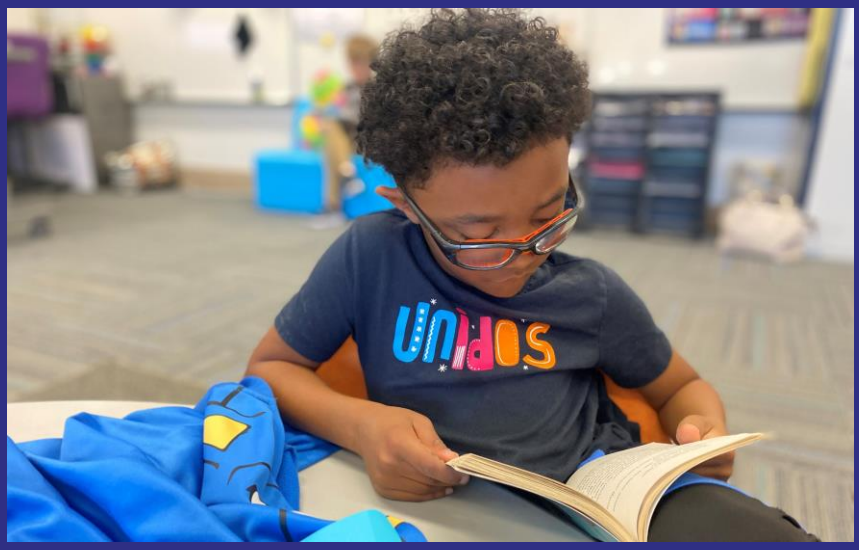

Employee Benefit Guide

2023-2024

WAUWATOSA SCHOOL DISTRICT
• Your Educational Community •

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Introduction

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United with parents and the community, the Wauwatosa School District delivers an outstanding education that equips and inspires our students to conquer their challenges now and in the future.

Wauwatosa School District seeks to attract and retain the best employees possible through our shared values; Tosa Schools – Moving Forward Together!

As a Wauwatosa School District employee, you have access to most employee benefit plan information and resources. You can access information from any smartphone, tablet or your computer.

SCAN ME!

Benefit Highlights

What's New for 10/1/2023?

We are excited to share the following highlights of changes and enhancements to the benefit plans for 2023!

As we prepare for Open Enrollment, we wanted to share the changes taking place effective 10/1/2023. Wauwatosa School District is committed to helping make your benefit options less complicated, while providing quality programs and providers to support your physical, emotional, and financial well-being today and in the future. We want to help you to be healthy, stay healthy, and receive the care you need.

KEY HIGHLIGHTS:

***NEW* – Medical Plan Network Options:** Wauwatosa School District will be adding the tiered NexusACO network option to the UHC base plan option beginning 10/1/2023. As part of the NexusACO network, you will have access to two tiers of in-network benefits:

Tier 1 (lowest-cost option): Those utilizing in-network care from Tier 1 providers* can take advantage of richer medical benefits and lower costs. Look for the Tier 1 symbol when doing a provider search at myuhc.com

Tier 2: As a second in-network benefit, those utilizing care from other in-network providers (Tier 2 providers) will also receive a better value for health care benefits compared to out-of-network providers.

NEW – UHC Cancer Support Program

NEW – Real Appeal Weight Loss Program

NEW – ATI Physical Therapy

NEW Increased annual maximum from $1,500 to $2,500 for Dental Care Plus.

No Change to Vision Plan and Premiums: Your vision plan will remain the same, as well as your vision premiums.

**Tier 1 providers consist of participating Advocate Aurora, Children's Hospital of Wisconsin, Froedtert, and Medical College of Wisconsin providers in the Milwaukee Area. For a complete list of Tier 1 providers, please visit myuhc.com*

Eligibility

The benefits offered by the Wauwatosa School District are designed to provide a comprehensive benefits package for you and your eligible dependents. The following is an overview of your benefits, in effect as of October 1st, 2023.

Eligibility

All of our permanent employees are eligible to enroll in benefits, the amount of premium depends on your FTE. 1.0 FTE has premium paid by the district,0.5 FTE would have 50% premium paid by the district. Please reference the board policy by employee group for more details. For Life and Disability please see pages 18-20 for eligibility requirements.

Eligible Dependents include:

- Your Spouse
- You or your Spouse's child who is under age 26, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your Spouse are the legal guardian.
- An unmarried child age 26 or over who is or becomes disabled and dependent upon you.

Qualifying Events

Due to IRS regulations, once you have made your election for the 2023 year, you cannot change your benefits until the next annual enrollment period unless you experience a qualifying event.

A qualifying event may include the following*:

- Marriage, legal separation, divorce, birth or adoption of a child;
- Change in employment status for you or your Spouse;
- Change in a Dependent's benefits eligibility status or a significant change in the cost of coverage;
- Change in place of residence causing a loss of eligibility;
- Change in the cost of Dependent care (only for the dependent care FSA); and
- Your death or death of a Dependent

To change your benefits, you must notify Human Resources **within 31 days of the qualifying event.** You will need to provide proof of the change, such as a marriage certificate, record of birth, etc.

To elect or decline benefits, please use this form:

Benefit Enrollment/Declination Form

For benefit eligibility questions beyond the scope of this Employee Benefit Guide, please refer to the Employee Handbook, or contact Human Resources.

For carrier specific benefit contact information:

Benefits Contact List

NexusACO Network

Wauwatosa School District will be switching to a tiered NexusACO network option with UHC.

Please note on Nexus each member of the family will receive their own ID card with a specific PCP listed. Anyone that does not select a PCP during OE will have a sticker on their ID card reminding them to choose a PCP and the PCP name and ACO name fields on the ID card will be blank. If a PCP is not selected within 60 days, a PCP will be auto-assigned which will trigger a new card. You have the ability to change PCP's at any time throughout the year. If a new PCP is selected, new ID cards will be generated.

