Employee Benefits Enrollment Guide

RISK strategies

YORKVILLE SCHOOL

PLAN YEAR | 2025

Plan Year 2025

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Yorkville Elementary School strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of your benefits. That's why we've put together this Open Enrollment Guide.

Welcome to Open Enrollment! This is the one time of year that you can make changes to your benefits. This guide will outline all the different benefits Yorkville Elementary School offers. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

The elections you make during Open Enrollment will become effective on January 1, 2025. If you have questions about any of the benefits mentioned in this guide, please contact Jeff Genovese, jeff.genovese@yorkville.k12.wi.us.

MEDICAL: PAGE 5
United Healthcare
Customer Service
800.985.2356
www.myuhc.com

DENTAL: PAGE 8
United Healthcare
Customer Service
800.985.2356
www.myuhc.com

VISION: PAGE 9
United Healthcare
Customer Service
800.985.2356
www.myuhc.com

SHORT-TERM DISABILITY: PAGE 10
Principal Financial Group
Customer Service
800.843.1371
https://www.principal.com

LONG-TERM DISABILITY: PAGE 11
Principal Financial Group
Customer Service
800.843.1371
https://www.principal.com

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT: PAGE 12
Principal Financial Group
Customer Service
800.843.1371
https://www.principal.com

HEALTHCARE REFORM INFORMATION PAGE 13

HEALTH INSURANCE DISCLOSURES PAGE 14

Open Enrollment

WHO IS ELIGIBLE?

Full-time employees (working at least 30 hours a week) are eligible to enroll in the benefits outlined in this guide.

Eligible Dependents:

You can elect coverage under the medical and dental plans for your spouse and qualified dependent children, as described below:

Spouses/Domestic Partners: You may enroll your significant other if he or she is your spouse (a person to whom you are legally married) or a domestic partner.

Qualified Dependent Children: You may enroll your children if they are under the age of 26, regardless of student or marital status. Coverage will end on the last day of the month in which the child reaches age 26.

HOW TO ENROLL?

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during Open Enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

All employees must turn in your application with elections or waivers for all lines of coverage (medical and dental) to Human Resources by the deadline. If you do not wish to enroll in any coverages, please reflect that in your application.

WHEN TO ENROLL?

Open Enrollment runs through **December 13, 2024**. The benefits you choose during open enrollment will be effective on **January 1, 2025**.

HOW TO MAKE CHANGES?

Unless you experience a life-changing qualifying event, you **cannot** make changes to your benefits until the next Open Enrollment period. Qualifying events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status for your dependents or a change in coverage under another employer-sponsored plan

Medical Insurance

Yorkville Elementary School will remain with United Healthcare as our health insurance carrier.

- HDHP Plan: $5,000 deductible plan. This plan utilizes the UHC Nexus network.

KEY TERMS TO REMEMBER

Annual Deductible - The amount you must pay each year before the plan starts paying a portion of medical expenses. All covered expenses count toward the annual deductible. Prescription drugs are included in the annual out-of-pocket. A family member will only have to incur the single deductible amount before their portion is satisfied and the coinsurance starts.

Copays and Coinsurance – These expenses are your share of the cost paid for covered medical services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is billed to you after the medical insurance reconciles the bill with the provider.

Out-of-Pocket Maximum – This is the total amount you must pay out of pocket each calendar year before the plan pays 100% of the covered expenses for the rest of that calendar year. Your deductible, copays and coinsurance are applied towards the out-of-pocket maximum (OOP).

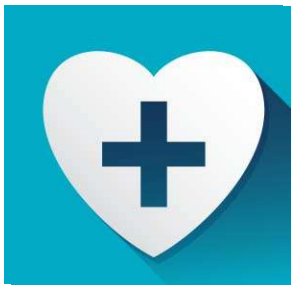
MAXIMIZING YOUR BENEFITS

Yorkville Elementary School is committed to helping you get the most out of your benefits. Below are various suggested references to help you gain more from your health and dental insurance coverage.

- Download the UHC app, Health4Me on your smart phone to access several helpful tools

- Utilize your yearly preventative check-up. This covers services like shots and screening tests. Please go to www.healthcare.gov or ask your doctor for more details.
    - **NOTE**: These services are free only when delivered by a doctor or other provider in your plan's network.
- Always utilize **in-network providers** to maximize coverage and minimize out of pocket costs.

Medical Insurance



Here is a side-by-side comparison of **in-network** benefits. Please refer to the Summary of Benefits and Coverage (SBC) for out-of-network coverages.

Plan Feature	UHC Nexus ACO OAP EBB6 w/RX – 01- HSA
Deductible per individual/family	$5,000/$10,000
Coinsurance	80%
Out-of-Pocket Max per individual/family	$6,500 /$13,000
Primary Care Visit Copay	Deductible / Coinsurance
Specialist Visit Copay	Deductible / Coinsurance
Preventive Services	100% Covered
Urgent Care	Deductible / Coinsurance
ER	Deductible / Coinsurance
Inpatient/ Outpatient Services	Deductible / Coinsurance
Plan Feature	**UHC Nexus ACO OAP EBB6 w/RX – 01- HSA**
Tier 1/Generic	$10
Tier 2/Brand	$35
Tier 3	$70
Mail Order	See Summary
Employer HRA Deposit	
Single: $4,875	Family: $9,750

Dental Insurance

Yorkville Elementary School offers and pays for a dental plan now through **United Healthcare**. In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Below is a summary of your **in-network** benefits:

Plan Feature (In-network benefits only)	UHC PPO Dental Plan
Deductible	$50 per person, $150 per family
Diagnostic and Preventive	100% no deductible, exams, x-rays, routine cleanings
Basic Services	80% after deductible: fillings, oral surgery, simple extractions
Major Services	50% after deductible: bridges, dentures, crowns, etc.
Annual Maximum	$1,000 per person, per calendar year
Orthodontia	50% after deductible, $1,000 lifetime maximum

HOW TO LOCATE A DENTAL PROVIDER

- Go to https://www.dbp.com
- Cal 800-822-5353

Note: While every effort has been taken to accurately illustrate the carrier's various coverages, benefits and premiums, discrepancies or errors are always possible. In case of any discrepancy between this summary and the actual carrier product, the actual carrier product will prevail. Be aware that policyholders' certificates and master contracts are more detailed than this summary and are legal documents used for the determination of benefits.

