



Welcome to the School District of Janesville

Congratulations on your new position with the School District of Janesville. This letter is to inform you of the benefits offered by the School District of Janesville. The following benefits are offered (subject to eligibility, see attached.):

- Health Insurance (Mercy/Dean)
- Health Savings Account Financial Institute (**Blackhawk Bank or Johnson Bank**)
- Dental Insurance*** (**MetLife**)
- Vision (Ameritas/EyeMed)
- Flex Spending (Employee Benefits Corporation)
 - Limited Flex
 - Dependent Care
 - Traditional Flex (**For those not on our Health Insurance**)
- Short Term Disability (Lincoln Financial Group)
- Voluntary Accidental Death and Dismemberment (Lincoln Financial Group)
- Voluntary Life Insurance (Lincoln Financial Group)
- Voluntary Critical Illness (MetLife)
- Voluntary Accident (MetLife)

The Benefits Department will load your information into our online benefits portal, Employee Navigator. **This is contingent on all of your hiring paperwork being completed and turned in to the Human Resource Department.**

Next Steps:

1. Receive email from Employee Navigator
2. Create account: (TIP: Use your district email as your username)
3. The company identifier is **SDOJ**.
4. Complete enrollment. **It is a requirement by the district to enroll or waive the benefits offered.**

Please do not hesitate to reach out with any questions during the enrollment process:

Tina Johnson
Dir. of Benefits Admin. & Wellness
608-743-5022
tjohnson@janesville.k12.wi.us

Jamie Brown
Benefits Specialist
608-743-5007
jabrown@janesville.k12.wi.us

Eligibility Requirements:

BENEFIT	MINIMUM HOURS PER WEEK
Health Insurance	30 (certified staff 20 or more hours per week at pro-rated amount)
Dental	30 (certified staff 20 or more hours per week at pro-rated amount)
Vision	20
Flex Spending***	Must be eligible to enroll in Health Insurance
Short Term Disability	20
Voluntary Accidental Death & Dismemberment	20
Voluntary Life Insurance	20
Voluntary Critical Illness	20
Voluntary Accident	20

FLEXIBLE SPENDING ACCOUNT – Employee Benefits Corporation (EBC)

What Can I Use It For? A flexible spending account allows you to use pre-tax dollars to pay for eligible health care and dependent care expenses.

LIFE – Lincoln

Group Life The School District of Janesville provides an employer-paid life benefit to all benefit eligible employees.

Voluntary Life Employees will have the option to purchase additional life coverage for themselves and their family.

DISABILITY – Lincoln

If you are disabled and unable to work, disability insurance will pay out a set amount or a percentage of your regular income.

Short-Term Disability (Voluntary Benefit)

Benefit Amount 60% of W2 earnings to \$1,000 per week

Benefit Duration 11 weeks

Elimination Period 14th day accident/14th day illness

Long-Term Disability

Long-Term Disability The School District of Janesville provides an employer-paid long-term disability benefit to all benefit eligible employees.

Elimination Period 90 days

CRITICAL ILLNESS – MetLife (Voluntary Benefit)

If you are diagnosed with a specific, covered illness, critical illness insurance helps offset expenses not reimbursed by other types of insurance. Benefit is available to employees and their dependents.

Benefit Amount \$15,000 or \$30,000

ACCIDENT – MetLife (Voluntary Benefit)

If you are accidentally injured, accident insurance can help you take care of out-of-pocket expenses and medical costs beyond what your existing health insurance plan covers.

Benefit Amount Dependent on type of loss

Family Advantage Health Plan (FAHP)

Plan Benefits:

- Reimbursement of any copays, deductibles, and coinsurance due on primary health insurance plan, up to the annual out-of-pocket maximums allowed by the Affordable Care Act. Effectively, this creates a 100% coverage plan for most participants enrolled in the FAHP.
- No premium contribution deducted from employee's paycheck to enroll in the FAHP.
- Ongoing monthly payroll bonus of \$50 per member enrolled in FAHP to help offset any additional premium costs of alternative employer coverage.
- **See Benefit Guide for more details.**



