



SHEBOYGAN AREA
— SCHOOL DISTRICT —

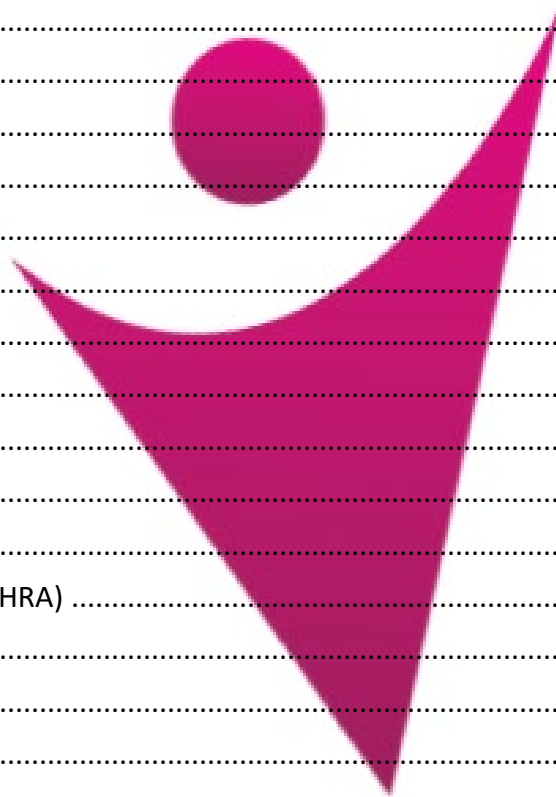
2024



**BENEFITS
GUIDE**

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SHEBOYGAN AREA

SCHOOL DISTRICT

Welcome!

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

You can also view overviews of our benefit plans by accessing our website, [MySASD](#).

Sincerely,

Mark Boehlke

Mark Boehlke
Assistant Superintendent of Business & Operational Resources

Eligibility

Eligible Employees:

You may enroll in the Sheboygan Area School District Employee Benefits Program if you are an employee working at least 20 hours per week.

Eligible Dependents:

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

When Coverage Begins:

Newly hired employees and their eligible dependents will be effective in Sheboygan Area School District's benefits programs on the 1st day of the month following your date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

Family Status Change:

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

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

If such a change occurs, you must make the changes to your benefits within 31 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 31 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact your Payroll & Benefits Specialist to make these changes.



Medical and RX Insurance

Sheboygan Area School District offers comprehensive medical and RX coverage administered by UMR/OptumRX. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefits Coverage	UMR (TPA)	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Coinsurance	90%	70%
Maximum Out-of-Pocket*		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Physician Office Visit		
Primary Care	90% after deductible	70% after deductible
Specialty Care	90% after deductible	70% after deductible
Preventive Care		
Adult Periodic Exams	100%	70% deductible waived
Well-Child Care	100%	70% deductible waived
Diagnostic Services		
X-ray and Lab Tests	90% after deductible	70% after deductible
Complex Radiology	90% after deductible	70% after deductible
Urgent Care Facility	90% after deductible	70% after deductible
Emergency Room Only Emergency Room Services	\$100 copay per visit (waived if admitted) 90% after deductible	\$100 copay per visit (waived if admitted) 90% after deductible
Inpatient Facility Charges	90% after deductible	70% after deductible
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible
Mental Health		
Inpatient	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
Substance Abuse		
Inpatient	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
Other Services		
Manipulations (Medical Necessity Will Be Reviewed After 24 Visits)	90% after deductible	70% after deductible

Optum RX Pharmacy Benefits*		
Generic (Tier 1)	\$10 copay – 30-day supply retail \$20 copay – 60-day supply retail \$30 copay – 90-day supply retail \$20 copay – 90-day supply mail order	Not covered
Preferred Brand (Tier 2)	\$25 copay – 30-day supply retail \$50 copay – 60-day supply retail \$75 copay – 90-day supply retail \$50 copay – 90-day supply mail order	Not covered
Non-Preferred Brand (Tier 3)	\$50 copay – 30-day supply retail \$100 copay – 60-day supply retail \$150 copay – 90-day supply retail \$100 copay – 90-day supply mail order	Not covered
Preferred Specialty (Tier 4)	25% to a maximum of \$150	Not covered

**If you use a branded medication instead of its generic equivalent, you pay your plan's applicable brand copayment plus a penalty. This penalty is the difference in cost between the brand and generic medications. Your out-of-pocket cost for the brand may be up to the entire cost of the medication. However, you will not be charged a penalty if your doctor tells the pharmacy to give you the brand instead of the generic.*

Optum RX Price Edge

This discount price solution helps you save on generic medications whether they are covered by your pharmacy benefit plan or not. Here's how it works:



You are already set up! There is nothing to do on your side.



Fill your prescriptions as usual and automatically get lower copays on some covered medications.



For medications not covered, even over-the-counter products, receive a discounted price with a prescription from your doctor.

