



Sturgeon Bay School District

2024-2025 Employee Benefits Guide

Carrier Contacts

Coverage	Carrier	Contact
Medical	Prevea360	1.877.230.7555 www.prevea360.com
Family Savings Plan	Network Health	Claims – 262.825.9665 Enrollment/General – 262.825.9660 FSP ID Card, Premium Differential, & Pay Stub Questions – 877.872.4232
Dental	Delta Dental	1.800.236.3712 www.deltadentalwi.com
Vision	Superior Vision	1.800.507.3800 www.superiorvision.com
Voluntary Critical Illness	The Standard	1.888.937.4783 www.standard.com
Voluntary Accident	The Standard	1.888.937.4783 www.standard.com
Voluntary Hospital Indemnity	The Standard	1.888.937.4783 www.standard.com
Employee Assistance Program	ERC	1.800.222.8590 www.ercincorp.com

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

Table of Contents

Medical Plans	3-16
Health Savings Account (HSA)	17
Family Savings Plan *NEW	18-22
Dental	23-25
Vision	26
Protection Plans	27-38
Employee Assistance Program (EAP)	39
Required Federal Notices	40-58

Medical Plans

Medical Plans

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. Sturgeon Bay School District provides eligible employees the choice of 5 medical plans administered by Prevea360.

- The High Deductible Health Plans offer the lowest premiums, but you may have a higher deductible and will pay more before the plan starts to cover some of your costs. These plans also have access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses.
- The Copay Plan has higher premiums compared to the High Deductible Health Plan offering. This plan has copays, which means you'll pay more in premiums but may pay less for your medical services when seeking care.

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 Prevea360 network. Find a participating health care provider in your area by going to: Prevea360.com/doctors.

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

Eligibility

- All full-time employees

And Your...

- Spouse
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to age 26.

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 – Option A

Prevea360	HMO HDHP In-Network Coverage Only	
Deductible (Embedded)		
Single	\$5,100	
Family	\$10,200	
District HSA Contribution		
Single	\$1,300	
Limited Family	\$2,600	
Family	\$3,200	
Out-of-Pocket Maximum		
Single	\$5,100	
Family	\$10,200	
Coinsurance		
	100%	
Physician Services		
Routine / Preventive Care	Select Services Are FREE	
Virtual Care	\$35 Fee Per Service	
Primary Care Physician	Deductible	
Specialist	Deductible	
Partnered Health Location Visit	Deductible (discounted rate)	
Hospital Services		
	Deductible	
Urgent Care ER		
Urgent Care	Deductible	
Emergency Care	Deductible	
Prescription Drugs		
	Retail	Mail Order – 90 Day Supply
Tier 1	Deductible	Deductible
Tier 2	Deductible	Deductible
Tier 3	Deductible	Deductible
Tier 4	Deductible	

\$0 Preventive Rx List and Prevea Partnered Health Included

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Meeting Wellness Points		Not Meeting Wellness Points	
	Employee Cost	Employer Cost	Employee Cost	Employer Cost
Employee	\$0	\$545.10	\$54.51	\$490.59
Limited Family	\$0	\$1,091.20	\$109.12	\$982.08
Family	\$0	\$1,364.03	\$136.40	\$1,227.63

Medical Plan Highlights – Option B

Prevea360	HMO HDHP In-Network Coverage Only	
Deductible (Embedded)		
Single	\$3,200	
Family	\$6,400	
District HSA Contribution		
Single	\$1,000	
Limited Family	\$2,000	
Family	\$2,500	
Out-of-Pocket Maximum		
Single	\$3,200	
Family	\$6,400	
Coinsurance		
	100%	
Physician Services		
Routine / Preventive Care	Select Services Are FREE	
Virtual Care	\$35 Fee Per Service	
Primary Care Physician	Deductible	
Specialist	Deductible	
Partnered Health Location Visit	Deductible (discounted rate)	
Hospital Services		
	Deductible	
Urgent Care ER		
Urgent Care	Deductible	
Emergency Care	Deductible	
Prescription Drugs		
	Retail	Mail Order – 90 Day Supply
Tier 1	Deductible	Deductible
Tier 2	Deductible	Deductible
Tier 3	Deductible	Deductible
Tier 4	Deductible	

\$0 Preventive Rx List and Prevea Partnered Health Included

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Meeting Wellness Points		Not Meeting Wellness Points	
	Employee Cost	Employer Cost	Employee Cost	Employer Cost
Employee	\$84.27	\$584.57	\$117.72	\$551.12
Limited Family	\$168.55	\$1,169.13	\$235.43	\$1,102.25
Family	\$210.68	\$1,461.42	\$294.29	\$1,377.81

Medical Plan Highlights – Option C

Prevea360	HMO HDHP In-Network Coverage Only	
Deductible (Non-Embedded)		
Single	\$2,000	
Family	\$4,000	
District HSA Contribution		
Single	\$250	
Limited Family	\$500	
Family	\$700	
Out-of-Pocket Maximum		
Single	\$2,000	
Family	\$4,000	
Coinsurance		100%
Physician Services		
Routine / Preventive Care	Select Services Are FREE	
Virtual Care	\$35 Fee Per Service	
Primary Care Physician	Deductible	
Specialist	Deductible	
Partnered Health Location Visit	Deductible (discounted rate)	
Hospital Services		Deductible
Urgent Care ER		
Urgent Care	Deductible	
Emergency Care	Deductible	
Prescription Drugs		Mail Order – 90 Day Supply
Tier 1	Retail Deductible	Deductible
Tier 2	Deductible	Deductible
Tier 3	Deductible	Deductible
Tier 4	Deductible	

\$0 Preventive Rx List and Prevea Partnered Health Included

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Meeting Wellness Point		Not Meeting Wellness Points	
	Employee Cost	Employer Cost	Employee Cost	Employer Cost
Employee	\$92.67	\$642.79	\$129.44	\$606.02
Limited Family	\$185.34	\$1,285.58	\$258.88	\$1,212.04
Family	\$231.67	\$1,606.98	\$323.60	\$1,515.05

