



Sturgeon Bay Schools
ANCHORED IN EXCELLENCE

2022-2023 BENEFITS GUIDE

A Message from your Employer



Our employees are our most valuable asset.

The Sturgeon Bay School District is dedicated and committed to providing you and your family with a valuable benefit package. That is why we partner with M3 Insurance to evaluate different insurance options that are available, while also combating the rising cost of health care.

Your medical benefits will remain with Prevea360. In the Brown, Door and Kewaunee counties, the main providers in network include, but are not limited to: St. Vincent, St. Mary, and Door County Medical Center.

Your plan options for the 2022-23 plan year remain the same as last year:

- Base Plan: HMO \$2,000 Single / \$4,000 Family Deductible Copay Plan
 - Includes a \$1,000 Single / \$2,000 In-Network HRA after you meet the first \$1,000 Single / \$2,000 Family In-Network Deductible
- Buy-Up Plan: POS \$2,000 Single / \$4,000 Family Deductible Copay Plan
 - Includes a \$2,000 Single / \$4,000 Family Out-of-Network HRA reimbursement after you meet the first \$2,000 Single / \$4,000 Family of Out-of-Network Deductible
- Buy-Down Plan 1: HMO \$1,400 Single / \$2,800 Family HDHP HSA Plan
 - Includes a \$500 Single / \$1,100 Limited Family / \$1,350 Family HSA Contribution
- Buy-Down Plan 2: HMO \$5,000 Single / \$10,000 Family HDHP HSA Deductible Plan
 - Includes a \$1,350 Single / \$2,700 Limited Family / \$3,300 Family HSA Contribution

Please refer to the Health Reimbursement Arrangement (HRA) and Health Savings Account (HSA) information in this booklet and additional flyers for details. You may choose the medical plan that best suits your family needs.

NEW this year – we are excited to offer an enhancement to the dental plan. Your dental plan with Delta Dental will include CheckUp Plus where the cost of diagnostic and preventive services does not count towards your annual maximum benefit.

Your voluntary vision plan will remain with Superior Vison. The voluntary accident, critical illness, and hospital indemnity insurance will remain with The Standard.

This booklet is intended to provide information regarding the various benefit plan options you have for the 2022-23 plan year. We invite you to use this tool to learn about the options you have so you can make the most informed decisions regarding the insurance coverage for you and your family.

Please check your current elections in Skyward and contact Human Resources with any questions.

BENEFIT RESOURCES

COVERAGE	CARRIER	CONTACT INFORMATION
Medical	Prevea360	1.877.230.7555 www.prevea360.com
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 guide summarizes the key features of the Sturgeon Bay School District benefit plans. This guide is not a plan document or summary plan description for any benefit plan, and it does not amend the plan documents or summary plan descriptions in any way. Please refer to the plan documents for exact terms and conditions of coverage. If any information in this guide conflicts with information in the official plan documents, the terms of the plan documents will govern in all cases. Sturgeon Bay School District and its affiliated entities reserve the right to change, modify or terminate the benefit plans at any time and for any reason. This guide does not constitute a contract of employment between Sturgeon Bay School District and any individual, or an obligation by Sturgeon Bay School District to maintain any particular benefit program, practice or policy or make any benefit payment.

This guide will help you get to know your benefits and your choices for the 2022/2023 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

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BENEFIT HIGHLIGHTS

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 4 medical plans administered by Prevea360.

- The HMO Copay Plan has lower premiums compared to the POS Plan. With the HMO Plan, you are only covered if you received services at an In-Network provider. If you go Out-of-Network without a referral, there will not be any coverage.
- The POS Plan has a higher premium than the HMO plan and allows member's access to In-Network and Out-of-Network providers. With the POS there is a separate Out-of-Network deductible, coinsurance and out of pocket limit.
- 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. This plan also has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses.

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 & Coverages (SBCs) for detailed medical plan coverage information.

