BRODHEAD SCHOOL DISTRICT

HOME OF THE CARDINALS

Benefits Guide - July 2023-June 2024

Questions?

Contact Cathy Pfeuti at (608) 897-2141 or cpfeuti@brodhead.k12.wi.us

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A Message from HR at Brodhead School District

At Brodhead School District we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes toward our accomplishments. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This benefit guide will help you choose the type of plan and level of coverage that is right for you. Elections you make during open enrollment will become effective **July 1, 2023. An enrollment form must be completed if you are making any changes to your health and dental coverage.**

This benefit guide includes the benefits and enrollment material offered at Brodhead School District for 2023. We encourage you to take the time to read through and explore your benefits options. At Brodhead School District, we value our staff and are committed to providing a comprehensive and competitive benefits package.

Updates:

- With inflation at an all-time high, budget constraints are tighter than ever. We've been able to maintain the same coverage level as last year. We will continue to offer both the HMO and POS/PPO options to your plan as of July 1, 2023. Please refer to the summaries provided for both Dean and Mercy for details. Premiums for the POS/PPO plans will continue to reflect higher costs due to the out of network benefits they provide.
- To keep the health plans IRS compliant, both health plan out-of-pocket maximums were reduced to $9,000.
- The district will continue to provide an HSA contribution, however, to adjust for inflation, we are lowering those contributions to: **Single** - from $3,000 to $2,500; and **Family** - from $6,000 to $5,000
- Dean Health Plans changes to all their large group health plans as of our 7/1/23 renewal:
    - **Expanded Preventive Drug Listing (PDL)** – Expanded medications covered on the PDL for a $0 member cost-share. Newly added medications include mental health, brand diabetes, insulin, and brand inhalers.
    - **$0 Preferred Diabetic Supplies** – All formularies will include preferred diabetic supplies such as syringes, lancets, and pen needles at $0 member cost share.
    - **90-Day Generic Maintenance Drug Program** – requires a 90-day fill for Tier 1 or Tier 2 generic maintenance medications after the first 3 refills. Mail order: 2 copays for all Tier 1 and Tier 2 medications; Retail: 2.5 copays for Tier 1 and Tier 2 generic maintenance medications.

If you anticipate incurring medical costs this coming year, you may want to consider contributing extra money to your HSA so you may take advantage of the tax savings to pay those expenses. Please refer to page 11 for HSA contribution limits.

Certain benefits you elect require an employee contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other cases, the deduction will be made after-tax to avoid certain tax consequences to you and the district. For taxability of benefit elections, please contact Cathy Pfeuti at 608-897-2141 or cpfeuti@brodhead.k12.wi.us.

Required notices are located at the end of this packet and include: HIPAA Portability Notice, Notice of Healthcare Exchange, Medicare Part D Coverage Notice, CHIP Notice, and WHCRA Notice.

Sincerely,

Cathy Pfeuti

Eligibility

Eligible Employees:
You may enroll in the Brodhead School District Employee Benefits Program if you are a full-time or part-time employee who is actively working at least 1246 employment hours per year and hired or had a change of employment status after July 1, 2012, OR 900 hours per year if hired prior to July 1, 2012.

Eligible Dependents:
If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

When Coverage Begins:
Newly hired employees and dependents will be effective in Brodhead School District's benefits programs on their Date of Hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:
A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits.

Examples of family status changes include:
- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

Medical Insurance – MercyCare Health Plans

Effective July 1, 2023, we will continue to offer a health plan through MercyCare Health Plan for all benefit-eligible employees.

About the Health Plan: Preventive care is covered at 100% and no deductible applies. For other services, these plans require a deductible before eligible services are paid at 100%.

Mercy Health Plan	HMO Plan	PPO Plan	
	In Network ONLY	In Network	Out of Network
Deductible *per calendar year*	$3,000 /single $6,000/family	$3,000 /single $6,000/family	$6,000 /single $12,000/family
Out of Pocket Max *per calendar year*	$6,000 /single $9,000/family	$6,000 /single $9,000/family	$12,000 /single $24,000/family
Physician Services *Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation*	You pay $50 copay after deductible	You pay $50 copay after deductible	You pay 20% after deductible
Preventive Services *Well child, Immunizations, Certain Prenatal Services, Screening*	You pay $0	You pay $0	You pay 20% after deductible
Mental/ Behavioral/ Substance Use *Outpatient*	You pay $50 copay after deductible	You pay $50 copay after deductible	You pay 20% after deductible
Ambulance	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Urgent Care	You pay $50 copay after deductible	You pay $50 copay after deductible	Covered as In Network
Emergency Room	You pay $250 copay after deductible	You pay $250 copay after deductible	Covered as In Network
Hospital	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Prescription Drugs Generic Preferred Brand Non-Preferred Brand Specialty	You pay 0% after deductible	You pay 0% after deductible	Not Covered

MercyCare Health Plans™

Our Plan uses **MercyCare** Network for participating providers.