2022-2023
Your Benefits, Your Choice



Benefits Summary

CUSTOMER SERVICE CONTACTS

Coverage	Phone Number	Website
Health Insurance Dean Health Plan	1-800-279-1301	www.deancare.com
Health Insurance MercyCare Health Plan	1-800-895-2421	www.mercycarehealthplans.com
Dental Insurance MetLife	1-800-942-0854	www.metlife.com
Vision Insurance Ameritas	1-866-289-0614	www.ameritas.com www.eyemedvisioncare.com
Flexible Spending Account Employee Benefits Corp.	1-800-346-2126	www.ebcflx.com
Life & Disability Insurance Lincoln	1-800-423-2765	www.LincolnFinancial.com
Accident & Critical Illness MetLife	1-800-438-6388	www.mybenefits.metlife.com
Family Advantage Health Plan BCC	1-800-685-6100	www.customersupport@benXcel.com

Disclaimer: The information described herein is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your certificate of coverage for a complete explanation of your benefits. If the benefits herein conflict in any way with the certificate of coverage, the certificate of coverage will prevail.

HEALTH – HMO

Coverage Highlights	Dean Health Plan	MercyCare Health Plan
Deductible		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Coinsurance		
Plan Pays	100%	100%
You Pay	0%	0%
Out-of-Pocket Max.		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Covered Services		
Preventive Care	100%	100%
Office Visit	Deductible & Coinsurance	Deductible & Coinsurance
Diagnostic, X-Ray & Labs	Deductible & Coinsurance	Deductible & Coinsurance
Chiropractic Care	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Hospitalization	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs		
Tier 1	Deductible & Coinsurance	Deductible & Coinsurance
Tier 2	Deductible & Coinsurance	Deductible & Coinsurance
Tier 3	Deductible & Coinsurance	Deductible & Coinsurance



DENTAL – MetLife

Coverage Highlights	In-Network	Out-of-Network
Deductible		
Individual Annual Max.	Individual: \$25 Family: \$75	Individual: \$75 Family: \$225
Orthodontia Lifetime Max.	\$1,000	\$1,000
Preventive Care		
Oral exams, cleanings, fluoride, sealants, x-rays	100%	100%
Basic Services		
Root canals, fillings, simple extractions, etc.	100%	80%
Major Services		
Crowns, inlays, onlays, dentures, etc.	80%	50%
Orthodontia Services		
Children up to age 19	50%	50%



2022-2023 SDJ Health/Dental Premiums

Dean Employee Monthly Premiums

Type of Plan	Health/Rx Employee Share	Dental Employee Share**	Total Employee Share
Single	\$90.92	\$4.53	\$95.45
Employee & Spouse	\$179.72	\$13.34	\$193.06
Employee & Child(ren)	\$175.60	\$13.34	\$188.94
Family	\$257.31	\$13.34	\$270.65

Mercy Employee Monthly Premiums

Type of Plan	Health/Rx Employee Share	Dental Employee Share**	Total Employee Share
Single	\$67.50	\$4.53	\$72.03
Employee & Spouse	\$149.21	\$13.34	\$162.55
Employee & Child(ren)	\$125.57	\$13.34	\$138.91
Family	\$203.23	\$13.34	\$216.57

Dental

Metropolitan Life Insurance Company

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network 90 th Percentile of R&C Fee***
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	100%	80%
Type C: Major Restorative (bridges, dentures)	80%	50%
Type D: Orthodontia	50%	50%

Deductible[†]		
Individual	\$25	\$75
Family	\$75	\$225
Annual Maximum Benefit[†]		
Per Person	\$1,000	\$1,000
Orthodontia Lifetime Maximum		
Per Person	\$1,500	\$1,500

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

***R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

[†] Applies only to Type B & C Services.