TERMS TO KNOW

Annual 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 do not count toward your deductible.

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.

Annual Out-of-Pocket Maximum

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

WHO IS ELIGIBLE FOR BENEFITS

- All full-time, and qualifying regular part-time employees
- Your spouse
- Your biological children, stepchildren, legally adopted children (effective from the date placed for adoption), and foster children up to age 26.

MEDICAL PLAN

OPTION 1: HMO COPAY PLAN – BASE PLAN

Please Note: You have four medical plan options to choose from. Your first option is an HMO. An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. You do not have out-of-network coverage. Below is a high-level overview of your benefit options.

Prevea360	In-Network	Out-of-Network
Deductible		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
District Funded Health Reimbursement Account		
Single	\$1,000	Not Covered
Family	\$2,000	Not Covered
Deductible and Coinsurance Limit		
Single	\$2,000	Not Covered
Family	\$4,000	Not Covered
Out-of-Pocket Maximum		
Single	\$6,850	Not Covered
Family	\$13,700	Not Covered
Coinsurance		
	100%	Not Covered
Dependent Eligibility		
	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventative Services	Covered in Full	Not Covered
Primary Care Office Visit	\$20 Copay	Not Covered
Specialty Care Office Visit	\$20 Copay	Not Covered
Partnered Health Location Visit	\$5 Copay	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Not Covered
URGENT CARE & ER SERVICES		
Urgent Care	\$20 Copay, then Deductible	
Emergency Care	\$200 Copay, then Deductible	
RETAIL PRESCRIPTION DRUGS		
Tier 1	\$20 Copay	Not Covered
Tier 2	\$40 Copay	Not Covered
Tier 3	\$60 Copay	Not Covered
Tier 4	Not Covered	Not Covered

\$0 Preventive Rx List and Prevea Partnered Health Included

This information is only a brief description of the group medical insurance policy sponsored by the Sturgeon Bay School District. The controlling provisions will be in the group policy issued by Prevea360. The group policy contains a detailed description of the limitations and exclusions. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact human resources.

Please reference page (19) for premium information.

MEDICAL PLAN (continued)

OPTION 2: HMO HDHP H.S.A. PLAN – BUY DOWN #1

Please Note: Your second option is an HMO HDHP. An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. You do not have out-of-network coverage. Below is a high-level overview of your benefit options.

Prevea360	In-Network	Out-of-Network
Deductible		
Single	\$1,400	Not Covered
Family	\$2,800	Not Covered
Deductible and Coinsurance Limit		
Single	\$1,400	Not Covered
Family	\$2,800	Not Covered
District HSA Contribution		
Single		\$550
Limited Family		\$1,100
Family		\$1,350
Out-of-Pocket Maximum		
Single	\$1,400	Not Covered
Family	\$2,800	Not Covered
Coinsurance		
	100%	Not Covered
Dependent Eligibility		
	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventative Services	Covered In Full	Not Covered
Primary Care Office Visit	Deductible	Not Covered
Specialty Care Office Visit	Deductible	Not Covered
Partnered Health Location Visit	Deductible (services at discounted rate)	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Not Covered
URGENT CARE & ER SERVICES		
Urgent Care	In-Network Deductible	
Emergency Care	In-Network Deductible	
RETAIL PRESCRIPTION DRUGS		
Tier 1	Deductible	Not Covered
Tier 2	Deductible	Not Covered
Tier 3	Deductible	Not Covered
Tier 4	Deductible	Not Covered

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Please reference page (19) for premium information.

MEDICAL PLAN (continued)

OPTION 3: HMO HDHP H.S.A. PLAN – BUY DOWN #2

Please Note: Your third option is an HMO HDHP. An HMO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. You do not have out-of-network coverage. Below is a high-level overview of your benefit options.

