a reduced cost. Whether you receive services at the Employee Health Clinic or an ATI location, the cost per appointment is only \$20. The Health Clinic and ATI Physical Therapy locations offer services to help reduce pain, reduce migraines, and help getting you back to being you.

Real Appeal

Get support to reach your goals. As part of the Racine Unified School District medical plan, we are excited to offer Real Appeal, a free digital program that provides you with up to a full year of support for lasting weight loss. On average, participants lose 10 pounds after attending just 4 online classes.

Your program includes:

- Personal Transformation Coach
- 24/7 Convenience
- Success Kit
- For more information view the [Real Appeal Flyer](#).

**Real
Appeal**[®]



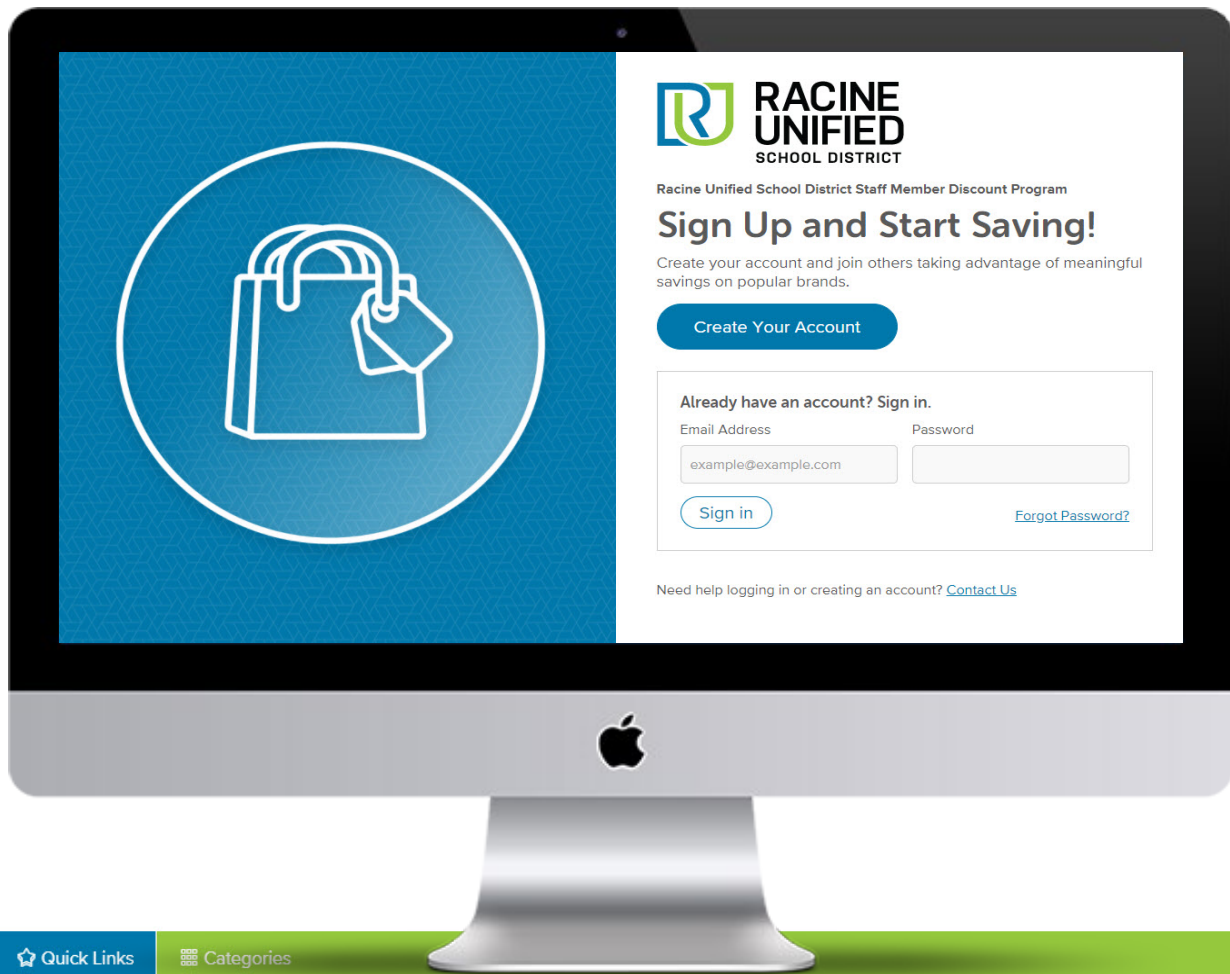


EMPLOYEE DISCOUNTS



From backpacks to new shoes, start school in style with exclusive savings from your Racine Unified School District Discount Program. Save on everything you need, all in one place.