Wauwatosa School District will be switching to a tiered NexusACO network option with UHC. As part of the NexusACO network, you will have access to two tiers of network benefits:

Tier 1 (lowest-cost option): Those utilizing in-network care from Tier 1 providers can take advantage of richer medical benefits and lower costs. Look for the Tier 1 symbol when doing a provider search at myuhc.com under the NexusACO network option.

Tier 1 providers are: Froedtert, Advocate Aurora, Medical College of WI, Children's Hospital of WI

Tier 2: As a second in-network benefit, those utilizing care from other in-network providers (Tier 2 providers) will also receive a better value for health care benefits compared to out-of-network providers.

Tier 2 providers include providers that are in the current Choice Plus network, but not in Tier 1 .

Members located outside of the NexusACO network area can receive Tier 1 benefits by utilizing a Premium Designated Provider*.

As part of the new NexusACO plan, you will be required to select a Primary Care Physician (PCP) from the plan network, and you will get the most out of your benefits by using Tier 1 providers!

Referrals are not required to see a network specialist, and preventative care is covered at 100%.

When making an appointment with either a Tier 1 or Tier 2 provider, be sure to check that the location of your visit is in-network. Visit myuhc.com to look up in-network providers and locations.

Health Insurance: Nexus ACO Plan

Medical Benefits

United Healthcare (UHC) processes medical and prescription drug claims, provides case management and the network; along with other valuable tools and programs.

Medical Benefits	United Healthcare NexusACO Network		
	In-Network Tier 1	**In-Network Tier 2**	**Out-Of-Network**
Deductible			
Single	$1,500	$1,500	$3,000
Family	$3,000	$3,000	$6,000
Out of Pocket Maximum			
Single	$1,500	$3,000	$4,000
Family	$3,000	$6,000	$8,000
Coinsurance	0%	20%	30%
Primary Care Physician	0%	20%	30%
Specialist	0%	20%	30%
Preventive Care	No charge	No charge	30%
Urgent Care	0%	0%	30%
Emergency Room	0%	0%	0%
Lab/X-Ray	0%	20%	30%
Virtual Visits	0%	20%	No coverage

CASH IN LIEU OF HEALTH INSURANCE

All employees eligible for health insurance can opt for a cash in lieu of health insurance benefit. The benefit is $5,000 if coverage is waived, and proof of other medical plan coverage is provided. All elections must be made in accordance with the District's benefit plan documents and forms.

Employees must complete and return a Health Insurance Opt-Out Election Form during open enrollment to receive the alternative benefit.

The Wauwatosa School District offers two Qualified High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). The first plan option is the Nexus ACO Plan.

All or some of your monthly insurance premiums may be covered under this plan. (Please refer to Benefits email.)

All claims expenses (except certain Prescription copays) accumulate toward your deductible. Per plan year (October 1-September 30)

Total Family Deductible must be met in total before 100% coinsurance applies

Health Insurance: ACA Plan

The Wauwatosa School District offers two Qualified High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). The second plan option is the ACA Plan.

The plan year begins on October 1 and ends on September 30.

Medical Benefits

United Healthcare (UHC) processes medical and prescription drug claims, provides case management and the network; along with other valuable tools and programs.

Medical Benefits	United Healthcare Choice Plus Network	
	In-Network	**Out-Of-Network**
Deductible		
Single	$5,000	$10,000
Family	$10,000	$20,000
Out of Pocket Maximum		
Single	$6,000	$12,000
Family	$12,000	$24,000
Coinsurance	20%	40%
Primary Care Physician	20%	40%
Specialist	20%	40%
Preventive Care	No charge	40%
Urgent Care	20%	40%
Emergency Room	20%	20%
Lab/X-Ray	20%	40%
Virtual Visits	20%	No coverage

Monthly Rate	Employee Only	Employee + Family
	$102.00	$1,028.00

CASH IN LIEU OF HEALTH INSURANCE

All employees eligible for health insurance can opt for a cash in lieu of health insurance benefit. The benefit is $5,000 if coverage is waived, and proof of other medical plan coverage is provided. All elections must be made in accordance with the District's benefit plan documents and forms.

Employees must complete and return a Health Insurance Opt-Out Election Form during open enrollment to receive the alternative benefit.

Prescription Drugs

United Healthcare Prescription Drug Benefits – NexusACO Plan		United Healthcare Prescription Drug Benefits – ACA Plan	
Tier 1	**Retail (34-day supply):** 0% coinsurance Preventive: $10 copay **Mail Order (90-day supply):** 0% coinsurance Preventive: $20 copay	Tier 1	**Retail (34-day supply):** 20% coinsurance Preventive: $10 copay **Mail Order (90-day supply):** 20% coinsurance Preventive: $20 copay
Tier 2	**Retail (34-day supply):** 0% coinsurance Preventive: $20 copay **Mail Order (90-day supply):** 0% coinsurance Preventive: $40 copay	Tier 2	**Retail (34-day supply):** 20% coinsurance Preventive: $20 copay **Mail Order (90-day supply):** 20% coinsurance Preventive: $40 copay
Tier 3	**Retail (34-day supply):** 0% coinsurance Preventive: $30 copay **Mail Order (90-day supply):** 0% coinsurance Preventive: $60 copay	Tier 3	**Retail (34-day supply):** 20% coinsurance Preventive: $30 copay **Mail Order (90-day supply):** 20% coinsurance Preventive: $60 copay

Where can I get more information?

UHC Member Portal

Additional UHC Benefits

www.MyUHC.com

So much more to see at www.myuhc.com – find your personalized health benefits information.

