



School District of Amery

2022-2023

**EMPLOYEE
BENEFITS
GUIDE**

Effective July 1, 2022

Welcome to your School District of Amery 2022-2023 Benefits!

Inside This Guide

Welcome	2
Eligibility and Enrollment	3-4
Medical Insurance	5-6
Prescription Drugs	7
Health Savings Account (HSA)	8-9
Flexible Spending Accounts (FSA)	10
Health and Well-being Program	11
New: Omada	12
Dental Insurance	13
Vision Insurance	14
Disability Insurance	15
Life Insurance	16
Accident Insurance	17
Hospital Indemnity	17
Critical Illness	18
Employee Assistant Program (EAP)	19
BenefitHub	20
Where to Seek Care	21-22
How to Save \$\$\$!	23
Resources and Contact Information	24
Benefit Definitions	25
Required Notices	26

This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. Should there be a difference between this guide and the official plan documents, the official plan documents will govern.

These Open Enrollment Materials serve as an overview of the benefits offered at the time of the Open Enrollment. School District of Amery reserves the right to end, suspend, or amend the any of the benefits at any time, for any reason, in whole or in part. More information can be found in the plan documents. You should keep the plan documents and these Materials for future reference. Contact human resources with any questions.

Your needs, and those of your family, are unique to you. That's why the School District of Amery provides a comprehensive and flexible benefits program that you can customize to fit your personal situation. Our program offers you and your family important healthcare coverage and financial security.

Some of the benefits we offer are paid for in full by the School District of Amery. For others, it is a shared contribution between you and the District. Other benefits are also available to you at reasonable group rates.

Your benefits are an important part of your total compensation at the School District of Amery. Please take the time to review and evaluate all the options available to you and your family.

Benefits paid by the District

- Long-Term Disability
- Employee Assistance Program

Benefits with shared contributions

- Medical
- Health Savings Account (HSA)
- Dental
- Short-Term Disability
- Basic Life/AD&D

Benefits paid by employee

- Vision
- Voluntary Life and AD&D
- Flexible Spending Accounts (FSA)
 - General Purpose Healthcare
 - Limited Purpose Healthcare
 - Dependent Care
- Supplemental Benefits
 - Accident
 - Critical Illness
 - Hospital Indemnity

Eligibility and Enrollment

Enrollment Opportunity

Open Enrollment is your once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family.

Changes to benefits made during Open Enrollment will go into effect July 1



How to Enroll

You must actively enroll in the following coverages:

- ✓ Flexible Spending Account (FSA)
- ✓ Health Savings Account (HSA)
- ✓ Life (Basic and Voluntary)
- ✓ Critical Illness
- ✓ Accident
- ✓ Hospital Indemnity.

All other coverages will roll over into the upcoming renewal if you don't make any changes.

To enroll (or **make changes**) to your benefits, you must complete the attachments provided in your enrollment material email **and** visit the MyUnum link to complete your Unum benefits: Life, Accident, Critical Illness and Hospital.

Questions? The MyUnum platform chat feature that will allow you to ask questions related to Unum benefits plans.

What's new?

Omada- by HealthPartners

Omada is personalized to help you reach your health goals- whether that's losing weight, gaining energy, or improving your overall health. Members with high blood pressure, pre-diabetes, diabetes, and weight loss can qualify- All at no cost to you. (See page 12 for details- must be enrolled in the medical plan)

Health & Wellness Incentive

New ways to achieve your preferred deductible differential, including your annual physical, Make a Move challenge, and District sponsored events. Save \$500 single/ \$1000 family on your 2023-2024 plan year deductible. (See page 11 for details- must be enrolled in the medical plan)

Eligibility and Enrollment (continued)

Who is Eligible?

You are eligible for School District of Amery benefits if you are an active full-time employee working 30 or more hours per week.

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)* up to age 26
- Your disabled child(ren) up to any age (if disabled prior to age 19)*

* Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.

When Can You Enroll in Benefits?

You can enroll in benefits:

- Within 31 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first day of employment.

Termination of Coverage

If you or a covered dependent no longer meet these eligibility requirements or if your employment ceases, your coverage termination date will vary by plan, please refer to your plan documents for more detailed information.

You are responsible for informing Human Resources, within 31 days, if any of your dependents become ineligible for benefits.

Please Note:

Federal regulations require School District of Amery to obtain the following information during enrollment:

- Social Security numbers for your dependents covered by the medical plan
- Dates of birth and your relationship to your dependents

Making Benefit Changes During the Year

The benefit elections you make during your initial enrollment period will be in effect through June 30.

If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to the District Office within **31** days of the event. Proof of life events is subject to approval by School District of Amery. Changes are effective retroactive to the date of the event.

Qualifying life events include:

- Your marriage
- Your divorce or legal separation
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse, partner or covered child
- Change in work status that affects benefits eligibility (for example, starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence, etc.) for you or your spouse.
- Your spouse’s Open Enrollment
- A change in your child’s eligibility for benefits
- Gain or loss of Medicare or Medicaid during the year
- Relocation

Other qualifying events may also apply. Please contact the District Office.