Prevea360	In-Network	Out-of-Network
Deductible	Embedded	
Single	\$5,000	No Coverage
Family	\$10,000	No Coverage
Deductible and Coinsurance Limit		
Single	\$5,000	No Coverage
Family	\$10,000	No Coverage
District HSA Contribution		
Single		\$1,350
Limited Family		\$2,700
Family		\$3,300
Out-of-Pocket Maximum		
Single	\$5,000	No Coverage
Family	\$10,000	Not Covered
Coinsurance	100%	Not Covered
Dependent Eligibility	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventative Services	Covered In Full	Not Covered
Primary Care Office Visit	Deductible	Not Covered
Specialty Care Office Visit	Deductible	Not Covered
Partnered Health Location Visit	Deductible (services at discounted rate)	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible	Not Covered
URGENT CARE & ER SERVICES		
Urgent Care	In-Network Deductible	
Emergency Care	In-Network Deductible	
RETAIL PRESCRIPTION DRUGS		
Tier 1	Deductible	Not Covered
Tier 2	Deductible	Not Covered
Tier 3	Deductible	Not Covered
Tier 4	Deductible	Not Covered

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Please reference page (19) for premium information.

MEDICAL PLAN (continued)

OPTION 4: POS COPAY PLAN – BUY UP PLAN

Please Note: Your fourth option is a Point of Service (POS) option. This option also gives you access to certain doctors and hospitals within its network, as well as coverage for doctors and hospitals outside of the network. Out of network services will be processed at the out of network coverage level noted below. Below is a high level overview of your benefit options.

Prevea360	In-Network	Out-of-Network
Deductible		
Single	\$2,000	\$4,000
Family	\$4,000	\$8,000
District Funded Health Reimbursement Account		
Single	N/A	\$2,000
Family	N/A	\$4,000
Deductible and Coinsurance Limit		
Single	\$4,000	\$5,000
Family	\$8,000	\$10,000
Out-of-Pocket Maximum (Deductible, Coinsurance, Medical and Rx copays)		
Single	\$7,350	\$5,000
Family	\$14,700	\$10,000
Coinsurance		
	90%	70%
Dependent Eligibility		
	To Age 26 (end of month)	
PHYSICIAN SERVICES		
Select Preventative Services	Covered in Full	Deductible & Coinsurance
Primary Care Office Visit	\$20 Copay	Deductible & Coinsurance
Specialty Care Office Visit	\$20 Copay	Deductible & Coinsurance
Partnered Health Location	\$5 Copay	N/A
HOSPITAL SERVICES		
Inpatient / Outpatient	Deductible & Coinsurance	Deductible & Coinsurance
URGENT CARE & ER SERVICES		
Urgent Care	\$20 Copay, then In-Network Deductible & Coinsurance	
Emergency Care	\$200 Copay, then In-Network Deductible & Coinsurance	
RETAIL PRESCRIPTION DRUGS		
Tier 1	\$20 Copay	50% Coinsurance
Tier 2	\$40 Copay	50% Coinsurance
Tier 3	\$60 Copay	Not Covered
Tier 4	Not Covered	Not Covered






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Please reference page (19) for premium information.

Choose the Right Health Care Setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs.