Vision Insurance

Yorkville Elementary School offers a vision plan through United Healthcare.

Below is a summary of your in-network benefits:

Plan Feature (in-network benefits only)	UHC PPO Dental Plan
Eye Exam	$10 Copay
Lens Copay	$25 Copay
Standard Frame Allowance	$130 Retail Frame Allowance, and up to 30% allowance
Elective Contact Lenses	Up to 4 boxes of contact lenses plus the fitting/evaluation fees and up to two follow-up visits are covered in-full

HOW TO LOCATE A PROVIDER

- Go to https://wf.myuhcvision.com/MWP/Landing
- On next screen, select where you work or live or if have a specific dentist

Note: While every effort has been taken to accurately illustrate the carrier's various coverages, benefits and premiums, discrepancies or errors are always possible. In case of any discrepancy between this summary and the actual carrier product, the actual carrier product will prevail. Be aware that policyholders' certificates and master contracts are more detailed than this summary and are legal documents used for the determination of benefits.

Disability Insurance

Yorkville Elementary School provides full-time employees with long-term disability income benefits and pays the full cost of this coverage. They also provide an option to purchase short-term disability. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Type of Service	Short-Term Disability Options	Long-Term Disability
Benefits Begin	1st day for accident, 8th day for illness	90 days
Benefits Payable For	13 weeks	Varies based on age at time of disability
Percentage of Income Replaced	60% of weekly salary	60% of monthly salary
Maximum Benefit	Weekly - $500	Monthly - $5000.

Note: While every effort has been taken to accurately illustrate the carrier's various coverages, benefits and premiums, discrepancies or errors are always possible. In case of any discrepancy between this summary and the actual carrier product, the actual carrier product will prevail. Be aware that policyholders' certificates and master contracts are more detailed than this summary and are legal documents used for the determination of benefits.

LTD CONTRIBUTIONS

Employee Pays: 0%

Employer Pays: 100%

Life/AD&D and Supplemental Life Insurance

Yorkville Elementary School provides full-time employees with 1x annual earnings of group life and accidental death and dismemberment (AD&D) insurance through Principal Financial Group and pays the full cost of this benefit. Please contact HR if you need to update your beneficiary information. You also have the opportunity to purchase additional Life and AD&D insurance for yourself and your family members.

CONTRIBUTIONS

Employee Pays: 0%

Employer Pays: 100%

VOLUNTARY LIFE AND AD&D

Who	Coverage	Guarantee Issue
Employee	$10,000 to $300,000	$100,000
Spouse	$5,000 to $100,000 not to exceed 100% of employee	$25,000
Child	$5,000 or $10,000	$10,000

CONTRIBUTIONS

Employee Pays:100%

*Guarantee issue only available at time of eligible enrollment for Voluntary Life coverage. Late enrollees will have to fill out an Evidence of Insurability form for approval.

Health Insurance Disclosures

Patient Protection Notice

United Healthcare generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, please check www.myuhc.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, please check www.myuhc.com.

If your plan is non-grandfathered, effective for plan years beginning on or after Aug. 1, 2012, it must cover specific preventive care services for women without cost-sharing requirements.
The covered preventive care services for women include well-woman visits; gestational diabetes screening; human papillomavirus (HPV) testing; sexually transmitted infection (STI) counseling; human immunodeficiency virus (HIV) screening and counseling; FDA-approved contraception methods and contraceptive counseling; breastfeeding support, supplies and counseling; and domestic violence screening and counseling. Exceptions to the contraceptive's requirement apply to certain religious employers. The preventive care guidelines for women are available at: www.hrsa.gov/womensguidelines/.

Newborns and Mother's Health Protection Act

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

Health Insurance Disclosures

HIPAA Special Enrollment Notice

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

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

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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 or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP, and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact Human Resources.

Note: If you or your dependents enroll during a **special enrollment period**, as described above, you will not be considered a late enrollee. Therefore, your group health plan may not impose a pre-existing condition exclusion period of more than 12 months. Any pre-existing condition exclusion period will be reduced by the amount of your prior creditable health coverage. Effective for plan years beginning on or after Jan. 1, 2014, the Affordable Care Act prohibits group health plans from imposing pre-existing conditions exclusions.

Health Insurance Disclosures

Women's Health and Cancer Rights Act (WHCRA) Notice

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. Therefore, deductibles and coinsurance apply

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema.

Health Insurance Disclosures

Medicaid and the Children's Health Insurance Program (CHIP)
Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. **If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.**

WISCONSIN – BADGER	Phone 608-266-1865
Website: https://www.dhs.wisconsin.gov/badgercareplus/index.htm	

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565

General Notice of COBRA Continuation Coverage Rights

** 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 valuable 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 must 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.

General Notice of COBRA Continuation Coverage Rights

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."

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.
- 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 after the qualifying event occurs.

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 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.

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, Medicaid, 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.

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.