



Employee benefits

2023-2024

BENEFITS OVERVIEW



Welcome to the Hortonville Area School District Benefits Guide. Inside you will find all the information you need to evaluate benefits for you and your dependents.

See [page 4](#) for information regarding eligibility of all benefits offered to employees.

BENEFITS OFFERED:

- The **Medical plan** is with Prairie States.
- The **Pharmacy/ Prescription Drug plan** is with EmpiRx
- The **Dental plan** is with Delta Dental.
- The **Vision plan** is also with Delta Dental. Delta Dental partners with EyeMed Vision Care to bring you DeltaVision vision benefits.
- **Flexible Spending** is managed by Diversified Benefit Services (DBS).
- District-paid **Basic Life Insurance** is available through Reliance Matrix. Supplemental coverage is also offered at an additional cost to the employee.
- **Long-Term Disability** is a district-paid benefit for eligible employees and **Short-Term Disability** may be purchased by eligible employees at an additional cost. Long-Term and Short-Term Disability are offered through Reliance Matrix.
- District-paid **Critical Illness** is available through Reliance Matrix. Buy-Up critical illness coverage is also offered at an additional cost to the employee.
- **Voluntary Accident & Hospital Indemnity** is also offered at an additional cost through Reliance Matrix.

If you have questions, please contact Brenda Bergmann at the Business Office:

Brenda Bergmann
Business Services Assistant
(920) 779-7907
246 N Olk Street
Hortonville, WI 54944

WELCOME TO
**Hortonville Area
School District's**
BENEFIT GUIDE!

Here's where to find...

Benefit Overview	3
Benefit Basics	4
PlanSource	5
Retirement Plan	6
Medical Plan Design	7
Medical Contributions	8
Prairie States Tools and Resources	9
Health & Wellness Center	10-11
Teladoc	12
FiveStar & Alithias	13
HPS	14-15
EmpiRx	16
Flexible Spending Accounts	17
Dental Plan Overview	18
Voluntary Vision Plan Overview	19
Life Insurance Overview	20
Disability Insurance Overview	21
Accident Insurance Overview	22
Critical Illness & Hospital Indemnity Insurance Overview	23
Employee Assistance Program	24
Contact Information	25



BENEFIT BASICS

Hortonville Area School District offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides a summary of benefits. Please review it carefully so you can choose the coverage that is right for you and your family.

BENEFIT BASICS

Employees are eligible for coverage on the first of the month following date of hire.

Your dependents are:

- Your legal spouse
- Your children up to age 26 (unless otherwise specified)

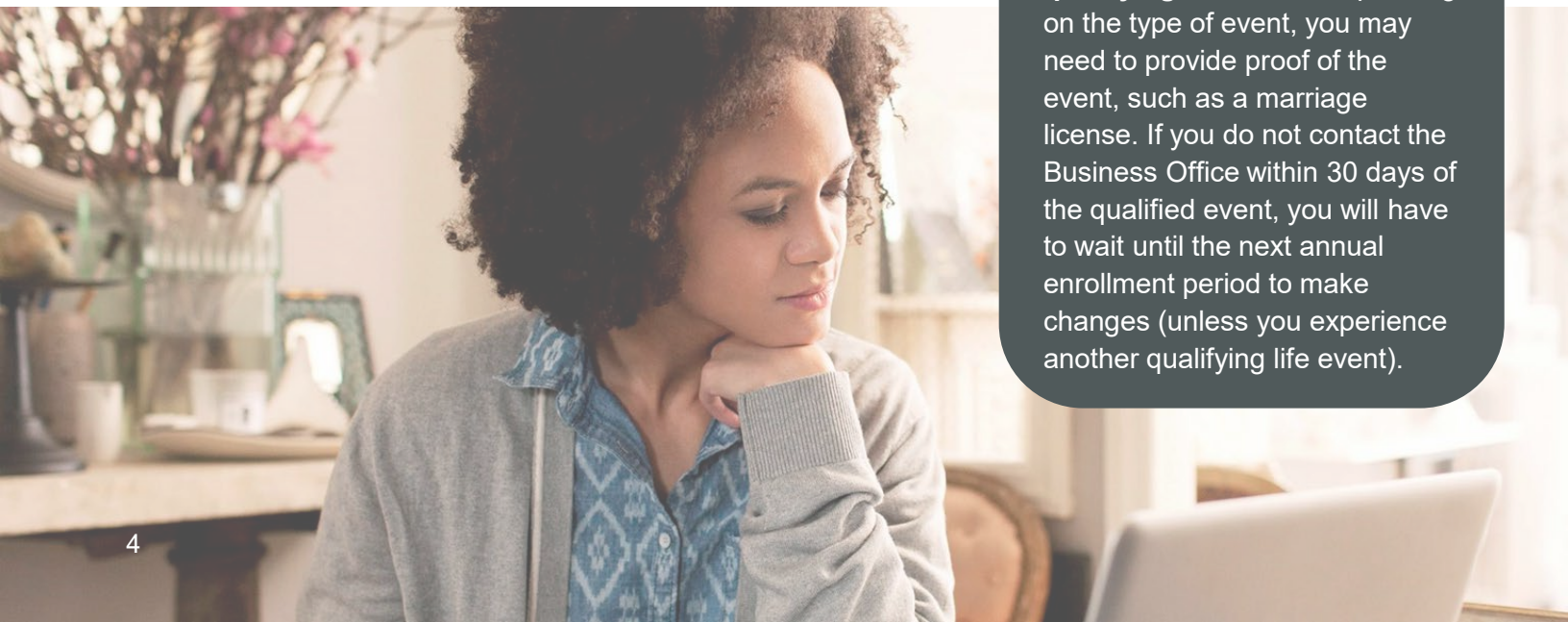
Once your benefit elections become effective, they remain in effect until the end of the plan year. You may only change coverage if you experience a qualifying life event.

