

07/01/2023 through 06/30/2024



Table of Contents

A Message from Eau Claire Area School District	3
Medical Insurance	5
Direct Access Clinic	10
Health Reimbursement Arrangement (HRA)	16
Wellness Program	
Bridge – HRA Plan	20
Flexible Spending Accounts (FSA)	21
Dental Insurance	22
Vision Insurance	23
Disability Insurance (Long Term and Short Term)	24
Retirement Plans	27
403b Program	29
457 Plan	31
Life Insurance	33
Identity Theft Protection Services	36
Contacts	37
Required Notices	40

This brochure summarizes the benefit plans that are available to Eau Claire 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 Payroll Department. Information provided in this brochure is not a guarantee of benefits.

A Message from Eau Claire Area School District

Welcome to your 2023-24 employee benefits guide. In these pages, you'll learn about the Eau Claire Area School District benefits program, which is designed to help you stay healthy, secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information in this guide carefully, and for full details about our plans, refer to each plan's summary plan description



2023-24 Benefit Plan Highlights

- o Medical plan unchanged
- Preventive RX covered at 100% no deductible

Who is Eligible?

All eligible employees working at least 30 hours per week and eligible dependents may participate in the benefit program.

Generally, for the Eau Claire Area School District benefits program, dependents are defined as:

- Your legal spouse
- Dependent child(ren) up to age 26.

When and How Can I Enroll?

Dental, Medical, Vision, and Flexible spending elections must be made in **Employee Online**.

Enrollment for Short/Long Term Disability Insurance, Life Insurance, 403(b), or other benefit elections see checklist in **TalentEd**.

All eligible employees are required to complete the enrollment process indicating enrollment or waiver preference.

For questions about your benefits or enrollment options, contact the Payroll Department at payroll@ecasd.us.

When is Coverage Effective?

Coverage is effective the first of the month following your date of hire.

Changing Coverage During the Year

You can change coverage during the year only when you experience a qualifying life event, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Payroll Department within 30 days of the event. The change must be consistent with the event.

Changes to your network (Simply One and Premier) can only be completed during Open Enrollment.

When does Coverage End?

Medical, Dental, and Vision Coverage are effective July 1, 2023 through June 30, 2024.

Should you resign or retire from ECASD prior to June 30, 2024, your benefits will terminate the last day of the month of your resignation or retirement date, (i.e., resignation or retirement date 10/7/2023, coverage will terminate on 10/31/2023).

For Limited Term Employees (LTE), coverage will terminate the last day of the month of your last day worked, (i.e., last day of work 11/10/2023, coverage will terminate on 11/30/2023)



Medical Insurance

Eau Claire Area School District will continue to offer medical coverage. The below chart is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Security Health Plan 502280
	Schedule of Benefits
Annual Deductible	
Individual	\$5,000
Family	\$10,000
Coinsurance	80%
Maximum Out-of-Pocket	
Individual	\$6,000
Family	\$12,000
Physician Office Visit	
Primary Care	\$50 copay per visit
Specialty Care	\$50 copay per visit
Preventive Care	
Adult Periodic Exams	100%
Well-Child Care	100%
Diagnostic Services	
X-ray and Lab Tests	100% after deductible
Complex Radiology	80% after deductible
Urgent Care Facility	\$50 copay per visit
Emergency Room Facility	
Charges	\$250 copay per visit
Inpatient Facility Charges	80% after deductible
Outpatient Facility and	80% after deductible
Surgical Charges	00 % after deductible
Mental Health	
Inpatient	80% after deductible
Outpatient	80% after deductible
Substance Abuse	
Inpatient	80% after deductible
Outpatient	80% after deductible
Other Services	
Chiropractic	\$50 copay per visit; 30 visits per benefit period
Retail Pharmacy (30 Day Su	ipply)
Generic (Tier 1)	\$5 copay
Preferred (Tier 2)	\$25 copay
Non-Preferred (Tier 3)	\$50 copay
Preferred Specialty (Tier 4)	25% after deductible
Mail Order Pharmacy (90 Da	ay Supply)
Generic (Tier 1)	\$10 copay
Preferred (Tier 2)	\$50 copay
Non-Preferred (Tier 3)	\$100 copay
Preferred Specialty (Tier 4)	Not covered

Preventive Prescriptions covered at 100% - see separate listing of what is considered a preventive prescription

Employee Contributions (Monthly)		
Medical Plans	SimplyOne (Narrow Network – Marshfield)	Premier (Broad Network)
Employee	\$92.33	\$261.60
Employee + Spouse	\$185.41	\$539.18
Employee + Child(ren)	\$185.41	\$539.18
Employee + Spouse + Child(ren) = Family	\$228.10	\$666.51

SimplyOne network provides exclusive access; even more perks – more than other Security Health Plan members.

- 30% off select eye wear from Marshfield Clinic Health System locations
- Lower copays for prescription drugs filled at a Marshfield Clinic Heath System pharmacy
 - ½ the copay cost for tier 1-3 prescriptions (30-day supply or less)
 - 1 ½ copays (vs. 2 copays) for tier 1-3 prescriptions (90-day supply)

Simply One



Marshfield Clinic Health System Hospitals

- Marshfield Clinic Health System Clinics
- Additional in-network provider

Exceptional coverage in one simple package

With Security Health Plan's SimplyOne network, you'll give your employees access to the one provider that simplifies the path to health care:



Marshfield Clinic Health System

When you choose Security Health Plan's SimplyOne network, featuring Marshfield Clinic Health System, your employees receive access to more than 170 specialties, 10 hospitals including the region's only children's hospital - and more than 60 clinic locations.



With SimplyOne, employees will save when they take advantage of:

- · 100% coverage for unlimited Care My Way® visits.
 - · \$30 quarterly credit for over-the-counter items and supplies.

SimplyOne provides exclusive access and perks that are not available with other Security Health benefit options.

☆.

☆

☆

SecurityHealth Plan.

- · Ask Marsha a free self-service chat to help address any symptoms you're unsure how to treat.
- · Priority real-time access to a registered nurse through video chat.
- 30% off select eye wear from Marshfield Clinic Health System locations.
- · Lower copays for prescription drugs filled at a Marshfield Clinic Health System pharmacy.
- · Access to Marshfield Clinic Health System Patient Navigators to help with scheduling appointments, answering questions about bills and health plan coverage.

