



**Engage, Empower, Educate
Every Student, Every Day, Every Way**

Shawano School District
2023-2024 Employee Benefits Guide

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

Carrier Contacts

<i>Coverage</i>	<i>Carrier</i>	<i>Contact</i>
Medical	WCA GHT	1.800.207.3172 www.wcaght.org
Dental	Delta Dental	1.800.236.3712 www.deltadentalwi.com
Vision	Superior Vision	1.800.507.3800 www.superiorvision.com
Term Life Insurance	Anthem	1.800.552.2137 www.anthemlife.com
Universal Life Insurance	Trustmark	1.866.329.0872 www.trustmarkbenefits.com
Disability Insurances	The Standard	1.888.937.4783 www.standard.com
Accident, Critical Illness, Hospital Indemnity	The Standard	1.888.937.4783 www.standard.com
HRA and FSA	MidAmerica	800.430.7999 www.mymidamerica.com
Family Savings Plan	Network Health Plan	Claims – 262.825.9665 Enrollment/General – 262.825.9660 ID Card, Premium Differential & Pay Stub Questions – 877.872.4232
Employee Assistance Program	ThedaCare	1.800.236.3666 www.thedacare.org



Shawano School District



It's time to enroll in your insurance benefits!

Enrollment Dates
5/8/2023- 5/19/2023

To Enroll

Complete your enrollment online at <https://trustmark.benselect.com/enroll>

Please note: If you are currently enrolled in the FSA benefit, you will HAVE to re-enroll in the FSA plan for 2023-2024. **Last day to enroll is 5/22/23.**

**Employees can access their Selerix account all year round to view their benefits.*

For online enrollment, use the following format as your login information:

Employee ID or SSN: Your Social Security Number

PIN: The last four digits of your SSN followed by the last two digits of your birth year

Example: John Smith

SSN: 123-45-6789 | **DOB:** 01-27-1993

PIN: 678993

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

***For enrollment assistance, please call the Benefits Service Center:**
(866) 329-0872

Monday – Friday: 8:00 AM – 7:00 PM (CST) | **Saturday:** 9:00 AM – 3:00 PM (CST)

Medical Plans

WCA GHT: You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Shawano School District provides eligible employees the choice of two medical plans administered by WCA Group Health Trust (WCA GHT).

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the UnitedHealthcare Choice Plus network. Find a participating health care provider in your area by going to: www.umar.com, clicking “Find a provider” and selecting the UnitedHealthcare Choice Plus network.

Refer to the Summary of Benefits and Coverages (SBCs) for detailed medical plan coverage information.

Family Savings Plan (FSP): If you and/or any member of your family is currently enrolled in the District’s medical plan, and your spouse has access to another employer sponsored plan, you may take advantage of the Family Savings Plan by transitioning to the other employer sponsored plan.

Eligible employees of Shawano School District are offered health insurance, and spouses are offered Family Savings Plan if they have health insurance through their employer. If electing coverage through a spouse’s employer, the employee, dependents, and spouse will all be offered Family Savings Plan if they are newly eligible for coverage or if they have been on the District’s health insurance for the previous year. If the spouse’s plan is a HDHP with a Health Savings Account, all employer and employee contributions to the HSA need to end to be qualified to participate in FSP. If the employer and/or employee will not stop contributions, you will not be eligible to enroll in FSP now, nor in the future. Further information on Family Savings Plan is included in the following pages.

Cash in Lieu of Health Insurance: All employees eligible for health insurance can opt for a cash in lieu of health insurance benefit. The value of this benefit is \$1,200 per year. Should legislation/ruling be implemented regarding the appropriateness of the benefit, it may be discontinued during the school year. The benefit will be paid out on the June 30th payroll provided the employee does not receive any form of health insurance coverage from the District for the entire fiscal year prior.

Terms To Know

Deductible

The amount **you pay** out of your pocket each year **before the plan begins** sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but ***not*** toward your deductible.

Out-of-Pocket Maximum

The most you’ll have to pay out of your pocket in a calendar year for covered services.

Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

Medical Plan Highlights

WCA GHT	OPTION 1: \$3,000/\$6,000 UHC Choice Plus Network		OPTION 2: \$5,000/\$10,000 UHC Choice Plus Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Single	\$3,000	\$6,000	\$5,000	\$10,000
Family	\$6,000	\$12,000	\$10,000	\$20,000
HRA Contribution*				
Single	\$2,000	\$2,000	\$2,000	\$2,000
Family	\$4,000	\$4,000	\$4,000	\$4,000
Coinsurance	100%	70%	100%	70%
**OOPM				
Single	\$3,000	\$9,700	\$5,000	\$13,000
Family	\$6,000	\$19,400	\$10,000	\$26,000

*HRA contribution amount is based on the completion of an annual Health Risk Assessment. For employees who complete an annual Health Risk Assessment, the district contributes \$2,000 for a single plan & \$4,000 for an employee +1 or family plan. For employees who do not complete an annual Health Risk Assessment, the district contributes \$1,500 for a single plan & \$2,900 for an employee +1 or family plan.

**OOPM: Out-of-Pocket Maximum

Benefit Highlights	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	Select Services are FREE	Deductible & Coinsurance	Select Services Are FREE	Deductible & Coinsurance
All Other Covered Services	Deductible	Deductible & Coinsurance	Deductible	Deductible & Coinsurance

Prescription Drugs

Retail 30 Day Supply	Deductible	Deductible
Mail Order 90 Day Supply	Deductible	Deductible

Refer to the Summary of Benefits and Coverages (SBCs) for detailed medical plan coverage information.

Medical Plan Monthly Rates

40 Hours per Week (100%)	\$3,000/\$6,000 Buy-Up Plan	\$5,000/\$10,000 Base Plan
Employee	\$243.18	\$101.18
Employer	\$701.82	\$701.82
Total	\$945.00	\$803.00
Employee + 1	\$487.36	\$202.36
Employer	\$1,403.64	\$1,403.64
Total	\$1,891.00	\$1,606.00
Family	\$557.71	\$231.71
Employer	\$1,607.29	\$1,607.29
Total	\$2,165.00	\$1,839.00

YOUR PLAN ADVISOR

Ready to connect – and guide you to the answers you seek



Health care in the modern world calls for a sensitive, personal approach to service – one that’s built on real relationships and trust.

Which is why Plan Advisor delivers an experience that’s beyond traditional models of member support. Our advisors partner with you so you feel more confident in the decisions you make about your health, and comforted by the steps you’re taking to get there.

Because we all need a person we can rely on.
Let your Plan Advisor be yours.

Connecting you to the care you need

Whether your question is common or complex, we make it easier for you to get answers by ensuring you have the information you need.