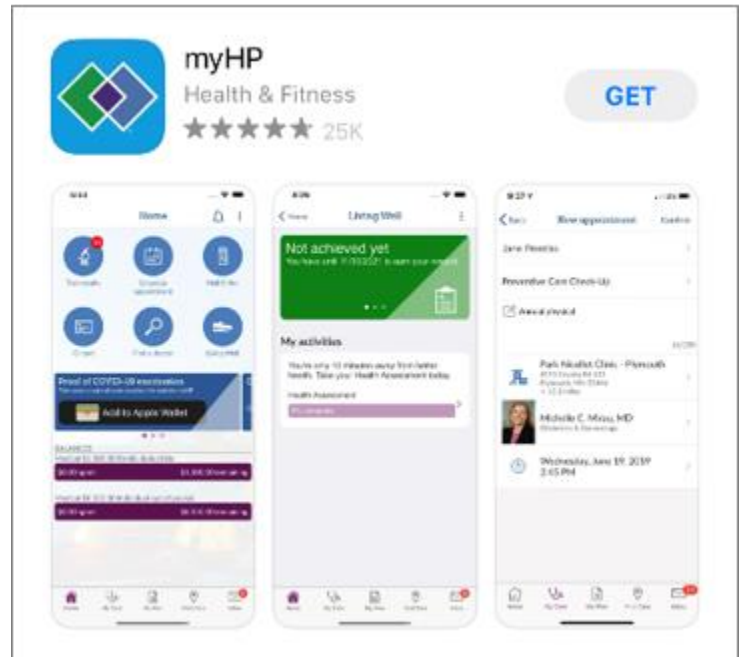
Medical Insurance



The School District of Amery offers medical coverage through HealthPartners with the following features:

- Option to receive care from in-network or out-of-network providers; higher benefits are paid when using in-network Open Access providers
- Preventive care is covered at 100% when using an in-network provider
- Includes prescription drug coverage
- Deductibles and out-of-pocket maximums accumulate on a plan year which runs July 1 – June 30
- If you enroll in the health plan, you will need to open a Health Savings Account (HSA) so you and the District are able to make contributions, which will help cover some of your medical plan costs (refer to HSA section for more information).
- Always refer to your carrier specific plan documents for benefit levels and limitations

Download the MyHP app!



Finding In-Network Providers

To search for in-network medical providers, log on to www.healthpartners.com or call customer service at 952-883-2177

- Scroll down and select Discover our Insurance and Network
- In the top white ribbon select the Insurance Drop Down
- Choose I want to find care in my plan network
- Choose I get insurance through work
- Choose Open Access Network

Access to Your Healthcare

After you are enrolled in the School District of Amery medical plan, log on to www.healthpartners.com and register to access self-service tools and resources to help manage your medical benefits.

Medical Insurance



HealthPartners	<u>Preferred Benefit**</u> \$2,800/\$5,600-0% Qualified High-Deductible Health Plan	<u>Non-Preferred Benefit</u> \$3,300/\$6,600-0% Qualified High-Deductible Health Plan
District HSA Contribution	\$1,200 Single \$2,400 Family	\$1,200 Single \$2,400 Family
<u>In-Network Only</u>	You Pay	You Pay

Deductible and Out-of-Pocket Max	\$2,800 Per Person \$5,600 Per Family	\$3,300 Per Person \$6,600 Per Family
----------------------------------	--	--

Coinsurance	0%	0%
-------------	----	----

Preventive Care	0%	0%
-----------------	----	----

Non-Preventive Care	Deductible, then 0%	Deductible, then 0%
---------------------	---------------------	---------------------

Telemedicine Consultation (<i>must use Virtuwel doctors</i>)	\$59	\$59
---	------	------

It is important for you to know that if you use an Out-of-Network provider, your coverage may be different. Limitations and maximums may apply. Please refer to the plan summaries and Summary of Benefits and Coverage for more information.

** Preferred Benefit is achieved by completing a Health assessment form with Health Partners and 2 activities by March 31, 2023 (see page 11 for details). If completed, the District awards members with a lower deductible (\$500 single/\$1000 family).

Medical Insurance Monthly Premium

		Tier 1* All Certified Staff plus Support Staff assigned to work 30+ hours per week and 11 months or more per year*		Tier 2* Support Staff assigned to work 30+ hours per week and less than 11 months per year*	
	Full Premium	District Contribution (88%)	Employee Contribution (12%)	District Contribution (82%)	Employee Contribution (18%)
Single	\$838.88	\$738.21	\$100.67	\$687.88	\$151.00
Family	\$1,842.93	\$1,621.78	\$221.15	\$1,511.20	\$331.73

* As stated in your contract or letter of appointment

Prescription Drugs



When you enroll in a medical plan, you receive comprehensive prescription drug coverage through HealthPartners.

Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage. For a list of approved drugs, log on to www.healthpartners.com/pharmacy.

HealthPartners	\$2,800/\$5,600-0% QHDHP with HSA	\$3,300/\$6,600-0% QHDHP with HSA
Retail (up to 30-day supply)	You Pay	You Pay
Prescription Drugs	Deductible, then 0%	Deductible, then 0%
Preventive Drugs	Generic: \$12 Brand: \$45	Generic: \$12 Brand: \$45
Home Delivery (up to 90-day supply)	You Pay	You Pay
Prescription Drugs	Deductible, then 0%	Deductible, then 0%
Preventive Drugs	Generic: \$24 Brand: \$90	Generic: \$24 Brand: \$90
Specialty (must fill at Accredo and Accordant Care pharmacy)	Deductible, then 0%	Deductible, then 0%

Creditable Coverage Status

(important as you near Medicare)

Creditable

Creditable

The deductible will not apply to certain medications classified as preventive in accordance with the approved prescription drug list.

