



*Engage. Empower. Excel.*

# SOUTHERN DOOR County School District



## Employee Benefits Enrollment Guide

# 2017-18

# UPDATED



## Quick Reference Guide

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Topic	Vendor	Phone and Website
Medical	Network Health Plan	Questions prior to 7/1/2017 enrollment: 1-920-720-1300 Option 4 Benefit and Claims questions after 1-800-826-0940 <a href="http://www.networkhealth.com">www.networkhealth.com</a>
Dental	Delta Dental	1.800.236.3712 <a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
Vision	Superior Vision	1.800.507.3800 <a href="http://www.superiorvision.com">www.superiorvision.com</a>

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.

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

# A Message from your Employer

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## Our employees are our most valuable asset.

The Southern Door School District is dedicated and committed to providing you and your family with a valuable benefit package. That is why we belong to the Door-Kewaunee Insurance Cooperative. As a part of the cooperative, we partner with M3 Insurance to evaluate different insurance options that are available, while also combating the rising cost of health care.

This year we are offering similar benefit options for you and your family. Your **medical benefits** will transition to Network Health Plan, which offers a premium savings to employees on the HMO plans. Network Health Plan is a narrow network, HMO product. Examples of in-network providers include: Children's in Fox Valley/Milwaukee, Froedert, Prevea, Door County Medical Center, Ministry, Bellin and Agnesian. Out-of-network providers include: Aurora, ThedaCare and Mayo Clinic. However, there will be a Point of Service (POS) plan options that allows for coverage to those out-of-network providers.

Medical plan designs will remain similar whereas the HMO plans offer 100% coinsurance and the POS plans offer 80% coinsurance. The Base Plan option is the HMO \$2,000/\$4,000 with Copays. Your buy up options are the POS \$2,000/\$4,000 with Copays or the POS \$2,000 /\$4,000 HDHP H.S.A. qualified plan. You also have a buy down option of the HMO \$2,000 /\$4,000 HDHP H.S.A. qualified plan.

These changes reflect the need to make the district's plan align with the Affordable Care Act, and balance providing quality benefits to employees while also maintaining programs and staff to serve the needs of the District.

Based on Employee eligibility, the District will contribute eighty eight percent (88%) of the health insurance base plan premium for Full-Time 12 Employees where both the Employee and Spouse/Domestic Partner participate in the Personal Health Assessment (PHA). And the District will contribute eighty four percent (84%) of the premium for Full-Time 9 Employees where both Employee and Spouse/Domestic Partner participate in the PHA. Full-Time 12 Employees will continue to receive the same Employer contribution while Full-Time 9 Employees will receive a pro-rated contribution amount.

Your Dental options will remain the same as last year with a slight increase to the rates and a change in Employer contribution. Based on Employee eligibility, the District will contribute eighty eight percent (88%) of the premium for Full-Time 12 Employees, and eighty four percent (84%) for Full-Time 9 Employees. This is a change from 100% Employer contribution in 2016-17 plan year to align with the rest of the school districts in the Door-Kewaunee Insurance Cooperative.

The District will continue to offer Employees the option of the following supplemental insurance as an employee-paid benefit. Voluntary Vision will be moving to Superior Vision and will reflect a small decrease in rates and increase in-network provider options along with some changes to the plan design which will be outlined for you. Your Voluntary Life, Accident and Critical Illness Insurance options will remain the same with United Healthcare.

*This booklet is intended to provide information regarding the various benefit plan options you have for the 2017-18 plan year. We invite you to use this tool to learn about the options you have so you can make the most informed decisions regarding the insurance coverage for you and your family.*



## Who is Eligible?

If you are an insurance eligible employee per the Employee Handbook, you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental and vision coverage: Employees, Spouses, and Dependent Children (to age 26).



## How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.



## When to Enroll

The open enrollment period runs from May 24, 2017 – June 2, 2017. The benefits you elect during open enrollment will be effective from 7/1/2017 through 6/30/2018.



## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.

# Health Insurance Information

Network Health	Base Plan – HMO \$2,000/\$4000 Copay	
	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>Out-of-Pocket Max. (Medical Deductible &amp; Coinsurance)</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>ACA Out-of-Pocket Max. (Medical Deductible, Coinsurance, Medical Copays, &amp; Rx Copays)</b>		
Single	\$6,850	Not Covered
Family	\$13,700	Not Covered
<b>Co-Insurance</b>	100%	Not Covered
<b>Office Visits</b>		
Telehealth	\$0	Not Covered
Primary Care Physician	\$20 Copay, then 100%	Not Covered
Specialty Care Physician	\$50 Copay, then 100%	Not Covered
<b>Routine / Preventive Care</b>	Covered in Full	Not Covered
<b>Urgent Care</b>	\$200 Copay, then 100%	Not Covered
<b>Emergency Room</b>	\$200 Copay, then 100%	\$200 Copay, then 100%
<b>Hospital Services</b>	Deductible & Coinsurance	Not Covered
<b>Prescription Coverage</b>	\$20/\$40/\$60/\$60	

## Base Plan – HMO \$2,000/\$4000 Copay

FT-12 Rates	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$601.86	\$529.64	\$72.22
Limited Family	\$1,203.70	\$1,059.26	\$144.44
Family	\$1,504.63	\$1,324.07	\$180.56

FT-9 Rates	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$601.86	\$505.56	\$96.30
Limited Family	\$1,203.70	\$1,011.11	\$192.59
Family	\$1,504.63	\$1,263.89	\$240.74

## Health Insurance Information (Continued)

Network Health Plan	Buy Up Plan – POS \$2,000/\$4000 Copay	
	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
	<i>*In-Network and Out-of-Network benefits are separate "buckets" so you have separate deductibles for in vs. out of network.</i>	
<b>Out-of-Pocket Max. (Medical Deductible &amp; Coinsurance)</b>		
Single	\$2,000	\$5,000
Family	\$4,000	\$10,000
	<i>*In-Network and Out-of-Network benefits are separate "buckets" so you have separate Out-of-Pocket Maximums for in vs. out of network.</i>	
<b>ACA Out-of-Pocket Max. (Medical Deductible, Coinsurance, Medical Copays, &amp; Rx Copays)</b>		
Single	\$6,850	n/a
Family	\$13,700	n/a
<b>Co-Insurance</b>	100%	80%
<b>Office Visits</b>		
Telehealth	\$0	Deductible and Coinsurance
Primary Care Physician	\$20 Copay, then 100%	Deductible and Coinsurance
Specialty Care Physician	\$50 Copay, then 100%	Deductible and Coinsurance
<b>Routine / Preventive Care</b>	Covered in Full	Deductible and Coinsurance
<b>Urgent Care</b>	\$200 Copay, then 100%	Deductible and Coinsurance
<b>Emergency Room</b>	\$200 Copay, then 100%	\$200 Copay, then 100%
<b>Hospital Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Prescription Coverage</b>	\$20/\$40/\$60/\$60	

### Buy Up Plan – POS \$2,000/\$4000 Copay

FT - 12	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$652.55	\$529.64	\$122.91
Limited Family	\$1,305.06	\$1,059.26	\$245.80
Family	\$1,631.33	\$1,324.07	\$307.26

FT - 9	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$652.55	\$505.56	\$146.99
Limited Family	\$1,305.06	\$1,011.11	\$293.95
Family	\$1,631.33	\$1,263.89	\$367.44



# High Deductible Health Plan (HDHP)

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## How does an HDHP work?

Distinguished by lower premiums and higher out-of-pocket costs and deductibles, the HDHP is offered in combination with a Health Savings Account (HSA).

Except for in-network preventive care (for example, annual physicals and preventive screenings), you pay the full cost of all services, including prescriptions, until you reach your deductible.