Keeping it real

Your plan advisor is an actual person who’s focused on serving you, equipped with knowledge and options to support and anticipate your unique needs and goals.

We’re in it with you

If you need something that’s out of our reach, we’ll connect you to the resources your need – and we’ll even stay on the call as long as you need.



Plan Advisor

Your personal guide to all things health care



Dedicated to
YOU

To connect with your Plan Advisor, call the number on the back of your member ID card.



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VISIT US ANYTIME ONLINE AT UMR.COM

Sign up for online services and get quick and easy access to your claims and benefit information.

With **umr.com**, you can:

- ▶ Look up network providers
- ▶ Check your claims activity
- ▶ Review your financial activity
- ▶ Find tools for improving your health

You can even log in on the go with your smart phone or mobile device.



We're ready when you are

Here are some of the ways we can help:

Finding the right fit is important. We can help

Finding the right provider can feel daunting. We'll match you to high-quality health care providers and the highest level of benefits – right where you live – to avoid paying more than you need to. We can schedule appointments with providers, and identify possible health screenings or preventive care.

Know your coverage – and costs

Navigating health care can be tricky, which is why no question is a bad one. Your plan advisor is ready to go over your benefit details with you, or connect you to the right person to find the answer you need, so you won't be caught by surprise.

We'll help you:

- Look into a recent medical claim to make sure it was paid correctly
- Check to see what your out-of-pocket costs are for services
- See how much you have paid – and how much you have left – of your individual or family deductible
- Understand reward programs available to you
- Discover what services are available to you based on your plan

Let's talk

Our plan advisors are available weekdays from 7:30 a.m. to 5:00 p.m. central time at 800-207-3172.



Get all your answers **quick** and **easy** @ **umr.com**



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Access your health benefits in two clicks

You don't have time to dig through paperwork or wonder where to go for care when you need it. And your health and financial resources are too valuable for second guesses.

At **umr.com**, there are no hassles and no waiting – just the answers you're looking for, anytime, night or day.

Log in now to:

Check your benefits and see what's covered

Look up what you owe and how much you've paid

Find a doctor in your network

Learn about medical conditions and treatment options

Access tools and trusted resources to help you live a healthier life

Getting started

If you already have an account, go to **umr.com** and enter your username and password in the upper-right corner. If it's your first time visiting us, click **New user? Register here** to open an account. Make sure you have your ID card handy and follow the steps to get started.



WANT A QUICK TOUR?

Use the QR code reader on your smart phone to watch a short video.

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Choose **Benefits & coverage** from myMenu to find out:

- What health care services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

Did your dog eat your ID card?

No worries. It's easy to get a replacement online.

Just click **ID card** in the myMenu to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor's office.



CLAIM NUMBER	SERVICE DATE	FAMILY MEMBER	PROVIDER STATUS	BILLED AMOUNT	PLAN	YOU OWE	EOB
12270222238	08/10/13	Karyn	Alba, Jessica	C	\$1,000.00	\$990.00	\$10.00 View
12270222239	08/10/13	Cade	Alba, Jessica	C	\$1,000.00	\$990.00	\$10.00 View
12270222240	08/09/13	Karyn	Alba, Jessica	C	\$500.00	\$500.00	\$10.00 View
12270222241	08/09/13	Cade	Alba, Jessica	C	\$500.00	\$500.00	\$10.00 View
12270222242	08/08/13	Karyn	Alba, Jessica	C	\$800.00	\$790.00	\$10.00 View
12270222243	08/08/13	Cade	Alba, Jessica	C	\$800.00	\$790.00	\$10.00 View
12270222244	08/07/13	Karyn	Alba, Jessica	C	\$700.00	\$690.00	\$10.00 View
12270222245	08/07/13	Cade	Alba, Jessica	C	\$700.00	\$690.00	\$10.00 View
12270222246	08/06/13	Karyn	Alba, Jessica	C	\$600.00	\$590.00	\$10.00 View
12270222247	08/06/13	Cade	Alba, Jessica	C	\$600.00	\$590.00	\$10.00 View
12270222248	08/05/13	Karyn	Alba, Jessica	C	\$500.00	\$490.00	\$10.00 View
12270222249	08/05/13	Cade	Alba, Jessica	C	\$500.00	\$490.00	\$10.00 View
12270222250	08/04/13	Karyn	Alba, Jessica	C	\$400.00	\$390.00	\$10.00 View
12270222251	08/04/13	Cade	Alba, Jessica	C	\$400.00	\$390.00	\$10.00 View
12270222252	08/03/13	Karyn	Alba, Jessica	C	\$300.00	\$290.00	\$10.00 View

Fictionalized data

Buried in paperwork? A single click lets you track all your claims

Check in at your convenience to see if a claim has been processed and what you might owe. Get more details by selecting the explanation of benefits (EOB) link. This will tell you the type of services provided, the amount billed and the amount paid, if any.

You can choose to receive a secure e-mail any time you have a new EOB. If you're not ready to give up paper completely, you can print out copies from our claims center.

Don't be surprised by unexpected costs

- Know the price you'll pay ahead of time. Search treatments or procedures in the **Health cost estimator**.
- Get your in-network discount. Use **Find a provider** to look up doctors and facilities near you.

Helpful apps, calculators, videos and health information all in one place

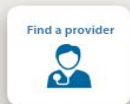
Choose **Health center** from the myMenu and select the tile shortcuts that interest you.

- Online health information: up-to-date and ad-free
- Our top picks for healthy eating and exercise
- Free tools, apps and calculators

Find a provider

Finding a network provider on umr.com has never been easier

1 Go to **umr.com** and select "Find a provider"



2 Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box



Find a provider on-the-go using our umr.com mobile site



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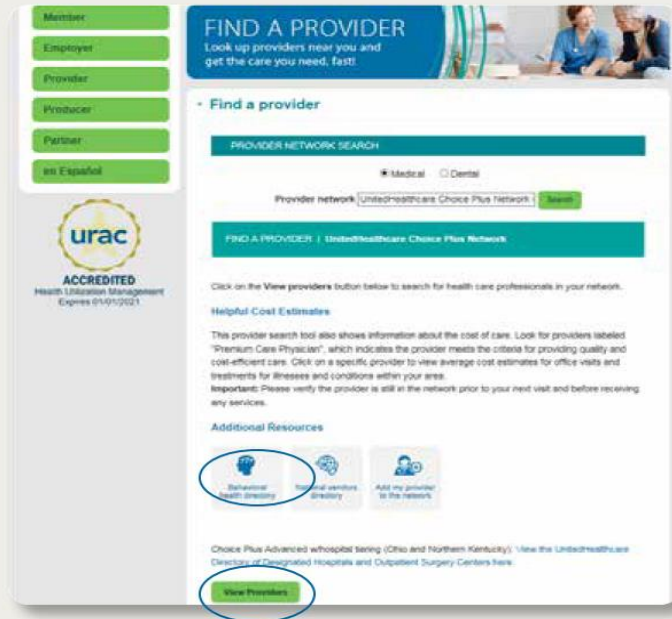


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3 For medical providers, choose **View Providers**. For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**.