QUALIFYING LIFE EVENTS

Generally, you may only change your benefit elections during the annual enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse, or dependent child
- HIPAA special enrollment rights
- FMLA special requirements
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify the Business Office within 30 days of a qualifying life event. Depending on the type of event, you may need to provide proof of the event, such as a marriage license. If you do not contact the Business Office within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualifying life event).



PLAN SOURCE – ONLINE ENROLLMENT

We are excited to introduce PlanSource, our new online benefits enrollment and management system. PlanSource makes it easy for you to shop for and enroll in the benefits that are right for you during open enrollment, manage your benefits throughout the year and make updates after a qualifying life event.

The system is mobile friendly, so you will be able to access it on any device you want: your laptop, tablet or mobile phone. This document will give you a brief introduction to what you can do in the PlanSource system.

GETTING STARTED

1. Go to www.plansource.com/login
2. Log-in - Your Username consists of:
 - a. First initial of your First Name
 - b. First six characters of your Last Name
 - c. Last four (4) digits of your SSN

ENROLLING IN BENEFITS

From the welcome screen, you will be able to begin your enrollment, make changes to your benefits, see your benefits summary, and review benefit plan information and other resources.

Click “Get Started” and you will be guided through the benefits enrollment process. You can see how far along you are on the progress bar and keep track of your benefits cost in the shopping cart.

WRAPPING UP YOUR ENROLLMENT

Always remember to check out once you finish enrolling or updating your benefits. Otherwise you will not be enrolled in benefits and will not have insurance coverage through the company. Note that this is a two-step process. You will need to click “Review and Checkout,” to ensure your elections are correct and then click “Check out” to complete the process.





RETIREMENT PLAN

Wisconsin Retirement System (WRS) – The Wisconsin Retirement System is a pension plan that is intended to provide employees with a lifetime retirement payment once they become vested and have reached the minimum retirement age.

The Board will pay the employer portion of Wisconsin Retirement benefits for those employees who qualify. The employee contribution will be the responsibility of the employee and will be deducted pre-tax. The amount to be contributed each year is determined by the Department of Employee Trust Funds. In order to qualify, new employees (first hired by a WRS employer on or after July 1, 2011) must meet both of the following criteria:

- An employee must work at least two-thirds of what is considered full-time to qualify for participation in the WRS and be expected to work for at least one year. Two-thirds of full-time is defined as 880 hours for school district educational support staff. (Employees hired to work only nine or ten months per year but expected to return year after year are considered to have met the one-year requirement.)
- An employee who does not meet the WRS eligibility requirements on their date of hire may subsequently become eligible when job expectations change, or if after their one-year anniversary the required number of hours have been worked, or after one year the number of hours is over 880 during a 12-month rolling look-back.

Employees who worked for a WRS employer prior to July 1, 2011 will be evaluated for eligibility based under the old eligibility requirements which were in place prior to July 1, 2011.

The WRS vesting requirements are based on when an employee first began WRS employment. If WRS employment first began on or after July 1, 2011, the employee must have five years of WRS creditable service for the employer contributions to be vested. If a separation benefit is taken prior to becoming vested or reaching the minimum retirement age, the separation benefit would only include the employee's contribution. Vested participants may receive a benefit at age 55 once they terminate all WRS employment. To learn more about WRS, go to their website: <https://etf.wi.gov>

Employee Savings Plan/Wisconsin Deferred Compensation Plan – The District offers employees the opportunity to participate in a 403(b) and/or 457(b) retirement savings plan. These plans allow an employee to save for retirement on a tax-deferred or after-tax basis. Contributions are voluntary and you can choose the amount based on your retirement goals. Employees who wish to enroll can choose a vendor from the approved District vendor list. More information regarding these savings plans can be obtained from the Business Office.

Non-Elective Tax Shelter Annuity Benefit – Eligible employees will receive an annual contribution to a non-elective TSA.

MEDICAL PLAN DESIGN

Hortonville Area School District offers a comprehensive health insurance option administered by Prairie States with Health Payment Systems (HPS) provider network. The deductible (if applicable) and out-of-pocket maximum accumulate from 7/1/2023 through 6/30/2024.

For more detailed summaries of benefits, refer to your Summary of Benefits and Coverage.

	Tier 1 (Clinic, Teladoc, Direct Contracts through FiveStar/Alithias)	Tier 2 In-Network / HPS / FirstHealth	Tier 3 (Out-Of-Network)
Deductible (Single / Family)	No Deductible	No Deductible	\$5,000 / \$10,000
Out-of-Pocket Maximum (Single / Family) Combined Medical/Rx	\$5,000 / \$10,000		\$10,000 / \$20,000
Coinsurance	Not Applicable		70%
Preventive Care	No Member Cost		Deductible/Coinsurance
Telemedicine	\$0	\$50 copay (virtual traditional provider) \$100 Specialist	Deductible/Coinsurance
Primary Care Visit	\$0	\$50 copay	Deductible/Coinsurance
Specialist Visit	\$0	\$100 copay	Deductible/Coinsurance
Physical Therapy	\$0	\$50 copay	Deductible/Coinsurance
Urgent Care	\$0	\$200 copay	Deductible/Coinsurance
Emergency Room	N/A	\$500 copay	\$500 copay
Imaging (X-Ray/Other low cost)	\$0	\$150 copay	Deductible/Coinsurance
Advanced Imaging (CT/MRI/PET/Others)	\$0	\$500 copay	Deductible/Coinsurance
Inpatient Hospital Per Day	\$0	\$1,500 copay per day per visit (2 maximum per inpatient stay)	Deductible/Coinsurance
Outpatient Hospital	\$0	\$1000 copay	Deductible/Coinsurance
Tier	Prescription Drug Benefit		
Rx: Preventive (ACA)	\$0		
Rx: Tier 1	\$10 copay (30 day supply) \$30 copay (90 day supply) \$25 (90 day supply through mail order)		
Rx: Tier 2	\$35 copay (30 day supply) \$105 copay (90 day supply) \$87.50 (90 day supply through mail order)		
Rx: Tier 3	\$65 copay (30 day supply) \$195 copay (90 day supply) \$162.50 (90 day supply through mail order)		
Rx: Specialty	No Member Cost Options Available, otherwise \$150 copay		

MONTHLY MEDICAL PREMIUM CONTRIBUTIONS



PRAIRIE STATES MEDICAL PLAN

Employees and their spouses enrolled in the medical plan are asked to complete a wellness screening during the plan year. Participation in the wellness screening results in lower premiums shown below.

