RICHLAND
School District

2021-2022 BENEFITS GUIDE

Inside the Guide

Welcome

At Richland School District we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view overviews of our benefit plans by accessing our website, www.richland.k12.wi.us.

Sincerely,

Amber Bingham
608.647.6106
bina@richland.k12.wi.us

Eligibility

Eligible Employees:

You may enroll in the Richland School District Employee Benefits Program if you are an employee working at least 30 hours or more per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship. For the Quartz medical plan, this may also include a grandchild.

When Coverage Begins:

The effective date for your benefits plan year is July 1, 2021. Newly hired employees and dependents will be effective for Richland School District's benefits programs on the first of the month following 30 days of employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact Amber Bingham in HR to make these changes.

Medical

Richland School District will continue to offer medical coverage through Quartz Benefits. The charts on the following pages are a brief outline of the medical plans offered. Please refer to the appropriate Certificate of Coverage for complete plan details.

Medical Comparisons

	Quartz Health Benefit Plans Corporation HMO HRA Plan 9033071	Quartz Health Benefit Plans Corporation HMO HSA Plan 9033072/9033073
Annual Deductible		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Coinsurance	100%	100%
Maximum Out-of-Pocket*		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Physician Office Visit		
Primary Care	$25 copay per visit	100% after deductible
Specialty Care	$25 copay per visit	100% after deductible
Preventive Care		
Adult Periodic Exams	100%	100%
Well-Child Care	100%	100%
Diagnostic Services		
X-ray and Lab Tests	100% after deductible	100% after deductible
Complex Radiology	100% after deductible	100% after deductible
Urgent Care Facility	$25 copay per visit	100% after deductible
Emergency Room Facility Charges	$150 copay per visit	100% after deductible
Inpatient Facility Charges	100% after deductible	100% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	100% after deductible
Mental Health		
Inpatient	100% after deductible	100% after deductible
Outpatient	$25 copay per visit	100% after deductible
Substance Abuse		
Inpatient	100% after deductible	100% after deductible
Outpatient	$25 copay per visit	100% after deductible
Other Services		
Chiropractic Office Visit	$25 copay per visit	100% after deductible
Retail Pharmacy (30 Day Supply) at Participating Pharmacies		

	Quartz Health Benefit Plans Corporation HMO HRA Plan 9033071	Quartz Health Benefit Plans Corporation HMO HSA Plan 9033072/9033073
Value Tier (specific generics)	$5 copay	100% after deductible
Generic (Tier 1)	$10 copay	100% after deductible
Preferred (Tier 2)	$35 copay	100% after deductible
Non-Preferred (Tier 3)	$60 copay	100% after deductible
Pharmacy Maximum Out-of-Pocket*		
Single	$2,000	N/A
Family	$4,000	N/A

*Separate Pharmacy Maximum Out-of-Pocket applies.

Employee Contributions (Monthly)	
HMO HRA Plan	
Employee	$101.14
Employee & Dep(s)	$257.38

Employee Contributions (Monthly)	
HMO HSA Plan	
Employee	$57.68
Employee & Dep(s)	$169.66