When you enroll in the HDHP, you can also open an HSA to help pay for current and future eligible health care expenses. You can withdraw that money, tax-free, to pay eligible out-of-pocket medical expenses as well as dental and vision expenses; or you can save that money for future health care expenses.

## Health Savings Account (HSA)

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The \$2000 HDHP Plans are qualifying High Deductible Health Plans (HDHP), eligible for a health savings account (HSA). This means that all services and prescriptions are paid in full by the employee until the deductible is met.

## What is an HSA?

An HSA allows you to put aside money on a pre-tax basis to reimburse yourself for services applied to your deductible as well as eligible dental and vision expenses. Unlike flexible spending accounts, funds must be contributed to your HSA prior to using them. However, you can choose to pay for an expense out of pocket and reimburse yourself for an incurred expense at a later date if sufficient funds are not available. The list of “qualified expenses” is defined by the IRS. Another advantage to an HSA is the money in the account is yours even if you change plans, change jobs or retire – it stays with you. For more information review the IRS Publication 502.

To be eligible for the HSA you must meet these criteria:

- You cannot be covered by any other health plan (such as spouse’s plan) that is not a high deductible health plan, unless it is other permissible coverage, such as specific injury insurance or accident, disability, dental, vision or long term insurance.
- You are not enrolled in Medicare. (If you are age 65 or older, you may contribute to an HSA as long as you are not enrolled in Medicare).
- You and your spouse are not covered by a health care flexible spending account for the tax year in which you will claim your HSA deposits as tax deductions.
- Review IRS Publication 969 for a complete list of eligibility rules.

HSA contribution limits for 2017 are \$3,400 for single coverage and \$6,750 for family coverage. If your employer contributes to your HSA the HSA limit is a combination of both your contribution and the employer’s contribution. If your spouse has an HSA, your combined HSA contributions cannot exceed the IRS limit for family coverage.

It is important that you keep records of how you spend your HSA dollars, including receipts. It is your responsibility to retain your documentation.

Your Health Savings account will run concurrent with your medical plan and have a calendar year deductible.

## Health Insurance Information (Continued)

Network Health Plan	Buy Up Plan – POS \$2,000/\$4000 HDHP H.S.A.	
	In-Network	Out-of-Network
<b>Deductible (Non-Embedded)</b>		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
		<i>*In-Network and Out-of-Network benefits are separate "buckets" so you have separate deductibles for in vs. out of network.</i>
<b>Out-of-Pocket Max. (Medical Deductible &amp; Coinsurance)</b>		
Single	\$2,000	\$6,000
Family	\$4,000	\$12,000
		<i>*In-Network and Out-of-Network benefits are separate "buckets" so you have separate Out-of-Pocket Maximums for in vs. out of network.</i>
<b>Co-Insurance</b>	100%	80%
<b>Office Visits</b>		
Telehealth	\$40	Deductible and Coinsurance
Primary Care Physician	Deductible and Coinsurance	Deductible and Coinsurance
Specialty Care Physician	Deductible and Coinsurance	Deductible and Coinsurance
<b>Routine / Preventive Care</b>	Covered in Full	Deductible and Coinsurance
<b>Urgent Care</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Emergency Room</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Hospital Services</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Prescription Coverage</b>	Deductible and Coinsurance	

### Buy Up Plan – POS \$2,000/\$4000 HDHP H.S.A.

FT-12	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$615.61	\$529.64	\$85.97
Limited Family	\$1,231.21	\$1,059.26	\$171.95
Family	\$1,539.02	\$1,324.07	\$214.95

FT-9	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$615.61	\$505.56	\$110.05
Limited Family	\$1,231.21	\$1,011.11	\$220.10
Family	\$1,539.02	\$1,263.89	\$275.13