REMEMBER:

Get the most from your benefit plan – use participating network health care providers whenever possible.



UnitedHealthcare Choice Plus:

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office



You've got Teladoc

Talk to a doctor anytime, anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Talk to a doctor

Request a time and a Teladoc doctor will contact you



Feel better

The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor for free

Call 1-800-TELADOC (835-2362) | Visit [Teladoc.com](https://www.teladoc.com)

Download the app  



Healthy skin starts here

Get a diagnosis and treatment of your skin condition in just two business days or less

Welcome to the new way to get dermatology care that's easier than ever before. You no longer have to wait weeks for an appointment. Simply use your Teladoc account to upload images of your skin condition and one of our U.S. board-certified dermatologists will provide a diagnosis and treatment plan customized to fit your specific needs.

Please note

- Our Dermatology service uses images only. Communication with the dermatologist takes place through the message center.
- Although call center reps cannot schedule dermatology appointments, they can answer questions at 1-800-TELADOC (835-2362).

Here's how it works:

- 1 Request a consult**
Log in to your Teladoc account online or through the mobile app anytime, anywhere.
- 2 Upload images**
Take pictures of your skin condition and upload them to your account to share with the dermatologist.
- 3 Choose your pharmacy**
If medically necessary, a prescription can be sent to your local pharmacy.
- 4 View results online**
Within two business days, you'll receive a response online from a licensed dermatologist.

Get healthier skin for free

 [Teladoc.com](https://www.teladoc.com)   Download the app



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Peace of mind happens here.

Speak with a licensed therapist from anywhere

Taking care of your mental health is an important part of your overall well-being. With Teladoc's Mental Health, adults 18 and older can get care for anxiety, depression, grief, family issues, and more. Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship.

“As a working mom with two small children, finding 'me time' is almost impossible. So having easy access to an amazing psychologist through Teladoc has been an invaluable benefit.”
Ade O., Teladoc member

Why use Teladoc's Mental Health service

- ✓ Confidential treatment
- ✓ Convenience to speak with a therapist from anywhere
- ✓ Flexible scheduling
- ✓ Quick access to the right provider for you

Teladoc doesn't offer a crisis hotline. Appointments must be scheduled.

Confidential therapy on your terms

📱 Teladoc.com 🍏 🤖 Download the app



Real Appeal

Lose weight and get help to keep it off



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We all hear that losing weight is just a matter of eating less and moving more, right? It sounds easy, but if it were only that simple, wouldn't we all be at our ideal weight? Losing extra pounds, no matter how many or few, is a difficult task, especially when you try to do it alone.

That's why UMR is excited to introduce a new healthy weight management program through **Real Appeal**. With the help of experts in weight management behavior change, Real Appeal uses the secrets to weight loss that may help people lose weight. They have proven experience in helping people develop simple weight loss plans that actually work.

How is Real Appeal different from other weight management programs?

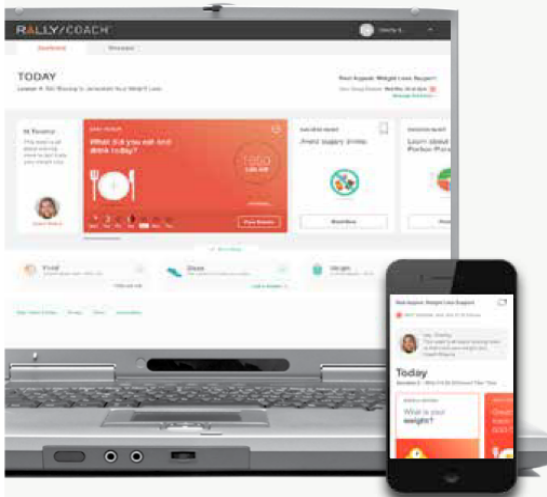
Real Appeal uses a highly interactive weekly internet show, with videos and live online coaching to help you make small behavior changes week by week. These tools may help you lose weight and achieve your long-term health goals. Using weight-loss research studies, Real Appeal has designed a program to support you through every stage of weight management. Whether you need to lose a lot of weight, are moderately overweight or simply need to lose those extra 10 pounds, this program may work for you.

What are your reasons to lose weight?

- To feel better
- To look better
- To be more active
- To improve your health

Whatever your reasons, Real Appeal may help you lose weight and keep it off, feel and look better and do things you enjoy such as, have the extra energy to play with your kids, wear clothes more comfortably, sleep better and think better — all the good stuff.

continued >





Why wait?

Get started today to lose weight and keep it off.

To learn more about Real Appeal visit realappeal.com

The Real Appeal program includes:

Coaching

- One-on-one coaching with a weight-loss expert
- Weekly group coaching and live online discussion

Personalized support

Tools to help support success based on individualized needs:

- Nutrition guides, meal plans, recipes, shopping lists and tips for dining out
- Video workouts and fitness guides

Engaging entertainment

Education videos featuring popular celebrities and experts:

- **Samantha Harris** — former “Dancing with the Stars” host
- **Dr. Ian Smith** — co-host of “The Doctors” and correspondent for “Rachael Ray”

- **David Jack** — recognized sports performance and conditioning coach
- **Ellie Krieger** — host of the Food Network® show, “Healthy Appetite with Ellie Krieger”
- And more

Tools and tracking

- Hands-on tools tailored to participant needs
- Online support tools, including educational website and digital applications
- Online or mobile tracking tools to monitor nutrition and exercise — such as changing moods, cravings, feelings of satiety, exercise and food intake



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FIND YOUR HEALTHY PLACE

Better health is a journey, not a destination. Before we can reach our personal goals, we need to know where we're starting from, and where we want to go.

Shawano School District in partnership with the WCA Group Health Trust (GHT) and UMR offer you Live Well Reward\$. With UMR's Live Well Reward\$, you and your covered spouse on the GHT medical plan have an opportunity to receive rewards for taking a few simple steps toward living a healthier life. Your participation is completely voluntary, and all resources are available at no cost to you. Keep reading to learn how you can start earning today.

This year, you can receive up to **125 points (1 point = \$1.00)** to redeem for merchandise and gift cards through **Online Rewards**. Here's how:

YOUR GOALS:	COMPLETE BY:	EARN:
Take your CHRA	12/31/2023	50 points
Complete your biometric screening	12/31/2023	75 points

GOAL: TAKE YOUR CHRA

UMR's clinical health risk assessment (CHRA) is a series of questions designed to build a picture of your overall health status. Your answers to these questions will help you see where you might have room for improvement, so you can focus on your personal health goals.