	Coverage Type	Employee Monthly Contribution
EE <u>and</u> Spouse Participate in the Wellness Screening	Single	\$70.20
	Family	\$202.84
EE <u>or</u> Spouse Do Not Participate in the Wellness Screening	Single	\$91.24
	Family	\$263.69
EE <u>and</u> Spouse Do Not Participate in the Wellness Screening	Family	\$324.54

MEDICAL PLAN TOOLS AND RESOURCES

UTILIZATION MANAGEMENT

- Utilization Management and Pre-Certification clinicians work closely with you and your providers to ensure you receive appropriate care and coverage in the most appropriate and cost-effective setting.

CASE MANAGEMENT

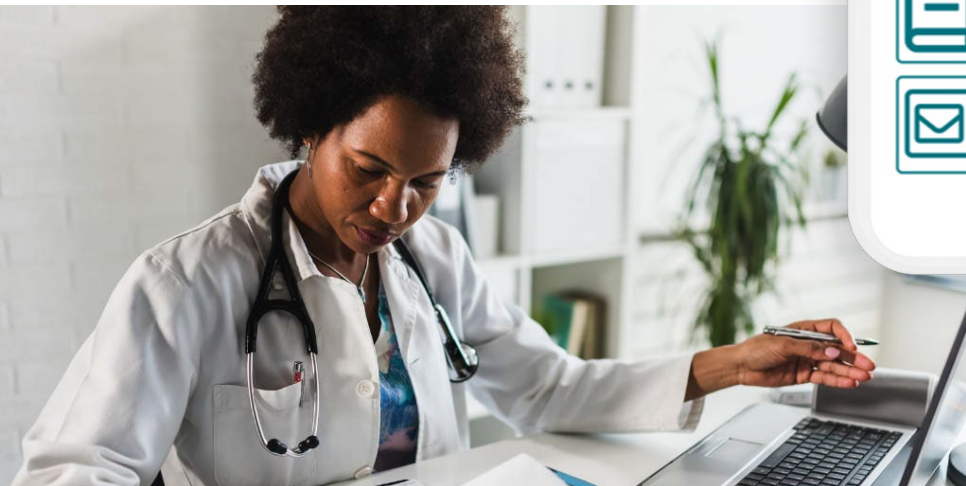
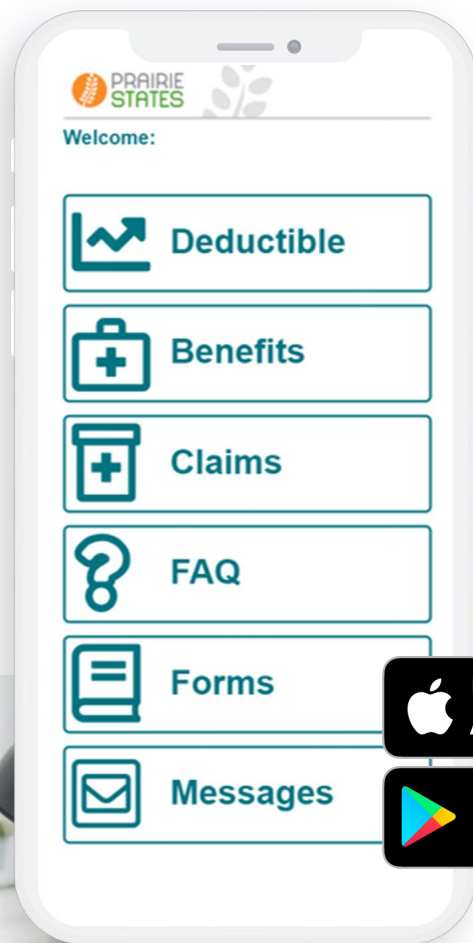
- Provide expertise and support when you or a family member are faced with a severe illness such as dialysis, cancer, transplants, trauma, or high-risk pregnancy
- Our nurses will also contact you after discharge from a hospital or an outpatient procedure.

FIVESTAR HEALTH

- Single point of contact to simplify communication, answer healthcare questions and ensure you get the most of your benefits plan.
- Contact 1-888-393-9163 8 AM-5PM CST Monday- Friday

MEMBER PORTAL

- Your member portal at www.prairieontheweb.com provides secure information about your health benefits plan, including claims, authorizations, EOB's, ID cards, deductible and out-of-pocket balances, and messages.
- You can also access the portal on the Prairie States Enterprises Mobile App!



HEALTH & WELLNESS CENTER

WHAT IS THE HEALTH & WELLNESS CENTER?

The Health & Wellness Center is an employer-based clinic providing healthcare services at no cost to eligible Hortonville Area School District employees and family members. The clinic provides easy access to personalized healthcare at **no cost to members**.

HEALTH & WELLNESS CENTER ELIGIBILITY

Any employee, spouse or dependent family members (ages 2-26) that subscribes to the district health insurance can use the clinic for free.

Note: Support Staff not eligible for health insurance may access the clinic for their acute care needs.

CONDITIONS

There are a number of conditions that can be seen at the Health and Wellness clinic. Some include: ear & sinus concerns, rashes, urinary concerns, vaginal concerns, seasonal allergies, musculoskeletal problems, wart treatment, blood pressure concerns, smoking cessation, sports physicals, some select vaccines and labs. Additional services listed on page 12 of the benefit guide.