## Health Insurance Information (Continued)

Network Health Plan	Buy Down Plan – HMO \$2,000/\$4000 HDHP H.S.A.	
	In-Network	Out-of-Network
<b>Deductible (Non-Embedded)</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>Out-of-Pocket Max. (Medical Deductible &amp; Coinsurance)</b>		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
<b>Co-Insurance</b>	100%	n/a
<b>Office Visits</b>		
Telehealth	\$40	Not Covered
Primary Care Physician	Deductible and Coinsurance	Deductible and Coinsurance
Specialty Care Physician	Deductible and Coinsurance	Deductible and Coinsurance
<b>Routine / Preventive Care</b>	Covered in Full	Not Covered
<b>Urgent Care</b>	Deductible and Coinsurance	Not Covered
<b>Emergency Room</b>	Deductible and Coinsurance	Deductible and Coinsurance
<b>Hospital Services</b>	Deductible and Coinsurance	Not Covered
<b>Prescription Coverage</b>	Deductible and Coinsurance	

### Buy Down Plan – HMO \$2,000/\$4000 HDHP H.S.A.

FT - 12	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$567.80	\$529.64	\$38.16
Limited Family	\$1,135.58	\$1,059.26	\$76.32
Family	\$1,419.48	\$1,324.07	\$95.41

FT - 9	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$567.80	\$505.56	\$62.24
Limited Family	\$1,135.58	\$1,011.11	\$124.47
Family	\$1,419.48	\$1,263.89	\$155.59

# Dental

Delta Dental	Base Plan	Buy-Up Plan
<b>Deductible</b>		
Single	\$25	\$0
Family	\$75	\$0
<b>Annual Maximum</b>	\$1,300	\$1,300
<b>Preventive Services</b>		
Oral Exams	100%	100%
X-Rays	100%	100%
Cleanings	100%	100%
Topical Fluoride	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
<b>Basic Services</b>		
Oral Surgery	100%	100%
Amalgam/Composite Fillings	100%	100%
Full & Partial Denture Repair	80%	100%
Stainless Steel Crowns	100%	100%
Simple Extractions	100%	100%
<b>Major Services</b>		
Endodontics / Periodontics	100%	100%
Porcelain Crowns	80%	100%
Inlays / Onlays	80%	100%
Partial or Complete Dentures	80%	100%
Removable or Fixed Bridgework	80%	100%
<b>Orthodontics</b>	50% to \$2,000	50% to \$2,000

## \$25/\$75 Base Plan

FT - 12	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$40.62	\$35.75	\$4.87
Family	\$104.92	\$92.33	\$12.59
FT - 9	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$40.62	\$34.12	\$6.50
Family	\$104.92	\$88.13	\$16.79

## \$0 Buy-Up Plan

FT - 12	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$52.30	\$35.75	\$16.55
Family	\$135.08	\$92.33	\$42.75
FT - 9	Monthly Full Rate	Employer Monthly Rate	Employee Monthly Rate
Employee	\$52.30	\$34.12	\$18.18
Family	\$135.08	\$88.13	\$46.95

# Smarter Dental Plans

## Enhanced dental benefits for those who need them most

A variety of medical conditions have oral-health implications. Your group dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides additional cleaning(s) and/or fluoride treatments to people with these conditions. These benefits can play an important role in the management of these medical conditions.

If you have one or more of these conditions you can enroll yourself or your dependents, or your dentist can enroll you. Once you enroll, you are immediately eligible for the EBICP benefits.

### How to enroll

- Go to [www.deltadentalwi.com](http://www.deltadentalwi.com).
- Click on the "I Am A ... Member" link.
- Sign in to the Member Connection using your member ID and password. If you don't have a member ID and password you'll need to establish one before you proceed.
- Click on the "Enhanced Benefits" tab at the top of the Member Connection home page. Note: If your plan does not have EBICP, the "Enhanced Benefits" tab will not appear on your Member Connection page.
- On the Enhanced Benefits page, choose the member(s) receiving the enhanced benefits and the qualifying condition(s). Once this information is successfully entered, all registered members will be immediately eligible for the enhanced benefits.
- Another way of enrolling is to click on the "My Benefits" tab at the top of the Member Connection page, then select "Benefits and Claims." Under the "Extra Benefits Levels" heading, click on the "Enroll in EBICP" button. You will then be taken to the Enhanced Benefits page, where the enrollment process will proceed as described above.
- You may also enroll in EBICP by calling Delta Dental's Benefit Center at 800-236-3712.

