



MONTICELLO
SCHOOL DISTRICT



Monticello School District

Employee Benefits Guide

7/1/23 – 6/30/24

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Table of Contents

A Message from HR at Monticello School District	2
Eligibility	3
Medical Options – What’s the difference?	4
Dental Insurance	6
Health Savings Account (HSA).....	8
Life and AD&D.....	10
Voluntary Offerings.....	10
Long-Term Disability Insurance.....	11
Worksite Products	12
Changes in Benefit Elections.....	13
Contact Information.....	14
REQUIRED NOTIFICATIONS	16
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)	21
PAPERWORK REDUCTION ACT STATEMENT.....	24



A Message from HR at Monticello School District

At Monticello School District we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available.

The cost of health care and other benefits continue to rise year after year. Each year, we analyze our costs and try to manage increases by reviewing our plans and benefit providers. We are conscious of the fact that changing health insurance plans is often difficult for our employees, so whenever possible, we work with our benefit providers to create solutions that will work financially and will be less disruptive.

Employers across the country are all facing the same challenge. But the fact is that 70 percent of health care costs are due to preventable conditions that cost the U.S. health care system about \$100 billion every year. Smoking, obesity, and high blood pressure are all preventable or treatable conditions that, left untreated, can lead to such illnesses as cancer, Type II Diabetes, or heart failure.

Monticello School District continues to promote a culture of health and wellness, establishing a work environment that promotes healthy lifestyles, decrease the risk of disease, and enhance your quality of life. 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 brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Christina Karlen, District Bookkeeper



Eligibility

Eligible Employees:

You may enroll in the Monticello School District Employee Benefits Program if you are a Full-Time employee working at least 30 or more hours per week of consecutive full-time employment.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse 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, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is **July 1, 2023**. Newly hired employees and dependents will be effective in Monticello 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 some 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.

Medical Options – What’s the difference?

Monticello School District will continue to offer medical coverage through Dean Health Plan. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Dean Health Plan, Inc. HMO 3398		Dean Health Plan, Inc. POS / PPO 3398	
	Schedule of Benefits		POS/PPO In-Network	POS/PPO Out-of-Network
Annual Deductible	Non-Embedded		Non-Embedded	Non-Embedded
Individual	\$3,000		\$3,000	\$6,000
Family	\$6,000		\$6,000	\$12,000
Coinsurance	100%		100%	80%
Maximum Out-of-Pocket*				
Individual	\$4,000		\$4,000	\$12,000
Family	\$8,000		\$8,000	\$24,000
Physician Office Visit				
Primary Care	Deductible, then \$30		Deductible, then \$30	80% after deductible
Specialty Care	Deductible, then \$30		Deductible, then \$30	80% after deductible
Preventive Care				
Adult Periodic Exams	100%		\$0 copay	80% after deductible
Well-Child Care	100%		\$0 copay	80% after deductible
Diagnostic Services				
X-ray and Lab Tests	100% after deductible		100% after deductible	80% after deductible
Complex Radiology	100% after deductible		100% after deductible	80% after deductible
Urgent Care Facility	Deductible, then \$30		Deductible, then \$30	100% after deductible
Emergency Room Facility Charges*	Deductible, then \$250		Deductible, then \$250	100% after deductible
Inpatient Facility Charges	100% after deductible		100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	100% after deductible		100% after deductible	80% after deductible
Mental Health				
Inpatient	100% after deductible		100% after deductible	80% after deductible
Outpatient	Deductible, then \$30 (Intensive outpatient/day treatment/partial hospitalization is 100% after deductible.)		Deductible, then \$30 (Intensive outpatient/day treatment/partial hospitalization is 100% after deductible.)	80% after deductible
Substance Abuse				
Inpatient	100% after deductible		100% after deductible	80% after deductible
Outpatient	Deductible, then \$30 (Intensive outpatient/day treatment/partial hospitalization is 100% after deductible.)		Deductible, then \$30 (Intensive outpatient/day treatment/partial hospitalization is 100% after deductible.)	80% after deductible
Other Services				
Chiropractic	Deductible, then \$30		Deductible, then \$30	80% after deductible
Retail Pharmacy (30 Day Supply)				
Generic (Tier 1)	Deductible, then \$10		Deductible, then \$10	20% after deductible
Preferred (Tier 2)	Deductible, then \$35		Deductible, then \$35	20% after deductible
Non-Preferred (Tier 3)	Deductible, then \$60		Deductible, then \$60	Not covered
Preferred Specialty (Tier 4)	Deductible, then 30%		Deductible, then 30%	20% after deductible