<i>Type of care</i>		<i>Wait time</i>	<i>Member Cost</i>
	<p>Prevea Virtual Care Telephonic visit with a licensed physician allowing you to receive care, and if needed, prescriptions.</p> <p>When to go</p> <ul style="list-style-type: none"> • Colds or flu • Sinus infections • Headaches or sore throats • Allergies 	<p>1 hour or less during office hours, otherwise first thing the next morning</p>	<p>HDHP Plans \$35 Fee</p> <p>Copay Plans \$0 Copay</p>
	<p>Partnered Health Clinics Sturgeon Bay School District has partnered with Door County Medical Center and Prevea Health for various health care services available to you for a minimal fee.</p> <p>When to go</p> <ul style="list-style-type: none"> • Preventive care • Allergies • Skin Infections • Refer to pages 10–13 for additional details 	<p>Based on type of care Standard urgent or clinical care wait times</p>	<p>HDHP Plans Deductible <i>(Discounted rate on visits, labs, and immunizations)</i></p> <p>Copay Plans \$5 Copay</p>
	<p>Urgent care Urgent care centers are often open in the evenings and on weekends.</p> <p>When to go</p> <ul style="list-style-type: none"> • Sprains and strains / Minor broken bones or cuts • Mild asthma attacks • Sore throats 	<p>20 to 30 minutes Approximate wait time</p>	<p>HDHP Plans Deductible</p> <p>Copay Plans \$20 Copay</p> <p>\$156 <i>Average Cost</i></p>
	<p>Clinical care (your doctor's office) Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.</p> <p>When to go</p> <ul style="list-style-type: none"> • Preventive services and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life 	<p>1 week or more Approximate wait time for an appointment</p>	<p>HDHP Plans Deductible</p> <p>Copay Plans \$20 Copay</p> <p>\$156 <i>Average Cost</i></p>
	<p>Emergency room (ER) Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours</p> <p>When to go</p> <ul style="list-style-type: none"> • Sudden change in vision • Sudden weakness or trouble talking • Large, open wounds • Difficult breathing • Heavy bleeding • Spinal injuries • Chest pain • Major burns • Major broken bones 	<p>3 to 12 hours Approximate wait time for non-critical cases</p>	<p>HDHP Plans Deductible</p> <p>Copay Plans \$200 Copay</p> <p>\$570 <i>Average Cost</i></p>

Virtual Care



Stay home and get treated for common conditions in under an hour!

Virtual Care visits are \$35 for high deductible health plans, \$0 for copay plans.

What types of conditions are treated?

- COVID-19 (Coronavirus)
- Upper respiratory infections
- Cold, Sinus Infection or Influenza
- Yeast infections
- Seasonal Allergies
- Pink eye/conjunctivitis
- Acid reflux/GERD
- And more

Three steps to get you from feeling blah to ahh.

- 1 Complete an Online Health Interview
- 2 Prevea Health Provider Review
- 3 Prescription
(If part of your treatment plan)

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Start Virtual Care 24/7
Visit prevea.com/virtual-care

PREVEA³⁶⁰ health plan™
centered around you

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



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, diptheria and pertussis, adult and pediatric • Varicella

The Partnered Health access card must be presented at time of check-in. Otherwise, the service will be billed to your personal health insurance.

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. Labs are billed at \$20.
 *** HDHP members will receive a bill from a Prevea-partnered HSHS hospital if those services were performed at an HSHS hospital facility.



Partnered Health

Locations

Door County Medical Centers	Urgent Care	Family Medicine	Internal Medicine	Pediatrics	PT and OT
Door County Medical Center Sturgeon Bay Rehab 1300 Egg Harbor Road, Sturgeon Bay					x
Door County Rehab Services - Algoma 1510 Fremont St, Algoma					x
Door County Rehab Services – Sister Bay 2311 Meadow Wood Dr., Sister Bay					x
Door County Medical Center 323 S. 18 th Ave, Sturgeon Bay	x	x	x	x	
Door County Medical Center Fish Creek Clinic 3711 Highway 42 Fish Creek		x		x	
Door County Medical Center Washington Island Clinic 910 Main Road Washington Island		x			
Door County Medical Center Algoma Clinic 815 Jefferson Street Algoma		x			
Prevea Eastern Wisconsin Health Centers	Urgent Care	Family Medicine	Internal Medicine	Pediatrics	PT and OT
HSHS St. Mary's Hospital Medical Center Inside Prevea Regional Orthopedic Center 1726 Shawano Ave., Green Bay					x
Prevea Allouez Health Center 1821 S. Webster Ave., Green Bay			x	x	x
Prevea Ashwaubenon Health Center 2502 S. Ashland Ave., Green Bay	x	x			x
Prevea East De Pere Health Center 3860 Monroe Road, De Pere	x	x	x	x	x
Prevea East Mason Health Center 3021 Voyager Drive, Green Bay	x	x	x	x	x
Prevea Health 2700 E. Enterprise Ave., Appleton					
Prevea Howard Health Center 2793 Lineville Road, Green Bay	x	x	x	x	x
Prevea Kewaunee Health Center 1020 Marquette Drive, Kewaunee	x	x			
Prevea Kohler Health Center 950 Woodlake Road, Kohler	x	x	x		x
Prevea Lawrence Drive Health Center 1601 Lawrence Drive, De Pere	x				x
Prevea Luxemburg Health Center 101 School Creek Trail, Luxemburg		x			x
Prevea Manitowoc Health Center 4810 Expo Drive, Manitowoc	x	x			
Prevea Marinette Health Center 1409 Cleveland Ave., Marinette		x			x
Prevea Oconto Falls Health Center 853 S. Main St., Oconto Falls			x		x
Prevea Oconto Health Center 620 Smith Ave., Oconto		x	x		x
Prevea Oostburg Health Center 15 S. 10th St., Suite A, Oostburg		x	x		