GOAL: COMPLETE YOUR SCREENINGS

Certain numbers can tell you a lot about your odds for developing health problems in the future. To find out where you stand, we use a basic screening to measure your height and weight and check for conditions such as high blood pressure, high cholesterol, or diabetes.

These important numbers will be added to your CHRA information to give you a more detailed picture of your overall health. Make sure to review your results on umr.com. Then talk to your health care provider about what your numbers mean for your health.

Review your rewards and track your progress in your Live Well Reward\$ Wellness Activity Center

You can also check your progress in the Live Well Reward\$ program anytime at umr.com. Simply log into umr.com and click on the **Live Well Reward\$ tile** to visit the LWR\$ Wellness Activity Center to complete your CHRA, review your biometric screening results and redeem your points. If you have questions regarding your LWR\$ program, please call **UMR at 1-800-826-9781**.

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UMRSM

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GHT

WCA Group Health Trust





REWARDING WELL-BEING

Online Rewards makes it easy to turn the points you've earned for completing incentive program activities into your choice of gift cards or merchandise from popular brands, stores and restaurants.

When you're ready to choose your reward, log in to **umr.com** using your registered username and password.

Then follow these simple steps:

1. Select **Wellness activities** from **My taskbar** on your homepage.
2. Or select **Health center** from the **myMenu** on the left-hand side of the homepage and look for wellness activities to get started.
3. Under **Rewards**, click on the **Redeem** button.

You'll then be directed to the rewards center, where you can browse for popular items, or search for your favorite brands, stores or restaurants.

Your reward catalogue includes items from the following categories:






- Health & personal care
- Wellness products
- Fitness devices
- Sports & outdoors
- Gift cards
- Fashion & accessories
- Home & garden
- Toys & games
- Music & movies
- More

NOTE: *Incentives earned from completion of wellness activities and redeemed through Online Rewards may be considered taxable income.*



Understanding Your Care Options

Proactively understanding your care options can have a big impact in the amount you pay out-of-pocket when seeking care. The chart below is intended to help you identify the right setting for your specific needs.

Type of Care	Common Services	Approximate Wait Time	Average Member Cost
Virtual Care 	<ul style="list-style-type: none"> ○ Colds or flu ○ Bronchitis ○ Respiratory infection ○ Pink eye ○ Sinus problems ○ Allergies ○ Urinary tract infection ○ Poison ivy 	15-20 Minutes	\$
Retail Clinic 	<ul style="list-style-type: none"> ○ Colds or flu ○ Sinus Infection ○ Allergies ○ Minor cut ○ Vaccinations ○ Screenings ○ Minor sprain ○ Minor burn 	15 Minutes	\$
Your Doctor's Office 	<ul style="list-style-type: none"> ○ Preventative services ○ Vaccinations ○ Medical problems that are not an immediate, serious threat to your health or life 	1 Week or More	\$\$
Urgent Care 	<ul style="list-style-type: none"> ○ Sprains or strains ○ Mild asthma attack ○ Sore throat ○ Earaches ○ Minor broken bone ○ Minor cut ○ Minor infection ○ Minor rash 	20 – 30 Minutes	\$\$\$
Emergency Room 	<ul style="list-style-type: none"> ○ Sudden change in vision ○ Sudden trouble talking ○ Large open wounds ○ Major burn ○ Severe head injury ○ Heavy bleeding ○ Chest pain ○ Major broken bone 	3 – 12 Hours	\$\$\$\$



FAMILY SAVINGS PLAN™

Network Health offers an innovative health plan option called the Family Savings Plan. The Family Savings Plan allows you and your family the opportunity to have up to 100 percent coverage for eligible out-of-pocket expenses.

