

July 2025 – June 2026 Focus on Benefits Guide

Oconomowoc Area School District



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Welcome

We are committed to offering eligible employees a comprehensive benefits package for you and your family that provides the care you need to stay healthy and productive. Please take the time to review the contents of this guide and discuss the options provided with your family.

When do benefits start?

Benefits become effective as of the employee's assignment start date.

When can you enroll?

You can sign up for benefits at any of the following times:

- As a new hire, at your initial eligibility date
- Each year during the annual open enrollment period
- Within 30 days of a qualified life event

Once your benefit elections become effective, they remain in effect until the end of the plan year.

Enrollment Changes

Make your benefit selections carefully. The elections you make during Open Enrollment are effective for the entire 12-month Plan Year. Otherwise, changes can only be made with a Qualifying Event. If you believe you have had a Qualifying Event you need to notify Human Resources and make a decision about coverage within 30 days from the event occurring.

Examples of Qualifying Events Include:



Marriage or
Divorce



Birth/Adoption



Change in Spouse's
Employment



Loss of
Coverage

Dependent(s):

covered under applicable plans if:

- Legal spouse, as defined by Federal Law; and/or
- Children under age 26

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Eligibility

Medical: Full-time employees working 40 hours per week

- Health Savings Account (HSA) – Available with Qualifying Health Plan
- Health Reimbursement Account (HRA) – Available with Qualifying Health Plan

Dental: Full-time employees working 40 hours per week and Paraprofessionals who work a minimum of 20 hours per week are eligible for single benefit Dental coverage with an option to buy-up family coverage.

Vision: Full-time employees working 40 hours per week

Voluntary Benefits: Available to Full-time employees working 40 hours per week

- Flexible Spending Account (FSA), Dependent Care FSA & Limited Purpose FSA
- Short Term Disability, Critical Illness, Accident, and Hospital Insurance
- Group Whole Life Insurance

Long-term Disability: Full-time employees working 40 hours per week and Administrators working 20 hours per week will be enrolled in employer paid LTD.

Basic Life Insurance: Full-time employees (working 40 hours per week) are eligible for employer-paid basic life insurance coverage and may also elect additional coverage at their own cost. Part-time employees who meet WRS participation requirements are eligible to enroll in employee-paid life insurance coverage.

Wisconsin Retirement System (WRS): Employees who meet the WRS participation requirements will be automatically enrolled. For eligibility criteria, visit: <https://etf.wi.gov/retirement/wrs-retirement-benefit/how-wrs-retirement-benefit-works>

403(b) Retirement Plan: Available to all regularly scheduled employees. Employees working 5.75 hours per day or more per day, who do not qualify for the District post-employment early retirement benefits, are eligible for the District match of up to \$600 annually.

Employee Assistance Program through Empathia (EAP): Available to all OASD employees.

Pet Insurance: Available to all OASD employees.

THINGS YOU SHOULD KNOW

Elections you make during benefits open enrollment will become effective July 1, 2025.

This brochure includes the benefits and enrollment material offered at Oconomowoc Area School District for 2025. We encourage you to take the time to read through and explore your benefits options. At Oconomowoc Area School District, we value our employees and are committed to providing a comprehensive and competitive benefits package.

Once again this year, you will have the opportunity to meet one-on-one with a Benefit Counselor who can guide you through your benefit options and assist with completing your open enrollment. These sessions are **optional** this year – you are not required to attend. If you prefer, you may complete your enrollment independently by logging into Employee Navigator at your convenience and attend a Virtual Benefit Meeting.

Mandatory Open Enrollment Meetings:

- **Attend a Virtual Benefit Meeting and Self-Enroll** through our benefits platform, Employee Navigator, or
- **Schedule a 1:1 meeting** with a Benefit Counselor for guided assistance.

Certain benefits you elect require an employee contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other instances, the deduction will be made after-tax to avoid certain tax consequences to you and the District. For taxability of benefit elections, please contact:

Sara Stangel, Benefits/Wellness Specialist at **262-560-2154** or stangels@oasd.org.

Required notices are located at the end of this packet.

Click on the laptop image to watch an overview of your benefits.





A strong benefits program is an important part of your overall compensation; Oconomowoc Area School District offers a variety of benefits to you and your family.

We regularly review the quality and cost of these benefits to ensure we offer the most competitive package possible. Changes and relevant information are addressed on the following pages; please review this guide in its entirety.

R&R Insurance Services, Inc. prepared this benefits guide specifically for Oconomowoc Area School District as a summary overview, and it does not replace our Employee Handbook.

This document cannot, and should not, be construed as exhaustive or applicable to any other group health plan or employer. This document is not intended to and should not be construed as legal advice. Nor should any discussion with, or opinions expressed by R&R Insurance Services, Inc., or its authorized representatives, be construed as legal advice. Readers should contact legal counsel for legal advice if needed.

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the benefits guide and the actual plan documents, the actual plan documents will prevail.

COBRA/Continuation Rights

If you, or your dependents, no longer meet eligibility requirements for health and welfare plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) and/or State Continuation law.

Pre-Tax Premiums

Our plan setup allows you to pay for your coverage with non-taxed dollars to reduce your taxable income. This applies to a portion of the Company's Benefit Plans.



Questions about changes to your benefits?

HR CONTACT

Sara Stangel

Benefits/Wellness Specialist

262-560-2154

stangels@oasd.org

Contact information for our insurance carriers appears on the final pages of this guide.

Medical Plan Overview

Coverage is provided through Quartz and includes services like preventive care, office visits, surgery, and prescription drugs. Our plan complies with federal and state mandates, including the Affordable Care Act's requirements for coverage of 'Essential Benefits'.

Please note that the medical plan summary information in this booklet is intended as a high-level overview and is not a guarantee of coverage.

Is there a Penalty for Refusing Coverage?

No. In 2019 the financial tax penalty for not having medical coverage was eliminated. However, your future ability to enroll in this plan may be restricted to specific enrollment periods if you waive coverage now.

Key Terms to Remember

Annual Deductible - A deductible is the amount of money you pay out-of-pocket for certain covered health care services before your health plan starts to pay. Understanding how deductibles work may help you choose the plan that best fits your needs and budget.

Copays and Coinsurance - These expenses are your share of the cost paid for covered medical services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is billed to you after the medical insurance reconciles the bill with the provider.

Out-of-Pocket Maximum - This is the total amount you can pay out-of-pocket each calendar year before the plan pays 100% of the covered expenses for the rest of that calendar year. Your deductible, copays and coinsurance are applied towards the out-of-pocket maximum (OOP).

Prescription drugs are included in the annual out-of-pocket.

Are You Medicare Eligible?

When you or a family member become eligible for Medicare, our insurance broker, R&R Insurance has a dedicated Medicare Division that can help determine which plan is best for you.

Medicare Checklist

Download the Medicare Checklist that will guide you through exactly what you should be doing and when! Click on the video camera icons within the checklist to watch informational videos.

Download the checklist [here!](#)

MEDICAL



Medical

Quartz

Policy #: 905309

Find a Provider Online:

www.quartzbenefits.com

No-Cost Preventive / Routine Care

Insurance plans must cover certain in-network routine and preventive services at no cost.

The specific services available vary based on age, gender, and risk factors, but can include:

- Routine Vaccinations
- Cancer Screening Test
- Routine Annual Physicals
- Well-baby & Well-child office visits

[Click on the laptop to learn about your Medicare options.](#)



Preventive Care Benefits

The Affordable Care Act requires medical plans to cover certain in-network routine and preventive services at no cost to covered members. The specific types of free services available vary based on a member's age, gender and other risk factors, but can include:

- Routine vaccinations
- Routine annual physicals
- Cancer screening tests
- Regular well-baby and well-child office visits



To Find Out Which Specific Services are Eligible for You to Receive at No Cost, Visit:

www.healthcare.gov/coverage/preventive-care-benefits/ or you can view this [Quartz flyer](#).

In-Network Preventive care services must be submitted by your doctor's office with appropriate preventive billing codes in order to be covered at 100%. When claims are submitted to the insurance company with diagnostic billing codes, or for other services not specifically recommended by the U.S. Preventive Services Task Force (USPSTF), you may be subject to additional member cost-sharing. You are encouraged to speak candidly with your doctor during a routine visit to confirm that services performed, and any lab work ordered, is an eligible service to be covered at 100% under the Preventive Care benefit.

Eligible preventive care services are covered at 100% only when received from an in-network doctor/ provider.

Hospital Price Transparency

What is this?

- Hospital price transparency helps Americans know the cost of a hospital item or service before receiving it. Starting January 1st, 2021, each hospital operating in the US is required to provide clear, accessible pricing information online about the items and services they provide.

How will this help me?

- This information will make it easier for consumers to shop and compare prices across hospitals and estimate the cost of care before going to the hospital.

Show me how!

- Click the image to the right to watch a short video one of our R&R benefit partners put together that demonstrates how they were able to save over \$1,000 using this information!



How I Saved \$1K

Medical Plan Highlights – HMO HRA

Effective July 1, 2025, we will continue to offer health plans through Quartz which includes access to their Commercial HMO network. In-network benefits are summarized below.



MY CHART

MyChart helps you access your Quartz health insurance and your UW Health medical information online. Request an account by visiting www.QuartzMyChart.com

If you have a MyChart account with a provider other than UW Health, you will want to sign up through QuartzMyChart.com which allows you access to –

- Important plan documents (SBC)
- Claims and Explanation of Benefits (EOBs)
- Historical costs from past medical visits, treatments or procedures
- Amount you have paid toward your deductible, maximum out-of-pocket expenses and benefit accumulation
- A tool to determine costs you may incur prior to receiving health care services
- And more!

REWARDS FOR HEALTHY LIVING

Earn rewards for participating in our Quartz Well program. Featuring an easy, points based program that encourages healthy choices, you can accumulate points across a spectrum of activities and services. Points can be redeemed and used for gift cards. Features include –

- Automatic points for a range of preventive services, such as immunizations through a network provider
- Sync with tracking devices or mobile apps to earn points for steps you take in daily activities or working out
- Digital platform that makes it easy to create and track health goals

QUESTIONS?

Call customer service at **800-362-3310** or visit www.QuartzBenefits.com/members.

You can find an FAQ for Prospective Members [HERE](#).

PLAN OPTIONS	In-Network Only	In-Network ONLY <i>Wellness requirements Completed</i>
Deductible per calendar year		
Single	\$ 2,000	\$ 1,500
Family	\$ 4,000	\$ 3,000
Out-of-Pocket Maximum per calendar year (includes deductible, ER copay, coinsurance)		
Single	\$ 4,000	\$ 3,500
Family	\$ 8,000	\$ 7,000
Family Deductible and Out-of-Pocket Max Accumulation	Embedded	Embedded
TOTAL Out-of-Pocket Maximum per calendar year (includes deductible, ER copay, RX copays , coinsurance)		
Single	\$ 6,350	\$ 5,850
Family	\$ 12,700	\$ 11,700
Coinsurance	10%	10%
Physician Services		
Preventive Services	You pay \$0	You pay \$0
Primary Care Office Visit	You pay 10% after deductible	You pay 10% after deductible
Specialty Care Office Visit	You pay 10% after deductible	You pay 10% after deductible
Virtual Visits	You pay \$0	You pay \$0
Hospital Services		
Inpatient	You pay 10% after deductible	You pay 10% after deductible
Outpatient	You pay 10% after deductible	You pay 10% after deductible
Emergency & Urgent Care		
Emergency Room	You pay \$250 copay	You pay \$250 copay
Urgent Care	You pay 10% after deductible	You pay 10% after deductible
Prescription Drugs		
Value Drugs	You pay \$0	You pay \$0
Generic	You pay \$20 copay	You pay \$20 copay
Preferred Brand	You pay \$40 copay	You pay \$40 copay
Non-Preferred Brand	You pay \$70 copay	You pay \$70 copay
Specialty Medication	You pay \$250 copay	You pay \$250 copay

Click the button(s) for more plan information and out-of-network coverage if applicable →

Summary of Benefits and Coverage

Medical Plan Highlights – POS HRA

Effective July 1, 2025, we will continue to offer plans through Quartz which includes access to their Commercial POS network. In-network benefits are summarized below.