<https://rusd.perkspot.com>



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LIFE HAPPENS



As life changes, we want to ensure our employees understand what needs to be considered when these things happen!

Below are some scenarios and details around the changes that would need to be made under each circumstance.

What If I Get Married?

| | | |
|---|---|---|
| Medical and Dental | <ul style="list-style-type: none"> You may add your spouse to coverage or change coverage option You may enroll in coverage if you are not currently enrolled Coverage is effective the date of marriage You must enroll within 30 days from the date of marriage | <ul style="list-style-type: none"> Complete the Medical/Dental Application and Change Form Submit spousal coordination form in order to enroll in medical coverage Submit to benefits@rusd.org along with providing marriage certificate to view to verify date of marriage |
| Life and AD&D | <ul style="list-style-type: none"> You may increase your coverage amount You may enroll your spouse in Dependent Life | <ul style="list-style-type: none"> Complete the Life Insurance Change Form as life status change Review your Beneficiary Form with WRS |
| Flexible Spending Accounts (FSA) | <ul style="list-style-type: none"> You may begin or change your amount of contribution | <ul style="list-style-type: none"> Complete the benefit change form |
| Retirement Plans | <ul style="list-style-type: none"> You may not make changes to your pension through WRS You may begin or change your amount of contribution to your 403(b) | <ul style="list-style-type: none"> Follow the instructions to enroll or change your elections for your 403(b)/457 Complete the deduction form and submit to benefits |

What If I Give Birth or Adopt a Child?

| | | |
|--|--|--|
| Medical and Dental | <ul style="list-style-type: none"> You may add your child to coverage or change coverage option You may enroll in coverage if you are not currently enrolled Coverage is effective the date of birth or adoption You must enroll within 30 days from the date of birth or adoption | <ul style="list-style-type: none"> Complete the Medical/Dental Application and Change Form Submit to benefits@rusd.org along with providing baby footprint sheet or birth record from the hospital or legal documentation showing date of adoption. |
| Life and AD&D | <ul style="list-style-type: none"> You may increase your coverage amount You may enroll your child in Dependent Life | <ul style="list-style-type: none"> Complete the Life Insurance Change Form Review your Beneficiary Form with WRS |
| Flexible Spending Accounts(FSA) | <ul style="list-style-type: none"> You may begin or change your amount of contribution | <ul style="list-style-type: none"> Complete the benefit change form |
| Retirement Plans | <ul style="list-style-type: none"> You may not make changes to your pension through WRS You may begin or change your amount of contribution to your 403(b) | <ul style="list-style-type: none"> Follow the instructions to enroll or change your elections for your 403(b)/457 Complete the deduction form and submit to benefits |

LIFE HAPPENS (Cont'd)

What If I Get A Divorce?

| | | |
|----------------------------------|--|--|
| Medical and Dental | <ul style="list-style-type: none"> You must remove your ex-spouse from coverage Coverage for the ex-spouse is terminated the date of the divorce You may enroll in coverage if you are not currently enrolled You must enroll within 30 days from the date of divorce COBRA Election Form will be mailed to the ex-spouse | <ul style="list-style-type: none"> Complete the Medical/Dental Application and Change Form Submit court documentation for processing |
| Life and AD&D | <ul style="list-style-type: none"> You may increase/decrease your coverage amount | <ul style="list-style-type: none"> Complete the Life Insurance Change Form as life status event Review your Beneficiary Form with WRS |
| Flexible Spending Accounts (FSA) | <ul style="list-style-type: none"> You may begin or change your amount of contribution | <ul style="list-style-type: none"> Complete benefit change form |
| Retirement Plans | <ul style="list-style-type: none"> You may not make changes to your pension through WRS You may begin or change your amount of contribution to your 403(b) | <ul style="list-style-type: none"> Follow the instructions to enroll or change your elections for your 403(b)/457 Complete the deduction form and submit to benefits |



Other Changes That Require Action

- **Does the Life Status Change affect your name?**
 - If so, please submit a copy of your new Social Security Card to the Human Resources Department.
- **Are you moving?**
 - If so, please update through Employee Self Service to change your address.
- **Do you want to change the number of exemptions for tax withholding purposes?**
 - If so, please update through Employee Self Service or contact the Payroll Department.
- **Do you need to change your direct deposit information?**
 - If so, please access the Direct Deposit Form under Payroll on the Employee Portal.
- **Want to update your emergency contact information?**
 - Contact Human Resources at [262-631-7020](tel:262-631-7020)
- **Need to update your beneficiaries for Life and AD&D as well as Retirement Plans?**
 - Contact Wisconsin Retirement Services (WRS) at [877-533-5020](tel:877-533-5020)