Employee Medical Contributions

Employee Contributions (Per Pay Period)	
Dean Health Plan, Inc. - HMO - -Teachers/FTFY Staff	
Employee	\$42.87
Family	\$98.60
Dean Health Plan, Inc. - HMO - -FTSY Staff/Bus Drivers	
Employee	\$60.73
Family	\$139.68
Dean Health Plan, Inc. - POS - -Teachers/FTFY Staff	
Employee	\$46.56
Family	\$107.08
Dean Health Plan, Inc. - POS - -FTSY Staff/Bus Drivers	
Employee	\$64.42
Family	\$148.16

Unless otherwise requested, premiums will automatically be deducted on a pre-tax basis.



Dental Insurance

Monticello School District will continue to offer dental coverage through Delta Dental of Wisconsin. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Delta Dental of Wisconsin Inc. Dental 8611		
	Level1	Level2	Level3
Annual Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Waived for Preventive Care?	Yes	Yes	Yes
Annual Maximum			
Per Person / Family	\$1,000	\$1,000	\$1,000
Preventive	100%	100%	100%
Basic	80%	80%	80%
Major	50% 80% Repairs/adj to bridges/dentures	50% 80% Repairs/adj to bridges/dentures	50% 80% Repairs/adj to bridges/dentures
Orthodontia			
Benefit Percentage	50%	50%	50%
Adults (and Covered Full-Time Students, if Eligible)	Adults and Full-Time Students	Adults and Full-Time Students	Adults and Full-Time Students
Dependent Child(ren)	Covered to age 25	Covered to age 25	Covered to age 25
Lifetime Maximum	\$1,500	\$1,500	\$1,500
Benefit Waiting Periods			

Employee Dental Contributions

Employee Contributions (Per Pay Period)	
Delta Dental of Wisconsin Inc. - Dental - -FTSY	
Employee	\$1.77
Family	\$4.57
Delta Dental of Wisconsin Inc. - Dental - -Bus Drivers	
Employee	\$3.54
Delta Dental of Wisconsin Inc. - Dental - -Teachers/FTFY Staff	
Employee	\$0.00
Family	\$0.00

Unless otherwise requested, premiums will automatically be deducted on a pre-tax basis.



Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes.
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

2023 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2023 TAX YEAR

- Individual - \$3,850
- Family - \$7,750
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense if you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes.

You can manage your HSA through www.associatedbank.com 24 hours a day, seven days a week. Associated Bank provides helpful information about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth. For additional guidelines, please go online or call Associated Bank at (800) 270-7719.

Life and AD&D

Monticello School District provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

National Insurance Services of Wisconsin, Inc. - 35203

Life and AD&D Amount:

1 X annual salary to maximum of \$200,000

Important Reminder! Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.



Voluntary Offerings

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

Voluntary Life and AD&D Insurance

You may purchase additional Life/AD&D insurance with National Insurance Services of Wisconsin, Inc. if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

National Insurance Services of Wisconsin, Inc. - 35203

- Employee amount: Increments of \$5,000 up to \$300,000 (not to exceed 5x annual salary)
 - Guarantee Issue: \$75,000
- Spouse amount: Increments of \$2,500 up to \$150,000 (not to exceed 50% of Employee's Supplemental Life amount)
 - Guarantee Issue: \$25,000
- Child amount: \$10,000

AD&D amount is equal to Supplemental Life amount.

Long-Term Disability Insurance

Monticello School District offers long-term income protection through National Insurance Services of Wisconsin, Inc. in the event you become unable to work due to a non-work-related illness or injury.

National Insurance Services of Wisconsin, Inc. - 7791

Classes 01, 02, 03

- Benefits begin after: 60 days
- Benefit: 90% of monthly income up to \$10,500
- Maximum Monthly Benefit: \$9,450
- Benefit duration: The later of: 1) the specified length of time in the table below, or 2) the day before attaining the Social Security Normal Retirement Age (SSNRA) under the United States Social Security Act, as revised.

Age at Disablement	Benefit Duration
Prior to age 63	48 months
63	42 months
64	36 months
65	30 months
66	27 months
67	24 months
68	21 months
69 or older	18 months

Please see the summary plan description for complete plan details.