Resources 24 hours a day!

* Health Assessment

* Health Records/ Claims

* Find a Doctor

* Estimate Costs

Rx Resources

Access to licensed nurses

* Related Links & Topics

UHC Customer Services is now Advocate4Me. 888-298-5894

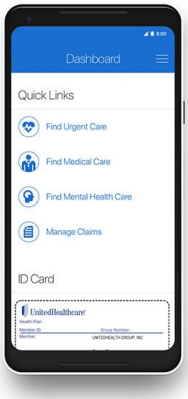
UHC app

Find care

Find **network care options for doctors, clinics and hospitals in your area**

Talk to a doctor by video 24/7

See reviews and ratings for doctors



Download on the App Store

GET IT ON Google Play

Manage your health plan details

- Generate and share digital health plan ID cards
- View claims and account balances
- Manage prescription drugs and refills

Stay on top of costs

- Estimate the costs of common procedures
- View your copay, annual deductible and out-of-pocket expenses

Choose Smart – Look for the Blue Hearts

Physicians are evaluated using evidence-based standards for their practice and recognized for providing Quality and Cost-Efficient care. When searching for in-network providers, look for the Blue Hearts!

Premium Care Physician
The physician meets the UnitedHealth Premium program criteria for providing quality and cost- efficient care.

Quality Care Physician
The physician meets the UnitedHealth Premium program criteria for providing quality care.

Quality Not Evaluated or Not Evaluated at this Time

Does Not Meet Quality
The physician does not meet the UnitedHealth Premium program criteria for providing care.

2nd.MD

2ND.MD SPECIALIZES IN MEDICAL CERTAINTY

Through Wauwatosa School District, you have an exclusive membership to 2nd.MD, a virtual expert medical consultation and navigation service. We connect you with a board-certified, elite specialist for a virtual expert medical consultation via phone or video from the comfort of your home.

2nd.MD specializes in medical certainty by providing access to elite specialists for questions about:

- Disease, cancer or chronic condition
- Medications and treatment plans

If you are a good candidate for an expert medical consultation, 2nd.MD's caring and compassionate Health Advocates may reach out via phone, email, or text.

WHO IS ELIGIBLE?

2nd.MD is confidential, fast and no cost to you and your family members covered by the UnitedHealthcare medical plan.

HOW IT WORKS: 3 Simple Steps

1. **ACTIVATE YOUR ACCOUNT AND REQUEST A CONSULT**
   Visit www.2nd.MD/tosa, download our app or call us at 1.866.269.3534
2. **SPEAK WITH A NURSE**
   Just explain your medical issues and an experienced nurse will handle the rest, including collecting medical records and connecting you with a leading specialist who is an expert in your condition.
3. **CONSULT WITH A LEADING SPECIALIST**
   Get information about your diagnosis, treatment plan and next steps in care from a nationally recognized specialist. Consult via video or phone at a time that works best for you, including evenings and weekends!

AFTER YOUR CONSULTATION

You'll receive a written summary of your consultation, so you're prepared for a conversation with your treating doctor, or we can refer you to another in-network doctor in your area.

Get Started Today:

Call at 1.866.269.3534

Visit www.2nd.MD/tosa or download the 2nd.MD app

2nd.MD
Specializing in Medical Certainty

UHC Cancer Support Program

Learn more:

Call an oncology nurse at 1-866-936-6002, TTY 711, from 7 a.m. to 7 p.m. CT, Monday through Friday, or visit myuhc.phs.com/cancerprograms.

The UnitedHealthcare Cancer Support Program provides individualized coaching and education for adult and pediatric patients who may be at high risk for treatment complications or side effects. Our experienced oncology nurse case managers collaborate with you to help support and reinforce the treatment plan you've developed with our doctor and provide information and resources to patients.

Program Includes:	
Cancer awareness	Clinical review of treatment, prescriptions and clinical trials
Disease and treatment education	Medication management support
Treatment decision support	Travel and lodging
Case management addressing symptoms and side effects	Administration of genetic counseling education
Second opinion support	Survivorship support
Guidance and access to Center of Excellence network, if applicable, or local community providers	End of life/hospice decision making

How does it work?

If you're preparing for cancer treatment or have already started, a nurse can help you navigate treatment options and find a network provider from a high-quality Centers of Excellence (COE) facility. Here's more of what you can expect:

- **Connect with a nurse** specially trained in oncology for support throughout your treatment journey
- **Get help exploring your options,** finding answers to questions, and managing symptoms and side effects
- **Receive support working with your doctors,** so you feel informed to make decisions for your health
- **Access digital tools** to help provide real-time guidance and identify care needs immediately

UnitedHealthcare

Other Programs

Real Appeal

Get support to reach your weight loss goals. As part of the Wauwatosa School District medical plan, we are excited to offer Real Appeal, a free digital program that provides you with up to a full year of support for lasting weight loss. On average, participants lose 10 pounds after attending just 4 online classes.

Your program includes:

- Personal Transformation Coach
- 24/7 Convenience
- Success Kit

United Healthcare | Real Appeal

Real Appeal Contact information:

Join today at enroll.realappeal.com

Physical Therapy

All ATI Physical Therapy locations provide rehabilitation and/or physical therapy services to our members enrolled in our medical plan at a reduced cost. Your cost for these visits will be $130. ATI Physical Therapy locations offer services to help reduce pain, reduce migraines, and help getting you back to being you.

Call 1-833-ATI-0001 to get started today!

ATI PHYSICAL THERAPY

ATI Physical Therapy contact information

1-833-ATI-0001

Gym Membership Discount

As an employee of Wauwatosa School District, you are eligible to receive a gym membership discount of 30% at the Wisconsin Athletic Club (WAC).