PLAN OPTIONS	In-Network	In-Network ONLY <i>Wellness requirements Completed</i>	Out-of-Network
Deductible per calendar year			
Single	\$ 2,000	\$ 1,500	\$ 4,000
Family	\$ 4,000	\$ 3,000	\$ 8,000
Out-of-Pocket Maximum per calendar year (includes deductible, ER copay, coinsurance)			
Single	\$ 4,000	\$ 3,500	\$ 8,000
Family	\$ 8,000	\$ 7,000	\$ 16,000
Family Deductible and Out-of-Pocket Max Accumulation	Embedded	Embedded	Embedded
TOTAL Out-of-Pocket Maximum per calendar year (includes deductible, ER copay, RX copays , coinsurance)			
Single	\$ 6,350	\$ 5,850	\$ 8,000
Family	\$ 12,700	\$ 11,700	\$ 16,000
Coinsurance	10%	10%	30%
Physician Services			
Preventive Services	You pay \$0	You pay \$0	You pay \$0
Primary Care Office Visit	You pay 10% after deductible	You pay 10% after deductible	You pay 30% after deductible
Specialty Care Office Visit	You pay 10% after deductible	You pay 10% after deductible	You pay 30% after deductible
Virtual Visits	You pay \$0	You pay \$0	You pay \$0
Hospital Services			
Inpatient	You pay 10% after deductible	You pay 10% after deductible	You pay 30% after deductible
Outpatient	You pay 10% after deductible	You pay 10% after deductible	You pay 30% after deductible
Emergency & Urgent Care			
Emergency Room	You pay \$250 copay	You pay \$250 copay	You pay \$250 copay
Urgent Care	You pay 10% after deductible	You pay 10% after deductible	You pay 30% after deductible
Prescription Drugs – only covered in-network			
Value Drugs	\$0 Rx Outcomes		
Generic	You pay \$20 copay		
Preferred Brand	You pay \$40 copay		
Non-Preferred Brand	You pay \$70 copay		
Specialty Medication	You pay \$250 copay		

Click the button(s) for more plan information and out-of-network coverage if applicable

Summary of Benefits and Coverage

How does an embedded deductible work with the HRA plan?

For employees that have single coverage, this will not apply to you.

This example does NOT include the \$500 single / \$1,000 family reimbursement provided by OASD for those that have met the wellness requirements.

If you have family coverage, you have a family deductible of \$4,000. However, since the deductible is embedded, one individual of that family will only have to meet \$2,000 before they have 90% coinsurance. Copays would still apply where applicable, but all other covered charges over the \$2,000 would be paid at 90% for the individual until they have paid a total of \$4,000 out of pocket (including the deductible). Once the individual has paid \$4,000 out of pocket, all covered charges will be paid at 100% by Quartz, except for prescription drug copays, which have an additional out of pocket maximum.

If one person hits their \$2,000, the other family members will still have covered charges apply to their deductible until another \$2,000 is applied. This can be met by one person or by the remaining family members together.

Example: Employee also covers spouse and one child. Total of three family members on the plan.

Spouse: Has \$5,000 in claims for an emergency room visit in January. \$2,000 will apply to deductible and will be the members responsibility. A \$250 copay will apply for the emergency room visit, leaving a balance of \$2,750. Quartz will pay 90% and the member will pay \$275. So total cost to the member will be \$2,525. Quartz will pay the remaining \$2,475.

Employee: Has \$500 in claims for an urgent care visit in March. This entire amount will be the members responsibility as it will apply to their deductible.

Child: Has \$10,000 in claims due to appendicitis in June. \$1,500 will apply to the member's deductible (family deductible is now met with \$2,000 from spouse, \$500 from employee and \$1,500 from child). Emergency Room copay is waived since child was admitted for surgery. Quartz pays 90% of the remaining \$8,500. The member will pay their 10% or \$850.

Since the family deductible was met in June, all future covered charges will be paid at 90% until the maximum out of pocket is reached or the end of December (deductibles start over January 1st), with the exception of any applicable copays.

Pre-Tax Accounts

Health Reimbursement Plan Arrangement (HRA)

An HRA is an employer funded health care reimbursement account available for medical care expenses incurred by the employee, and covered family members. It is meant to help offset some of your out-of-pocket expense you incur.

Which Expenses Can Be Reimbursed?

- In-Network Deductible

** You are responsible for paying the doctor and/or hospital bills.*

Reimbursement Summary – For those that meet Wellness Program requirements

Deductible Expenses

Single

- First \$500 of in-network deductible is reimbursed by the HRA
- Next \$1,500 of in-network deductible is employee responsibility

Family

- First \$1,000 of in-network deductible is reimbursed by the HRA
- Next \$3,000 of in-network deductible is employee responsibility

**Employees must complete wellness incentives determined by the Employer to be eligible for HRA reimbursement.*

How are Reimbursements Made?

The Health Reimbursement program is funded directly with Oconomowoc Area School District money; it is not an insurance plan. You will be provided with additional information on how the Health Reimbursement Arrangement is administered, including how to file claims and receive your repayments for eligible expenses on the next few pages.

HRA



Health Reimbursement

Health Reimbursement Benefits are administered by:

Diversified Benefit Services (DBS)

Additional Information

www.dbsbenefits.com

Reimbursements are for Our Plan Only

To receive any eligible reimbursements, you and/or family members must be participating in our group medical plan. Reimbursements will not be made for expenses from other medical plans (such as through spouse or parent's medical plan).

Do You Have to Pay Taxes on Reimbursements?

No, reimbursements paid to plan members through this program are treated as tax-free to the member under most situations.

Setting up your HRA Account with DBS

HRA Plans Only

Oconomowoc Area School District
Flexible Benefit Plan and Health Reimbursement
Arrangement **Employee Online Account Viewing Setup**
(Provided by Diversified Benefit Services, Inc. (DBS))

As a Plan Participant, you have access to your account information through the DBS online account

viewing system known as A.S.A.P.® - Advanced Strategic Administration Program. This system allows you to view your claim and reimbursement information related to your Plan(s).

To begin viewing your information you will need to create your personal online account. (All information provided is securely encrypted and protected.)

CREATING YOUR ONLINE ACCOUNT

1. Go to the DBS website at www.dbsbenefits.com
2. Click 'User Login' located on the top right of your screen.
3. On the Login screen, click on "Create New Account"
4. Enter your employer PIN: OASD (then click the red arrow)
5. Enter the New Account Information requested.
 - a. Your Email address is required.
 - b. You may choose any combination of characters (minimum of 8 characters) when entering your Login Name
 - c. You may choose any combination of characters, 1 upper case, 1 lower case and 1 numeric when entering your Password.
6. When you are finished click "submit". A message will indicate that your account has been successfully created. You will also receive an email confirmation.
7. You may now logon with your Login Name and Password and view your current account information.

Check out the [DBS APP](#) for account information on the go!



Setting up your HRA Account with DBS

HRA Plans Only

Oconomowoc Area School District Section 105 Health Reimbursement Arrangement Employee Instruction Sheet – POS

Oconomowoc Area School District is continuing a Section 105 Health Reimbursement Arrangement (HRA) to help provide better health care coverage to employees and their families. HRAs are implemented by many employers to help manage increasing health care costs and to provide employees with an incentive to be better consumers of health care. They are working with Diversified Benefit Services, Inc. (DBS) to manage and administer the HRA. The program works as follows:

- You and/or your family members utilize your health plan as you normally would. When you use your health plan, the insurance company will process your claim and send an Explanation of Benefits form (EOB) to you. The EOB form shows the date of service, service provided, cost of the service, amount insurance paid on the claim.
- An Explanation of Benefits form (EOB) will *also* be sent electronically from the insurance company to DBS stating the amount of services applied toward the deductibles.
- As DBS receives the EOB forms, the deductible amounts will be paid directly to the vendor/provider based on your employer's HRA reimbursement plan parameters.
- If you provide your email address to DBS, all notifications including claims received, reimbursements issued and requests for additional information will be sent to you via email.
- There are no claim forms to file for the HRA. (*However, if you have dual health coverage, you must submit EOB forms from the secondary insurance carrier manually along with a signed claim form for reimbursement.*)

HRA Reimbursement Schedule - POS

Plan Year: 01/01/2025 – 12/31/2025

Eligible Expenses: Medical Deductibles incurred under the Employer Sponsored Group Health Plan

In-network Deductible Level: \$2,000 (maximum 2 per family)

Reimbursement Levels for the Plan Year: First \$500 per in-network deductible: Reimbursed to the Provider*
Next \$1,500 per in-network deductible: Employee Responsibility

**Employees must complete wellness incentives determined by the Employer to be eligible for HRA reimbursement.*

The HRA reimbursement is based on the Employer's in-network Group Health Plan. If you incur out-of-network deductible expenses then the reimbursement is capped at the in-network reimbursement level.



Excellence in Benefit Management Solutions

Additional Information:

- Employees are eligible for the HRA when they are eligible for and covered under the employers' group health plan. Employees not covered under the employers' group health plan are not eligible for the HRA.
- **At the end of each Plan Year there will be a 90-day run-out period** in which your claims with dates of service within the plan year will be electronically submitted.
- Any portion of the expense reimbursed by the HRA IS NOT eligible for reimbursement under any other program or by any other source. This includes, but is not limited to, Insurance Plans and Flexible Spending Accounts. Any portion of an expense reimbursed by the HRA IS NOT eligible as a deduction on your income taxes.
- If another source reimburses you and/or a provider (i.e. doctor, hospital, and clinic) for an expense that the HRA also reimburses you for, you are responsible for paying back the HRA Plan.
- Reimbursements are tax-free on your behalf.
- You have the right to waive participation in the HRA program for you and your family. You must waive participation each Plan Year and the waiver must be completed prior to the Plan Year beginning. Please see your Human Resource department for a waiver form.
- Your employer assumes the cost for the Plan's administration.
- This Employee Instruction Sheet is intended only as an overview of the HRA benefits. The HRA plan qualifications and limitations are stated in the Plan Document. The Plan Document determines how the HRA plan benefits will be administered.

If you have questions on the program, please call DBS at 1-800-234-1229.

DBSbenefits.com

Need to file a claim?

Check out [this document](#) for step-by-step instructions and helpful tips.



Excellence in Benefit Management Solutions

Medical Plan Highlights – HMO HSA

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- Claims and Explanation of Benefits (EOBs)
- Historical costs from past medical visits, treatments or procedures
- Amount you have paid toward your deductible, maximum out-of-pocket expenses and benefit accumulation
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- Sync with tracking devices or mobile apps to earn points for steps you take in daily activities or working out
- Digital platform that makes it easy to create and track health goals

QUESTIONS?

Call customer service at **800-362-3310** or visit www.QuartzBenefits.com/members.

You can find an FAQ for Prospective Members [HERE](#).

PLAN OPTIONS	In-Network Only	In-Network ONLY <i>Wellness requirements Completed</i>
Deductible per calendar year		
Single	\$ 4,000	\$ 2,000
Family	\$ 8,000	\$ 4,000
Out-of-Pocket Maximum per calendar year (includes deductible, ER copay, coinsurance)		
Single	\$ 4,000	\$ 2,000
Family	\$ 8,000	\$ 4,000
Family Deductible and Out-of-Pocket Max Accumulation	Embedded	Embedded
TOTAL Out-of-Pocket Maximum per calendar year (includes deductible, ER copay, RX copays , coinsurance)		
Single	Same as Out-of-Pocket Max	Same as Out-of-Pocket Max
Family	Same as Out-of-Pocket Max	Same as Out-of-Pocket Max
Coinsurance	0%	0%

Physician Services

Preventive Services	You pay 0%	You pay 0%
Primary Care Office Visit	You pay 0% after deductible	You pay 0% after deductible
Specialty Care Office Visit	You pay 0% after deductible	You pay 0% after deductible
Virtual Visits	You pay \$45-49 depending on Provider <i>This does not apply to the deductible</i>	You pay \$45-49 depending on Provider <i>This does not apply to the deductible</i>

Hospital Services

Inpatient	You pay 0% after deductible	You pay 0% after deductible
Outpatient	You pay 0% after deductible	You pay 0% after deductible

Emergency & Urgent Care

Emergency Room	You pay 0% after deductible	You pay 0% after deductible
Urgent Care	You pay 0% after deductible	You pay 0% after deductible

Prescription Drugs

Value Drugs		
Generic	You pay 0% after deductible	You pay 0% after deductible
Preferred Brand	<i>Mail order is not available</i>	<i>Mail order is not available</i>
Non-Preferred Brand		
Specialty Medication		

Click the button(s) for more plan information and out-of-network coverage if applicable →

Summary of Benefits and Coverage

Medical Plan Highlights – POS HSA

Effective July 1, 2025, we will continue to offer plans through Quartz which includes access to their Commercial POS network. In-network benefits are summarized below.