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in- network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

QUESTIONS?

Call customer service at **800-895-2421** call the phone number on the back of your ID card or visit www.mercyhealthplans.com.

Brodhead School District will contribute $2,500 single / $5,000 family into a Health Savings Account on your behalf.

Please review your benefit plan summary document for more detailed coverage information. If there is a discrepancy, carrier summaries will overrule information in this Benefits Guide.

Medical Insurance – Dean Health Plan

Effective July 1, 2023, we will continue to offer a health plan through Dean Health Plan for all benefit-eligible employees.

About the Health Plan: Preventive care is covered at 100% and no deductible applies. For other services, these plans require a deductible before eligible services are paid at 100%.

Dean Health Plan	HMO Plan	PPO Plan	
	In Network ONLY	In Network	Out of Network
Deductible *per calendar year*	$3,000 /single $6,000/family	$3,000 /single $6,000/family	$6,000 /single $12,000/family
Out of Pocket Max *per calendar year*	$6,000 /single $9,000/family	$6,000 /single $9,000/family	$12,000 /single $24,000/family
Physician Services *Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation*	You pay $50 copay after deductible	You pay $50 copay after deductible	You pay 20% after deductible
Preventive Services *Well child, Immunizations, Certain Prenatal Services, Screening*	You pay $0	You pay $0	You pay 20% after deductible
Mental/ Behavioral/ Substance Use *Outpatient*	You pay $50 copay after deductible	You pay $50 copay after deductible	You pay 20% after deductible
Ambulance	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Urgent Care	You pay $70 copay after deductible	You pay $70 copay after deductible	Covered as In Network
Emergency Room	You pay $250 copay after deductible	You pay $250 copay after deductible	Covered as In Network
Hospital	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Prescription Drugs Generic Preferred Brand Non-Preferred Brand Specialty	You pay 0% after deductible	You pay 0% after deductible	Not Covered

DeanHealthPlan
A member of SSM Health

Looking for a convenient clinic or hospital location? Dean's provider finder lets you easily search for providers and locations within your network. Search on our website for a location convenient for you.

BALANCE BILLING
The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in- network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE
Refer to your summary of benefit coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

QUESTIONS?
Call customer service at **608-294-6463**, **800-718-3326** or call the phone number on the back of your ID card or visit **www.deancare.com**.

Brodhead School District will contribute $2,500 single / $5,000 family into a Health Savings Account on your behalf.

Please review your benefit plan summary document for more detailed coverage information. If there is a discrepancy, carrier summaries will overrule information in this Benefits Guide.

Health Plan Premiums

Brodhead School District
Insurance Plan Copays 2023-24

Dean / MercyCare Health Insurance Plans

Single Plan Subscribers:	Dean Health Plan HMO	Dean Plan POS/PPO - Buy-up Option	MercyCare Plan HMO	MercyCare Plan PPO - Buy-up Option
Per Month:	**$656.65**	**$675.20**	**$607.80**	**$682.80**
Hours worked:	**Employee Copayment**	**Employee Copayment**	**Employee Copayment**	**Employee Copayment**
1700 + (10% co-pay)	$65.66	$84.22	$60.78	$135.78
1350 - 1699 (20% co-pay)	$131.32	$149.88	$121.56	$196.56
1215-1349 (25% co-pay)	$164.16	$182.70	$151.94	$226.94
900-1214 (35% co-pay)	$229.82	$248.38	$212.72	$287.72
Teachers & Administrators (12.6%)	$82.74	$101.28	$76.58	$151.58

