



ENGAGE. EMPOWER. EXCEL.

# Southern Door County School District

## 2023-2024 Employee Benefits Guide

## Carrier Contacts

Coverage	Carrier	Contact
Medical	Prevea360	1.877.230.7555 www.prevea360.com
Dental	Delta Dental	1.800.236.3712 www.deltadentalwi.com
Voluntary Vision	Superior Vision	1.800.507.3800 www.superiorvision.com
Voluntary Accident	The Standard	1.888.937.4783 www.standard.com
Voluntary Life	The Standard	1.888.937.4783 www.standard.com
Short Term Disability	The Standard	1.888.937.4783 www.standard.com
Long Term Disability	The Standard	1.888.937.4783 www.standard.com

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

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This guide will help you get to know your benefits and your choices for the 2023/2024 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

# Medical Plans

## Medical Plans

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Southern Door County School District provides eligible employees the choice of 5 medical plans administered by Prevea360.

- The HMO Plan has lower premiums compared to the POS Plan. With the HMO Plan, you are only covered if you receive services at an In-Network provider. If you go Out-of-Network without a referral, there will not be any coverage.
- The POS Plan has a higher premium than the HMO plan and allows member's access to In-Network and Out-of-Network providers. With the POS plan, there is a separate Out-of-Network deductible, coinsurance and out of pocket limit.
- The High Deductible Health Plan offers lower premiums, but you may have a higher deductible and will pay more before the plan starts to cover some of your costs. This plan also has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Prevea360 network. Find a participating health care provider in your area by going to: [Prevea360.com/doctors](http://Prevea360.com/doctors).

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

## Eligibility

- All full-time employees and regular part-time employees who work more than 20 hours per week

## And Your...

- Spouse
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to age 26.

## Terms To Know

### Deductible

The amount ***you pay*** out of your pocket each year ***before the plan begins*** sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

### Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but ***not*** toward your deductible.

### Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

### Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

### Embedded Deductible

Single member of a family does not have to meet the full family deductible for insurer to start paying for healthcare services

### Non-embedded Deductible

The total family deductible must be paid out of pocket before the insurer starts paying for healthcare services for any individual member

# Medical Plan Highlights – Option 1

Prevea360	HMO Copay Base Plan	
	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>District Funded HRA</b>		
Single		\$1,000
Family		\$2,000
<b>Deductible and Coinsurance Limit</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>Out-of-Pocket Maximum</b>		
Single	\$6,850	Not Covered
Family	\$13,700	Not Covered
<b>Coinsurance</b>		
	100%	Not Covered
<b>Physician Services</b>		
Routine / Preventive Care	<b>Select Services Are FREE</b>	Not Covered
Virtual Care	\$0 Fee Per Service	N/A
Primary Care Physician	\$20 Copay	Not Covered
Specialist	\$20 Copay	Not Covered
Partnered Health Location Visit	\$5 Copay	N/A
<b>Hospital Services</b>		
	Deductible	Not Covered
<b>Urgent Care   ER</b>		
Urgent Care	\$20 Copay, then Deductible	
Emergency Care	\$200 Copay, then Deductible (Copay waived if admitted)	
<b>Prescription Drugs   In-Network</b>		
	<b>Retail</b>	<b>Mail Order – 90 Day Supply</b>
Tier 1	\$20 Copay	\$40 Copay
Tier 2	\$40 Copay	\$80 Copay
Tier 3	\$60 Copay	\$120 Copay
Tier 4	30% Coinsurance	

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

\$0 Preventive Rx List and Prevea Partnered Health Included

Monthly Premiums	Employee Cost	Full Rate
Employee	\$70.22	\$585.22
Limited Family	\$140.44	\$1,170.44
Family	\$175.56	\$1,463.06

## Medical Plan Highlights – Option 2

Prevea360	POS Copay Buy-Up Plan	
	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>District Funded HRA</b>		
Single		\$1,000
Family		\$2,000
<b>Deductible and Coinsurance Limit</b>		
Single	\$2,000	\$5,000
Family	\$4,000	\$10,000
<b>Out-of-Pocket Maximum</b>		
Single	\$6,850	\$5,000
Family	\$13,700	\$10,000
<b>Coinsurance</b>		
	100%	80%
<b>Physician Services</b>		
Routine / Preventive Care	<b>Select Services Are FREE</b>	Deductible & Coinsurance
Virtual Care	\$0 Fee Per Service	N/A
Primary Care Physician	\$20 Copay	Deductible & Coinsurance
Specialist	\$20 Copay	Deductible & Coinsurance
Partnered Health Location Visit	\$5 Copay	N/A
<b>Hospital Services</b>		
	Deductible	Deductible & Coinsurance
<b>Urgent Care   ER</b>		
Urgent Care	\$20 Copay, then Deductible	
Emergency Care	\$200 Copay, then Deductible (Copay waived if admitted)	
<b>Prescription Drugs</b>		
	<b>Retail</b>	<b>Mail Order – 90 Day Supply</b>
Tier 1	\$20 Copay	\$40 Copay
Tier 2	\$40 Copay	\$80 Copay
Tier 3	\$60 Copay	\$120 Copay
Tier 4	30% Coinsurance	

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

\$0 Preventive Rx List and Prevea Partnered Health Included

Monthly Premiums	Employee Cost	Full Rate
Employee	\$156.76	\$746.46
Limited Family	\$313.50	\$1,492.92
Family	\$391.88	\$1,866.16

## Medical Plan Highlights – Option 3

Prevea360	POS HDHP Buy-Up Plan	
	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>District HSA Contribution</b>		
Single		\$500
Limited Family		\$750
Family		\$1,000
<b>Deductible and Coinsurance Limit</b>		
Single	\$2,000	\$6,000
Family	\$4,000	\$12,000
<b>Out-of-Pocket Maximum</b>		
Single	\$2,000	\$6,000
Family	\$4,000	\$12,000
<b>Coinsurance</b>		
	100%	80%
<b>Physician Services</b>		
Routine / Preventive Care	<b>Select Services Are FREE</b>	Deductible & Coinsurance
Virtual Care	\$35 Fee Per Service	N/A
Primary Care Physician	Deductible	Deductible & Coinsurance
Specialist	Deductible	Deductible & Coinsurance
Partnered Health Location Visit	Deductible (discounted rate)	N/A
<b>Hospital Services</b>		
	Deductible	Deductible & Coinsurance
<b>Urgent Care   ER</b>		
Urgent Care		Deductible & Coinsurance
Emergency Care		Deductible & Coinsurance
<b>Prescription Drugs   In-Network</b>		
	<b>Retail</b>	<b>Mail Order – 90 Day Supply</b>
Tier 1	Deductible	Deductible
Tier 2	Deductible	Deductible
Tier 3	Deductible	Deductible
Tier 4	Deductible	