	Quartz Health Benefit Plans Corporation HRA POS Plan 9033074		Quartz Health Benefit Plans Corporation HSA POS Plan 9033075/9033076	
	POS In-Network	POS Out-of-Network	POS In-Network	POS Out-of-Network
Annual Deductible				
Individual	$2,000	$4,000	$2,000	$4,000
Family	$4,000	$8,000	$4,000	$8,000
Coinsurance	100%	80%	100%	80%
Maximum Out-of-Pocket*				
Individual	$2,000	$5,000	$2,000	$5,000
Family	$4,000	$10,000	$4,000	$10,000
Physician Office Visit				
Primary Care	$25 copay per visit	80% after deductible	100% after deductible	80% after deductible
Specialty Care	$25 copay per visit	80% after deductible	100% after deductible	80% after deductible
Preventive Care				
Adult Periodic Exams	100%	80% after deductible	100%	80% after deductible
Well-Child Care	100%	80% after deductible	100%	80% after deductible
Diagnostic Services				
X-ray and Lab Tests	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Complex Radiology	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Urgent Care Facility	$25 copay per visit	80% after deductible	100% after deductible	80% after deductible
Emergency Room Facility Charges	$150 copay per visit	$150 copay per visit	100% after deductible	100% after deductible
Inpatient Facility Charges	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient Facility and Surgical Charges	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Mental Health				
Inpatient	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient	$25 copay per visit	80% after deductible	100% after deductible	80% after deductible
Substance Abuse				
Inpatient	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Outpatient	$25 copay per visit	80% after deductible	100% after deductible	80% after deductible
Other Services				
Chiropractic Office Visit	$25 copay per visit	80% after deductible	100% after deductible	80% after deductible
Retail Pharmacy (30 Day Supply) at Participating Pharmacies				
Value Tier (specific generics)	$5 copay		80% after deductible	
Generic (Tier 1)	$10 copay		80% after deductible	
Preferred (Tier 2)	$35 copay		80% after deductible	
Non-Preferred (Tier 3)	$60 copay		80% after deductible	

	Quartz Health Benefit Plans Corporation HRA POS Plan 9033074	Quartz Health Benefit Plans Corporation HSA POS Plan 9033075/9033076
Pharmacy Maximum Out-of-Pocket*		
Single	$2,000	N/A
Family	$4,000	N/A

*Separate Pharmacy Maximum Out-of-Pocket applies.

Employee Contributions (Monthly)	
POS HRA Plan	
Employee	$166.94
Employee & Dep(s)	$424.84

Employee Contributions (Monthly)	
POS HSA Plan	
Employee	$137.16
Employee & Dep(s)	$371.90

Dental

Richland School District will continue to offer a dental program through Delta Dental of Wisconsin.

The chart below is a brief outline of the plan. Please refer to the Certificate of Coverage for complete plan details.

Dental Comparison

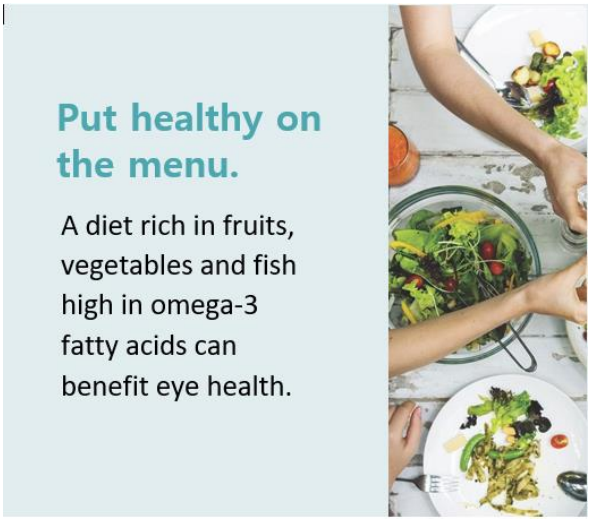
	Delta Dental Insurance Company Dental PPO Plan 19115	
	In-Network Benefits	Out-of-Network Benefits*
Annual Maximum		
Per Person / Family	$1,000	$1,000
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia		
Benefit Percentage	50%	50%
Adult (and Covered Full-Time Students, if Eligible)	Not covered	Not covered
Dependent Child(ren)	Covered to age 19	Covered to age 19
Lifetime Maximum	$1,500	$1,500

*Note that there are no provider discounts out-of-network and you will be responsible for any amounts billed by a non-network provider above Delta Dental's allowed amounts.

Employee Contributions (Monthly)	
Dental PPO	
Employee	$4.92
Employee & Dep(s)	$14.02

Voluntary Vision

Richland School District provides Voluntary Vision Insurance plan through VSP. Please refer to your voluntary vision summary document for more detailed coverage information. To access a listing of providers, go to www.vsp.com/.