This partnership is in no way an endorsement of the WAC over other health/fitness clubs in the area.

Health Savings Account

Brief Description:

A health savings account (HSA) is a benefit offered to the employee which allows a fixed amount of pre-tax wages to be set aside for qualified expenses over a calendar year. Qualified expenses may include medical or dental expenses, prescriptions costs and some over the counter medications/supplies. The amount set aside will be deducted from each payroll over the calendar year. You are allowed to stop or change your contribution at any time during the year.

Employees have the option to establish and contribute to a “Health Savings Account” (HSA). Wauwatosa School District offers their HSA through Lively.

This HSA is a personal checking account that allows money to be deposited at any time and easily withdrawn for qualified medical expenses. No minimum deposit. You will receive: statements, a free Lively HSA Debit Visa®, the ability to manage your account online, variable interest rates and free starter checks!

HSA Specifics

- You can use your HSA to pay for qualified medical, dental, and vision expenses – refer to IRS 213(d) for a list of qualified expenses
- Ineligible expense withdrawals from HSA account are subject to penalties and taxes; 20% penalty for ineligible withdrawal

HSA Contribution Limits for 2023

- $3,850/single or $7,750/family
- Age 55-65 catch up contribution of additional $1,000

Why an HSA?

- **Tax Savings** – you contribute pre-tax dollars to the account
- **Reduce Your Out-of-Pocket Costs** – You can use the money in your HSA account to pay eligible medical expenses (deductible) and prescriptions
- **Invest the Funds and Take Them With You** – Unused funds are yours to keep even if you retire or leave the district. It is your money. You can invest your HSA funds, so your account can grow over time
- **Long-Term Savings** – Save unused HSA funds from year to year to reduce future out-of-pocket health-related expenses.
- **Retirement** – Although you cannot deposit into your HSA account after you retire, you can use your funds to pay for retiree medical premiums

Lively

Dental Insurance

Dental

The Wauwatosa School District offers the choice of two dental plans either through CarePlus or Delta Dental of Wisconsin.

Refer to Board policies for your contribution (if any) to the premiums.

Care Plus Dental Plan: You must use the Dental Associates facilities to receive benefits.

- **Delta Dental Plan:** You can see any dentist and receive benefits. However, seeing a Delta PPO or Delta Premier Network dentist generally ensures the lowest out-of-pocket expense.

Plan Benefit Highlights	Care Plus Dental Plan	Delta Dental Plan
Deductible		
Single Deductible	$0	$0
Family Deductible	$0	$0
Orthodontics Deductible - Lifetime	$500	$0
Individual Annual Maximum		
Per Person Per Calendar Year	$2,500	$2,000
Preventive/Diagnostic (no deductible)	100%	100%
Basic Restorative Services	100%	80%
Major Restorative Services	100%	80%
Orthodontic Services: * Dependent Children to age 19 * Lifetime Maximum	 100% Unlimited	 50% $2,000

Brief Description:

Eligible employees may elect dental coverage for themselves, plus spouse, plus child(ren) or family under the group dental insurance plan.

Where can I get more information?

CarePlus Homepage

CarePlus Benefits Summary

Care Plus Online Services

Delta Dental Homepage

Delta Dental Benefits Summary

Board Policies

DELTA DENTAL®

CarePlus Dental Plans

Vision Insurance

Brief Description:

Vision is a voluntary benefit offered through DeltaVision.

Where can I get more information?

DeltaDental/EyeMed Portal

Vision Benefit Summary

Vision is an optional benefit offered by The Wauwatosa School District. If you elect this benefit, premiums will be through payroll deduction.

Vision Coverage is through DeltaVision and is administered through EyeMed Vision Care.

Monthly Premiums

- $8.56 Single
- $21.32 Family

Vision Benefits	In-Network Benefit	Out-of-Network Reimbursement
Exam	$0	$35
Standard Contact Lens Fit and Follow-Up	$0	$40
Frames	$130 allowance, then 20% off balance	$65
Lens Options	Single: $0 Bifocal: $0 Trifocal: $0 Progressive: $65	Single: $25 Bifocal: $40 Trifocal: $55 Progressive: None
Contact Lenses (in lieu of glasses)	**Conventional**: $120 allowance, then 15% off balance **Disposable**: $120 allowance **Medically Necessary:** Paid in Full	**Conventional**: $96 **Disposable**: $96 **Medically Necessary**: $200
Laser Vision Correction	15% off retail price or 5% off promotional price	None
Frequency of Exams: Every 12 months Frequency of Lenses: Every 12 months Frequency of Frames: Every 24 months		

Dependent Care Flexible Spending Account

Dependent Care FSA

A Dependent Care Account is a simple way to save money on care for your dependents. It allows you to set aside pre-tax dollars to pay for day care expenses. The annual IRS limit for this type of account is $5,000. If you are married and file separate returns, you can each elect $2,500 for the calendar year. When choosing how much to set aside for dependent care, please note that any unused funds remaining in your Dependent Care Account at the end of your plan year will be forfeited. To be eligible for this type of account, both you and your spouse (if applicable) must work, be looking for work or be full-time students. You may receive reimbursement up to the current balance in your account at the time the request is made. Plan year runs from October 1st to September 30th.

Eligible Dependents

- Children under age 13 who are claimed as a dependent for tax purposes
- Disabled spouse or disabled dependent of any age

Accessing Your Account

Access your online account from our website at www.wexinc.com. You can submit expenses online, through the toll-free fax, via email or by mail. Your money will be directly deposited into your checking or savings account, or you can receive a check in the mail.

Where can I get more information?