Family Plan Subscribers:	Dean Health Plan HMO	Dean Plan POS/PPO - Buy-up Option	MercyCare Plan HMO	MercyCare Plan PPO - Buy-up Option
Per Month:	**$1,490.60**	**$1,532.70**	**$1,379.70**	**$1,550.10**
Hours worked:	**Employee Copayment**	**Employee Copayment**	**Employee Copayment**	**Employee Copayment**
1700 + (10% co-pay)	$149.06	$191.16	$137.96	$308.36
1350 - 1699 (20% co-pay)	$298.12	$340.22	$275.94	$446.34
1215-1349 (25% co-pay)	$372.64	$414.74	$344.92	$515.32
900-1214 (35% co-pay)	$521.70	$563.80	$482.90	$653.30
Teachers & Administrators (12.6%)	$187.82	$229.92	$173.84	$344.24

IMPORTANT: Know WHEN to Pay a Copay on Your High Deductible Health Plan

Co-pays and deductibles are both features of your High Deductible Health Plans. A **deductible** is an amount that must be paid for covered healthcare services before insurance begins paying. **Copays** are charged AFTER your deductible has already been met up until you've reached our Out-of-Pocket maximum amount. **Please be certain that you have met your full deductible amount before you pay a copay when requested.**


UGHHHHH
VIRTUAL VISIT
Get treated for common conditions in under an hour!
Acid reflux
Allergies & hay fever
Bladder infections
Cold/flu, sinus infections
Diaper rash
Lice
Motion sickness
Pink eye
Ringworm (tinea)
Swimmer's ear (otitis externa)
Tick bite
Tobacco cessation
Vaginal yeast infection
Whooping cough (pertussis)
deancare.com/virtualvisit
DeanHealthPlan
A member of SSM Health

We make it simple to get care on your schedule.

Three steps to get you from feeling blah to ahh.

1 Complete an Online Health Interview
5-15 Minutes
Answer a series of questions about how you are feeling and the symptoms you are experiencing — just as you would during an in-office visit. You may be asked to provide photos of areas of concern, such as a wound. Pictures can be sent from your computer or phone.

2 SSM Health Provider Review
In under an hour
A provider from SSM Health reviews your responses and creates a treatment plan. You'll be notified when the results are available, usually in under an hour during office hours, or first thing the next morning if the visit is completed after hours. Note that if you cannot be treated online, you will not be charged.

3 Prescription
2-3 Minutes
If a prescription is part of your treatment plan, you'll be able to send your prescription to the pharmacy of your choice.

A Virtual Visit is not a covered benefit under Medicare, Medicaid or ASO plans.

Language Assistance: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-317-2410 (TTY: 711).

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-317-2410 (TTY: 711).

Hmong - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-317-2410 (TTY: 711).

Non-Discrimination Statement: Dean Health Plan / Prevea360 Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Virtual visit brings you care from the comfort of home.
Care is a click away at **deancare.com/virtualvisit**

DeanHealthPlan.
A member of SSM Health

What is an e-visit?
An e-visit is a way to get care for certain conditions without needing to schedule an appointment or come in to a clinic. We'll ask you some questions about yourself and your symptoms, and a member of our e-visit team will respond with a care plan or recommendations for what to do next.

Is an e-visit right for me?
E-visits should be used only for non-urgent medical conditions, as it may take up to 2 days to receive a response depending on when it is received. If you need urgent medical care, contact your doctor's office by phone or find a nearby urgent care center. For medical emergencies, like chest pain or shortness of breath, call 911 immediately.

What to expect during an e-visit:
You'll be asked to enter your credit card information before your visit is submitted. If the visit is cancelled, your payment will be refunded.

Depending on the steps presented and questions asked about your symptoms, it can take 10-20 minutes to complete your e-visit request. You may be asked for your insurance details or medication lists. Please be prepared to fill in this information.

You can expect a response from our staff in 6 business hours on weekdays or 1-2 days if received on the weekend.

How does it work?
- If you don't use MyChart, create an account.
- If you do use MyChart, you can connect to the e-visit directly from your MyChart account in the main menu under "Find Care."

All visits for non-MercyCare members will be required to pay $25 by credit, debit or health savings card. No insurance is required. If you're a MercyCare member, the e-visit fee will be waived.

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Mercyhealth
A passion for making lives better.

HEALTH SAVINGS ACCOUNT (HSA)

HSA employer contributions will be made on the following schedule for the 2023-24 plan year:

	Single Plan - $2500	Family Plan - $5000
Date		
July 3, 2023	$1500	$3000
October 13, 2023	$500	$1000
January 15, 2024	**$500**	**$1000**

HEALTH SAVINGS ACCOUNT ADVANTAGES

Is a health savings account right for me?

