



**MILWAUKEE
PUBLIC SCHOOLS**

OFFICE OF HUMAN CAPITAL
Department of Benefits & Compensation

INFORMATION REGARDING YOUR MPS BENEFITS

SUMMARY OF BENEFITS

EFFECTIVE January 1, 2016

This summary of benefits is periodically updated. You will find the most recent version on the MPS website.

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(Updated January 1, 2016)

Table of Contents

INTRODUCTION	3
HEALTH AND DENTAL BENEFITS - ACTIVE EMPLOYEES.....	4
HEALTH INSURANCE OPT OUT.....	9
ELIGIBILITY FOR REHIRED RETIREE BENEFITS	10
HEALTH BENEFITS - SUMMARY EFFECTIVE January 1, 2016	12
DENTAL BENEFITS - SUMMARY EFFECTIVE January 1, 2016	14
EMPLOYEE HEALTH AND DENTAL PREMIUM CONTRIBUTIONS	15
LIFE INSURANCE.....	16
LONG TERM DISABILITY INSURANCE	17
BENEFITS INFORMATION FOR EMPLOYEES ON LEAVE OF ABSENCE	17
RETIREMENT SAVINGS PLANS AND PENSION PLANS FOR ACTIVE EMPLOYEES	19
APPROVED LIST OF VENDORS FOR MPS 403(b) PLAN	21
ANNUAL ELIGIBILITY NOTICE FOR MPS 403(b) PLAN	22
OTHER BENEFITS FOR ACTIVE EMPLOYEES.....	23
RETIREE HEALTH ELIGIBILITY REQUIREMENTS	25
MPS 403(b) ACCUMULATED LEAVE PLAN.....	29
RETIREE LIFE INSURANCE	30
CONTACTS.....	31

INTRODUCTION

This summary of benefits is intended to provide you with an overview of the various benefits available to you as an employee of Milwaukee Public Schools (MPS) and is a companion piece to the MPS Employee Handbook effective July 1, 2013. This summary is periodically updated. You will find the most recent version on *mConnect* at <https://mconnect.milwaukee.k12.wi.us>, then select Summary of Benefits under Quick Links on the Home page. Other information sources, including the District's annual open enrollment packet, can also be found on *mConnect* and provides the most up to date benefits information.

This summary applies to the following MPS employee units:

- (1) Administrators and Supervisors unit
- (2) Exempt Administrators and Supervisors
- (3) Board Members
- (4) Bookkeepers/Accountants unit
- (5) Building Engineers unit
- (6) Building Service Helpers unit
- (7) Building Trades unit
- (8) Cabinet Level
- (9) Clerical-Technical unit
- (10) Exempt from Clerical-Technical unit
- (11) Educational Assistants/Safety Assistants unit
- (12) Food Service, CHA, SNA unit
- (13) Office of Accountability and Efficiency
- (14) Office of Board Governance
- (15) Part time Recreation Employees unit
- (16) Psychologists unit
- (17) Substitute Teachers unit
- (18) Superintendent
- (19) Teachers unit
- (20) Temporary Employees, Limited Term Employees (LTE)
- (21) Warehouse and Distribution Services Buyers, F & M Services, Grounds Keeper, Seasonal Laborers, Parent Information Specialist, Social Work Aides, Radio and TV and Technology unit

Throughout this summary, eligibility or access restrictions applicable to the various benefit programs are listed by employee unit at the end of the section that describes the benefit.

For example, the following shows the employee units that are not eligible for the Health Insurance Opt Out benefit.

Note: Eligibility Restrictions for Health Insurance Opt Out

- > (3) Board Members are not eligible for the Opt Out benefit.
- > (15) Part time Recreation Employees are not eligible for Opt Out benefit.
- > (17) Active Substitute Teachers are not eligible for the Opt Out benefit effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for Opt Out benefit.
- > Seasonal Laborers are not eligible for the Opt Out benefit effective with dates of hire or layoff on or after 7/1/12.

IMPORTANT NOTICE: *This summary provides highlights of the Milwaukee Public Schools (MPS) health, dental, life insurance, pension and other fringe benefits offered to benefit-eligible employees and retirees of MPS. This publication describes these benefits in general terms only as of the publication date indicated and is not intended to be a complete description of coverage. All benefit and eligibility provisions described herein are subject to, and subordinate to, the terms and provisions of the master plan document or contract for each plan, Board policies and procedures, and state and federal law, and are not intended to, and shall not be construed to, create any rights that in any manner exceed or modify the terms and conditions of the benefit plans as set forth in or mandated by these other sources. MPS reserves the right to modify, amend, repeal or terminate any provision or plan summarized herein, and any Board policy or procedure, consistent with state or federal law, at any time with or without notice. This summary and any of the sources referenced herein are not intended and should not be construed to be a contract of employment, express or implied.*

Health and Dental Benefits– For Active Employees

When Health and Dental Coverage Begins

Employees regularly scheduled to work in benefit-eligible positions of 30 or more hours per week are eligible for health and dental insurance, single or family coverage.

Health and dental coverage for a new or returning employee begins on the first day of the month following one (1) month of employment. To enroll in health and/or dental coverage, a completed MPS benefit application/change form must be submitted within 31 calendar days after beginning employment or return from leave. Applications received later than thirty-one (31) calendar days after the first day of employment shall not be accepted. If you do not enroll when first eligible, you only have the opportunity to do so at the next open enrollment period or with a qualifying event.

To obtain health insurance coverage as of the first day of employment, a completed MPS benefit application/change form along with payment of one month premium must be submitted within 15 calendar days of the first day of employment.

Coverage for 10-month school year employees (including IB and year-round) who work/are paid through the end of their regularly scheduled school year will receive active employee coverage through August 31st, and, for school year employees returning within the first 10 work days of the next school year, coverage will be continuous.

Employees may choose between the MPS PPO Indemnity Health Plan, the MPS EPO Health Plan, or the MPS High Deductible Health Plan (HDHP), administered by United Healthcare (UHC). A highlight summary of benefits for each plan is provided at the end of this section. For additional information describing the MPS PPO, EPO, and HDHP health plans, please visit the Department of Benefits & Compensation site on *mConnect*. From the Home page select: Departments>Benefits & Compensation> Benefits Enrollment (under Quick Links)> 2016 Open Enrollment Booklet (Health & Dental Plans).

Note: Eligibility Restrictions for Health and Dental Benefits

- > (1) Administrators and Supervisors only have access to the EPO and HDHP health plans.
- > (7) Building Trades only have access to the EPO and HDHP health plans.
- > (15) Part time Recreation Employees are not eligible for health and dental benefits.
- > (17) Active Substitute Teachers are not eligible for health and dental benefits effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for health and dental benefits.
- > Seasonal Laborers are not eligible for health and dental benefits effective with dates of hire or layoff on or after 7/1/12.

Eligibility for Spouse & Children

When enrolling any dependent(s) you must submit verification of dependent eligibility. For example, if you are enrolling a spouse you must submit a marriage certificate or if you are enrolling a dependent child(ren) you must submit a birth certificate(s). Failure to submit acceptable documentation to MPS Department of Benefits & Compensation may delay or prevent processing of your eligible dependents. As per Board policy and Plan provisions, the following dependents are eligible for coverage:

- **Spouse** is the person to whom the subscriber is legally married.
- **Dependent Child** includes the following:
 - Natural or adopted child of the subscriber.
 - Stepchild - is the natural or adopted child of the subscriber's spouse for whom the subscriber and/or spouse provide more than 50% of the child's support during a calendar year.
 - Legal Ward - is a child for whom the subscriber or current spouse is the legal guardian and for whom the subscriber and/or spouse provide more than 50 percent of the child's support during a calendar year.

- **Grandchild** - is a child of the subscriber's dependent child for whom the subscriber and/or spouse provide more than 50 percent of the grandchild's support during a calendar year when the grandchild's parent is under age 18.
- **Domestic Partner** – is a person for which a valid and approved MPS affidavit is on file with MPS Department of Benefits & Compensation showing that the person is in a relationship with the subscriber which meets all of the following criteria:
 - (1) They are in a domestic relationship of mutual support, caring and commitment and intend to remain in that relationship.
 - (2) They are 18 years of age or older and competent to enter into a contract.
 - (3) They are not married to or in a domestic partner relationship with any other person.
 - (4) They are not related by blood/kinship to a degree of closeness that would prohibit a legal marriage in the state of Wisconsin.
 - (5) They live together in the same principal residence.
 - (6) They have not been in a domestic partnership with another individual during the six months immediately preceding the application date
- **Domestic Partner Dependent Child** – (when the domestic partner is enrolled in an MPS health and/or dental plan for the following):
 - (1) Natural or adopted child of the enrolled domestic partner
 - (2) Legal Ward – child for whom the enrolled domestic partner is the legal guardian and for whom the enrolled domestic partner provides more than 50 percent of the child's support during a calendar year.
 - (3) Grandchild – child of the enrolled domestic partner's dependent child for whom the subscriber and/or the enrolled domestic partner provides more than 50 percent of the grandchild's support during a calendar year when the grandchild's parent is enrolled in an MPS health and/or dental plan and the grandchild's parent is under age 18.

Adult Child Dependent Eligibility – As a result of state and federal mandated changes* to health and dental coverage, adult dependent children (age 19 and older) must meet coverage eligibility as outlined below. These mandates **do not require you** to cover your adult children under your MPS health and/or dental plan.

- Adult child is between the ages 19 to 26.
- Adult child can be single or married.
- Per State mandate, eligibility requirements also include the adult child who is a full-time student regardless of age **and** was under age 27 years when called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher education.
- Application for disabled dependents continuation of health coverage (and dental coverage under Care Plus only) must be completed prior to turning age 25.

*WI Statute 632.885; Federal Acts PPACA and HCERA

Where both husband and wife are employed by MPS, only a single plan for each or one family plan for both are permitted. An employee who changes marital status, or acquires dependents must apply by filing a new, complete application listing all covered dependents with MPS Department of Benefits & Compensation within 31 calendar days of the event (60 calendar days for birth or adoption, loss of Medicaid or CHIP coverage) in order for such coverage to be effective as of the date of the event.