Step-Therapy

- With this program, for certain medications you need to try a Step 1 medication first, before a Step 2 medication may be covered. When you bring a prescription to the pharmacy, our system will automatically screen the medication for step therapy requirements.
- We encourage you to discuss your treatment and medication options with your doctor. If you have questions about the Step Therapy program, call the toll-free member phone number on your ID card.
- **You can get a short-term supply of medication while your coverage is reviewed! Just ask your pharmacist!**

Medical and RX Insurance Contributions

Employee Contributions (Full-time Monthly)*

Note: New employees pay the 12% premium cost share in the year in which they were hired. During the next wellness year, they must complete an Annual Physical and earning 40+ Wellness Point. A \$75 monthly surcharge is applied to your medical premium if your spouse is eligible for insurance through their employer and elects not to take that coverage.

Premium with **Completed Annual Physical and 40+ Wellness Points** earned by **Both** Employee and Spouse = 12%

Employee	\$98.54
Limited Family	\$221.59
Family	\$314.73

Premium with **Completed Annual Physical and 40+ Wellness Points** earned by **Either** Employee or Spouse = 14%

Employee	n/a
Limited Family	\$258.52
Family	\$367.18

Premium with **Completed Annual Physical Only** for Both Employee and Spouse = 15.6%

Employee	\$128.10
Limited Family	\$288.06
Family	\$409.15

Premium with **no Annual Physical or earned Wellness Points** by Employee or Spouse = 23%

Employee	\$188.86
Limited Family	\$424.71
Family	\$603.23

*Contributions listed are for full-time employees working 36 hours per week or more. See Appendix for part-time premiums.

Dental Insurance

Sheboygan Area School District offers dental insurance administered by Delta Dental. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Delta Dental Insurance Company		
Benefits Coverage	Delta Dental PPO	Delta Dental Premier or any other dentist
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	\$2,000	\$2,000
Preventive	100%	90%
Basic	80%	80%
Major	80%	80%
Orthodontia		
Benefit Percentage	60%	60%
Dependent Child(ren)	Covered	Covered
Lifetime Maximum	\$1,500	\$1,500
Enhanced Benefits		
Check-up Plus		
Diagnostic and preventative services, including examinations, x-rays, regular cleanings and other related treatments do not apply to your individual annual maximum, allowing you to use your \$2,000 benefit toward needed non-routine dental care		
Evidence-Based Integrated Care (EBICP)		
EBICP provides benefits for additional teeth cleanings for persons with certain medical conditions that have oral health complications. Conditions include Diabetes, Pregnancy, Cancer, Periodontal disease, some specific heart conditions, Kidney failure or dialysis or a condition causing a suppressed immune system. EBICP requires self-enrollment by calling 800-236-3712. No medical claims need to be submitted or filed.		



We offer the Delta Dental Comprehensive Enhanced dental plan. Always use a PPO provider to obtain the highest level of benefits.

When accessing care out-of-network, there are no provider discounts, and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

QUESTIONS?

Call customer service at

800-236-3712

or visit www.deltadentalwi.com

Employee Contributions (Full-time Monthly)*

Employee	\$4.87
Limited Family	\$11.01
Family	\$16.41

*Contributions listed are for full-time employees working 36 hours per week or more. See Appendix for part-time premiums.

Vision Insurance

Sheboygan Area School District offers a Voluntary Vision Program through NVA. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

National Vision Administrators (NVA)	
Exam	
Routine Exams (Annual)	100% after \$10 copay
Vision Materials	
Materials Copay	100% after \$25 copay
Lenses	Benefit varies by type of lens. Covered once every calendar year.
Frames	Retail allowance up to \$150; 20% off balance. Covered once every calendar year.
Contacts Covered in lieu of frames Medically necessary contacts may be covered at a higher benefit level	Retail allowance up to \$175 yr; 15% discount for conventional lenses or 10% discount for disposable lenses. Covered once every calendar year in lieu of frames.



NVA has a national network of providers comprised of all provider types: Optometrists, Ophthalmologists and Opticians. Participating vision providers available are both those in private practice and national retailers. Finding a provider is easy! Visit the NVA website at www.e-nva.com or download the NVA Vision Benefits Member App.

NVA Smart Buyer®

The NVA Smart Buyer® Library - Accessible on both our website and mobile app, this library allows you to research beforehand what lenses and additions work best for you and your budget.

Vision Benefit Maximizer Provider Search Tool - You can search for providers near your zip code and see how many frames are available for \$0 out of pocket based on your plan design.

Smart Buyer® Specialist Unit - For further questions, you can call into our 24/7/365 customer service center where our optician-led Smart Buyer® Specialist Unit will answer your questions.

Employee Contributions - All Employees	
Employee	\$7.73
Limited Family	\$15.45
Family	\$20.46

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Sheboygan Area School District allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. The FSA plan is administered by Employee Benefits Corporation (EBC).

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan. The total amount you elect for the year is available to you on the 1st day of the plan year or the date your plan starts.

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you are allowed to carry-over a maximum of \$610 into the next plan year. You will lose any remaining funds over \$ 610.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Eligible Expenses:

FSA monies can be used to pay for IRS qualified medical, dental and vision expenses. This now includes over-the-counter medications and medical supplies.