Medical Plan Highlights – Option D

Prevea360	HMO HDHP In-Network Coverage Only	
Deductible (Non-Embedded)		
Single	\$2,000	
Family	\$4,000	
District HSA Contribution		
Single	\$1,100	
Limited Family	\$2,200	
Family	\$2,700	
Out-of-Pocket Maximum		
Single	\$2,000	
Family	\$4,000	
Coinsurance		100%
Physician Services		
Routine / Preventive Care	Select Services Are FREE	
Virtual Care	\$35 Fee Per Service	
Primary Care Physician	Deductible	
Specialist	Deductible	
Partnered Health Location Visit	Deductible (discounted rate)	
Hospital Services		Deductible
Urgent Care ER		
Urgent Care	Deductible	
Emergency Care	Deductible	
Prescription Drugs		Mail Order – 90 Day Supply
Tier 1	Retail Deductible	Deductible
Tier 2	Deductible	Deductible
Tier 3	Deductible	Deductible
Tier 4	Deductible	

\$0 Preventive Rx List and Prevea Partnered Health Included

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Meeting Wellness Points		Not Meeting Wellness Points	
	Employee Cost	Employer Cost	Employee Cost	Employer Cost
Employee	\$166.21	\$569.25	\$202.99	\$532.47
Limited Family	\$332.43	\$1,138.49	\$405.97	\$1,064.95
Family	\$415.53	\$1,423.12	\$507.47	\$1,331.18

Medical Plan Highlights – Copay Option

Prevea360	HMO Copay Plan In-Network Coverage Only	
Deductible (Embedded)		
Single	\$2,000	
Family	\$4,000	
District Funded HRA		
Single	\$1,000	
Limited Family	\$2,000	
Family	\$2,000	
Out-of-Pocket Maximum		
Single	\$5,000	
Family	\$10,000	
Coinsurance		80%
Physician Services		
Routine / Preventive Care	Select Services Are <i>FREE</i>	
Virtual Care	\$0 Fee Per Service	
Primary Care Physician	\$40 Copay	
Specialist	\$40 Copay	
Partnered Health Location Visit	\$5 Copay	
Hospital Services		Deductible & Coinsurance
Urgent Care ER		
Urgent Care	\$40 Copay, then In-Network Deductible & Coinsurance	
Emergency Care	\$200 Copay, then In-Network Deductible & Coinsurance	
Prescription Drugs		
	Retail	Mail Order – 90 Day Supply
Tier 1	\$20 Copay	\$40 Copay
Tier 2	\$40 Copay	\$80 Copay
Tier 3	\$60 Copay	\$180 Copay
Tier 4	30% Coinsurance	






\$0 Preventive Rx List and Prevea Partnered Health Included

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Meeting Wellness Points		Not Meeting Wellness Points	
	Employee Cost	Employer Cost	Employee Cost	Employer Cost
Employee	\$131.73	\$616.71	\$169.15	\$579.29
Limited Family	\$263.45	\$1,233.43	\$338.29	\$1,158.59
Family	\$329.31	\$1,541.79	\$422.87	\$1,448.23

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	\$
Partnered Health Clinics 	<ul style="list-style-type: none"> ○ Colds or flu ○ Sinus infection ○ Allergies ○ Vaccinations ○ Health screenings ○ Headaches 	Same Day Availability	\$
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	\$\$\$\$

Find the Right Care

For Your Needs



Know your care options before you need them

As a member, you can choose from a variety of care options, whether it's during regular office hours or late at night. Knowing your options for care before you need it is good for your health - and it can save you money!



Still not sure of the type of care you need?

Call Prevea Care After Hours at 888-277-3832.

A nurse is ready to help 24/7/365.

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We are here to help
Visit prevea360.com/rightcare
or scan this QR code to start your visit



PREVEA360
health plan™

Find The Right Care

How much do these services actually cost? We reached out to Prevea360 to get the average costs of Virtual Visits, Primary Care Visits, Urgent Care Visits, and Emergency Room Visits. This should help you determine which option is best for you.

Virtual Care:

Virtual Care is always \$35. Virtual Care can be used for a variety of services, including Cold or Flu, Rashes, Allergies, Sinus Infections, Pink Eye, Ear Infections, Minor Burns, and Poison Ivy. To start your virtual care visit, go to www.prevea360.com/rightcare.

Primary Care:

The price of a Primary Care visit can vary, depending on whether you are a New Patient or an Established Patient. On average, the price for a New Patient Visit is \$225.83, and the price of an Established Patient Visit is \$147.40. These visits can vary in price depending on what services are provided during your visit – these are not set prices.

Urgent Care:

Prevea clinics bill urgent care the same as a Primary Care Visit. There is no difference in allowed amounts. These visits can also vary in price depending on what services are provided during your visit and do not have set prices. If you do not use a Prevea Urgent Care location, a facility fee may apply.

Emergency Room:

The average price of an Emergency Room Visit is \$1,908. This only includes hospital charge information. The hospital's charge does not include professional services, rehab, medications, or other services that a patient may need as part of their care. The Emergency Room should only be visited in true emergencies.

As you can see, where you go can make a significant difference in the amount you pay for the care you need. We encourage you to consider all of your options for care when you need it.