Note: Employees shall not be entitled to duplicate coverage under any other health insurance plan offered by the Board.

Eligibility for Domestic Partner and Child(ren) of Domestic Partner

Domestic partner benefits are available for all active employees eligible for group health, dental and leave benefits.

Active employees may be entitled to the following as it relates to a domestic partner or child(ren) of a domestic partner: sick or bereavement leave; absences for certain ceremonies and specific events as outlined in the MPS Employee Handbook.

You can obtain detailed eligibility information (“Instructional Guide to Domestic Partner Benefits”) and the required enrollment forms for domestic partner benefits through *mConnect* at <https://mconnect.milwaukee.k12.wi.us>. In the search box enter Domestic Partners, then click on the title of the document you would like to view. You can also pick up a packet in the Office of Human Capital, Department of Benefits & Compensation, Room 124 at the MPS Administration Building. Please note that other than when first eligible upon hire, open enrollment is the only time that eligible employees may add their domestic partner and child(ren) of a domestic partner to their plans. Note: Once you are covering a domestic partner and child(ren) of domestic partner, you are required to promptly remove any ineligible domestic partner dependents within 31 days of the domestic partner or children of domestic partner’s date of ineligibility.

Remember that tax laws require employees to pay taxes on the fair market value of the health and dental benefits (also known as imputed income) when covering a domestic partner or children of a domestic partner, just like the taxes you pay on any other income you receive. For more detailed information regarding imputed income, how it is calculated and applied please see the Instructional Guide to Domestic Partner Benefits on *mConnect*. If you have any further questions regarding imputed income and its exact tax impact to you, please consult a qualified tax advisor or your tax preparer. MPS cannot provide tax advice to you.

Adding New Dependents

Adding a Dependent – MPS Department of Benefits & Compensation must be **notified within 31 calendar days of the event** (this is referred to as a Family Status Change). If notification is received within 31 calendar days, dependent coverage shall be effective on the date of the qualifying event; otherwise, the new dependent may be added only during an open enrollment period. Examples of the above would be a marriage or return of a child to dependent status. If a dependent loses Medicaid or CHIP coverage they may be added within 60 calendar days.

Birth or Adoption of a Child – as the parent, you must file a new application with a copy of the birth certificate or adoption papers with MPS Department of Benefits & Compensation **within 60 calendar days of the date of birth or placement**. The 60 calendar day automatic coverage period commences as of the date of birth and only applies to newborns and does not apply to adopted children.

If you are enrolling any dependent(s) you must submit verification of dependent eligibility. For example, if you are enrolling a spouse you must submit a marriage certificate; for dependent child(ren) you must submit the birth certificate(s). Failure to submit acceptable documentation to MPS Department of Benefits & Compensation will delay processing of your eligible dependent(s). If verification is not received within 31 calendar days of our written request, the dependent will not be enrolled and will have to wait until the next open enrollment period to enroll.

After initial enrollment and open enrollment, additions, terminations, and changes will only be allowed to your MPS health/vision and dental plans as the result of a Family Status Change. The following is a list of the most common family status changes and the documentation needed from you to make a change:

Family Status Change	Copy of Document or Notice Required
Marriage	Marriage certificate (must be registered certified state copy)
Birth	Birth certificate or proof that the birth certificate is registered.
Adoption	Court adoption or adoption agency placement letter.
Divorce	Notification of date of divorce.
Death	Notification of date of death.
Loss of Other Insurance Coverage	HIPAA notice of coverage loss.

If you are dropped from other coverage due to divorce, you have 31 calendar days to enroll in an MPS plan with proof of loss of coverage.

Open Enrollment for Health and Dental Coverage

The annual open enrollment period will be held during November each year with plan coverage effective January 1st. Open enrollment materials will be distributed to eligible employees in late October. Look for the specific dates and deadlines for Open Enrollment on the MPS website and in printed materials. The open enrollment period allows active employees who are eligible to enroll in a health and/or dental plan to add dependents or change health and/or dental plans. The open enrollment period also allows current enrolled retirees and surviving spouses to change health plans and retirees with family health plan coverage to add dependent children.

Current employees can add a Domestic Partner and child of a Domestic Partner or enroll in Opt Out during Open Enrollment.

Removing Ineligible Dependents from Your MPS Health and/or Dental Plan

You are required to notify MPS Department of Benefits & Compensation of events such as a divorce, death of spouse or domestic partner or dependent, or the end of a domestic partner relationship in order to remove ineligible dependents from your plan. In the case of divorce, your ex-spouse and your step-child(ren) from that marriage are no longer eligible to be covered as your dependents and you must remove them from your MPS health and dental plan within 31 calendar days.

MPS reserves its rights to pursue appropriate disciplinary action against you, up to and including termination of your employment with MPS, as well as any available legal remedies to recover benefits wrongfully paid on behalf of ineligible dependent(s) including notification to local law enforcement authorities regarding possible insurance fraud.

When Health and Dental Coverage Ends

Board-paid health and dental coverage for the employee and all dependents ceases on the last day of the month following the month in which the employee becomes ineligible due to non-payment of the required employee premium contribution, termination, suspension, resignation, layoff, reduction in hours below 30 hours per week, or unpaid status for more than one-half the number of paid work days in a calendar month. However, for 10-month and Year-Round School Calendar employees who lose eligibility at the end of their regularly scheduled school year, health and dental coverage ceases on August 31 following the loss of eligibility.

As per Board policy/procedures, Plan provisions, and State/Federal mandates coverage ceases for dependents as follows:

- Spouse - coverage ends at the end of the month in which the spouse is no longer legally married to the subscriber.
- Dependent Child
 - (1) End of the month in which adult child attains age 26 per current state and federal mandates in effect as of the date of this publication.
(Note: See page 5 Adult Child Dependent eligibility for additional details.)
Delta Dental (MPS Dental Indemnity Plan) coverage ends at the end of the month in which the child attains age 26.
Health/Vision and Care Plus Dental coverage ends at the end of the month in which the child attains age 26, regardless of support, unless prior to attaining age 25 the child is and continues to be both incapable of self-sustaining employment by reason of mental or physical disability and chiefly dependent upon the subscriber and/or subscriber's spouse for support and maintenance. Proof of such incapacity and dependency must be furnished by the subscriber to the employee's health plan, at no expense to the employee's health plan, within 31 calendar days of the child's attainment of age 25, and subsequently when and as often as the employee's health plan may reasonably require but not more frequently than annually after the two-year period following the child's attainment of age 25.

- (2) Grandchild - coverage ends at the end of the month when the grandchild's parent loses dependent status or the grandchild's parent turns 18 or the subscriber and/or spouse no longer provide more than 50 percent of the grandchild's support.
- (3) Loss of legal status - coverage ends at the end of the month in which the child no longer meets the definition of stepchild or legal ward. For example, a stepchild's parent is no longer legally married to the subscriber; legal ward's coverage ends at age 18.
- (4) Emancipation - coverage ends at the end of the month in which the child is legally emancipated, even if the emancipation occurs prior to the attainment of age 19.
- Domestic Partner – coverage will end the earlier of the following:
 - (1) As of the last day of the month that contains the date that any of the eligibility requirements for the domestic partner relationship are not met including the termination of the domestic partner relationship.
 - (2) As of the last day of the month of the subscriber's death, termination, layoff, reduction in hours below 30 hours per week, retirement or resignation.
 - (3) As of the subscriber's loss of eligibility due to non-payment of premium.
- Domestic Partner Dependent Child – coverage will end the earlier of the following:
 - (1) When the domestic partner's coverage terminates.
 - (2) Marriage – at the end of the month in which the child marries.
 - (3) End of the month in which adult child attains age 26 per current state and federal mandates in effect as of the date of this publication.
(Note: See page 5 Adult Child Dependent eligibility for additional details.)
Delta Dental (MPS Dental Indemnity Plan) coverage ends at the end of the month in which the child attains age 26.
Health/Vision and Care Plus Dental coverage ends at the end of the month in which the child attains age 26, regardless of support, unless prior to attaining age 25 the child is and continues to be both incapable of self-sustaining employment by reason of mental or physical disability and chiefly dependent upon the subscriber and/or subscriber's spouse for support and maintenance. Proof of such incapacity and dependency must be furnished by the subscriber to the employee's health plan, at no expense to the employee's health plan, within 31 calendar days of the child's attainment of age 25, and subsequently when and as often as the employee's health plan may reasonably require but not more frequently than annually after the two-year period following the child's attainment of age 25.
 - (4) At the end of the month in which the child no longer meets the definition of domestic partner dependent child.
 - (5) Emancipation – at the end of the month the child becomes legally emancipated from the domestic partner, even if emancipation occurs prior to attainment of age 19.
 - (6) Loss of legal status – coverage ends at the end of the month in which the child of the domestic partner no longer meets the definition of stepchild or legal ward. For example, a stepchild's parent is no longer the domestic partner of the subscriber or when the legal ward turns 18.
 - (7) At the end of the month of the subscriber's date of termination, resignation, layoff, reduction in hours below 30 hours per week, retirement, or death.
 - (8) As of the subscriber's loss of eligibility due to non-payment of premium.
- Dependent Grandchild of a Domestic Partner – coverage will end the earlier of the following:
 - (1) When the domestic partner's coverage terminates.
 - (2) When the grandchild's parent's coverage terminates.
 - (3) At the end of the month the grandchild's parent turns 18.
 - (4) At the end of the month of the subscriber's date of termination, resignation, layoff, reduction in hours below 30 hours per week, retirement, or death.
 - (5) As of the subscriber's loss of eligibility due to non-payment of premium.
 - (6) At the end of the month that domestic partner last provided more than 50 percent of grandchild's support.

In the event you, your spouse or your dependent children lose Board health and/or dental insurance coverage due to a loss of employment for any reason (except gross misconduct), divorce, death of a spouse, over-age dependent child, or reduction in hours below 30 hours per week, you and/or your spouse and dependent children are eligible to remain in the group on a self-pay basis for either 18 or 36 months. For more information about COBRA continuation, contact MPS Department of Benefits & Compensation.