CLINIC STAFFING

Onsite Provider- 32 hours per week

Can see patients 12 months and older

Medical Assistant- 20 hours per week

Physical Therapy- 10 hours per week

Can see patients 3 years and older

HOW TO SCHEDULE AN APPOINTMENT

You can call the clinic at **920-779-7953** to schedule an appointment or you can go online to schedule at **my.thedacare.org**.

CLINIC LOCATION

HASD Health and Wellness Center
106 N. Olk Street
Hortonville, WI 54944



CLINIC SERVICES

PRIMARY CARE	ACUTE CARE	PHYSICAL THERAPY	WELLBEING
Annual Physicals with Labs	Eye/Ear Concerns Upper Respiratory Cold/Flu Symptoms Seasonal Allergies	Preventive & Early Detection	Assistance with Wellness Questions/Concerns
Pap/Pelvic/Testicular/Breast Exams	Rash/Skin Condition Athlete's foot	Pre and Post Surgery Rehab	Connect to Programs Aimed to Improve Wellbeing
Chronic Condition Management	Medical Procedures Wart & Skin Tag Removal	Care Targeted to Improve Productivity, Mobility, Flexibility, Strength, Body Mechanics	Disease Reversal Education (Nutrition, Weight Mgt High Cholesterol & Blood Pressure)
Medication Management	Ear Flush/Cleaning	Work Readiness & Conditioning	Nicotine Cessation
Health Maintenance Preventative	Silver/Splinter Removal	Health & Fitness Related Care	
Health Education	Rapid Tests Strep Glucose Pregnancy	Dry Needling	
		Implement safe return to work	
		Ergonomics	



TELADOC

Do you have a medical question or concern, but don't know who to ask or where to turn? A brief doctor's visit doesn't always give you enough time to get all of your questions answered. HASD provides Teladoc Medical Experts as a resource where you can ask an expert your medical questions or concerns right over the phone!

100% SECURE, CONFIDENTIAL AND FREE!

CALL TELADOC MEDICAL EXPERTS WHEN YOU:

- Are unsure about a diagnosis, need help deciding on a treatment option, or have medical questions
- Need guidance on a mental health condition or treatment that isn't improving
- Need help finding a doctor who specializes in your specific condition
- Have been admitted into the hospital and want expert medical guidance

MENTAL HEALTH CARE

- Speak with a licensed therapist to receive confidential and convenient care via phone or video for anxiety, stress, depression, family issues, and more.
- You can make an appointment seven days a week, from 7 AM to 9 PM local time.

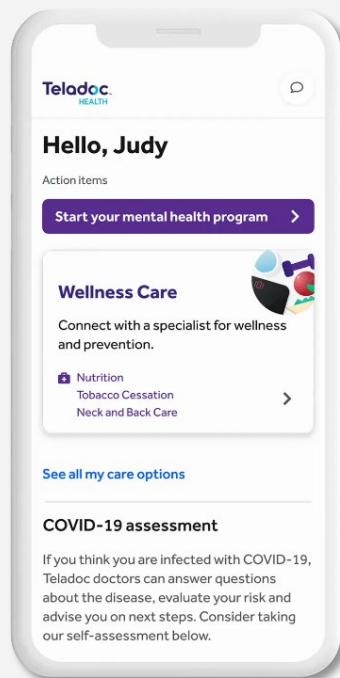
DERMATOLOGY

- If you have a skin condition such as acne, eczema, raised moles, or a rash, you don't have to wait weeks for a dermatology appointment.
- Upload images of a skin issue and get a custom treatment plan from Teladoc's U.S. board-certified dermatologists.

WHY TELADOC?

It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills



TeladocTM
HEALTH

FIVE STAR & ALITHIAS

FiveStar Health is your single point of contact to simplify communication, answer healthcare questions, and ensure you get the most out of your benefits plan. We know that understanding your new health benefit plan and really understanding healthcare in general, can be challenging. With FiveStar you will call one number (1-888-393-9163) to help you navigate all of your healthcare questions, issues, and needs. We always encourage members to start with FiveStar as their first call and main point of contact when any healthcare related questions arise.

SIMPLY CALL FIVESTAR HEALTH FOR HELP WITH:

- Reviewing medical claims
- Understanding eligibility
- Medical coverage and benefits
- Basic prescription coverage
- Pre-certification requirements
- Website assistance
- Taking advantage of preventive services
- Topics to discuss with your physician
- Hand-off to Prairie States' in-house nurses
- Choosing the right healthcare provider
- Warm transfer call navigation

Call FiveStar at
1-888-393-9163
to get connected to
care

ALITHIAS:

Alithias will have all of the information regarding direct contracts and FREE health care services through your Employer Medical Plan. When using Providers through this service, your Medical claims will be paid 100% by your Employer Medical Plan!

1: Member receives initial diagnosis from doctor and obtains order

2: Member calls Prairie States' FiveStar Health for benefit information and clinical guidance

3: FiveStar Health transfers member to Alithias Care Advocate to provide order

4: Alithias Care Advocate sends Service Option Report with High Value Provider Options

5: Member chooses provider and receives service or procedure



HPS & FIRST HEALTH NETWORK

HPS NETWORK HOSPITAL SYSTEMS

- Ascension WI
- Aspirus Health Care
- Aurora Health Care
- Bellin Health Partners
- Children's Hospital and Health Systems
- Froedtert & the Medical College of WI
- Gunderson Lutheran Administrative Services
- Holy Family Memorial
- HSHS Eastern Region of WI
- Mercy Health Systems
- ProHealth Care
- SSM Health-Agnesian HealthCare & Monroe Clinic
- ThedaCare
- UnityPoint Health- Meriter
- UW Health