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

Condition	Enhanced benefit	
	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	2	1
Suppressed immune systems	2	1
Periodontal disease*	2	1
High-risk cardiac conditions	2	
Kidney failure or dialysis	2	
Diabetes	2	
Pregnancy	1	

*This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Go to [www.deltadentalwi.com/EBICP](http://www.deltadentalwi.com/EBICP) for details regarding each listed condition and additional benefits offered. Frequency limitations may apply. Refer to your handbook or call our Benefit Center at 800-236-3712.*

# Vision

Superior Vision	IN-NETWORK	OUT-OF-NETWORK
<b>Select Midwest Network</b>		
<b>Frequency Limitations</b>		
Eye Examination		Once Every 12 Months
Lenses		Once Every 12 Months
Frame		Once Every 24 Months
Contact Lenses		Once Every 12 Months
<b>Copayment</b>	<b>Exam</b>	<b>Materials</b>
	\$10	\$25
<b>Vision Benefit</b>		
Vision Examination	100% after \$10 Copay	Up to \$35
Frames Up To	\$125 Allowance after \$25 Copay	Up to \$70
<b>Lens Benefit</b>		
		<b>Retail Value</b>
Single Vision	\$25, then 100%	\$25
Bifocal	\$25, then 100%	\$40
Trifocal	\$25, then 100%	\$45
Progressive Lens	\$25, then 100%	\$45
<b>Contact Lenses Benefit</b> <i>(clear, standard, glass or plastic)</i>		
Medically Necessary w/ Preauthorization	\$25, then 100%	Up to \$150
Elective	Up to \$150	Up to \$125
Covered in Full Selection	N/A	N/A
In Lieu of Spectacle Lenses	Yes	Yes

Voluntary Rates	Monthly Rate
Employee	\$5.79
Family	\$15.65

# Employee Benefit Enrollment Procedures

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In compliance with the Affordable Care Act (ACA) Southern Door School District will hold an annual open enrollment at which time employees will be able to make changes to, or apply for, medical benefit coverage for the next calendar year. Enrollment for employee benefit insurance coverage is subject to the requirements of the specific summary plan document, agreements between the vendor and Southern Door School District vendor requirements. To accommodate these requirements the following procedures will be followed regarding new employee and current employee enrollment.

**New Employees:** New eligible employees are eligible for benefits upon date of hire. Eligibility for benefits will be in accordance with the definition under each summary plan document. If the new employee declines coverage for self, spouse and/or eligible dependents, the employee may apply for coverage for self, spouse and/or eligible dependents at the next open enrollment period, if applicable, except in the case of a qualifying event that permits earlier enrollment.

**Current Employees:** Following initial employment, current eligible employees may change or apply for medical coverage and flexible spending annually during the open enrollment period for the next calendar year, except in the case of an event that permits changes during the calendar year in accordance with the specific summary plan document.

**Qualifying Events:** Examples of qualifying events under HIPAA Special Enrollment and Section 125:

- Marital status change: marriage, death of spouse, divorce, annulment or legal separation.
- Number of dependents change: birth, adoption or placement for adoption, death of dependent child, newly eligible dependents due to plan design change.
  - Note: HIPAA allows the employee who may have elected employee only coverage initially to not only add a new dependent, but also allows the employee to add the spouse at the time the new dependent is added.
  - HIPAA does not require all eligible dependents (i.e., other dependent children) be added.
  - Loss of coverage: if the employee loses other coverage (e.g. Spouse's health plan coverage terminates, or Medicare or Medicaid eligibility ends).