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

\$0 Preventive Rx List and Prevea Partnered Health Included

Monthly Premiums	Employee Cost	Full Rate
Employee	\$112.68	\$704.25
Limited Family	\$225.36	\$1,408.50
Family	\$281.70	\$1,760.63

## Medical Plan Highlights – Option 4

Prevea360	HMO HDHP Buy-Down Plan	
	In-Network	Out-of-Network
<b>Deductible (non-embedded)</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>District HSA Contribution</b>		
Single		\$500
Limited Family		\$750
Family		\$1,000
<b>Deductible and Coinsurance Limit</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>Out-of-Pocket Maximum</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>Coinsurance</b>		
	100%	Not Covered
<b>Physician Services</b>		
Routine / Preventive Care	<b>Select Services Are FREE</b>	Not Covered
Virtual Care	\$35 Fee Per Service	N/A
Primary Care Physician	Deductible	Not Covered
Specialist	Deductible	Not Covered
Partnered Health Location Visit	Deductible (discounted rate)	N/A
<b>Hospital Services</b>		
	Deductible	Not Covered
<b>Urgent Care   ER</b>		
Urgent Care		Deductible
Emergency Care		Deductible
<b>Prescription Drugs   In-Network</b>		
	<b>Retail</b>	<b>Mail Order – 90 Day Supply</b>
Tier 1	Deductible	Deductible
Tier 2	Deductible	Deductible
Tier 3	Deductible	Deductible
Tier 4	Deductible	Deductible

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

\$0 Preventive Rx List and Prevea Partnered Health Included

Monthly Premiums	Employee Cost	Full Rate
Employee	\$37.10	\$552.13
Limited Family	\$74.26	\$1,104.26
Family	\$92.82	\$1,380.32

## Medical Plan Highlights – Option 5

Prevea360	HMO HDHP Buy-Down Plan	
	In-Network	Out-of-Network
<b>Deductible (embedded)</b>		
Single	\$3,000	Not Covered
Family	\$6,000	Not Covered
<b>District HSA Contribution</b>		
Single		\$500
Limited Family		\$750
Family		\$1,000
<b>Deductible and Coinsurance Limit</b>		
Single	\$3,000	Not Covered
Family	\$6,000	Not Covered
<b>Out-of-Pocket Maximum</b>		
Single	\$3,000	Not Covered
Family	\$6,000	Not Covered
<b>Coinsurance</b>		
	100%	Not Covered
<b>Physician Services</b>		
Routine / Preventive Care	<b>Select Services Are FREE</b>	Not Covered
Virtual Care	\$35 Fee Per Service	N/A
Primary Care Physician	Deductible	Not Covered
Specialist	Deductible	Not Covered
Partnered Health Location Visit	Deductible (discounted rate)	N/A
<b>Hospital Services</b>		
	Deductible	Not Covered
<b>Urgent Care   ER</b>		
Urgent Care		Deductible
Emergency Care		Deductible
<b>Prescription Drugs   In-Network</b>		
	<b>Retail</b>	<b>Mail Order – 90 Day Supply</b>
Tier 1	Deductible	Deductible
Tier 2	Deductible	Deductible
Tier 3	Deductible	Deductible
Tier 4	Deductible	Deductible

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.






\$0 Preventive Rx List and Prevea Partnered Health Included

Monthly Premiums	Employee Cost	Full Rate
Employee	\$0	\$504.04
Limited Family	\$0	\$1,010.08
Family	\$0	\$1,262.59



# Understanding Your Care Options

Proactively understanding your care options can have a big impact in the amount you pay out-of-pocket when seeking care. The chart below is intended to help you identify the right setting for your specific needs.

Type of Care	Common Services	Approximate Wait Time	Average Member Cost
<b>Virtual Care</b> 	<ul style="list-style-type: none"> <li>○ Colds or flu</li> <li>○ Bronchitis</li> <li>○ Respiratory infection</li> <li>○ Pink eye</li> <li>○ Sinus problems</li> <li>○ Allergies</li> <li>○ Urinary tract infection</li> <li>○ Poison ivy</li> </ul>	<b>15-20 Minutes</b>	<b>\$</b>
<b>Partnered Health Clinics</b> 	<ul style="list-style-type: none"> <li>○ Colds or flu</li> <li>○ Sinus infection</li> <li>○ Allergies</li> <li>○ Vaccinations</li> <li>○ Health screenings</li> <li>○ Headaches</li> </ul>	<b>Same Day Availability</b>	<b>\$</b>
<b>Your Doctor's Office</b> 	<ul style="list-style-type: none"> <li>○ Preventative services</li> <li>○ Vaccinations</li> <li>○ Medical problems that are not an immediate, serious threat to your health or life</li> </ul>	<b>1 Week or More</b>	<b>\$\$</b>
<b>Urgent Care</b> 	<ul style="list-style-type: none"> <li>○ Sprains or strains</li> <li>○ Mild asthma attack</li> <li>○ Sore throat</li> <li>○ Earaches</li> <li>○ Minor broken bone</li> <li>○ Minor cut</li> <li>○ Minor infection</li> <li>○ Minor rash</li> </ul>	<b>20 – 30 Minutes</b>	<b>\$\$\$</b>
<b>Emergency Room</b> 	<ul style="list-style-type: none"> <li>○ Sudden change in vision</li> <li>○ Sudden trouble talking</li> <li>○ Large open wounds</li> <li>○ Major burn</li> <li>○ Severe head injury</li> <li>○ Heavy bleeding</li> <li>○ Chest pain</li> <li>○ Major broken bone</li> </ul>	<b>3 – 12 Hours</b>	<b>\$\$\$\$</b>

# Virtual Care



Stay home and get treated for common conditions in under an hour!