There is also an option to supplement coverage with \$0 primary care services at Marshfield Clinic Health System.

Contact our Sales team at 1-800-622-7790 for details. Available for non-HDHP plans only.

Learn more about SimplyOne by visiting www.securityhealth.org/SimplyOne

SimplyOne provider locations



Security Health Plan and Marshfield Clinic Health System's long-standing partnership results in an incredible value and exceptional care for your employees and their families.

BEAVER DAM

- · Marshfield Medical Center Beaver Dam Clinic
- · Marshfield Medical Center Beaver Dam Hospital

BLOOMER

· Marshfield Clinic Bloomer Center

· Marshfield Clinic Chetek Center

CHIPPEWA FALLS

- Marshfield Clinic Chippewa Center
- · Marshfield Clinic Lake Hallie Center

· Marshfield Clinic Colby/Abbotsford Center RHC

COLUMBUS

· Marshfield Medical Center - Beaver Dam -Columbus Clinic

CORNELL

· Marshfield Clinic - Cornell

CRANDON

Sokaogon Chippewa Health Clinic

CUMBERLAND

Marshfield Clinic Cumberland Center

EAGLE RIVER

· Marshfield Clinic Eagle River Center

EAU CLAIRE

- · Marshfield Clinic Oakwood Center
- · Marshfield Medical Center Eau Claire Clinic
- · Marshfield Medical Center Eau Claire Hospital

GREENWOOD

· Marshfield Clinic Greenwood Center RHC

HAYWARD

· Marshfield Clinic Hayward Center

· Marshfield Medical Center - Beaver Dam -Horicon Clinic

LADYSMITH

- Marshfield Clinic Ladysmith
- · Marshfield Medical Center Ladysmith Hospital

MARSHFIELD

- · Marshfield Children's Hospital
- · Marshfield Medical Center Clinic
- · Marshfield Medical Center Hospital

MENOMONIE

· Marshfield Clinic Menomonie Center

MERCER

· Marshfield Clinic Mercer Center

MERRILL

· Marshfield Clinic Merrill Center

MINOCQUA

- · Marshfield Medical Center Minocqua Hospital
- Marshfield Medical Center Minocqua RHC

· Marshfield Clinic Mosinee Center

NEILLSVILLE

· Marshfield Medical Center - Neillsville Hospital

- · Marshfield Medical Center Park Falls RHC
- · Marshfield Medical Center Park Falls Hospital

RHINELANDER

· Marshfield Clinic Rhinelander Center

- · Marshfield Medical Center Rice Lake Clinic
- · Marshfield Medical Center Rice Lake Hospital

STEVENS POINT

· Marshfield Clinic Stevens Point Center

STRATFORD

· Marshfield Clinic Stratford Center RHC

WAUPUN

· Marshfield Medical Center - Beaver Dam -Waupun Clinic

WAUSAU

· Marshfield Clinic Stettin Center

· Marshfield Medical Center - Weston Hospital

WISCONSIN RAPIDS

Marshfield Clinic Wisconsin Rapids Center

WITTENBERG

· Marshfield Clinic Wittenberg Center

Additional providers (check the online provider directory at www.securityhealth.org/directory for the most accurate listing):

- · Home infusion, skilled nursing facilities and chiropractic networks mirror other commercial plans
- · Additional mental health clinics, autism clinics and home health agencies
- · DaVita Dialysis

Limited English Proficiency Language Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY 711).

©2021 Security Health Plan of Wisconsin, Inc. All rights reserved. Written permission to reproduce or transmit this document in any form or by any means must be obtained from Security Health Plan of Wisconsin, Inc.

24427-003

To find a doctor, visit our online provider directory at www.securityhealth.org/ directory and choose SimplyOne.



Premier Network

Premier network Marshfield Clinic HEALTH SYSTEM ASPIRUS ASPIRUS CINICAL SYSTEM CINIC



Marshfield Clinic Health System Direct Access Center

Your place for primary care service.

From newborn to adult, our primary care team has you covered. Our providers emphasize preventive care, and treat minor acute and chronic medical conditions for the entire family. Services available at Direct Access Centers include annual exams, cholesterol and blood pressure screenings, immunizations such as flu shots, and health coaching. In addition to clinic access, we are able to provide virtual visits, which include mental health, medication prescriptions, and some follow-ups.

Members also will have access to behavioral health integrated care with a focus on mental health. Patients receive care from a registered nurse and have access to a psychiatric nurse practitioner one day per week in-person and virtually. Behavioral health services are only available at the Oakwood Direct Access Center at this time.

Services Available

With Direct Access Centers, you have access to:

- · Annual preventive check-ups
- · Blood pressure screenings
- Flu shot and other immunizations with pre-scheduled appointment
- · Prescription refills

Help managing common chronic conditions:

- High blood pressure
- Type-2 diabetes
- Cholesterol
- Asthma

Treatment for minor illnesses:

- Upper respiratory infection
- Cough/cold/sore throat/strep throat
- · Seasonal allergies
- · Viral infections
- · Skin rashes
- · Back pain
- · Laboratory services
- X-ray
- Physical Therapy

Note: Some services and those referred to outside of Direct Access Centers will be subject to out-of-pocket costs. Services may differ, depending on location. Call ahead for more details.



Schedule an appointment

715-858-4099 | Toll free: 1-844-736-0119

Direct Access Center Locations >



Marshfield Clinic Health System

Direct Access Center Locations



Oakwood Direct Access Center

Center Address: 3501 Golf Road Eau Claire, WI 54701 Located on lower level of the Oakwood Center

Clinic Hours: Monday - Friday: 7 a.m. to 7 p.m. Every 1st and 3rd Saturday of the month: 9 a.m. to 1 p.m.



Chippewa Falls Direct Access Center Center Address: 2655 County Highway I

Chippewa Falls, WI 54729

Clinic Hours: Monday - Friday: 7:30 a.m. to 5 p.m.



How Do Direct Access Centers Work at Marshfield Clinic Health System?

Your first call should be to Marshfield Clinic Health System Direct Access Centers when your annual physical is due or if you have a non-emergent care need. Many patients are surprised to learn about the wide variety of services Direct Access Centers offer to patients of all ages. This care model has a dedicated care team and friendly appointing staff to support you and your family. Learn how to navigate Direct Access Centers by following the steps below.



Make your appointment by phone.