PLAN OPTIONS	In-Network	In-Network ONLY <i>Wellness requirements Completed</i>	Out-of-Network
Deductible per calendar year			
Single	\$ 4,000	\$ 2,000	\$ 8,000
Family	\$ 8,000	\$ 4,000	\$ 16,000
Out-of-Pocket Maximum per calendar year (includes deductible, ER copay, coinsurance)			
Single	\$ 4,000	\$ 2,000	\$ 10,000
Family	\$ 8,000	\$ 4,000	\$ 20,000
Family Deductible and Out-of-Pocket Max Accumulation	Embedded	Embedded	Embedded
TOTAL Out-of-Pocket Maximum per calendar year (includes deductible, ER copay, RX copays, coinsurance)			
Single	Same as Out-of-Pocket max	Same as Out-of-Pocket max	Same as Out-of-Pocket max
Family			
Coinsurance	0%	0%	20%
Physician Services			
Preventive Services	You pay 0%	You pay 0%	You pay 0%
Primary Care Office Visit	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Specialty Care Office Visit	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Virtual Visits	You pay \$45-49 depending on Provider <i>This does not apply to the deductible</i>	You pay \$45-49 depending on Provider <i>This does not apply to the deductible</i>	You pay \$45-49 depending on Provider <i>This does not apply to the deductible</i>
Hospital Services			
Inpatient	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Outpatient	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Emergency & Urgent Care			
Emergency Room	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible
Urgent Care	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Prescription Drugs – only covered in-network			
Value Drugs	You pay 0% after deductible <i>Mail order is not available</i>		Not Covered
Generic			
Preferred Brand			
Non-Preferred Brand			
Specialty Medication			

Click the button(s) for more plan information and out-of-network coverage if applicable

Summary of Benefits and Coverage

How does an embedded deductible work with the HSA plan?

For employees that have single coverage, this will not apply to you.

If you have family coverage, you have a family deductible of \$8,000. However, since the deductible is embedded, one individual of that family will only have to meet \$4,000 before they have 100% coinsurance. All other covered charges over the \$4,000 would be paid at 100% for the individual.

If one person hits their \$4,000, the other family members will still have covered charges apply to their deductible until another \$4,000 is applied. This can be met by one person or by the remaining family members together.

Example: Employee also covers spouse and one child. Total of three family members on the plan.

Spouse: Has \$5,000 in claims for an emergency room visit in January. \$4,000 will apply to deductible and will be the member's total responsibility. Quartz will pay the remaining \$1,000.

Employee: Has \$500 in claims for an urgent care visit in March. This entire amount will be the members responsibility as it will apply to their deductible.

Child: Has \$10,000 in claims due to appendicitis in June. \$3,500 will apply to the member's deductible (family deductible is now met with \$4,000 from spouse, \$500 from employee and \$3,500 from child). Quartz pays the remaining \$6,500.

Since the family deductible was met in June, all future covered charges will be paid at 100% until the end of December (deductibles start over January 1st).

HSA



Health Savings Account

Click the laptop to watch a Video on HSA's:



When are you eligible for HSA?

To establish and deposit money into an HSA, you:

- Must be enrolled in a High Deductible Health Plan
- Cannot have any other “impermissible coverage,” which includes a spouse’s non-HDHP plan or HCFSA coverage
- Cannot be currently enrolled in Medicare, Medicaid, or Tricare
- Cannot be claimed as a dependent on another person’s tax return

REMEMBER to only use your [HSA for eligible expenses.](#)

HSA funds used prior to age 65 for non-eligible expenses (like a TV) are subject to income taxes plus an additional 20% federal excise tax and depending on your state, a state penalty. Keep all receipts for your HSA reimbursements—you will need them to validate HSA expenses in the event of an IRS audit!

Pre-Tax Accounts

These accounts allow you to pay (or be reimbursed) for eligible expenses and/or dependent care expenses tax-free. For all healthcare-related accounts, eligibility is determined in-part by which medical plan you choose.

	HSA*	HRA
Health Savings Account (HSA)	✓	
Health Reimbursement Account (HRA)		X
Health Care Flexible Spending Account (HCFSA)		X
Limited Purpose Flexible Spending Account (LPFSA)	✓	
Dependent Care Flexible Spending Account (DCFSA)	✓	X

Health Savings Account (HSA)

Oconomowoc Area School District offers a High Deductible Health Plan (HDHP) that features a Health Savings Account (HSA). This investment tool allows you to contribute money, earn interest, and pay for qualified health care expenses, all tax-free.

If enrolled in the HDHP option, Oconomowoc Area School District has partnered with Associated Bank. You will need set up your own account with Associated Bank.

Learn more in Associated Bank’s HSA Participation guide by clicking [here](#).

Click [HERE](#) to learn how to set up your account with Associated Bank

Money Goes In* 2025	Money Goes Out**	Have Money Left? IT ROLLS OVER!
<p>\$4,300/year max. for individual coverage</p> <p>\$8,550/year max. if you enroll your spouse and/or child(ren)</p> <p>An extra \$1,000/year max. age 55 or older.</p>	<p>You decide whether to use your HSA for qualified expenses or pay with other resources. The amount you spend on qualified medical expenses is also tax-free.</p>	<p>There’s no deadline or limit on how large your account can grow. If you leave Oconomowoc Area School District, you take the money with you because the account is yours.</p>

*Enrolling mid-year may make you ineligible for a full-year contribution to your HSA. Talk to your tax advisor before signing up for pre-tax deductions. See IRS Publication 969 for more information. **HSA funds are eligible to reimburse qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

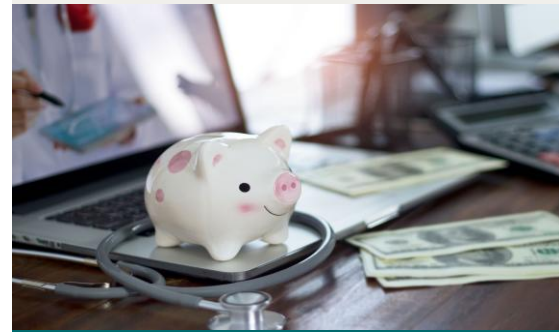
HSA

Employer Contribution To Your HSA

Oconomowoc Area School District Helps Fund Your HSA! Employees who meet Wellness Program requirements will receive additional HSA funding from the district.

If you are enrolled under our HSA-qualified health plan, you are eligible to receive HSA contributions from Oconomowoc Area School District. These contributions will be deposited directly into your health savings account based on the timeline on page 29.

In order to qualify for the company's contributions, you must 1) be enrolled under our HSA-qualified health plan and 2) have an established Health Savings Account. Remember that the annual total of your own HSA deposits, plus those made by the company, cannot exceed the IRS' annual maximums.



Health Savings Account

HSA Contributions from Oconomowoc Area School District for the current calendar year	Single Coverage	Family Coverage
Wellness Program requirements met	\$ 2,000	\$ 4,000
Wellness Program requirements NOT met	\$ 1,500	\$ 3,000

Contact HR for additional forms required to receive the company's HSA funding.

Please keep in mind that it is ultimately an employee's responsibility to establish and manage their own Health Savings Account. Oconomowoc Area School District does not have control or oversight of employees' Health Savings Accounts except to facilitate payroll deductions deposits into those accounts upon request.

HSA Benefits Information



A form has been created to authorize payroll to deduct employee HSA contributions from their paycheck. To make employee discretionary HSA contributions from your paycheck, please complete the following form:

[HSA Employee Contribution Form](#)

- Contributions can be made per payroll cycle OR in a one-time lump sum.
 - 10-month staff can contribute commencing September 15th
 - 12-month staff can contribute commencing July 15th
- Forms submitted to payroll on or before the 8th of the month will take effect on the first pay cycle (on the 15th) of the same month. Forms submitted after the 8th will take effect on the first pay cycle (on the 15th) of the following month.
- The maximum contribution amounts for **2025** are as follows:
 - **Single Coverage** - \$4,300
 - **Family Coverage** - \$8,550

IMPORTANT: *these limits are the total of both the employer and employee contributions combined and are based on a calendar year.*

Please refer to the OASD Benefits guide regarding mid-year enrollments or terminations on the qualified HDHP for HSA contribution limitations.

- You will receive a confirmation email upon submission of your form. If you do not receive your email confirmation within an hour after submission, please contact Rebecca Hoida at x2143.

If you have any questions, please contact Rebecca Hoida, Lead Payroll Specialist at (262)560-2143 or hoidar@oasd.org.






Where to Seek Care

Where you go for medical services can make a BIG difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs.

Type of Care

Estimated Wait Time

Member Cost

 <p>Virtual Visits Visit with a licensed physician allowing you to receive care, and if needed, get prescriptions. Available 24/7.</p>	<p>15 minutes Or less on average</p>	<p>\$</p>
 <p>On-Site Clinic Staffed by a licensed physician dedicated to OASD, the On-Site Clinic offers in-person care during business hours and telemedicine after hours. It treats many of the same conditions as Urgent Care or your Primary Care Provider.</p>	<p>Same day but can vary depending on provider availability</p>	<p>\$</p>
 <p>Urgent Care Urgent Care centers are often open in the evenings and on weekends.</p> <p>When to go:</p> <ul style="list-style-type: none"> ○ Sprains & strains / minor broken bones or cuts ○ Mild asthma attacks ○ Sore throats 	<p>20-30 minutes approx. wait time</p>	<p>\$\$</p>
 <p>Primary Care Doctor Seeing your doctor is important. Your doctor knows medical history and any ongoing health conditions.</p> <p>When to go:</p> <ul style="list-style-type: none"> ○ Preventive services & vaccinations ○ Medical problems or symptoms that are not immediate, and/or serious threat to your health or life. 	<p>1 week+ approx. wait time for an appt.</p>	<p>\$\$\$</p>
 <p>Emergency Room (ER) Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours.</p> <p>When to go:</p> <ul style="list-style-type: none"> ○ Sudden change in vision ○ Sudden weakness or trouble walking ○ Large, open wounds ○ Difficulty breathing ○ Heavy bleeding ○ Spinal Injuries ○ Chest Pain ○ Major burns ○ Broken bones 	<p>3-12 hours approx. wait time for non-critical cases</p>	<p>\$\$\$\$</p>



COMING FALL 2025



solidaritus

A NEW HEALTHCARE OPTION FOR OASD EMPLOYEES

We're excited to announce a new partnership with Solidaritus to launch an Onsite Clinic exclusively for OASD employees and their family members enrolled in district health insurance.

WHAT TO EXPECT:

Affordable care,
Convenient access,
Reduced wait times, and
Personalized attention — all from a physician focused on your health, not just meeting quotas.

- ✓ Immunizations
- ✓ Lab Work
- ✓ Preventative and Acute Care
- ✓ Biometric Screenings
- ✓ Chronic Condition Management ...and more

First Look: July 2025

Employees will have the opportunity to meet the clinic's medical team during the 2025 biometric screenings beginning in July. Our screening process and scheduling system will be updated as part of the clinic launch.

STAY TUNED!

More updates and next steps are coming soon as we move forward with this exciting development!

Your Health. Your Clinic. Your Convenience. Proudly serving OASD employees and their families.

THE BENEFITS OF USING QUARTZ MYCHART

MyChart is our secure online portal for members age 18 and older. With MyChart, you can see your insurance information and parts of your UW Health medical information.