Changes to plan elections may be made under Section 125 rules under the following circumstances (in addition to the HIPAA special enrollment events):

- Dependent status change: dependent no longer satisfies rule for eligibility as a dependent such as attainment of age.
- Employment status: commencement or termination of employment, commencement of or return from leave of absence, change from part-time to full-time status or vice versa.
- Judgment decree or order requiring coverage: QMSCO.
- Other additional circumstances as allowed under section 125.

# Questions & Answers

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## **Please note the following time limits:**

- For a **child** to be enrolled as the date of birth or adoption date, you must submit the enrollment form to the Human Resources Office within **30 days** of the birth or adoption date along with a copy of the birth certificate.
- For a **spouse** to be enrolled as of the date of marriage, you must submit the enrollment form to the Human Resources Office within **30 days** of the date of marriage along with a copy of the marriage certificate.

## **Forms to be completed if making changes:**

- The Employee Enrollment Form must be completed to change plans or individual/dependent coverage levels in the medical/dental plans.

## **What Forms MUST be completed?**

- You must complete a new enrollment form reflecting the changes to be made to your insurance coverage.
- Some examples include:
  - Adding a newborn baby or adopted child
  - Adding a spouse due to marriage
  - Removing a spouse and/or children due to a divorce
  - Removing a child who reaches age 26
  - Removing a spouse who reaches age 65
  - Loss of coverage

## **Where do I find these forms?**

- Visit the HR Staff Portal/Insurance or contact the Human Resources Office for all forms.

## **When are the forms due for the 2017/18 open enrollment and where do I return them?**

- All forms are due by May 22, 2017 and must be returned to the Human Resources Office.

## **Who do I contact with questions?**

- Contact the Human Resources Office with any questions you may have at 920-825-7311 ext 5513.

## **Other Information:**

- Plan Administrators cannot authorize any changes to your health and/or dental insurance coverage. All insurance changes must be made by the Human Resources Office.

## What is provided by the Women's Health and Cancer Rights Act of 1998?

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies generally both to persons covered under group health plans and persons with individual health insurance coverage. But WHCRA does NOT require health plans or issuers to pay for mastectomies. If a group health plan or health insurance issuer chooses to cover mastectomies, then the plan or issuer is generally subject to WHCRA requirements.

If WHCRA applies to you and if you are receiving benefits in connection with a mastectomy and you elect breast reconstruction, coverage must be provided for

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses (e.g., breast implant); and
- Treatment for physical complications of the mastectomy, including lymphedema.

Contact your state's insurance department to find out about whether protections in addition to WHCRA will apply to your coverage if you are NOT in a self-insured health plan.

The WHCRA requires group health plans and health insurance issuers, including insurance companies and health maintenance organizations (HMOs), to notify individuals regarding coverage required under the law. Notification is required at three separate times

1. After enactment of WHCRA
2. Upon enrollment
3. Annually

For further information about WHCRA or to ask questions about how it relates to your specific circumstances, you can e-mail us at [phig@cms.hhs.gov](mailto:phig@cms.hhs.gov). Or you may call us at 1-877-267-2323, ext. 61565.

[http://www.cms.hhs.gov/healthinsreformforconsume/06\\_thewomen%27shealthandcancerrightsact.asp](http://www.cms.hhs.gov/healthinsreformforconsume/06_thewomen%27shealthandcancerrightsact.asp)



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

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

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

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

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

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**If you live in the following state, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility.**

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.sms.hhs.gov](http://www.sms.hhs.gov)  
1-877-267-2323, Menu Option 4, EXT. 61565

(expires 12/31/2019)

# HIPAA Privacy Notice

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If you have any questions about this notice, please contact the Human Resources Office.

## Who Will Follow This Notice

This notice describes the medical information practices of Southern Door School District's group health plan (the "Plan") and that of any third party that assists in the administration of Plan claims.

## Our Pledge Regarding Protected Health Information

We understand that your protected health information and your health is personal. We are committed to protecting your protected health information. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose your protected health information. It also describes our obligations and your rights regarding the use and disclosure of protected health information. We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to you protected health information
- Give you this notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the notice that is currently in effect.