Like any health care option, an HSA has advantages and disadvantages. As you weigh your options, think about your budget and what health care you are likely to need in the next year.

If you are generally healthy and want to save for future health care expenses, an HSA may be an attractive choice.

Or if you are near retirement, an HSA may make sense because the money in the HSA can be used to offset costs of medical care after retirement.

On the other hand, if you think you might need expensive medical care in the next year and would find it hard to meet a high deductible, an HSA might not be your best option.

Contributions cannot be made to the HSA of members who are entitled to (eligible and enrolled in) benefits under Medicare, or other disqualifying coverage.

If you are covered on the High Deductible Health Plan (HDHP), but you are also covered on another group health plan (such as your spouse's group plan) that is not an HDHP, you would also be ineligible to make contributions to an HSA.

Also, an HSA is not available to employees who are eligible for a spouse's medical flexible spending arrangement (FSA), unless the spouse's medical FSA is a limited medical FSA.

Please notify HR if you become enrolled in Medicare or other disqualifying coverage so that HSA contributions can be terminated and avoid adverse tax consequences for you. If you are eligible for, but not enrolled in, Medicare please contact HR before deciding to continue any HSA contributions.

How much can you put in the health savings accounts?

Maximum contributions are $3,650 for single coverage and $7,300 for family coverage for 2023 (employer and employee contributions combined).

Your Health Savings Account will be offered through Bank of Brodhead. To enroll, you must fill out and return applicable forms.

How do I use the HSA to pay for medical care?

It is rather simple. Here are the steps:

1. You and/or the company puts money into the HSA.
2. You or a dependent receives medical services.
3. A bill for medical services is submitted as a claim to either Mercy or Dean.
4. You receive an Explanation of Benefits for the service, which will reflect the amount due to the provider.
5. At this time, you can choose to:
    - Use your HSA funds to pay the provider directly for the amount due.
    - Pay the provider with personal funds and request reimbursement.
    - Use your funds and save your HSA dollars for future medical expenses.
6. Process repeats until deductible and out-of-pocket maximums are met, after which benefits are paid for the remaining plan year.

How do I find information about medical costs and quality so I can make informed choices?

Call Member Services or log on to www.mercyhealthplans.com or www.deancare.com to search for providers and clinics that offer the medical services you need at the best cost.

Can I withdraw money from an HSA for nonmedical expenses?

Yes, but if you withdraw funds for nonmedical expenses before you turn 65, you must pay taxes on the money and a 20% penalty. If you take money out after you turn 65, you pay normal income taxes but no penalties.

TOP REASONS TO HAVE AN HSA

Tax Saving & Earned Interest — Contributions are tax-deductible and earn tax-free interest.

Portability — You own your account, so even if you change jobs, your HSA funds are yours to keep.

Affordable Health Coverage — Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications.

Reduced Insurance Premiums — The cost of coverage under a qualified HDHP is typically lower than the other plan.

Long-Term Savings — Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

Retirement Bonus — After age 65, funds may be withdrawn for any reason with no penalties. (If used for non-medical purposes, however, taxes will be imposed.)

Safety Net — AN HSA has no "use it or lose it" restrictions, so balances can be built up to use for major medical events.

Coverage for the "Extras" — HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

Money That Works for You — Balances over a certain amount may be invested.

Empowerment — Take control of your health care decisions, including which providers you want to use, to ensure your health care dollars are spent wisely.

DENTAL PLAN SUMMARY

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

Features	Delta PPO/Premier	Out-of-Network
Annual Maximum	$2,000	$2,000
Annual Deductible *Does not apply to preventive and diagnostics*	None	None
Diagnostic & Preventive	You pay $0	You pay $0
Basic Restorative Care *Amalgam & Resin Fillings*	You pay 0%	You pay 0%
Oral Surgery *Simple Extractions*	You pay 0%	You pay 0%
Endodontic Therapy *Root Canal*	You pay 0%	You pay 0%
Periodontics *Gum disease*	You pay 0%	You pay 0%
Major Restoratives *Resins, Crowns*	You pay 0%	You pay 0%
Prosthetics and Implants	You pay 50%	You pay 50%
Orthodontia *Lifetime Maximum $2,000*	You pay 50%	You pay 50%

Dental Plan Premiums: We contribute to your premiums. Please refer to your handbook to determine your contribution amount. These rates are shown monthly and effective July 1, 2023:

Delta Dental Insurance

Plan Subscribers:	Single	Family
Per Month:	$57.98	$149.83
Hours worked:	Employee Copayment	Employee Copayment
1700 + (10% co-pay)	$5.80	$14.98
1350 - 1699 (20% co-pay)	$11.60	$29.96
1215-1349 (25% co-pay)	$14.50	$37.46
900-1214 (35% co-pay)	$20.28	$52.44
Teachers & Administrators (12.6%)	$7.30	$18.88

Please review your plan summary document for more detailed coverage information.