Virtual Care visits are \$35 for high deductible health plans, \$0 for copay plans.

## What types of conditions are treated?

- COVID-19 (Coronavirus)
- Upper respiratory infections
- Cold, Sinus Infection or Influenza
- Yeast infections
- Seasonal Allergies
- Pink eye/conjunctivitis
- Acid reflux/GERD
- And more

## Three steps to get you from feeling blah to ahh.

- 1 Complete an Online Health Interview
- 2 Prevea Health Provider Review
- 3 Prescription (If part of your treatment plan)

# Partnered Health

Through Prevea360 health plan, you have access to various health care services for a minimal fee. Appointments for urgent care, primary care (family medicine, internal medicine and pediatrics) and physical and occupational therapy are available at all Door County Medical Center and Prevea Health locations\* where those services are offered with a \$5 co-pay.\*\*

PRIMARY CARE SERVICES FOR:	PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR:	
<ul style="list-style-type: none"> <li>Preventive care such as physical exams, well-child exams, health screenings and sports physicals</li> <li>Acute care such as allergies, bites and stings, burns and sunburn, coughs and colds, ear pain, flu, headache, injuries/non-surgical fracture and musculoskeletal care, laceration evaluations, pink eye/stye, sinus infections, skin infections, sore throats, UTI/bladder infection</li> <li>Routine medical care for children, adults and elderly including medication management</li> <li>Chronic disease management for high blood pressure and cholesterol, hyperlipidemia, diabetes, dyslipidemia, COPD, asthma, thyroid problems</li> <li>Minor office procedures such as skin lesion removal/biopsy, stitches</li> <li>Cardiovascular disease prevention</li> <li>Nicotine cessation</li> <li>Basic mental health including anxiety and depression</li> <li>Immunizations including flu shots (see back page)</li> <li>Labs (see back page)</li> </ul>	<ul style="list-style-type: none"> <li>Blood flow restriction therapy</li> <li>Ergonomic assessments</li> <li>Gait assessment</li> <li>Injury assessment and consultation</li> <li>Injury prevention</li> <li>Manual therapy</li> <li>Muscle, bone or joint pain</li> <li>Pre- and post-surgical therapy</li> <li>Posture and body mechanics training</li> <li>Range-of-motion, flexibility, balance and strength training</li> <li>Spinal stabilization instruction</li> </ul>	
URGENT CARE SERVICES FOR:		
<ul style="list-style-type: none"> <li>Allergies</li> <li>Bites and stings</li> <li>Burns and sunburn</li> <li>Coughs and colds</li> <li>Ear pain</li> </ul>	<ul style="list-style-type: none"> <li>Flu</li> <li>Headache</li> <li>Injuries and musculoskeletal care</li> <li>Minor lacerations and repair</li> <li>Pink eye/stye</li> </ul>	<ul style="list-style-type: none"> <li>Sinus infections</li> <li>Skin infections</li> <li>Sore throats</li> <li>UTI/bladder infection</li> </ul>



<b>LABS</b> The following labs are available at no additional cost to you as the patient.** Labs not listed will be billed to your personal health insurance.	<b>IMMUNIZATIONS</b> The following immunizations are available at no additional cost to you as the patient.** Immunizations not listed will be billed to your personal health insurance.
<ul style="list-style-type: none"> <li>• ALT/SGPT</li> <li>• Antibiotic sensitivity***</li> <li>• AST/SGOT</li> <li>• BMP</li> <li>• CBC, Auto, No diff</li> <li>• CBC w/ diff</li> <li>• CMP</li> <li>• Creatinine</li> <li>• Complete UA</li> <li>• C. Trachomatis RNA***</li> <li>• Hbg A1c</li> <li>• General health panel</li> <li>• Glucose blood draw</li> <li>• Glucose (fingerstick)</li> <li>• Group A strep culture***</li> <li>• Hepatic function panel</li> <li>• Influenza A/B</li> <li>• Lipid panel</li> <li>• N. Gonorrhoeae RNA***</li> <li>• Occult blood (feces)</li> <li>• Potassium</li> <li>• Prothrombin time (fingerstick)</li> <li>• Rapid strep</li> <li>• TSH</li> <li>• Urine culture***</li> <li>• Urine dip</li> <li>• Urine microalbumin</li> <li>• Urine pregnancy test</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis A &amp; B, adult and pediatric</li> <li>• Hib (haemophilus influenzae type B)</li> <li>• Human Papilloma Virus (HPV)</li> <li>• Influenza</li> <li>• Measles, mumps and rubella</li> <li>• Meningococcal</li> <li>• Pneumococcal</li> <li>• Poliovirus</li> <li>• Rotavirus</li> <li>• Shingles</li> <li>• Tetanus, diptheria and pertussis, adult and pediatric</li> <li>• Varicella</li> </ul>

The Partnered Health access card must be presented at time of check-in. Otherwise, the service will be billed to your personal health insurance.

**No referral needed. Visit [prevea.com/PartneredHealthDCMC](http://prevea.com/PartneredHealthDCMC) to schedule an appointment.**

\* HSHS St. Clare Memorial Hospital Prevea Health Centers and non-Prevea health centers are excluded.

\*\* HDHP members do not have a co-pay. Visits and immunizations are billed to your personal health insurance at a discounted rate. Labs are billed at \$20.

\*\*\* HDHP members will receive a bill from a Prevea-partnered HSHS hospital if those services were performed at an HSHS hospital facility.