**We reserve the right to change the terms of this Notice and to make new provisions about your protected health information that we maintain, as allowed or required by law. We will provide you with a copy of our revised Notices of Privacy Practices if we make any material change by direct mail or hand delivery.**

## How We May Use and Disclose Your Protected Health Information

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment (as described in applicable regulations).** We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose protected health information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

**For Payment (as described in applicable regulations).** We may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

## HIPAA Privacy Notice (Continued)

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**For Health Care Operations (as described in applicable regulations).** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating and other activities relating to Plan coverage, submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**As Required By Law.** We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order, in a litigation proceeding such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the plan, your protected health information may be disclosed to certain employees of the Employer. Those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required or permitted by HIPAA. Your protected health information may not be used for employment purposes without your express authorization.

**Disclosure to Health Plan Sponsor.** Information may be disclosed to another health plan (as described by HIPAA) maintained by Southern Door School District for purposes of facilitating claims payments under that plan.

**Organ and Tissue Donation.** If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

# COBRA Notice

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If you choose continuation coverage, Southern Door School District is required to give you coverage which, as of the time coverage is being provided, is identical to coverage provided under the plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation period is eighteen months. However, the law also provides that your continuation coverage may be cut short for any of the following reasons:

1. Southern Door School District no longer provides group health coverage to any of its employees
2. The premium for your continuation coverage is not paid
3. You become an employee covered under another group hospital plan that does not have a pre-existing condition provision
4. You become eligible for Medicare
5. You were divorced from a covered employee and subsequently remarry and are covered under the new spouse's group health plan

You do not have to show that you are insurable to choose continuation coverage. However, under the law, you may have to pay all or part of the premium for your continuation coverage.

This brochure summarizes the health care and income protection benefits that are available to Southern Door School District's employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.

**Information provided in this brochure is not a guarantee of benefits.**

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## 2017-18 Employee Benefits Enrollment Form – Southern Door School District

**Employee Information:**

Social Security # \_\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female  Marital Status \_\_\_\_\_

Employee's Address \_\_\_\_\_  
Street Address City State Zip

Employee's Phone (\_\_\_\_) \_\_\_\_\_ Employee's Email \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_ Job Title \_\_\_\_\_

Medicare Number \_\_\_\_\_

Check option that applies: Active Employee  Retiree  New Employee

**Check the box for the benefit coverage *and* enter the cost for your chosen coverage category or select the waive box if you decline.**

*These rates reflect 88%/84% employer contribution for full-time staff. Pro-rated premiums based on FTE are available by contacting HR.*