Vision Comparison

	Vision Service Plan Vision Plan 30091436
Copay	
Routine Exams (every 12 months)	$10 copay
Vision Materials	
Materials Copay	$25 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered $150 retail allowance after $25 copay every 12 months
Frames	Covered at $150 retail allowance after $25 copay then 20% discount on amounts over $150 every 24 months

Employee Contributions (Monthly)	
Vision	
Employee	$6.46
Employee & Spouse	$10.34
Employee & Child(ren)	$10.55
Employee & Spouse & Child(ren) (Family)	$17.02

Health Reimbursement Account (HRA)

Richland School District offers a Health Reimbursement Account in conjunction with the HMO HRA and POS HRA plans. Each employee enrolled on the eligible medical has an account that will reimburse up to $1,000 for single or $2,000 for family medical deductible expenses after you have paid the first $1,000 single or $2,000 family of your annual deductible.

After you've satisfied your portion of the deductible, Diversified Benefit Services (DBS) will automatically deduct funds from the District's HRA account to pay for any eligible service that will apply to the next portion of your deductible. Eligible expenses include deductible expenses associated with the eligible plan. Office visit and prescription copays are NOT eligible.

- Funds run according to the plan year (July 1st – June 30th).
- Unused HRA dollars do not roll over from year to year.

Health Savings Account (HSA)

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

What is a Health Savings Account (HSA)?

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

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

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

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

- Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.
- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

2021 HSA Contributions

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

FOR THE 2021 TAX YEAR:

- Individual - $3,600
- Family - $7,200
- If you are age 55 and over, you may contribute an extra $1,000 catch up contribution.

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Diversified Benefit Services, (DBS) allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- The flexible benefit plan year October 1 through September 30.

Please plan your FSA contributions carefully, as any funds not used by the end of the plan year will be forfeited. Re-enrollment is required each year.

Maximum Annual Election	
Health Care FSA	$2,750
Dependent Care FSA	$5,000

Life and AD&D

Basic Life and AD&D Insurance

Employees who work 20 hours or more per week are eligible for coverage under the Richland School District Basic Life and AD&D insurance plan. You are covered for one times your salary to a maximum of $125,000. The cost of these benefits is 100% paid by the District.

The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Voluntary Life and AD&D Insurance

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

You may purchase additional Life/AD&D insurance for yourself, your spouse, and your children under age 26. Your contributions will depend on your age and the amount of coverage you elect. Please check with Amber Bingham for additional information about this Voluntary Life and AD&D benefit.

Voluntary Disability Offerings

Short-Term Disability Insurance

Richland School District offers a short-term disability option through National Insurance Services. You select the weekly benefit amount up to $231/week (cannot exceed 66.67% of your weekly base salary). The benefit begins after 0 days of injury or 3 days of illness and lasts up to 60 consecutive days. Please see the Certificate of Coverage for complete plan details.

Long-Term Disability Insurance

Richland School District offers long-term income protection through National Insurance Services in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 80% of your monthly base salary. Benefit payments begin after 60 days of disability. See Certificate of Coverage for benefit duration and complete plan details.

Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help.

It's free... Your employer covers the cost of initial assessment, additional problem-solving sessions, and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It's confidential... Your EAP has been set up through National Insurance Services utilizing the Morneau Shepell EAP, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

Morneau Shepell is only a phone call away at 866.451.5465 or via e-mail at www.niseap.com.

Changes in Benefit Elections

Open Enrollment:

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

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

If you do not make your 2021-2022 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero ($0) elections.

Important Contacts

Carrier Customer Service

Additional information regarding benefit plans can be found on the district website (www.richland.k12.wi.us) under Employee Documents. Please contact Amber Bingham in HR to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical HMO (HRA or HSA plan)	Quartz Health Benefit Plans Corporation	800.362.3310 or 608.644.3430	www.quartzbenefits.com
Medical POS (HRA or HSA plan)	Quartz Health Benefit Plans Corporation	800.362.3310 or 608.644.3430	www.quartzbenefits.com
Dental PPO	Delta Dental of Wisconsin	800.236.3712	www.deltadentalwi.com
Vision	Vision Service Plan	800.877.7195	www.vsp.com
Life and AD&D and Voluntary Life and AD&D	National Insurance Services	800.627.3660	www.nisbenefits.com
Short-Term Disability (STD)	National Insurance Services	800.627.3660	www.nisbenefits.com
Long-Term Disability (LTD)	National Insurance Services	800.627.3660	www.nisbenefits.com
Employee Assistance Program (EAP)	Morneau Shepell	866.451.5465	www.niseap.com
Section 125 (FSA) and Health Reimbursement Arrangement (HRA)	Diversified Benefit Services, Inc.	800.234.1229	www.dbsbenefits.com
HSA Plan	Community First Bank	608.647.4029	-----