Please note that Domestic Partners and children of Domestic Partners are not eligible for COBRA continuation unless legally married, where proof of marriage has been submitted to MPS Department of Benefits & Compensation, and they meet the definition of a qualified beneficiary with a qualifying event. Please see the Instructional Guide for Domestic Partner Benefits for more information.

Health Insurance Opt Out- If you are eligible and covered by another employer's health insurance you may choose not to be covered by Milwaukee Public Schools health insurance and receive \$50 per month (up to \$500 per year prorated on a 10 month basis) by showing proof of other insurance and making application for the payment. For further information, please contact MPS Department of Benefits & Compensation or search *mConnect* for **\$500 Opt Out Option**. To take advantage of this option, you must present verification of other health insurance coverage and submit a completed "Payment in Lieu of Health Coverage" form to MPS Department of Benefits & Compensation. Please note that a copy of your ID card is not accepted as proof of other coverage. If your other insurance is through a government program like Tri-Care, the VA, or BadgerCare, or if you are already covered under MPS, you are not eligible for this program. **This option is only available within the first 31 calendar days of eligibility, during the annual open enrollment period or within 31 days of becoming eligible for coverage under a different employer due to a Family Status Change.**

Please note that if you are enrolled in Opt Out and you go on an unpaid leave of absence, your Opt-Out Option will terminate as soon as you have no active pay. If you are on FMLA, your Opt-Out Option will automatically be reinstated once you return to work. For any non-FMLA leave, you will need to re-enroll and provide proof of other coverage once you return to work.

Note: Eligibility Restrictions for Health Insurance Opt Out

- > (3) Board Members are not eligible for the Opt Out benefit.
- > (15) Part time Recreation Employees are not eligible for Opt Out benefits.
- > (17) Active Substitute Teachers are not eligible for the Opt Out benefit effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for Opt Out benefits.
- > Seasonal Laborers are not eligible for the Opt Out benefit effective with dates of hire or layoff on or after 7/1/12.

MPS Employee Wellness Program

MPS Employee Wellness hosts a variety of opportunities for employee's to develop their physical, emotional, and professional well-being through our comprehensive wellness strategy. Programs are designed to connect employees to the resources and support they need in order to pursue individual health and wellness goals in a way that is convenient and low or no cost.

See page 11 for more Wellness information. Current employees may log in to *mConnect* and visit the Employee Wellness page to learn more!

Eligibility for Retiree Health Insurance – Please refer to the section beginning on page 25 entitled “Summary of Retiree Benefits” for details on retiree health insurance eligibility requirements.

Note: Eligibility Restrictions for Retiree Health Insurance Benefits

- > (3) Board Members are not eligible for retiree health benefits.
- > (15) Part time Recreation Employees are not eligible for retiree health benefits.
- > (17) Active Substitute Teachers are not eligible for retiree health benefits effective with dates of retirement after 7/1/12.
- > (20) Temporary Employees, LTEs are not eligible for retiree health benefits.
- > Seasonal Laborers are not eligible for retiree health benefits effective with dates of hire or recall from layoff on or after 7/1/12.
- > Employees hired/rehired on or after 7/1/13 are not eligible for retiree health benefits after retirement.

Eligibility for Rehired Retiree Benefits

Under a district-wide provision effective July 1, 2013, all MPS retirees who are enrolled in MPS retiree medical and life insurance benefits will not lose eligibility for such retiree benefits by being rehired in MPS benefit eligible positions. However, they will not be eligible to enroll in active medical and life insurance benefits unless they submit an irrevocable signed waiver of their MPS retiree medical and life insurance benefits. An MPS retiree who signs an irrevocable waiver of their previously earned MPS retiree medical and life insurance acknowledges that he/she (a) permanently and irrevocably forfeits their previously earned eligibility for themselves and their enrolled dependents for retiree medical and life insurance benefits and (b) is eligible to enroll in active MPS medical and life insurance benefits. A rehired retiree that keeps his/her retiree medical and life insurance is eligible to enroll in active dental coverage within 31 days of rehire.

Rehired Wisconsin Retirement System (WRS) Annuitants

For employees who terminate before July 1, 2013: A WRS participant who has applied to receive a retirement annuity ***must wait at least 30 days between terminating covered employment with a WRS employer and returning as a participating employee.*** If the employee does not wait the 30-day period, and is rehired before the expiration of the 30-day period, the employee is not eligible to receive a WRS retirement annuity. The rehired annuitant who has fulfilled the requirements and meets the eligibility criteria under the WRS may choose to either return to active participation in the WRS or continue their WRS annuity and must complete a WRS Rehired Annuitant Election Form.

For employees who terminate on or after July 1, 2013: A WRS annuitant ***must remain separated from employment with a WRS participating employer for at least 75 days*** in order to be an eligible rehired annuitant. If a WRS annuitant, or disability annuitant who has attained his or her normal retirement date, is appointed to a position with a WRS-participating employer, in which he or she is expected to work at least two-thirds of what is considered full-time employment by ETF, the annuity must be terminated and no annuity payment is payable until after the participant again terminates covered employment. These provisions first apply to a WRS participating employee who terminates on or after July 1, 2013.

HEALTHY YOU
HEALTHY SCHOOLS
Professional | Physical | Emotional

Employee Wellness Program

Take advantage of this important employee benefit!
All programs are **free of cost** and **voluntary!**



At MPS, we believe that when our employees are healthy and happy, our students and our community thrive. That is why we are invested in the well being of all MPS employees through the "Healthy You, Healthy Schools" employee wellness program. Healthy You, Healthy Schools offers a wide variety of individual and group programs to enhance your physical, emotional and professional well being.

Learn more about wellness programs on mConnect.

Contact Tara Witt, Employee Wellness Coordinator, at wittt1@milwaukee.k12.wi.us for additional information.

Individual Program Offerings

Wellness For You is a menu of free resources available to employees on an individual basis. Programs may include but are not limited to:

- Freedom From Smoking tobacco cessation
- Not Me Diabetes Prevention
- Healthy Living with Diabetes
- Stress Reduction in Everyday Life
- Healthy Contributions Gym Reimbursement
- Employee Assistance:
 - Counseling
 - Elder/Child Care Referrals
 - Legal Aid/Financial Consult
 - And much more!

Group Program Offerings

Wellness On Site is a menu of physical, emotional, and professional wellness programming offered on site, at your work location, and at no cost to you!

- On-site Group Exercise
- Healthy Cooking Classes
- Adult Sports Leagues
- Financial Wellness
- Worksite Trainings
- Team Challenges:
 - Physical Activity
 - Weight Loss
 - Team Building
 - And much more!



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**MILWAUKEE
PUBLIC SCHOOLS**

Health Benefits – Summary Effective January 1, 2016

Benefits/Service *Does not include deductible or copayment	UHC PPO Choice Plus Network		UHC EPO (In Network Only) Choice Network	UHC HDHP Choice Plus Network	
	In Network	Out of Network		In Network	Out of Network
Annual Deductible (per person)	\$750 per person	\$1,500 per person	\$350 per person	\$1,600 per person	\$3,200 per person
Annual family deductible	\$2,250 family (3 individuals)	\$4,500 family (3 individuals)	\$1,050 family (3 individuals)	\$3,200 family	\$6,400 family
Annual co-insurance after deductible	80%	50%	80%	80%	50%
Annual out-of-pocket maximum* (per person)	\$3,250 per person	\$4,500 per person	\$1,350 per person	\$3,200 per person	\$6,400 per person
Annual out-of-pocket maximum* (family)	\$9,750 family (3 individuals)	\$13,500 family (3 individuals)	\$4,050 family (3 individuals)	\$6,400 family	\$12,800 family
Office visit co-pays	\$20	50% after deductible	\$20	80% after deductible	50% after deductible
Urgent Care	\$35	50% after deductible	\$35 Designated urgent care centers and doctor offices	80% after deductible	50% after deductible
Specialist Office Visits	\$35	50% after deductible	\$35	80% after deductible	50% after deductible
Emergency room	\$150	\$150	\$125	80% after deductible	80% after deductible
Preventive	100%	50% after deductible	100%	100%	50% after deductible

Prescription Drugs – OptumRx (In Network Benefit Only)

Benefits/Services	UHC PPO Choice Plus Network	UHC EPO Choice Network	UHC HDHP** Choice Plus Network
Pharmacy annual out-of-pocket maximum*	Individual \$3,600 Family \$3,950	Individual \$5,550 Family \$9,650	Included in Medical Out-Of-Pocket Maximum
Retail -Tier 1: Generic (30-day supply)	\$8	\$8	80% after deductible
Retail –Tier 2: Preferred Brand (30-day supply)	10% with \$25 minimum	10% with \$25 minimum	80% after deductible
Retail – Tier 3: Non-Preferred Brand (30-day supply)	20% with \$50 minimum	20% with \$50 minimum	80% after deductible
Multi-Source Brand	Member-Pay-Difference*	Member-Pay-Difference*	N/A
Mail order –Tier 1: Generic (90 day supply)	\$16	\$16	80% after deductible (pricing discounts at mail order)
Mail order Tier 2: Preferred Brand (90 day supply)	\$50	\$50	80% after deductible (pricing discounts at mail order)
Mail order –Tier 3: Non-preferred Brand (90-day supply)	\$100	\$100	80% after deductible (pricing discounts at mail order)
Multi-Source Brand	Member-Pay-Difference*	Member-Pay-Difference*	80% after deductible (pricing discounts at mail order)

*Member-Pay-the-Difference: Member pays the \$8 Retail Generic (\$16 Mail Order Generic) copay plus the gross cost difference between the Brand and equivalent Generic. This additional cost is excluded from the out-of-pocket limit.

**HDHP only: Retail and mail order pharmacy coverage at 1, 2, or 3 tier copay costs for specific preventive drug on OptumRx preventive drug list – see current list on *mConnect*, and the MPS Website.

Vision Benefits

If you elect health insurance, you will also receive vision coverage through National Vision Administrators (NVA). When you enroll, NVA will provide you with an identification card. For a list of providers, please visit www.e-nva.com. Note: Vision benefits are not offered on a free standing basis (e.g. can't be unbundled).