- [CLICK HERE](#) to read IRS Publication 969 regarding allowed over-the-counter medications and medical supplies
- [CLICK HERE](#) for the full IRS Publication 502 outlining qualified medical expenses

Please plan your FSA contributions carefully. Re-enrollment is required each year.

2023 Maximum Annual Election	
Health Care FSA	\$3,050
Dependent Care FSA	\$5,000

Wellness Program

The Sheboygan Area School District supports and promotes an environment focused on the health and well-being of our staff and their spouses. This includes the Eight Dimensions of Wellness (Intellectual, Physical, Spiritual, Vocational, Social, Environmental, Financial, and Emotional).



You have the opportunity to earn a discount on your insurance premium costs by certifying you are in compliance with all age and gender appropriate screenings and participating in approved wellness activities throughout the program year. The Wellness Program Summary outlines the program requirements, deadlines, and approved wellness activities to earn wellness points. The program year begins November 1 and runs through October 31 annually, and is used to determine insurance premium costs for the following year. The Wellness Program requirements reset on November 1 each year.

Our award-winning Wellness Program is designed to help you take an active role in your health while providing tools, resources, and services for you to experience the benefits of Wellness. The Wellness Program is voluntary.

Nicotine Cessation

A nicotine cessation program is available to you and your spouse whenever you are ready to take the next step towards becoming tobacco free. The virtual program is offered through the Wellworks For You platform. You must be on the SASD health insurance plan in order to utilize this service.

Registered Dietitian

SASD offers complimentary nutrition coaching to employees and their dependents. If you're concerned about your food choices, a new medical condition that requires a more regimented diet, or if you would just like to bring your nutritional health to the next level, our Registered Dietitian is ready to meet with you.

Community Recreation Department

The SASD Recreation Department offers great fitness classes, enrichment programs, and fun activities throughout the year. The Recreation Department offers many different fitness classes to suit your needs; swimming, yoga, Zumba, step, and tennis, just to name a few. Complete at least 75% of a fitness class and you will be offered a \$25 voucher to use towards your next program!

Fitness Centers

If you use the South High School and North High School fitness centers (or a different fitness facility of your choice) 80 times in a calendar year, we will reimburse you \$40. The fee to use the high school fitness centers is \$40 per year for City of Sheboygan residents and \$35 per year for 65+ residents. If you live outside the City of Sheboygan, your annual fee is \$80 for all adults regardless of age.

Events

Join us in August for our annual Back to School Bash wellness celebration! Staff and spouses enjoy wellness presentations, visit wellness booths, learn about benefits and resources, and have fun as we kick off the new school year. The event is full of giveaways, raffle prizes, and staff connections! In addition to our annual event, ongoing wellness programming is available throughout the year.

Employee Assistance Program (EAP)

Sheboygan Area School District offers all employees free access to an Employee Assistance Program (EAP) through Advocate Aurora Health. You and any family member residing with you or dependent under your health plan have access to 6 sessions per issue.

Consider calling the EAP when a problem:

- Occupies too much of your time
- Interferes with normal activities
- Persists for more than 2-3 weeks



Typical concerns may include:

- Workplace stress
 - Anxiety or depression
 - Balancing work & family
 - Caring for aging parents
 - Childcare
 - Child/family concerns
 - Finding quality and cost-effective childcare
 - Divorce
 - Financial pressures
 - Legal issues
 - Relationship issues
 - Alcohol/drug abuse
- Call 800-236-3231 between the hours of 8 a.m. to 5 p.m. Central Standard Time (Monday-Friday)
 - 24 hours a day, 7 days a week to talk to an EAP Counselor



InHealth Clinic

Sheboygan Area School District offers an employer-funded, near site clinic managed by SolidaritUS Health for the benefit of our employees and their family members covered under the health plan.

Advanced Primary Care for You and Your Family



Preventive, Episodic Sick, and Urgent Visits



Chronic Disease Prevention and Management



Telehealth: Care from Anywhere



Vaccinations



1,000 In-Clinic Lab Tests (including blood draws)



Medication Management



Chiropractic Services



Healthy Lifestyle and Risk-Reduction Consultation



Coordination of Specialist/Hospital Care

Experience the difference. Make an appointment.



920.547.4210



**SolidaritUS
Health**

**Sheboygan InHealth Clinic
by SolidaritUS**

615 Pennsylvania Ave, Sheboygan, WI 53081

**Monday 7 am-6 pm
Tuesday 8 am-4 pm
Wednesday 7 am-6 pm
Thursday 7 am-3 pm
Friday 7 am-3 pm**



**SHEBOYGAN AREA
SCHOOL DISTRICT**

New Health Care Services at the Sheboygan InHealth Clinic by SolidaritUS

- After-hours access to your personal provider – reach your InHealth provider directly by secure mobile phone when you have urgent care concerns, with same/next business day appointments
- New in-clinic services: ECG/EKG testing, skin biopsies, basic wound care, incision and drainage of cysts and boils/abscesses, and other services

“SolidaritUS Health provides our patients comprehensive advanced primary care from a trusted personal provider. This is the way we should all experience health care.”