AS A MYCHART MEMBER, YOU CAN –

View your benefit information –

- ▶ Check claims status
- ▶ Check eligibility
- ▶ Review prior authorizations
- ▶ Sign up for email messages from Quartz, including your explanation of benefits
- ▶ Take a test to see how healthy you are and access your very own wellness portal
- ▶ Request or print your member ID cards
- ▶ Change your provider
- ▶ Update your contact information
- ▶ Send a message to Customer Service

If you visit a UW Health provider

- ▶ You can get your test results online
- ▶ Make, cancel and see appointments
- ▶ View after-visit summaries
- ▶ Read and print articles about health issues topics

- ▶ Send secure messages to your health care team
- ▶ See benefit information for your children. *(Available for children ages 0-11. For children ages 12-17, access is restricted to allergies, immunizations, sending messages and scheduling appointments. You cannot review appointments.)*

WHAT IF I HAVE A MYCHART OR MYCARE ACCOUNT THROUGH ANOTHER HEALTH SYSTEM?

With MyChartCentral you can access all of your MyChart / MyCare accounts, including those from Gundersen Health System, Madison-area health care organizations and other organizations nationwide.

Use MyChartCentral, found within MyChart, to access all those accounts from one place using a single username and password.

HOW DO I SIGN UP?

Quartz members age 18 and older can sign up. There are three ways to do this –

1. Visit QuartzMyChart.com and complete the online form
2. Sign up during your appointment at your UW Health clinic. Just ask your nurse or practitioner for an activation code
3. Sign up at your UW Health primary care clinic. No appointment needed. Ask any receptionist to help you (bring your photo ID).



Sign up today to enjoy the benefits of MyChart. To learn more, visit QuartzMyChart.com.

Your health journey is more rewarding than ever with Quartz Well.

Choose your way to earn points and create lasting healthy habits with a science-backed program. With over 120 healthy behaviors to track, you can make progress toward your well-being goals and earn rewards for a healthier you.



Getting started with Quartz Well Rewards Program

Setting up your Quartz Well account is simple. Just have your Quartz Member ID number handy when you create your account. After registering, you can customize your experience and start earning points right away.

Earning points with Quartz Well

After you sign up, you can start earning points for daily habits and regular preventive care.

- Up to \$100 in Rewards (redeemable as a gift card for various vendors)
- An easy-to-use member portal, makes it more rewarding to take care of what matters to you
- Earn points while focusing on:
 - Personalized Goals
 - Healthy Habits
 - Tracking Smart Choices
 - Health & Well-being



Earn Up to
\$100
Per Year

An Employee
& Enrolled
Spouse up to
\$200
Per Year

Sign Up For Better Health! Get started [HERE](#)

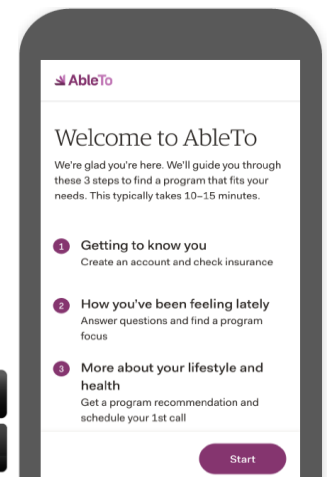
AbleTo – Mental Well-Being Support, On Your Time



Get the emotional support you deserve. **Quartz mental well-being programs** with **AbleTo** will meet you where you are in your mental health journey. From therapy and coaching to on-demand self-care, AbleTo can help you work through challenges and build resilience.

- Health coaching program access
- 1:1 coaching for support based on individual needs and goals
- Completely confidential
- Additional 24/7 resources available including meditations, breathing techniques, etc.

Signup for AbleTo at AbleTo.com/Quartz or download the app!





**Telehealth vs
Virtual Care -
How to seek
care?**
(Click here)

HERE FOR YOU 24/7

Turn to technology for on-demand care

Your fever doesn't care what time it is. Or what day of the week. Neither does your child's sore throat or your partner's sprained ankle. When you are sick or injured, **you want care now.**

A virtual (or video) visit is the answer for quick, easy access to health care — **no appointment needed.** When you have an **urgent, non-emergency health issue,** use your smartphone, tablet, or computer (with a camera and microphone) to connect to a medical professional. The provider can give you a diagnosis, suggest follow-up care, and prescribe medication when appropriate.

Virtual visits are ideal for symptoms such as:

- ▶ Abdominal pain
- ▶ Allergies
- ▶ Back pain
- ▶ Cough
- ▶ Diarrhea
- ▶ Eye infections
- ▶ Fever
- ▶ Headache
- ▶ Joint pain
- ▶ Minor skin problems
- ▶ Nausea and vomiting
- ▶ Painful/difficult urination
- ▶ Sore throat
- ▶ Sprains
- ▶ Stuffy or runny nose

PLAN AHEAD

Set up your virtual visit account ahead of time so you're ready when you need care, without delay.



Search your app store for Care Anywhere University of Wisconsin. Or, go to uwhealthcareanywhere.org to set up your account or access care.



Search your app store for UnityPoint Health Virtual Care. Go to unitypointvirtualcare.org to create your account.



Search your app store for Gundersen VirtualVisit. Learn more and explore frequently asked questions at gundersenvirtualvisit.org.

WHEN YOU NEED CARE

- ▶ Log in to your account and follow the prompts to choose a provider and start your visit.
- ▶ If there is a cost, you'll be told ahead of time.
- ▶ Eligibility and coverage vary based on your Quartz plan.

Questions? Call Customer Service at **(800) 362-3310** — we're here to help.

OASD Wellness Program



Welcome to the Oconomowoc Area School District Wellness Program!

The OASD Wellness Program was created to raise awareness and empower staff to improve their lives through healthy choices and demonstrate healthy behaviors for students, families and the community.

OASD has partnered with Motion Connected to create a meaningful action-based wellness platform that is easy to use and keeps things simple so employees can see a clear path of what they need to do to succeed in our OASD Wellness Program. Your Motion Connected scorecard will provide you with an easy to navigate desktop and mobile experience for each employee to track their personal progress.

Motion Connected is the hub for all things related to Wellness and Benefits. It is also our main resource to find Benefits information and insurance related forms housed in the ***Prevention section of your current year*** Motion Connected scorecard.

The Oconomowoc Area School District Wellness Program is completely voluntary, you are not required to participate. If you choose to participate in the District Wellness Program, employees enrolled in the health insurance plan must accumulate at least 1400 total points and complete all required elements listed in red on the Motion Connected Scorecard to be eligible to receive wellness funding: for the Health Reimbursement Arrangement (HRA) or funding into the Health Savings Account (HSA).

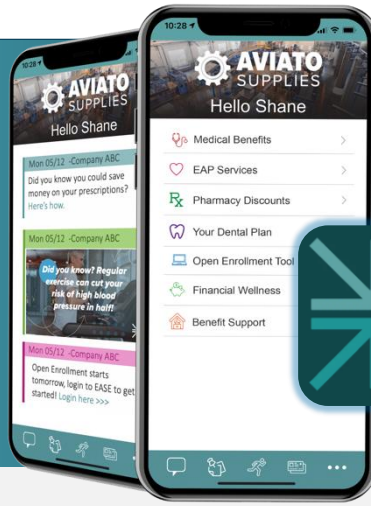
The first step on your Wellness journey is to create a Motion Connected scorecard. Please follow the two easy steps listed on the following page to activate your Motion Connected account today!

[Click here to learn more about Motion Connected](#)

support@motionconnected.com



OASD Invites You to Join Motion Connected!

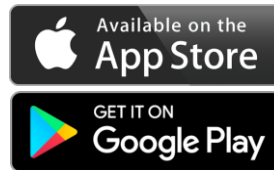


- ✓ Earn points & be rewarded for your healthy choices
- ✓ Easily track your activity + program progress

Step 1: Create Your Account

1. Go to www.motionconnected.com/app on your smart phone or computer.
2. Click or tap on "Create Account."
3. Use the following activation code to create a Motion Connected account.

Open your camera & scan me to download the app!



Activation Code: 221-L5E60-B90

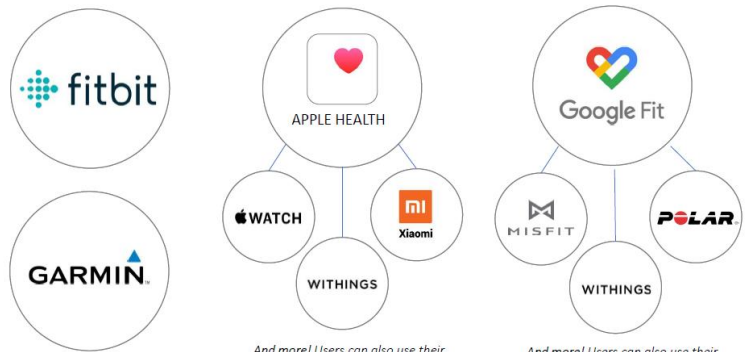
Step 2: Track Your Activity

Motion Connected is directly compatible with Fitbit and Garmin devices. You can also link compatible devices such as Apple Watch, Polar fitness trackers, Mi Bands, or use your phone as an activity tracker, by connecting the Apple Health app on iPhones or the Google Fit app on Android phones to the Motion Connected App.

To Link Fitbit or Garmin- login to Motion Connected and go to the Link Device page.

To Link all Other Devices- configure your device's app to share step data with Google Fit or Apple Health then link to the Motion Connected app on the Settings Page.

[View complete instructions here](#)



Step 3: Explore!

Go to the Scorecard page to view all the available activities to earn points and tap the push-pin icon in the app to find additional resources.

Questions? Please contact Motion Connected Customer Care Team:

Email: support@motionconnected.com | Website: support@motionconnected.com



2025 WELLNESS PROGRAM REQUIREMENTS FOR 2026 WELLNESS FUNDING

Employees enrolled on the Medical Plan must accumulate at least 1400 total points and complete **all required elements** listed on the Motion Connected Scorecard to be eligible to receive wellness funding: deductible reimbursements from the Health Reimbursement Arrangement (HRA) or additional funding into the Health Savings Account (HSA).

Spouses enrolled on the Medical Plan must complete the Online Health Assessment Questionnaire, Biometric Screening and Medical Preventive Care Exam for member eligibility for the wellness funding.

HRA Health Plan

Single Deductible: \$2,000 **Potential Wellness Funding Applied to Deductible (If Earned): \$500**

Family Deductible: \$4,000 **Potential Wellness Funding Applied to Deductible (If Earned): \$1,000**

HSA Health Plan

Single Deductible: \$4,000

Family Deductible: \$8,000

	<u>Single</u>	<u>Family</u>
HSA Base Contribution:	\$1,500	\$3,000
HSA Wellness Incentive Contribution (if earned):	\$500	\$1,000
Total Potential HSA Contribution	\$2,000	\$4,000



Required Elements

1. HEALTH RISK ASSESSMENTS
Employee AND Spouse

Employees and Spouses on the Medical Plan must complete the Biometric Screening and the Online Health Risk Assessment by October 21, 2025. On-site Biometric Screenings will be available in the Summer and Fall for employees and spouses.

2. OPEN ENROLLMENT MEETING
Employee Only

To qualify for the 2025 Wellness Program, you must attend one of the Insurance Open Enrollment meetings held in May 2025.

3. EMPLOYEE BENEFITS/WELLNESS SURVEY
Employee Only

Your opinion matters to us! Employees will be required to complete an Employee Benefits/Wellness Survey to qualify for wellness funding. The survey deadline is January 31, 2025. Failure to complete this survey will result in an automatic disqualification for receiving wellness funding.

4. PREVENTIVE CARE EXAM
Employee AND Spouse

Employees and Spouses will be required to complete a Medical Preventive Care Exam and provide proof of such by November 21, 2025.

Please visit your 2025 Motion Connected scorecard to download the Preventive Care/Physical form that you can take to your doctor to have completed.

Please be sure to upload your verification from to your Motion Connected scorecard no later than November 21, 2025.

5. WELLNESS ACTIVITY/AWARENESS
Employee Only

Employees must accumulate at least **1400+ points** in order to qualify for wellness funding. Employees can select from a variety of Activity and Awareness opportunities listed on the 2025 Motion Connected scorecard.

Oconomowoc Area School District

2025 Wellness Programs

Winter Financial Wellness Challenge: January 1, 2025 – February 28, 2025

The OASD Wellness Program is excited to partner with the Dave Ramsey SmartDollar Program for our Winter Financial Wellness Challenge! Employees who sign up will be enrolled in the SmartDollar financial wellness program. Following the 7 Baby Steps, participants will learn how to stick to a budget, get out of debt, save for the future, and build lasting wealth.