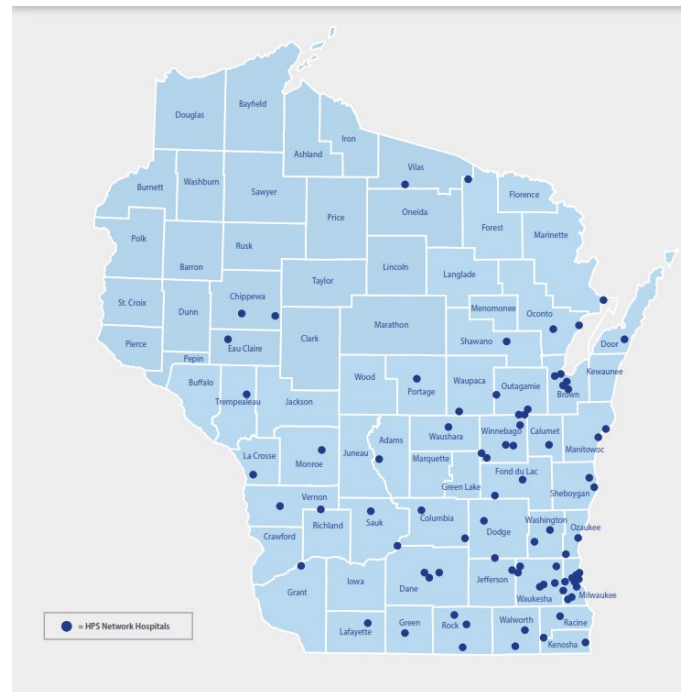
HPS ONLINE ACCESS

The online member portal allows you to save time when making payments, viewing statements and searching for providers. Access the portal anytime at: <https://onlineaccess.hps.md/>

Register for Online Access

To create your HPS Online Access account you will need:

- Group number
- Member's Date of Birth
- Last four digits of the member's Social Security Number
- Statement Number (in the upper-right hand corner of the SuperEOB)



FIRST HEALTH ONLINE ACCESS

First Health is the network for members seeking service outside of the HPS network due to traveling outside of the primary service network area. Search for in-network providers and access the online portal anytime at: www.myfirsthealth.com.

HPS PLAN FEATURES

HPS ONLINE ACCESS:

- Access our member portal anytime at <https://onlineaccess.hps.md/>
- Make payments securely
- View statements and claim-level details
- Search for in-network providers

THE SUPER EOB:

HPS pays your medical out of pocket expenses to HPS in network providers on your behalf. You receive one consolidated statement which aggregates all in network and out of network pocket charges into one bill which includes:

BENEFITS OF THE SUPEREOB®:

- A monthly account summary with the total amount due
- Claims details for new charges for you and all your dependents
- Payment options
- Where to call with questions

HPS PAYMENT PLAN:

If members are unable to make a payment in full by the due date, call HPS at 888-477-7968 to set up a payment plan.

PAYMENT PLAN FEATURES:

- Interest Free, regardless of credit standing
- Issued up to in network out of pocket maximums
- Standard plans are up to two years
- Hardship programs available for extended timelines
- Supports multiple payment options – online/mobile, by mail or by phone

The collage shows three overlapping documents from HPS. The top document is a 'Your SuperEOB Invoice' for John Smith, dated 12/18/2013-01/16/2014, with a total amount due of \$1,472.68. It includes a 'Look different?' callout about online access. The middle document is a 'Your Health Care Transaction Summary' showing a table of services and charges for John Smith, with a total of \$97.68. The bottom document is a payment plan statement showing a 'Payment Plan Balance' of \$1375.00.



EMPIRX HEALTH



EmpiRx will be managing your prescription benefits ensuring you receive the best care at the best price. EmpiRx Health provides a personalized touch at every level, with Member Services and Pharmacists available 24/7/365 to assist with all of your prescription needs.

ONLINE MEMBER PORTAL

Registration is easy. Along with your ID card, you will need basic member information. Log onto the member portal at myempirxhealth.com, access the pharmacy section to:

- Plan coverage details and copayment information
- View your Prescription Drug Lists (PDL)
- Network pharmacy finder
- Mail order access to request refills and check order status
- Drug comparison pricing tool to identify lower-cost alternatives

PRESCRIPTION CARD

The prescription card is the same as your medical insurance card.

If your ID card is not handy and there is an emergency need for a prescription, call EmpiRx Health Member Services at 1-877-241-7123 and they will provide your pharmacist with the information required to process your prescription.

MAIL ORDER PHARMACY

Our mail-order pharmacy is Benecard Central Fill. Mail order can save you time and money by delivering your long-term medications right to your door. To refill your prescription through mail order:

- Register for an online account. Once registered and logged in select "Mail Order"

USE A NETWORK PHARMACY

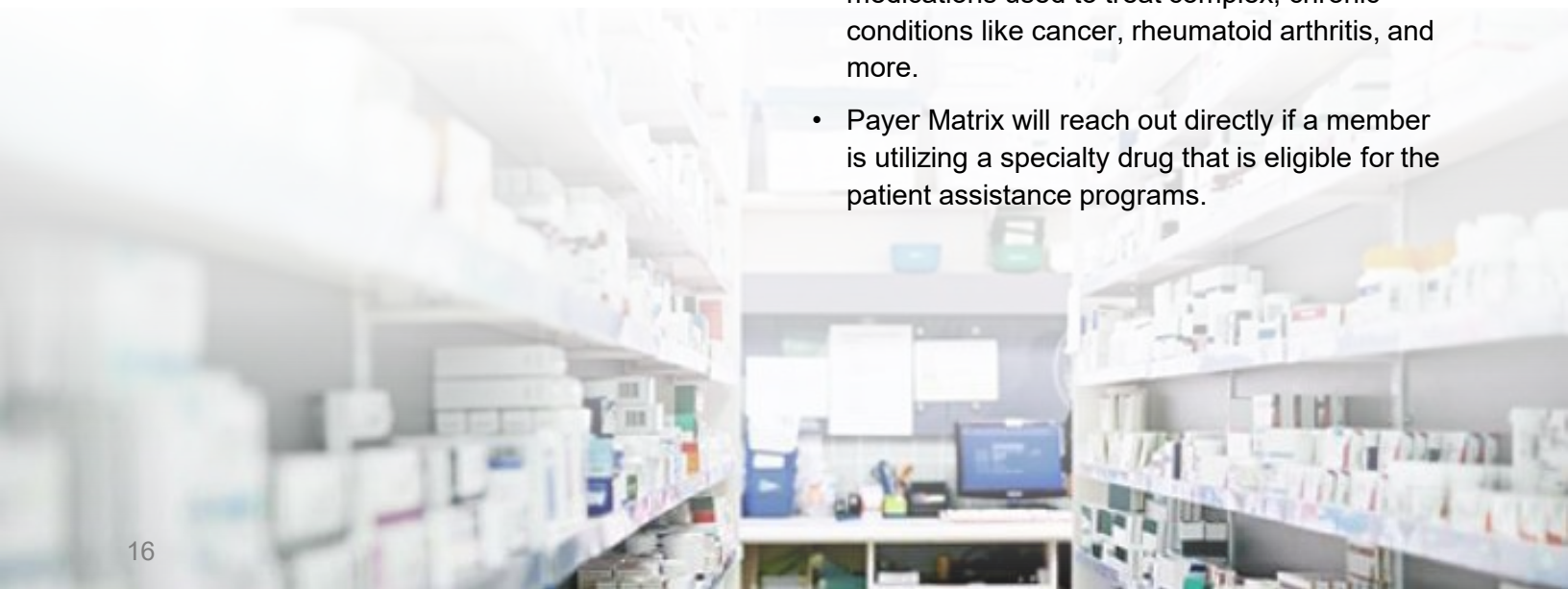
Be sure to fill your prescriptions at a network pharmacy, to ensure coverage at the best possible price.