Suzanne Gehl, MD
Chief Medical Officer &
Collaborating Physician,
Sheboygan InHealth Clinic by
SolidaritUS



Teladoc

Your Healthcare Just Got a Whole Lot Easier!

With Teladoc you can connect with a doctor who can diagnose, treat, and prescribe over the phone 24/7/365. Using Teladoc can SAVE YOU TONS OF MONEY and no more time wasted in waiting rooms or trying to schedule an appointment.

Teladoc physicians are licensed and can handle an array of common ailments including allergies, earache, sore throat, pink eye, strep throat, urinary tract infection, and many more! Teladoc also provides services for behavioral health and dermatology. Teladoc is great for families because your spouse and dependents can use it too. There is no limit on the number of times called or the duration of each call. It saves you time and money.



- Physician visits are \$49 or less
- Dermatology Visits are \$85 or less
- Behavioral health is \$90 for visits with a psychologist, licensed social work, counselor or therapist
- Psychiatrist visits are \$220 for the initial session and \$200 for ongoing visits
- 24x7 Unlimited doctor access
- FREE to use
- Access by app, online or telephone
- Spouse and dependent use
- Price and save on prescriptions

Sign up before you need services at www.teladoc.com



Physical Therapy

Want to start feeling better fast?

ATI will help you address chronic pain, or help you recover from an injury or surgery - expertly, quickly and conveniently. They offer exceptional care, trusted expertise and remarkable outcomes - customized to you.

Employees and dependents enrolled in the Sheboygan Area School District medical plan are covered at a \$0 copay per visit.

ATI offers personalized rehabilitation treatment with hands-on physical therapy for a variety of concerns and conditions including:






- Acute and chronic pain • Strains and sprains • Joint injury or trauma • Sciatica
- Headaches • TMJ Dysfunction/jaw pain • Vestibular dysfunction/Vertigo/Dizziness • Concussion • Women's Health/Pelvic pain
- Balance Disorders and Fall Prevention • Difficulty walking/gait dysfunction • Overuse injuries • Joint Replacement
- Pre- and post-surgical conditions • Hand pain or injury
- Sports-related injury • Neurological conditions

If you are experiencing pain, don't live with it. To get started today, call 1-833-284-0001 or visit <https://atipt.com>.

Where to Get Care

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:

TYPE OF CARE		WAIT TIME	COST**
	UMR 24/7 Nurse Line 1-877-950-8053 You may speak by phone with a registered nurse any time of day, seven days a week. When to call* <ul style="list-style-type: none"> • Help choosing the right health care setting for illness or injury • Information about common health problems or injuries • Must be on SASD's Medical plan 	20-30 seconds Call answered, on average	\$0
	 Aurora Health Care EAP Contact Number: 800-236-3231 When to call* <ul style="list-style-type: none"> • Immediate help with a stressful situation such as depression, grief, substance abuse, or relationship, counselor available 24/7. • Follow-up in person support - Includes up to 6 counseling sessions (per issue) for assistance with stress, depression, grief, substance abuse, relationships, etc. • Coverage automatic for all associates, no enrollment required. 	20-30 seconds Call answered, on average	\$0
	Sheboygan County InHealth Clinic 615 Pennsylvania Ave. Call (920) 547-4210 to schedule an appointment! Sheboygan County InHealth Clinic is a convenient way to get many of the same services you would receive from your primary care doctor or from an urgent care/walk-in clinic... at no cost to you! * When to go* <ul style="list-style-type: none"> • The InHealth Clinic can provide preventive care, wellness services, vaccinations, and treatment for various illness & injuries, in addition to ongoing treatment for chronic condition management. *Must be on SASD's medical plan; \$10 chiropractic copay may apply	5 minutes or less, on average	\$0 on average; varies by service*
  	 When to call* <ul style="list-style-type: none"> • Teladoc Online medical physicians can be accessed at www.teladoc.com or by calling 800-835-2362. They can diagnose acute ailments, recommend treatments and prescribe medications. Convenient for evening and weekend situations. Pediatric, Psychiatry, Psychology and Dermatology specialists are also available. • Must be on SASD's medical plan 	5 minutes Approximate wait time for doctor to respond <i>(Wait time for Mental Health and Dermatology services are typically 4 days on average)</i>	\$49 or less For everyday care; varies by service <i>(Mental Health and Dermatology services are more)</i>



Retail clinic/convenient care clinic

Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies.

When to go*

- Colds or flu
- Sinus infections
- Allergies
- Vaccinations or screenings
- Minor sprains, burns or rashes
- Headaches or sore throats

15 minutes
or less, on
average

\$50-\$100
Approximate
cost per service



Urgent care/walk-in clinic

Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.

When to go*

- Sprains and strains
- Mild asthma attacks
- Sore throats
- Minor broken bones or cuts
- Minor infections or rashes
- Earaches

**20-30
minutes**
Approximate
wait time

\$150 - \$200
Average cost



Clinical care (your doctor's office)

Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.

When to go*

- Preventive services and vaccinations
- Medical problems or symptoms that are not an immediate, serious threat to your health or life

**1 week or
more**
Approximate
wait time for an
appointment

\$100-\$150
Average cost



Emergency room (ER)

Visit the ER only if you are badly hurt or seriously ill. *If you are not seriously ill or hurt*, seek other options or contact the Nurse Line for Advice.