Spring Strength & Movement Challenge: March 15, 2025 – May 17, 2025

The 2025 Spring Strength & Movement program will offer participants the ability to select workouts customized to their individual fitness interests and ability using the FitOn Health App.

Spring Ben IQ Program: March 3, 2025 – May 9, 2025

Understanding your healthcare benefits is essential for maximizing your coverage. Boost your healthcare knowledge with the Ben IQ program. Login to your Motion Connected Scorecard to begin the 9-Step Course.

Summer Stepping Challenge: June 6, 2025 – August 15, 2025

In this 10-week challenge, you will walk/jog/run a total of 350,000 steps during the summer break, which is an average of 5,000 steps or 2.5 miles per day. It's as simple as that! The best thing about this challenge is you don't have to log or upload anything. Your fitness tracker logs your steps for you and uploads your data to Motion Connected.

Fall Mental Health Challenge: September 1, 2025 – October 31, 2025

The self-paced Balanced Mind Course is designed to help you find balance and feel empowered to care for your emotional well-being. To complete the course, login to your Motion Connected scorecard and follow each of the nine steps.

Wellness Coaching Through Aurora: Complete by October 2025

Coaching sessions are confidential conversations that inspire and challenge you to go beyond what you can do alone. Your Aurora coach will focus on what you want for your health and keep you on the right path.

Quartz Virta Program: Complete by November 21, 2025

Employees and eligible family members covered under OASD's health insurance through Quartz have access to a program aimed at Type 2 Diabetes and obesity reversal. This partnership will help members improve their health, according to their personalized goals, at all stages of life. As part of our 2025 wellness program, employees who sign-up to participate and complete 3 months in the Virta program through Quartz will earn wellness points on their Motion Connected scorecard.

❖ **Please visit your 2025 Motion Connected Scorecard for all program requirements. All Wellness Programs will have specific requirements as well as a required survey.**

OASD HSA Employer Contribution Timeline

OASD funds employee HSA accounts on a semi-annual basis. When you receive those funds is determined as follows:

10-Month Employees

Initial Funding – September 15th

Single Coverage - \$750 (Wellness program requirements not met)

Single Coverage - \$1,000 (Wellness program requirements met)

Family Coverage - \$1,500 (Wellness program requirements not met)

Family Coverage - \$2,000 (Wellness program requirements met)

Second Funding – February 15th

Single Coverage - \$750 (Wellness program requirements not met)

Single Coverage - \$1,000 (Wellness program requirements met)

Family Coverage - \$1,500 (Wellness program requirements not met)

Family Coverage - \$2,000 (Wellness program requirements met)

12-Month Employees

Initial Funding – July 15th

Single Coverage - \$750 (Wellness program requirements not met)

Single Coverage - \$1,000 (Wellness program requirements met)

Family Coverage - \$1,500 (Wellness program requirements not met)

Family Coverage - \$2,000 (Wellness program requirements met)

Second Funding – February 15th

Single Coverage - \$750 (Wellness program requirements not met)

Single Coverage - \$1,000 (Wellness program requirements met)

Family Coverage - \$1,500 (Wellness program requirements not met)

Family Coverage - \$2,000 (Wellness program requirements met)

You must be actively employed with OASD and enrolled in an OASD medical plan as of the funding dates to be eligible for the employer HSA contributions.

Dental Plan Overview

About the Dental Plan: This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs.

Plan Highlights

		In-Network	Out-of-Network
Deductible †	Single	\$ 0	\$ 25
	Family	\$ 0	\$ 75
Maximum Benefit †		\$ 1,500	\$ 1,500
Lifetime Orthodontia Maximum (adult and child coverage)		\$ 1,500	\$ 1,500

† Per Covered Member Per Year

Benefits

	In-Network	Out-of-Network
Preventive Services <i>Exams, x-rays, cleanings, fluoride, space maintainers, sealants</i>	You pay \$0	You pay \$0
Basic Services <i>Extractions, fillings, endodontics, periodontics</i>	You pay 0%	You pay 20%
Major Services <i>Crowns, inlays and onlays, bridges, dentures, implants</i>	You pay 0%	You pay 50%
Orthodontia (max. lifetime benefit)	You pay 50%	You pay 50%

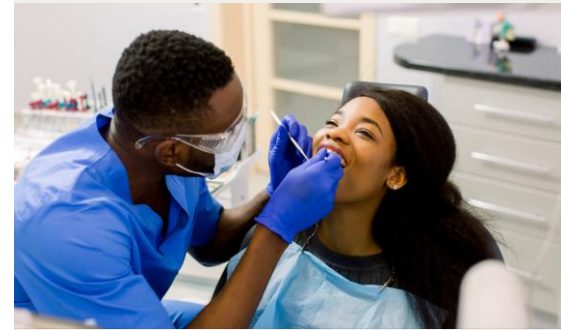
Your lowest out-of-pocket cost comes from seeing a Delta Dental PPO dentist. You will also save on out-of-pocket cost by seeing a Delta Premier dentist. Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, there are no provider discounts, and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

Click the button for more plan and network information

Benefit Summary

DENTAL



Dental

Delta Dental

Policy #: 95923

Find a Provider Online

www.deltadentalwi.com

Oral Health Impacts Your Overall Health!

When you practice good oral health, harmful bacteria are less likely to enter your body through the mouth and cause problems with your digestive, respiratory, and cardiovascular systems.



Protect your health with regular visits to the dentist, plus:

- Brush twice daily
- Floss daily
- Limit sugary foods
- Avoid tobacco use

Diagnostic & Preventive do not count towards annual max!

The "Company" plan allows you to seek treatment from the dentist of your choice. However, if you see a dentist who is NOT contracted, the non-contracted dentist will have the right to balance bill you.

Vision Plan Overview

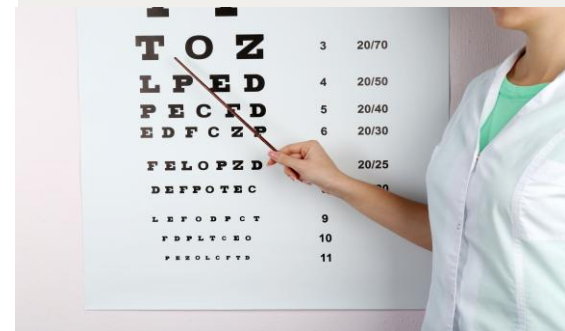
Our vision plan is offered through Delta Vision.

About the Vision Plan: This is a comprehensive plan for all vision services. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.

In-Network Benefits

	In-Network	Out-of-Network Reimbursement
Routine Exam <i>Every 12 months</i>	You pay \$10	\$35
Eyeglass Frames <i>Every 24 months</i>	\$130 Allowance then 20% off balance	\$65
Eyeglass Lenses <i>Every 12 months</i>		
- Standard	You pay \$10	
- Bifocal	You pay \$10	\$25-\$55
- Trifocal	You pay \$10	
- Progressive	You pay \$75	\$40
Lens Options		
- UV, Tint, Scratch Coating	You pay \$15	
- Standard Polycarbonate	You pay \$40	Not covered out-of-network
- Standard Anti-Reflective	You pay \$45	
Contacts in lieu of glasses <i>Every 12 months</i>		
- Conventional contact lenses	\$120 Allowance then 15% off balance	\$96
- Disposable contact lenses	\$120 Allowance	\$96

VISION



Vision

Delta Vision

Policy #: 46157

Find a Provider Online

www.DeltaVisionWI.com

Regular Eye Exams are Important!

An annual eye exam keeps your prescription current, and can detect early medical issues like diabetes, high blood pressure and glaucoma!



Protect your eyes' health with regular visits to the eye doctor, plus:

- Eat 5+ servings of fruits / vegetables daily
- Use sunglasses outdoors
- Don't smoke
- Follow instructions for contact lens cleaning

Click the button for more plan and network information

Benefit Summary

EyeMed Cost Estimator Tool -

[Click Here](#)



Health, Dental and Vision Rates

The District and the employee share the premium cost of the employee's health, dental and vision insurance benefits. The District offers various health insurance plans to provide the employee flexibility to select a plan that meets their needs. Premium costs differ for single vs. family coverage, HRA vs. HSA plans, and HMO, POS, and PPO networks. For health insurance, the District will pay 88% of the lowest cost HRA plan, and 94% of the lowest cost HSA plan. For dental insurance, the District will pay 94% of the premium cost. For vision insurance, the District will pay 50% of the premium cost.

Health Insurance: The lowest cost HRA plan is the HMO-HRA plan, and the lowest cost HSA plan is the HMO-HSA plan. Employees who choose a POS or PPO plan will pay the difference between the cost of the selected plan and the lowest cost plan.

If an employee selects either the POS-HRA or PPO-HRA plan, they will pay the difference between the employer cost of the plan and the HMO-HRA plan. If an employee selects either the POS-HSA or PPO-HSA, they will pay the difference between the employer cost of the plan and the HMO-HSA plan.

	2025-26 Rates – Total Premium				Change from 2024-25	
	Monthly		Annual		Annual Change	
	Single	Family	Single	Family	Single	Family
HMO: HRA Plan	\$948.92	\$2,163.34	\$11,387.05	\$25,960.05	\$1,025.77	\$2,338.53
HMO: HSA Plan	\$798.16	\$1,819.64	\$9,577.92	\$21,835.64	\$862.80	\$1,967.00
POS: HRA Plan	\$1,020.32	\$2,326.12	\$12,243.87	\$27,913.46	\$1,102.95	\$2,514.50
POS: HSA Plan	\$877.22	\$1,999.88	\$10,526.66	\$23,998.60	\$948.26	\$2,161.84
PPO: HRA Plan	\$1,221.70	\$2,785.23	\$14,660.44	\$33,422.74	\$1,320.64	\$3,010.78
PPO: HSA Plan	\$1,079.45	\$2,460.91	\$12,953.39	\$29,530.97	\$1,166.87	\$2,660.21
Dental Insurance	\$45.75	\$131.58	\$549.00	\$1,578.96	\$0.00	\$0.00
Vision Insurance	\$4.62	\$11.50	\$55.44	\$138.00	\$0.00	\$0.00



Cost Per-Paycheck

	10 Month ER's – 20 pays	10 Month ER's – 20 pays	10and 12 Month ER's – 24 pays	10and 12 Month ER's – 24 pays	10 Month EE's – 20 pays	10 Month EE's – 20 pays	10and 12 Month ER's – 24 pays	10and 12 Month ER's – 24 pays
	Single	Family	Single	Family	Single	Family	Single	Family
HMO – HRA Plan(1)	\$501.03	\$1,142.24	\$417.52	\$951.87	\$68.32	\$155.76	\$56.94	\$129.80
HMO – HSA Plan(2)	\$450.16	\$1,026.27	\$375.14	\$855.23	\$28.73	\$65.51	\$23.94	\$54.59
POS – HRA plan	\$501.03	\$1,142.24	\$417.53	\$951.87	\$111.16	\$253.43	\$92.64	\$211.19
POS – HSA Plan	\$450.16	\$1,026.27	\$375.14	\$855.23	\$76.17	\$173.66	\$63.48	\$144.71
PPO – HRA Plan	\$501.03	\$1,142.24	\$417.53	\$951.87	\$231.99	\$528.89	\$193.33	\$440.75
PPO – HSA Plan	\$450.16	\$1,026.27	\$375.14	\$855.23	\$197.51	\$450.27	\$164.59	\$375.23
Dental Insurance	\$25.80	\$74.21	\$21.50	\$61.84	\$1.65	\$4.74	\$1.37	\$3.95
Vision Insurance	\$1.39	\$3.45	\$1.16	\$2.88	\$1.39	\$3.45	\$1.16	\$2.88
Total with HMO HRA Plan	\$528.22	\$1,219.90	\$440.18	\$1,016.59	\$71.36	\$163.95	\$59.46	\$136.62
Total with HMO HSA Plan	\$477.35	\$1,103.94	\$397.79	\$919.95	\$31.77	\$73.69	\$26.47	\$61.41
Total POS HRA Plan	\$528.22	\$1,219.90	\$440.18	\$1,016.59	\$114.20	\$261.62	\$95.16	\$218.01
Total with POS HSA Plan	\$477.35	\$1,103.94	\$397.79	\$919.95	\$79.20	\$181.84	\$66.00	\$151.53
Total PPO HRA Plan	\$528.22	\$1,219.90	\$440.18	\$1,016.59	\$235.02	\$537.08	\$195.85	\$447.57
Total with PPO HSA Plan	\$477.35	\$1,103.94	\$397.79	\$919.95	\$200.54	\$458.46	\$167.12	\$382.05

- (1) Lowest Cost HRA plan
- (2) Lowest Cost HSA plan

Click [here](#) to access the full 2025-26 Rate Chart

Para Dental Rates

2025-26 Paraprofessional Dental Coverage Cost Per Paycheck		
Dental Insurance Premium	SINGLE	FAMILY
	\$1.73	\$55.94

2025-26: Para Dental - Single Benefit, Buy-up to Family Coverage		
Annual Family Premium	\$ 1,578.96	
District Single Benefit	\$ 516.06	District covers 94%
Family Coverage Buy-up	\$ 1,062.90	Cost to employee
Employee Check Deduction	\$ 55.94	over 19 pay checks

Click [here](#) to access the Para Dental rates



Pre-Tax Accounts

Flexible Spending Account (FSA)

With Flexible Spending Accounts (FSA), you can set aside tax-free money to pay for eligible medical and dependent care expenses. You decide how much you want to contribute each plan year (July 1st to June 31st) and the money is deducted from your pay before taxes are taken out saving you approximately 15-30% in taxes.

