



Employee benefits

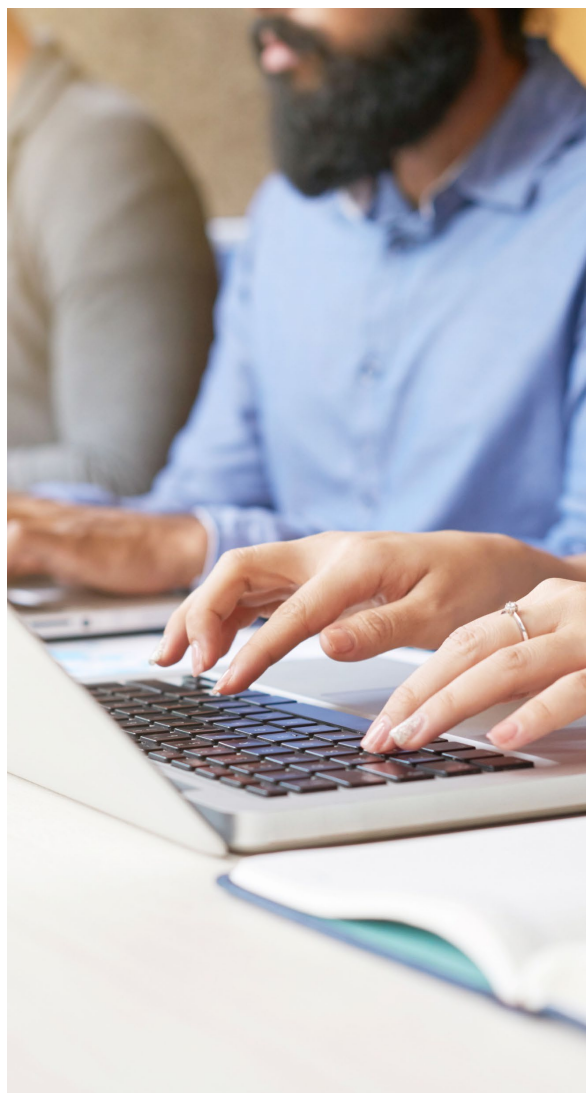
2024

Effective 1.1.24

WELCOME TO RACINE UNIFIED SCHOOL DISTRICT'S BENEFIT GUIDE!

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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 reach out to Benefits to complete and return the benefit enrollment/change form within 30 calendar days of a qualifying life event. If you do not complete and return within 30 calendar days of the qualifying 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 preventative services, click [HERE](#).

	<u>Individual</u>		<u>Family</u>		<u>*Family + Secondary Spouse Coverage</u>
	<\$85,000	+\$85,000	<\$85,000	+\$85,000	
Per Month	\$25.78	\$34.37	\$63.72	\$84.95	\$0
Per Pay Period – 26 pays (Administrators & Building Services)	\$11.90	\$15.86	\$29.41	\$39.21	\$0
Per Pay Period – 20 pays (Clerical, Educational Assistants, Teachers)	\$15.47	\$20.62	\$38.23	\$50.97	\$0
Variable Hour Employees	\$135.84 Monthly \$81.50 (20 Pays)		\$839.30 Monthly \$503.58 (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



Summary	In-Network	Out-of-Network
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

New for 1/1/24! Prescription coverage at Racine Unified School District is through Rightway. Visit www.joinrightway.com to locate Rightway's in-network pharmacies, learn more about mail order and manage your prescriptions. Rightway partners with Walgreens for their *Smart 90* program in addition to the Rightway mail order program to get a 90-day supply of maintenance medications. In Addition, Rightway participates in the [CostPlus plan](#)

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 (Rightway)

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 Fine Arts K-8 School, formerly the Kurten Clinic)

Phone

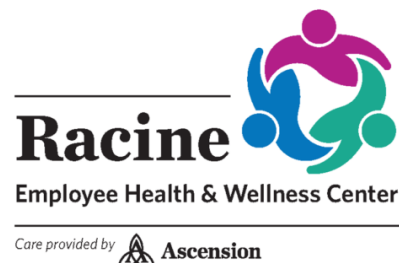
262-687-5565

Schedule Your Appointment

Schedule with Ascension Scheduling Line at 262-687-5565 or [ONLINE!](#)

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

MENTAL HEALTH RESOURCES

At Racine Unified School District, we take the wellbeing of you and your family seriously. Below you will see a variety of programs and resources available to manage mental health concerns that life sometimes sends your way.