715-858-4099

You may ask the staff for same day availability or schedule services for a later date. Identify you are a Direct Access Center patient and the employer your health insurance is through.



Same Day Availability

715-858-4099

Ask the appointment staff for same day availability by phone

Appointments may be available at different locations

Walking into the Direct Access Centers may not provide the soonest available appointment.



Come early.

15 minutes prior to appointment

Bring information to your appointment that may be beneficial such as your insurance card and medication list.



For more information about your cost share, please contact Security Health Plan Customer Service at 800-472-2363. You can access your Security Health Plan Portal by visiting securityhealth.org. The phone number is also located on the back of your Plan ID card.



Check in.

Stop at the check in desk

Identify you are a Direct Access Center patient, time of your appointment and the employer your health insurance is through.



Meet with your provider.

Take time to discuss all your worries

Your provider will listen to your concerns and carefully plan your care around the Direct Access Center service m necessary, your provider may discuss referrals outside the Direct Access Center service menu.



No cost to you!

Variety of services provided at no charge

If your provider recommends treatments or services outside of the Direct Access Center, there maybe additional costs. The provider or staff member will inform you prior to delivery of service,



Access your patient portal.

Sign into My Marshfield Clinic at ishine.marshfieldclinic.org



Quick Tasks



Request an





Get your personal health information when you want it with My Marshfield Clinic

Available Now

My Marshfield Clinic Mobile App

For Marshfield Clinic Health System patients







Direct Access Center Services

Preventive Care

- Adult physicals
- Well child checks through age 18
- Immunizations
- Blood pressure checks
- Behavioral Health intervention in response to a stressful event or change in a person's life. The focus of these interventions is to promote awareness while offering training in the skills needed to change behaviors.

Minor Acute Care

- Allergies, cold and flu
- Conjunctivitis ("pink eye")
- Headaches
- Stomach Aches
- Minor injuries
- Minor burns
- Insect bites
- Boils
- Cuts and bruises
- Wound infections
- Skin infections abscesses (not dental)
- Bronchitis
- Cough non-asthmatic

- · Diarrhea and vomiting
- Ears infection, pain, blocked
- Eyes conjunctivitis, sties
- Fungal Infection nails/feet
- Mouth ulcers, cold sores
- Period problems
- Shingles
- Sore throat
- STIs
- Sunburn
- Eczema
- Tonsillitis
- Urinary tract infection
- Vaginal discharge

Direct Access Center Locations

Oakwood Direct Access Center

Center Address:

3501 Golf Road

Eau Claire, WI 54701

Located on lower level of the Oakwood Center

Clinic Hours:

Monday - Friday: 7 a.m. to 7 p.m. Every 1st and 3rd Saturday of the month: 9 a.m. to 1 p.m.

Chippewa Falls Direct Access Center

Center Address:

2655 County Highway I

Chippewa Falls, WI 54729

Located within the Chippewa Falls Center. Use main entrance.

Clinic Hours:

Monday - Friday: 7:30 a.m. to 5 p.m.

If you have questions regarding services or appointing, please talk to your provider or call the appointing staff at **715-858-4099** or toll free at 1-844-736-0119.

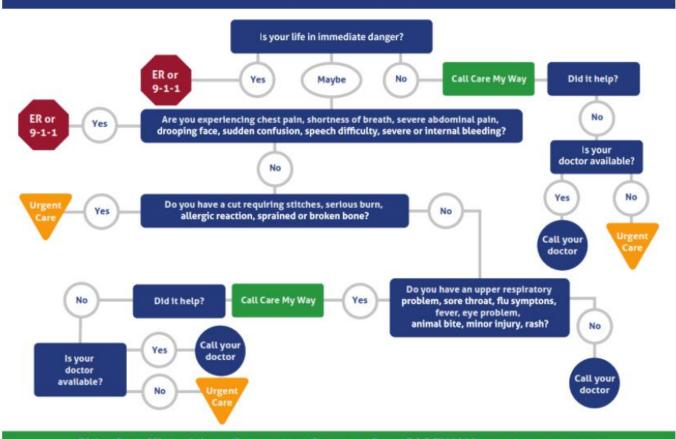
What will it cost me?

Average cost of most common visits in Wisconsin



" If you are not on a HDHP you will receive three free visits to Care My Way

How should I choose?



Skip the office visit and get treated now 1-844-CAREWAY • caremyway.org Available from 7 a.m. - 9 p.m., seven days a week, via phone or virtual visits on your mobile device.

Marshfield Clinic Health System Urgent Care locations

Walk in without an appointment and spend less on treatment for non-life threatening illness and injuries.

Eau Claire Center • 715-858-4500

Mon. - Fri., 8 a.m. - 8 p.m.

Sat. - Sun., 8:30 a.m. - 3 p.m.

Lake Hallie Center • 715-738-3700

Mon. - Fri., 8 a.m. - 8 p.m.

Sat. - Sun., 8:30 a.m. - 3 p.m.



20765-001

Which care option should I choose?

When you or your family members get sick, there are several options from which to choose. Employees often ask, "Should I use CareMyWay, Oakwood Direct Access Center, urgent care or the ER for my care?"

Each option is important; your symptoms determine which one to use. If you have a non-emergency illness like the flu, a sinus infection or bronchitis, Oakwood Direct Access Center or CareMyWay can be the right choice, but certain medical conditions or life-threatening symptoms require a visit to the ER.

Use this handy guide to help you determine when to use CareMyWay versus other care options:



CareMyWay

Speak to a licensed provider who can diagnose, treat, and prescribe medicine for cough, cold, flu, allergies, and more from 7 a.m. to 9 p.m. seven days a week. Call Care My Way® at 1-800-549-3174 to get help from anywhere in Wisconsin, Minnesota, or Michigan.







Oakwood Direct Access Center

Call 715-858-4099 to set an appointment. Many patients can be seen the same day. The Center offers medical visits, physical therapy, labs, and x-rays. Colds, flus, allergies, acute care, annual physicals, and even minor surgical services for your entire family can be addressed at the Oakwood Direct Access Center.

Wait Time: Cost: FREE

Avg. Primary Care/PT Cost \$170+

Visit an urgent care center when you need an in-person visit for conditions like stitches, serious burn, sprained or broken bone.

Wait Time: Cost: \$\$\$ Avg. UC Cost \$200+



Emergency Room

Go to the ER if you need emergency medical care for severe conditions like chest pain, difficulty breathing, drooping face, sudden confusion, severe or internal bleeding.