Discovery Benefits Homepage

Guide to Logging Into Account

Guide to Filing Claims

Brief Description:

A flexible spending account (FSA) is a benefit offered to the employee which allows a fixed amount of pre-tax wages to be set aside for qualified expenses over a calendar year. The amount set aside must be determined in advance, deducted from each payroll over the calendar year. It is a use-it-or-lose-it election in which employees lose any unused dollars at year-end.

Short-Term Disability

Brief Description:

STD benefits are available for employees working at least 30 hours each week. STD is a voluntary benefit to cover employees during the time before long-term disability insurance benefits begin.

Plan Details

Short-term disability works in coordination with your long-term disability plan to cover you during the time period before your long-term benefits begin.

- If you suffer a disability, this plan would pay up to 66 2/3% of your annual salary divided by 52, depending on your coverage choice, per week.
- Benefits are paid in addition to sick leave pay and Worker's Compensation.
- Benefits for a covered illness or injury continue for 90 days, the date you are no longer disabled or until you are eligible to receive benefits under your long-term disability plan, whichever comes first.
- Benefits start on the same day for a covered disability resulting from an accident and the 3rd day for a disability resulting from an illness.

Weekly Benefit	Rate per Month	Weekly Benefit	Rate per Month
$147.00	$10.89	$357.00*	$26.01
$175.00	$12.69	$420.00*	$30.27
$224.00	$16.32	$462.00*	$33.29
$273.00	$19.97	$504.00*	$36.31
$301.00	$21.77		

** To be eligible for these benefit levels, you must provide proof of insurability by answering aa health questionnaire and meeting medical requirements.*

Where can I get more information?

Madison National Life Website
STD Enrollment Packet
STD Information

Madison National Life Insurance Company
A Member of The IHC Group

Long-Term Disability

Plan Details

Wauwatosa School District offers Long Term Disability (LTD) Benefits through Madison National Life Insurance Company, Inc.

- There is no employee cost for LTD benefits.
- No enrollment needed
- 90-day elimination period
- Guarantees 90% of your income for non-occupational illnesses or injuries

Where can I get more information?

Madison National Life Website
LTD Information

Brief Description:

LTD benefits are available for employees working at least 30 hours each week. LTD provides employees with 90% of their earnings should the employee be unable to work due to illness, injury or accident. The employee must be out of work for 90 days before they can receive this benefit.

Madison National Life Insurance Company
A Member of The IHC Group

Life Insurance

Brief Description:

The District provides basic life insurance to employees working at least 35 hours each week. Teachers life insurance benefits begin six-months after date of employment.

Where can I get more information?

Unum Website

Beneficiary Form

WSD Benefits Page – Unum Life Insurance (Administrator)

WSD Benefits Page – Unum Life Insurance (Other Eligible Employees)

WSD Benefits Page – Additional Life Insurance (Administrators)

WSD Benefits Page – Additional Life Insurance (Other Eligible Employees)

Employee Coverage

- Basic Life Insurance is offered through Unum
- This is 100% paid by Wauwatosa School District

Professional Administrators Benefit:

- 2x Annual earnings rounded to the next $1,000, to a maximum of $400,000

All Other Employees working at least 35 hours each week:

- 1x Annual earnings rounded to the next $1,000, to a maximum of $150,000

Example: If base pay is $41,250, Coverage would be $42,000

Optional/Supplemental Life Insurance

- Available to purchase in the amount of 1X, 2X, 3X or 4X your annual earnings

Professional Administrators Benefit:

- Maximum of $700,000

All Other Employees working at least 35 hours each week:

- Maximum of $300,000

Age	Rate per $1,000	Age	Rate per $1,000
0 - 24	$0.06	50 - 54	$0.41
25 - 29	$0.06	55 - 59	$0.70
30 - 34	$0.08	60 - 64	$0.85
35 - 39	$0.11	65 - 69	$0.85
40 - 44	$0.14	70 - 74	$0.85
45 - 49	$0.23		

unum Better benefits at work.

Employee Assistance Program (EAP)

Life is filled with change and uncertainty. The responsibilities and demands on our time can be overwhelming. It happens to all of us. Calling the Aurora EAP can be the first step towards taking charge of a situation that is affecting your health and well being.

Wauwatosa School District offers up to 6 FREE, confidential face-to-face sessions per issue. This benefit is accessible 24/7 for work/life balance issues and is available to employees and family members residing in your household.

Consider calling the EAP when a problem:

Occupies too much of your time

Interferes with normal activities

Persists for more than 2-3 weeks

Typical concerns may include:

- Relationship Issues/Divorce
- Workplace Concerns
- Anxiety & Depression
- Alcohol or Drug Abuse
- Parent/Child Problems
- Financial Pressures
- Legal Consultation
- Difficulty with School/Peers
- Elder Care/Child Care
- Balancing Work & Family
- Locating Resources

For EAP Services,
Call or Visit:
(800) 236-3231
aah.org/eap

Brief Description:

An Employee Assistance Program (EAP) is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related issues/concerns.

Aurora Health Care®

Mental Health Resources

Stressed?

Overwhelmed?

UHC has Resources to Help You Get Back on Track!

1 in 5 American adults experience mental illness in any given year.

SANVELLO is an app that offers clinical techniques to help dial down the symptoms of depression and anxiety – anytime! Some features include: daily mood tracking, coping tools, progress assessments and more! This is completely free!

More information can be found at www.sanvello.com or download the app in the app store.

LIVE AND WORK WELL is a program offered for behavioral health issues, such as clinical depression, bipolar disorder or substance abuse. Behavior health topics are typically longer-term in nature and can be done either in-person or virtually. Deductible and copay/coinsurance may apply; check your benefits for details.

To access the program, sign into myuhc.com or call 888-332-8885.