Traditional Health Care FSA (HCFSA)

Can use to pay any qualified health care expense, including copays and deductibles, dental care, and vision care. You're not eligible for the Traditional Health Care FSA if you are currently contributing to an HSA.

[Click here to learn more about a Medical FSA](#)

Limited Purpose FSA (LPFSA)

Eligible to be used if you're enrolled in the HDHP option; use the Limited Health Care FSA along with an HSA and maximize your tax savings! The LPFSA can be used for dental and vision care expenses in the plan year only.

[Click here to learn more about a Limited Purpose FSA](#)

Dependent Care FSA (DCFSA)

The DCFSA covers the eligible daycare expenses for your qualified dependent(s). This can include a dependent under the age of 13, or a parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

[Click here to learn more about a Dependent Care FSA](#)

How the FSA Works

Money Goes In*

Health Care FSA: \$3,300/year max.

Dependent Care FSA: \$5,000/year max.

Money Goes Out*

Use your FSA dollars for qualified expenses (see explanations above).

Any amount you spend on qualified expenses is also tax-free. Any amount above the rollover limit will be lost if not spent within the calendar year and/or runout period.

**Talk to your tax advisor before signing up for pre-tax deductions. See IRS Publication 502 for more information. This is meant as a high-level overview—for more details and plan rules, please reference your plan documents.*

FSA



Flexible Spending Account

Diversified Benefit Services (DBS)

Find a Provider Online

www.dbsbenefits.com

Why Participate in an FSA?

FSA's let you budget a fixed dollar amount each pay period to be withdrawn 'pre-tax' from your check. These deductions accumulate in your FSA for you to use on eligible expenses. Tax savings from your FSA payroll deductions can be as high as 40% (varies by individual tax bracket).

Advantages of pre-tax FSA Deductions:

Payroll deductions are tax-free (no income tax or FICA)

Payments/reimbursements from your flex account are tax-free!

[Check out the DBS App for account information on the go.](#)

Need to file a claim?

Check out [this document](#) for step-by-step instructions and helpful tips.

PROTECT



Long-Term Disability

All eligible employees are enrolled in long-term disability (LTD) insurance with The Hartford and the district pays 100% of the premium for you.

Eligibility	Employees who work 40 hours or more per week and administrators who work 20 hours or more per week
Elimination Period	90 days
Benefit Percentage	90% of monthly income to a maximum of \$10,000 per month
Premiums	OASD pays 100% of the premium

Voluntary Short-Term Disability

You may elect short-term disability coverage during open enrollment. Coverage is through Aflac. There is no pre-existing condition limitation, and this coverage is portable. Plan highlights are below. [Click HERE for more information.](#)

Eligibility	Full-time employees who work 40 hours or more per week
Elimination Period	7 days, benefit starts on the 8 th day
Benefit Percentage	You may choose your monthly benefit in \$100 increments, up to a maximum of the lesser of 60% of your monthly earnings or \$5,000
Premiums	Employee Pays 100% of the premium

Monthly rates per \$100 of monthly benefit

Age Band	18-49	50-64	65-74
Premium Rate	\$2.33	\$2.44	\$2.78

[Click here for full STD rate table](#)

Long-Term Disability

The Hartford

Policy # : 872578

Find Information Online

www.mutualofomaha.com

Is Your Beneficiary Current?

Remember to keep us updated with any beneficiary changes (such as after a marriage, divorce, or birth/adoption of a child)! In the event of a life claim, the insurance carrier will use the most recent beneficiary from our company files.

Short-Term Disability

Aflac

Find Information Online

www.Aflac.com

Why Do You Need Disability Coverage?

Disability coverage protects you financially if you are injured/ seriously ill and can't work. Our disability program provides eligible claimants a source of income to help with daily expenses like a mortgage, rent, or car payment.

Voluntary



Critical Illness

Critical Illness coverage is provided through Aflac.

Critical Illness insurance pays a cash benefit if you, your spouse and/or your child are diagnosed with a specific disease. You can use the cash benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., copays or deductibles) or everyday expenses (e.g., childcare or groceries). Please refer to the insurance carrier's benefit summary for specific details on these coverages.

❖ **Employee pays this premium.**

	Employee	Spouse	Child(ren)
Election Amount	\$5,000 - \$30,000	\$5,000 - \$15,000	\$5,000
	(increments of \$5,000)	(increments of \$2,500)	

Here are the [RATES](#) for Critical Illness coverage.

You can learn more about the Critical Illness coverage [HERE](#).

Accident

Accident coverage is provided through Aflac. Accident insurance pays a cash benefit when you, your spouse, or your child:

- Receive an injury as the result of an accident (e.g., fractures or dislocations)
- Receive treatments (e.g., ER visit, follow-up doctor appt., or ambulance ride)
- For the loss of life or dismemberment

Use the benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., copays or deductibles) or everyday expenses (e.g., childcare or groceries). Please refer to the insurance carrier's benefit summary for specific details on this coverage.

❖ **Employee pays this premium.**

*Cost depends on the level of coverage elected
(Employee, Employee + Child(ren), Employee + Spouse, Family)*

Here are the [RATES](#) for Accident coverage.

You can learn more about the Accident coverage [HERE](#).

Why Do You Need Disability Coverage?

Did You Know . . .

1 in 4 adults will become disabled (for a year or more) before they retire.

Workers Compensation only covers an illness or injury that's work-related.

Pregnancy is the most commonly filed claim for short term disability.

Critical Illness

Aflac
www.Aflac.com

Accident

Aflac
www.Aflac.com

Voluntary



Hospital Indemnity

Oconomowoc Area School District offers employees Hospital Indemnity coverage through Aflac. This coverage is available to eligible employees, their spouse and dependent children.

Hospital Indemnity helps covered employees and their families cope with the financial impacts of a hospitalization. Fixed benefits are paid directly to you regardless of any other coverage you may have. You can receive benefits when you are admitted to the hospital for a covered accident, illness or childbirth. Please refer to the insurance carrier's benefit summary for specific details on this coverage.

Here are the [RATES](#) for Hospital Indemnity coverage.

You can learn more about the Hospital Indemnity coverage [HERE](#).

Group Whole Life Insurance

Oconomowoc Area School District offers employees Group Whole Life Insurance through Mass Mutual. This additional benefit can supplement the Wisconsin Public Employers group life program.

This is a permanent life insurance benefit that you can take with you should you ever leave employment with the District. It provides a guaranteed death benefit, cash value, and level premium.

Here are the [RATES](#) for Whole Life coverage.

You can learn more about the Whole Life coverage [HERE](#).

Hospital Indemnity

Aflac

www.Aflac.com

Group Whole Life

**Mass Mutual
Policy #: 76535**

www.massmutual.com

A Guide to LifeMatters® Services

When you or your family need useful ideas, helpful resources, or reliable professional care, LifeMatters is just a phone call away. Free, confidential LifeMatters services include:

Telephone and face-to-face assistance with:

- ▶ Stress, depression, and personal problems
- ▶ Balancing work and personal needs
- ▶ Family and relationship concerns
- ▶ Alcohol or drug dependency
- ▶ Workplace conflicts
- ▶ Any other issue of concern in your life

WorkLife Services:

- ▶ Financial consultation and resources to set up a budget, obtain and review credit report information, or assist with debt management and consolidation.
- ▶ Legal consultation with an attorney either over the phone or face-to-face for consumer law, traffic citations and fender benders, family law, or estate planning.

Online and assisted searches for:

- ▶ Child and elder care resources and guidance
- ▶ Adoption assistance
- ▶ Educational resources
- ▶ Personal security



- ▶ Online calculators for a variety of analytical questions and needs
- ▶ Home improvement
- ▶ Veterinarians, pet sitting, and obedience training

The program's user-friendly, confidential services are available to you and your eligible dependents 24 hours a day, every day of the year by calling:

1-800-634-6433

Toll-Free Throughout North America

Go to mylifematters.com on the Internet or your mobile device and enter the password **OASD1** to access resources, educational information, and self-service options.

Services provided directly by LifeMatters are free. If you are referred to outside resources, you will be advised about

your costs, if any.

For more information, call LifeMatters at 1-800-634-6433 or visit mylifematters.com — password **OASD1**.

Call LifeMatters® toll-free anytime. 1-800-634-6433

Assistance with Life, Work, Family, and Wellbeing • 24/7/365

TDD and language translation services are available

Call collect to 262-574-2509 if outside of North America

Visit LifeMatters® online at mylifematters.com

 facebook.com/lifematterseap



Employee Assistance Program (EAP) Overview

An Employee Assistance Program (EAP) offers confidential support to you and your family members when you need help with life's challenges. Oconomowoc Area School District offers employees EAP coverage through Life Matters.

Please refer to the insurance carrier's benefit summary for specific details on these coverages.

What Kind of Questions can an EAP Help With?

24/7 Access to EAP Professionals

- Financial & Legal Concerns
- Stress Management
- Mental Health, Anxiety, Depression
- Substance Abuse
- Family Problems, Marital Conflict & Parenting Challenges

When Do Benefits Begin?

Coverage begins immediately upon employment

What is the Cost for this Benefit?

You pay nothing for using our Employee Assistance Program. After the initial session(s) there could be additional cost incurred.

EAP



Employee Assistance Program



Our EAP offers confidential support to you and your family.

How To Get Help

Call: 800-634-6433



Website: mylifematters.com

Password OASD1

Why Do People Call?

The top three reasons cited for individuals reaching out to an Employee Assistance Program (EAP) are:

- Psychological wellbeing
- Relationship problems with spouse or partner
- Family/child behavioral issues

CALL OR TEXT 24/7

NATIONAL
**SUICIDE
PREVENTION**
LIFELINE™
I-800-273-TALK
www.suicidepreventionlifeline.org



988
SUICIDE
& CRISIS
LIFELINE



Mental Health Tools & Resources

R&R has accumulated a number of tools and resources around Mental Health support that employers can provide to their employees to assist them in navigating their challenges, from mental health, depression and anxiety as well as caregiver stress and financial hardship.

Hover your phone over the QR Code in the bottom right to access the digital resources.



STATEWIDE Content & Courses

- ✓ Well Badger Resource Center
- ✓ Resilient Wisconsin
- ✓ Access
- ✓ Wisconsin’s Family Caregiver Support Programs
- ✓ 211 Wisconsin
- ✓ Wisconsin Help for Homeowners
- ✓ UW Extension
- ✓ Coping with Stress – CDC
- ✓ Lifesaver Wellbeing Series

RESOURCES TO CONTACT

- ✓ **National Mental Health Hotline**
(free & confidential)
866.903.3787 or text NAMI to 741741
- ✓ **Local WI NAMI Chapter**
608.268.6000
www.namiwisconsin.org
- ✓ **Mental Health - Related Distress**
Call or Text: 988 or Chat 988lifeline.org
- ✓ **National Suicide Prevention**
Hours: Available 24hrs.
Languages: English/Spanish
800.273.8255
- ✓ **Prevent Suicide Wisconsin**
- ✓ **Wisconsin 211** (Free Referral Helpline)
Dial 211 from any phone
- ✓ **HOPELINE**
Text HOPELINE to 741741
- ✓ **Aging & Disability Resource Center**

CALL OR TEXT 24/7

NATIONAL

SUICIDE PREVENTION

LIFELINE™

I-800-273-TALK

www.suicidepreventionlifeline.org

➔

988

SUICIDE & CRISIS LIFELINE



OASD's 403(b) Retirement Plan

Welcome to Oconomowoc Area School District!