Wait Time: 1 Cost: \$\$\$\$\$ Avg. ER Cost \$1,000+



Health Reimbursement Arrangement (HRA)

The Eau Claire Area School District offers a Health Reimbursement Account (HRA) which is administered by MidAmerica Administrative & Retirement Solutions, Inc.

Employees and spouses that are enrolled in the District medical insurance have the opportunity to earn an increased HRA contribution for the 2024-25 plan year by completing the requirements of the Health Insurance Wellness Program during the 2023 calendar year.

Examples are as follows:

- HRA Deposit Examples for Single & Employee + Children Coverage
 - \$500 Annual minimum deposit
 - \$1,000 Employee completes the requirements
- HRA Deposit Examples for Employee + Spouse & Family Coverage
 - \$1,000 Annual minimum deposit
 - \$1,500 One spouse completes the requirements
 - \$2,000 Both spouses complete the requirements

Deadlines are approaching – do not delay. Complete the following if you wish to participate:

Complete these activities by the September 30, 2023 deadline to earn your increased HRA Contribution.

Contact Payroll with questions payroll@ecasd.us.

Find details at www.securityhealth.org/ecasd about:

- Biometric Health Targets and new reasonable alternative standards (RAS) activities
- Accessing the Online Health Assessment
- Provider fax form

Send all forms to:

MidAmerica Administrative & Retirement Solutions

Attn: HRA Department

P.O. Box 24927, Lakeland, FL 33802

Fax: (863) 577-4460

Email: healthaccountservices@MyMidAmerica.com

Website: https://www.mymidamerica.com/

Phone Number: 855.329.0095



HRA FAQ's

Q: Am I eligible to participate in the plan?

If you are an active employee participating in the Employer provided medical plan, you are eligible to participate in the plan.

Q: When will I receive a contribution into my HRA account?

Your employer will contribute to your account on an annual basis in September.

Q: When can I request a reimbursement?

You may request a reimbursement immediately. You must exhaust any funds available in your Flexible Spending Account (FSA) prior to receiving reimbursements from your HRA.

O: What can I be reimbursed for?

You may request reimbursements for all medical expenses under code 213(d)* for you, your spouse, or a qualifying dependent. The most common eligible expenses include insurance deductibles, coinsurance, office visit co-pays, and prescription co-pays. All reimbursements from your account are tax-free. Any remaining funds in your account at the end of each plan year will be rolled into the following year. *For a full listing of the 213(d) expenses, please visit the IRS website at www.irs.gov/pub/irspdf/p502.pdf.

Q: How do I request a reimbursement?

Once you've incurred an eligible medical expense for reimbursement, you may submit your claim online at www.mymidamerica.com/forms/hra-reimbursement-submissions, or complete a paper claim form which can be obtained online or by calling 855-329-0095. Resources can be found at www.mymidamerica.com/hraresources

Q: Is documentation required for reimbursement?

Yes. You can submit an Explanation of Benefits (EOB) statement you receive from the insurance carrier indicating the amount you are responsible for, a copay receipt if you are covered under a managed care or prescription drug program or an itemized bill that provides the name of provider, patient, cost, date and description of service. For recurring claims, you may submit an Attestation Form on a monthly basis which simply confirms that your claim is still accurate and reimbursable. The Attestation Form can be found by logging on to www.mymidamerica.com

O: Are there any fees?

Yes. While actively employed, an administrative fee of \$5 per quarter will be automatically deducted from your account balance. Upon retirement or separation of service, you will be charged a reimbursement processing fee of \$5 for each manual claim or \$2.50 for each claim submitted online, up to an annual maximum of six claims.

Q: Where are my funds invested?

Your funds are initially invested in a fixed subaccount with American United Life Insurance Company® (AUL), a OneAmerica® Company. The fixed sub-account is guaranteed never to fall below the standard NAIC rate. The guarantee is based on the claims paying ability of AUL. There are also twenty-three different variable annuity investment options to choose from, including the fixed subaccount. All earnings in the account are tax-free!

Q: What happens to any unused funds in my account upon death?

If you are survived by a spouse or dependent, they can still receive the benefits of your HRA account and are able to access the funds for their eligible medical expenses. If there is no spouse or dependent, your remaining fund can be used to reimburse any medical expenses and premiums not previously submitted on your behalf. If an account balance still remains, the funds will be forfeited.



The Eau Claire Area School District (ECASD) offers you a team of health educators, care management nurses, social workers and medical staff to support you in your health-related goals. All ECASD employees and spouses insured with Security Health Plan are encouraged to participate in the health insurance wellness program.

By choosing to participate, you are making an important commitment to your health through a program designed specifically for Eau Claire Area School District.

Participants who complete all activities outlined on the next page will receive an HRA contribution for the 2024-25 plan year.

Please email payroll@ecasd.us for details on the HRA contribution.

For more information about the wellness program:

Visit your Eau Claire Area School District wellness program website at www.securityhealth.org/ecasd.

Or contact Customer Service at 1-844-696-4070 (TTY 711) or shpecasd@securityhealth.org.

To speak to a health educator, contact our wellness team at 1-844-696-4070 extension 1-9464.



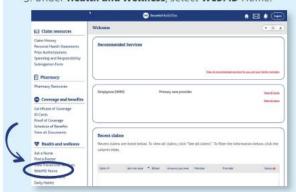




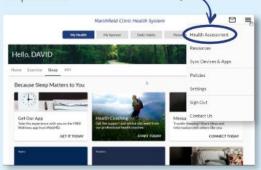
Complete your online health assessment by Sept. 30, 2023.

In about 10 minutes you get an overview of your current state of health and a personalized plan for reaching the healthiest you.

- Visit securityhealth.org/healthassessment and click Register for My Security Health Plan if you're a new user or Get started if you're already registered.
- 2. Follow the instructions to register or log in.
- 3. Under Health and Wellness, select WebMD Home.



- First-time WebMD users will be prompted to create an account and provide a valid email address. Click Go.
- At your WebMD wellness homepage you can access a variety of wellness tools and resources. Select Health Assessment from the menu to complete this requirement.





Visit your provider to complete your preventive exam – including biometric screenings – by Sept. 30, 2023.

A preventive exam can help detect potential health problems. By receiving the right health services, screenings and treatments, you are taking steps to live a longer, healthier life.