This brochure summarizes the benefit plans that are available to Richland School District eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

	Quartz Health Benefit Plans Corporation HMO HRA Plan 9033071	Quartz Health Benefit Plans Corporation HMO HSA Plan 9033072/9033073
Annual Deductible		
Individual	$2,000	$2,000
Family	$4,000	$4,000
Coinsurance	100%	100%

	Quartz Health Benefit Plans Corporation HRA POS Plan 9033074		Quartz Health Benefit Plans Corporation HSA POS Plan 9033075/9033076	
	POS In-Network	POS Out-of-Network	POS In-Network	POS Out-of-Network
Annual Deductible				
Individual	$2,000	$4,000	$2,000	$4,000
Family	$4,000	$8,000	$4,000	$8,000
Coinsurance	100%	80%	100%	80%

NEWBORNS ACT DISCLOSURE - FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within **60 days** from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

PATIENT PROTECTION MODEL DISCLOSURE

Quartz Benefits 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. Until you make this designation, Quartz Benefits designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Quartz Benefits at 800.362.3310 or www.quartzbenefits.com. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Quartz Benefits 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, contact Quartz Benefits at 800.362.3310 or www.quartzbenefits.com.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Amber Bingham, HR, Richland School District
1996 US Hwy 14 W, Richland Center, WI 53581
608.647.6106 or bina@richland.k12.wi.us

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.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective Date of this Notice: July 1, 2021
- District's privacy official: Amber Bingham, HR, 608.647.6106, or bina@richland.k12.wi.us

OMB 0938-0990

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

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

Important Notice from Richland 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 Richland School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Richland School District has determined that the prescription drug coverage offered by the Quartz Health Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

OMB 0938-0990

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Richland School District coverage will be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

You may keep this coverage if you elect part D. This plan will coordinate with Part D coverage; however, members must submit claims to the secondary coverage for processing as claims are processed through Primary Insurance only at the time of service.

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the Richland School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Richland School District changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2021
Name of Entity/Sender:	Richland School District
Contact--Position/Office:	Amber Bingham, HR
Address:	1996 US Hwy 14 W, Richland Center, WI 53581
Phone Number:	608.647.6106

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	**FLORIDA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	**GEORGIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131

CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov	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)	**MONTANA – 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: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	**NEBRASKA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	**NEVADA – 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	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
MAINE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	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
MASSACHUSETTS – Medicaid and CHIP	**NEW YORK – Medicaid**
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

MINNESOTA – Medicaid	NORTH CAROLINA – 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: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	**VERMONT– Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2021, 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 1/31/2023)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

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

How Can I Get More Information?

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

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

1 An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Richland School District	4. Employer Identification Number (EIN) 39-6004159	
5. Employer address 1996 US Hwy 14 W	6. Employer phone number 608.647.6106	
7. City Richland Center	8. State WI	9. ZIP code 53581
10. Who can we contact about employee health coverage at this job? Amber Bingham, Payroll & Benefits		
11. Phone number (if different from above) 608.647.6106	12. Email address bina@richland.k12.wi.us	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [X] All employees. Eligible employees are:

    Staff with individual contracts – minimum 50% FTE contract.

    Employees without individual contract – minimum 30 hours per week.

  - [ ] Some employees. Eligible employees are:

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

    A covered employee's lawful spouse, natural child, child placed for adoption with the covered employee, stepchild, legal ward who is less than 26 years of age or grandchild (regardless of age or enrollment status of the grandchild's parent).

  - [ ] We do not offer coverage.

[X] If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)