We at **Voya Financial**, the record keeper for OASD Tax Deferred Annuity Plan (TDA Plan), would like to take this opportunity to congratulate and welcome you as a new employee of OASD.

To help ensure your retirement income doesn't fall short, you need a sound retirement savings plan. In assisting you with this, employees who are new to the District and work 5.75 hours per day or more will be automatically enrolled in the 403(b) Tax Deferred Annuity Plan at a 2% before tax savings rate and invested in an age appropriate target date fund. *

If you wish to make changes to your election, the Plan does provide the convenience of pre-tax and/or Roth after-tax payroll deductions and a variety of investment options to fit your investment objectives.

You will receive an initial Automatic Enrollment Notice.

Once you receive the notice, you have 30 days from the date of the notice to review and make election changes.

See the attached sample of the Automatic Enrollment Notice:

- You can cancel your automatic enrollment and not save at this time
- You can personalize your enrollment by selecting a different savings rate or investment option
- Or, you can keep your savings rate and investment options as chosen by your employer
- **A Voya Personal Identification Number (PIN) will be sent to you via mail:**
 - You will need to create a unique Username and Password for use on the Voya website and the Voya Retire mobile app.
 - Your unique Username and Password will be used for future visits to the Voya website to access your account online.
- **When accessing your online account, be sure to update your beneficiary designations.**
 - Designated beneficiaries will receive the value of your account in the event of your death.

If you have any questions, please contact Voya Financial at 1-800-584-6001.

*Generally speaking, Target Date funds target a certain date range for retirement, or the date the investor plans to start withdrawing money. Investors can select the fund that corresponds to their target date. They are designed to rebalance to a more conservative approach as the date nears. An investment in the Target Date Fund is not guaranteed at any time, including the target date.

Insurance products, annuities and retirement plan funding issued by (third party administrative services may also be provided by) Voya Retirement Insurance and Annuity Company, One Orange Way, Windsor, CT 06095-4774. **Securities are distributed by Voya Financial Partners LLC (member SIPC).** Custodial account agreements or trust agreements are provided by Voya Institutional Trust Company. All companies are members of the Voya® family of companies. **Securities may also be distributed through other broker-dealers with which Voya has selling agreements.** Insurance obligations are the responsibility of each individual company. Products and services may not be available in all states.

CN2850008_0425





Plan Highlights:

Oconomowoc School District 403(b) Plan
(666429).



(Updated as of December 2024)

FINANCIAL

Eligibility and Entry Dates:	<p>You have immediate enrollment and entry date for employee deferrals.</p> <p>Hired July 1, 2020 or later: You will automatically be enrolled at 2% of pre-tax pay if you work 5.75 hrs./day or more. A notice is sent after hire about being auto enrolled and how to go on-line to make changes to the default program as desired.</p> <p>Hired prior to July 1, 2020 (or hired after 7/1/2020 under 5.75 hrs./day): You may enroll at enroll.voya.com or by scanning the QR Code and entering the following Info: Plan Code: 666429 / Verification Number: 052112 / Location Code: 0001</p>
Your Contributions:	<p>You may defer using an amount from \$25 to \$5,000 per pay period or from 1% to 70% of earned compensation on a pre-tax (Traditional) and/or after-tax (Roth) basis up to a maximum of \$23,500 (+ \$7,500 in catch up contributions for participants over age 50). If your Retirement Plan permits, participants aged 60-63 may contribute up to \$11,250 in catch-up contributions. Check with your Employer for details.</p>
Salary Deferral, Investment and other Changes:	<p>You may modify your salary deferral election at any time by creating your on-line account at www.voyaretirementplans.com; or by calling Voya at 800-584-6001. Please give OASD a few days to load your info into Voya before registering if a new hire. For Voya accounts: transfers between investment options, changes to future allocations, and beneficiary changes are made same way.</p>
Match & Vesting:	<p>Your salary deferral and rollover contributions are 100% vested. For employees who don't qualify for the District's post-employment early retirement benefits*, and work 5.75 hrs./day or more as of September 30th, the District provides a match of \$1 for \$1 on your first \$600 deferred. The match is vested on a 3-year cliff schedule of 1 year 0%, 2 years 0%, 3 years 100%.</p>
Loans:	Loans are not permitted by the Plan.
Withdrawals:	<p>Your account may only be withdrawn from in the event of:</p> <ul style="list-style-type: none"> - Disability - Financial Hardship - Retirement - Death - Termination of Employment - Age 59.5 In-service
Investment Options & Video Introduction:	<p>Numerous investment options are available through VOYA. Contributions can be split among all investment options available within the contract.</p> <p>Video overview: OASD Introduction to 403(b) Plan</p> <p>Informational only and not intended to replace the Summary Plan Description or other legal documents related to the plan, which supersede any of the above.</p>
Rollovers and Distributions:	<p>Requests for rollovers from other qualified retirement plans into the Voya plan can be directed to Julie Martinelli at Julie.Martinelli@voya.com please provide name, last 4 digits of SSN, phone # and if possible, a recent statement of funds they want to roll into the plan. All distribution requests including pre & post Voya accounts must go through planwithease.com. Registration is at: planwithease.com.</p>
Financial Planning	<p>M3 Financial offers financial planning and investment advice to all employees. To schedule a consultation, contact your M3 Financial team by using these links or the QR Code below:</p> <p>AskM3Financial@m3fi.com or call 1.608.288.2897</p>
Financial Fitness Library	<div style="display: flex; align-items: center;">   </div> <p>Visit our continuously updated library of financial education for videos on topics ranging from Cryptocurrency Basics, Budgeting, Investing 101, Social Security, Medicare, HSAs, Long Term Care Insurance and Estate Planning: Financial Fitness Library</p>

*Teachers: Full-time employees who will not attain age 57 w/15 full-time equivalent years of service by June 30, 2027.

*Managers/Supervisor/Coordinators: Full-time employees who will not attain age 57 w/15 full-time equivalent years of service by June 30, 2027.

*Administrators: Full-time employees who will not attain age 55 w/15 full-time equivalent years of service by June 30, 2027.

*Administrative Assistants /Custodians: Full-time employees who will not attain age 58, w/20 full-time years of service or age 60 w/15 full-time years of service by June 30, 2027.

*Paraprofessionals: Employees who will not attain age 58 w/ 20 years of service or age 60 w/15 years of service by June 30, 2025.

Click [here](#) to view the full 403(b) plan highlights.

Online Resources & Support

Initial Enrollment

If you aren't already enrolled,

Visit enroll.voya.com and follow the steps to login

Plan Number: 666429

Verification Number: 052112

Location Code: 0001

How do I register and create an account?

Visit www.voyaretirementplans.com

via the QR code or use the Voya mobile app:

Click *Register now*

Follow the steps to verify your identity

Create your user name and password

or call **800.584.6001** to enroll.



Is there a mobile app available?

Yes! Search for Voya Financial the

App Store® or Google Play®.



What features of my plan can I manage online?

View account information

Calculate net worth, spending and budgeting

Access planning tools

View automatic personal finance resources

Take a survey to assess your financial wellbeing

Learn more via the education tools and resources

View information in Spanish!

login.voya.com



How do I transfer money into the plan from a prior employer plan?

You may roll retirement accounts from previous employers or IRAs into this retirement plan.

Requests for rollovers from other qualified retirement plans into the Voya plan can be directed to Julie Martinelli at Julie.Martinelli@voya.com please provide name, last 4 digits of SSN, phone # and if possible, a recent statement of funds you want to roll into the plan.



Who do I call for assistance with the website, transaction processing or general account questions?

Please contact Voya Financial at **800.584.6001**.



OASD's Life Insurance Program

[Click here for the **State of Wisconsin Group Life Insurance Program Fact Sheet**](#)



Group term life insurance
Local Plan

Insurance products issued by: Minnesota Life Insurance Company

Wisconsin Public Employers Group Life Insurance Program



Life can change in an instant. Be prepared by purchasing life insurance coverage for yourself and your family through the Wisconsin Public Employers Group Term Life Insurance Program.



Coverage options	Active employees	Retirees
Basic term life	<p>1x previous year's WRS earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000).</p> <p>At age 70, coverage for employees automatically continues and reduces to 25%. No further premiums are due from the employee to continue this coverage.</p>	<ul style="list-style-type: none"> If retired, coverage continues at 100% until age 65. Coverage reduces to 75% at age 65, 50% at age 66, and 25%* at age 67. Premiums are deducted from monthly annuity until age 65. Thereafter, insurance is free for the lifetime of the retiree.
Supplemental term life	<p>1x previous year's WRS earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000).</p> <p>At age 70, coverage for employees terminates.</p>	<ul style="list-style-type: none"> If retired, coverage continues at 100% until age 65 and then coverage ends.
Additional term life	<p>1x, 2x or 3x previous year's WRS earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000).</p>	<ul style="list-style-type: none"> If retired, coverage continues at 100% until age 65 and then coverage ends.

* 50 percent for local employers who have opted for the higher post-retirement benefit.

Coverage type	Coverage amount	Additional information
Spouse and Dependent term life	<p>Coverage options available:</p> <p>Spouse: \$10,000 Each dependent child: \$5,000</p> <p>Spouse: \$20,000 Each dependent child: \$10,000</p>	<ul style="list-style-type: none"> Coverage is for an insured employee's eligible spouse and dependent(s). Dependent children are eligible up to age 26. Coverage may continue beyond age 26 for disabled children. Coverage ceases when employee reaches age 70 or retires, whichever occurs first.

Who Participates in the Wisconsin Retirement System

The Wisconsin Retirement System is a qualified retirement system under Section 401(a) of the Internal Revenue Code. Participation in the WRS is optional for some public employers. Other employers must participate, including school districts for all eligible teachers.

The WRS is a pension plan that is intended to provide you with a lifetime retirement payment (annuity) once you are vested and have reached minimum retirement age. WRS benefits are calculated using two methods, the formula method and the money purchase method. ETF calculates your benefit using both methods and automatically pays you the higher amount.

Since March 1, 2016, non-participating employers have had the option to participate in the WRS and offer WRS participation only to new employees. Upon joining, new WRS-participating employers may also offer current employees the choice of whether or not to become WRS members at that time.

Who is Eligible

Anyone who receives earnings for employment at a WRS-participating employer must be evaluated for WRS eligibility. However, certain types of employees are not eligible for WRS coverage, for example student hourly employees. To qualify for participation in the WRS, you are expected to meet both the WRS eligibility criteria of work hours and duration of employment.

If you become a WRS employee on or after July 1, 2011 (with no service prior to July 1, 2011), you will become a participating employee if:

- You are expected to work at least two-thirds of full-time employment (1,200 hours for non-teaching employees and 880 hours for teachers and school district educational support personnel), and
- You are expected to be employed for at least one year.

If you became a WRS employee before July 1, 2011, you will become a participating employee if:

- You are expected to work at least one-third of what is considered full-time employment (600 hours for non-teaching employees and 440 hours for teachers and school district educational support personnel), and
- You are expected to be employed for at least one year.

If you previously worked in a WRS-covered position and took a WRS lump-sum (separation) benefit, you lose your earlier rights under the WRS and are subject to the two-thirds of full-time WRS eligibility criteria.

If you previously worked in a WRS-covered position (before July 1, 2011) and did *not* take a WRS lump-sum (separation) or annuity benefit, you retain your earlier rights under the WRS and your employer is required to evaluate you under the one-third of full-time WRS eligibility criteria.

If you are not expected to meet both the applicable WRS eligibility criteria when hired, you will not be enrolled in the WRS at that time. However, if expectations change where you will meet WRS eligibility criteria or you subsequently work at least 12 months, and in any 12-month period you meet the hours requirements, you are prospectively enrolled in the WRS. In these situations, your WRS coverage is not retroactive.