List of Primary Covered Services & Limitations

Type A - Preventive	How Many/How Often
Prophylaxis (cleanings)	<ul style="list-style-type: none"> • Two per plan year
Oral Examinations	<ul style="list-style-type: none"> • Two exams per plan year
Topical Fluoride Applications	<ul style="list-style-type: none"> • Two fluoride treatments per plan year for dependent children up to 19th birthday
X-rays	<ul style="list-style-type: none"> • Full mouth X-rays: one per 36 months • Bitewing X-rays: 2 sets per plan year for adults and children
Space Maintainers	<ul style="list-style-type: none"> • Space Maintainers for dependent children up to 14th birthday
Sealants	<ul style="list-style-type: none"> • One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to age 19
Type B - Basic Restorative	How Many/How Often
Fillings	<ul style="list-style-type: none"> • Replacement once every 24 months
Oral Surgery	<ul style="list-style-type: none"> • Simple Extractions
Endodontics	<ul style="list-style-type: none"> • Root canal treatment limited to once per tooth every 2 years
Periodontics	<ul style="list-style-type: none"> • Periodontal scaling and root planing once per quadrant, every 24 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a plan year, includes two cleanings
Type C - Major Restorative	How Many/How Often
Oral Surgery	Surgical Extractions
Crown, Denture, and Bridge Repair/Recementations	<ul style="list-style-type: none"> • Repair once every 12 months • Recementation once every 12 months
Implants	<ul style="list-style-type: none"> • Replacement once every 10 years
Bridges and Dentures	<ul style="list-style-type: none"> • Initial placement to replace one or more natural teeth, which are lost while covered by the Plan • Dentures and bridgework replacement: one every 10 years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns/Inlays/Onlays	<ul style="list-style-type: none"> • Replacement once every 10 years
General Anesthesia	<ul style="list-style-type: none"> • When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> • Periodontal surgery once per quadrant, every 36 months
Type D - Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> • Your Children, up to age 19, are covered while Dental Insurance is in effect • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • Payments are on a repetitive basis • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. • Orthodontic benefits end at cancellation of coverage

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.



FAQ for the High Deductible Health Plan (HDHP) and Health Savings Account (HSA)

The summary below is meant to serve as an overview of the most frequently asked questions regarding Health Savings Accounts. Please speak with your tax advisor and/or financial advisor for specific details regarding your personal situation and tax implications relating to Health Savings Accounts.

Q. What is a Health Savings Account (HSA)?

A. A HSA is a tax-favored savings account created for the purpose of paying qualified medical, dental, or vision expenses.

i. Tax-deductible: Contributions to the HSA are tax deductible (up to the IRS limit)

ii. Tax-Free: Withdrawals to pay qualified expenses are tax free.

iii. Tax-Deferred: Any growth or interest earnings accumulate tax-deferred and if used to pay qualified medical expenses, are tax free.

iv. HSA money is YOURS: Unlike a flexible spending account (FSA), unused money in your HSA isn't forfeited at the end of the year. Think of it like a regular checking account-it continues to grow (tax-deferred) until you spend it.

Q. What is the contribution limit that I can withhold from my paycheck?

A. The IRS limit for 2020 for a single plan is \$3,550 total and for a family plan is \$7,100.

EXCEPTIONS

- If you are over the age of 55, you can contribute up to an additional \$1,000.
- The contribution limit is a cumulative amount of the district seeding amount (\$600/single, \$1,200 family) and your personal deduction

Q. Who can have an HSA?

A. You must:

- Be covered by a qualified high deductible health plan
- **NOT** be covered under other health insurance
- **NOT** be enrolled in Medicare Part A or B
- **NOT** be another person's dependent

Q. Can my HSA be used to pay premiums?

A. NO. This would be a non-medical withdrawal, subject to taxes and penalty.

EXCEPTIONS:

- Qualified long-term care insurance
- Health insurance while you are receiving federal or state unemployment compensation
- Continuation of coverage plans, like COBRA
- Medicare premiums

Q. What is a qualified medical expense?

A. A qualified medical expense is one for medical care as defined by the IRS, Section 213(d). The expense must be primarily to alleviate or prevent a physical or mental defect or illness, including dental and vision

EXCEPTIONS:

- Surgery for purely cosmetic reasons
- Health club dues
- Illegal operations or treatment
- Maternity clothes
- Toothpaste, toiletries, and cosmetics

Q. What about non-medical withdrawals?

A. Nonmedical withdrawals from your HSA are taxable income and subject to a tax penalty.

EXCEPTIONS: Tax penalty does not apply if the withdrawal is made after the date you:

- Attain age 65

- Become totally or permanently disabled
- Die

Q. Can my HSA dollars be used for dependents not covered by the health insurance?

A. Generally, yes. Qualified expenses include unreimbursed medical expenses of the account holder, his or her spouse, or dependents. **Please consult with a tax advisor to confirm your particular situation.**

Q. What happens to my HSA dollars if I leave my employer?

A. The funds are yours to keep.

Q. What if I change health coverage to a plan that doesn't allow HSA?

A. You will have to stop making HSA contributions, but you will be free to spend the account balance with the same tax-free benefits, provided the money goes toward qualified expenses.