Vision Benefits	Frequency	Covered Amounts In-Network Providers ONLY
Exam	Once every 12 months	Covered 100%
Frames	Once every 12 months	Up to \$82 (20% discount off balance)
Lenses -glass or plastic Type-Single Vision, Bifocal, Trifocal or Lenticular	One pair every 12 months	Covered 100%
Contact lenses (in lieu of frames and lenses)	One pair every 12 months	Up to \$100 Retail Allowance

Note Eligibility Restrictions for Health/Vision Benefits:

- > (15) Part time Recreation Employees are not eligible for health/vision benefits.
- > (17) Active Substitute Teachers are not eligible for health/vision benefits effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for health/vision benefits.
- > Seasonal Laborers are not eligible for health/vision benefits effective with dates of hire or layoff on or after 7/1/12.

Dental Benefits – Summary - Effective January 1, 2016

BENEFIT	DELTA DENTAL	CARE PLUS
* Does not duplicate medical coverage.		
ANNUAL MAXIMUM Per Person	\$1,500 (Jan 1 – Dec 31)	Calendar year Max. - Jan 1 – Dec 31 \$1,500 – 1 st year \$2,000 – 2 nd year \$3,000 – thereafter
ANNUAL DEDUCTIBLE Per Person	\$25 (max 3 per family)	\$25 per person
DIAGNOSTIC Oral exam, x-rays	100% no deductible	100% no deductible
PREVENTIVE Cleaning, fluoride	100% no deductible Fluoride up to age 19 Sealants to age 19	100% to maximum, no deductible, one cleaning every six months; Fluoride up to age 15, Sealants to age 19
RESTORATIVE Fillings, pre-fab crowns	80%	100%
CROWNS (Indirect) Porcelain to semi-precious metal	80%	80%
ENDODONTICS Root canals	80%	100%
ORAL SURGERY*	80%	100%
PERIODONTICS* Treatment of gums	80%	100%
PROSTHODONTICS Bridges, dentures, and repairs	50%	80%
ORTHODONTICS Complete treatment Eligibility	50% to a lifetime max. of \$1,500 (no deductible) Children to Age 19	50% coverage \$750 max. out of pocket per person Children to Age 19

Note: Eligibility Restrictions for Dental Benefits

- > (15) Part time Recreation Employees are not eligible for dental benefits.
- > (17) Active Substitute Teachers are not eligible for dental benefits effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for dental benefits.
- > Seasonal Laborers are not eligible for dental benefits effective with dates of hire or layoff on or after 7/1/12.

Employee Health & Dental Premium Contributions

Health Insurance – Per Paycheck Employee Premium Contributions Effective January 1, 2016 through December 31, 2016

Employee insurance premium share is deducted from twenty (20) paychecks, for all employees, starting with the first paycheck in January 2016 through the first paycheck in June 2016. Deductions will resume with the first paycheck of September 2016 through the last paycheck in December 2016. There are no “make-up” contributions for 10-month employees, and 12-month employees do not pay any premium share in July and August.

Total Monthly Premium (Health and Vision):

HEALTH PLAN	PPO/Choice Plus	EPO Plan	HDHP
Single	\$656.80	\$679.64	\$637.43
Family	\$1,543.83	\$1,597.48	\$1,478.52

Note: If a plan change or new enrollment occurs in the summer months, your premium share will be adjusted accordingly and will be taken with deductions resuming in September.

The charts below list the per-paycheck deduction and the annual percentage of premium contribution for each plan and salary band. As always, employee premium contributions are taken on a pre-tax basis.

Active Employee Per Paycheck Health and Vision Contribution:

Annual Base Salary		PPO %	PPO Employee Deduction	EPO%	EPO Employee Deduction	HDHP%	HDHP Employee Deduction
\$25,000 or under	Single	11%	\$43.35	5%	\$20.39	2%	\$7.65
	Family	11%	\$101.89	5%	\$47.92	2%	\$17.74
\$25,001 - \$50,000	Single	12%	\$47.29	8%	\$32.62	5%	\$19.12
	Family	12%	\$111.16	8%	\$76.68	5%	\$44.36
\$50,001- \$75,000	Single	13%	\$51.23	10%	\$40.78	7%	\$26.77
	Family	13%	\$120.42	10%	\$95.85	7%	\$62.10
\$75,001 and above	Single	14%	\$55.17	12%	\$48.93	9%	\$34.42
	Family	14%	\$129.68	12%	\$115.02	9%	\$79.84

Note: Board Members pay any difference between the plan they have selected and the lowest cost plan.

Dental Insurance – Per Paycheck Employee Premium Contributions Effective January 1, 2016 through December 31, 2016

Dental Premiums for Active Employees

Dental Plan	Delta Dental		Care Plus	
	Total Premium	Employee Per Paycheck Deduction	Total Premium	Employee Per Paycheck Deduction
Single	\$27.63	\$.83	\$32.97	\$.99
Family	\$96.21	\$2.89	\$108.94	\$3.27

Effective July 1, 2013 the employee dental contribution is 5% of the total monthly premium rate for the single or family plan.

Life Insurance

Effective July 1, 2013, employees regularly scheduled to work in benefit eligible positions of 30 or more hours per week are eligible for life insurance. Coverage begins upon the date of application if you apply within 30 calendar days of initial eligibility.

Coverage is effective after one year of employment for the following employee units: Educational Assistants/Safety Assistants, Food Service, Children's Health Assistants, School Nurse Associates and Building Service Helpers, Social Work Aides and Hourly Building Trades.

The amount of group life insurance coverage is equal to annual base salary rounded to the next even \$1,000. The Board will pay 100% of the active coverage amount except as follows:

- >For the (19) Teachers unit and (4) Bookkeepers/Accountants, the Board will pay up to \$50,000 of coverage
- >For the (11) Educational Assistants/Safety Assistants unit the Board will pay up to \$19,000 of coverage.
- >For hourly employees included in (12) Food Service, Children's Health Assistants unit, (21) Warehouse, Distribution, Buyers, etc. unit, (6) Building Service Helpers unit, and (7) Building Trades unit, coverage is equal to previous year's annual earnings.

Please note that the value of the premium payment in excess of a \$50,000 benefit coverage level is subject to federal income tax when the Board pays 100% of coverage in excess of \$50,000.

If you remain an active employee at attainment of age 65, your active life insurance coverage will reduce in the following manner:

On the March 1st following your:	Coverage in force prior to age 65 is reduced to:
65 th birthday	92%
66 th birthday	84%
67 th birthday	76%
68 th birthday	68%
69 th birthday	60%
70 th birthday	25% and remains at this amount

Notice of Conversion Rights: Under the provisions of the MPS Group Life Insurance Plan, you may be entitled to convert this insurance within 31 calendar days of the date your group coverage ends, to an individual policy without evidence of insurability. Trustmark Life Insurance Company, upon your request, will furnish information about individual policies that may be available.

Note: Eligibility Restrictions for Life Insurance

- > (3) Board Members are not eligible for life insurance benefits
- > (15) Part time Recreation Employees are not eligible for life insurance.
- > (17) Active Substitute Teachers are not eligible for life insurance effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for life insurance.
- > Seasonal Laborers are not eligible for life insurance effective with dates of hire or layoff on or after 7/1/12.

Eligibility for Retiree Life Insurance

Please refer to the section beginning on page 25 entitled "Summary of Retiree Benefits". See page 30 for details on retiree life insurance eligibility requirements.

Note: Eligibility Restrictions for Retiree Life Insurance

- > (3) Board Members are not eligible for retiree life insurance benefits.
- > (15) Part time Recreation Employees are not eligible for retiree life insurance benefits.
- > (17) Active Substitute Teachers are not eligible for retiree life insurance benefits effective with dates of retirement after July 1, 2012.
- > (20) Temporary Employees, LTEs are not eligible for retiree life insurance benefits.
- > Seasonal Laborers are not eligible for retiree life insurance benefits effective with dates of hire or recall on or after 7/1/12.
- > Employees hired/rehired or after 7/1/13 are not eligible for retiree life insurance benefits.

Long Term Disability Insurance

You may purchase coverage under the Board's executive group long term disability plan insured by Northwestern Mutual Life. To enroll for this coverage within 31 days of hire, please contact MPS Department of Benefits & Compensation at 475-8217, for a summary of this coverage and an enrollment form. This benefit is only available to (2) Exempt Administrators and Supervisors, (8) Cabinet Level, (13) Office of Accountability and Efficiency, (14) Office of Board Governance and the (18) Superintendent.

Note: Eligibility Restrictions for Long Term Disability Insurance

This benefit is restricted to the employee units mentioned in the above paragraph.

Benefits Information for Employees on Leave of Absence

Unpaid Leave of Absence - (Except Family Medical Leaves (FMLA) – see FMLA section below)

If you are on an unpaid leave of absence which includes suspension, your benefits will be administered as follows:

Medical/Vision and Dental Coverage

Board paid coverage ceases on the last day of the month following the month in which your unpaid status is effective.

For example, if your unpaid leave of absence is effective on November 25th, your Board paid coverage will remain in effect until December 31st and you will be billed for coverage starting January 1st. If your unpaid leave of absence is effective on December 3rd, Board paid coverage will remain in effect until January 31st and you will be billed for coverage starting February 1st.

However, for ten month employees who go on unpaid status after the end of the school year or at the start of the next school year, Board paid coverage ceases August 31st.

Life Insurance Coverage

Board paid life insurance coverage terminates at the end of the month in which your unpaid leave of absence begins. You will be billed for coverage starting the following month.

Self-Pay Option

Once your Board paid coverage has ended you have the option of continuing your coverage by self-paying the entire premium amount. Any coverage extended under the leave provision is automatically deemed to be continuation coverage under COBRA.