UHC Resources – For Individuals Enrolled in the Medical Plan

Teen Mental Health – Children ages 10-19 have access to a large network of behavioral health providers who specialize in child and teen care who aim to improve mental health and wellbeing in adolescents. Visit www.uhc.com/parentyouth for a full list of available resources.

Self Care from AbleTo- Get access to self-care techniques, coping tools, meditations and more — anytime, anywhere. With Self Care, you'll get personalized content that's designed to help you boost your mood and shift your perspectives. Tap into tools created by clinicians that are suggested for you based on your responses to a short, optional assessment. Self Care is here to help you feel better — and it's available at no additional cost to you.

Behavioral Health Virtual Visits – Get 1-on-1 support from a licensed therapist from anywhere and it's completely confidential. Get help with conditions like ADD/ADHD, addiction, anxiety, depression, mental health disorders, and more! Head to www.myhc.com to get started.

- Private video sessions: get one-on-one support in your home at a time that's convenient for you.
- Help with coping: for children, teens and adults. Your licensed therapist may provide a diagnosis, treatment and medication if needed.
- Similar standard of care as in-person visits: You can see the same therapist with each appointment and establish an ongoing relationship.

National Suicide Prevention Line – Dial 988

- The National Suicide Prevention Line has a new number: 988. The 988 Suicide and Crisis Lifeline is a national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, seven days a week in the United States. Note: The previous 800-273-TALK (8255) number will continue to function indefinitely.

For more information about your Mental Health Resources, click [here](#) to view your Resource Guide.





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	\$2.77 Monthly \$1.66 (20 pays) \$1.28 (26 Pays)	\$53.39 Monthly \$32.03 (20 Pays) \$24.64 (26 Pays)	\$6.96 Monthly \$4.18 (20 Pays) \$3.21 (26 Pays)	\$188.23 Monthly \$112.94 (20 Pays) \$86.88 (26 Pays)
Variable	\$32.58 Monthly \$19.55 (20 Pays)	\$83.20 Monthly \$49.92 (20 Pays)	\$81.84 Monthly \$49.10 (20 Pays)	\$263.11 Monthly \$157.87 (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 up to 60% off retail price at participating providers through NationsHearing.

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	\$4.34; \$2.60 (20 Pays) or \$2.00 (26 Pays)
Employee + Spouse	\$8.69; \$5.21 (20 Pays) or \$4.01 (26 Pays)
Employee + Child(ren)	\$12.49; \$7.49 (20 Pays) or \$5.76 (26 Pays)
Family	\$17.80; \$10.68 (20 Pays) or \$8.22 (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 plan are made automatically by RUSD to those enrolled in the medical plan. Maximum HRA threshold for HRA plan is \$6,000. Once maximum threshold is met, no additional funds are contributed.

Funds only accessible while active on the RUSD medical plan.