Three Ways to Obtain Prescription Drugs

www.healthpartners.com/pharmacy

① **Retail Pharmacy**
(up to 30-day supply)

- ✓ Locate a participating retail pharmacy
- ✓ View a list of approved drugs

② **WellDyne**
(up to 90-day supply)

800-591-0011

- ✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes
- ✓ Pay less than retail pharmacy for a 90-day supply
- ✓ No additional cost for delivery

③ **Accredo and Accordant Care Pharmacy**
(30-day supply)

800-883-2177

- ✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis
- ✓ Prescription can only be filled once every 30 days

Health Savings Account (HSA)

Use it or save it!

Only available for those enrolled in the QHDHP plan.

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a Qualified High-Deductible Health Plan (QHDHP) and open an HSA within 30 days. Funds in the account are used to pay for qualified medical, dental and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

The School District of Amery will also make contributions to your HSA if you enroll in the District's qualified plan. This is "free money" for you to use to pay for eligible healthcare expenses.

HSA funds can only be used for yourself, your spouse and your tax dependents. Expenses for dependents who do not qualify as tax dependents are not reimbursable under the HSA.



Advantages of an HSA

- Balance rolls over each year and accrues interest, so you won't lose your contributions
- Triple tax savings — you do not pay federal tax* on:
 - Contributions to the account
 - Spending on qualified expenses
 - Interest that accrues
- Account is portable, so the funds are yours even if you change medical plans next year or leave School District of Amery in the future
- Use the funds for eligible medical, dental or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia and more—now or in the future
- Money left in the savings account earns tax-free interest*

**Tax treatment of HSAs for state tax purposes may vary by state.*

Health Savings Account (HSA)

Use it or save it!



Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions if you enroll in an HSA through WESTconsin Credit Union.* You can change the amount you contribute to your HSA at any time during the plan year. It is important to note that expenses are not eligible for reimbursement until your HSA has been established.

** You also can choose to open an HSA through another financial institution; however, you would have to make after-tax contributions, they would not be automatically deducted from your paycheck, and you would need to claim those contributions as a tax deduction when you file your taxes.*

How to open an HSA Account

- ✓ Enroll in a QHDHP effective July 1, 2022
- ✓ Schedule a 1-hour appointment with WESTconsin Credit Union to set up your Health Savings Account (HSA).
- ✓ Complete a *Health Savings Account (HSA) Payroll Deduction Authorization Form* available in your enrollment materials

Who Can Open an HSA?

You can contribute to an HSA if you:

- Are covered under an HSA-qualified high-deductible health plan (QHDHP).
- Are not enrolled in any other health insurance plan (such as your spouse's plan) that is not an HSA qualified plan.
- Are not enrolled in Medicare*, TRICARE or TRICARE for Life.
- Cannot be claimed as a dependent on someone else's tax return.
- Have not received Veterans Affairs (VA) benefits within the past 3 months
- You (or your spouse) do not contribute to a Healthcare FSA.

** Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking social security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.*

Other restrictions and exceptions may also apply.

For more information, visit

www.irs.gov/publications/p969.

2022/2023 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes the School District of Amery's contribution.)

2022 IRS Annual Contribution Limits*	Single \$3,650	Family \$7,300	Age 55+ Additional \$1,000
--------------------------------------	----------------	----------------	----------------------------

District HSA Annual	Single \$1,200	Family \$2,400	
----------------------------	-----------------------	-----------------------	--

** The District contribution counts toward the HSA calendar year IRS contribution limits. Money used for non-qualified healthcare expenses is subject to income tax, as well as an additional 20% penalty tax if you are younger than 65. Company contributions are only distributed to active employees.*

Flexible Spending Accounts (FSA)

Use it or lose it!



Flexible Spending Accounts (FSA) allow you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income. Three types of FSAs are available:

- **Dependent Care**
- **Limited Purpose Healthcare–HSA plan participants only**
- **Healthcare**

Money cannot be transferred between the accounts (i.e., you cannot use money from your Healthcare FSA to pay for dependent care expenses and vice versa).

How the FSA Works

As a new hire and again during Open Enrollment, you select the amount of money you wish to deposit into the Account for the entire plan year. The plan year for the FSA benefit is July 1st to June 30th. The total amount is then equally divided by the number of pay periods remaining in that year and that amount is deducted from each paycheck. The money is set aside in your FSA account(s).

How do I submit a claim?

As you incur eligible expenses, you file a simple claim form (along with copies of your receipts) and are reimbursed for such expenses from the account. You can file electronically, fax or mail. Reimbursements are directly deposited if an account is set up.

You have up to 90 days after the end of the plan year to make claims.

The Flexible Spending Account plans are administered by Aviben. To register and log into your FSA account:

- All FSA eligible employees will need to have an account with the Aviben.
- Go to www.Aviben.com and click on Consumer Portal.
- Use Open Enrollment Codes:
 - **NEW employees: ESN-Amy125** to create your account.
 - Existing employees: use existing log in information to access your account.

Flex Spending Account Types:

Dependent Care FSA

Available to all benefit eligible employees

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under age 13 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year. Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare. For the 2022 calendar year, you can deposit up to \$5,000 to a Dependent Care FSA (\$2,500 if you are married and filing separately).

Limited Purpose Healthcare FSA

Available to HSA plan participants only

Using this account in conjunction with the HSA gives you the opportunity to save additional pre-tax money. You can use the Limited Purpose Healthcare FSA for eligible **dental and vision** expenses only. You can contribute up to \$2,850 for the 2022 calendar year in this account.