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Prevea Plymouth Health Center 825 Walton Drive, Plymouth	x	x			x
Prevea Pulaski Health Center 940 S. St. Augustine St., Pulaski	x	x			x
Prevea Seymour Health Center 958 Foote St., Seymour		x			
Prevea Shawano Ave. Health Center 1727 Shawano Ave., Green Bay					x
Prevea Shawano Health Center 1300 East Green Bay St., Shawano	x	x	x	x	
Prevea Sheboygan Health Center 1411 N. Taylor Drive, Sheboygan	x	x	x		
Prevea Sheboygan Health Center 1526 N. Taylor Drive, Sheboygan					x
Prevea Sheboygan Health Center 1703 N. Taylor Drive, Sheboygan		x			
Prevea Sheboygan Medical Office Building 3113 Saemann Ave., Sheboygan		x			x
Prevea Sheboygan Health Center 1703 N. Taylor Drive, Sheboygan		x			
Prevea St. Mary's Health Center 1715 Dousman St., Green Bay			x	x	
Prevea Therapy 2920 Superior Ave., Sheboygan					x
Prevea Therapy - Inside Manitowoc-Two Rivers YMCA 205 Maritime Drive, Manitowoc					x
Prevea Washington Street Health Center 102 N. Washington St., Green Bay	x	x			
Prevea West De Pere Health Center 1686 Eisenhower Road, De Pere		x		x	
Prevea Western Wisconsin Health Centers	Urgent Care	Family Medicine	Internal Medicine	Pediatrics	PT and OT
Prevea Altoona Medical Office Building 3119 Woodman Drive, Altoona	x	x	x	x	
Prevea Augusta Health Center 207 W. Lincoln St., Suite 1, Augusta		x			
Prevea Chippewa Falls Health Center 2509 County Hwy I, Chippewa Falls	x	x	x	x	x
Prevea Cornell Health Center 320 N. 7th St., Entrance on 6th St., Cornell		x	x		
Prevea Health 3085 Meadowlark Lane, Altoona					x
Prevea Health Center 1109 W. Clairemont Ave., Eau Claire					x
Prevea Health Family Medicine 617 W. Clairemont Ave., Eau Claire		x			
Prevea Ladysmith Health Center 1101 Lake Ave. West, Ladysmith		x			
Prevea Menomonie Health Center 2919 Stout Road, Menomonie	x	x		x	x
Prevea Mondovi Health Center 250 State Road 37, Mondovi		x			x
Prevea Rice Lake Health Center 1051 West Ave., Rice Lake	x	x		x	x
Prevea Therapy 400 West 9th St. North, Ladysmith					x

HEALTH SAVINGS ACCOUNT

This account allows you to pay for qualified health expenses tax-free. For all health care-related accounts, eligibility is determined in part by which medical plan you choose.