Per COBRA guidelines, the plan is not required to send monthly premium notices. Please contact us if there is any question regarding what you owe. If you choose not to self-pay for your coverage, your coverage will end the first month you are billed as described above. MPS Department of Benefits & Compensation will initially bill you for amounts owed. If you do not receive a bill within 3 weeks of your coverage ending, please contact us at the following numbers:

If your LAST NAME begins with A-K call:	414-475-8158
If your LAST NAME begins with L-Z call:	414-475-8233
Life Insurance call	414-475-8215

If you elect to exercise this self-pay option, any such period of self-paid coverage will be deemed to be an election to exercise COBRA continuation coverage and will count against your applicable period of COBRA continuation coverage. Per COBRA guidelines, the plan is not required to send monthly premium notices; please contact us if there is any question regarding what you owe.

If you choose, you may switch to single coverage at any time while on unpaid leave of absence. However, you cannot re-enroll in a family plan until the next available open enrollment period. Your application to switch to single coverage must be received by MPS Department of Benefits & Compensation prior to the effective date requested.

For example, if you would like to switch to single medical coverage effective November 1st, your application to change to single must be received by us by October 31st. Timely receipt of your application for the effective date requested still applies whether or not you are in receipt of a billing statement.

Return from Unpaid Leave of Absence

If you do not continue your benefits while on an unpaid leave of absence by self-paying the applicable premium, your medical/vision and dental insurance will remain terminated until you return to work and you must re-enroll for coverage as explained below. Your effective date of coverage is subject to the same eligibility rules that apply to a new employee. **Your medical/vision and dental coverage is NOT automatically reinstated if your policy lapses due to non-payment.** You must submit a completed enrollment form within 31 calendar days of your return to work or you must wait until the next open enrollment period (currently scheduled for November with coverage effective January 1st) to enroll.

For example, if you return to work on April 18th and submit a completed enrollment form to MPS Department of Benefits & Compensation within 31 calendar days, your dental/health/vision coverage is effective June 1st. If you return to work on April 18th but do not submit a completed enrollment form within 31 calendar days you must wait until the next open enrollment period to enroll.

If you continue your benefits by self-paying for coverage while on unpaid leave of absence, you will not need to re-enroll upon your return to work. However, Board paid health/vision and dental will not resume until after the applicable waiting periods as described above. You must continue to self-pay throughout the waiting periods until Board paid coverage resumes in order to have continuous coverage.

Life insurance coverage, if applicable, is reinstated automatically upon your return to work.

Paid Leave of Absence

Medical/Vision, Dental and Life Insurance Coverage

If you qualify and are granted a paid leave of absence your Board paid medical/vision, dental and life insurance coverage will continue as long as you are on the paid leave of absence.

Return from Paid Leave of Absence

Upon your return to work from the paid leave of absence to a benefits eligible position you do not need to reapply for insurance coverage.

Family Medical Leave (FMLA)

Medical/Vision and Dental Coverage

If you qualify and are granted a leave under the FMLA, your Board paid medical/vision and dental coverage will continue as long as you are on FMLA. NOTE: You are still required to pay your employee premium contribution. If you take a paid FMLA, premium contributions will be deducted as usual from your paycheck. **If your FMLA is unpaid, your missed employee premium contribution will be put into arrears, and these deductions will be applied in full to your first paycheck upon return to work from your approved leave or billed to you in full if you do not return to work at the District at the end of your unpaid FMLA leave.**

If you exhaust your FMLA and continue on an unpaid leave of absence please refer to [Unpaid Leave Of Absence](#) section above for information on how this will affect your benefits.

Life Insurance Coverage

Your Board paid life insurance coverage is terminated at the end of the month you begin your unpaid FMLA Leave. Your life insurance is maintained while you are on a paid Family Medical Leave. Once your Board paid coverage has ended you have the option of continuing your life insurance coverage by self-paying the entire premium amount. If you choose not to self-pay for your coverage, you will not have coverage as of the first month you are billed. MPS Department of Benefits & Compensation will initially bill you for amounts owed.

Retirement Savings Plans and Pension Plans for Active Employees

Milwaukee Public Schools 403(b) Plan

This voluntary retirement savings plan, also referred to as a tax-deferred annuity plan, is available to all MPS employees. Similar to a 401(k) plan, this 403(b) plan allows you to make voluntary before-tax contributions from your salary via payroll deduction. All employees are eligible to make voluntary after-tax contributions to the Roth 403(b) option under the Milwaukee Public Schools 403(b) Plan.

When you enroll, individual accounts are opened in this 403(b) plan in either of the following two types in accordance with your selection: (a) an annuity contract which is provided through an insurance company or (b) a custodial account which is invested in mutual funds under 403(b)(7). Participation in this program is completely voluntary. Employees bear the sole responsibility for investigating the suitability including the investment risk and selecting the tax annuity and/or mutual fund option for the employee's individual account. See the list of authorized providers for the MPS 403(b) Plan included in this summary.

Planwithease.com is a third party plan administrator that MPS has selected to administer the 403(b) Plan. You can go to [planwithease.com](http://www.planwithease.com) to view a summary of your account with your investment provider, access financial education information, or use the tools and calculators to help you plan for your retirement. Planwithease.com also authorizes on behalf of MPS loan approvals, withdrawals, contract exchanges, and rollover transaction requests under the Plan. <http://www.planwithease.com>.

Note: Eligibility Restrictions for 403(b)

>(3) Board Members are not eligible for this 403(b) plan benefit.

457 Program

All employees and elected officials are eligible to enroll in the Wisconsin Deferred Compensation 457 Program (WDC). Under this Program you are entitled to make before-tax voluntary contributions. The IRS annual contribution limits for this program are in addition to (not offset by) the 403(b) IRS annual contribution limit. The earnings on your contributions to this Program are also tax deferred. Upon withdrawal, your contributions and earnings are subject to ordinary federal and state income taxes. The WDC 457 Program is administered by and funds are held in trust by the State of Wisconsin - Employee Trust Funds (ETF). Great-West Retirement Services is the ETF appointed service provider for the WDC 457 Program and their number is 877-457-9327 or website www.wdc457.org.

Classified Employees – City of Milwaukee Employees' Retirement System

Upon appointment, classified employees are eligible for enrollment in the City of Milwaukee – Employees' Retirement System (ERS) in accordance with the charter ordinance and applicable ERS rules. Such employees are required to complete and submit the ERS enrollment form to OHC-Pension and Data Systems at Central Services, Room 128.

- Effective July 1, 2012, all employees enrolled in the City of Milwaukee Employees' Retirement System (ERS) and who were hired prior to January 1, 2014 will pay 5.5% employee contribution on a before tax basis.

- Effective with dates of hire on or after January 1, 2014, employees enrolled in the City of Milwaukee Employees' System will pay 4.0% employee contribution on a before tax basis.
- Classified employees of MPS hired on or after October 22, 2012 shall be enrolled as members only if the person is employed in a position regularly scheduled for 30 hours or more per week on either a 10 or 12 month basis in accordance with the charter ordinance and applicable ERS rules.

Note: Eligibility Restrictions for City ERS Pension

- > This benefit applies only to eligible Classified Employees who work 30 or more hours.
- >(3) Board Members are not eligible for this pension benefit
- > (15) Part time Recreation Employees are not eligible for this pension benefit.
- > (20) Temporary Employees, LTEs are not eligible for this pension benefit.

Certificated Employees – Wisconsin Retirement System

All certificated employees eligible for enrollment in the Employee-Trust Funds – Wisconsin Retirement System are required to pay the Employee Required Contribution on a before-tax basis. For calendar year 2016, the Employee Required Contribution is 6.6%. The Employee Required Contribution is subject to change prospectively as determined by the Wisconsin Retirement System on a calendar year basis.

Note: Eligibility Restrictions for WRS Pension

- > This benefit applies only to eligible Certificated Employees.
- > (3) Board Members are not eligible for this pension benefit.
- > (15) Part time Recreation Employees are not eligible for this pension benefit unless enrolled in WRS in a primary job.
- > (20) Temporary Employees, LTEs are not eligible for pension benefit.

Please contact the appropriate pension department, as listed below, for more information regarding the pension benefits you are entitled to:

Classified Employees

City of Milwaukee Employees' Retirement System (ERS)
City Pension Office 414-286-3557

Certificated Employees

Wisconsin Retirement System (WRS)
Madison Office 1-877-533-5020

MBSD Supplemental Early Retirement Plan for Teachers

This Plan offers a supplemental pension benefit for teachers hired prior to July 1, 2013 that meet eligibility and vesting requirements as defined in the Plan Document. The Plan is closed to employees in the Teachers unit who are hired, rehired or transferred or demoted to the Teachers unit on or after July 1, 2013. The Plan is also frozen as of July 1, 2013. This means that for purpose of calculating benefits, compensation and service credit as of July 1, 2013 will be used. This Plan is administered by the Pensions and Data Systems unit in the Office of Human Capital.

Note: Eligibility Restrictions for MBSD Supplemental Early Retirement Plan for Teachers

- >This is a closed and frozen plan with eligibility restricted to the Teachers Unit as defined in the Plan Document.

MBSD Early Retirement Supplement and Benefit Improvement Plan

This Plan offers a supplemental pension benefit for certificated administrators and supervisors including exempts hired prior to July 1, 2003 that meet the eligibility and vesting requirements as defined in the Plan Document. A temporary benefit is provided to certain classified administrators and supervisors including exempts that meet the eligibility requirements as defined in the Plan Document. The Plan was closed on July 1, 2003 and only covers those individuals who were Covered Employees on or before June 30, 2003 in accordance with the Plan Document. This Plan is administered by the Pension and Data Systems unit in the Office of Human Capital.

Note: Eligibility Restrictions for MBSD Early Retirement Supplement and Benefit Improvement Plan

- >This is a closed plan with eligibility restricted to certificated administrators and supervisors and certain classified employees as defined in the Plan Document.



**APPROVED LIST OF VENDORS FOR THE
MILWAUKEE PUBLIC SCHOOLS 403(b) PLAN**

February, 2016

The following is the list of approved vendors (investment providers) for the Milwaukee Public Schools 403(b) Plan. This is a voluntary plan that allows employees to set aside a portion of their salary each year under payroll deduction on a **pre-tax** basis, and defer taxes on it until after retirement when income and related taxes are likely to be lower.

Effective January 1, 2011, you may also contribute to a Roth 403(b) on an after-tax basis.