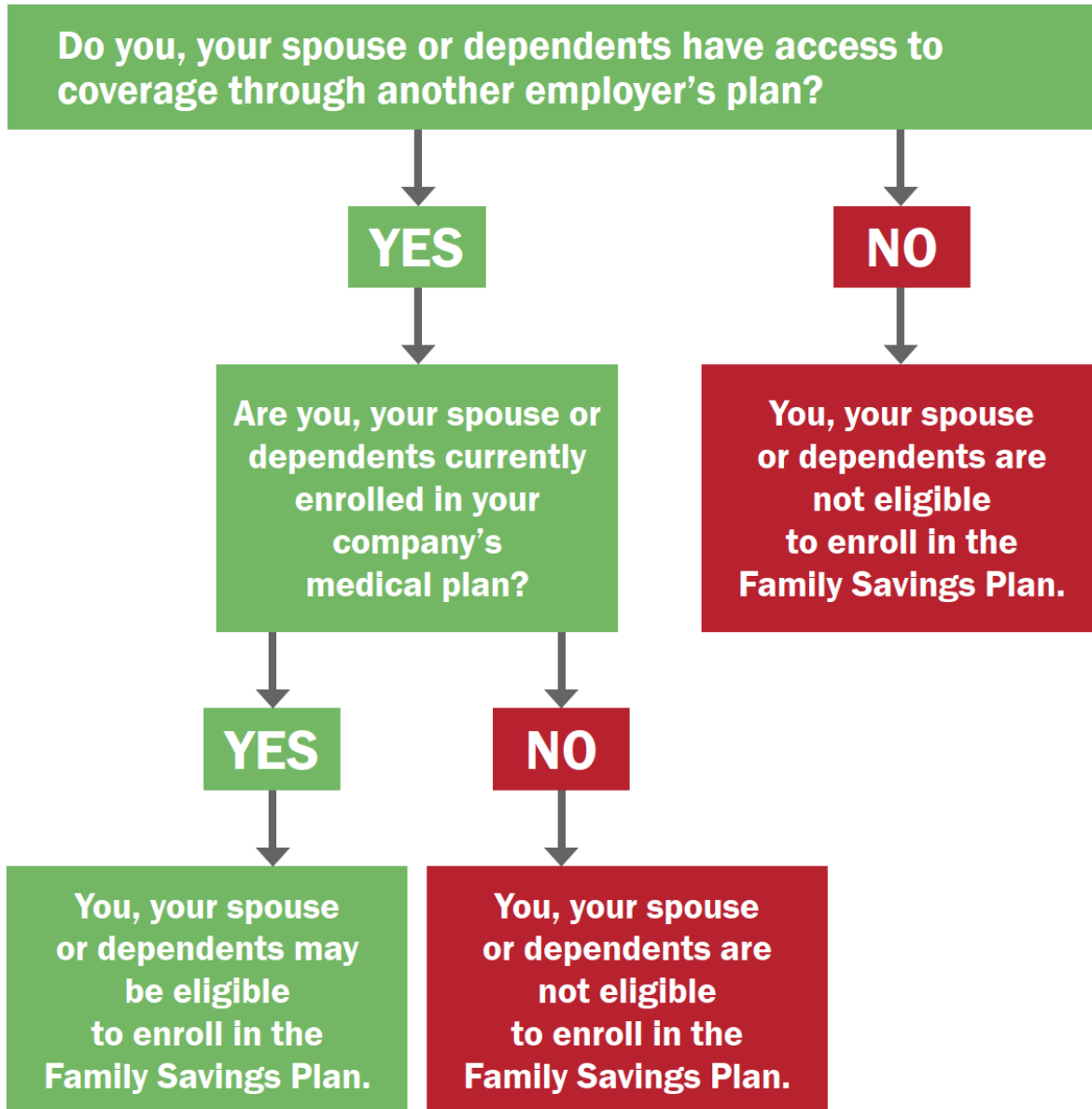
Shawano School District

FOR EMPLOYEES

Family Savings Plan™ Proprietary and Confidential Trade Secret
Property of Network Health Administrative Services, LLC.

If you and/or any member of your family is currently enrolled in your employer's medical plan, and you, your dependents (children) or spouse has access to another employer-sponsored plan (which may be your spouse's), you may take advantage of the Family Savings Plan by transitioning to the other employer-sponsored plan.

Answer these two simple questions to determine if you could be eligible for the Family Savings Plan



Frequently Asked Questions

What is the Family Savings Plan?

The Family Savings Plan is an enhanced benefit that may allow you and your family to be reimbursed up to 100 percent for eligible out-of-pocket health care expenses (including copayments, coinsurance and deductibles) received under another employer-sponsored plan (which may be your spouse's), if the following requirements are met.

- Coverage under your employer's plan is waived (when you enroll in the other plan)
- Services are covered under the other employer-sponsored medical plan

Who is not eligible for the Family Savings Plan?

If you are not currently enrolled in your employer's medical plan, you're not eligible to enroll in the Family Savings Plan. The plan is also not available if the other employer-sponsored plan is one of the following.

- High Deductible Health Plan (HDHP) with **active** contributions to a health savings account (HSA)*
- Medicare, Tricare or Medicaid
- Individual plan purchased on or off the Health Insurance Exchange (also known as the Marketplace)
- A stand-alone health reimbursement account (HRA), not paired with a medical plan
- Short-term individual coverage
- Limited Benefit Health Plan under IRS rules

* If HSA employer and employee contributions are **not active** or are discontinued, you, your spouse or dependents may be eligible for the Family Savings Plan.

What if the premium of the other employer-sponsored plan costs more than the premium with my employer's plan?

You may be reimbursed any difference in plan premium, if the other plan premium is higher than the same coverage through your employer plan. This reimbursement is considered taxable income.

What does the Family Savings Plan cover?

Covered services are determined by the other employer plan. Family Savings Plan enrollees are reimbursed for all eligible copayments, coinsurance and deductibles incurred up to the maximum out-of-pocket limits as set by your employer. Reimbursed claims are not taxable income to Family Savings Plan enrollees.

The Family Savings Plan allows enrollees to be reimbursed up to

100 percent for eligible out-of-pocket costs.

This type of coverage is rare in today's health insurance market.

What if the other plan charges a fee for me to join?

If the other employer-sponsored plan charges a fee to add you to the plan, you may be reimbursed for that fee. This reimbursement is considered taxable income.

When can I, my spouse or dependents enroll in the Family Savings Plan?

You, your spouse or dependents may enroll during the following times.

- Annual open enrollment period
- Following a qualifying life event, such as an employer implementing a spousal surcharge program
- During a spouse's or dependents' open enrollment period (if the Family Savings Plan is voluntary, enrollees may need to wait for this open enrollment period)
- As a new employee

What if my spouse is self-employed and is currently covered as a dependent under my employer's plan? Would we be eligible for the Family Savings Plan?

No, you and your spouse would not be eligible, because your spouse does not have access to medical coverage through another employer-sponsored plan.

What if my spouse works but doesn't work enough hours to qualify for health coverage?

You and your spouse would not be eligible for the Family Savings Plan, because your spouse does not have access to coverage through another employer-sponsored plan.

What if my spouse is not covered under my employer's plan, but they are on a Medicare plan?

Medicare is not an employer-sponsored medical plan, therefore, you and your spouse would not be eligible for the Family Savings Plan.

Is there a maximum reimbursement amount?

The Family Savings Plan provides reimbursement up to 100 percent of the maximum out-of-pocket limits as set by your employer, which are noted below.

- Single - \$9,500
- Employee + One - \$17,500
- Family - \$21,000

Annual maximums include premium differentials.

Continued on back ...

Which ID card do I show when I receive medical services or get prescriptions?

Show the ID card for the other employer-sponsored plan that covers you, your spouse or your dependents first. Upon enrollment in the Family Savings Plan, our administrator will send you a welcome letter with a Family Savings Plan ID card. Show your Family Savings Plan ID card second. Remember, the Family Savings Plan is an enhanced insurance benefit. It is not a secondary health insurance plan. Your welcome letter will explain this.

Under the Family Savings Plan, how do I get reimbursed for my claims?

To receive your FSP reimbursement for claims you pay out, you need to fill out and submit a Network Health **FSP Claims Reimbursement Form**. When you send the form in, make sure to **include the following documentation**.

- The Explanation of Benefits (EOB)
- A bill or receipt from your provider

Always submit your documentation for reimbursement with an FSP Claim Reimbursement Form.

Send your documents to Network Health by mail, fax or secure email.

**Mail: Network Health
ATTN: Family Savings Plan
P.O. Box 1725
Brookfield, WI 53008-1725**

Fax: 262-825-9690

**Secure Email: familysavingsplan@networkhealth.com
Only email documents if you have access to secure email.**

How long will it take to be reimbursed for claims?

Reimbursements are typically processed within 30 days.



This is not a complete benefit summary. HMO and POS plans underwritten by Network Health Plan. Self-insured plans administered by Network Health Administrative Services, LLC.
2273-06-0423

Health Reimbursement Arrangement (HRA)

The Shawano School District HRA contribution amount is based on the completion of an annual Health Risk Assessment. **For employees who complete an annual Health Risk Assessment, the district contributes \$2,000 for a single health plan and \$4,000 for an employee +1 or family plan. For employees who do not complete an annual Health Risk Assessment, the district contributes \$1,500 for a single health plan and \$2,900 for an employee +1 or family plan.** These contributions are made annually to an interest-bearing, employer-funded account created in your name to reimburse you tax-free for eligible medical expenses. Employees will have immediate access to annual employer contributions, and are fully vested upon receipt of contributions. Additionally, employees retain all unused funds from prior plans years.