Medical Plan Contribution	January 15th	July 15th
Individual	\$250	\$250
Family	\$500	\$500

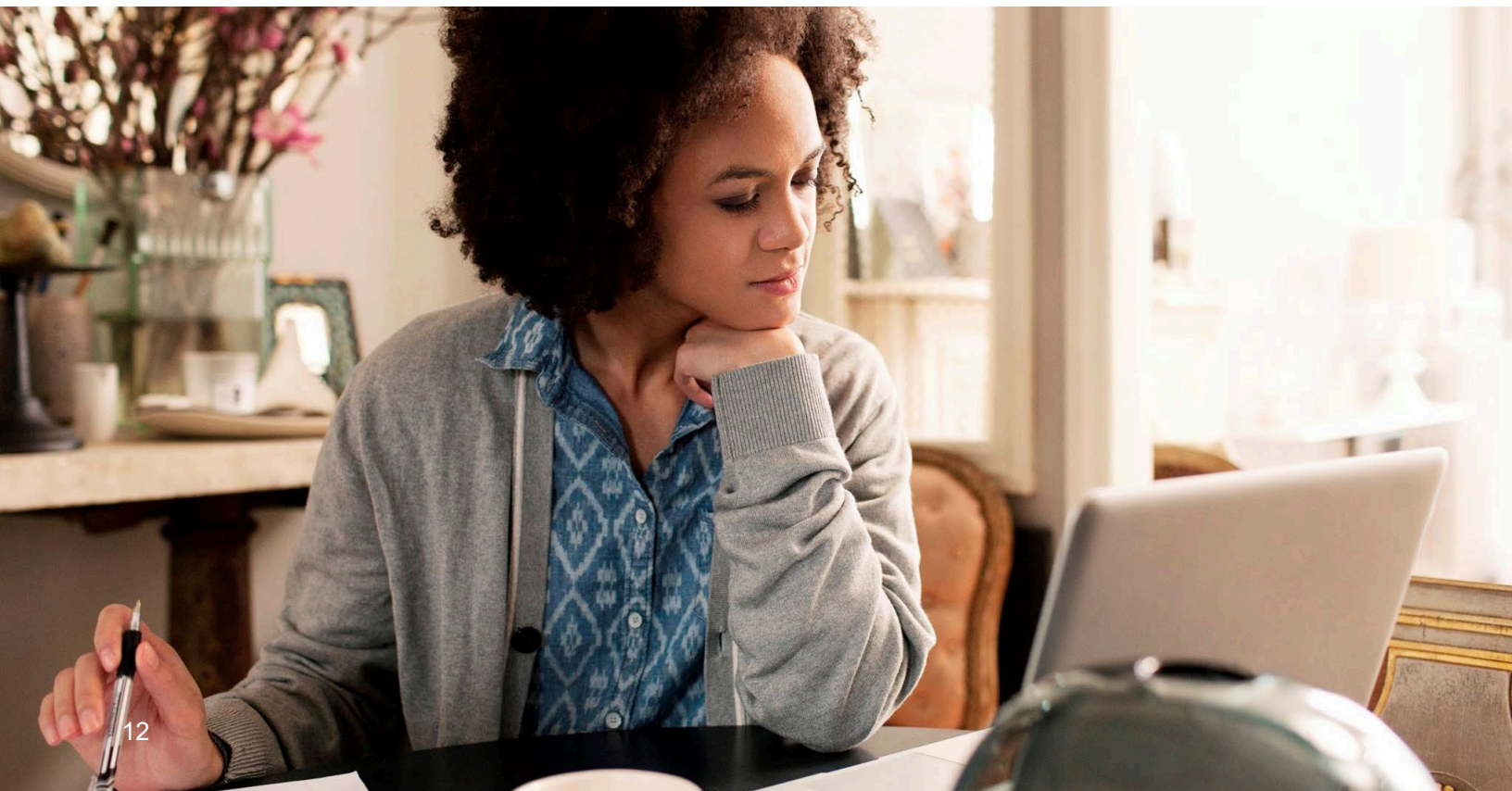
You can easily process claims either by Mobile App, Online or WEX debit card.

If necessary, please contact WEX Customer Care [HERE](#) or call 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

List of eligible IRS defined 213d eligible expenses [HERE](#)



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 2024.
- Healthcare expenses include eligible health-related medical, dental and vision care services established by the IRS.
- Debit Cards should only be used for FSA expenses incurred in the current calendar year. Charges outside of the calendar year must be submitted through the reimbursement claim process.