Effective September 1, 2009, the list of MPS approved vendors are as follows:

1. **Voya Life Insurance and Annuity Company**, (414) 256-2187

2. **MetLife**, (414) 541-4490 for:
MetLife Expert Select Mutual funds
MetLife Financial Freedom Select Variable Annuity

3. **TIAA-CREF**
National Contact Center 1-800-842-2273
Enrollment Hotline 1-800-842-2888

4. **WEA TSA Trust**, 1-800-279-4030 or 414-259-1990

(Important: No other investment providers other than those listed above and the funds these approved vendors offer are eligible to receive employee contributions (payroll deductions) under the Milwaukee Public Schools 403(b) Plan.)

Participation in the MPS 403(b) Plan is voluntary. Employees are responsible for selecting an investment provider and fund(s) from the above list of approved vendors. Employees can call and/or meet with representatives from the approved vendors to discuss and review investment options. There is no charge for this service.

Employees can cancel payroll deductions to this Plan at any time, upon 30 calendar days written notice to the vendor. For further details, contact the various MPS approved vendors at the telephone numbers listed above.



**MILWAUKEE
PUBLIC SCHOOLS**

403(b) Plan

Annual Eligibility Notice

February 2016

Great News! You have an opportunity to participate in or increase your contributions to Milwaukee Public Schools' 403(b) Plan.

If you are already currently contributing to Milwaukee Public Schools' 403(b) plan, you may be able to increase your pre-tax contributions and Roth 403 (b) after-tax contributions. To change your contributions, please contact your preferred investment provider to complete an updated salary reduction agreement.

Of course, you can keep your contributions at their current level. In the alternative, if your current financial situation means that you need to lower your saving for retirement, you can change your contribution rate by completing and returning a salary reduction agreement as described above.

If you are not currently contributing to Milwaukee Public Schools' 403(b) plan, you have the opportunity to save for retirement by participating in the 403(b) plan. You can participate in the 403(b) plan by electing to make pre-tax contributions or Roth 403(b) after-tax contributions.

To start your contributions, please contact your preferred investment provider to complete an enrollment application and salary reduction agreement.

How much can I contribute?

In general, you may elect to contribute up to \$18,000 in 2016. This amount is the general limit on what you can elect to defer under the 403(b) plan and such amount may be adjusted annually. Additional catch-up contributions may be permitted if certain criteria are met. Specifically, if you have at least 15 years of service with Milwaukee Public Schools and/or you are at least 50 years old by year's end, you may also be able to make additional catch-up contributions. Each catch-up has its own limits.

This Notice is not intended as tax or legal advice. Neither your employer nor the investment providers offering retirement savings products under the plan can provide you with tax or legal advice. Employees are encouraged to contact their financial representative or tax professional with any questions.

For additional information on MPS health and fringe benefits please log onto *mConnect* at <https://mconnect.milwaukee.k12.wi.us>.

Other Benefits for Active Employees

Flexible Spending Account (FSA) Programs

Dependent Care Flexible Spending Account

This plan allows you to set aside tax-free dollars to be used as reimbursement for work-related dependent care expenses you have already paid. Active employees who have dependent care expenses which enable them to be employed are eligible to enroll. If married, both you and your spouse must work unless your spouse is disabled or a full time student while expenses are incurred. This plan operates on a calendar year basis with an annual open enrollment in October/November for the following calendar year. Once you enroll, the dollar amount that you determine will be deducted pre-tax from your gross earnings each paycheck and put into a "Dependent Care Account" for you. The Third Party Administrator is ADP. You can contribute as little as \$100 or up to \$5000 per family annually.

Note: Eligibility Restrictions for Dependent Care FSA

> (3) Board Members are not eligible for Dependent Care FSA.

Health Care Flexible Spending Account

This is a voluntary program to help offset higher health care expenses. This program offers you a great way to save tax dollars on eligible health care expenses by setting aside tax-free dollar for reimbursement of eligible health care related expenses such as deductibles, copays and coinsurance for prescription drugs, physician office visits, dental and vision care. **Employees enrolled as subscribers in an MPS health plan are eligible to participate.** Enrollment in the MPS Flexible Spending Account Program is done online through self-service. This plan operates on a calendar year basis with an annual open enrolment in October/November for the following calendar year. You can contribute as little as \$100 or up to \$2000 annually.

New roll over feature: Up to \$500 may be rolled over if you did not use all of your funds elected in the current calendar year. Rolled over funds are credited to your next calendar year's account for use approximately 12 weeks after the previous year's claim filing deadline.

Note: Eligibility Restrictions for Health Care FSA

> (15) Part time Recreation Employees are not eligible for Health Care FSA.

> (17) Substitute Teachers are not eligible for Health Care FSA.

> (20) Temporary Employees, LTEs are not eligible for Health Care FSA.

> Seasonal Laborers are not eligible for Health Care FSA effective with dates of hire or layoff on or after 7/1/12.

Health Savings Account

A Health Savings Account (HSA) is an employee-owned bank-account that allows employees to save money in a tax advantaged account toward current and future medical expenses (and potentially save toward retirement). If you are an active employee, you elect the HDHP plan **during the annual open enrollment** and you are eligible to open a HSA account, then MPS will provide a lump sum contribution as follows: \$400 for a single plan and \$800 for a family plan into your HSA account.

Please note: Employees who enroll mid-year or who experience a mid-year enrollment change will not receive a MPS employer contribution or a change in the MPS employer contribution level.

MPS will open accounts for participating employees at Wells Fargo bank. You can learn more about HSA accounts and how to use them at: <https://www.wellsfargo.com/investing/hsa/>.

Employee Assistance Program- The EAP is a free benefit provided to all employees of MPS, their spouses/partners, and their dependents. The EAP is 100% confidential as specified by both state and federal law. All employees and their families are provided free, confidential counseling and referral service pertaining to personal difficulties related to the following: Financial and legal consultation, mediation information, drug and alcohol abuse, childcare search, adoption assistance, school and college planning or eldercare assessment. You may also visit the Aurora EAP website at aurora.org/eap. The user Name is: mps or you may call 1-800-236-3231.

Tuition Reimbursement - The District is committed to promoting the professional growth of its employees. A tuition reimbursement policy will be offered to employees subject to limitations, including, but not limited to, that the courses: (1) relate to a reasonable promotional opportunity within the District; or (2) have direct impact that supports student learning and supports the needs of the District. Eligible employees must be in an active status and scheduled 30 or more hours per week (employees on sabbatical or any paid or unpaid leave of absence are not eligible for tuition reimbursement.) Eligible employees must submit application for tuition reimbursement to the Office of Human Capital and obtain approval prior to the start date of the coursework or training. The availability of tuition reimbursement subject to approved District budget. Tuition reimbursement is subject to successful completion of coursework verified by the District. Details on the Tuition Reimbursement policy and application process can be found under the Office of Human Capital section of *mConnect*.

Note: Eligibility Restrictions for Tuition Reimbursement

- > (3) Board Members are not eligible for tuition reimbursement.
- > (15) Part time Recreation Employees are not eligible for tuition reimbursement.
- > (17) Active Substitute Teachers are not eligible for tuition reimbursement effective 9/1/12.
- > (20) Temporary Employees, LTEs are not eligible for tuition reimbursement.

Direct Deposit of Paychecks - Employees are paid on a biweekly payroll basis consistent with the pay dates established within the system. Employee's paychecks are directly deposited into the employee's account and employees are required to establish and maintain direct deposit for their paychecks. Direct deposit forms are located on the *mConnect* or in the Office of Finance – Payroll Department. Payroll will assist employees in establishing direct deposit. Employees who are unable to establish, maintain, or change direct deposit information as required, will be issued a payroll debit card which will be funded through direct deposit in lieu of receiving a paper check.

Glass Coverage for Automobiles – The District will provide insurance to cover damage resulting from vandalism to auto glass (e.g. auto windows, windshields) on employees' owned or leased vehicles while parked at school during school hours and while on school business. Coverage under this provision excludes theft and any damage resulting from collision. Coverage will not include any towing, storage or car rental. Employee shall be responsible for the first \$50 for cost of auto glass repair or replacement in any one incident. Employee is required to use the District's designated vendor and must promptly file a claim form to receive coverage. You can obtain a claim form on *mConnect* by doing a Keyword search for Auto Vandalism. To file a claim, complete the Report of Auto Vandalism to Employee Auto form and fax it to CCMSI at (262)-696-4637. You may also contact the district's vendor, CCMSI, at (262)-696-4636 with any questions.

Note: Eligibility Restrictions for Glass Coverage

- > (3) Board Members are not eligible for Glass Coverage.

Liability Protection – The District covers employees for liability insurance for incidents arising in the performance of their duties that are within the scope of their employment in accordance with Wis. Stat. 93.35 and 895.46 as amended. Coverage shall be afforded in accordance with this statute and the District's self-insured program and any additional excess insurance policy. Employees are required to promptly report any formal claims or legal service to their supervisor and the MPS Office of Finance, Department of Procurement and Risk Management to fully cooperate with the District in the defense and investigation of such incidents and claims.

Prescription Safety Glasses

Prescription safety glasses will be furnished and replaced or repaired if damaged or broken during the course of the employee's work assignment, if requested by the employee who is working on a job which requires safety glasses.

Note: Only the following units are eligible for Prescription Safety Glasses

- > (5) Building Engineers unit
- > (6) Building Service Helpers unit
- > (7) Building Trades unit
- > Some employees in units listed under (21) that are required to wear safety glasses (see Introduction on page 3 for a list of these employee groups). Please check with your supervisor to confirm if you are eligible for this benefit.

Summary of Retiree Benefits Effective With Dates of Retirement On or After July 1, 2013

RETIREE HEALTH – ELIGIBILITY REQUIREMENTS

Effective with dates of retirement on or after July 1, 2013, employees with 20 or more years of eligible service and at least 60 years of age may continue in the group health insurance program. The employee must be enrolled in a health plan as the subscriber immediately prior to their date of retirement and meet the eligibility requirements in order to continue it on a Board-paid or self-paid basis.