To locate a participating network pharmacy:

- Log in to myempirxhealth.com
- Or call EmpiRx Health Member Services at 1-877-241-7123

SPECIALTY Rx

- EmpiRx works with their specialty partner, Payer Matrix, to offer services with the highest standard of care.
- Specialty drugs are typically high-cost medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis, and more.
- Payer Matrix will reach out directly if a member is utilizing a specialty drug that is eligible for the patient assistance programs.



FLEXIBLE SPENDING ACCOUNTS (FSA)

HEALTH CARE FSA

- Hortonville Area School District’s Health Care Flexible Spending Account (FSA) is administered by Diversified Benefit Services (DBS). The plan year runs from July through June.
- Enrolling in a FSA allows you to set aside money to pay for eligible expenses on a pre-tax basis.
- Estimate your expenses you expect to incur during the plan year. The amount you elect will be divided by annual equal pre-tax deductions. You have access to the entire annual election at any time in 2023 for the FSA plans. \$610 or less of unused FSA dollars can be carried over onto the next plan year. The plan year runs from July through June.
- Employees have the option to select a debit card with DBS to be used for FSA eligible expenses.

Health Care FSA	
Use it to pay for:	For <u>PPO</u> plan participants: Eligible health care expenses that are not fully covered by your medical, dental and vision plans
Annual Contribution Limit:	\$3,050
Eligible Expenses: (refer to IRS publications 502 and 503 available at www.irs.gov for full list)	Deductibles, copays, coinsurance, dental expenses, eye glasses, etc.

Setting money aside on a pre-tax basis not only allows you to pay for eligible expenses with money you’ve already saved, it also increases your “spendable” income!

DEPENDENT CARE FSA

- Hortonville Area School District’s Dependent Care Flexible Spending Account (FSA) is also administered by Diversified Benefit Services (DBS). The plan year runs from July through June.
- Enrolling in a Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for qualified dependent care expenses such as daycare. Eligible dependents are children under 13 years of age, or a child over 13, spouse or elderly parent residing in your home who physically or mentally are unable to care for himself or herself.
- Under the Dependent Care FSA, if you are married and file a joint return, or if you file a single or head of household return, the annual IRS limit is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the plan year.
- Unlike the Health Care FSA, any unused funds at the end of the year will be lost, so be careful when electing contributions.





DENTAL

Hortonville Area School District offers a dental plan through Delta Dental of Wisconsin! This plan provides benefits for most types of basic and major dental care. The deductibles and benefit annual maximum accumulate from 7/1/2023 through 6/30/2024. Please reach out to the Business Office for information on premium contributions.

Dental Benefits	Delta Dental PPO and Premier Providers
Annual Deductible	
Single	\$25
Family	\$75
Benefit Annual Maximum	
Per Person	\$1,000
Coinsurance	
Diagnostic and Preventive (Exams, Cleanings, X-rays)	100%
Basic Restorative* (Fillings, Extractions, Oral Surgery, Perio & Endodontics)	80%
Major Restorative* (Crowns, Bridges, Implants)	50%
Child Orthodontia (Up to age 19)	50%
Orthodontia Maximum – per lifetime	
Per Lifetime	\$1,200
*Deductible applies	

- **Delta Dental’s PPO plan offers** you a variety of choices from a network of dentists. You also have the flexibility to visit any licensed dentist – even out-of-network dentists— but you can maximize your savings and benefits by visiting a PPO network dentist who has agreed to lower fees. In other words, your out-of-pocket expense is much less.
- **Delta Dental Premier Dentists** are contracted to accept direct payment from Delta Dental. They have also agreed not to charge you any amount that exceeds the agreed-upon amount aside from deductibles, co-payments and fees for procedures not covered.

To obtain a list of dentists participating in your Delta Dental network, simply go to Delta Dental’s website at www.deltadentalwi.com. From the home page, choose “Find a Dentist.” Your plan name is Delta Dental PPO Plus Premier so you can search for a Delta Dental PPO or Delta Dental Premier dentist.





VOLUNTARY VISION

Hortonville Area School District offers a voluntary vision plan administered by Delta Vision. The plan provides coverage for annual eye exams, glasses and frames, as well as coverage for select contact lenses and incentives on laser eye surgery.