Healthcare FSA

Not available to HSA plan participants

This FSA allows you to submit eligible **medical, dental, and vision** expenses for reimbursement. You can deposit up to \$2,850 to the Healthcare FSA for the 2022 Plan year.

Health and Well-being Program

Our district's strength and success depends on you, so your health is important to us. The everyday choices we make can help us live healthier, happier and more fulfilling lives — both at work and at home. That's why we offer you an opportunity to participate in the Health and Well-being Program.

Available to all employees and their spouses covered on the health plan, the Health and Well-being Program focuses on health awareness and provides you with tools and resources to learn more about healthy living.

Looking for something specific:

- **Physical Activity**
 - Wellbeats (online fitness program), 10,000 Steps
- **Weight Loss and Nutrition**
 - Health Coaching, Choose to Lose, Healthy Thinking, Go for Fruits & Veggies
- **Condition Support (assistance for medical conditions)**
 - Omada, Healthy Pregnancy, Disease Case Management
- **Mental Wellbeing**
 - Sleep, Stress Tracking, MyStrength (Personalized Emotional & Mental Health)

This year we've added a few new activities:

- **Annual Physical Exam (4/1/2022-3/31/2023)**
Please contact District office for forms that will be required by physician. When completed return to Twila Sikkink.
- **Omada** – (must complete 9 of 16 lessons)
- **District Sponsored** – *Information coming soon!*

Participation in the program is voluntary and includes the completion of wellness activities.

All aspects of the program are completely confidential and will be administered by HealthPartners.

Employees (and their spouses or partners) who complete their activities within the wellness plan year may be eligible to earn and receive a benefit differential for the following year.

Wellness Incentive

Employees (and their spouses) are eligible to earn a preferred benefit which is reduction of your health insurance deductible of \$500 single/ \$1,000 family for the 2022-2023 plan year.

The incentive is based on participation in the activities, not on the outcome.

**NEW
UPDATES**

Health & Wellbeing Action Steps

*Applies to all employees **and spouses** covered on the medical plan*

1. Register at www.healthpartners.com/wellbeing
2. Complete Health Assessment
3. Complete **TWO** wellness activities by **March 31, 2023**
4. Earn your preferred deductible differential for 2023-2024 plan year

Rewards for participating in School District of Amery wellness program is available to all employees and spouses covered under a School District of Amery medical plan. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Twila Sikkink at 715-268-9771 x278 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you considering your health status.

With Omada, there's a program for you

Get ongoing support for your health, head-to-toe. Omada has programs available for:



Weight loss

Build healthy habits and lower your health risks through small but powerful changes.



High blood pressure

Lose weight, gain energy, and learn ways to lower high blood pressure outside of medication.



Diabetes

Keep glucose levels in check with new ways to eat well, move more, and manage stress.



Build healthy habits that last

Omada is a personalized program that can help you reach your health goals, like managing diabetes, lowering your blood pressure or losing weight.

Sign in to get started

Go to www.OmadaHealth.com/HealthPartnersOmada to register. Manage your health and your plan at healthpartners.com or the myHP app.

Don't have an account yet? It's quick and easy to sign up – you'll just need your member ID card.

Build healthy habits

- Discover easy ways to make healthy choices in your daily life by eating healthy, moving more and learning strategies for self-managing your medications

Develop a personalized plan and track your progress

- Regardless of your goals, your professional health coach will help you zero in on your needs and help you monitor your activity to discover what is working

Achieve your goals

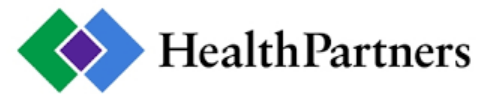
- With Omada, your personalized program will help you build problem-solving skills to set and reach your evolving goals

You'll get your own:

- Personalized program
- Professional health coach
- Smart health devices
- Weekly online lessons
- Small peer group

New this year!

Dental Insurance



The School District of Amery offers a dental plan through HealthPartners. Your choice of dentists can determine the cost savings you receive. In-Network providers are paid directly by HealthPartners and agree to accept negotiated fees as “payment in full” for services rendered.

When you use out-of-network providers, HealthPartners will apply the applicable percentage of the allowed amount and you are responsible for paying the remaining balance of the bill. In-Network coverage is provided when you use HealthPartners providers. To search for providers, go to www.healthpartners.com and click on Services, click on Clinics and Hospitals, click on Our Doctors, and clinic on Dentists.

HealthPartners	Open Access Choice Plan	
	In-Network	Out-of-Network
Plan Year Deductible * <i>(applies to Basic and Major Services)</i>	None	
Benefit	Plan Pays	Plan Pays
Plan Year Maximum *	Up to \$1,000-ages 13 and older None-under age 13**	
Preventive Services	100%	100%
Basic Services	80%-ages 13 and older 100%-under age 13**	80%
Major Services	50%-ages 13 and older 100%-under age 13**	50%
Orthodontia (to age 19)	50%	\$50
Orthodontia Lifetime Maximum <i>(per person)</i>	\$2,000	\$2,000

* Plan deductibles and maximums accumulate on a plan year (July 1 – June 30). These amounts reset on July 1 of each year.

Important Information!

****Little Partners Benefit:** Services for children 12 years and under will be covered at 100% without deductible, annual maximum, or frequency limitations, when provided by a HealthPartners network dentist.

Diabetes and Pregnancy: Additional periodontal services (exams, cleaning, scaling and root planning, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network.