We offer the Delta Dental of Wisconsin dental plan. Always use an in-network provider to obtain the highest level of benefits.

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

INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

AMPLIFON HEARING HEALTHCARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call 888-901-0132 or visit www.amplifonusa.com/deltadentalWI for information.

QUESTIONS?

Call customer service at **800-236-3712** or call the phone number on the back of your ID card or visit **www.deltadentalwi.org.**

VOLUNTARY VISION SUMMARY

Our vision plan, Materials Only, is offered through DeltaVision.

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

Frame, Lenses, & Lens Options Allowance OR Contact Lenses Allowance	$200	
Frequency – Lenses / Frames or Contact Lenses *Frequency based on date of service, not benefit plan year*	12/12 months	
Features	**Network Benefit Access Network**	**Non-Network Reimbursement**
Frames / Lenses / Lens Options	$200 allowance, then 20% off balance	$100
Contact Lenses– in lieu of frames/lenses	Conventional - $200 allowance, then15% off balance Disposable - $200 allowance Medically Necessary – Paid in Full	$160 $160 $200

Vision Plan Premiums: This is a voluntary plan, meaning you pay 100% of the premiums. Premiums are effective July 1, 2023:

Status	Monthly Rates
Employee only	$8.94
Family	$22.26

Please review your plan summary document for more detailed coverage information.

DELTA DENTAL

Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, you receive an amount that the provider will pay up to. You are then responsible for the difference.

Note: This is a voluntary plan, participation is optional. You may waive this coverage if you don't need eyeglasses or contacts.

QUESTIONS?

Call customer service at **866-723-0513** or call the phone number on the back of your ID card or visit **wwweyemedvisioncare.com**.

DEPENDENT CARE FLEXIBLE BENEFIT PLAN

We sponsor a flexible benefit plan to help you pay for childcare expenses and qualified benefit premiums on a pre-tax basis. The flexible benefit plan year is July 1, 2023, thru June 30, 2024. These flexible benefit plans help you on a pre-tax basis by:

- **Premiums:** Pre-tax contributions for medical, dental and vision premiums.
- **Dependent care:** You can set aside pre-tax contributions for dependent care expenses up to $5,000 per plan year No dollars may be carried over into the next plan year.

Participants **must enroll annually** for the dependent care flexible benefit plan year effective on July 1, 2023. Premiums will continue as pre-tax unless you specifically opt out of this option.

Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event. The dependent care option is "use it or lose it." No dollars will roll over to the next plan year. This plan is administered by Employee Benefits Corporation.

VOLUNTARY SHORT-TERM DISABILITY

You can receive 66 2/3% of your earnings (up to a maximum weekly benefit of $1,500) in the event of a qualifying disability claim. Benefits begin the 1st day of an accident or the 4th day of an illness for a maximum of 90 days. Short Term Disability is provided through National Insurance Services (NIS). This benefit is voluntary and paid by the employee.

LONG-TERM DISABILITY

You may receive 90% of your earnings up to a maximum monthly benefit of $12,000 in the event of a qualifying disability claim. Benefits may begin after 90 days or after conclusion of STD benefit. This benefit is paid 100% by the district.

EMPLOYEE ASSISTANCE PROGRAM

You have access to an Employee Assistance Program (EAP) provided by National Insurance Services (NIS). This program can help you and your dependents cope with life's every day, and not-so-everyday, challenges.

Call **866-451-5465** or visit **ww.niseap.com**, password is: NISenhanced

VALUE – ADDED SERVICES

Resources for Your Total Health Support from **National Insurance Services**.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Everyday life can be stressful and can affect your health, well-being and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why we offer an EAP. An EAP offers a confidential place to find the answers that work for you. Receive compassionate expertise and confidential help for a variety of health concerns, including:

- Depression
- Alcohol and drug addiction
- Financial or legal concerns
- Stress management
- Child and elder care
- Marital difficulties
- Family conflict

Call **(866) 451-5465** to inquire about EAP services.