HEALTH SAVINGS ACCOUNT (HSA)

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

If you choose Buy Down option #1, Sturgeon Bay School District will contribute \$550 for Single coverage, \$1,100 for Limited Family Coverage, or \$1,350 for Family coverage to your HSA.

If you choose Buy Down option #2, Sturgeon Bay School District will contribute \$1,350 for Single coverage, \$2,700 for Limited Family Coverage, or \$3,300 for Family coverage to your HSA.

HOW THE HSA WORKS

MONEY GOES IN	<p>Pretax contributions* from you, up to a total of:</p> <ul style="list-style-type: none"> ○ \$3,650 for individual coverage (2022 Limit, 2023 TBD) ○ \$7,300 if you enroll your spouse and/or child(ren) (2022 Limit, 2023 TBD) ○ An extra \$1,000 if you are age 55 or older (2022 Limit, 2023 TBD)
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.

You Are Eligible To Open An HSA If...

- You must be enrolled in a High Deductible Health Plan (HDHP)
- You cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person’s tax return
- You cannot have any other “impermissible coverage” which includes a spouse’s non-HDHP plan or FSA coverage

DENTAL PLAN

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.

NEW this year – we are excited to offer an enhancement to the dental plan. Your dental plan with Delta Dental will include CheckUp Plus where the cost of diagnostic and preventive services does not count towards your annual maximum benefit. See the flyer on the next page for further information.

DELTA DENTAL	IN-NETWORK	
Calendar Year Deductible	Single: \$25	Family: \$75
Preventive Care	100%	
BASIC SERVICES		
Fillings	100%	
Endodontics / Periodontics	100%	
Extractions	100%	
Oral Surgery	100%	
MAJOR RESTORATIVE SERVICES		
Crowns, Inlays, Onlays	80%	
Bridges & Dentures	80%	
Repairs & Adjustments to Bridges & Dentures	80%	
Implants	80%	
Orthodontia	50%	
Orthodontic Lifetime Maximum	\$2,000	
Individual Calendar Year Maximum	\$1,300	

For additional information, refer to the Benefit Summaries provided by Delta Dental.

Please reference page (19) for premium 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.*

For additional Delta Dental open enrollment resources, visit:
<https://www.deltadentalwi.com/s/dental-enrollment-resources>

VISION PLAN

Superior Vision	IN-NETWORK	OUT-OF-NETWORK
Frequency Limitations		
Eye Examination		Once Every 12 Months
Lenses		Once Every 12 Months
Frame		Once Every 24 Months
Contact Lenses		Once Every 12 Months
Deductibles	Exam	Materials
	\$10	\$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	Retail Value \$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.

Please reference page (19) for premium information.

PREMIUM CONTRIBUTIONS

MEDICAL PLAN OPTION 1	HMO COPAY PLAN – BASE PLAN				
	MONTHLY FULL RATE	Meeting Wellness Points		NOT Meeting Wellness Points	
		EMPLOYER RATE	EMPLOYEE RATE	EMPLOYER RATE	EMPLOYEE RATE
Employee	\$579.08	\$506.12	\$72.96	\$463.26	\$115.82
Limited Family	\$1,158.16	\$1,012.22	\$145.94	\$926.52	\$231.64
Family	\$1,447.70	\$1,265.28	\$182.42	\$1,158.16	\$289.54

MEDICAL PLAN OPTION 2	HMO HDHP H.S.A. PLAN – BUY DOWN #1				
	MONTHLY FULL RATE	Meeting Wellness Points		NOT Meeting Wellness Points	
		EMPLOYER RATE	EMPLOYEE RATE	EMPLOYER RATE	EMPLOYEE RATE
Employee	\$525.52	\$459.30	\$66.22	\$420.42	\$105.10
Limited Family	\$1,051.04	\$918.60	\$132.44	\$840.82	\$210.22
Family	\$1,313.80	\$1,148.26	\$165.54	\$1,051.04	\$262.76