	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

You can easily process claims either by Mobile App, Online or WEX debit card.

If necessary, please contact WEX Customer Care [HERE](#) or call 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





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:
[1-888-796-3786](tel:1-888-796-3786) or recordkeeping@tsacg.com**



WELLNESS PROGRAM

Unified for Health offers a wellness program for benefit eligible employees with RUSD. As part of this program, you can earn reward points for participating in certain wellness activities until June 15th of each school year.

If you are participating in the RUSD medical plan, the reward will be added to your HRA plan. If you are not on the District's medical plan, you will receive the reward on the last paycheck in August as a wellness bonus.

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 [HERE](#)





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. RUSD offers short and long-term disability coverage to those eligible.

Short-Term Disability

Employee paid benefit using the formulary below

Annual earnings / 52 = weekly earnings x 66.67% = weekly benefit max up to \$500/ 10 = BLANK x RATE (0.30 for school year staff and 0.2308 for year-round staff) = Pay Period Deduction

(\$15 max for 20 pays or \$11.54 max for 26 pay)

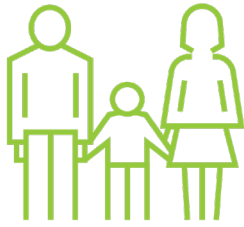
Short-Term Disability	
Benefits Begin	1 st day accident / 4th day illness
Benefits Payable	60 days
Percentage of Income Replaced	66.67% of Weekly Earning
Maximum Weekly Benefit	\$500

Long-Term Disability

Long-term disability benefits vary on your employment type. Clerical pay 50% of premium at 0.25% and BSE pay 100% premium at 0.61%. Administrators, Clerical, Educational Assistants and Teacher/Nurse is District paid. 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%
Clerical	At 50%	Yes	*61 st Day of Disability	70%
Building Service Employees	No – Employee Paid	Yes	*61 st Day of Disability	60%

*Requires any paid leave exhausted before full benefit can be paid at rate noted, otherwise benefit will be pro-rated based on other income received.



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. *Specific life insurance booklet can be found through ETF [HERE](#).

Basic Life and AD&D

ADMINISTRATORS: The School District pays for Basic life only (If elected), which is equal to one-times your salary for both Life and AD&D. Enrollment for this benefit is required to receive this benefit.

ALL OTHER Employee Groups: 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 is not available for employees 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 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			\$1.60 per unit/month			

When an active employee reaches age 70:

- Basic coverage continues at a reduced level without further premiums.
- Supplemental & Spouse/Dependent coverage ceases.
- Additional coverage will continue until the employee cancels coverage, stops paying premiums or terminates employment. Based on the rates to the right.

Attained Age	Rate
70	\$1.00
71	\$1.15
72	\$1.25
73	\$1.45
74	\$1.60
75	\$1.80
76	\$1.95
77 and older	\$2.06



OTHER BENEFITS

Omada – Chronic Condition Management

According to the Centers for Disease Control and Prevention, 6 in 10 adults have a chronic disease — and 4 in 10 have two or more. Racine Unified School District is excited to be partnering with Omada. On or after 1/1/2024 click omadahealth.com/RUSD for more information.

If you are at risk for type 2 diabetes or heart disease or are living with diabetes (type 1 or type 2) or high blood pressure, and are eligible to participate, the Omada program will be available at no cost to you. By participating in the Omada program, you will get:

- Dedicated health coach and care team
- Interactive weekly lessons
- Diabetes glucose testing supplies
- Smart devices, delivered to your door
- Long term results through habit and behavior change



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, click [HERE](#).



Physical Therapy



All ATI Physical Therapy locations provide rehabilitation and/or physical therapy services to our members enrolled in our medical plan at a reduced cost. The cost per appointment is only \$20 and no referral is needed. If you already met your deductible on the plan for the year, the cost is \$0. ATI Physical Therapy locations offer services to help reduce pain, reduce migraines, and help getting you back to being you. Click [HERE](#) for more information.