Partnered Health

Through Prevea360 health plan, you have access to various health care services for a minimal fee. Appointments for urgent care, primary care (family medicine, internal medicine and pediatrics) and physical and occupational therapy are available at all Door County Medical Center and Prevea Health locations* where those services are offered with a \$5 co-pay.**

PRIMARY CARE SERVICES FOR:	PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR:	
<ul style="list-style-type: none"> • Preventive care such as physical exams, well-child exams, health screenings and sports physicals • Acute care such as allergies, bites and stings, burns and sunburn, coughs and colds, ear pain, flu, headache, injuries/non-surgical fracture and musculoskeletal care, laceration evaluations, pink eye/stye, sinus infections, skin infections, sore throats, UTI/bladder infection • Routine medical care for children, adults and elderly including medication management • Chronic disease management for high blood pressure and cholesterol, hyperlipidemia, diabetes, dyslipidemia, COPD, asthma, thyroid problems • Minor office procedures such as skin lesion removal/biopsy, stitches • Cardiovascular disease prevention • Nicotine cessation • Basic mental health including anxiety and depression • Immunizations including flu shots (see back page) • Labs (see back page) 	<ul style="list-style-type: none"> • Blood flow restriction therapy • Ergonomic assessments • Gait assessment • Injury assessment and consultation • Injury prevention • Manual therapy • Muscle, bone or joint pain • Pre- and post-surgical therapy • Posture and body mechanics training • Range-of-motion, flexibility, balance and strength training • Spinal stabilization instruction 	
URGENT CARE SERVICES FOR:		
<ul style="list-style-type: none"> • Allergies • Bites and stings • Burns and sunburn • Coughs and colds • Ear pain 	<ul style="list-style-type: none"> • Flu • Headache • Injuries and musculoskeletal care • Minor lacerations and repair • Pink eye/stye 	<ul style="list-style-type: none"> • Sinus infections • Skin infections • Sore throats • UTI/bladder infection



Prevea Partnered Health Visits do not have a copay on the High Deductible Health Plans. These visits will be billed through the insurance at a discounted rate.

LABS The following labs are available at no additional cost to you as the patient.** Labs not listed will be billed to your personal health insurance.	IMMUNIZATIONS The following immunizations are available at no additional cost to you as the patient.** Immunizations not listed will be billed to your personal health insurance.
<ul style="list-style-type: none"> • ALT/SGPT • Antibiotic sensitivity*** • AST/SGOT • BMP • CBC, Auto, No diff • CBC w/ diff • CMP • Creatinine • Complete UA • C. Trachomatis RNA*** • Hbg A1c • General health panel • Glucose blood draw • Glucose (fingerstick) • Group A strep culture*** • Hepatic function panel • Influenza A/B • Lipid panel • N. Gonorrhoeae RNA*** • Occult blood (feces) • Potassium • Prothrombin time (fingerstick) • Rapid strep • TSH • Urine culture*** • Urine dip • Urine microalbumin • Urine pregnancy test 	<ul style="list-style-type: none"> • Hepatitis A & B, adult and pediatric • Hib (haemophilus influenzae type B) • Human Papilloma Virus (HPV) • Influenza • Measles, mumps and rubella • Meningococcal • Pneumococcal • Poliovirus • Rotavirus • Shingles • Tetanus, diphtheria and pertussis, adult and pediatric • Varicella

No referral needed. Visit prevea.com/PartneredHealthDCMC to schedule an appointment.

* HSHS St. Clare Memorial Hospital Prevea Health Centers and non-Prevea health centers are excluded.

** HDHP members do not have a co-pay. Visits and immunizations are billed to your personal health insurance at a discounted rate.

Prevea Partnered Health Visits do not have a copay on the High Deductible Health Plans. These visits will be billed through the insurance at a discounted rate.

\$0 Preventive Drug Lists

Our health plans include the Prevea360 \$0 Preventive Drug List, as well as the \$0 Expanded Preventive Drug List. These lists apply to our new High Deductible Health Plans. If one of your preventive medications are included on the lists below, you can get these prescriptions for \$0.

The PDL contains primarily generic medications for diabetes, high blood pressure, cholesterol, and asthma/COPD. The EPDL provides additional coverage to preferred brand medications in these drug categories, plus certain mental health medications.

\$0 Preventive Drug List: <https://www.prevea360.com/DocumentLibrary/PDF/Pharmacy-Resources/preventive-drug-list-2024>

\$0 Expanded Preventive Drug List: <https://www.prevea360.com/DocumentLibrary/PDF/Pharmacy-Resources/Expanded-preventive-drug-list-2024>

The next page includes an additional opportunity to get six-month supplies of certain medications for just \$6.

\$6 for 6 month supply benefit

Staying well + saving money just got easier

Make fewer trips to the pharmacy with our \$6 for 6 month supply benefit. You can get a six-month supply of medication for diabetes, high blood pressure, mood disorders, bone health, and more. Just order your prescriptions through Costco retail locations, no membership is required. This benefit is available for large groups*, AON, small group members, and members who have an individual plan.



Eligible medications:

- Alendronate-70mg tab
- Anastrozole-1mg tab
- Atenolol-25, 50 & 100mg tab
- Carvedilol-3.125, 6.25, 12.5 & 25 mg tab
- Fluoxetine-10, 20 & 40mg cap
- Folic Acid-1mg tab
- Furosemide-20 & 40 mg tab
- Glimepiride-1, 2 & 4 mg tab
- Glipizide-5 & 10 mg tab
- Glipizide ER-2.5, 5 & 10 mg tab
- Glyburide-1.25, 2.5 & 5mg tab
- Hydrochlort-12.5mg cap
- Hydroxyz HCL-10, 25, & 50 mg tab
- Lisinop/HCTZ-10-12 tab
- Lisinop/HCTZ-20-12 tab
- Lisinop/HCTZ-20-25M tab
- Metoprol TAR-25, 50,75 & 100 mg tab
- Omeprazole-20 & 40 mg cap
- Pioglitazone-15, 30 & 45 mg tab
- Triamt/HCTZ-37.5-25 tab
- Triamt/HCTZ-75-50 tab

*Excluding ETF and FEHB.

Have questions?

Contact our pharmacy concierge at
Prevea360.com/PharmacyBenefits

PATIENT ADVOCATE

You now have access to a Patient Advocate; local resource to help you navigate your health care journey.



Jill Brosig, RMA
Registered Medical Assistant,
Patient Advocate

To connect with your patient care advocate,
call (920) 272-3550 or email
PatientAdvocate@prevea.com.