## Partnered Health

### Locations

Door County Medical Centers	Urgent Care	Family Medicine	Internal Medicine	Pediatrics	PT and OT
<b>Door County Medical Center Sturgeon Bay Rehab</b> 1300 Egg Harbor Road, Sturgeon Bay					x
<b>Door County Rehab Services - Algoma</b> 1510 Fremont St, Algoma					x
<b>Door County Rehab Services – Sister Bay</b> 2311 Meadow Wood Dr., Sister Bay					x
<b>Door County Medical Center</b> 323 S. 18 <sup>th</sup> Ave, Sturgeon Bay	x	x	x	x	
<b>Door County Medical Center Fish Creek Clinic</b> 3711 Highway 42 Fish Creek		x		x	
<b>Door County Medical Center Washington Island Clinic</b> 910 Main Road Washington Island		x			
<b>Door County Medical Center Algoma Clinic</b> 815 Jefferson Street Algoma		x			
Prevea Eastern Wisconsin Health Centers	Urgent Care	Family Medicine	Internal Medicine	Pediatrics	PT and OT
<b>HSHS St. Mary's Hospital Medical Center</b> Inside Prevea Regional Orthopedic Center 1726 Shawano Ave., Green Bay					x
<b>Prevea Allouez Health Center</b> 1821 S. Webster Ave., Green Bay			x	x	x
<b>Prevea Ashwaubenon Health Center</b> 2502 S. Ashland Ave., Green Bay	x	x			x
<b>Prevea East De Pere Health Center</b> 3860 Monroe Road, De Pere	x	x	x	x	x
<b>Prevea East Mason Health Center</b> 3021 Voyager Drive, Green Bay	x	x	x	x	x
<b>Prevea Health</b> 2700 E. Enterprise Ave., Appleton					
<b>Prevea Howard Health Center</b> 2793 Lineville Road, Green Bay	x	x	x	x	x
<b>Prevea Kewaunee Health Center</b> 1020 Marquette Drive, Kewaunee	x	x			
<b>Prevea Kohler Health Center</b> 950 Woodlake Road, Kohler	x	x	x		x
<b>Prevea Lawrence Drive Health Center</b> 1601 Lawrence Drive, De Pere	x				x
<b>Prevea Luxemburg Health Center</b> 101 School Creek Trail, Luxemburg		x			x
<b>Prevea Manitowoc Health Center</b> 4810 Expo Drive, Manitowoc	x	x			
<b>Prevea Marinette Health Center</b> 1409 Cleveland Ave., Marinette		x			x
<b>Prevea Oconto Falls Health Center</b> 853 S. Main St., Oconto Falls			x		x
<b>Prevea Oconto Health Center</b> 620 Smith Ave., Oconto		x	x		x
<b>Prevea Oostburg Health Center</b> 15 S. 10th St., Suite A, Oostburg		x	x		



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<b>Prevea Plymouth Health Center</b> 825 Walton Drive, Plymouth	x	x			x
<b>Prevea Pulaski Health Center</b> 940 S. St. Augustine St., Pulaski	x	x			x
<b>Prevea Seymour Health Center</b> 958 Foote St., Seymour		x			
<b>Prevea Shawano Ave. Health Center</b> 1727 Shawano Ave., Green Bay					x
<b>Prevea Shawano Health Center</b> 1300 East Green Bay St., Shawano	x	x	x	x	
<b>Prevea Sheboygan Health Center</b> 1411 N. Taylor Drive, Sheboygan	x	x	x		
<b>Prevea Sheboygan Health Center</b> 1526 N. Taylor Drive, Sheboygan					x
<b>Prevea Sheboygan Health Center</b> 1703 N. Taylor Drive, Sheboygan		x			
<b>Prevea Sheboygan Medical Office Building</b> 3113 Saemann Ave., Sheboygan		x			x
<b>Prevea Sheboygan Health Center</b> 1703 N. Taylor Drive, Sheboygan		x			
<b>Prevea St. Mary's Health Center</b> 1715 Dousman St., Green Bay			x	x	
<b>Prevea Therapy</b> 2920 Superior Ave., Sheboygan					x
<b>Prevea Therapy - Inside Manitowoc-Two Rivers YMCA</b> 205 Maritime Drive, Manitowoc					x
<b>Prevea Washington Street Health Center</b> 102 N. Washington St., Green Bay	x	x			
<b>Prevea West De Pere Health Center</b> 1686 Eisenhower Road, De Pere		x		x	
<b>Prevea Western Wisconsin Health Centers</b>	<b>Urgent Care</b>	<b>Family Medicine</b>	<b>Internal Medicine</b>	<b>Pediatrics</b>	<b>PT and OT</b>
<b>Prevea Altoona Medical Office Building</b> 3119 Woodman Drive, Altoona	x	x	x	x	
<b>Prevea Augusta Health Center</b> 207 W. Lincoln St., Suite 1, Augusta		x			
<b>Prevea Chippewa Falls Health Center</b> 2509 County Hwy I, Chippewa Falls	x	x	x	x	x
<b>Prevea Cornell Health Center</b> 320 N. 7th St., Entrance on 6th St., Cornell		x	x		
<b>Prevea Health</b> 3085 Meadowlark Lane, Altoona					x
<b>Prevea Health Center</b> 1109 W. Clairemont Ave., Eau Claire					x
<b>Prevea Health Family Medicine</b> 617 W. Clairemont Ave., Eau Claire		x			
<b>Prevea Ladysmith Health Center</b> 1101 Lake Ave. West, Ladysmith		x			
<b>Prevea Menomonie Health Center</b> 2919 Stout Road, Menomonie	x	x		x	x
<b>Prevea Mondovi Health Center</b> 250 State Road 37, Mondovi		x			x
<b>Prevea Rice Lake Health Center</b> 1051 West Ave., Rice Lake	x	x		x	x
<b>Prevea Therapy</b> 400 West 9th St. North, Ladysmith					x

# Your Health, Your Money, Your Savings, **Your Choice**



## **Make the best decision for your care while also saving money. Best part — you keep what you save.**

With Prevea360 Health Plan you and your family will get top-notch quality services at discounted costs, all while experiencing a true collaboration between local and trusted expert doctors, hospital partners, and health insurance coverage. These great benefits will allow you to manage your Health Savings Account (HSA) dollars to fit your needs. When you choose to get medical care at Prevea Health, including urgent care and HSHS Hospitals in your area, some of the benefits you'll receive include:

- **Prevea Care After Hours, medical expertise available 24/7/365 to answer your questions and guide you to the most appropriate level of care. Call 888-277-3832.**
- **Access to state-of-the-art Prevea Ambulatory Surgical Center (ASC). Save up to 50%.**
- **All-inclusive MRI for \$900 or less**
- Lower out-of-pocket cost - you keep the cash savings
- Virtual Care from the comfort of your home
- Lower cost for primary care provider visits
- Convenient urgent care access
- And much more

**With these advantages, Prevea360 members can get top-notch care in the right place at the right cost.**



Scan the QR Code for more details or to get started.