MEDICAL PLAN OPTION 3	HMO HDHP H.S.A. PLAN – BUY DOWN #2				
	MONTHLY FULL RATE	Meeting Wellness Points		NOT Meeting Wellness Points	
		EMPLOYER RATE	EMPLOYEE RATE	EMPLOYER RATE	EMPLOYEE RATE
Employee	\$383.98	\$383.98	\$0.00	\$335.60	\$48.38
Limited Family	\$767.96	\$746.31	\$0.00	\$671.20	\$96.76
Family	\$959.95	\$932.89	\$0.00	\$838.99	\$120.96

MEDICAL PLAN OPTION 4	POS COPAY PLAN – BUY UP PLAN				
	MONTHLY FULL RATE	Meeting Wellness Points		NOT Meeting Wellness Points	
		EMPLOYER RATE	EMPLOYEE RATE	EMPLOYER RATE	EMPLOYEE RATE
Employee	\$789.32	\$591.99	\$197.33	\$552.52	\$236.80
Family	\$1,768.87	\$1,326.65	\$442.22	\$1,238.21	\$530.66

DENTAL	MONTHLY FULL RATE	EMPLOYER RATE	EMPLOYEE RATE
	Employee Only	\$48.98	\$42.81
Family	\$126.51	\$110.57	\$15.94

VISION	MONTHLY FULL RATE
	Employee Only
Family	\$16.28

* If you have less than 24 deductions per year or are not employed full-time, your amounts may vary.

VOLUNTARY ACCIDENT & CRITICAL ILLNESS

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



COUNSELORS & CONSULTANTS

Employee Benefit Enrollment Procedures

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

New Employees

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

Current Employees

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

Qualifying Events

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

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

Please note that a qualifying event may allow you to add or drop coverage for yourself and/or eligible dependents, but it does not allow you or your dependents to switch plans.

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

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

Employee Benefit Enrollment Procedures

Please note the following time limits:

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

Forms to be completed if making changes:

- The Employee Enrollment Form must be completed to change plans or individual/dependent coverage levels in the medical/dental plans. This form must also be completed if you are waiving coverage.

What Forms MUST be completed?

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

Where do I find these forms?

- Contact the Business Office for all forms.

Who do I contact with questions?

- Contact the Business Office with any questions you may have.

Other Information:

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

***Open Enrollment Procedure 2022/2023:** Please complete the separate enrollment form. Submitting this form constitutes as a digital signature.

REQUIRED FEDERAL NOTICES

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

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

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

To request special enrollment or obtain more information, contact 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, 2022

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.

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;
- Protheses; 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.

CMS Form 10182-CC

Updated April 1, 2011

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

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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.

CMS Form 10182-CC

Updated April 1, 2011

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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: 07/01/2022	Sturgeon Bay School District
Name of Entity/Sender:	Human Resources
Contact--Position/Office:	1230 Michigan Street, Sturgeon Bay, WI 54235
Address:	920-746-3864
Phone Number:	

CMS Form 10182-CC

Updated April 1, 2011

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MARKETPLACE COVERAGE NOTICE

GENERAL INFORMATION

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

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

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

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

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

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

HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?

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

¹

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

MARKETPLACE COVERAGE NOTICE (continued)

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

Employer Name 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 Phone Number (if different from above): 920-746-3864

- 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, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

CALIFORNIA – Medicaid

Website:
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website:
<http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

COLORADO – Health First Colorado

(Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program
(HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

CHIP (continued)

GEORGIA – Medicaid

A HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/> Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/> Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members> Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx> Phone: 1-877-524-4718

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

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofl/applications-forms>
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofl/applications-forms> Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP> Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov> Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfnv.gov> Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

CHIP (continued)

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html> CHIP Phone:
1-800-701-0710

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid

Website:
<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA - Medicaid

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

TEXAS – Medicaid

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

UTAH – Medicaid and CHIP

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

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

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

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid

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

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

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

CHIP (continued)

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

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.