Your Patient Advocate will connect, support and educate you and your family members to:



Find the right care, at the right time.



Choose a primary care provider.



Connect with a specialist.



Close gaps in care.



Set up and offer MyPrevea support.



Resources within Prevea Health and Prevea360 health plan.

For assistance with billing/insurance claims, insurance benefits and eligibility, status of prior authorization, copy of insurance materials, provider network verification or finding a DME network provider, call Prevea360 Health Plan customer service at (877) 230-7555, select "member" option.



Health Savings Account (HSA)

A Health Savings Account (HSA) allows you to pay for qualified medical expenses tax-free. For all health care-related accounts, eligibility is determined in part by which medical plan you choose.

	HDHP	Copay Plan
Health Savings Account	✓	
Health Care Flexible Spending Account		✓
Limited Flexible Spending Account	✓	

Health Savings Account

Sturgeon Bay School District offers a medical plan that features an HSA – the High Deductible Health Plan. An HSA is an investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.

If you are enrolled in the High Deductible Health Plan option, you may open an HSA with the bank or institution of your choice.

How The HSA Works

Money Goes In	<p>Pretax contributions* from you, up to a total of:</p> <ul style="list-style-type: none"> ○ \$4,150 for individual coverage ○ \$8,300 if you enroll your spouse and/or child(ren) ○ An extra \$1,000 if you are age 55 or older
Money Goes Out	<p>You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible health care expense, **you decide whether to use your HSA if you’ve accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans’ deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.</p>
Have Money Left? It Rolls Over!	<p>Any money left in your account is yours to pay for health care in the future. There’s no deadline and no limit on how large your account can grow. If you leave Sturgeon Bay School District, you can take it with you.</p>

* If you’re enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

** The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

Eligibility

- You must be enrolled in a HDHP
- You cannot have any other “impermissible coverage.” If your spouse has a General Purpose FSA, you are not eligible to contribute to an HSA.
- You cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person’s tax return

Family Savings Plan (FSP)

IF YOUR SPOUSE HAS INSURANCE

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.

Employees of Sturgeon Bay 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.

WHAT IS THE FAMILY SAVINGS PLAN?

With the Family Savings Plan, you and your family may be reimbursed 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 services follow these requirements.

- FSP is only available to members who have been enrolled in Sturgeon Bay School District's insurance and transition off the plan to FSP
 - If you were not enrolled in the Medical Plan, and you are not eligible to join the Medical plan, you also cannot enroll in FSP
- Coverage under SBSD's plan is waived (when you enroll in the other plan)
- Services are covered under the other employer's medical plan in-network
- Services are received from a Network Health participating provider

HOW DOES THE FAMILY SAVINGS PLAN WORK?

- If your spouse is offered insurance, they will be offered Family Savings Plan.
- You will be **reimbursed 100%** for out-of-pocket expenses if you meet the following:
 - Need to be in-network with spouse's insurance
 - Must be a covered service under spouse's insurance
 - Must be received from a Network Health participating provider
 - Must file claims within 180 days of the date of service
- Required information for premium reimbursements needs to be completed and turned into FSP by 9/15/2024, or there will be no retro reimbursement.



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.