Dental Insurance Monthly Premiums

		Tier1*		Tier2*	
		All Certified Staff plus Support Staff assigned to work 30+ hours per week and 11 months or more per year*		Support Staff assigned to work 30+ hours per week and less than 11 months per year*	
	Full Premium	District Contribution (88%)	Employee Contribution (12%)	District Contribution (82%)	Employee Contribution (18%)
Single	\$57.90	\$50.95	\$6.95	\$47.48	\$10.42
Family	\$163.90	\$144.23	\$19.67	\$134.40	\$29.50

* As stated in your contract or letter of appointment

Vision Insurance



Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The Delta Dental of WI vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use DeltaVision providers. To search for providers, log on to www.deltadentalwi.com and select **EyeMed**.

If purchasing Vision coverage is something you're considering, please know that it's critically important that you use a network provider. Going out-of-network with Vision is essentially equivalent to having no coverage.

If you are only looking for coverage for an annual vision exam, please evaluate your medical plan for this inclusion, you may not need vision coverage.



Delta Dental of WI	Frequency	In-Network You Pay...
Eye Exam	Once every 12 months	\$10 copay
Prescription Glasses		
Frame	Once every 24 months	Amount over \$150 allowance
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 12 months	Included in Prescription Glasses
Progressive Lenses (Standard)	Once every 12 months	\$75 copay
Contacts—instead of glasses	Once every 12 months	Amount over \$150 allowance, then 15% off balance

Additional IN-NETWORK Discounts

- 20% discount on items not covered by the plan.
- 40% discount on complete eyeglass purchases. after your benefits have been fully used.
- Use www.glasses.com to purchase eyeglasses online, applied to the in-network benefits.
- Use www.contactsdirect.com to purchase contact lenses online, applied to in-network benefits.

Vision Insurance Premiums	
Coverage Tier	Employee Monthly Contribution
Single	\$7.80
Family	\$ 19.42



Disability Insurance

NIS administers our Disability insurance benefit plans. Disability insurance protects your ability to earn a paycheck if you are out of work due to a covered sickness or injury.

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required. The District pays this premium for eligible employees.

Short-Term Disability

Short-Term Disability (STD) benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings until the benefit duration has ended. STD benefits integrate with state mandated disability plans. This benefit is voluntary and payable by employee.

Your monthly STD premium is calculated by the weekly benefit amount. This benefit cannot exceed 66 2/3% of your weekly salary. Use the chart below to find your weekly benefit based on 66 2/3% of your weekly salary

Long-Term Disability

Benefit Begins After **90 days** of qualified disability

Benefit Amount **66 2/3%** of your annual salary divided by 52.

Benefit Duration Social Security Normal Retirement Age (SSNRA)

Short-Term Disability

Benefit Begins 1st day of accident or 4th day of illness

Benefit Amount **66 2/3%** of your annual salary divided by 52.

Benefit Duration Up to **13 weeks**

Pre-Existing Condition Excludes coverage for 12 months on any diagnoses received 12 month prior to effective date

IF YOUR ANNUAL SALARY IS ABOVE THIS AMOUNT:	YOU CAN APPLY FOR UP TO THIS WEEKLY BENEFIT:	EMPLOYEE PAID MONTHLY PREMIUM
\$9,282	\$119.00	\$6.55
\$11,465	\$147.00	\$10.31
\$13,649	\$175.00	\$12.02
\$17,471	\$224.00	\$15.46
\$21,292	\$273.00	\$18.92
\$23,476	\$301.00	\$20.63
\$27,844	\$357.00	\$24.64
\$32,758	\$420.00	\$28.67
\$36,034	\$462.00	\$31.54
\$39,310	\$504.00 (Guaranteed Benefit Amount)	\$34.40
\$45,238	\$580.00	\$39.38
\$52,024	\$667.00	\$45.29
\$59,824	\$767.00	\$52.08

Life Insurance



Contributory Basic Life/AD&D

The School District of Amery provides Basic Life insurance coverage of 1x your annual earnings with a \$200,000 maximum. This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays 1x your annual earnings with a \$200,000 maximum in the event of accidental death and certain other conditions. Basic Life and AD&D insurance is administered by UNUM and the cost is shared by you and the School District of Amery.

Basic Life Monthly Rate Per \$1,000	1x Annual Salary
District (40%)	\$0.096
Employee (60%)	\$0.144

Voluntary Life

As a new hire, you can purchase Voluntary Life insurance for you, your legal spouse and dependent children **without providing medical information up to certain guarantee issue (GI) amounts** (see chart). If you leave the School District of Amery, this coverage can be taken with you.

Employee and spouse amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by UNUM.

If you elect not to enroll at the time you were first eligible, you will still be able to purchase coverage in the future (typically at Open Enrollment), however, ALL amounts elected will be subject to the EOI requirements provision. At that time, if your evidence of insurability is not satisfactory to UNUM, you will not have Voluntary Life coverage.

Voluntary Life Amounts Available	
Employee	Increments of \$10,000 to lesser of 5x times your salary or \$500,000 Guarantee Issue*: \$150,000
Spouse <i>Employee must be enrolled</i>	Increments of \$5,000 to 100% of employee amount of insurance to \$500,000 Guarantee Issue*: \$25,000
Child (to age 26) <i>Employee must be enrolled</i>	Increments of \$1,000 to 100% of employee amount of insurance to \$10,000 Guarantee Issue*: \$10,000

**Guarantee issue is the amount of coverage you or your dependents can elect up to without medical questions.*

Voluntary Life Monthly Rate		
Employee Age	Employee	Spouse
	Monthly Rate per \$1,000 of benefit	
< 24	\$0.98	
25 – 29	\$0.98	
30 – 34	\$0.98	
35 - 39	\$1.18	
40 – 44	\$1.58	
45 – 49	\$2.28	
50 – 54	\$3.48	
55 – 59	\$5.08	
60 – 64	\$5.68	
65 – 69	\$15.88	
70 +	\$24.38	

Accident Insurance & Hospital Indemnity



The School District of Amery offers additional voluntary benefit plans through UNUM. These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Insurance policies available for purchase (through after-tax payroll deductions) include Critical Illness, Accident and Hospital Indemnity. These benefits may help fill the gap until you meet your medical plan deductible.