FINANCIAL ASSISTANCE

Telephone consultation with a financial consultant to address questions on budgeting, taxes and debt consolidation.

LEGAL ASSISTANCE

Counselors may refer you to a telephone and/or in-person consultation with an attorney.

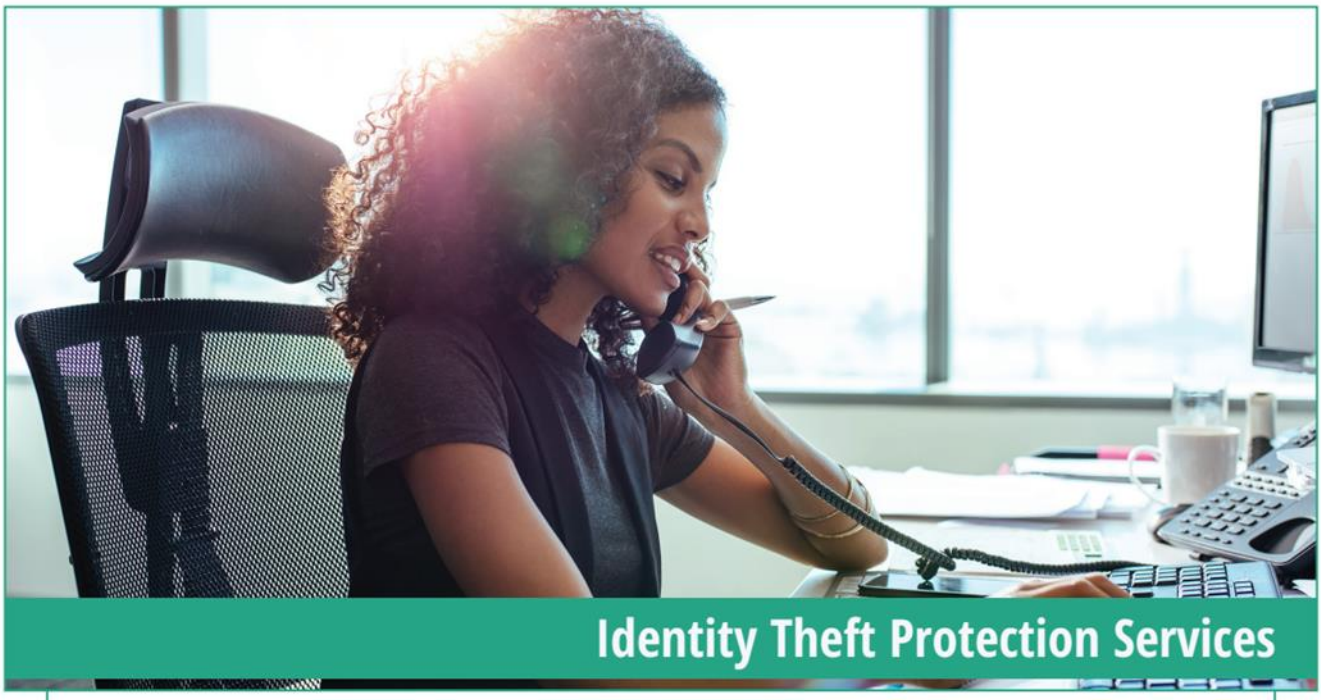
CHILDCARE AND ELDERCARE ASSISTANCE

Telephone consultation with a work-life professional to provide information, referrals and resources related to childcare or eldercare concerns.

CLAIMANT ASSISTANCE

Our Claimant Assist program offers special services to Long-Term Disability claimants or Life insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long-Term Disability Claimant Services are available to guide and counsel claimants and their immediate family members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

Claimant Assist services are available at: **866-472-2734**.



Identity Theft Protection Services

There is an identity theft victim every two seconds. If you are a victim, the MyIDCare Identity Theft Recovery specialists will provide concierge-style service every step of the way. Their expertise will offer peace of mind and save valuable time during this stressful process.