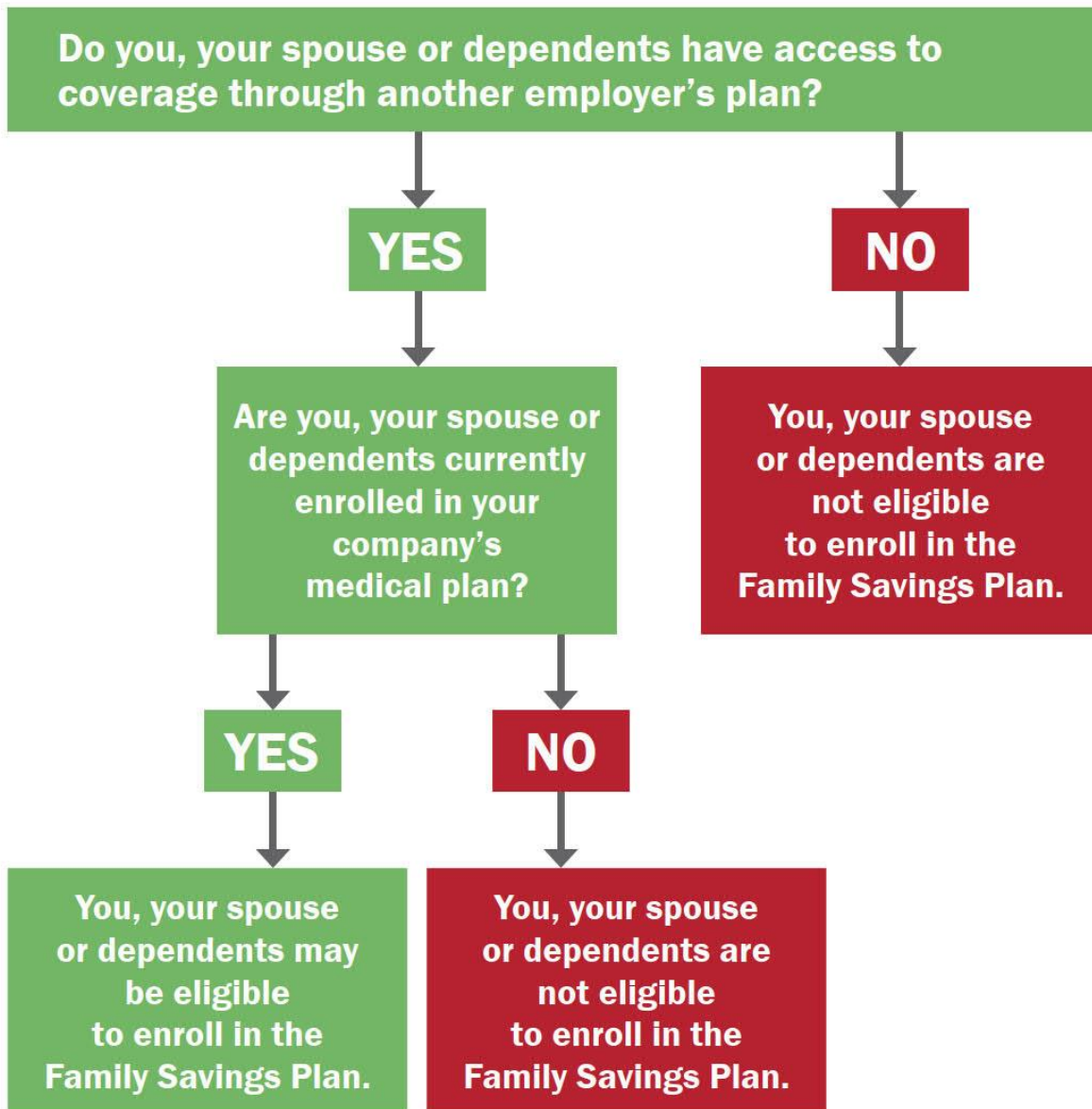
School District of Sturgeon Bay

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 and received from a Network Health participating provider

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.

Note - To be eligible, services received must also be Network Health participating providers.

What if my provider is a Network Health participating provider, but is out-of-network on my spouse's plan?

To be eligible for Family Savings Plan benefits, providers and services must be covered by your spouse's plan. Additionally, **providers must be Network Health participating providers.**

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 - \$9,450
- Family - \$18,900

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

Dental Plan Highlights

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

Delta Dental		
Individual Annual Maximum		\$1,300
Deductible		
Employee Only		\$25
Family		\$75
Preventive Care Services		
Exams		100%
Cleanings		100%
Fluoride Treatments		100%
X-Rays		100%
Space Maintainers		100%
Sealants		100%
Emergency Treatment to Relieve Pain		100%
Basic Restorative Services		
Fillings		100%
Endodontics – Surgical / Non-Surgical		100%
Periodontics – Surgical / Non-Surgical		100%
Extractions – Surgical / Non-Surgical and other oral surgery		100%
Major Restorative Services		
Crowns, Inlays, Onlays		80%
Bridges and Dentures		80%
Repairs and Adjustments to Bridges and Dentures		80%
Implants		80%
Orthodontic Services		
Coinsurance		50%
Individual Lifetime Maximum		\$2,000
Dependents Eligible to Age		26
Full-Time Students Eligible to Age		26
<i>For additional information, refer to the Benefit Summaries provided by Delta Dental.</i>		
Monthly Premiums	Employee Cost	Employer Cost
Employee	\$6.28	\$43.66
Family	\$16.26	\$112.78

Reminder: Your dental plan with Delta Dental includes CheckUp Plus and the Evidence-Based Integrated Care Plan (EBICP). See the flyers on the next two pages for further information.



Smarter Dental Plans

CheckUp Plus™

Our CheckUp Plus™ plan option allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum. Preventive care saves money over the long-term by reducing the need for more expensive services.

CheckUp Plus™ lets you keep your annual maximum for the things you need, not the things you deserve.

The charts show the impact of CheckUp Plus™ on an enrollee's individual annual maximum compared to a traditional plan. Example assumes two routine check-ups, covered at 100% and a \$1,000 annual maximum.

	CheckUp Plus™	Traditional Dental Plan
Delta Dental Pays	\$300	\$300
Enrollee Pays	\$0	\$0
Maximum Remaining	\$1,000	\$700

Plan benefit and dentist charges vary.

Connect With Us



www.deltadentalwi.com

SS300F-1805



Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions, you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

how to enroll

1. Go to www.deltadentalwi.com.
2. Select the purple "Sign In" button and enter your Username & Password.
3. On your dashboard under "Preventive Care and Plan Features" there will be a section for Additional Benefits. Select "Enroll Now.**"
4. In the "Enroll in EBICP" section, select the member and their condition, verify the information, and hit "Select."
5. This member will then be listed under "Your Current EBICP Benefits."

Condition	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	✓	✓
Weakened immune systems	✓	✓
Periodontal (gum) disease*	✓	✓
High-risk cardiac conditions	✓	
Kidney failure or dialysis	✓	
Diabetes	✓	
Pregnancy	✓	

This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Frequency limitations may apply. Refer to your handbook.

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

**If your plan does not include EBICP, "Additional Benefits" will not show.

Connect With Us



www.deltadentalwi.com

SS300H-1905

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 Sturgeon Bay School District provides vision care administered by Superior Vision.

Superior Vision	In-Network	Out-of-Network
Frequency		
Vision Exam	Once per 12 months	
Frame	Once per 24 months	
Lenses	Once per 12 months	
Contact Lenses	Once per 12 months	
Deductibles		
	Exam \$10	Materials \$25
Vision Benefit		
Vision Examination	Covered in Full	Up to \$35
Frames Up To	\$125 Retail Allowance	Up to \$70
Lens Benefit		
Single Vision	Covered in Full	Up To \$25
Bifocal	Covered in Full	\$40
Trifocal	Covered in Full	\$45
Contact Lens Benefit		
Medically Necessary	Covered in Full	Up to \$150
Elective	\$150 Retail Allowance	Up to \$125
In lieu of Spectacle Lenses	Yes	

For additional information, refer to the Benefit Summary provided by Superior Vision.

Monthly Premiums	Employee Cost
Employee	\$6.02
Family	\$16.28

Protection Plans

Short Term Disability (STD)

Sturgeon Bay School District's Short Term Disability plan is administered by Madison National and employee paid. This benefit 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.

Madison National Life	Benefit Highlights
Premium	Employee Paid
Weekly Benefit	Choice of Benefit Options Not to Exceed 66⅔% of Weekly Pre-disability Earnings
Sickness Benefit Begins On	4 th Day
Accident Benefit Begins On	1 st Day
Maximum Benefit Duration	60 Days

Long Term Disability (LTD)

Sturgeon Bay School District's Long Term Disability plan is administered by The Standard and paid for by the 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.