Funds will be deposited on the first payroll in September.

Benefits of an HRA include:

- Employer deposits are tax-free (not subject to FICA, Federal, or State income taxes), so you receive 100% of the value of each benefit dollar.
- Deposits earn interest tax-free.
- Reimbursements from the plan are tax-free for eligible medical expenses for you, your spouse, and any qualifying dependents, if applicable.
- Account balance rolls over each year and there is no time frame by when you must submit expenses for reimbursement.
- You have the flexibility to choose which eligible expenses and when to submit reimbursement.

Most Common eligible medical expenses include*:

- Insurance plan deductibles
- Insurance plan coinsurance
- Office visit copays
- Physician service copays
- Prescription copays
- Over-the-counter drugs (IRS requires a doctor's note for prescriptions over-the-counter drugs)

**Please refer to the reference sheets provided by MidAmerica for additional examples of qualified expenses*

PLEASE NOTE:

The HRA plan is going to be **pro-rated for the first year based on benefit eligibility date**. Anyone enrolling during open enrollment will receive the full contribution, however new hires will follow this table:

	<i>Pro-Rated Amounts per Hire Date</i>			
	<i>With Health Risk Assessment</i>		<i>Without Health Risk Assessment</i>	
	<i>Single</i>	<i>Family</i>	<i>Single</i>	<i>Family</i>
<i>July-September</i>	\$2,000	\$4,000	\$1,500	\$2,900
<i>October-December</i>	\$1,500	\$3,000	\$1,125	\$2,175
<i>January-March</i>	\$1,000	\$2,000	\$750	\$1,450
<i>April-June</i>	\$500	\$1,000	\$375	\$725

Flexible Spending Account (FSA)

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year. The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by 90 days after the end of the plan year or you lose any balance beyond the \$610 carryover for the 2023 plan year.

Shawano School District offers two types of FSAs administered by MidAmerica.

Traditional FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care and vision care. You're ***not*** eligible for the Traditional FSA if you are currently contributing to a Health Savings Account.

Shawano School District follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits work on an individual employee/financial representative basis. The individual maximum is \$3,050. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$3,050 cap.

Dependent Care FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You ***cannot*** contribute more than you or your spouse earned in income for the year. ***If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That’s why Shawano School District offers a dental plan administered by Delta Dental.

Delta Dental - PPO and Premier Networks

Individual Annual Maximum	\$1,500
Deductible	
Employee Only	\$0
Family	\$0
Preventive Care Services	
Exams	100%
Cleanings	100%
Fluoride Treatments	100%
X-Rays	100%
Space Maintainers	100%
Sealants	100%
Basic Restorative Services	
Emergency Treatment to Relieve Pain	80%
Fillings	80%
Endodontics – Surgical / Non-Surgical	80%
Periodontics – Surgical / Non-Surgical	80%
Extractions – Surgical / Non-Surgical and other oral surgery	80%
Crowns, Inlays, Onlays	80%
Major Restorative Services	
Bridges and Dentures	50%
Repairs and Adjustments to Bridges and Dentures	50%
Implants	50%
Orthodontic Services	
Coinsurance	50%
Individual Lifetime Maximum	\$1,500

Monthly Premiums	40 Hours/Week (100%)
Employee	\$5.16
Employee + 1	\$10.39
Family	\$20.27

Vision Plan Highlights

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That’s why Shawano School District provides vision care administered by Superior Vision by MetLife.

Superior Vision by MetLife	In-Network	Out-of-Network
Frequency		
Vision Exam	Once per 12 months	
Frame	Once per 24 months	
Lenses	Once per 12 months	
Annual Vision Exam	\$10 Copay	\$45 Allowance
Contact Lens (<i>fit and follow-up</i>)	Standard: Covered in Full after \$25 Copay Specialty: \$50 Allowance after \$25 Copay	Applied to Contact Lens Allowance
Allowance Summary		Up To
Frames	\$150 Allowance	\$70
Elective Contacts	\$150 Allowance	\$105
Medically Necessary	Covered in Full	\$210
Lenses		Up to
Single	\$10 Copay	\$30
Bifocal	\$10 Copay	\$50
Trifocal	\$10 Copay	\$65

- o Contact Lenses provided in lieu of eyeglasses.
- o Frame Allowance: You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam’s Club.
- o Savings of 40% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.
- o 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.

Monthly Premiums	Employee Cost
Employee	\$6.22
Employee + 1	\$12.45
Family	\$22.41

Protection Plans

Short Term Disability (STD)

NEW this year - Shawano School District's Short Term Disability plan is **employer-paid**. This benefit is administered by The Standard and pays a weekly percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury.

The Standard	Benefit Highlights
Premium	Employer Paid
Weekly Benefit	60% to \$1,000 <i>(Benefit is taxed)</i>
Elimination Period	14 Days
Maximum Benefit Duration	76 Days
Benefit Schedule	Year-round: pays on scheduled & non-scheduled work days
Pre-Existing Conditions	No pre-existing condition limitation! Full benefit is received if date of disability is after the effective date of coverage
Voluntary STD Plan Transition	Current voluntary coverage will automatically transition to the new employer-paid coverage on July 1

Long Term Disability (LTD)

Shawano School District's Long Term Disability plan is administered by The Standard and paid for by Shawano School District. This benefit pays a monthly percentage of your salary if you become disabled and are unable to work for an extended period of time.

The Standard	Benefit Highlights
Premium	Employer Paid
Monthly Benefit	70% to \$9,375 <i>(Benefit is taxed)</i>
Elimination Period	90 Days
Maximum Benefit Duration	Social Security Normal Retirement Age
Benefit Schedule	Pays on scheduled work days
Pre-Existing Conditions	No pre-existing condition limitation! Full benefit is received if date of disability is after the effective date of coverage

NOTE: Please review the plan summaries for more details. Earnings for STD and LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.

Protection Plans (continued)

Group Term Life and Accidental Death & Dismemberment (AD&D)

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump payment if you pass away while employed by Shawano School District. As an eligible employee, you are covered for Group Term Life and AD&D insurance at no cost to you.

Shawano School District offers a Group Term Life Insurance benefit of \$50,000 plus accidental death and dismemberment insurance coverage. Specific details of the plan are covered in the Plan Certificate.

Anthem Plan Highlights

Premium	Shawano School District pays this premium at 100%
Amount of Life Insurance Benefit	\$50,000
Amount of AD&D Benefit	\$50,000

Voluntary Life Insurance

In addition to the Basic Term Life and AD&D insurance, you have the option to purchase Supplemental Life Insurance coverage for you and your eligible family members. Please see a representative from HR with any questions.