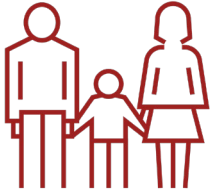
Type of Service	In-Network	Out-of-Network
Comprehensive Exam	\$10 Exam Copay	Reimbursement up to \$35
Lenses: Single/Bifocal/Trifocal	\$10 Lenses Copay	Reimbursement up to \$25 / \$40 / \$55
Frames	\$150 allowance, then 20% discount	Reimbursement up to \$75
Conventional Contact Lenses	\$150 allowance, then 15% discount	Reimbursement up to \$120
Medically Necessary Contact Lenses	Covered in Full	Reimbursement up to \$200
Frequency (January-December)	12 months exam / 12 months lenses or contacts / 24 months frames	

To find an in-network vision provider go to www.deltadentalwi.com and select "Find A Vision Provider".

Hortonville Area School District utilizes the **EyeMed Insight network**.

Coverage Type	Employee Monthly Contribution
Single	\$5.74
Family	\$14.29





LIFE INSURANCE OVERVIEW

BASIC LIFE AND AD&D

Hortonville Area School District provides company paid basic life and accidental death and dismemberment (AD&D) insurance through Reliance Matrix to assist yourself and your family in the event of a loss. Your coverage amount will be paid to the beneficiary or beneficiaries of your choice in the event of your death while you are still actively employed at Hortonville Area School District.

If your death is due to accidental causes (as defined by the plan document) your beneficiary will receive an additional amount through the accidental death and dismemberment (AD&D) coverage. The AD&D coverage is equal to your life insurance coverage amount. AD&D coverage also provides a portion of the benefit in the event of certain accidental injuries not resulting in death.

BENEFIT AMOUNT

The company-provided basic term life/ AD&D coverage will pay 1 × your annual salary, up to a maximum of: \$185,000 for Administrators, \$105,000 for Teachers & Directors, and \$100,000 for Secretaries, Maintenance and Mechanics.

Basic life/AD&D and supplemental life benefits with Reliance Standard will reduce to 50% upon the Insured Employee’s attainment of age 70 and will terminate upon the Insured Employee’s retirement.

Reminder: be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

SUPPLEMENTAL LIFE INSURANCE COVERAGE

You may purchase additional life insurance for you and your eligible dependents through Reliance Standard in the amounts shown below. Your cost for supplemental life insurance is based on your age and the amount of coverage requested. Payroll deductions for supplemental coverages are deducted on an after-tax basis to generate a tax-free benefit at time of claim. Please reach out to the Business Office for more information on rates.

Type	Coverage Amounts
Employee	From \$10,000 to \$500,000 in increments of \$10,000 (not to exceed 5 times annual salary) Guarantee issue \$150,000
Spouse	From \$5,000 to \$250,000 in increments of \$5,000 (amount may be limited to 100% of the employee amount). Guarantee Issue = \$50,000
Child(ren)	\$10,000 Child (birth to age 26)

Important note: You must purchase coverage for yourself to purchase for your spouse. You do not need to purchase coverage for yourself to purchase it for your child(ren).



DISABILITY OVERVIEW

Hortonville Area School District offers long-term disability insurance to employees through Reliance Matrix at no cost to employees. In addition, Hortonville Area School District gives employees the option to purchase short-term disability through Reliance Matrix. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

VOLUNTARY SHORT-TERM DISABILITY

LONG-TERM DISABILITY

Voluntary Short-Term Disability	
Elimination Period	Injury: 1 st Day Physical Disease: 4 th Day
Benefits Payable	Starting at the end of the Elimination Period and continuing for the lesser of 60 consecutive calendar days, or until LTD Benefits commence.
Weekly STD Benefit Flat Amount	Option of \$147; \$175; \$224; \$273; \$301; \$357; \$420; \$462; \$504; \$580; \$667; \$767; \$882; \$1,014; \$1,166; \$1,341; or \$1,500
Weekly Maximum Benefits	Not to exceed 66-2/3% of Weekly Predisability Earnings

Long-Term Disability	
Benefits Begin	45 or 60 Days
Benefits Payable Until	Social Security Normal Retirement Age
Percentage of Income Replaced	90% of monthly salary
Monthly Maximum Benefits	\$6,750 for Custodial staff \$4,500 for Clerical staff \$7,125 for Teachers and Specials \$11,625 for Administrators

Please contact the HASD Business Office for Voluntary Short-Term Disability Premiums

VOLUNTARY BENEFITS

Enhance your benefits with Accident insurance, Hospital indemnity and Critical Illness insurance, administered by Reliance Matrix. When you buy this type of coverage through your employer the coverage is more affordable, and premiums are conveniently deducted from your paycheck. Premiums for these plans are paid 100% by the employee. Additional information about each benefit is provided below:

ACCIDENT COVERAGE

We never know when an accident will occur and the impact it can have on our wallet can be tremendous. Accident coverage is intended to help you with the unexpected costs associated with an accident. Benefits are paid directly to you to help pay for your everyday expenses. All benefits are paid tax-free.

- Benefits paid for emergency room, doctor’s office visits, diagnostic imaging or scans, broken bones or fractures, burns, cuts, and more.
- **Don’t forget!** There is a \$50 annual health screening benefit for covered employees, spouses and dependent children; up to a maximum of four per family (\$200 annually). Plan highlights include:

Benefits	Amount
Ambulance	\$400 Ground, \$2,000 Air
Concussion	\$200
Initial Hospital Admission	\$1,500
X-Rays	\$75

Coverage Level	Monthly Rate
Employee Only	\$15.00
Employee + Spouse	\$21.50
Employee + Child(ren)	\$25.50
Family	\$33.00



VOLUNTARY BENEFITS CONTINUED

CRITICAL ILLNESS COVERAGE

Critical illnesses can be a major detriment to your income with increased health insurance expenses and the cost of daily living. Critical illness coverage pays a lump sum, directly to you for any of the below conditions. The District provides a benefit of \$5,000 in coverage to eligible employees.

Don't forget! There is a \$50 annual health screening benefit for covered employees, spouses and dependent children; up to a maximum of four per family (\$200 annually).