	Options	Coverage Level	Monthly Premium		
			FT-12	FT-9	
<b>Medical</b>  <i>Select 1 of the 4 options or select the waive box</i>	<b>Network Health Plan</b> \$2,000/\$4,000 HMO	<input type="checkbox"/> Employee <input type="checkbox"/> Limited Family <input type="checkbox"/> Family	\$72.22	\$96.30	
	<b>Base Plan</b>	<input type="checkbox"/> Family	\$180.56	\$240.74	
	<b>Network Health Plan</b> \$2,000/\$4,000 POS	<input type="checkbox"/> Employee <input type="checkbox"/> Limited Family <input type="checkbox"/> Family	\$122.91	\$146.99	
	<b>Buy Up Plan</b>	<input type="checkbox"/> Family	\$307.26	\$367.44	
	<b>Network Health Plan</b> \$2,000/\$4,000 POS HSA	<input type="checkbox"/> Employee <input type="checkbox"/> Limited Family <input type="checkbox"/> Family	\$85.97	\$110.05	
	<b>Buy Up Plan</b>	<input type="checkbox"/> Family	\$214.95	\$275.13	
	<b>Network Health Plan</b> \$2,000/\$4,000 HMO HSA	<input type="checkbox"/> Employee <input type="checkbox"/> Limited Family <input type="checkbox"/> Family	\$38.16	\$62.24	
	<b>Buy Down Plan</b>	<input type="checkbox"/> Family	\$95.41	\$155.59	
	<i>I waive health insurance for myself and any dependents</i>			<input type="checkbox"/> waive Medical	
	<b>Dental</b>  <i>Select 1 of the 2 options or select the waive box</i>	<b>Delta Dental - Base Plan</b> \$25/\$75 Deductible	<input type="checkbox"/> Employee <input type="checkbox"/> Family	\$4.87	\$6.50
<b>Delta Dental – Buy-Up Plan</b> \$0 Deductible		<input type="checkbox"/> Employee <input type="checkbox"/> Family	\$16.55	\$18.18	
<i>I waive dental insurance for myself and any dependents</i>			<input type="checkbox"/> waive Dental		
<i>I waive voluntary vision insurance for myself and any dependents</i>			<input type="checkbox"/> waive Vision		
<b>Vision</b>  <i>Select or select the waive box</i>	<b>Superior</b>	<input type="checkbox"/> Employee	\$5.79		
	<b>Voluntary Vision</b>	<input type="checkbox"/> Family	\$15.65		
<b>Accident</b>  <i>Select or select the waive box</i>	<b>Employee Only:</b> <input type="checkbox"/> Base Plan (\$6.24/month) <input type="checkbox"/> Base + Enhanced Plan (\$11.32/month)		<input type="checkbox"/> waive Accident		
	<b>Family:</b> <input type="checkbox"/> Base Plan (\$10.72/month) <input type="checkbox"/> Base + Enhanced Plan (\$21.16/month)				
<b>Critical Illness</b>  <i>Select or select the waive box</i>	<b>Tobacco user? Employee:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Spouse:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> waive Critical Illness		
	<b>Employee Amount:</b> _____ <b>Spouse Amount:</b> _____ <b>Child Amount:</b> _____ If you wish to enroll in Critical Illness coverage for the first time, please complete the insurance application available on the HR Staff Portal/Insurance or by contacting Human Resources.				

## 2017-18 Employee Benefits Enrollment Form – Southern Door School District

DEPENDENT INFORMATION – Enter all information below for any eligible dependents that will be covered under your plan				
Name (First, Middle Initial, Last)	Relationship	Date of Birth	Female/Male	Social Security #

### Information About Other Medical Coverage

Will you or any family member(s) continue or maintain any other health or dental insurance or self-funded group medical plan in addition to the insurance being applied for today? Please provide coverage information below. Attach additional sheets if necessary.

Policyholder Information	Name, Address, & Phone Number of Insurance Company/Plan	Policy Number	Type of Coverage	Type of Plan	Effective Date of Coverage	Cancellation Date
Name: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Date of Birth: _____			<input type="checkbox"/> Family <input type="checkbox"/> Single	<input type="checkbox"/> Medical <input type="checkbox"/> Dental		
Name: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Date of Birth: _____			<input type="checkbox"/> Family <input type="checkbox"/> Single	<input type="checkbox"/> Medical <input type="checkbox"/> Dental		

Are you or any of your family members eligible for Medicare? Yes  No

***If yes, please complete the following or attach a copy of your Medicare card:***

Name of Person covered by Medicare: \_\_\_\_\_ Medicare Claim Number: \_\_\_\_\_

Is Medicare eligibility due to:  Age 65     End-Stage Renal Disease (ESRD)     Total Disability

Effective Dates: Part A: \_\_\_\_\_ Part B: \_\_\_\_\_ Part C (Medicare Advantage): \_\_\_\_\_ Part D: \_\_\_\_\_

If you have dependents enrolled in your health plan who do not reside at your residence, please provide their address below. This also includes college students living away from home during the school year.

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

**PLEASE RETURN COMPLETED ENROLLMENT FORM TO HUMAN RESOURCES OFFICE BY June 2, 2017**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_