Madison National Life	Benefit Highlights
Premium	District Paid
Monthly Benefit	90% to \$12,000
Elimination Period	60 Consecutive Calendar Days
Maximum Benefit Duration	Social Security Normal Retirement Age

NOTE: Both the STD and LTD include pre-existing condition limitations. 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 Sturgeon Bay School District. As an eligible employee, you are covered for Group Term Life and AD&D insurance at no cost to you.

Sturgeon Bay School District offers a Group Term Life Insurance benefit of 1x Annual Salary rounded up to the next highest \$1,000 plus \$10,000, plus accidental death and dismemberment insurance coverage. Specific details of the plan are covered in the Plan Certificate.

Madison National Life Plan Highlights

Premium	Sturgeon Bay School District pays this premium at 100%
Amount of Life Insurance Benefit	1x Annual Salary Rounded to the Next Highest \$1,000, plus \$10,000
Amount of AD&D Benefit	Equal to term life

Voluntary Accident, Critical Illness, & Hospital Indemnity

Refer to The Standard's Benefit Summary for a thorough explanation of benefits, including any limitations or exclusions that might apply.

VOLUNTARY ACCIDENT INSURANCE

The Standard

If you are an active employee who works at least 17.5 hours per week on a regularly scheduled basis, you are eligible to purchase Voluntary Accident Insurance. This benefit pays you for your own or a covered dependent's injuries due to a covered accident. Benefits are paid per covered accident unless otherwise stated. You may use the money for any expense while you recuperate.

VOLUNTARY CRITICAL ILLNESS INSURANCE

The Standard

If you are an active employee who works at least 17.5 hours per week on a regularly scheduled basis, you are eligible to purchase Voluntary Critical Illness Insurance. This benefit pays a lump-sum to you upon your own or covered dependent's diagnosis for a covered illness. You may use the money for any expense to protect your quality of life while critically ill.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

The Standard

If you are an active employee who works at least 17.5 hours per week on a regularly scheduled basis, you are eligible to purchase Voluntary Hospital Indemnity Insurance. This benefit can help cover unexpected out-of-pocket expenses such as copays, deductibles, and out-of-network charges, as well as everyday living expenses. It pays a benefit directly to you for hospital stays, regardless of your treatment costs or other insurance coverage you might have.

Here's how it works:

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most — whether that's to help with your deductible, copays and other medical bills, or your daily expenses while you recover.

Let's say your teenage daughter gets injured during tryouts for her school basketball team and goes to urgent care for treatment. Diagnosis: dislocated elbow and fracture of the forearm and wrist. Although surgery isn't necessary, she will need follow-up appointments and physical therapy.



You'd get an additional 25% if your child is injured while participating in an organized athletic activity — whether it's football practice, a soccer game or dance class.

BENEFITS PAID TO YOU

Urgent Care Visit.....	\$50
X-ray.....	\$50
Dislocated Elbow.....	\$800
Arm Fracture.....	\$550
Wrist Fracture.....	\$550
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment (2 visits)	\$100
SUBTOTAL.....	\$2,150
Youth Organized Sports Benefit (25% of subtotal).....	\$538
Total paid directly to you.....	\$2,688

Imagine that you survive a serious car accident. After a trip to the ER, you stay in the hospital for several days while you recover. In the weeks following the accident, you have a follow-up appointment at a clinic in another city and physical therapy.



You'd get an additional \$500 because you were injured in a car accident. Because you drove more than 100 miles one way for your follow-up appointment, you'd receive an extra \$150. If your car accident occurred more than 100 miles away from your home and a family member who resides with you traveled to be near you while you were in the hospital, we'd pay additional benefits to help cover lodging expenses.

BENEFITS PAID TO YOU

Ambulance.....	\$300
Emergency Room Visit.....	\$150
CAT Scan.....	\$200
Hospital Admission Benefit	\$1,000
5-Day Hospital Confinement (\$200 per day).....	\$1,000
Right Leg Fracture.....	\$4,000
Knee Cap Fracture.....	\$1,100
Pelvis Fracture.....	\$2,400
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment.....	\$50
SUBTOTAL.....	\$10,250
Automobile Accident Benefit.....	\$500
Transportation Benefit.....	\$1,000
Lodging (4 days).....	\$700
Total paid directly to you.....	\$11,600

Affordable Group Rates

Because you'll be buying this insurance through Sturgeon Bay 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. Your rates will not increase as you grow older — meaning you'll pay the same premium for the life of the policy, even if you continue your coverage after your employment with Sturgeon Bay School District ends (this is known as portability).

You can get a Health Maintenance Screening Benefit of \$100 each year just for going to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically costs you nothing under your medical insurance.

It pays to be well-adjusted. If you need to see a chiropractor while you're recovering from an accident, you can get a benefit of \$50 (up to two visits per accident, providing those visits are on different days).

Staying in a hospital can be costly, even with medical insurance coverage. You'll receive a \$1,000 benefit if you're admitted — plus \$200 for every day you're hospitalized.* And if you're admitted or confined to a critical care unit while you're in the hospital, you'll receive additional critical care unit benefits.

If you or a dependent travel at least 100 miles from your or your dependent's place of residence for treatment, you'll receive a Transportation Benefit of \$150 for each day of travel.** We'll pay a \$175 Lodging Benefit per day** if you or a dependent travel at least 100 miles from your or your dependent's place of residence for treatment and you, your dependent or another person incurs a lodging expense.

*Up to 365 days per accident.