When to go*

- Sudden change in vision
- Sudden weakness or trouble talking
- Large, open wounds
- Difficulty breathing
- Severe head injury
- Heavy bleeding
- Spinal injuries
- Chest pain
- Major burns
- Major broken bones

**3 to 12
hours**
Approximate
wait time for
non-critical cases

**\$1,200-
\$1,500**
Average cost



For additional information or assistance in finding the right care, contact UMR via the Member Services phone number on your ID Card, mobile app, or online chat via www.umar.com. A UMR customer care guide will be available to answer your questions or help you understand your plan benefits. They can connect you with the right benefits and programs for your needs.

* This is a sample list of services and is not intended to be all-inclusive.

** Costs are averages only and not tied to a specific condition or treatment. Out-of-pocket costs will vary based on your medical plan design.

Wisconsin Retirement System (WRS)

The Wisconsin Retirement System (WRS) provides retirement (pension) benefits to state and local public employees. At the time of hire, the Sheboygan Area School District is required to cover you as a participating employee if your job position meets WRS requirements. The money to pay WRS benefits come from employee and employer required contributions and are based on a percentage of your annual salary by law. The table below shows recent rates. Your employee contribution is deducted on a pre-tax basis. You may also choose to make additional contributions to WRS. Please refer to the ETF Benefit Handbook for complete plan details.

Calendar Year	Employee Required	Employer Required	Total
General			
2023	6.80	6.80	13.60
2024	6.90	6.90	13.80
Teachers			
2023	6.80	6.80	13.60
2024	6.90	6.90	13.80

Life Insurance

Sheboygan Area School District offers a life insurance option through the Wisconsin Public Employers Group Life Insurance Program under the Wisconsin Retirement System (WRS). This benefit is available to full-time or part-time employees under age 70 who are eligible to participate in WRS. Basic, Supplemental, Additional and Spouse & Dependent Coverages are available at a monthly rate per \$1,000 of Insurance equal to your previous year's WRS earnings and your current age. See Table below. Please see the summary plan description for complete plan details.

Wisconsin Public Employers Group Life Insurance Plan Monthly Employee Premium Rates Per \$1,000 of Insurance

Age	Local Government Employee
	Basic, Supplemental and Additional
	July 1, 2023 - June 30, 2024
Under 30	\$.05
30-34	\$.06
35-39	\$.07
40-44	\$.08
45-49	\$.12
50-54	\$.22
55-59	\$.39
60-64	\$.49
65-69*	\$.57
70 and older	**

Local government employees:

Each Unit of Spouse and Dependent Insurance is \$1.60 per month.

*Premiums for age 65-69 are required as long as employment continues.

**Active employees aged 70 and older should review the detailed plan information at MySASD.

Disability Insurance

Voluntary Short-Term Disability Insurance

Sheboygan Area School District offers a voluntary short-term disability option through National Insurance Services of Wisconsin, Inc. This benefit covers 66.67% of your annual base salary, divided by 52, depending upon your coverage choice per week. Benefits start on the 1st day for a covered disability resulting from an accident and 4th day for a disability resulting from an illness and lasts up to 90 days. Benefits are paid in addition to sick leave pay and Worker's Compensation. Please see the summary plan description for complete plan details.

If your annual salary is between:	Your choice of the corresponding benefit level or less
\$11,465 - \$13,648	\$147.00
\$13,649 - \$17,470	\$175.00
\$17,471 - \$21,291	\$224.00
\$21,292 - \$23,475	\$273.00
\$23,476 - \$27,843	\$301.00
\$27,844 - \$32,757	\$357.00*
\$32,758 - \$36,033	\$420.00*
\$36,034 - \$39,309	\$461.00*
\$39,310+	\$504.00*

Examples:

- Annual salary of \$22,000 can apply for a benefit amount of \$273 or less.
- Annual salary of \$30,000 can apply for a benefit amount of \$357 or less.
- Annual salary of \$40,000 can apply for a benefit amount of \$504 or less.

*If you are choosing coverage for the first time with a weekly benefit amount of \$357 or above, you are required to complete and submit a medical questionnaire (Evidence of insurability form). Applications subject to medical questions may be denied due to the answers to those questions. If are denied coverage at the higher level, you will automatically be enrolled in the \$301 level.

Long-Term Disability Insurance

Sheboygan Area School District provides long-term income protection through National Insurance Services of Wisconsin, Inc. in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 66.67% of your monthly base salary up to \$8,889. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Tax-Sheltered Annuities

Sheboygan Area School District offers 403(b) and 457(b) tax-sheltered annuities through WEA Member Benefits and Wisconsin Deferred Compensation (WDC). Both plans are a supplemental retirement savings plan that allows you to invest a portion of your income for retirement on either a pre-tax basis, an after-tax basis (Roth), or a combination of both through a payroll deduction. Participation is voluntary. Please refer to the plan documents for complete details.