Your dedicated recovery specialist will work with you until the identity is restored to pre-fraud status. Support may include:

- Assistance with investigation of the suspected identity theft
- Guidance through the recovery process
- Recovery for all 9 types of identity theft
- Advice from trained professionals in identity protection
- Single point-of-contact if you are a victim
- Assistance with notifying law enforcement or local government agencies
- Limited Power of Attorney to work on the victim's behalf
- Documentation including fraud affidavit
- And much more

MyIDCare™

https://app.myidcare.com/account-creation/NIS

855.205.6010

"It was great knowing I had someone to help me resolve my identity theft issues and I didn't have to spend hours trying to figure out how to handle it on my own" - MyIDCare member, Needham, MA

(over)

#72.idt.ee.rev.11.18

NEXT STEPS

HEALTH PLAN

Please Note: If you would like to enroll, switch your health plan or change your family status, this is the one time during the year you can do so without a qualifying event. An enrollment form must be completed.

If you are already enrolled in the health plan, you will be automatically re-enrolled at your current coverage status, and no form is needed.

DENTAL PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that. **An enrollment form must be completed.** If you are currently enrolled and do not have any changes, you will be automatically re-enrolled at your current coverage status, and no form is needed.

HEALTH SAVINGS ACCOUNTS

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

FLEXIBLE BENEFIT PLAN

A form must be filled out and returned to participate.

QUESTIONS? NEED FORMS?

Or contact Cathy Pfeuti, **(608) 897-2141**, **cpfeuti@brodhead.k12.wi.us**

CARRIER QUICK LINKS

Health plan

Dean Health Plan
800-279-1301
www.deancare.com

MercyCare Health Plan
800-895-2421
www.mercycarehealthplans.com

Dental Plan

Delta Dental of Wisconsin
800-236-3712
www.deltadentalwi.com

Vision Plan

Delta Vision of Wisconsin
866-939-3633
www.eyemed.com

Flexible Benefit Plan

Employee Benefits Corporation (EBC)
800-346-2126
www.ebcflex.com

Ancillary Plans

National Insurance Services (NIS
800-627-3660
www.nisbenefits.com

WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

Following this page are several notices that the federal government requires us to give individuals who are covered under our group health plan(s). The purpose of these notices is to inform you of certain rights you and your family may have under federal law. In addition to rights under federal law, you may have rights under state law.

You may find it helpful to review this information as you make your benefit enrollment decisions. Please keep this information with your other written plan materials.

1. The Women's Health Cancer Rights Act of 1998 (WHCRA)
2. Newborn's Act Disclosure
3. Notice of Special Enrollment Rights
4. Notice of Grandfathered Status
5. Patient Protection Model Disclosure
6. Michelle's Law Disclosure
7. Statement of ERISA Rights
8. HIPAA Portability Notice
9. Medicare Part D Coverage Notice
10. CHIP Notice
11. Notice of Exchange

2501 West Fifth Ave.
Brodhead, Wisconsin 53520
608-897-2141

This benefit guide summarizes the benefit plans that are available to Client Name eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this benefit guide is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: See the summary of benefits for your medical plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Cathy Pfeuti
2501 West Fifth Ave
Brodhead, WI 53520
(608) 897-2141
cpfeuti@brodhead.k12.wi.us

Important Notice from Brodhead School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Brodhead School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Brodhead School District has determined that the prescription drug coverage offered by both Dean Health Plan and MercyCare Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Brodhead School District coverage **will not** be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

Prescription drugs are subject to the $3,000 single / $6,000 family plan deductible. Once the deductible has been met, covered prescription drugs will be paid at 100% by Dean Health Plan or MercyCare Health Plan.

If you do decide to join a Medicare drug plan and drop your current Brodhead School District coverage, be aware that you and your dependents will be able to get this coverage back. Please review the Brodhead School District health plan documents for details regarding eligibility and enrollment rights.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Brodhead School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Brodhead School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	07/01/2023
Name of Entity/Sender:	Brodhead School District
Contact--Position/Office:	Cathy Pfeuti – Comptroller
Address:	2501 West Fifth Ave Brodhead, WI 53520
Phone Number:	(608) 897-2141

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**

Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)	
Brodhead School District	39-6001109	
5. Employer address	6. Employer phone number	
2501 West Fifth Ave	608-897-2141	
7. City	8. State	9. ZIP code
Brodhead	WI	53520
10. Who can we contact about employee health coverage at this job?		
Cathy Pfeuti		
11. Phone number (if different from above)	12. Email address	
Same as above	cpfeuti@brodhead.k12.wi.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:
    employees working 30 hours or more per week on a permanent basis.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
    All legally married spouses and dependents to the age of 26.
  - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)