**Maximum 30 days per accident; 90 days per year.

Coverage for...	Monthly Premium
You	\$9.06
You and your spouse	\$14.77
You and your children	\$16.92
You, your spouse and your children	\$26.63

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Air	\$800
Ambulance — Ground	\$300
Emergency Room Visit	\$150
Urgent Care Visit	\$50
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	\$50
Emergency Dental Care — Crown	\$200
Emergency Dental Care — Extraction	\$100
Outpatient X-ray	\$50
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$200
Transfusion Blood, Plasma or Platelets	\$300

Specific Injury Benefits	
Burns	\$200-\$10,000, depending on severity
Coma	\$7,500
Concussion	\$150
Eye Injury	\$200
Lacerations	\$75-\$500, depending on size
Skin Graft	25% of burn benefit

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	\$100
Chiropractic Care (maximum 2 visits per covered accident, 1 per day)	\$50 per day
Physician Follow-up (maximum 2 visits per covered accident, 1 per day)	\$50 per day
Hearing Device	\$500
Prosthesis	One: \$500 Two or more: \$1,000
Occupational, Speech or Physical Therapy (maximum 3 visits per covered accident, 1 per day)	\$50 per day

Dislocations	Non-surgical/Surgical
Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$800/\$1,600
Knee (not including kneecap)	\$900/\$1,800
Collarbone (acromioclavicular), Spine	\$400/\$800
Finger, Rib, Toe	\$150/\$300
Hip	\$2,500/\$5,000
Partial Dislocation	25% of the associated dislocation listed above (non-surgical)

Fractures	Non-surgical/Surgical
Ankle, Arm (shoulder to elbow), Arm (elbow to wrist), Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$550/\$1,100
Bones of Face, Coccyx, Nose, Vertebrae	\$500/\$1,000
Rib	\$400/\$800
Finger, Toe	\$100/\$200
Hip	\$2,500/\$5,000
Leg (hip to knee)	\$2,000/\$4,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,200/\$2,400
Skull (depressed)	\$4,000/\$8,000
Skull (non-depressed)	\$1,500/\$3,000
Chip Fracture	25% of the associated fracture listed above (non-surgical)

Group Accident Insurance

Surgical Benefits	
Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)	
Exploratory	\$200
Repair	\$750
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$200
Repair of one	\$750
Repair of two or more	\$1,000
Ruptured Disc	
Repair	\$750
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$200
Laparoscopic Repair Surgery	\$750
Open Repair Surgery	\$1,500
Surgical Facility Benefit	\$150

Hospital Benefits	
Hospital Admission (once per covered accident)	\$1,000
Daily Hospital Confinement (maximum 365 days per covered accident)	\$200 per day
Critical Care Unit Admission* (once per covered accident)	\$750
Daily Critical Care Unit Confinement* (maximum of 15 days per covered accident)	\$200 per day
Daily Rehabilitation Facility (maximum 90 days per covered accident)	\$100 per day
* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.	

Additional Benefits	
Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$175
Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$1,000
Health Maintenance Screening Benefit (once per calendar year)	\$100
Automobile Accident Benefit	\$500
Youth Organized Sports Benefit	Additional 25% of total benefit payable

Accidental Death and Dismemberment (AD&D)	
Accidental Death	
You:	\$50,000
Spouse:	\$25,000
Child:	\$12,500
In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit:	
Loss of both hands or feet	30%
Loss of one hand and one foot	30%
Loss of one hand or one foot	15%
Loss of one digit (finger or toe)	2%
Loss of two or more digits (fingers and/or toes)	5%
Uniplegia	15%
Hemiplegia, Paraplegia or Triplegia	30%
Quadriplegia	50%
Loss of sight (one eye); loss of hearing (one ear)	15%
Loss of sight (both eyes); loss of hearing (both ears)	30%
In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit:	
Air Bag Benefit	10%
Helmet Benefit	10%
Seat Belt Benefit	10%
Repatriation/transportation of remains	10%
Death that occurs while aboard commercial transportation	100%

An Extra Layer of Protection

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness. It pays a lump-sum benefit directly to you upon diagnosis of a covered illness, regardless of your treatment costs or what's covered by your medical insurance. Elect coverage in \$5,000 increments between \$5,000 and \$30,000.

With Critical Illness insurance, you can:

- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.
- **Take it with you.** If you leave your job, you can take your coverage with you.
- **Pick and choose how to spend your benefit.** Spend your lump-sum benefit however you want.
- **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.
- **Access a Health Advocate.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$100 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.

Chances are good that a family member, friend or colleague of yours has endured a critical illness. You may have even seen that person struggle to pay the bills. Think of Critical Illness insurance as financial peace of mind, so you don't have to choose between paying for medical bills and helping send your daughter to the college of her dreams.

Here's how it works:

John has \$15,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks. Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, child care, certain medications, time away from work, alternative treatments and a special diet.

SAMPLE OUT-OF-POCKET EXPENSES	
Medical insurance deductible.....	\$1,300
Out-of-pocket expenses over the course of six months.....	\$5,000
Lost wages.....	\$4,500
Alternative treatments and diets not covered by medical plan.....	\$4,500
TOTAL OUT-OF-POCKET EXPENSES.....	\$15,300
CRITICAL ILLNESS BENEFIT.....	\$15,000
OUT-OF-POCKET EXPENSES.....	\$300

Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness that are not covered by medical insurance.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer
- 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 surgery
 - Carcinoma in situ (cancer that has not metastasized)

Diagnosis and recommendation must occur after your coverage becomes effective.

Affordable Group Rates

Because you'll be buying this insurance through Sturgeon Bay 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.

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 child(ren) through age 25	Automatically covered at 50% of your coverage amount

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

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	\$2.50	\$3.40	\$6.40	\$12.70	\$22.90	\$39.90
\$10,000	\$5.00	\$6.80	\$12.80	\$25.40	\$45.80	\$79.80
\$15,000	\$7.50	\$10.20	\$19.20	\$38.10	\$68.70	\$119.70
\$20,000	\$10.00	\$13.60	\$25.60	\$50.80	\$91.60	\$159.60
\$25,000	\$12.50	\$17.00	\$32.00	\$63.50	\$114.50	\$199.50
\$30,000	\$15.00	\$20.40	\$38.40	\$76.20	\$137.40	\$239.40

Spouse Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$2.50	\$3.40	\$6.40	\$12.70	\$22.90	\$39.90
\$10,000	\$5.00	\$6.80	\$12.80	\$25.40	\$45.80	\$79.80
\$15,000	\$7.50	\$10.20	\$19.20	\$38.10	\$68.70	\$119.70

A cash benefit when you need it.