Retiree Health Reimbursement Account (HRA)

Employees that are eligible for district health coverage may also be eligible to have a Retirement Health Reimbursement Account (HRA) funded by the district. If an employee retires from the district and meets the early retirement requirements as outlined in their employee handbook, the funds in their account can be used to reimburse for health care premiums paid after retirement.

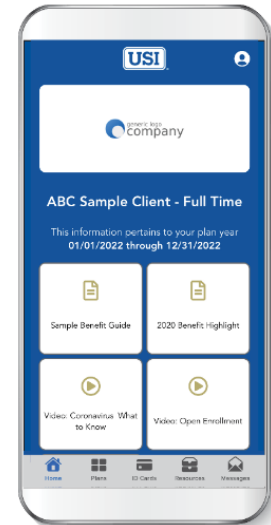
Each Spring the district presents an informational session on how the HRA accounts work. Invitations are sent to all employees. This is a terrific way to learn about the HRA accounts if you are newer to the district, or if you are nearing retirement and want a refresher on how the HRA account works.

USI Mobile App

The USleb app is now MyBenefits2GO! It gives you 24/7 on-the-go access to the Sheboygan Area School District's benefit and insurance policy details, benefits contact information and more!

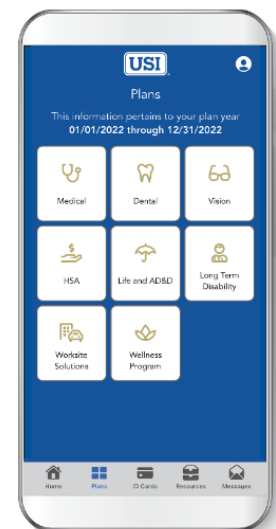
To access the upcoming plan year information, download the new **MyBenefits2GO** app to view plan contact information, key plan documents and more

- **Staying Organized**
The app gives you access to benefit plan information and ID cards—all in one place.
- **Keeping Up-to-Date**
The app automatically connects you with the most updated plan information.
- **Lightening Wallets**
The app allows you to take and access images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.
- **Getting In Touch**
The app provides you with a single location to find contact information for the Benefit Resource Center, as well as insurance carriers.



FIND IT IN THE APP STORE

Search for 'MyBenefits2GO' and download our free app. After scrolling through the intro pages. Enter this code when prompted: **F80162**



Benefit Resource Center (BRC)



**The Benefit Resource Center
("BRC")
is Here to Help!**



It doesn't matter if you're a new hire or celebrating your 15th year, benefits and claims can be tricky to navigate. Our Benefits Specialists can help you translate confusing jargon and answer questions about benefits your employer offers.

Plus, they can work directly with you and the insurance carriers to resolve issues related to claims, denials of service, appeals - and more!

**Benefit Resource Center
BRCMT@usi.com | Toll Free: 855-874-0742
Monday through Friday
8:00am to 5:00pm CST**

Contact Information

Carrier Customer Service

Additional information regarding benefit plans can be found at [MySASD](#). Please contact your Payroll Benefits Specialist to complete any changes to your benefits that are not related to your initial or annual enrollment.



	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	UMR (TPA)	800-826-9781	www.umar.com
Pharmacy	Optum RX	877-559-2955	www.umar.com
Dental	Delta Dental Insurance Company	800-236-3712	www.deltadentalwi.com
Vision	National Vision Administrators (NVA)	800-672-7723	www.e-nva.com
Short Term Disability (STD)	National Insurance Services of Wisconsin, Inc.	800-627-3660	www.nisbenefits.com
Long Term Disability (LTD)	National Insurance Services of Wisconsin, Inc.	800-627-3660	www.nisbenefits.com
Flexible Spending Account (Section 125)	Employee Benefits Corporation	800-346-2126	www.ebcflex.com
Life Insurance	ETF Group Life Insurance	877-533-5020	www.etf.wi.gov
Retirement Pension	ETF Wisconsin Retirement System	877-533-5020	www.etf.wi.gov
Retirement Savings	WEA Member Benefits	800-279-4030	www.weabenefits.com
Retirement Savings	Wisconsin Deferred Compensation	877-457-9327	www.wdc457.org
Wellness Program	Wellworks For You	484-713-9966	www.wellworksforyou.com
Employee Assistance Program (EAP)	Advocate Aurora Health	800-236-3231	www.aah.org/eap
Teladoc	Teladoc	800-835-2362	www.teladoc.com
Employee InHealth Clinic	SolidaritUS	920-547-4210	
Physical Therapy	ATI Physical Therapy	833-284-0001	www.ATipt.com

	PAYROLL/BENEFIT SPECIALIST	PHONE NUMBER	EMAIL
Teachers	Heather Blevons	920-459-3527	payroll@sasd.net
Administrators, Support Staff	Pam Block	920-459-3528	payroll@sasd.net