CARRIER CONTACT INFORMATION



Carrier Contact Information

| Benefit | Provider | Group # | Phone Number | Website |
|-----------------|--|--|--------------|--|
| Medical | United Healthcare | 711959 | 800.440.6153 | www.myuhc.com |
| Dental | Delta Dental | Basic – 93719 Exclusive PPO - 08319 | 800.236.3712 | www.deltadentalwi.com |
| HRA and FSA | Discovery Benefits | N/A | 866.451.3399 | www.discoverybenefits.com |
| Pharmacy | Express Scripts | RACINE | 800.818.0093 | www.express-scripts.com |
| EAP | GuidanceResources | RUSD | 844.994.7873 | www.guidanceresources.com |
| Wellness Center | Racine Employee Health & Wellness Center | N/A | 262.687.5565 | employerwellness.ascension.org |
| Vision | National Vision Administrators | 3005 0000 01 | 800.672.7723 | www.e-nva.com |
| Disability | Madison National Life | 7821 | 800.356.9601 | https://www.madisonlife.com/ |
| Life | Employee Trust Fund (WRS) | N/A | 877.533.5020 | www.etf.wi.gov |
| Retirement | Employee Trust Fund (WRS) | N/A | 877.533.5020 | www.etf.wi.gov |

RUSD Contact Information

| Benefit Questions/Issues | Phone # | Title |
|--------------------------|--------------|----------------------|
| Michelle Fornal | 262.631.7059 | Benefits Manager |
| Diane Glowinski | 262.631.7055 | Benefits Specialist |
| Alice Scott | 262.664.8722 | Wellness Coordinator |
| Human Resources | 262.631.7020 | Main Office |
| Payroll | 262.631.7026 | Main Office |

Benefits Enrollment/Change Form

Employee ID _____

Section 1 – Employee Information

| | | | |
|--------------------------------|-------------------|----------------|----------------------------|
| First Name | Middle Initial | Last Name | Gender |
| Street Address | City | State/Zip Code | Date of Birth (00/00/0000) |
| Mailing Address (If Different) | City | State/Zip Code | Social Security Number |
| Home Phone Number | Cell Phone Number | Email Address | Marital Status |

Section 2- Type of Update *All Updates must be completed and returned within 30 calendar days from the event

- New Hire
 Life Status Change (Attach supporting documentation)
 Termination of coverage

| | |
|-----------------------------|--|
| Effective Date (00/00/0000) | Reason for Life Status Change and Termination (Must attach supporting documentation) |
|-----------------------------|--|

Section 3 – Coverage Options

Medical

- UHC Medical
 Waived

Dental

- Delta Basic PPO
 Delta Exclusive PPO
 Waived

Vision

- NVA Vision
 Waived

Life Insurance

- Enroll (Must attach enrollment form)
 Waived

Medical Flex (Pre-tax out of paycheck)

- Elect Coverage
 Waived

Indicate Annual Amount: _____

Daycare Flex (Pre-tax out of paycheck)

- Elect Coverage
 Waived

Indicate Annual Amount: _____ (Max \$5000)

Short Term Disability

- Elect (Must attach enrollment form)
 Waived

Long Term Disability (BSE & Variable ONLY)

- Elect (Must attach enrollment form)
 Waived

Section 4 – Dependents & Coverage elections for Dependents

| | | | |
|----------------------------------|----------------|---------------------------------|---------------------------------|
| First Name | Middle Initial | Last Name | Gender |
| Relationship | | | |
| Social Security Number | | | |
| Date of Birth (00/00/0000) | | | |
| <input type="checkbox"/> Medical | | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |

| | | | |
|----------------------------------|----------------|---------------------------------|---------------------------------|
| First Name | Middle Initial | Last Name | Gender |
| Relationship | | | |
| Social Security Number | | | |
| Date of Birth (00/00/0000) | | | |
| <input type="checkbox"/> Medical | | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |

| | | | |
|----------------------------------|----------------|---------------------------------|---------------------------------|
| First Name | Middle Initial | Last Name | Gender |
| Relationship | | | |
| Social Security Number | | | |
| Date of Birth (00/00/0000) | | | |
| <input type="checkbox"/> Medical | | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |

| | | | |
|----------------------------------|----------------|---------------------------------|---------------------------------|
| First Name | Middle Initial | Last Name | Gender |
| Relationship | | | |
| Social Security Number | | | |
| Date of Birth (00/00/0000) | | | |
| <input type="checkbox"/> Medical | | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |

| | | | |
|----------------------------------|----------------|---------------------------------|---------------------------------|
| First Name | Middle Initial | Last Name | Gender |
| Relationship | | | |
| Social Security Number | | | |
| Date of Birth (00/00/0000) | | | |
| <input type="checkbox"/> Medical | | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |

By signing this Health Benefits Enrollment Form, I certify the information provided is true to the best of my knowledge. I understand Racine Unified School District (RUSD) agrees to provide the above coverage for me and my dependents on the above effective date as long as I meet the enrollment criteria for RUSD health plans. I understand that if there are any other qualifying events, a new form must be completed and notify RUSD within 30 calendar days of the event in order to update accordingly.

Signature _____ Date _____

Racine Unified School District Spousal Coordination of Benefits

RUSD has a spousal provision attached to the medical plans that requires all employee spouse's to have primary coverage with their employer if eligible. For that reason, it is required to complete the spousal coordination form each benefit year.

TO BE COMPLETED BY EMPLOYEE OF RUSD

Employee Name (please print)

Employee ID

Spouse's Name (please print)

Spouse's Employer (if applicable, please print)

- He/she is a RUSD employee.
- He/she is employed. **Spouse's EMPLOYER must complete next section.**
- He/she has other reason. (Must indicate specific reason on the line below)
- _____

I certify the facts above are true, correct and complete without misrepresentation of any kind. I understand that if any of the information on this document is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind, I may be subject to disciplinary action up to and including termination.

Employee Signature

Date

TO BE COMPLETED BY SPOUSE'S EMPLOYER

The following section should be completed by the spouse's employer if the RUSD employee has indicated that his/her spouse is employed.

Is your employee listed above enrolled in medical coverage?

- Yes (if selected, indicate effective date): _____
- No (if selected, indicate reason): _____

Individual Completing this Form (please print)

Telephone Number

Signature

Date

Short Term Disability

Insurance Benefit Enrollment Form

Employee: Complete and return this form to your Benefits Administrator.
Benefits Administrator: Retain a copy of this form for your records and provide employee with a copy. Mail original to:
 National Insurance Services, Attn: Billing Department
 250 S. Executive Drive, Suite 300, Brookfield, WI 53005-4273
 Phone: 1.800.627.3660 Fax: 262.814.1397



Enter your information:

| | | | |
|--|---|--|--|
| Employer Name: Racine Unified School District 1 | | NIS Group Number: 016244 | |
| Full Name (Last name, First name, Middle Initial): | | Date of Hire: | |
| Home Address: | City: | State: | Zip: |
| Social Security Number: | <input type="checkbox"/> Single <input type="checkbox"/> Married | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No* | Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Occupation/Title: | | Hours worked per week: | Annual Salary: |

*If you are not a U.S. Citizen, please provide a copy of your Visa.

Insurance benefits:

Optional Insurance Benefits:

| | | | | | |
|--------------------------------|----------------------------------|--|-----------------------|---|-----------------------|
| <input type="checkbox"/> Elect | <input type="checkbox"/> Decline | Short-Term Disability (Weekly Benefit cannot exceed 66-2/3% of annual salary divided by 52) | | | |
| CHECK BENEFIT DESIRED | | | | | |
| | | Weekly Benefit | Rate per Month | Weekly Benefit | Rate per Month |
| | | <input type="checkbox"/> \$147.00 | \$10.08 | <input type="checkbox"/> \$357.00* | \$24.08 |
| | | <input type="checkbox"/> \$175.00 | \$11.76 | <input type="checkbox"/> \$420.00* | \$28.00 |
| | | <input type="checkbox"/> \$224.00 | \$15.10 | <input type="checkbox"/> \$462.00* | \$30.80 |
| | | <input type="checkbox"/> \$273.00 | \$18.48 | <input type="checkbox"/> \$504.00* | \$33.60 |
| | | <input type="checkbox"/> \$301.00 | \$20.16 | <input type="checkbox"/> I wish to decline this coverage. | |
| | | Evidence of Insurability not required for enrollees electing coverage within 31 days of their date of eligibility. | | *Election amounts of \$357 or above require submission of the Evidence of Insurability form and approval from the carrier. If enrolling within 31 days of your initial eligibility date and electing an amount of \$357 or above, you must also choose from one of the following: <input type="checkbox"/> I wish to have payroll deductions begin for the \$301 benefit level while I await the medical underwriting decision on the benefit level in excess of \$301. <input type="checkbox"/> I do not wish to have payroll deductions begin for the \$301 benefit level; I am only interested in coverage if I am approved for the full amount of my election and will wait for the medical underwriting decision. I understand that while I wait, I do not have coverage. | |