If the employee described above has 90% or more of the maximum allowable full-day accumulation of sick leave, the employee will be allowed to continue in the PPO Indemnity Health Plan or the EPO Health Plan and the Board will pay its share of the average of the PPO/Indemnity Health Plan and EPO Health Plan active single plan or family plan premium rate in effect as of the employee's date of retirement in accordance with Board policy and Plan provisions. The Board's share of the applicable average active health plan premium rate is net (e.g. reduced by) of the employee required premium contribution in effect as of the employee's retirement date. The Board's share is also referred to as the "*Board subsidy*". Note: For Building Trades employees who retire on or after September 1, 2010, the Board will pay its share of the rate in existence for the EPO Health Plan at the time of retirement.

If the employee meets the age and service requirements but has less than the 90% of the maximum sick leave accumulation, the employee may remain in the health insurance program on a self-pay basis. In making the 90% determination, all half-day balances will be converted into full-day equivalents.

The maximum allowable sick leave accumulation may be either 1,160 hours (for 10-month employees) or 1,200 hours (for 12 month employees including 12 month Clerical-Technical employees), depending on their scheduled work year.

For 10-month employees eligible for retiree health and who retire at the end of the regularly scheduled work year, the Board will pay its share of the average of the PPO/Indemnity Health Plan and EPO Health Plan active single plan or family plan premium rate in effect on either June 30 or July 1, whichever average is higher, provided the employee submits their written resignation on or before March 1, if applicable. Beginning January 1, 2016, health plan rates were set for the entire calendar year and remain unchanged from January through December 2016.

The Board's share of the average of the active PPO/Indemnity Health Plan and EPO Health Plan in effect at the date of retirement will be the Board subsidy. Upon reaching Medicare eligibility (currently age 65), the Board subsidy will be adjusted (reduced) to the Board's share of the average of the Medicare rates in effect as of the date of retirement to reflect coordination with Medicare.

Effective with dates of retirement on or after July 1, 2013, the methodology to determine retiree premium rates is changed to establish a pre-Medicare retiree premium rate for self-paid coverage and is applied to self-pay retirees who retire on or after July 1, 2013 (e.g. for those retirees who meet the age and service eligibility requirements but are not eligible for the Board subsidy).

Note: Such employee described above who has a domestic partner (and domestic partner children) enrolled in his or her family health plan at time of retirement, the Board shall only pay its share of the average premium based on the employee enrolled as a subscriber and his/her dependents (if any) enrolled in such plan at time of retirement other than domestic partner (and domestic partner dependents). The subscriber's domestic partner (and domestic partner's dependents) are not eligible for continued coverage under the employee's retiree health plan.

Open Enrollment for Retiree Health Coverage

The annual open enrollment period is during October/November each year with plan coverage effective January 1st. The open enrollment period also allows current enrolled retirees and surviving spouses to change health plans. Retirees with family health plan coverage can only add dependent children.

Husband and Wife – Both Retired From MPS

Depending on the employee's retirement date (see chart below), where husband and wife both retire from MPS and both meet eligibility requirements for Board-paid retiree health coverage as of his/her date of retirement, the Board subsidy as explained above is the Board's share of the average of the premium rates in effect as of his/her date of retirement for one (1) family plan or two (2) single plans.

<u>Units</u>	<u>Retirement date</u>
(1)Administrators and Supervisors	1/01/07 and after
(2)Exempt Administrators and Supervisors	1/01/07 and after
(4) Bookkeeper/Accountants	7/01/12 and after
(5) Building Engineers	2/28/08 and after
(6)Building Service Helpers	4/24/08 and after
(7)Building Trades	2/28/08 and after
(8)Cabinet Level	1/01/07 and after
(9)Clerical-Technical	6/30/09 and after
(10)Exempt from Clerical-Technical	6/30/09 and after
(11)Educational Assistants/Safety Assistants	7/01/12 and after
(12)Food Service, CHA, SNA	2/28/08 and after
(13)Office of Accountability and Efficiency	1/01/07 and after
(14)Office of Board Governance	1/01/07 and after
(16)Psychologists	4/01/11 and after
(17)Substitute Teachers	7/01/12 and after
(18)Superintendent	1/01/07 and after
(19)Teachers	7/01/13 and after
(21)Warehouse, Distribution, Buyers etc.	3/30/08 and after

Retiree Health - Disability Retirement:

Effective with dates of retirement on or after July 1, 2013, employees who have 20 or more years of eligible service and qualify for a disability pension, may continue in the health plan on a self-paid basis or on a Board-paid basis if they have the required 90% or more of the maximum allowable full-day accumulation of sick leave as noted above. The methodology to determine the premium rates for employees who retire under this disability retirement provision and the Board subsidy are as described in this Retiree Health – Eligibility Requirements section.

Note: Eligibility Restriction for Retiree Health - Disability Retirement

- > (3) Board Members are not eligible for this disability retirement feature.
- > (4) Bookkeepers/Accountants unit is not eligible for this disability retirement feature.
- > (5) Building Engineers unit is not eligible for this disability retirement feature.
- > (6) Building Service Helpers unit is not eligible for this disability retirement feature.
- > (7) Building Trades unit is not eligible for this disability retirement feature.
- > (9) Clerical Technical unit is not eligible for this disability retirement feature.
- > (10) Exempt from Clerical Technical unit is not eligible for this disability retirement feature.
- > (11) Educational Assistants/Safety Assistant unit is not eligible for this disability retirement feature.
- > (12) Food Service, CHA, SNA unit is not eligible for this disability retirement feature.
- > (15) Part time Recreation Employees are not eligible for this disability retirement feature.
- > (16) Psychologists unit is not eligible for this disability retirement feature.
- > (17) Substitute Teachers unit is not eligible for this disability retirement feature.
- > (20) Temporary Employees, LTEs are not eligible for this disability retirement feature.
- > (21) Warehouse and Distribution Services, Buyers, F&M Services, Grounds Keepers, Seasonal Laborers, Parent Information Specialists, Social Work Aides, Radio and TV and Technology unit is not eligible for this disability retirement feature.
- > Employees hired/rehired or after 7/1/13 are not eligible for this disability retirement feature.

Retiree Health - Sunset Provision (Currently Expired)

A special sunset provision allows employees who are age 55 or older with 30 or more years of service to retire before age 60 (for dates of retirement prior to 7/1/15) with retiree health benefits. This special sunset provision applies only to the age and service requirements for dates of retirement on/after 7/1/13 and prior to 7/1/15.

Note: Eligibility Restriction for Retiree Health Sunset Provision

- > **(3) Board Members are not eligible for Retiree Health and this sunset provision.**
- > **(15) Part time Recreation Employees are not eligible for Retiree Health and this sunset provision.**
- > **(20) Temporary Employees, LTEs are not eligible for Retiree Health and this sunset provision.**
- > **Employees hired/rehired on or after 7/1/13 are not eligible for Retiree Health and this sunset provision.**

Medicare Part B for Dates of Retirement on or after July 1, 2013

As a retiree, regardless of whether or not you are in Social Security, you and your covered dependents are required to subscribe to Medicare part "B" at age 65 or if eligible due to Social Security disability. If you participated in Social Security during your working life, you are also required to take Medicare part "A" which is currently free. **Enrollment in Medicare is required as the MPS retiree health plan is a group Medicare Advantage Plan and an individual cannot be enrolled in a Medicare Advantage Plan unless enrolled in both Medicare Part A and Part B.**

When you as a retiree and/or your dependent becomes Medicare eligible, you will receive the MPS Medicare Advantage Plan upon reaching Medicare eligibility (currently age 65), and the Board paid amount will be adjusted (reduced) to reflect coordination with Medicare.

Your Medicare "B" premium can be reimbursed by MPS to the extent that your MPS premium and Medicare "B" premium do not exceed your total Board paid amount as adjusted once you reach Medicare eligibility. This reimbursement, if applicable, for the Medicare part "B" premium is paid to the retired employee (subscriber) only, once you become Medicare eligible. If you retire after attainment of age 65, you and your spouse if eligible for Medicare, must enroll in Medicare parts "A" and "B" immediately.

Death of Retired Employee Enrolled in an MPS Retiree Health Plan

In the event of the death of a retired employee enrolled as the subscriber in an MPS retiree health plan, the spouse (at the time of retirement) is allowed to continue in the retiree health insurance in a single plan with the Board paying its share of the applicable premium rate for the single plan in effect at the time of retirement. Further, the Board's share will be adjusted (reduced) once eligible for Medicare for those employees that retired 7/1/13 or after. If the retired employee did not have the required accumulation of sick leave as of their date of retirement, the surviving spouse shall be allowed to continue in the single retiree health plan on a self-paid basis. Such surviving spouses shall not be eligible for Board-paid or self-paid health insurance coverage if otherwise covered because he/she remarries or is covered by another group health insurance plan.

Note: Eligibility Restrictions:

- > **(3) Board members are not eligible for this surviving spouse benefit.**
- > **Retired Substitute Teachers are not eligible for this surviving spouse benefit.**

Death of Employee in Active Service - Eligibility for Health Insurance

If an employee enrolled as the subscriber in an MPS health plan dies while in active service and as of the date of death has met the retiree health eligibility requirements of 20 or more years of eligible service then:

- A. The surviving spouse and eligible dependents can continue health coverage with the Board paying its share of the premium until the surviving spouse remarries or is covered by another group health insurance plan ; and
- B. When the surviving spouse turns age 60, he/she (but not any dependents) will be eligible to continue coverage in a single plan and will be covered as a surviving spouse of an employee who retired that month. The Board paid amount will be the Board's share of the single premium as described in the Retiree Health – Eligibility Requirements section, in effect as of the date of the surviving spouse turning age 60 if the employee had the required 90% of maximum sick leave balance as of the employee's date of death. The Board paid amount will be adjusted once the surviving spouse is eligible for Medicare.

If the employee did not have the required 90% of maximum sick leave as of the employee's date of death, continuation in health coverage will be self-paid as invoiced by the Board.