Prorated Premium Appendix 1

Medical – Support Staff

Hours Per Day	Plan Coverage	Employee Portion - Monthly			
		23%	15.60%	14%	12%
7 hours	Single	258.41	204.33	192.64	178.03
	Limited Family	581.11	459.50	433.20	400.34
	Family	825.38	652.64	615.29	568.61
6.5 hours	Single	293.19	242.45	231.48	217.77
	Limited Family	659.32	545.21	520.55	489.71
	Family	936.45	774.39	739.35	695.56
6 hours	Single	327.96	280.57	270.32	257.51
	Limited Family	737.52	630.93	607.89	579.08
	Family	1047.52	896.14	863.40	822.49
5.5 hours	Single	362.74	318.69	309.16	297.26
	Limited Family	815.72	716.65	695.23	668.46
	Family	1158.59	1017.88	987.46	949.43
5 hours	Single	397.51	356.80	348.00	337.00
	Limited Family	893.92	802.37	782.57	757.83
	Family	1269.67	1139.63	1111.51	1076.37
4.5 hours	Single	432.29	394.92	386.84	376.74
	Limited Family	972.12	888.08	869.92	847.20
	Family	1380.74	1261.38	1235.57	1203.31
4 hours	Single	467.06	433.04	425.68	416.48
	Limited Family	1050.32	973.80	957.26	936.58
	Family	1491.81	1383.13	1359.62	1330.25

How to Determine your Premium Percentage

12%	Premium with Completed Annual Physical and 40+ Wellness Points earned by Both Employee and Spouse
14%	Premium with Completed Annual Physical and 40+ Wellness Points earned by Either Employee or Spouse
15.60%	Premium with Completed Annual Physical Only for Both Employee and Spouse
23%	Premium with no Annual Physical or earned Wellness Points by Employee or Spouse

Note: New employees hired on or after February 1, 2023, will receive the 12% premium cost share in 2024. You will need a physical and 40 points between November 1, 2023 and October 31, 2024 to receive a discount for the 2025 insurance year.

A \$75 monthly surcharge is applied to your medical premium if your spouse is eligible for insurance through their employer and elects not to take that coverage

Prorated Premium Appendix 2

Medical – Teachers

Full-time Equivalent	Plan Coverage	Employee Portion - Monthly			
		23%	15.60%	14%	12%
.85 FTE	Single	283.73	232.06	220.89	206.93
	Limited Family	637.99	521.84	496.73	465.34
	Family	906.16	741.19	705.51	660.93
.8 FTE	Single	315.32	266.71	256.20	243.06
	Limited Family	709.08	599.76	576.13	546.58
	Family	1007.13	851.87	818.29	776.33
.7 FTE	Single	378.54	336.01	326.81	315.32
	Limited Family	851.27	755.61	734.93	709.08
	Family	1209.08	1073.22	1043.85	1007.13
.65 FTE	Single	410.16	370.66	362.12	351.45
	Limited Family	922.36	833.54	814.33	790.33
	Family	1310.06	1183.90	1156.62	1122.53
.6 FTE	Single	441.77	405.32	397.43	387.58
	Limited Family	993.45	911.46	893.74	871.58
	Family	1411.03	1294.58	1269.40	1237.93
.5 FTE	Single	505.00	474.62	468.05	459.84
	Limited Family	1135.64	1067.31	1052.54	1034.08
	Family	1612.98	1515.94	1494.96	1468.73

How to Determine your Premium Percentage

12%	HRA & Bioscreen Waiver Consent Form completed by Both Employee and Spouse and 125+ Wellness Points earned by Both Employee and Spouse
14%	HRA & Bioscreen Waiver Consent Form completed by Both Employee and Spouse and 125+ Wellness Points by Either Employee or Spouse
15.60%	HRA & Bioscreen Waiver Consent Form completed only by Both Employee and Spouse
23%	No HRA & Bioscreen Waiver Consent Form or 125+ Wellness Points completed by Employee or Spouse

Note: New employees hired on or after February 1, 2023, will receive the 12% premium cost share in 2024. You will need a physical and 40 points between November 1, 2023 and October 31, 2024 to receive a discount for the 2025 insurance year.

A \$75 monthly surcharge is applied to your medical premium if your spouse is eligible for insurance through their employer and elects not to take that coverage

Prorated Premium Appendix 3

Dental – Support Staff

Hours Per Day	Plan Coverage	Employee Portion - Monthly
7 hours	Single	9.70
	Limited Family	21.91
	Family	32.65
6.5 hours	Single	12.11
	Limited Family	27.36
	Family	40.77
6 hours	Single	14.52
	Limited Family	32.81
	Family	48.90
5.5 hours	Single	16.93
	Limited Family	38.26
	Family	57.02
5 hours	Single	19.34
	Limited Family	43.71
	Family	65.14
4.5 hours	Single	21.75
	Limited Family	49.16
	Family	73.26
4 hours	Single	24.17
	Limited Family	54.60
	Family	81.38

Prorated Premium Appendix 4

Dental – Teachers

Hours Per Day	Plan Coverage	Employee Portion - Monthly
.85 FTE	Single	11.45
	Limited Family	25.87
	Family	38.56
.8 FTE	Single	13.64
	Limited Family	30.83
	Family	45.94
.7 FTE	Single	18.03
	Limited Family	40.73
	Family	60.71
.65 FTE	Single	20.22
	Limited Family	45.69
	Family	68.09
.6 FTE	Single	22.41
	Limited Family	50.64
	Family	75.48
.5 FTE	Single	26.80
	Limited Family	60.55
	Family	90.24

Prorated Premium Appendix 5

Vision – All Employees

Plan Coverage	Monthly Cost – All Employees	Vision premiums do not vary by hours worked
Single	7.73	
Limited Family	15.45	
Family	20.46	

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

REQUIRED EMPLOYEE NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

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

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

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

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

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

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

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

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

CONTACT INFORMATION

To request special enrollment or obtain more information, contact a Sheboygan Area School District Payroll & Benefits Specialists at payroll@sasd.net.