Where to Find More Information

For more information about the WRS, see the ETF website and [Wisconsin Retirement System Fact Sheet \(ET-8901\)](#), available online at etf.wi.gov or from ETF.

When do You Become Vested



Vesting is the minimum number of years of employment you need to qualify for a retirement benefit. WRS members must be vested (and at minimum retirement age) to be eligible for a retirement benefit that includes employer contributions and the associated interest. You may have to meet one of two vesting laws depending on when your WRS employment first began:

- If you first began WRS employment after 1989 and terminated employment before April 24, 1998, then you must have some WRS-creditable service in five calendar years.
- If you first began WRS employment on or after July 1, 2011, then you must have five years of WRS-creditable service.

If neither vesting law applies, you were vested when you first began WRS employment.

If You Joined the WRS After July 1, 2011

If you first became WRS eligible on or after July 1, 2011, you need five years of creditable service to be eligible for a retirement annuity or lump-sum retirement benefit.

- The full-time equivalent of one year of creditable service for a teacher is 1,320 hours.
- The full-time equivalent of one year of creditable service for all other employment categories is 1,904 hours.

If you are not vested when you terminate all WRS employment, you are only eligible for a separation benefit, which includes your employee contributions, additional contributions (if applicable), and interest. You will lose your employer contributions and associated interest (*approximately half your WRS account value*).

If You Are Vested and Have Reached Minimum Retirement Age

If you are vested and terminate all WRS employment, you may apply for a retirement benefit once you reach *minimum* retirement age for your employment category. This is age 55 for most employees and age 50 for protective category employees.

Normal retirement age is when a member may apply for a full retirement benefit that is not subject to an age reduction factor. The normal retirement age by employment category is:

- General employees – age 65 (or 57 with 30 years of service)
- Protective occupation employees – age 54 (or 53 with 25 years of service)
- Executive and elected officials (who began WRS employment before January 1, 2017) – age 62
- Executive and elected officials (who began WRS employment on or after January 1, 2017) – age 65

Where to Find More Information

For more information about vesting, visit the ETF website at etf.wi.gov for retirement benefits information, and the [WRS Guide to Retirement \(ET-4133\)](#) brochure, available online at etf.wi.gov or from ETF.

Required Contributions to the WRS



As a WRS member, you and your employer are required to contribute to the WRS. Contribution rates are a percentage of earnings divided between employees and employers, and are adjusted annually.

What is This

The required WRS contributions made by you and your employer, plus investment earnings, are intended to be sufficient to fund your WRS retirement benefits.

Who is Eligible

If your employment is covered under the WRS, you must make employee-required contributions. Your employer also makes contributions based on your earnings reported to ETF.

How Does This Work

Employee-Required Contributions

- Contributions are credited to your individual WRS account and are vested immediately.
- Your contributions are calculated as a percentage of your WRS earnings. Check your pay stub or talk to your employer if you have questions.

Employer Contributions

- The contributions your employer makes are calculated as a percentage of your earnings. Check your pay stub or talk to your employer if you have questions.
- You must be vested and at minimum retirement age to be eligible for a benefit that includes employer contributions.
- See the “When do You Become Vested” section of this brochure for information on vesting requirements.

Things to Consider

Wisconsin law does not allow members to take a loan from their WRS account(s). Borrowing money from your WRS account is not an option under any circumstances. You must terminate participating employment with all WRS employers prior to taking a benefit from your WRS account.

Where to Find More Information

For more information about contribution rates, see the WRS contribution rates history information available on the [ETF website](#).

Every April, you will receive an annual [Statement of Benefits](#) (ET-7365) showing the service and contribution balances in your account(s).

[Click here for your ETF Benefit Handbook \(ET-2119\)](#)

Benefit Enrollment Next Steps

YOU ARE REQUIRED TO PARTICIPATE IN THE OPEN ENROLLMENT PROCESS EVERY YEAR. IF YOU WISH TO WAIVE OASD HEALTH DENTAL OR VISION INSURANCE, YOU MUST STILL COMPLETE THE OPEN ENROLLMENT PROCESS EACH YEAR.

HEALTH PLAN

If you would like to enroll, switch your health plan or change your family status, this is the one time during the year you can do so without a qualifying event.

DENTAL PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that.

HEALTH SAVINGS ACCOUNTS

New HSA participants need to complete enrollment to set up an account. ***If you do not set up an HSA account by the time Oconomowoc Area School District's contributions are scheduled to be made, Oconomowoc Area School District will not make those contributions. Those amounts will be forfeited and not made later after you have set up the account.***

FLEXIBLE SPENDING ACCOUNT & LIMITED PURPOSE FSA

You must enroll online with Diversified Benefit Services to participate.

WRS, LIFE & LTD PLANS

All benefit-eligible employees are automatically enrolled in these plans. Now is a good time to review your beneficiary designation for your life and AD&D policies.

QUESTIONS? NEED FORMS?

Contact **Sara Stangel**, (262) 560-2154, stangels@oasd.org

Employee Navigator Enrollment Instructions



OPEN ENROLLMENT

New User Registration - First Time Enrolling

1. Access Employee Navigator by visiting:
<https://www.employeenavigator.com/benefits/Account/Register>
2. Verify Your Account -
3. Enter the following information to create your username and password:

Verify Your Account
First, let's find your company record

First Name
Last Name
Company Identifier (provided by HR)
PIN
Last 4 Digits of SSN (if ID)
Birth Date (MM/DD/YYYY)

Next

- First Name
- Last Name
- Company Identifier: OASD
- Last 4 digits of your social security number
- Date of Birth

Once registered, you can view your current benefits by clicking on the **Enrollment Summary** icon located in the middle of the Home Page. You can view additional more detailed information [HERE](#).

Existing Users - Go to: <https://www.employeenavigator.com/benefits/Account/Login>

Start Enrollment

Click the Start button next to Open Enrollment.

1. After clicking Start, you'll need to complete some personal & dependent information before moving to your benefit elections.

Hello, Employee!

It's time for open enrollment.
You have 10 hours 10 minutes left to complete your elections.

Open Enrollment

Incomplete

Start

2. **Benefit Elections:** Make your benefit selections (medical, dental, vision, etc). Be sure to check the box next to any family member who should be covered. Click **'Select Plan'** then **Save & Continue** to elect a benefit.

Who am I enrolling?

- Myself
 Elizabeth Reynolds (Spouse)
 Gwen Reynolds (Child)

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	= \$0.00

[View employer contributions summary](#)

Save & Continue

[Don't want this benefit?](#)

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

3. **Review & Confirm Elections:** Review the benefits you selected on the enrollment summary page to make sure they are correct then select **click to sign** to complete your enrollment.

You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

More detailed information can be found [HERE](#).

Enrollment Summary
Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Signature required
You've elected all your benefits, but we still require a signature before advancing.

Enrolled Plans
Medical
Key Care HSA PPO2017 4542435 Long Plan Name

Progress 6 of 8
1. Personal Information
2. Dependent Information
3. Medical
4. Dental
5. Vision
6. HSA
7. FSA
8. Enrollment Summary

Sign to complete enrollment
Click to Sign

Contact Information



HR Contact Information



Sara Stangel
stangels@oasd.org
262.560.2154

Insurance Broker Service Contact Information

R&R Insurance Services, Inc.
N14 W23900 Stone Ridge Drive, Waukesha, WI 53188
www.myknowledgebroker.com



Michelle Froehlke
Employee Benefits Consultant
Michelle.Froehlke@rrins.com
920.931.3262



Samantha Hernandez
Client Service Manager
Samantha.Hernandez@rrins.com
262.953.7061



Chris Kramer
Employee Benefits Consultant
Chris.Kramer@rrins.com
262.953.7151



Insurance Carrier Contact Information



Medical
Phone # (800) 362-3310
Website www.QuartzBenefits.com
Group # 905309



HSA
Phone # (800) 270-7719
Website www.associatedbank.com



Dental
Phone # (800) 236-3712
Website www.deltadental.com
Group # 95923



Long-Term Disability
Phone # (800) 303-9744
Website www.thehartford.com
Group # 872578



Vision
Phone # (866) 804-0982
Website www.deltavisionwi.com
Group # 46157



Whole Life Insurance
Phone # (800) 272-2216
Website www.massmutual.com
Group # 76535



HRA/FSA
Phone # (800) 234-1229
Website www.dbsbenefits.com



Critical Illness, Accident, Hospital, STD
Phone # (800) 433-3036
Website www.massmutual.com

Glossary – Insurance Terms

Coinsurance – After you have paid your deductible, your insurance will start splitting the cost with you. The coinsurance is your part of the total cost of services and the insurance carrier will pay the rest. For Option 1, under the HSA, your coinsurance is 0%. For Option 2, under the HRA, your coinsurance is 10%.

Copays – These are the fixed dollar amount you pay at the time you receive medical services such as office visits or prescriptions. All your copays add up toward your TOTAL Out of Pocket Max.

Deductible – The amount you pay for covered health care services each year before insurance will start paying. Please note, that any time a service charge is applied to your deductible, it is a “covered service”. A covered service does not always mean the insurance company paid money toward the claim.

Embedded – This applies to employees who have family coverage. The family deductible is two times the single deductible, however, if one family member has charges equal to or greater than the single deductible, that family member’s deductible has been met.

FSA – Flexible Spending Account – This is an account that you are able to contribute pre-tax dollars to reimburse qualified expenses not covered by your insurance including, Out-of-pocket medical, prescription, vision, dental expenses and over-the-counter drugs (with prescription). The maximum annual contribution is \$2,750.

HDHP – High Deductible Health Plan – This is a plan where all services are subject to deductible before any coverage from the insurance carrier. The only exception is qualified preventive care, which is always covered at 100%.

HMO – Health Maintenance Organization – HMOs have their own network of doctors, hospitals and other healthcare providers who have agreed to accept payment at a certain level for any services they provide. This allows the HMO to keep costs in check for its members.

HRA – Health Reimbursement Account – This is an account, funded by OASD, that helps employees cover a portion of their deductible. The employee does not own this account and funds not used are returned to OASD.

HSA – Health Savings Account – This is a tax-free account where OASD deposits money into the employee’s account to help cover qualified medical expenses. Employees may also make contributions. In order to be eligible for an HSA, you must be enrolled in a HDHP. The employee owns this account and funds not used will remain in the employee’s account.

Limited Purpose FSA – This is a pre-tax account you can use to pay for a variety of dental and vision expenses for you, your spouse, and your dependents. The IRS determines what is an eligible expense.

Long Term Disability - An insurance policy that protects an employee from loss of income in the event that he or she is unable to work due to illness, injury, or accident for a long period of time.

Out-of-Pocket Max – These are expenses you pay for medical services before the health plan pays 100% of your services. There is typically an annual maximum you will pay. Premiums and services which are not covered by the plan are not included.

POS - Point of Service - A point-of-service plan (POS) is a type of managed-care health insurance plan that provides different benefits depending on whether the policyholder uses in-network or out-of-network health care providers.

Glossary – Insurance Terms

Premium – This is the amount the district withdraws from your paycheck to help cover the cost of the insurance. This does not apply to your deductible or out of pocket max.

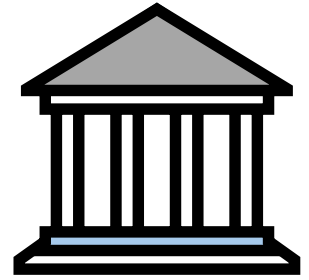
Prior Authorization – Some medical services may need to be approved before you receive the services. For more information, please review the Prior Authorization section of your plan document. Please remember, a prior authorization is not a guarantee of coverage.

Short Term Disability - A type of insurance benefit that provides some compensation or income replacement for non-job-related injuries or illnesses that render you unable to work for a limited time period.

Total out of Pocket Max – This is the maximum amount of your own money you will have to pay for care during the year. This is a combination of your deductible, coinsurance and copayments.

Government Notices

Full versions of the below notices along with Summary Plan Descriptions (SPD) and Summary of Benefits (SBC) can be found by contacting your HR representative for a printed copy.



HIPAA Special Enrollment Rights

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

HIPAA Notice of Privacy Practices

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

Notice of Healthcare Market Exchange

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

Children's Health Insurance Program Reauthorization Act Notice (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

Women's Health and Cancer Rights Act (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

Medicare Part D Coverage Notice

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.