TO: New Employees of the School District of Janesville
FROM: Jamie Brown, Benefits Specialist
SUBJECT: Hepatitis B Vaccine

School District of Janesville's staff who are members of the following identified employee groups are eligible to receive the Hepatitis B vaccination series.

Principal	Assistant Principal	Admin. Assist. to Principal
EBD, ID, EC Teacher	Physical Education Teacher	EC S/L Teacher
PT, PTA, OT, COTA	Special Education Para	Bus Para
Custodian	First Aid Responder	Coach
School Nurse		

If you are a member of one of the above identified employee groups and wish to obtain the Hepatitis B vaccinations, you must watch the Bloodborne Pathogens video before you will be eligible to begin the vaccination series. This video will be shown annually at the beginning of each school year, or you may contact the Benefits Department for instructions on how to watch the video.

After viewing the Bloodborne Pathogens video, you may accept this offer to receive the Hepatitis B series or waive the chance to receive it. If you waive the vaccine at this time, you are able to receive it at a later date by contacting the Benefits Department.

- I am interested in receiving the Hepatitis B vaccination series. I understand I will receive instructions to receive the vaccine after returning this form to the Benefits Department.
- I have already received the Hepatitis B vaccination series. I will provide verification that the series was completed (including dates).
- I am not interested in receiving the Hepatitis B vaccination series. I have read the above memo and understand that I am choosing to **waive** the Hepatitis B vaccine at this time. I understand that if I choose to obtain this vaccine in the future, I am able to receive it at a later date by contacting the Benefits Department at 608-743-5007.

Employee Name (Print)

Employee Signature

Date

Mission: To serve our community by educating every child.

EMPLOYEE HANDBOOK ACKNOWLEDGEMENT

(To be signed and returned to the Administrative and Human Services Department/ESC Building.)

I hereby acknowledge that it is my responsibility to access the School District of Janesville's *Employee Handbook* online. I understand that it is my responsibility to read the *Handbook* and abide by the standards, policies and procedures defined or referenced in this document. It is also important to know that additional regulations, policies and laws are in the "District Board Policies and Administrative Regulations." I understand that I can access the electronic versions of the Employee Handbook, Board Policies, and Administrative Regulations on the District website at: <https://www.janesville.k12.wi.us>. The information in this *Handbook* is subject to change. I understand that changes in District policies may supersede, modify or eliminate the information summarized in this *Handbook*. As the District provides updated policy information, I accept responsibility for reading and abiding by the changes. I understand that this *Handbook* does not constitute an employment contract or alter my status as an at-will employee unless specifically addressed for those employee groups covered by Part II or Part III. I understand that nothing in this *Handbook* is intended to confer a property interest in my continued employment with the District beyond the term of my contract (if any). I understand that I have an obligation to inform my supervisor and the Human Resource Department of any changes in my personal information, such as phone number, address, etc. I also accept responsibility for contacting my supervisor if I have any questions, concerns or need further explanation regarding the contents of this *Employee Handbook*. I understand that I am legally responsible for any fines or fees charged to the District incurred by me (an example may be a traffic citation, e.g. a parking ticket, received as a result of my operation of a District motor vehicle) or reduction in salary for breach of contract. If any contractual relationship between the District and an employee (or group of employees) conflicts with any provision of this *Handbook*, the contract shall govern with respect to that issue.

Printed Name

Signature

Date

All employees must sign this Employee Acknowledgement page and a copy of the Standards of Professional Behavior. The signed Employee Acknowledgement page and the Standards of Professional Behavior should be submitted to the Administrative and Human Services Department. Human Resources will maintain these signed documents in the employee's personnel file. Employees will be required to acknowledge receipt of both the Employee Handbook and the Standards of Professional Behavior through the Mandatory Reporting website provided at the beginning of each school year. After the employee ceases employment with the District, the District will maintain this record pursuant to records retention schedule, or if none, for a period of no less than 7 years.