Call [1-833-ATI-0001](tel:1-833-ATI-0001) or to get started today!

Midwest Orthopedic Specialty Hospital

Racine Unified School District and Midwest Orthopedic Specialty Hospital (MOSH) has partnered together to offer orthopedic surgeries at no cost to employees! Employees covered under our medical plan, as well as their covered family members are eligible for this benefit. MOSH specializes in the diagnostic and surgical needs of persons with musculoskeletal conditions and is nationally recognized for the exceptional quality of care provided to patients and conveniently located in Franklin, Greenfield, and Milwaukee, WI.

How does this program work?

You will need to contact the Bundle Coordinator at MOSH.

MOSH Bundle Coordinator: Nancy Garza
Phone: 414-817-6628
Email: garza@ascension.org

The Bundle Coordinator will gather the necessary information and will schedule you with an appropriate provider at MOSH.

If surgery is required after the provider visit, MOSH will work with you to schedule the surgery.

You will not receive an invoice for the surgery as the RUSD benefit plan covers these services.

To learn more, click [HERE](#)

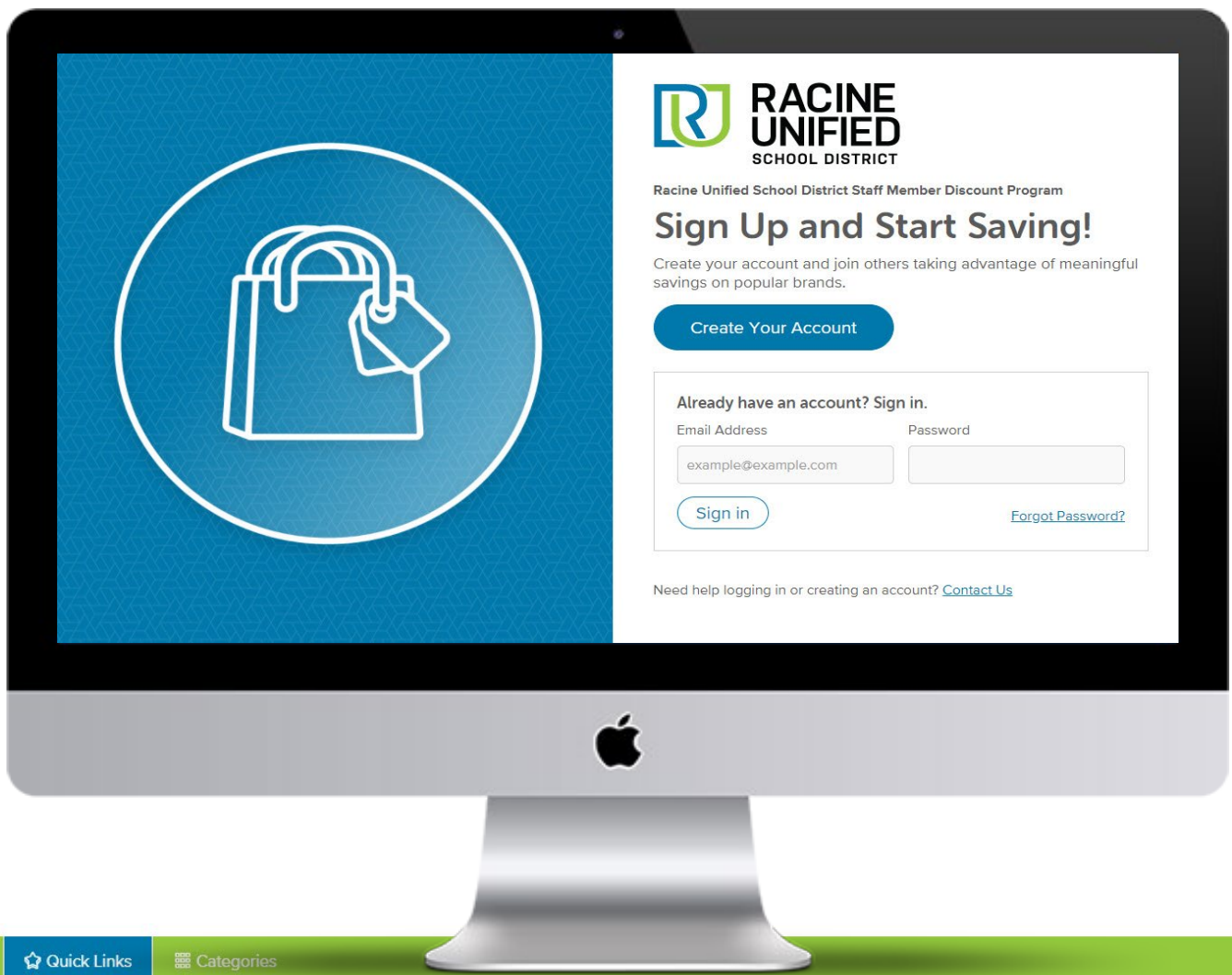




EMPLOYEE DISCOUNTS



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. Click [HERE](#) to get started.



Home Quick Links Categories

New Perks Perks Near You Travel Discount Center Movie Tickets COVID Resource Center Grocery Brands

Take me to: Recommended For You Featured Offers Today's Perk Alerts My Feed Search

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

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

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



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?**
 - Update through Employee Self Service
- **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	WEX	N/A	866.451.3399	www.wexinc.com/login/
Pharmacy	Rightway	N/A	833.742.0298	www.joinrightway.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	The Hartford	715296	800.523.2233	www.thehartford.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	Benefits/Wellness Specialist