Worksite Products

We have a wonderful opportunity for you! We are proud to offer you exciting choices in your benefits program. These plans are designed to help cover the out-of-pocket expenses not covered by your health insurance as well as paycheck protection if you can't work because of an injury or illness.

As a valued employee you are eligible to apply for supplemental insurance. Participation in these benefit plans is voluntary; however, we feel it is very important for you to understand the many advantages of the products we are making available to you:

- The ability to choose benefits to meet your individual needs
- The convenience of premium payment through payroll deduction
- The ability to take coverage with you if you change jobs or retire
- The ability to provide coverage for you and your family, with most products

Listed below are the plans for which you can apply. These cash benefits are paid **directly to you** unless you specify otherwise, and most benefits are paid regardless of other coverage you may have with other insurance companies.

Accident & Injury

Offered through **Reliance Standard Life Insurance Company**

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

Critical Illness

Offered through **Reliance Standard Life Insurance Company**

Complements your major medical coverage by providing a lump sum benefit you can use to help pay the direct and indirect costs related to a covered critical illness.

It is important that you take a few minutes to learn about the advantages of supplemental insurance and to determine if all your insurance needs are currently being met. We strongly encourage you to participate in this exciting opportunity!

To find out more information or to apply for coverage, leave a detailed message for Christina Karlen / District Bookkeeper or email at: **(608) 938-2702** / karlech@monticello.k12.wi.us



Changes in Benefit Elections

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2023 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero (\$0) elections.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

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.



Contact Information

Have Questions? Need Help?

Monticello School District is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available **Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time at 855-874-0742 or via e-mail at brcmt@usi.com**. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Contact Numbers and Website Links

We encourage all our employees and their families to become familiar with and use the resources offered.

Below is a list of websites and telephone numbers where you can obtain information about your benefit plan coverage. In most cases, you can register to securely access your benefit information online. This will enable you to review important information about your coverage, locate a doctor, view your claims history, and research various health related topics.

Carrier	Type of Coverage	Contact Information
Dean Health Plan, Inc.	Medical HMO	(800) 279-1301
Dean Health Plan, Inc.	Medical POS /PPO	(800) 279-1301
Delta Dental of Wisconsin Inc.	Dental Triple Option	(800) 236-3712
Associated Bank	Health Savings Account	(800) 270-7719
National Insurance Services of Wisconsin, Inc.	Life and AD&D	(800) 627-3660
National Insurance Services of Wisconsin, Inc.	Voluntary Life and AD&D	(800) 627-3660
National Insurance Services of Wisconsin, Inc.	Long Term Disability (LTD)	(800) 627-3660
Reliance Standard Life Insurance Company	Voluntary Critical Illness	(877) 328-5285
Reliance Standard Life Insurance Company	Accident	(877) 328-5285

This brochure summarizes the benefit plans that are available to Monticello School District 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 brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTHCANCER 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: covered at 100% after your \$3,000 or \$6,000 plan deductible

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 more than 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

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Christina Karlen
334 S Main St, Monticello, WI 53570
608-938-2702
Karlech@monticello.k12.wi.us

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Monticello 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 Monticello 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. Monticello School District has determined that the prescription drug coverage offered by the Dean Health Medical 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 Dean Health Plan coverage **will not** be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current Monticello School District coverage, be aware that you and your dependents will be able to get this coverage back.

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 Monticello 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 Monticello 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: 7/1/2023
Name of Entity/Sender: Monticello School District
Contact--Position/Office: Christina Karlen, District Bookkeeper
Address: 334 S Main St, Monticello, WI 53570
Phone Number: 608-938-2702

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://myarhhip.com/ Phone: 1-855-My ARHIPP (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.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>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</p>	<p align="center">INDIANA – Medicaid</p> <p>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</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>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</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012</p>
<p align="center">KENTUCKY – Medicaid</p> <p>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</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>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/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">MINNESOTA – Medicaid</p> <p>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</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">NEVADA – Medicaid</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p>

<p>Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>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</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>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</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>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)</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>	<p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

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 Monticello School District	4. Employer Identification Number (EIN) 39-6003504	
5. Employer address 334 S Main St	6. Employer phone number 608-938-2702	
7. City Monticello	8. State WI	9. ZIP code 53570
10. Who can we contact about employee health coverage at this job? Christina Karlen		
11. Phone number (if different from above) N/A	12. Email address Karlech@monticello.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 who work 30 or more hours per week.

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:

Legal spouses and children to age 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)