Your provider can determine whether any other age- or condition-related tests are important to your preventive health.

Step 1:

Schedule an appointment for a preventive exam.

Step 2:

Bring a copy of the Preventive Exam Results form and your online health assessment results to the appointment to discuss with your provider.

Step 3:

Have your provider fill in your Preventive Exam Results form, including your biometric screening results, and send it to Security Health Plan.



Meet health targets OR complete an alternate standard wellness activity.

While we encourage everyone to participate in wellness activities, only those who have biometric screening results outside the health target range are required to complete an alternate standard wellness activity to earn an HRA contribution. Your options are:

- Work with your provider on a plan to improve your screening results.
- Participate in Security Health Plan health coaching over the phone.
- 3. Participate in an online wellness challenge offered by Security Health Plan.

Please visit the WebMD Rewards tab on the WebMD homepage to confirm what steps are required and if you've completed the program.

Notice of Nondiscrimination

Security Health Plan of Wisconsin, Inc., complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, disability, age, sex, gender identity, sexual orientation, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Limited English Proficiency Language Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY 711). ATENCION: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY 711). LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab toog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY 711).

If you require materials in large print, please call 1-800-472-2363 (TTY 711).

©2022 Security Health Plan of Wisconsin, Inc. All rights reserved.

(12/22) 21844-004

Bridge - HRA Plan

Eau Claire Area School District Section 105 Deductible Reimbursement Plan (DRP) "Bridge" Employee Instruction Sheet

Eau Claire Area School District is continuing a Section 105 Deductible Reimbursement Plan (DRP) "Bridge" to help provide better health care coverage to employees and their families. HRAs are implemented by many employers to help manage increasing health care costs and to provide employees with an incentive to be better consumers of health care. They are working with Diversified Benefit Services, Inc. (DBS) to manage and administer the HRA. The program works as follows:

- Your employer implements changes to your Group Health Insurance Plan.
- You and/or your family members utilize your health plan as you normally would. When you use your health plan, the insurance company will process your claim.
- The insurance company sends DBS medical claims data indicating the date of service, type of service, cost
 of the service and the amount insurance paid on the claim. DBS securely uploads the information into the
 DBS software system. Eligible expenses will be reimbursed directly to you based on the schedule below.
- If you provide your email address to DBS, all notifications including claims received, reimbursements issued and requests for additional information will be sent to you via email
- There are no claim forms to file for the DRP "Bridge". (However, if you have dual health coverage, you must submit EOB forms from the secondary insurance carrier manually along with a signed claim form for reimbursement.)

DRP "Bridge" Reimbursement Schedule

Plan Year 07/01/2023 – 06/30/2024

Eligible Expenses: Medical Deductibles incurred under the

Employer Sponsored Group Health Plan

In-network Deductible Level: \$5,000 (maximum 2 per family)

Reimbursement Levels for the Plan Year:

First \$1,500 per in-network deductible: Employee Responsibility

Next \$1,500 per in-network deductible: Reimbursed by the DRP "Bridge"

Next \$2,000 per in-network deductible: Employee Responsibility

The DRP "Bridge" reimbursement is based on the Employer's In-network Group Health Plan. If you incur out-of-network deductible expenses, then the reimbursement is capped at the in-network reimbursement level.

Additional Information:

- You are responsible for paying the doctor and/or hospital bills. You will be reimbursed after you submit the claim and corresponding documentation to DBS.
- You must be an active employee on the Employer's Group Health Plan to receive a reimbursement.
- Any portion of the expense reimbursed by the DRP "Bridge" IS NOT eligible for reimbursement under any
 other program or by any other source. This includes, but is not limited to, Insurance Plans and Flexible
 Spending Accounts. Any portion of an expense reimbursed by the DRP "Bridge" IS NOT eligible as a
 deduction on your income taxes.
- Reimbursements are tax-free to vou.
- If another source reimburses you and/or a provider (i.e. doctor, hospital, and clinic) for an expense that the

DRP "Bridge" also reimburses you for, you are responsible for paying back the Plan.

- At the end of each Plan Year there will be a 90-day run-out period in which your claims with dates of service within the plan year will be electronically submitted.
- Your employer assumes the cost for the Plan's administration.
- Your employer reserves the right to cancel or modify this program at any time.
- This Employee Instruction Sheet is intended only as an overview of the DRP "Bridge" benefits. The DRP
 "Bridge" plan qualifications and limitations are stated in the Plan Document. The Plan Document determines
 how the plan benefits will be administered.

If you have questions on the program, please call DBS at 1-800-234-1229.

DBSbenefits.com

Flexible Spending Accounts

The Flexible Spending Account is administered by MidAmerica. For more information, please visit www.mymidamericajourney.com.

Healthcare Flexible Spending Account

A health FSA is a type of tax-advantaged account you can use to pay for certain out-of-pocket health care expenses. Contributions to this type of account are not taxed in most states, so you can save the money that would have been paid in taxes.

Set your contribution amount at the beginning of the year. After that, you cannot change it unless you have a qualifying life event. Additionally, due to the "use or lose" rule, if you do not use the full amount set aside in the account at the end of the year, only \$610 will rollover to the following year if you enroll. For 2023 the contribution limit is \$3,050.

IRS Publication 502, Medical and Dental Expenses, contains a list of Section 213(d) eligible healthcare FSA expenses. Go to www.irs.gov for a complete copy of the list.

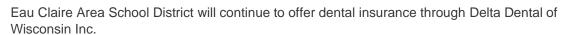
Dependent Care Spending Account

A dependent care (day care) reimbursement account allows you to set aside up to \$5,000 per household with pre-tax dollars for eligible day care expenses. To qualify, you and your spouse must be employed, or your spouse must be a full-time student. Eligible dependents include children under the age of 13 who are claimed as a depended for tax purposes and care for a disabled spouse or dependent of any age.

Remember, funds used to pay day care expenses through the FSA cannot be claimed as a tax credit on your income taxes.

IRS Publication 503, Child and Dependent Care Expenses, contains a list of expenses eligible for reimbursement under the FSA — Dependent Care. Go to www.irs.gov for a complete copy of the list.