Human Resources	262.631.7020	Main Office
Payroll	262.631.7026	Main Office

Benefit Enrollment/Change Form



Employee ID _____

 First Name Middle Initial Last Name

 Social Security Number Date of Birth (00/00/0000) Personal email address

Type of Update *All Updates must be completed and returned within 30 calendar days from qualifying event

- New Hire Life Status Change (attach supporting documentation)

 Effective Date Reason for change (Must attach supporting documentation)

Coverage Elections

Medical <input type="checkbox"/> ENROLL <input type="checkbox"/> WAIVE	Dental <input type="checkbox"/> Basic (low cost option) <input type="checkbox"/> EPO (Must be PPO Provider) <input type="checkbox"/> WAIVE	Vision <input type="checkbox"/> ENROLL <input type="checkbox"/> WAIVE	Life Insurance *Tied to WRS eligibility and must submit ETF Enrollment form
Short Term Disability <input type="checkbox"/> ENROLL <input type="checkbox"/> WAIVE		Long Term Disability (BSE & Clerical ONLY) <input type="checkbox"/> ENROLL <input type="checkbox"/> WAIVE	
Medical Flex (Pre-tax funds that will not roll over into next calendar year. Minimum of \$200) <input type="checkbox"/> ENROLL, Must indicate total annual amount \$ _____ <input type="checkbox"/> WAIVE		Daycare Flex (Pre-tax for qualified daycare/eldercare provider that will not roll over into next calendar year. Minimum of \$200) <input type="checkbox"/> ENROLL, Must indicate total annual amount \$ _____ <input type="checkbox"/> WAIVE	

Dependents:

Must be legal Spouse and legal dependents (Social Security Numbers are required in order to process (Newborns can provide proof of birth until SSN received) - LIST ADDITIONAL DEPENDENTS ON NEXT PAGE

 First Name Last Name Gender Social Security Number

 Relationship Date of Birth

- Medical
 Dental
 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 applicable insurance plans. I understand that if there are any other qualifying events, a new form must be completed and submitted within 30 calendar days of the event in order to update accordingly. Additional information may be required if RUSD requests.