Anthem Plan Highlights

Employee Coverage (\$10,000 increments)	Guaranteed Issue: \$130,000	Max Benefit: \$500,000 or 5x Annual Earnings
Spouse Coverage (\$5,000 increments)	Guaranteed Issue: \$50,000	Max Benefit: \$250,000
Child Coverage (\$2,500 increments)	Guaranteed Issue: \$10,000	Max Benefit: \$10,000

Employee Premiums

Age	Employee Per \$1,000	Spouse Per \$1,000
00-29	\$0.04	\$0.04
30-34	\$0.05	\$0.05
35-39	\$0.07	\$0.07
40-44	\$0.10	\$0.10
45-49	\$0.16	\$0.16
50-54	\$0.25	\$0.25
55-59	\$0.39	\$0.39
60-64	\$0.58	\$0.58
65-69	\$0.95	\$0.95
70-74	\$2.20	\$2.20
75+	\$5.44	\$5.44

Child Premiums

Voluntary Term Life	\$0.21
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Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$150
X-ray	\$50
Concussion	\$150
Leg Fracture (Surgical)	\$2,400
Knee Cartilage Repair	\$750
Hospital Admission	\$1,000
2 Days Hospital Confinement	\$400
Medical Appliance	\$100
Physician Follow-Up Appointment	\$50
2 Physical Therapy Appointments	\$100
TOTAL	\$5,150

Here's what it would cost you:

Coverage for...	Monthly Premium
You	\$8.34
You and your spouse	\$13.31
You and your children	\$15.76
You, your spouse and your children	\$24.70

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

Injury <ul style="list-style-type: none">• Burns• Dislocations• Eye Injuries• Concussion• Loss of Hearing• Lacerations• Fractures• Coma• Paralysis	Emergency <ul style="list-style-type: none">• Emergency Dental• Urgent Care• Ambulance• Emergency Room• X-ray• Major Diagnostic Exam	Surgery <ul style="list-style-type: none">• Abdominal/Thoracic Surgery• Outpatient Surgical Facility• Skin Grafts• Knee Cartilage/ Ligament/ Tendon Repair• Ruptured Disk• Rotator Cuff
Hospitalization <ul style="list-style-type: none">• Hospital Admission• Hospital Confinement• CCU Confinement• CCU Admission	Follow-Up Care <ul style="list-style-type: none">• Chiropractor• Medical Appliance• Hearing Device• Physical Therapy• Physician Care• Prosthesis• Rehab Facility	Value Added Benefits <ul style="list-style-type: none">• Transportation• Lodging• Youth Organized Sports Benefit

Additional Benefits

Non-Occupational coverage – Includes coverage for accidents that occur only off the job.

Accidental Death & Dismemberment — Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

Health Maintenance Screening Benefit — Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Automobile Accident Benefit — Provides an additional \$500 benefit for injuries you or your dependents sustain while traveling in an automobile involved in a covered accident.



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

You choose your coverage amount. Here's an example of what each benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Critical Illness Benefit Option	\$10,000	\$20,000
Total Out-Of-Pocket Expenses	\$10,900	\$10,900
Remaining Out-Of-Pocket Expenses	\$900	\$0
Remaining Benefit For Other Expenses	\$0	\$9,100

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	\$5,000-\$30,000 in increments of \$5,000
Your spouse	\$5,000-\$15,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through Shawano School District, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The monthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.95	\$2.85	\$5.85	\$12.15	\$22.35	\$39.35
\$10,000	\$3.90	\$5.70	\$11.70	\$24.30	\$44.70	\$78.70
\$15,000	\$5.85	\$8.55	\$17.55	\$36.45	\$67.05	\$118.05
\$20,000	\$7.80	\$11.40	\$23.40	\$48.60	\$89.40	\$157.40
\$25,000	\$9.75	\$14.25	\$29.25	\$60.75	\$111.75	\$196.75
\$30,000	\$11.70	\$17.10	\$35.10	\$72.90	\$134.10	\$236.10

Spouse Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.95	\$2.85	\$5.85	\$12.15	\$22.35	\$39.35
\$10,000	\$3.90	\$5.70	\$11.70	\$24.30	\$44.70	\$78.70
\$15,000	\$5.85	\$8.55	\$17.55	\$36.45	\$67.05	\$118.05

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$15,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 50 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.



Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- **Protects your HSA Account**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amount
Hospital admission	\$500
Hospital confinement (10 days)	\$1,000
Critical care unit confinement (3 days)	\$150
Total paid to you	\$1,650

Here's what it would cost you:

Coverage for...	Monthly Premium
You	\$8.96
You and your spouse	\$15.42
You and your children	\$12.92
You, your spouse and your children	\$22.80

Group Hospital Indemnity Insurance

Here's what it covers:

Benefits Paid to You	Benefit Amount
Hospital Admission ¹	\$500 Maximum 1 per calendar year
Daily Hospital Confinement ¹	\$100 per day Maximum 30 days per stay
Daily Critical Care Unit Confinement ^{1,2}	\$50 per day Maximum 30 days per stay

¹ Defined as a stay for at least 20 consecutive hours in a hospital setting.

² Payable in addition to the Hospital Admission and Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.

Health Maintenance Screening Benefit – Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Protect your HSA Account – Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.



Trustmark Universal LifeEvents® Insurance with Long-Term Care Benefit

Two important coverages for when you need them the most.



Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. **Universal LifeEvents can help.**

Universal LifeEvents provides a **higher death benefit during your working years**, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a plan and benefit amount that provides the **right protection for you.**

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.

Universal LifeEvents sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal LifeEvents policy
30	from \$3.49 - \$4.59
40	from \$5.05 - \$6.71
50	from \$7.84 - \$10.71

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Note: your rate is "locked in" at your age at purchase!
Once you have a policy, your rate will never increase due to age.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal LifeEvents includes a **long-term care (LTC)** benefit that can help pay for these services at any age. This benefit **remains at the same** level throughout your life, so the full amount is always available when you most need it.

Here's how it works:

4% You can **collect 4% of your Universal LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x PLUS: if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.



Universal LifeEvents is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



No medical exams or blood work – just answer a few simple questions.

See reverse side for more information on Universal LifeEvents insurance from Trustmark Insurance Company.



What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

How Universal LifeEvents works

- A **higher death benefit** during working years.
- **Long-term care (LTC)** benefits that **stay the same** throughout your life.

Example: \$25,000 policy

Before age 70	
Death benefit	\$25,000
<hr/>	
LTC benefits	\$25,000
After age 70	
Death benefit	\$8,333
<hr/>	
LTC benefits	\$25,000

Universal LifeEvents death benefit reduces to one-third at age 70 or the beginning of the 15th policy year, whichever occurs last. Issue age is 18-64.