▶ **Contact your Patient Health Advocate Jill Brosig**  
920-272-3550 or [jill.brosig@prevea.com](mailto:jill.brosig@prevea.com)

▶ **We are here to help**  
Visit [prevea360.com/rightcare](https://prevea360.com/rightcare) for more details

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**PREVEA**360  
health plan<sup>SM</sup>

## PATIENT ADVOCATE

*You now have access to a Patient Advocate;* local resource to help you navigate your health care journey.



**Jill Brosig, RMA**  
Registered Medical Assistant,  
Patient Advocate

To connect with your patient care advocate,  
call (920) 272-3550 or email  
[PatientAdvocate@prevea.com](mailto:PatientAdvocate@prevea.com).

Your Patient Advocate will connect, support and educate you and your family members to:



Find the right care, at the right time.



Choose a primary care provider.



Connect with a specialist.



Close gaps in care.



Set up and offer MyPrevea support.



Resources within Prevea Health and Prevea360 health plan.

For assistance with billing/insurance claims, insurance benefits and eligibility, status of prior authorization, copy of insurance materials, provider network verification or finding a DME network provider, call Prevea360 Health Plan customer service at (877) 230-7555, select "member" option.





# Be A Healthier You

Your comprehensive wellness program



Prevea360 Health Plan in partnership with WebMD offers a variety of programs focusing on the whole person across eight dimensions of wellness, making healthy living achievable and fun.

## Wellness Programs and Features

### Health Assessment

Based on your individual questionnaire results, WebMD provides recommendations for each lifestyle category. A variety of interactive self-management tools are customized to your needs.

### Case Management

Provides support through complex health situations.

### Wellness Care Package

A monthly brochure highlighting programs, education and health observances.

### Partner Perks

Discounts for gyms, spas, golfing, devices, equipment, nutrition and more.

### Nicotine Cessation

Nicotine cessation and vape free programs for families. Free medications may be available.

### R.E.A.L. Goals (Realistic, Easy, Attainable, Life Goals)

Preset goals covering all eight dimensions along with tips and trackers to help you achieve success.

### Preventive Health Toolkits

Download our toolkits that include education and awareness for many national observances and seasonally-appropriate topics.

### Events Calendar

Access live monthly Book Club discussions, Move with a Doc, Learning Loft, and more webinars covering the eight dimensions of wellness. Events are virtual, and you can attend from anywhere. Learn more at [prevea360.com/events](http://prevea360.com/events)

### Nutrition

Members can access WebMD resources, challenges, webinars and a monthly Made from Scratch newsletter.

### Earn up to \$150\* in rewards!

See back for details

\* Adult dependents (ages 18 and older) who are covered under a family member's policy can earn up to \$100 in Prevea360 Health Plan's Living Healthy Rewards program.



#### Your lowest risks are...



Emotional Health



Tobacco



Cervical Cancer Screening

#### You should work on...



Blood Pressure



Stress



Safety

#### Optimal YOU is 100

You scored a 41 out of 100



Health Assessment Example

PREVEA360 health plan™

# Living Healthy Rewards

## Questions about Living Healthy Rewards?

Visit [prevea360.com/livinghealthy](https://prevea360.com/livinghealthy) to learn how to redeem reward points through your Living Healthy portal.

## Your rewards. Your choice.

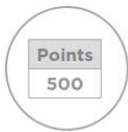
### Earn up to \$150\* in rewards!

Prevea360 Health Plan will reward you up to **\$150\*** for your healthy lifestyle. It's one of the many reasons Living Healthy has its rewards!



#### Here's how it works:

Choose the healthy activities you want to complete



Each completed activity is worth reward points (example: 500 points = \$50)



Earn up to 1,500 points for a maximum of \$150\* per calendar year (**before December 31**)



Rewards come in the form of gift card(s) of your choice to many national retailers, restaurants and other popular merchants

All rewards **MUST** be redeemed before **December 31, 2023**.

\* Check with your plan administrator for reward offerings specific to your plan. Only Prevea360 Health Plan members, ages 18 and older, are eligible for Living Healthy Rewards. Your employer may be required to report health plan-issued incentives as taxable income. Prevea360 Health Plan may be required to report incentive payment information to your employer. Your health information is protected by federal law and will not be shared with your employer. Adult dependents (ages 18 and older) who are covered under a family member's policy can earn up to \$100 in Prevea360 Health Plan's Living Healthy Rewards program.

**We are here to help**

Visit [prevea360.com/livinghealthy](https://prevea360.com/livinghealthy)

## Living Healthy Rewards 2023 will focus on Preventive Health Services!

Prevention or early detection of common diseases is the best way to be the healthiest you. The list below includes some of the more common preventive and screening services proven to improve health, but it is important to check with your primary care provider to determine which tests are appropriate for you, based on your medical history and family history. Earn points for taking care of you!



#### Immunizations:

Influenza, Varicella, Tetanus, Meningococcal and Pneumococcal



#### Cancer screenings:

Mammogram, Colon Cancer (FIT testing, Cologuard, Colonoscopy) and PAP smear



#### Other screenings:

Chlamydia, Gonorrhea, HIV, Hepatitis C, Diabetes and Depression

# Health Reimbursement Account (HRA)

Plan Options 1 and 2 include an Employer-Sponsored Health Reimbursement Arrangement (HRA). HRAs are health care accounts entirely funded through your employer. HRAs are designed to reimburse employees for medical expenses not covered by insurance, such as deductibles, coinsurance and copays.