TALKSPACE is a new behavioral health virtual visit provider group that offers unlimited text messaging* with access to licensed clinicians, master's level and higher. This is a real-time audio/video appointment to discuss issues such as: anxiety, depression, PTSD, compulsive disorders, issues related to LGBT+ and ADD/ADHD.

Deductible and copay/coinsurance may apply; check your benefits for details. To connect with a therapist, head to talkspace.com/connect and get registered. You will need your UHC medical ID card to complete the registration process.

SUBSTANCE USE TREATMENT HOTLINE provides 24-hour access to substance use recovery advocates. Advocates will listen, offer support and can help develop personalized recovery plans. They also provide support for opioid use including evaluation and help finding medication-assisted treatment options.

This hotline is for excessive and compulsive use of alcohol and/or drugs and is available for $0 out of pocket!

To start getting help today, call 855-780-5955 anytime! Callers can remain anonymous.

Mental Health Resources

Wauwatosa School District is committed to the well-being of our students, staff, and families to create a safe and healthy learning environment. In support of our ongoing commitment, we partnered with Care Solace to provide an additional layer of care for our community.

Their Care Companion™ team is available 24 hours per day, 7 days per week, and 365 days per year to quickly connect you to carefully verified providers in your community.

Students, staff, and families may access Care Solace services in two ways:

- Call (888) 515-0595 at any time. Support is available in 200+ languages. A dedicated Care Companion™ will help you every step of the way to research options, secure appointments, and follow up to make sure it is a good fit.
- For an anonymous search, answer a few questions to get matched with an extensive list of care providers at https://www.caresolace.com/site/wauwatosa.

Care Solace is now available for use at no cost to you. They will connect you with providers accepting all medical insurances including Medicaid, Medicare, and sliding scale options for those without insurance. All information entered on the Care Solace tool is completely confidential and securely stored.

Please note, this service is an optional resource available by choice and is not mandatory to use. Care Solace is not an emergency response service or mental health services provider. In the event of a life threatening emergency, please call 9-1-1 or the National Suicide Hotline 9-8-8.

If you are interested in counseling-related services for your child, yourself, or another family member, please contact Care Solace for valuable assistance. This is a complimentary resource provided by Wauwatosa School District.

Care Solace helps individuals find mental health care providers and substance use treatment centers.

1 in 5 American adults experience mental illness in any given year.

care solace
Calming the Chaos of Mental Health Care.

Retirement – WRS Pension Plan

Brief Description:

All public employers in Wisconsin belong to the Wisconsin Retirement System (WRS) operated by the Wisconsin Department of Employee Trust Funds (ETF).

All public employers in Wisconsin belong to the Wisconsin Retirement System (WRS) operated by the Wisconsin Department of Employee Trust Funds (ETF).

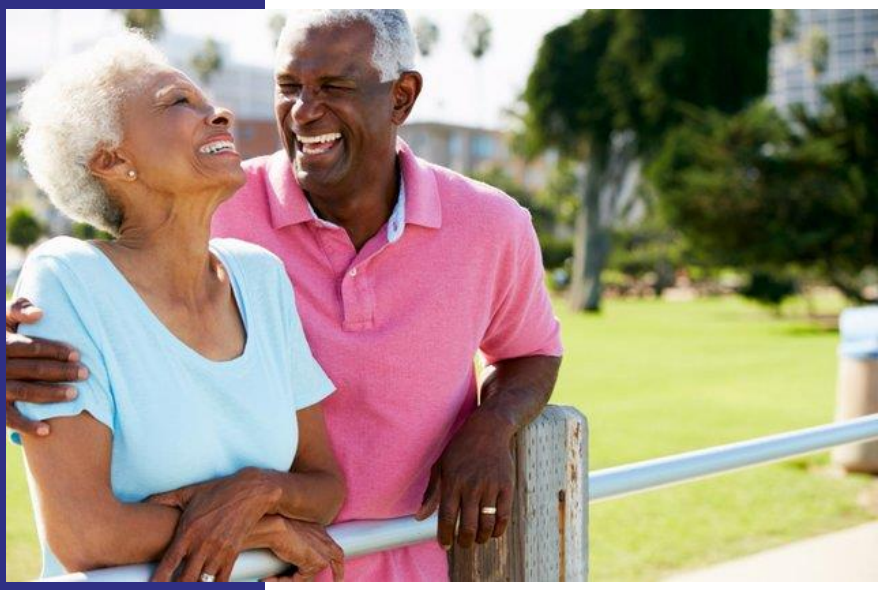
Upon retirement, employees receive a monthly annuity based on a number of variables (eligibility, annual earnings, years of service, etc.). Participation in the WRS is mandatory and exclusive to employees who work a certain number of hours on an annual basis.

- Administered by ETF
- Employee & employer split contribution for a total of 13.5% (each pay 6.75%. This amount changes each January)

Where can I get more information?

ETF WRS

ETF Benefit Handbook



Retirement: Voluntary 403(b) or 457 Plan

Deferred Compensation Plans

Optional deferred compensation plans allow you to set aside pre-tax dollars for retirement. WSD now partners with OMNI.

- 403(b) Plan – Choose a vendor from the approved list, open an account, complete the Salary Reduction Agreement via OMNI (enter WI and Wauwatosa School District)
- 457 Plan – Enroll today! Go to wdc457.org
    - Click on the REGISTER button
    - Click on the I have a plan enrollment code
    - Enter Group ID: 98971-01
    - Enter Plan Enrollment Code: arGdA2xu
    - Select Division/Employer Name: Wauwatosa School District
        - The website will guide you through the enrollment process. Continue the process until you receive your confirmation number (keep this for your records). For more information, go to wdc457.org or call 877-457-9327.