Dental Insurance





	Delta Dental (98409)		
	In-Network Benefits	Out-of-Network Benefits	
Annual Deductible			
Individual	\$50	\$50	
Family	\$150	\$150	
Waived for Preventive Care?	Yes	Yes	
Annual Maximum	Annual Maximum		
Per Person / Family	\$1,250	\$1,250	
Preventive	100%	100%	
Basic	100%	100%	
Major	80%	80%	
Orthodontia			
Benefit Percentage	50%	50%	
Adults (and Covered Full-Time Students, if Eligible)	Covered	Covered	
Dependent Child(ren)	Covered to age 25	Covered to age 25	
Annual Maximum	\$1,000	\$1,000	
Benefit Waiting Periods	N/A	N/A	

Employee Contributions (Monthly)	
Dental PPO	
Employee	\$9.39
Employee & Dep(s)	\$23.50

Vision Insurance

Eau Claire Area School District provides vision insurance through Delta Dental of Wisconsin Inc.

	Delta Dental of Wisconsin Inc. Voluntary Vision 41863
Copay	
Routine Exams (Annual)	\$10 copay
Vision Materials	
Materials Copay	\$39 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered \$130 allowance - 15% off balance - every 12 months
Frames	Covered at \$180 allowance, then 20% off balance every 24 months

Employee Contributions (Monthly)		
Voluntary Vision		
Employee	\$6.61	
Employee & Spouse	\$13.23	
Employee & Child(ren)	\$13.88	
Employee & Spouse & Child(ren) (Family)	\$19.34	

Long Term Disability Insurance

Eau Claire Area School District offers 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 90% of your monthly base salary up to \$7,125. 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.

Voluntary Short Term Disability Plan

Eau Claire Area School District offers a short-term disability option through National Insurance Services of Wisconsin, Inc.

ENROLLMENT

If enrolling for the first time, please:

- Complete the top portion of the enrollment form
- Select a flat weekly benefit amount (note corresponding monthly premium amounts)
- Benefit amount cannot exceed 66-2/3% of your annual salary divided by 52 (please see calculation sheets attached)
- First 9 benefit amounts do not require medical questionnaire during initial enrollment period
- Last 3 benefit amounts always require a medical questionnaire
- Please sign "Employee Coverage Authorization" section of form

If choosing not to enroll, please:

- Sign the "Waiver of Insurance" section of the form
- If not enrolling during the only open enrollment session, all late enrollees will be required to submit a medical questionnaire and be approved before coverage would be effective (regardless of the amount selected).

PLEASE RETURN ALL FORMS TO THE PAYROLL DEPARTMENT WITHIN 30 DAYS FROM THE DATE OF YOUR HIRE.

Benefits will be effective 30 days from the date of your hire.

VERY IMPORTANT INFORMATION

Should you submit a medical questionnaire for one of the three higher benefit amounts, and are denied, you will automatically be given the highest benefit level that does not require medical questions (\$504).

This is your only opportunity to sign up for the short-term disability benefit within the open enrollment period without medical questions required for the first nine benefit amounts.

- Benefit begins 1st day Accident and 4th day Sickness
- Minimum Benefit Duration is the greater of 90 consecutive calendar days or until eligible to receive benefits under the long-term disability plan
- Can collect short term disability benefit PLUS sick leave and / or workers' comp.

- Benefits are paid over the summer months
- Benefits are received tax-free (if premiums are paid with post tax dollars i.e., not through a flex plan)
- Benefit dovetails with Long Term Disability
- Maternity is covered Standard 6 weeks (natural childbirth), 8 weeks (cesarean).
- Premiums are automatically waived while collecting short or long term disability
- 12/12 pre-ex applies. This provision applies to all new enrollees and employees electing to
 increase their weekly benefit amount. Benefits will not be paid during the first 12 months of
 coverage for PreExisting Conditions. That is, if the insured employee received medical treatment,
 took prescribed drugs, or consulted a physician for an illness or injury in the 12 months before
 becoming covered under the plan or before increasing their benefits under the plan, that particular
 sickness or injury or anything related to that condition will not qualify the insured employee for
 benefits during the first 12 months of the plan

Disability and disabled mean that during the Elimination Period and the Benefit Payment Period the insured person is, as a result of physical disease, injury, pregnancy, substance abuse or mental disorder, unable to perform a majority of the material duties of his or her own occupation.

Disabilities that occur during the summer are covered as long as the disability would have prevented you from engaging in your normal occupation if school were in session.

*A full short term disability certificate booklet will be provided once enrollment is completed.

BENEFIT AMOUNT SELECTION

- Weekly Benefit cannot be more than 66-2/3% of annual salary divided by 52.
- Listed below are the salary limits for the weekly benefit amounts available.

Weekly	Rate per
Benefit	Month
\$147.00	\$10.31
\$175.00	\$12.02
\$224.00	\$15.46
\$273.00	\$18.92
\$301.00	\$20.63
\$357.00	\$24.64
\$420.00	\$28.67
\$462.00	\$31.54
\$504.00	\$34.40
\$580.00	\$39.38
\$667.00	\$45.29
\$767.00	\$52.08

• You can choose any benefit amount you prefer as long as it is at or below 66-2/3% of your annual salary divided by 52.

You can apply for this weekly benefit...

Or any benefit less than this If your annual salary is:

\$147.00	\$11,465
\$175.00	\$13,649
\$224.00	\$17,471
\$273.00	\$21,292
\$301.00	\$23,476
\$357.00	\$27,844
\$420.00	\$32,758
\$462.00	\$36,034
\$504.00	\$39,310
\$580.00*	\$45,237
\$667.00*	\$52,023
\$767.00*	\$59,823

Following are some examples:

- Annual salary of \$15,000 can apply for a benefit amount of \$175 or less
- 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

^{*}To be eligible for these benefit levels, you must provide proof of insurability by answering a health questionnaire and meeting medical requirements.

RETIREMENT PLANS



Invest in your future by taking advantage of our retirement plan options. Employees have access to 403B and 457 options. More information is available by contacting your Payroll Department

WISCONSIN RETIREMENT SYSTEM (WRS) a division of Employee Trust Funds

The Wisconsin Retirement System (WRS) provides retirement (pension) benefits to public employees. ECASD employees meeting the eligibility requirements are enrolled in WRS. The District matches each eligible employee's WRS contribution. The percentage is subject to change annually and is governed by Employee Trust Funds.

Eligibility criteria for WRS is based on employee group, hire date, expectation to work or actual hours worked and working 365 days per year (366 in leap year). The Payroll Department will determine eligibility for employees. Upon meeting eligibility, enrollment is mandatory.