NOTICE REGARDING WELLNESS PROGRAMS

Sheboygan Area School District's wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a routine physical with a primary care physician or licensed nurse practitioner. You will also be asked to complete a biometric screening, which will include a blood tests equivalent to a Complete Blood Count (CBC) panel. You are not required to complete routine physical or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a premium discount for participating. Although you are not required to complete the routine physical or participate in the biometric screening, only employees who do so will receive the premium discount.

Additional incentives of up to 3.6% may be available for employees who participate in certain health-related activities outlined in the Sheboygan Area School District wellness guide. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Bo Thao at (920) 459-6738 or bthao@sasd.net.

The information from your routine physical and the results from your biometric screening are used to provide you with information to help you understand your current health and potential risks and are not disclosed to SASD.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Sheboygan Area School District may use aggregate information it collects to design a program based on identified health risks in the workplace, Wellwork For You will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a Wellwork For You healthcare professional in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Bo Thao at (920) 459-6738 or bthao@sasd.net.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

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

Your Rights

You have the right to:

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

Your Choices

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

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

Our Uses and Disclosures

We may use and share your information as we:

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

Your Rights

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

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Request confidential communications

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

Ask us to limit what we use or share

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

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

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

Your Choices

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

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

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

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

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

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

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

Help manage the health care treatment you receive

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

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

Run our organization

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

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

Pay for your health services

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

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

Administer your plan

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

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

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

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

Do research

We can use or share your information for health research.

Comply with the law

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

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

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

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

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

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

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

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

Changes to the Terms of this Notice

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

MEDICARE PART D CREDITABLE/NON-CREDITABLE COVERAGE NOTICE

Important Notice from Sheboygan Area School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sheboygan Area 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. Sheboygan Area School District has determined that the prescription drug coverage offered by the Sheboygan Area School District Health Plan 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.

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 Sheboygan Area School District coverage **will not** be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current Sheboygan Area School District coverage, be aware that you and your dependents may not be able to get this coverage back right away or at all. Please review the Sheboygan Area School District health plan documents for details regarding eligibility and enrollment rights.

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 Sheboygan Area 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 if this coverage through Sheboygan Area School District changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	01/01/2024
Name of Entity/Sender:	Sheboygan Area School District
Contact--Position/Office:	Payroll & Benefits Specialist:
Address:	3330 Stahl Rd, Sheboygan, WI, 53081
Phone Number:	920-459-3528 or 920-459-3527
Email:	payroll@sasd.net

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 July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	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)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – 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/agencies/dms	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	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid		NEBRASKA – Medicaid	
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov		Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	
NEVADA – Medicaid		NEW HAMPSHIRE – Medicaid	
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900		Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218	
NEW JERSEY – Medicaid and CHIP		NEW YORK – Medicaid	
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		Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	
NORTH CAROLINA – Medicaid		NORTH DAKOTA – Medicaid	
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100		Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	
OKLAHOMA – Medicaid and CHIP		OREGON – Medicaid	
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742		Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid and CHIP		RHODE ISLAND – Medicaid and CHIP	
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)		Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	
SOUTH CAROLINA – Medicaid		SOUTH DAKOTA - Medicaid	
Website: https://www.scdhhs.gov Phone: 1-888-549-0820		Website: http://dss.sd.gov Phone: 1-888-828-0059	
TEXAS – Medicaid		UTAH – Medicaid and CHIP	
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493		Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	
VERMONT– Medicaid		VIRGINIA – Medicaid and CHIP	
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427		Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 9-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact an SASD Payroll & Benefits Specialists at payroll@sasd.net

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Sheboygan Area School District	4. Employer Identification Number (EIN) 39-6004431	
5. Employer address 3330 Stahl Rd	6. Employer phone number (920) 459-3955	
7. City Sheboygan	8. State WI	9. ZIP code 53081
10. Who can we contact about employee health coverage at this job? SASD Payroll & Benefits Specialist Support Staff/Admin Group – Pam Block, pblock@sasd.net 920-459-3528 Professional Group – Heather Blevons, hblevons@sasd.net 920-459-3527		
11. Phone number (if different from above)	12. Email address payroll@sasd.net	

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

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

- ☒ Some employees. Eligible employees are:

Eligible employees are employees who are reasonably expected to work 20 hours a week or more based upon a determination made upon hire or change to a new position.

- With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are:

Eligible dependents are a lawful spouse of the covered employee and qualified dependent children as defined by the plan.

- ☐ We do not offer coverage.

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

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

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