Even the best budgeters can forget to set aside money for medical expenses. Hospital Indemnity insurance provides a way to cover unexpected out-of-pocket expenses when you end up in the hospital. It also allows you to:

- **Choose how to spend your benefit.** It's your money — spend it however you want, whether it's to pay for your groceries, rent or medical bills.
- **Take it with you.** If you leave your job, you can take your coverage with you.
- **Receive a benefit for taking care of your health.** You can get a Health Maintenance Screening Benefit of \$50 once a calendar year just for going to 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 plan.
- **Get a break from paying premiums during long hospital stays.** If you are in the hospital for more than 30 days, you will be able to stop making premium payments until you're discharged.

Regardless of what other insurance coverage you may have, Hospital Indemnity insurance pays you a fixed benefit for every day you are in the hospital.

Here's how it works:

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 husband leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for travel and childcare.

SAMPLE OUT-OF-POCKET EXPENSES

Medical plan deductible/coinsurance	\$3,000
Other non-medical expenses	\$475
Travel expenses (flights, change fees, etc.).....	\$350
Childcare.....	\$500

Total Expenses.....\$4,325

Benefit for:

Hospital admission.....	\$500
Hospital confinement (10 days x \$100 per day).....	\$1,000
CCU confinement (3 days x \$50 per day)	\$150

Total paid to you.....\$1,650

Net Out-Of-Pocket Expenses.....\$2,675

Costs are hypothetical. Actual costs will vary by state, condition, treatments received and personal factors.

Affordable Group Rates

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

Monthly coverage rates for:			
You	You and your spouse	You and your children	You, your spouse and your children
\$8.76	\$15.22	\$12.58	\$22.36

Bills are the last thing you want to worry about when you're in the hospital. With Hospital Indemnity insurance, you'll be paid a benefit regardless of what your medical insurance does or doesn't cover. It can make a big difference in your total out-of-pocket expenses. You'll receive \$100 for each day you're hospitalized, up to a maximum of 15 days. And if you are confined for more than 30 days, your premium payment will be waived until the last day of the month of your hospitalization.

These are actual benefits each covered person could receive under a Hospital Indemnity plan:

Benefits	
Waiver of Premium	Premium waived if you are confined to a hospital for more than 30 days
Hospital Admission ¹ (maximum 1 per calendar year)	\$500 per day
Daily Hospital Confinement ¹ (maximum 15 days per stay)	\$100 per day
Daily Critical Care Unit Confinement ^{1,2} (maximum 15 days per stay)	\$50 per day
Health Maintenance Screening	\$50 once per calendar year when visiting the doctor for a covered wellness screening

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

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

Employee Assistance Program (EAP)

At **ERC: Counselors & Consultants**, we commit ourselves every day to helping lift the mental burdens that hold you back from your full potential.

- We provide **short-term counseling and mental health support services** for you (employees), your dependents, and those in your immediate household.
- There's **no cost or co-pays to you**, and we are not tied to your insurance. Your employer sponsors this mental health benefit.
- All services are **strictly confidential** and no identifying information is provided to your employer. ERC is HIPAA compliant.
- We have our **own team of licensed counselors** as well as a network of proprietary counselors throughout the nation to assist you wherever you are located.

How to Use Your Employee Assistance Program



1. Recognize an Issue

We assist people with a variety of concerns, such as marriage/couple issues, parenting, stress & anxiety, depression, grief, family dynamics, and much more.



2. Schedule an Appointment

If you are struggling with an issue, call ERC at 1-800-222-8590 to make an appointment with a counselor. Your free and confidential EAP benefit can include telephonic, video, and/or face-to-face counseling.



3. Talk with a Counselor

During your counseling sessions, your counselor and you will talk about your concerns and develop an ongoing plan for meeting your mental health goals.

We are **available when you need us**. There's one number to call, and we always answer the phone no matter the day or time.

1-800-222-8590 | ERCincorp.com



REQUIRED FEDERAL NOTICES FOR 2024

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 Human Resources.

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, 2024

Who will follow this notice:

This notice describes the health information practices of Sturgeon Bay School District (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your HRA and FSA 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 Sturgeon Bay 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: Human Resources. 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: Human Resources.

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: Human Resources. 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: Human Resources.

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 <https://www.sturbay.k12.wi.us/departments/business-office.cfm>

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Human Resources.

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: Human Resources.

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 920.746.3864

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 Sturgeon Bay 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. Sturgeon Bay School District has determined that the prescription drug coverage offered by the Prevea360 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 Sturgeon Bay School District coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Sturgeon Bay 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 Sturgeon Bay 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 Sturgeon Bay School District changes. You also may request a copy of this notice at any time.

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: 07/01/2024

Name of Entity/Sender: Sturgeon Bay School District

Contact--Position/Office: Human Resources

Address: 1230 Michigan St, Sturgeon Bay, WI 54235

Phone Number: 920.746.3864

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.

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.

Sturgeon Bay School District
Employer Identification Number (EIN): 39-6004697
Employer Address: 1230 Michigan St, Sturgeon Bay, WI 54235
Employer Phone Number: 920.746.2805
Who can we contact about employee health coverage at this job? Human Resources

- 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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

<p>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</p>	<p>Website: https://www.flmedicaidtptprecovery.com/flmedicaidtptprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
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GEORGIA – Medicaid	INDIANA – Medicaid
<p>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</p>	<p>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</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>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</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP

<p>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</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspreassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>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</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHSHIPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>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</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>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</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – 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) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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 Human Resources 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.