All UNUM benefit plans are portable, which means you can take these benefits with you if you leave the company.

Each plan provides an annual **cash benefit of \$50** per calendar year for eligible health screenings and prevention measures. Since these screenings are often paid at 100% under the medical plan, you could walk away with cash in your pocket for practicing good preventive care. This Be Well Benefit is stackable, **if you purchase all three benefits you can expect \$150 per insured per calendar year!** (Screenings include cholesterol, diabetic screenings, cancer screenings, and annual exams)



Accident Insurance

Accident insurance pays a cash benefit when you or your covered family members suffer injuries sustained in an accident. Covered injuries include fractures, burns, concussions, tears, lacerations, broken teeth and eye injuries. Additional benefits may be paid, including ambulance, emergency care, testing and therapy.

Hospital Indemnity Insurance

Hospital Indemnity insurance policy can help by paying lump-sum benefits to help you manage expenses that arise if you or an eligible family member ends up in the hospital. You can use the money however you'd like — from paying for medical copays and deductibles to everyday expenses such as the mortgage, transportation, groceries and utilities. There are no copays, deductibles, coinsurance or network requirements. These benefits aren't reduced because you receive a payment from any other coverage you have, such as Medical, Accident or Critical Illness Insurance.

	Tier	Monthly Rate
Accident	Employee	\$13.15
	Employee + Spouse	\$23.22
	Employee + Children	\$29.70
	Family	\$39.77
Hospital Indemnity	Employee	\$25.84
	Employee + Spouse	\$48.94
	Employee + Children	\$35.34
	Employee + Family	\$58.44

Critical Illness

Critical Illness Insurance

This insurance pays a lump-sum cash benefit directly to the insured following the diagnosis of a covered critical illness or event, including (but not limited to) Alzheimer's disease, invasive cancer, heart attack, kidney failure, stroke, and major organ transplants.

Critical Illness Monthly Rate		
Employee Age	Employee and Children	Spouse
	per \$10,000 of benefit	per \$5,000 of benefit
< 24	\$3.78	\$2.83
25 – 29	\$4.68	\$3.28
30 – 34	\$5.78	\$3.83
35 - 39	\$7.68	\$4.78
40 – 44	\$9.98	\$5.93
45 – 49	\$13.08	\$7.48
50 – 54	\$16.98	\$9.43
55 – 59	\$22.98	\$12.43
60 – 64	\$32.08	\$16.98
65 – 69	\$46.48	\$24.18
70 – 74	\$71.48	\$36.68
75 – 79	\$103.98	\$52.93
80 – 84	\$149.68	\$75.78
85+	\$239.78	\$120.83



Employee Assistance Program (EAP)



We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Offered through National Insurance Services, the **Employee Assistance Program** can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

Provided at **no cost to you**, counselors are available for support by phone 24 hours a day, seven days a week at 800-600-1600.

To help get you started, the program includes up to three in-person counseling sessions for you and your household members. Behavioral counselors can help navigate any additional long-term counseling needs.

Online resources are also available by logging onto www.niseap.com password: NISenhanced.

Under our EAP, you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com

Claimant Assist Services Are Available:

866.472.2734

BenefitHub



A world of discounts is waiting...
Save big. Every day.

Welcome to the School District of Amery
Resource Center!

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors



It's easy to access and start saving!



- 1) Visit SDamery.benefithub.com
- 2) Enter your email address to create your account
- 3) Access your benefit resources, deals and discounts!

Questions? Call 1-866-664-4621 or email customer care@benefithub.com

Where to Seek Care

Virtuwell

Health Partners in network clinics

Urgent Care

Emergency Care

When you need help in a hurry, you have choices. Of course, when it's a **life-threatening problem**, you should call 911 or go straight to the nearest hospital emergency room (ER).

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

For non-life-threatening problems, utilize Virtuwell, visit your Primary Care provider, or go to your nearest urgent care.



Use Virtuwell

- Moderate fever
- Colds, cough or flu
- Bruises and abrasions
- Eye, ear, or skin infections
- Skin irritations/rashes
- Urinary tract infections

OR

Health Partners- in network clinics

- Primary Care
- Preventive Care
- Cancer screening
- Minor injuries & illnesses
- Chronic care management

OR

Go to Urgent Care

- Cuts and minor lacerations
- Minor burns and skin irritations
- Eye, ear, or skin infections
- Sprains or strains
- Possible fractures
- Respiratory infections

OR

Go to Emergency Room

- Heart attack or stroke
- Chest pain or intense pain
- Shortness of breath
- Severe abdominal pain
- Head injury or other major trauma
- Loss of consciousness
- Major burns or severe bleeding
- One-sided weakness or numbness
- Open fractures
- Poisoning or suspected overdose

Where to Seek Care



Virtuwell

Virtuwell is available through School District of Amery medical plan. Virtuwell provides 24-7-365 access to board-certified providers by secure video chat or phone. For an illness or injury that is not an emergency, Virtuwell's virtual medicine program offers a convenient, cost-effective alternative to hospital emergency rooms and urgent care clinics.