These programs allow employees to save and invest before-tax and after-tax (Roth) dollars through voluntary paycheck contributions.

Where can I get more information?

Contact Toni Davis, Human Resources Specialist, at (414) 773-1041.

Brief Description:

Employees can voluntarily save for retirement through a tax-sheltered annuity (TSA). Employees are not taxed on the contribution, and the earnings of the fund grow tax-free. Contributions are made through payroll deduction to a specific vendor from a District approved list of 403(b) vendors.

Employee Discount Program

New to Working Advantage? Getting Started is Easy.

Maximize your time away from the workplace and start saving today!

Access Your Employee Perks Program Today!

More perks. More savings. More of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love.



START SAVING ON

Electronics ● Appliances ● Apparel ● Cars ● Flowers ● Fitness Memberships ● Gift Cards ● Groceries ● Hotels ● Movie Tickets ● Rental Cars ● Special Events ● Theme Parks ● And More

1. Visit WorkingAdvantage.com
2. Click Become a Member
3. Enter your company code or work email to create an account!

YOUR COMPANY CODE

TOSASCHOOLS

SCAN ME

NEED HELP? EMAIL US:
CUSTOMERSERVICE@WORKINGADVANTAGE.COM

Benefits Enrollment Guide Links

Who's the Expert (H.R. & Communications)

Our *Who's the Expert* document contains contact information for each member of our department as well as an alphabetical listing of our most requested inquiries and whom to contact.

Human Resources Website

Our Human Resources website contains comprehensive information for new employees, including the Employee Handbook, Technology Guidelines, Teacher Career Ladder Handbook and benefits information. Please take a moment to familiarize yourself with its contents.

Benefits Information Page

This page contains a listing of all our benefit providers with direct links to their websites, enrollment documentation, contact information, as well as helpful supplements which will assist you in the benefit selection process.

- Benefit Policies- Located on the right side of our Benefits Information Page regarding insurance, post-employment benefits (if applicable), personal days, funeral leave, holiday pay, sick leave, and other district practices and procedures. If you have any questions regarding a particular policy, please do feel free to contact our department.

Wauwatosa School District Staff Directory

Located on our district website, our staff directory will allow you to reach out to any staff member in the district. Clicking on a staff member's name will take you to their profile page. If your device and/or browser is capable, clicking on a staff member's listed email address and/or phone number will initiate an email message or phone call.

The resources listed to the right will assist you in reviewing your benefits options and making informed choices.

Please take the time to utilize these resources that have been designed just for you.

Document Return Checklist

For your convenience we have included a Document Return Checklist as well as hard copies of selected forms to help you get started.

Please contact Megan Garrett at

(414) 773-1049

or

garretme@wauwatosa.k12.wi.us

Complete Prior to First Day of Employment

- ❑ Complete Pre-Employment Physical (Authorization form provided by HR)
- ❑ Submit I-9 Form (Electronically) and Present Necessary Documents (In Person)
- ❑ Submit UNUM Life Insurance Beneficiary Designation Form to HR (Full-time Employees)

Time Sensitive Items
Return No Later than 30 Days from First Day of Employment

- ❑ Submit Wauwatosa Benefit Enrollment Form
- ❑ Submit Limited Purpose Flexible Spending Account Dependent Care Contribution Enrollment Form (Optional)
- ❑ Return Short-term Disability Enrollment Application, if interested in benefit, without Evidence of Insurability
  (Please Note: If you are taking more than $301.00/week you **will need to complete** the Evidence of Insurability.)
- ❑ Submit application for Voluntary Life Insurance (optional for full-time employees only).
  - Enrollment form for Administrators
  - Enrollment form for All Other Eligible Employees
  - Must enroll by the end of the first full month in which you work in order to receive the guaranteed issue of $150,000 without evidence of insurability. (optional)
  - Must submit evidence of insurability if enrolling after a new hire period. (optional)

Other Items to Return at Your Convenience

- ❑ Mail Wisconsin Department of Employee Trust Funds the ETF Beneficiary Form concerning retirement funds.

  Mail to: Wisconsin Department of Employee Trust Funds
  P.O. Box 7931
  Madison, WI 53707-7931
- ❑ Enroll in a BMO Harris Health Savings Account presented by Lively (Optional):

  WSD HSA Enrollment Instructions
- ❑ Submit 403(b) Enrollment Form (Optional)
- ❑ Submit 457(b) Enrollment Form and Beneficiary Designation Form (Optional)
- ❑ Submit Short-Term Disability Application outside of initial enrollment period (requires Evidence of Insurability)

Important Notices

Medicare Part D

Maternity and Newborn Infant Coverage

HIPAA notice

Women's Health and Cancer Right Act Notice

Health Insurance Marketplace Notice

CHIP Notice

General CORBA Notice

Important Notices

Medicare Part D Creditable Coverage Notice

Important Notice From Wauwatosa School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with WSD and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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. If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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) which 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. WSD has determined the prescription drug coverage offered by the WSD Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a 7-month initial enrollment period. That period begins 3 months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing 3 months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below. If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

The Department of Labor requires administrators of employee benefit plans to furnish to plan participants, beneficiaries, and other individuals detailed provisions for reporting to the government and disclosure to participants on an annual basis. This publication is intended to improve access to information about our reporting and disclosure rules under ERISA. Please review the notices contained in this publication for further information regarding your right under the plan and ERISA.

If after your initial Medicare Part D enrollment period you go 63 continuous days or longer without "creditable" prescription drug coverage (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1% of the premium you would have paid had you enrolled timely, for every month you did not have creditable coverage. For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. However, there are some important exceptions to the late enrollment penalty.

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are “special enrollment periods” which allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage which includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end 2 months after the month in which your other coverage ends.