DEFINED CONTRIBUTION PLAN

The ECASD Defined Contribution plan is an annual contribution into an HRA earmarked to assist in payment of Medical and/or Dental premiums after retirement.

All employees working less than full-time shall have their defined contribution prorated to correspond to their workday. The amount deposited will reflect the employee's full-time equivalency on the date the contribution is made to the HRA account.

Employees working under LTE contracts will receive a defined contribution in the year they are working as an LTE. If the employee is not rehired the following year under an LTE or permanent contract the defined contribution will be forfeited.

TEACHERS

Teachers hired on or after 07/01/2008 and who retire from the District and are at least 56 years of age and have completed at least 15 years of local teaching/administering in the District, will receive a district contribution to an HRA account of \$2,500 for each year of local teaching/administering (plus interest at the applicable federal rate (AFR) each June 30).

ADMINISTRATORS

Administrators hired on or after 07/01/2008 and who have completed five years of service to the District, will receive an annual district contribution to an HRA account of \$5,000 for each of the first five years of employment at a maximum of \$25,000 (plus interest at the applicable federal rate (AFR) each June 30).

NON-AFFILIATED EMPLOYEES

Non-Affiliated Employees hired on or after 07/01/2008 and who have completed five years of service to the District, will receive an annual district contribution to an HRA account of \$3,000 for each of the first five years of employment at a maximum of \$15,000 (plus interest at the applicable federal rate (AFR) each June 30).

BUILDINGS AND GROUNDS EMPLOYEES

Building and Grounds employees hired on or after 07/01/2010 and who have completed five years of service to the District, will receive an annual district contribution to an HRA account of \$3,000 for each of the first five years of employment at a maximum of \$15,000 (plus interest at the applicable federal rate (AFR) each June 30).

FOOD AND NUTRITION EMPLOYEES

Food and Nutrition employees hired on or after 07/01/2010 and who have completed five years of service to the District, will receive an annual district contribution to an HRA account of \$3,000 for each of the first five years of employment at a maximum of \$15,000 (plus interest at the applicable federal rate (AFR) each June 30).

CLASSIFIED EMPLOYEES

Classified Employees hired on or after 07/01/2012 and who have completed five years of service to the District, will receive an annual district contribution to an HRA account of \$3,000 for each of the first five years of employment at a maximum of \$15,000 (plus interest at the applicable federal rate (AFR) each June 30).



403(b) Plan Information for Employees &



Eau Claire Area School District

403(b) Plan Administration Provider

Eau Claire Area School District has contracted with TSA Consulting Group, Inc (TSACG) to provide 403(b) plan administration services. TSACG, based in Fort Walton Beach, Florida, is an independent TPA and is not affiliated with an investment provider nor do they market investment products.

TSACG will be responsible for the approval of transactions such as Distributions, Exchanges, Transfers, Loans, and Rollovers. After reviewing submitted paperwork to ensure that the transaction complies with IRS regulations and the Plan, TSACG will forward approved paperwork to the applicable investment product provider who will complete the transaction by disbursing funds directly to the participant or directly to an account specified by the participant.

403(b) Transaction Processing

To assist in the efficient and timely processing of your request, TSACG recommends when faxing or mailing documents, each transaction(s) be accompanied by a Transaction Information Form. This form can be obtained from https://www.tsacg.com. The Transaction Information Form provides important information regarding your request and is essential in ensuring proper processing. 403(b) Hardship Withdrawal requests must be accompanied by a disclosure form which can also be found on TSACG's home page.

Distributions

Distribution transactions may include any of the following: loan, transfer/exchange, rollover, hardship withdrawal, or cash distributions. Each investment product provider requires their own form to be submitted. You may request distributions by completing the necessary forms obtained from your investment product provider, other necessary documentation as indicated below and submitting all completed documents to TSACG for processing.

Online Distribution Processing

TSAGG maintains an advanced Web-based system for use by participants and advisors. This online system allows participants and advisors alike, to gain immediate approval certification for eligible distributions. Further, all distribution requests may be submitted in this manner, even those that require supporting documentation such as Hardship Distributions. TSACG's Online Distribution System, which can be found on the homepage at https://www.tsacg.com, is available 24 hours a day, seven days a week.

Submitting Transaction Requests

All transaction requests should be submitted to TSACG for processing via fax, mail, or email:

Regular Mail:

TSA Consulting Group, Inc. Attn: Participant Transactions Department P.O. Box 4037 Ft. Walton Beach, FL 32549-4037

32548 Fax: 1-866-741-0645 recordkeeping@tsacg.com

Overnight Mail:

TSA Consulting Group, Inc Attn: Participant Transactions Department 73 Eglin Parkway NE, Suite 202 Ft. Walton Beach, FL Email:



403(b) Plan Information for Employees &



Transaction Requested	Forms needed for Processing	
Contract Exchanges, incoming and outgoing	Submit complete investment provider paperwork for transaction and the following form:	
	Completed Transaction Routing Request form (including Box B)	
403(b) Hardship Withdrawals	Submit complete investment provider paperwork for transaction and the following forms and/or documentation:	
	 Completed Transaction Information Form Completed Hardship Withdrawal Disclosure form Evidence of expenses equal or more than amount requesting 	
	Please verify that you have completed Box A on the form if you are submitting a transaction for a Financial Hardship Withdrawal.	
	Please note that evidence of expenses MUST be provided for approval of request.	
403(b) Loan Withdrawals	Submit complete investment provider paperwork for transaction and the following form:	
	Completed Transaction Information Form (including Box C)	
Rollovers and/or 403(b) Cash Withdrawal (due to qualifying	Submit complete investment provider paperwork for transaction and the following form:	
event only)	Completed Transaction Information Form (including Box A)	

Important: If your rollover or withdrawal request is due to the qualifying event of separation from service your termination date must be verified by your employer.

TSACG wants to assist you in the most efficient manner possible. Carefully reviewing all documentation, verifying that you have signed all necessary forms, and verifying that you have included any necessary evidence will help us to reach this goal and avoid delays that are caused by incomplete documentation. Our customer service representatives are available to assist you at 1-888-796-3786 or recordkeeping@tsacg.com. Please note that the Participant Transaction Department's hours of operation are Monday – Thursday, 7:00 am – 7:00 pm (CST) and on Friday 7:00 am – 5:00 pm (CST).