## How does a Health Reimbursement Account work?

### Plan Option 1 (HMO Plan):

Employees are required to cover the **FIRST**

- \$1,000 for single coverage
- \$2,000 for family coverage

Health Reimbursement Account covers the **NEXT**

- \$1,000 for single coverage
- \$2,000 for family coverage

### Plan Option 2 (POS Plan):

Employees are required to cover the **FIRST**

- \$1,000 for single coverage
- \$2,000 for family coverage

Health Reimbursement Account covers the **NEXT**

- \$1,000 for single coverage in- or out-of-network
- \$2,000 for family coverage in- or out-of-network

*\* You will be responsible for any remaining services until you reach both deductible and coinsurance limits for In- and Out-of-Network.*

# Health Savings Account (HSA)

A Health Savings Account (HSA) allows you to pay for qualified medical expenses tax-free. For all health care-related accounts, eligibility is determined in part by which medical plan you choose.

	HDHP	Copay Plan
Health Savings Account	✓	
Health Care Flexible Spending Account		✓
Limited Flexible Spending Account	✓	

## Health Savings Account

Southern Door County School District offers medical plans 3, 4, and 5 that feature an HSA – the High Deductible Health Plans. An HSA is an investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.

If you are enrolled in one of the High Deductible Health Plan options, you may open an HSA with the bank or institution of your choice.

## How The HSA Works

<b>Money Goes In</b>	<p>Pretax contributions* from you, up to a total of:</p> <ul style="list-style-type: none"> <li>○ \$3,850 for individual coverage</li> <li>○ \$7,750 if you enroll your spouse and/or child(ren)</li> <li>○ An extra \$1,000 if you are age 55 or older</li> </ul>
<b>Money Goes Out</b>	<p>You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible health care expense, **you decide whether to use your HSA if you’ve accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans’ deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.</p>
<b>Have Money Left? It Rolls Over!</b>	<p>Any money left in your account is yours to pay for health care in the future. There’s no deadline and no limit on how large your account can grow. If you leave Southern Door County School District, you can take it with you.</p>

\* If you’re enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

\*\* The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

## Eligibility

- You must be enrolled in a HDHP
- You cannot have any other “impermissible coverage.” If your spouse has a General Purpose FSA, you are not eligible to contribute to an HSA.
- You cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person’s tax return

# Flexible Spending Account (FSA)

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by year-end or lose the balance.

Southern Door County School District offers three types of FSAs administered by EBC.

## Health Care FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care and vision care. You're ***not*** eligible for the General Purpose FSA if you are currently contributing to a Health Savings Account.

## Limited Health Care FSA

The expenses that are reimbursed by this FSA are limited to dental and vision care expenses in the plan year only. You're eligible if you're enrolled in the High Deductible Health Plan Option; use the Limited Health Care FSA along with a Health Savings Account (HSA) and maximize your tax savings!

## Health Care & Limited Health Care FSA Contribution Limits

Southern Door County School District follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for both the General Purpose FSA and Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$3,050. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$3,050 cap.

## Dependent Care FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You ***cannot*** contribute more than you or your spouse earned in income for the year. ***If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

# Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That’s why Southern Door County School District offers two dental plans administered by Delta Dental – a Base Plan and a Buy-Up Plan.

Delta Dental	Base Plan	Buy-Up Plan
<b>Individual Annual Maximum</b>	<b>\$1,300</b>	<b>\$1,300</b>
<b>Deductible</b>		
Employee Only	\$25	\$0
Family	\$75	\$0
<b>Preventive Care Services</b>		
Exams	Covered in Full	Covered in Full
Cleanings	Covered in Full	Covered in Full
Fluoride Treatments	Covered in Full	Covered in Full
X-Rays	Covered in Full	Covered in Full
Space Maintainers	Covered in Full	Covered in Full
Sealants	Covered in Full	Covered in Full
Emergency Treatment to Relieve Pain	%	%
<b>Basic Restorative Services</b>		
Fillings	100%	100%
Endodontics	100%	100%
Periodontics	100%	100%
Simple Extractions	100%	100%
<b>Major Restorative Services</b>		
Crowns, Inlays, Onlays	80%	100%
Bridges and Dentures	80%	100%
Repairs and Adjustments to Bridges and Dentures	80%	100%
Implants	80%	100%
<b>Orthodontic Services</b>		
Coinsurance	50%	50%
Individual Lifetime Maximum	\$2,000	\$2,000
Dependents Eligible to Age		
Full-Time Students Eligible to Age		

For additional information, refer to the Benefit Summaries provided by Delta Dental.

Monthly Premiums	Base Plan		Buy-Up Plan	
	Employee Cost	Full Rate	Employee Cost	Full Rate
Employee	\$5.68	\$47.32	\$19.29	\$60.93
Family	\$14.67	\$122.23	\$49.80	\$157.36



## Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions, you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

### how to enroll

1. Go to [www.deltadentalwi.com](http://www.deltadentalwi.com).
2. Select the purple "Sign In" button and enter your Username & Password.
3. On your dashboard under "Preventive Care and Plan Features" there will be a section for Additional Benefits. Select "Enroll Now."\*
4. In the "Enroll in EBICP" section, select the member and their condition, verify the information, and hit "Select."
5. This member will then be listed under "Your Current EBICP Benefits."

Condition	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	✓	✓
Weakened immune systems	✓	✓
Periodontal (gum) disease*	✓	✓
High-risk cardiac conditions	✓	
Kidney failure or dialysis	✓	
Diabetes	✓	
Pregnancy	✓	

*This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Frequency limitations may apply. Refer to your handbook.*

*\*Periodontal cleanings may fall under basic services and may not be covered 100% by the EBICP plan. If you have questions regarding coverage for periodontal cleanings, please contact the Benefit Center at 800-236-3712 before services are performed.*

### Connect With Us



[www.deltadentalwi.com](http://www.deltadentalwi.com)

SS300H-1905

\*If your plan does not include EBICP, "Additional Benefits" will not show.

For additional Delta Dental open enrollment resources, visit:  
<https://www.deltadentalwi.com/s/dental-enrollment-resources>

# Vision Plan Highlights

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That’s why Southern Door County School District provides vision care administered by Superior Vision.