Sign here (required whether electing or declining any coverage):

I have been given the opportunity to apply for group insurance and agree to accept or decline coverage(s) as noted above. If I am declining coverage(s), I understand that if my dependents or I decide to apply for coverage at a later date, Evidence of Insurability (medical questions) may be required at my own expense and the insurance company must approve coverage. If I have elected any coverage(s) above, I authorize my employer to make any required deductions, if any, from my salary to pay my portion of the insurance premium when my insurance becomes effective.

Warning: Any person who knowingly presents false information on an application for insurance may be guilty of a crime and subject to fines, confinement in prison, and/or denial of insurance benefits.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Life Insurance Application/Cancellation/Refusal

Wis. Stat. §40.70



1. Applicant Information

| | | | |
|---|---------------|------------------|---|
| Applicant— name (last, first, middle, previous) | | | ETF Member ID 4390000 |
| Social Security number | Date of birth | Telephone number | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |

2. Reason for Application - (check all that apply)

Enrollment: I want to enroll for the life insurance coverage indicated in section 3 and I hereby authorize deductions from my earnings for premium.

Decline Coverage: I do not wish to enroll at this time. I understand that if I wish to enroll at a later date I must apply and submit evidence of insurability.

Cancellation: I wish to voluntarily cancel the life insurance coverage indicated in section 3. I understand that if I wish to re-enroll at a later date, I must apply and submit evidence of insurability, or enroll due to a qualifying family status change event. Coverage will end at the end of the month in which your employer receives the cancellation application.
Reason _____ Date _____

Transfer: (State agency and UW employees only) From (agency) _____ To (agency) _____
Date of transfer _____
I understand that I am entitled to have only the coverage that is in force at the time of the transfer.

Reinstate Coverage: I am reapplying for the coverage that lapsed while on an unpaid Leave of Absence (LOA). I understand I am entitled to have only the coverage that was in force at the time my unpaid leave began.
LOA Began _____ LOA Ended _____
(mm/dd/ccyy) (mm/dd/ccyy)

Enrollment or Coverage Increase Due to Family Status Change: I want to enroll for the life insurance coverage indicated in section 3 and I hereby authorize deductions from my earnings for premium. Coverage increase is limited to one level of employee coverage (1x earnings). You may elect 1 or 2 units of Spouse & Dependent coverage.
Qualifying event _____
Date of marriage, birth, adoption, placement for adoption, or award of legal guardianship of a dependent child.

3. Coverage Selection

| | | |
|--|---|--|
| <input type="checkbox"/> Basic Coverage (1x earnings) | <input type="checkbox"/> Supplemental Coverage (1x earnings) | Additional Coverage (check one) |
| Spouse & Dependent Coverage (check one) | | <input type="checkbox"/> 1 Unit (1x earnings) |
| <input type="checkbox"/> 1 Unit (Spouse = \$10,000; Dependent = \$5,000) | | <input type="checkbox"/> 2 Units (2x earnings) |
| <input type="checkbox"/> 2 Units (Spouse = \$20,000; Dependent = \$10,000) | | <input type="checkbox"/> 3 Units (3x earnings) |

4. Signature - (Sign and return to employer)

I understand that Wis. Stat. §943.395 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

| | |
|---------------------------------|--------------------------|
| Applicant signature X | Date signed (mm/dd/ccyy) |
|---------------------------------|--------------------------|

5. Employer Completes

| | | |
|--|--|--|
| ETF Employer number 69-036- | Name of employer Racine Unified School District | Employer billing unit number 4390000 |
| Employer agent signature X | Prepared by RUSD Benefits Department | Telephone number 262-631-7020 |
| Date WRS employment began with current employer (mm/dd/ccyy) | Date provided to employee (mm/dd/ccyy) | Date received from employee (mm/dd/ccyy) |
| Coverage effective date (mm/dd/ccyy) | Full calendar year earnings (12 month earnings) | Earnings are <input checked="" type="checkbox"/> Estimate <input type="checkbox"/> Actual |



Employee benefits

2022