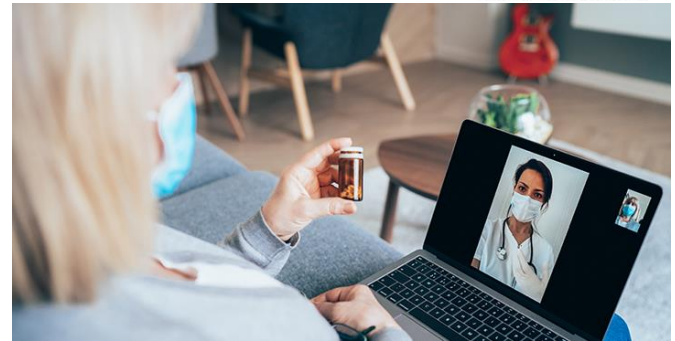
Virtuwell is not intended to replace your relationship with your doctor, rather provides access to healthcare when reaching the doctor is difficult or inconvenient.

Doctors in the telemedicine network diagnose, recommend treatment and write short-term prescriptions for minor, non-life-threatening conditions including, but not limited to:

- Acne
- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu Symptoms
- Ear Infections
- Headaches/Migraines
- Insect Bites
- Sinus Infections
- Nausea/Stomach Aches
- Pink Eye
- Skin Infections
- Sore Throat
- Upper Respiratory Infections

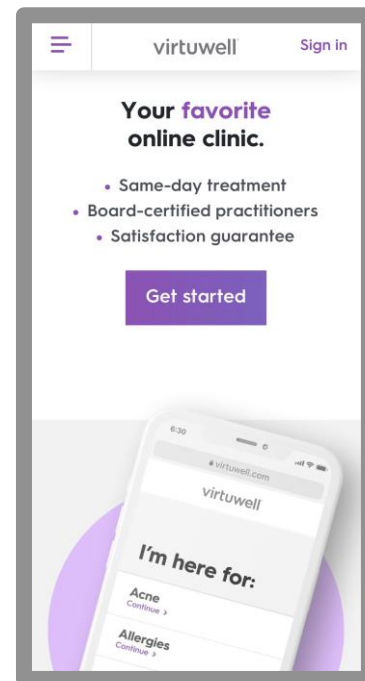
Did you know?

The cost of Virtuwell is just \$59, and if they can't treat your condition, there is **no charge** incurred.



How to Use Virtuwell

1. Go to www.Virtuwell.com



2. Register and complete your account profile, including a brief medical history,
3. Video chat or talk with a doctor from home, work or when traveling.

The cost for a telehealth visit can be found on the Medical Plans Comparison Chart or in your Summary of Benefits & Coverage (SBC).

How To Save \$\$\$!

When Using Your Medical and Prescription Plans:

Use In-Network Doctors

By using in-network doctors, clinics, hospitals and pharmacies, you pay the lowest cost for care. When you visit out-of-network doctors, our health plan covers less of the cost.

Choose the Right Type of Care

When you need care, know your options. Urgent care centers, online doctor visits or a call to the medical plan nurse line can help save time and money.

Use freestanding imaging centers for MRIs, CT scans and other imaging.

Use Your Preventive Care Benefits

Most preventive care services are covered at 100% when you use in-network providers. Getting regular exams, screenings and immunizations can save you a lot of money in the long run by catching problems early or preventing them altogether.

Use WellDyne

Rather than visiting a pharmacy month after month, save time by having the medication delivered to your home.

Through WellDyne, you can also save money by getting up to a 90-day supply for less than what you would pay through a retail pharmacy. Shipping is free and you'll also save on gas money!



Ask Your Doctor for Generic Drugs

The next time you need a prescription, ask your doctor if it is appropriate to use a generic drug rather than a brand name drug. Generic drugs contain the same active ingredients, are identical in dose, form and administrative method AND are less expensive than their brand name counterparts.

If you must take a brand name drug, ask your doctor for samples or coupons. Also check the drug manufacturer's website for available rebates and discounts.

Resources/Contact Information

Benefit	Provider	Phone	Website / Email
Medical	HealthPartners Network: Open Access	Member Service: 800-883-2177 Careline Nurse: 800-551-0859 Nurse Navigator: 800-883-2177 Babyline Service: 800-845-9297 Behavioral Health: 888-638-8787 Health & Wellbeing: 952-883-7800	www.healthpartners.com
Prescription	HealthPartners	952-883-2177	www.healthpartnes.com
Health Savings Account (HSA)	WESTconsin Credit Union	800-924-0022	www.westconisinclu.org
Dental	HealthPartners	952-883-2177	www.healthpartners.com
Vision	Delta Dental of WI	866-723-0513	www.deltadentalwi.com
Flexible Spending Accounts (FSA)	Aviben	888-507-6053	www.ebcsolutions.com
Life	UNUM	800-421-0344	www.unum.com
Disability	National Insurance Services	800-627-2660 x1224	www.nisbenefits.com
Employee Assistance Program (EAP)	National Insurance Services	800-600-1600	www.niseap.com
Optional Protection Benefits	UNUM	800-635-5597	www.unum.com
Human Resources	Twila Skkink	715-268-9771 x278	sikkinkt@amerysd.k12.wi.us
Broker - JA Counter Account Manager	Angela Naser	715-246-8061	anaser@jacounter.com
Broker - JA Counter Benefit Advocate		715-246-3811	advocate@jacounter.com
Broker – JA Counter Transition Counts Team	Jessica Langness Rich Potvin	715-246-3811	jangness@jacounter.com gpotvin@jacounter.com

Benefit Definitions

What is a premium?