Superior Vision	In-Network	Out-of-Network
<b>Frequency</b>		
Vision Exam		Once per 12 months
Frame		Once per 24 months
Lenses		Once per 12 months
Contact Lenses		Once per 12 months
<b>Copayment</b>		
	<b>Exam</b> \$10	<b>Materials</b> \$25
<b>Vision Benefit</b>		
Vision Examination	Covered in Full	Up to \$35
Frames Up To	\$125 Retail Allowance	Up to \$70
<b>Lens Benefit</b>		
Single Vision	Covered in Full	Up to \$25
Bifocal	Covered in Full	Up to \$40
Trifocal	Covered in Full	Up to \$45
<b>Contact Lens Benefit</b>		
Medically Necessary w/Preauthorization	Covered in Full	Up to \$150
Elective	\$150 Retail Allowance	Up to \$125
In lieu of Spectacle Lenses	Yes	Yes

*For additional information, refer to the Benefit Summary provided by Superior Vision.*

Monthly Premiums	Employee Cost
Employee	\$6.02
Family	\$16.28



# Protection Plans

## Short Term Disability (STD)

Southern Door County School District’s Short Term Disability plan is administered by The Standard and paid for by the employee. This benefit pays a weekly percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury.

The Standard		Benefit Highlights
Premium		100% Employee Paid
Weekly Benefit		You can elect a weekly benefit amount from \$147 - \$504
Sickness Benefit Begins On		4 <sup>th</sup> Day
Accident Benefit Begins On		1 <sup>st</sup> Day
Maximum Benefit Duration		90 Days
Weekly Benefit Options		Monthly Rate
	\$147	\$11.46
	\$175	\$13.36
	\$224	\$17.18
	\$273	\$21.02
	\$301	\$22.92
	\$357	\$27.38
	\$420	\$31.86
	\$462	\$35.04
	\$504	\$38.22

## Long Term Disability (LTD)

Southern Door County School District’s Long Term Disability plan is administered by The Standard and paid for by Southern Door County School District. This benefit pays a monthly percentage of your salary if you become disabled and are unable to work for an extended period of time.

The Standard		Benefit Highlights
Premium		Employer Paid
Monthly Benefit		90% to \$9,450
Elimination Period		90 Days
Maximum Benefit Duration		Social Security Normal Retirement Age

### Other Features and Services with The Standard

- Employee Assistance Program
- Reasonable Accommodation Benefit
- Travel Assistance
- Return to Work Incentive
- Life Services Toolkit
- Waiver of Premium while LTD benefits are payable

**NOTE:** Both the STD and LTD include pre-existing condition limitations. Please review the plan summaries for more details. Earnings for STD and LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.

# Protection Plans (continued)

## Voluntary Life Insurance

You have the option to purchase Voluntary Life Insurance coverage for you and your eligible family members. Please see a representative from HR with any questions.

### The Standard Plan Highlights

Employee Coverage (\$10,000 increments)	Not to exceed \$300,000 (Guarantee Issue: \$100,000)
Spouse Coverage (\$5,000 increments)	Not to exceed \$100,000 (Guarantee Issue: \$20,000)
Child Coverage (\$2,000 increments)	Not to exceed \$10,000

### Employee Life and AD&D Premiums

Age	Employee Per \$1,000	Spouse Per \$1,000
00-24	\$0.048	\$0.048
25-29	\$0.053	\$0.053
30-34	\$0.062	\$0.062
35-39	\$0.082	\$0.082
40-44	\$0.117	\$0.117
45-49	\$0.178	\$0.178
50-54	\$0.273	\$0.273
55-59	\$0.405	\$0.405
60-64	\$0.545	\$0.545
65-69	\$0.851	\$0.851
70 and over	\$1.433	\$1.433

*for a full listing of weekly premiums, please contact HR*

### Child Premiums

Voluntary Term Life and AD&D	\$0.148 per \$1,000
------------------------------	---------------------

**Evidence of Insurability is required for any late entrants or increases to current coverage.**

# Protection Plans (continued)

## VOLUNTARY ACCIDENT INSURANCE

### The Standard

If you are an active Employee who works at least 20 hours per week on a regularly scheduled basis, you are eligible to purchase additional Voluntary Accident Insurance. This benefit pays you for your own or your covered dependent's injuries due to a covered accident. Benefits are paid per covered accident unless otherwise stated. You may use the money for any expense while you recuperate.

## Here's how it works:

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most — whether that's to help with your deductible, copays and other medical bills, or your daily expenses while you recover.

Let's say your teenage daughter gets injured during tryouts for her school basketball team and goes to urgent care for treatment. Diagnosis: dislocated elbow and fracture of the forearm and wrist. Although surgery isn't necessary, she will need follow-up appointments and physical therapy.



You'd get an additional 25% if your child is injured while participating in an organized athletic activity — whether it's football practice, a soccer game or dance class.

BENEFITS PAID TO YOU	
Urgent Care Visit.....	\$50
X-ray.....	\$25
Dislocated Elbow.....	\$450
Arm Fracture.....	\$350
Wrist Fracture.....	\$350
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment (2 visits)	\$100
<b>SUBTOTAL.....</b>	<b>\$1,375</b>
<b>Youth Organized Sports Benefit (25% of subtotal).....</b>	<b>\$344</b>
<b>Total paid directly to you.....</b>	<b>\$1,719</b>

Imagine that you survive a serious car accident. After a trip to the ER, you stay in the hospital for several days while you recover. In the weeks following the accident, you have a follow-up appointment at a clinic in another city and physical therapy.



Because you drove more than 100 miles one way for your follow-up appointment, you'd receive an extra \$100. If your car accident occurred more than 100 miles away from your home and a family member who resides with you traveled to be near you while you were in the hospital, we'd pay additional benefits to help cover lodging expenses.

BENEFITS PAID TO YOU	
Ambulance.....	\$200
Emergency Room Visit.....	\$100
CAT Scan.....	\$100
Hospital Admission Benefit .....	\$500
5-Day Hospital Confinement (\$100 per day).....	\$500
Right Leg Fracture.....	\$1,600
Knee Cap Fracture.....	\$700
Pelvis Fracture.....	\$1,600
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment.....	\$50
<b>SUBTOTAL.....</b>	<b>\$5,400</b>
<b>Transportation Benefit.....</b>	<b>\$100</b>
<b>Lodging (4 days).....</b>	<b>\$600</b>
<b>Total paid directly to you.....</b>	<b>\$6,100</b>

## Group Accident Insurance

### Affordable Group Rates

Because you'll be buying this insurance through Southern Door County School District, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older — meaning you'll pay the same premium for the life of the policy, even if you continue your coverage after your employment with Southern Door County School District ends (this is known as portability).