 Signature

 Date

Benefit Enrollment/Change Form – page 2



Employee Name: _____

Dependents: Must be legal Spouse and legal dependents

- Social Security Numbers are required in order to process (Newborns - can provide proof of birth until SSN received)

Relationship _____ Date of Birth _____
 Medical
 Dental
 Vision

First Name _____ Last Name _____ Gender _____ Social Security Number _____

Relationship _____ Date of Birth _____
 Medical
 Dental
 Vision

First Name _____ Last Name _____ Gender _____ Social Security Number _____

Relationship _____ Date of Birth _____
 Medical
 Dental
 Vision

First Name _____ Last Name _____ Gender _____ Social Security Number _____

Relationship _____ Date of Birth _____
 Medical
 Dental
 Vision

First Name _____ Last Name _____ Gender _____ Social Security Number _____

Relationship _____ Date of Birth _____
 Medical
 Dental
 Vision

First Name _____ Last Name _____ Gender _____ Social Security Number _____



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

RUSD Employee Name (please print)

RUSD 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-- example: Retired, Self-Employed, Disabled)

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. It is my responsibility to inform RUSD if anything changes with my spouse's plan in order to properly update coverage and understand I would be responsible for any/all potential premium charges and re-processing of any claims.

RUSD 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, original date enrolled with company's plan): _____

No (if selected, required to indicate reason): _____

Individual Completing this Form (please print)

Telephone Number

Signature

Date

Please return this completed form to RUSD Benefits Department at (262)619-4639 (fax) or benefits@rusd.org

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Life Insurance Application/Cancellation/Refusal

Wis. Stat. §40.70

1. Applicant Information

Applicant— name (last, first, middle, previous)			ETF Member ID
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	Employer billing unit number
Employer agent signature X	Prepared by	Telephone number
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 type="checkbox"/> Estimate <input type="checkbox"/> Actual

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Beneficiary Designation

Wis. Stat. § 40.02 (8) (a) and 40.74

Complete if applicable

Beneficiary of:

Alternate Payee of:

Do not submit to your employer

Refer to instructions on reverse

Type or print in ink

Your Information					
Name	First	Middle I.	Last	Former/maiden	Social Security number or ETF ID
Address (Street number and street name)					Birth date (MM/DD/YYYY) / /
City	State	ZIP Code		Weekday telephone number (include area code) () -	

Primary Beneficiary Designation - Any benefits payable by the Wisconsin Retirement System and Life Insurance program at my death shall be paid in EQUAL SHARES, unless otherwise specified, to the following primary beneficiary(ies) who survive me.

Name (First, Middle I., Last) or Name of trust AND trustee	Relationship	Birth date or Trust date	SSN or TIN	Phone	Address (street, city, state, ZIP code)
		/ /	- -		
		/ /	- -		
		/ /	- -		
		/ /	- -		
		/ /	- -		
		/ /	- -		

Secondary Beneficiary Designation - In the event all primary beneficiaries die before me, the death benefit shall be paid in EQUAL SHARES, unless otherwise specified, to the following secondary beneficiaries who survive me.

Name (First, Middle I., Last) or Name of trust AND trustee	Relationship	Birth date or Trust date	SSN or TIN	Phone	Address (street, city, state, ZIP code)
		/ /	- -		
		/ /	- -		
		/ /	- -		
		/ /	- -		
		/ /	- -		
		/ /	- -		

If you want this designation to **apply only to specific benefit plan(s) or account(s)**, use this space to specify the benefit plan(s) or account(s) to which you want this designation to apply. See "Effective for all benefit plans and accounts" section on the reverse side before completing this section.

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

SIGN	Signature (Do not print)	Date signed (MM/DD/YYYY) / /
-------------	--------------------------	---------------------------------

Note: The date the form is signed is not the date it becomes effective. A *Beneficiary Designation* form does not become effective until received and approved by the Department of Employee Trust Funds. The person filing the designation must still be alive when ETF receives the form. An acknowledgment will be sent when this designation has been reviewed and accepted. Invalid designations will be rejected.

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Notes:



Employee benefits

2024