Compare Coverage

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. See the Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the WSD Plan due to your employment (or someone else’s employment, such as a spouse or parent); your coverage under the WSD Plan will not be affected. For most persons, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your WSD prescription drug coverage, be aware you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage Contact the person listed below for further information or call WSD Human resources Department at (414) 773-1041.

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 WSD changes. You also may request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans which offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 800.MEDICARE (800.633.4227); TTY users should call 877.486.2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 800.772.1213 (TTY 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 whether or not you are required to pay a higher premium (a penalty).

Contact Name:	Wauwatosa School District
Position/Office:	Human Resources
Address:	12121 W. North Avenue, Wauwatosa, WI 53226
Phone Number:	(414) 773-1041

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

Maternity and Newborn Infant Coverage

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

HIPAA Comprehensive Notice of Privacy Policy and Procedures Important Notice—Comprehensive Notice of Privacy Policy and Procedures

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.

This Notice is provided to you on behalf of: Wauwatosa School District Health Plan

The Plan's Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this Notice about its privacy practices that explains how, when, and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this Notice, though it reserves the right to change those practices and the terms of this Notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This Notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by WSD which describes benefits available to employees and dependents.

You may also receive one or more other privacy notices from insurance companies which provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

- Uses and disclosures relating to treatment, payment, or health care operations

- Treatment: generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists, and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose which PHI to the team in order to allow it to more effectively provide treatment to you.
- Payment: of course, the Plan's most important function, as far as you are concerned, is that it pays for all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals, and pharmacies which provide you care send the Plan detailed information about the care they provided, so they can be paid for their services. The Plan may also share your PHI with other plans, in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan and your spouse's plan or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.
- Health Care Operations: the Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverage. However, the Plan will not disclose, for underwriting purposes, PHI that is genetic information.

Other Uses and Disclosures of Your PHI Not Requiring Authorization

The law provides the Plan may use and disclose your PHI without authorization in the following circumstances:

- **To the Plan Sponsor**: the Plan may disclose PHI to the employers (such as WSD) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollment's, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage, and other disputes related to the Plan's provision of benefits.
- **To the Plan's Service Providers:** the Plan may disclose PHI to its service providers ("business associates") who perform claim payment and plan management services. The Plan requires a written contract which obligates the business associate to safeguard and limit the use of PHI.
- **Required by Law:** the Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities which monitor compliance with these privacy requirements.
- **For Public Health Activities**: the Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
- **For Health Oversight Activities:** the Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- **Relating to Decedents**: the Plan may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.

- **For Research Purposes:** in certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.
- **To Avert Threat to Health or Safety**: in order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **For Specific Government Functions:** the Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.

- **Uses and Disclosures Requiring Authorization:** for uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures which constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to Have an Opportunity to Object**: the Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

To Request Restrictions on Uses and Disclosures: you have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures which are required by law.

To Choose How the Plan Contacts you: you have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.

To Inspect and Copy Your PHI: unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.

To Request Amendment of Your PHI: if you believe there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors you may request in writing the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others who need to know about the change in the PHI.

To Find Out What Disclosures Have Been Made: you have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as 6 years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain About the Plan's Privacy Practices

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Notification of a Privacy Breach

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

Contact Person for Information, or to Submit a Complaint

If you have questions about this Notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices, handling of your PHI, or breach notification process, please contact the Privacy Official or an authorized Deputy Privacy Official.

Privacy Official

The Plan's Privacy Official, the Person Responsible for Ensuring Compliance with This Notice, Is:

The Plan's Deputy Privacy Official(s) Is/ Are:

WSD Human Resources Department

(414) 773-1041

Organized Health Care Arrangement Designation

The Plan participates in what the federal privacy rules call an "Organized Health Care Arrangement." The purpose of that participation is it allows PHI to be shared between the members of the Arrangement, without authorization by the persons whose PHI is shared, for health care operations. Primarily, the designation is useful to the Plan because it allows the insurers who participate in the Arrangement to share PHI with the Plan for purposes such as shopping for other insurance bids.

The members of the Organized Health Care Arrangement are:

- WSD Medical Plan
- WSD Dental Plan
- WSD Vision Plan
- WSD Flexible Benefits Plan

Women's Health and Cancer Rights Notice

WSD Medical Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections 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
- Treatment of physical complications of the mastectomy, including lymphedemas

The WSD medical plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator.

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance which 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 which lowers your monthly premium right away.

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 which doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

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

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

How Can I Get More Information?

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

1. Employer name: Wauwatosa School District
2. Employer Identification Number (EIN): 39-6005088
3. Employer address: 12121 W. North Avenue
4. Employer phone number: (414) 773-1041
5. City Wauwatosa
6. State Wisconsin
7. ZIP code 53226
8. Human Resources Department
9. Phone number (if different from above) (Same)
10. Email address zelazosa@wauwatosa.k12.wi.us

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

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

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

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

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

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health- insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid- a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – 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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP - Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access ~~Phone: 1-800-250-8427~~	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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

Paperwork Reduction Act Statement

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

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

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

Model General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information:* must pay *or* aren't required to pay] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

[If the Plan provides retiree health coverage, add the following paragraph:]

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to [*enter name of employer sponsoring the Plan*], and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- *[add if Plan provides retiree health coverage:* Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days [*or enter longer period permitted under the terms of the Plan*] after the qualifying event occurs. You must provide this notice to: [*Enter name of appropriate party*]. [*Add description of any additional Plan procedures for this notice, including a description of any required information or documentation.*]

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. [*Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.*]

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

[*Enter name of the Plan and name (or position), address and phone number of party or parties from whom information about the Plan and COBRA continuation coverage can be obtained on request.*]

https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.


LITERACY
Humphrey Hall