You can get a Health Maintenance Screening Benefit of \$100 each year just for going to the doctor for a covered wellness exam, such as a stress test or lipid panel — a routine preventive visit that typically costs you nothing under your medical insurance.

It pays to be well-adjusted. If you need to see a chiropractor while you're recovering from an accident, you can get a benefit of \$25 (up to two visits per accident, providing those visits are on different days).

Staying in a hospital can be costly, even with medical insurance coverage. You'll receive a \$500 benefit if you're admitted — plus \$100 for every day you're hospitalized.\* And if you're admitted or confined to a critical care unit while you're in the hospital, you'll receive additional critical care unit benefits.

If you or a dependent travel at least 100 miles from your or your dependent's place of residence for treatment, you'll receive a Transportation Benefit of \$100 for each day of travel.\*\* We'll pay a \$150 Lodging Benefit per day\*\* if you or a dependent travel at least 100 miles from your or your dependent's place of residence for treatment and you, your dependent or another person incurs a lodging expense.

\*Up to 365 days per accident.

\*\*Maximum 30 days per accident; 90 days per year.

Coverage for...	Semimonthly Premium
You	\$2.97
You and your spouse	\$4.96
You and your children	\$5.51
You, your spouse and your children	\$8.71

# A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,<sup>1</sup> which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

## Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)<sup>2</sup> and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

## EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents



## Contact EAP

888.293.6948  
(TTY Services: 711)  
24 hours a day,  
seven days a week

[healthadvocate.com/standard3](http://healthadvocate.com/standard3)

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

## WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

## Online Resources

Visit [healthadvocate.com/standard3](http://healthadvocate.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

<sup>1</sup> The EAP service is provided through an arrangement with Health Advocate<sup>SM</sup>, which is not affiliated with The Standard. Health Advocate<sup>SM</sup> is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](http://standard.com)

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

# REQUIRED FEDERAL NOTICES

## HIPAA 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 towards 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).

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.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources at 920-825-7311 ext. 5513.

## HIPAA NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**Effective Date of Notice:** July 1, 2023

### **Who will follow this notice:**

This notice describes the health information practices of Southern Door School District (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your insurance benefits.

### **Our pledge to you:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

### **We are required by law to:**

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Southern Door County School District (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.



## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

*For example, the Plan may disclose to your provider that you are eligible for benefits.*

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

*For example, the Plan may use medical information about you to project future benefit costs.*

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

### **YOUR RIGHTS**

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Human Resources. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual: Human Resources.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Human Resources. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Human Resources.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Human Resources.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Human Resources.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator at 920-825-7311 ext 5513.

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Southern Door County 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. Southern Door County School District has determined that the prescription drug coverage offered by the Prevea360 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 15<sup>th</sup> to December 7<sup>th</sup>.

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.



## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### **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 Southern Door County School District coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Southern Door County School District coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

### **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 Southern Door County 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 Southern Door County School District changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### **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](http://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](http://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:** July 1, 2023

<b>Name of Entity/Sender:</b>	Southern Door County School District
<b>Contact--Position/Office:</b>	Human Resources
<b>Address:</b>	2073 County Road DK, Brussels, WI 54204
<b>Phone Number:</b>	920-825-7311

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## MEDICARE PART D: NON-CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Southern Door County 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. Southern Door County School District has determined that the prescription drug coverage offered by the Prevea360 is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the [Insert Name of Plan]. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from Prevea360. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

### 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 15<sup>TH</sup> to December .7<sup>th</sup>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## MARKETPLACE COVERAGE NOTICE

### **GENERAL INFORMATION**

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

### **WHAT IS THE HEALTH INSURANCE MARKETPLACE?**

The Marketplace is designed to help you find private 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. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

### **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 are eligible for depends on your household income.

### **DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?**

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our 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 self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit [healthcare.gov](http://healthcare.gov) for the annual affordability percentage or contact the employer identified on the following page of this notice.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – 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 ABOUT THE MARKETPLACE?**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup>

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.

## MARKETPLACE COVERAGE NOTICE (continued)

### INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Southern Door County School District
Employer Identification Number (EIN): 39-6030041
Employer Address: 2073 County Road DK, Brussels, WI 54204
Employer Phone Number: 920-825-7311
Who can we contact about employee health coverage at this job? Human Resources

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

## 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](http://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](http://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](http://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

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

### CALIFORNIA – Medicaid

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](mailto:hipp@dhcs.ca.gov)

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:

<https://health.alaska.gov/dpa/Pages/default.aspx>

### COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

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

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

### FLORIDA – Medicaid

Website:

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

## CHIP (continued)

### GEORGIA – 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

### INDIANA – Medicaid

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)

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

### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

### KENTUCKY – 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: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

### LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

### MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

### MINNESOTA – Medicaid

Website:

<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

### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

### MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

### NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

## CHIP (continued)

### MAINE – Medicaid

Enrollment Website:  
[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](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

### NEW JERSEY – Medicaid and CHIP

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

### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

### NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

### NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

### OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

### PENNSYLVANIA – 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 \(CHIP\) \(pa.gov\)](http://www.dhs.pa.gov/ChildrensHealthInsuranceProgram)  
CHIP Phone: 1-800-986-KIDS (5437)

### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or  
401-462-0311 (Direct Rite Share Line)

### NEW HAMPSHIRE – Medicaid

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

### SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

### TEXAS – Medicaid

Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

### UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

### VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://www.vermont.gov/health/insurance/premium-payment-program)  
Phone: 1-800-250-8427

### VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>  
<https://www.coverva.org/en/hipp>  
Medicaid/CHIP Phone: 1-800-432-5924

### WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

### WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhpp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

### WISCONSIN – Medicaid and CHIP

Website:  
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## CHIP (continued)

### **SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

### **WYOMING – Medicaid**

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](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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



## WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.