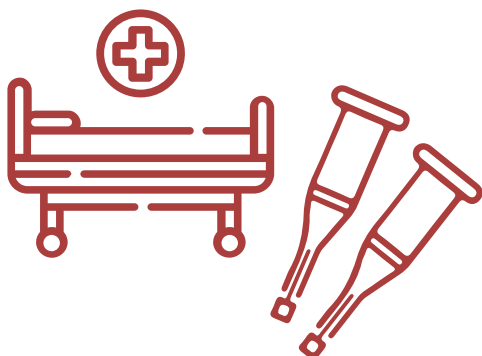
Type	Coverage Amounts
Hortonville Area School District Paid Benefit	The District provides an employer paid Critical Illness benefit of \$5,000 to eligible employees.
Employee	\$5,000 increments to a maximum of \$20,000 (\$5,000 District + \$15,000 Employee) Guarantee Issue \$20,000
Spouse	Minimum of \$5,000 to a maximum of \$20,000 in \$5,000 increments. (not to exceed 100% of employee coverage) Guarantee Issue = \$20,000
Child(ren)	50% of employee coverage All child amounts are guaranteed issue.

HOSPITAL INDEMNITY

Voluntary Hospital Indemnity provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following hospitalization that meets the criteria for benefit payments.

Don't forget! There is a \$50 annual health screening benefit for covered employees, spouses and dependent children; up to a maximum of four per family (\$200 annually). Plan highlights include:

- No pre-existing limitation
- Hospital admission benefit
- \$50.00 Wellness (Health Screening)
- No pregnancy limitation period
- ICU Admission Benefit
- Rotator Cuff Repair



Coverage Level	Monthly Rate
Employee Only	\$26.00
Employee + Spouse	\$47.00
Employee + Child(ren)	\$36.00
Family	\$57.00

EMPLOYEE ASSISTANCE PROGRAM (EAP)

WHAT IS AN EMPLOYEE ASSISTANCE PROGRAM (EAP)?

An EAP is designed to assist employees and their families in identifying and resolving personal issues and concerns. The program comes at no cost to employees and all conversations with counselors are strictly confidential.

WHO IS ELIGIBLE TO USE EAP SERVICES?

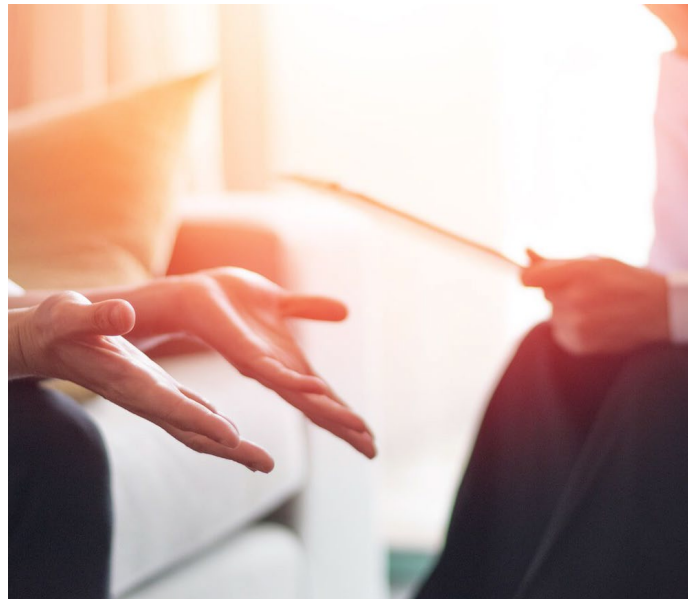
Employees, their spouses, dependents, and others living in the household are eligible.

DOES THE EAP ONLY OFFER COUNSELING?

No, in addition to counseling, the EAP provides information and referral services to a number of community resources, including self-improvement, legal, financial, childcare, and more.

Qualified professional staff provides short-term counseling in areas of concern such as:

- Job-related Stress
- Alcohol Abuse
- Child/Adolescent
- Grief or Loss
- Marital
- Emotional
- Drug Abuse
- Anxiety
- Family
- Gambling
- Depression
- Parenting



COMPONENTS OF YOUR EAP

- Free counseling or phone consultation
- Confidential assistance
- Information and referral service
- 24-hour service

HOW TO SCHEDULE AN APPOINTMENT

- Call 920-749-2390 or 800-236-3666
- You'll be asked which company provides your EAP benefit
- You'll be asked for some basic information
- You'll get an appointment scheduled



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At Work



CONTACT INFORMATION

Benefit	Provider	Phone Number	Website
Medical	Prairie States/ FiveStar Health	888-393-9163	https://www.prairieontheweb.com/
Pharmacy	EmpiRx Health	877-241-7123	myempirxhealth.com
Flexible Spending Accounts	Diversified Benefit Services	800.234.1229	www.dbsbenefits.com
Dental	Delta Dental of WI	800.236.3712	www.deltadentalwi.com
Vision	Delta Vision (EyeMed)	800.236.3712	www.deltadentalwi.com
Group Life/AD&D	Reliance Matrix	800.351.7500	https://www.reliancestandard.com/home/
Supplemental Life	Reliance Matrix	800.351.7500	https://www.reliancestandard.com/home/
Short and Long-Term Disability	Reliance Matrix	800.351.7500	https://www.reliancestandard.com/home/
Accident, Critical Illness & Hospital Indemnity	Reliance Matrix	800.351.7500	https://www.reliancestandard.com/home/
On-site Clinic	ThedaCare	800.236.2236	www.thedacare.org
403(b)	TSACG	850.362.6840	www.tsacg.com
457(b)	<i>Please contact the HASD Business Office with 457(b) questions.</i>		
Employee Assistance Program (EAP)	ThedaCare	920.749.2390 or 800.236.3666	www.thedacare.org



ABOUT THIS GUIDE

This benefit summary provides selected highlights of the Hortonville Area School District employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Hortonville Area School District reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.



Employee benefits

2023-2024