Note: Eligibility Restrictions for Surviving Spouse Benefit

- > (3) Board Members are not eligible for this surviving spouse benefit.
- > (12) Employees in the Food Service, Children's Health Assistants, School Nurse Associates unit are not eligible for this surviving spouse benefit
- > (15) Part time Recreation Employees are not eligible for this surviving spouse benefit.
- > (17) Substitute Teachers do not have this surviving spouse benefit.
- > (20) Temporary Employees, LTEs are not eligible for this surviving spouse benefit.
- > Employees hired/rehired on or after 7/1/13 are not eligible for Retiree Health and this surviving spouse benefit.

No Retroactive Retirement Dates

All employees regardless of their work year are required to provide **advance** written notice of resignation for retirement to the MPS Office of Human Capital and their supervisor. The employee's retirement date that will be accepted by MPS will be the later of the retirement date indicated in the written notice or the date of receipt of the written notice by the MPS Office of Human Capital. Eligibility for retirement from the District will be verified by the MPS Office of Human Capital. (Refer to the Employee Resignations section in the Employee Handbook for additional information.)

Resignations are irrevocable. In the event of rare and extenuating circumstances, the employee may submit a request to rescind his/her resignation to the Chief Human Capital Officer within 30 days of the effective date of his/her resignation. All requests must be in **advance** of any official Board action.

30 day Notice Required for Retirement

All employees resigning for the purpose of Retirement must give written notice to the District (Office of Human Capital) at least 30 days prior to their last work day. Please see the Employee Handbook, Employee Resignations-Retirements section.

Dental Coverage after Retirement

If you were enrolled in an MPS dental plan at the time of retirement, you may continue this coverage under the COBRA law on a self-paid basis, for up to 18 months after your employee dental coverage ends. Under the COBRA law, you must complete an election form and pay for the first month's coverage at the time of retirement in order to continue this coverage. You will be billed monthly for the dental premium. Please note that if you retire and are immediately eligible for Medicare, you may be eligible to continue dental coverage under COBRA per the Wisconsin state statute. You may terminate this dental coverage at any time by not paying the premium; however, you may not continue this coverage past the time period allowed under the COBRA law.

Vision Coverage after Retirement

Your vision coverage ends upon retirement. Please note that vision coverage cannot be unbundled from your health plan and purchased separately under COBRA continuation.

MPS 403(b) Accumulated Leave Program (Formerly Severance Pay Benefit)

Effective with dates of retirements on or after July 1, 2013, to be eligible for this benefit, employees must be age 60 or older with 20 or more years of MPS service. At time of retirement, the employee must have a sick leave balance in excess of 90% of the maximum full-days accumulation. Half days are not convertible for this purpose. If you meet these eligibility requirements, you will be paid up to ten (10) accumulated full-days of sick leave in excess of the 90% of the maximum full-days accumulation.

Sunset Provision (Currently Expired): For dates of retirement July 1, 2013 through June 30, 2015, employees who are age 55 or older at the time of retirement AND have 30 or more years of MPS service are eligible to receive up to ten (10) accumulated full-days of sick leave in excess of the 90% of the maximum full-days accumulation.

MPS will pay this benefit upon your retirement as a mandatory (non-elective) employer contribution to your 403 (b) Accumulated Leave Program account. Monies will be deposited in a fixed, no risk, interest-bearing account. You do not have to be currently contributing employee contributions to a 403(b) tax sheltered annuity program to be eligible for this program.

Note: Eligibility Restrictions for Accumulated Leave Program

- > **(3) Board Members are not eligible for the Accumulated Leave Program.**
- > **(15) Part time Recreation Employees are not eligible for the Accumulated Leave Program.**
- > **(17) Active Substitute Teachers are not eligible for the Accumulated Leave Program.**
- > **(20) Temporary Employees, LTEs are not eligible for the Accumulated Leave Program.**
- > **Employees hired/rehired on or after 7/1/13 are not eligible for the Accumulated Leave Program.**

Retiree Life Insurance

Eligibility Requirements

Effective with retirements on or after July 1, 2013: Employees age 60 with at least 20 years of MPS service may continue their life insurance by paying the full premium until attainment of age 65; thereafter, coverage is provided fully Board paid, following a reduction schedule, to a maximum benefit coverage amount of \$25,000 at the final 25% reduction, subject to maximum limitations. Food Service, Children's Health Assistants, School Nurse Associates and Building Service Helpers if hired on or after July 1, 1986 are not eligible for retiree life insurance coverage.

Sunset Provision (Currently Expired): A sunset provision allows employees who are age 55 or older with 30 or more years of MPS service to retire before age 60 (prior to July 1, 2015) with retiree life insurance benefits. This sunset provision applies only to the age and service requirements for dates of retirement July 1, 2013 through June 30, 2015.

Amounts of Life Insurance Coverage

If you retire prior to age 65, your life insurance coverage amount equals your active life insurance coverage amount at retirement. On the March 1st following your 65th birthday, your life insurance coverage is reduced to 75% of the original coverage amount; on the March 1st following your 66th birthday, it is reduced to 50% of coverage; and on March 1st following your 67th birthday, coverage is reduced to the lesser of 25% of the original amount or \$25,000, and remains at that amount. (Except as outlined below, the \$25,000 is the maximum benefit that shall be paid after your 67th birthday for date of retirement on or after July 1, 2013.)

Coverage limitations - Coverage amounts above the limit are paid for by the retiree:

<u>Employee Unit</u>	<u>Maximum Board Paid at final 25% reduction-Age 67</u>
(12)Food Service, CHA, SNA	\$10,000
(6)Building Service Helpers	\$10,000
(5)Building Engineers, (7) Building Trades	\$15,000
(21)Warehouse, Distribution, etc., (9) Clerical/Technical	\$20,000

Note: Eligibility Restrictions

- > (3) Board Members are not eligible for retiree life insurance benefits.
- > (15) Part time Recreation Employees are not eligible for retiree life insurance benefits.
- > (17) Active Substitute Teachers are not eligible for retiree life benefits effective with dates of retirement after July 1, 2012.
- > (20) Temporary Employees, LTEs are not eligible for retiree life insurance benefits.
- > Seasonal Laborers are not eligible for retiree life insurance benefits effective with dates of hire or recall on or after 7/1/12.
- > Employees hired/rehired on and after 7/1/13 are not eligible for retiree life insurance benefits.

IMPORTANT NOTICE: This summary provides highlights of the Milwaukee Public Schools (MPS) health, dental, life insurance, pension and other fringe benefits offered to benefit-eligible employees and retirees of MPS. This publication describes these benefits in general terms only as of the publication date indicated and is not intended to be a complete description of coverage. All benefit and eligibility provisions described herein are subject to, and subordinate to, the terms and provisions of the master plan document or contract for each plan, Board policies and procedures, and state and federal law, and are not intended to, and shall not be construed to, create any rights that in any manner exceed or modify the terms and conditions of the benefit plans as set forth in or mandated by these other sources. MPS reserves the right to modify, amend, repeal or terminate any provision or plan summarized herein, and any Board policy or procedure, consistent with state or federal law, at any time with or without notice. This summary and any of the sources referenced herein are not intended and should not be construed to be a contract of employment, express or implied.

CONTACTS**HEALTH**

Patient Care	1-800-640-1898		www.patientcare4u.com/mps
EPO UnitedHealthcare (Choice)	1-877-440-5982	Group No.: 703772	www.myuhc.com (select "Choice")
PPO UnitedHealthcare (Choice Plus)	1-877-440-5982	Group No.: 703772	www.myuhc.com (select "Choice Plus")
HDHP UnitedHealthcare (Choice Plus)	1-877-440-5982	Group No.: 703772	www.myuhc.com (select "Choice Plus")
UHC's Employee Nurse Line	1-855-262-3438		

PRESCRIPTION DRUG

OptumRx	1-877-440-5982	Group: MILWPS	optumrx.com
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VISION

National Vision Administrators-NVA	1-800-672-7723	Group No. 00148	www.e-nva.com
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DENTAL

Care Plus	(414) 771-1711	Group No.: PPD036	www.dentalassociates.com
Delta Dental	1-800-236-3712	Group No.: 90114	deltadentalwi.com

FLEXIBLE SPENDING ACCOUNTS

ADP (Healthcare, Dependent Care)	1-888-842-8230		www.myspendingaccount.adp.com
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HEALTH SAVINGS ACCOUNT

Wells Fargo	1-866-884-7374		wellsfargo.com/HSA
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LIFE INSURANCE

Trustmark	1-800-307-3929 Life Claims 1-800-351-2526 Beneficiary Change		www.trustmarklife.com www.trustmarkins.com
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PENSION

City Pension Office (ERS)	(414) 286-3557 (for Classified employees)		www.cmers.com
State Pension Office (WRS)	1-877-533-5020 (for Certificated employees)		www.etf.wi.gov

TAX DEFERRED ANNUITIES – 403(b)

Voya Financial Services	(414) 256-2187		
MetLife Resources	(414) 541-4490		
TIAA-CREF	1-800-842-2273 (National Contact Center); 1-800-842-2888 (Enrollment Hotline)		
WEA TSA Trust	1-800-279-4030		
Plan With Ease	1-855-464-6928		www.planwithease.com

DEFERRED COMPENSATION PROGRAM – 457

Wisconsin Deferred Compensation	1-877-457-9327		www.wdc457.org
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EMPLOYEE ASSISTANCE PROGRAM (EAP) – Aurora

Employee Assistance Program	1-800-236-3231 (EAP)		aurora.org/eap (user name-MPS)
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MPS CONTACTS

Flexible Spending Accounts- Raquel Alvarez	414-475-8178		alvarer@milwaukee.k12.wi.us
Health/Vision, Dental & Life (last names A – K)- Toquinnie Lamar- Hannah	414-475-8158		lamart@milwaukee.k12.wi.us
Health/Vision, Dental & Life (last names L – Z) – Dina Ebert	414-475-8233		ebertdm@milwaukee.k12.wi.us
Leave of Absence/FMLA	414-475-8210		burnsk@milwaukee.k12.wi.us
Payroll	414-475-8300		
Pension/Tax Deferred Annuities - Himanshu Parikh	414-475-8292		parikhhb@milwaukee.k12.wi.us