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.

**You care.
We listen.**

¹2018 Insurance Barometer Study LIMRA/Life Happens. ²nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. ³gobankingrates.com/retirement/1-3-americans-0-saved-retirement. ⁴An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL 205/IUL 205 and applicable riders HH/LTC 205, BRR 205, BXR 205, ABR 205, ADB 205, CT 205 and WP 205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/IUL/A112-2216-UL. In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.⁵

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Trustmark
benefits beyond benefits

Only available for issue-age 65+

Trustmark Universal Life Insurance with Long-Term Care Benefit

Two important coverages in one to help protect you for life.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

Universal Life can help.

Whether you are married, a parent or single and starting out, Universal Life **helps take care** of the people important to you if tragedy happens. You can choose a plan and benefit amount that provides the **right protection for you.**

Universal Life insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.



Universal Life sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal Life policy
65	\$25.22 - \$46.09
67	\$28.41 - \$47.44
70	\$34.58 - \$59.30

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Note: your rate is "locked in" at your age at purchase!

Once you have a policy, your rate will never increase due to age.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life includes a **long-term care (LTC) benefit*** that can help pay for these services at any age.

Here's how it works:

4% You can **collect 4% of your Universal Life death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x PLUS: if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.

**Policies with issue age 71+ do not include LTC benefits.*



Universal Life is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



No medical exams or blood work – just answer a few simple questions.

See reverse side for more information on Universal Life insurance from Trustmark Insurance Company.

What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

What can Universal Life benefits help pay for?



Funeral and burial costs



Rent or mortgage payments



Tuition and loans



Credit card bills



Medical expenses



Retirement savings

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.

**You care.
We listen.**

¹2018 Insurance Barometer Study LIMRA/Life Happens. ²[nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html](https://www.nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html). ³[gobankingrates.com/retirement/1-3-americans-0-saved-retirement/](https://www.gobankingrates.com/retirement/1-3-americans-0-saved-retirement/). ⁵An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/UL/ (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.⁵

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benefits beyond benefits

Mental Health Resources

Employee Assistance Program (EAP)

Life doesn't always go as planned. From time to time, we may face personal, financial, legal, or other issues which can negatively affect our mental well-being. In these situations, our stress often transfers to the ones who matter most, our family members. That's why Shawano School District has partnered with ThedaCare to provide short-term counseling and support services.

Shawano School District offers this benefit to you and your immediate family members at no cost. To access services, simply call ThedaCare at 1.800.236.3666. A phone call allows you to establish an appointment with one of their counselors. Our EAP benefit offers up to 6 sessions per issue. In most situations additional services won't be needed. If other services are necessary, ThedaCare will facilitate a referral and those services will be paid according to your health plan coverage.

It should be noted that ThedaCare makes every effort to protect your privacy and ensure that your EAP service is completely confidential. Shawano School District does not know who utilizes these services and we encourage you and your family to take full advantage of the benefits of our EAP.

Common Reasons to Use the EAP

- Depression
- Legal issues
- Caring for aging parents
- Workplace stress
- Divorce
- Financial pressure
- Seeking child care
- Relationship issues

REQUIRED FEDERAL NOTICES

HIPAA 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 towards 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).

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.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Nicole Hartlaben, Director of Human Resources, at (715) 526-3194 ext. 8003 or nhartlaben@shawanoschools.org.

HIPAA NOTICE OF PRIVACY PRACTICES

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.

Effective Date of Notice: July 1, 2023

Who will follow this notice:

This notice describes the health information practices of Shawano School District (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your dental, flexible spending account, and health reimbursement account benefits.

Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Shawano School District (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to project future benefit costs.

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Nicole Hartlaben, Director of Human Resources, (715) 526-3194 ext. 8003 or nhartlaben@shawanoschools.org. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual: Nicole Hartlaben, Director of Human Resources, (715) 526-3194 ext. 8003 or nhartlaben@shawanoschools.org.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Nicole Hartlaben, Director of Human Resources, (715) 526-3194 ext. 8003 or nhartlaben@shawanoschools.org. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Nicole Hartlaben, Director of Human Resources, (715) 526-3194 ext. 8003 or nhartlaben@shawanoschools.org.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at the Plan’s website: www.shawanoschools.org.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Nicole Hartlaben, Director of Human Resources, (715) 526-3194 ext. 8003 or nhartlaben@shawanoschools.org.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Nicole Hartlaben, Director of Human Resources, (715) 526-3194 ext. 8003 or nhartlaben@shawanoschools.org.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator at (715) 526-3194 ext. 8003.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Shawano 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. Shawano School District has determined that the prescription drug coverage offered by the WCA Group Health Trust is, 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.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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 Shawano School District coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Shawano School District coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

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 Shawano 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 Shawano School District changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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: January 1, 2023
Name of Entity/Sender: Shawano School District
Contact--Position/Office: Director of Human Resources
Address: 218 County Road B Shawano, WI 54166
Phone Number: (715) 526-3194 ext. 8003

CMS Form 10182-CC

Updated April 1, 2011

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MARKETPLACE COVERAGE NOTICE

GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private 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. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

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 are eligible for depends on your household income.

DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our 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 self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"¹ standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit healthcare.gov for the annual affordability percentage or contact the employer identified on the following page of this notice.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – 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 ABOUT THE MARKETPLACE?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can 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.

MARKETPLACE COVERAGE NOTICE (continued)

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: Shawano School District
Employer Identification Number (EIN): 39-6007955
Employer Address: 218 County Road B, Shawano, WI 54166
Employer Phone Number: 715-526-3194
Who can we contact about employee health coverage at this job? Nicole Hartlaben, Director of Human Resources, (715) 526-3194 ext. 8003 or nhartlaben@shawanoschools.org

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

CALIFORNIA – Medicaid

Website:

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility:

<https://health.alaska.gov/dpa/Pages/default.aspx>

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:

<https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program

(HIBI): <https://www.mycohibi.com/>

HIBI Customer Service: 1-855-692-6442

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

FLORIDA – Medicaid

Website:

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

CHIP (continued)

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

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)

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

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

KENTUCKY – 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: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – 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)

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – 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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcftp.nv.gov>

Medicaid Phone: 1-800-992-0900

CHIP (continued)

MAINE – Medicaid

Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.dhs.pa.gov/ChildrensHealthInsuranceProgram)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rite Share Line)

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://www.vermont.gov/health/insurance/premium-payment-program)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhpp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

CHIP (continued)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

WYOMING – Medicaid

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, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. 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 us at (715) 526-3194 ext. 8003 or nhartlaben@shawanoschools.org 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 in light of your health status.