A premium (sometimes called a contribution) is the cost you pay for health insurance, whether you use medical services or not. Premiums are deducted directly from your paycheck.

What is a deductible?

A deductible is the amount you pay out of your pocket before your insurance pays.

The deductible runs from **[start month – end month]** each year. Once you have met that dollar amount, you have met the requirements for the plan year.

What does a copay pay for?

Copayments or copays, are pre-set dollar amount you are expected to pay for office visits, procedures or prescription drugs under your insurance plan.

Once the copay has been met, the insurance company pays all remaining costs.

What does coinsurance mean?

Coinsurance is a set percentage of service costs that you will be expected to pay once you have met your annual deductible.

When your annual deductible is met, your insurance provider pays for their portion of the full cost of the service and you pay the coinsurance, or remaining percentage.

What does embedded and non-embedded deductible mean?

Embedded deductible means there is an individual limit inside of the family limit. Each individual within the family unit must meet the individual deductible before insurance will contribute to your cost.

Non-embedded or **aggregate** deductible means there is not an individual limit inside of the family limit. The family limit must be met before insurance will contribute to your cost.

What counts towards my out-of-pocket maximum?

An out-of-pocket maximum is an annual cap on the dollar amount you are expected to pay out of your own pocket for services (including deductibles, copays, and coinsurance) throughout the plan year.

Once you meet the out-of-pocket amount, your insurance provider will cover 100% of remaining medical expenses for the year. There are different in and out-of-network maximums.

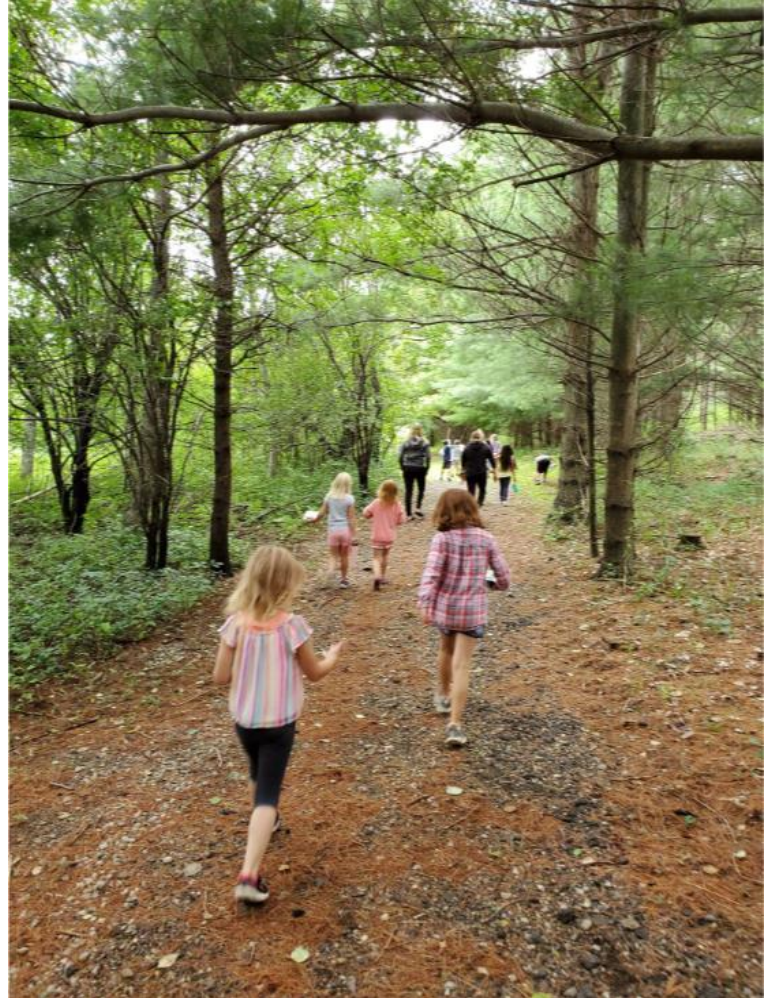


Required Notices

The U.S. government requires companies offering certain employee benefit plans to inform covered employees and their dependents about laws/provisions that affect the governance and/or coverage within those plans.

The Company has full details available for you concerning the following laws/provisions:

- Notice of HIPAA Special Enrollment Rights
- Wellness Program Disclosure Notice of Alternative Standard
- Medicare Part D Notice
- Children’s Health Insurance Program (CHIP) Notice
- Notice of Patient Protection Provisions
- COBRA Notice
- Medical Child Support Order Notice
- Women’s Health and Cancer Rights Act
- Summary of Benefits and Coverage
- Mental Health Parity and Addiction Equity Act (MHPAEA) Notice



These Open Enrollment Materials (“Materials”) also serve as a Summary of Material Modifications (“SMM”) and describe updates that affect the Benefit Plan (the “Plan’s”) summary plan descriptions for School District of Amery. Please read these Materials carefully and keep them with your summary plan descriptions for future reference. If there is any discrepancy between these Materials, the summary plan descriptions and the Plan document, the Plan document will control. School District of Amery reserves the right to end, suspend, or amend the Plan or the benefits provided thereunder, at any time, for any reason, in whole or in part.