Participation in the 403(b) plans is voluntary and should be based on your financial objectives and resources. Individual investment strategies should reflect your personal savings goals and tolerance for financial risk. You may want to consult a tax advisor or financial planner before enrolling. Your Employer and TSACG are not liable for any loss that may result from your investment decisions.



SECURITY BENEFIT

457 Program

QUESTIONS AND ANSWERS

Q1. What is a 457 program?

457 programs (also called deferred compensation programs) are retirement programs available to employees of state and local governments. A 457 program allows participants to save for retirement by deferring a portion of their income now and paying taxes on it when distributed from the plan. There are no early distribution penalties that apply to 457 withdrawals.

Q2. What is the advantage of participating in a 457 program?

A 457 deferred compensation program offers you the opportunity to save on taxes two ways: 1) By making your contribution on a pretax basis, you lower the amount of taxes withheld from your check each pay period. Your contribution then grows in a tax-deferred account. 2) Your contributions – plus earnings – continue to compound tax deferred until you withdraw them as retirement income.

Q3. Are there any limits to how much I can contribute?

457 Account Annual Limits	
IRS Contributions Limit (2020)	Additional Over Age 50 Catch-up Contribution
\$19,500	\$6,500

Q4. What is a "catch up provision"?

Participants age 50 and older are eligible to contribute an additional amount, above the annual contribution limit. Check with your financial professional for details and eligibility.

Q5. If I stop contributing to my 457 program, can I restart contributions at a future time?

Yes. If circumstances lead you to stop contributing, you may restart based on the plan's provisions as long as you still meet eligibility requirements.

Q6. How is my money invested in a 457 program?

A 457 program allows your contributions to be invested in a variety of mutual funds managed by nationally recognized money managers. Ask your financial professional for details regarding investment options.

Q7. Once I determine how much I wish to contribute, may I change the amount in the future?

In most cases there is no problem with making changes to your contributions. A 457 program is flexible and participants may start, stop, increase or decrease contributions based on the plan's provisions as long as they stay within IRS annual limits. Ask your financial professional for details.

Q8. How can I withdraw the money I have in the 457 plan?

Withdrawals can be made in the event of severance from employment, retirement, total disability, reaching age 70½, death or an unforeseen emergency. The 10% early withdrawal penalty does not apply to 457 programs.

Q9. What happens if I leave my current employer?

You have several choices. 1) You can leave your money in the plan. 2) You may transfer your 457 account to another retirement plan. 3) You can transfer it into an IRA. 4) You can withdraw your money.

Q10. How does deferring to a 457 plan affect my Social Security benefits?

Contributions to a 457 plan do not affect your benefits under Social Security.

Q11. Who do I contact if I have more questions?

If you have additional questions, please complete the attached reply card and a financial professional will be happy to assist you.



Your path *To and Through Retirement*® begins here.

Talk to your financial professional to learn more or contact us at 800.888.2461.

Jill A. Snyder DSE Financial 19 Crossroads Court Suite 101 Delafield, WI 53018 262-646-9244 jsnyder@gwnsecurities.com

Securities and advisory offered through GWN Securities, Inc. 11440 N. Jog Road Palm Beach Gardens, FL 33418 866.650.0132 Member FINRA, SIPC

DSE Financial and GWN Securities, Inc. are non-affiliated companies.

You should consider the investment objectives, risks, charges, and expenses of the mutual funds carefully before investing. You may obtain prospectuses or summary prospectuses (if available) that contain this and other information about the mutual funds by calling our Service Center at 800.888.2461. You should read the prospectuses or summary prospectuses (if available) carefully before investing. Investing in mutual funds involves risk and there is no guarantee of investment results.

Neither Security Benefit Corporation nor its affiliates are fiduciaries. This information is general in nature and intended for use with the general public. For additional information, including any specific advice or recommendations, please visit with your financial professional.

The 457 deferred compensation plan is a trust account pursuant to §457 of the Internal Revenue Code.

Services offered through Security Distributors, a subsidiary of Security Benefit Corporation (Security Benefit).



LIFE INSURANCE

ECASD Life Insurance Information

You have an open enrollment opportunity for life insurance coverage through the Wisconsin Public Employers Group Life Insurance Program if you:

- Are under age 70;
- Have not withdrawn WRS contributions following your most recent six months of employment; and
- Apply within 30 days of your first eligibility (or for Spouse and Dependent coverage only, when you have a spouse/domestic partner or dependent to insure for the FIRST time--whichever event came first, the marriage/partnership OR a dependent).

You have an opportunity to enroll or to increase coverage by one level (lx earnings) if you apply within 30 days of one of the following status changes:

- Marriage;
- Birth, adoption, placement for adoption, or award of legal guardianship of a dependent child.

If you do not enroll for all available coverage when you are first eligible, you may apply for future coverage through Evidence of Insurability (ET-2305).

Type and Cost of Insurance

When figuring your cost, use the LOCAL GOVERNMENT EMPLOYEE column as we are NOT a State employer.

The amount of insurance is determined by the salary for the previous calendar year (new employees will have their yearly salary estimated) rounded up to the next thousand.

Eligible employees will be notified when the coverage is effective. In addition to the basic life insurance provided by the employer, the employee may increase the basic coverage by paying the specified premium for the additional unit.

ECASD does NOT offer the Supplemental coverage but you can purchase up to three units of Additional coverage.

SPOUSE AND DEPENDENT coverage is available as follows:

- One unit costs \$1.75 per month- the spouse would be covered for \$10,000 and each dependent for \$5,000.
- Two units cost \$3.50 per month the spouse would be covered for \$20,000 and each dependent for \$10,000.
- Enrollment for this insurance is on the same form as the basic.

Plan Summary

The Wisconsin Public Employers (WPE) Group Life Insurance program offers employee coverage of up to five times your annual earnings. All five levels of insurance are available to state employees. The amount of coverage available to local government employees depends on which plans are offered by your employer. The following is a summary of the life insurance coverage that is available.

Coverage Options

The **Basic Plan** provides coverage equal to your earnings for the previous year, rounded up to the next \$1,000. Your Employer is required to contribute to the cost of this insurance.

The Additional Plan provides up to three units of coverage. Each unit of coverage equals your earnings for the previous year rounded up to the next \$1,000. Depending how many levels of coverage are offered by your employer, you may choose 1, 2, or 3 units of Additional coverage. Employer contributions are not required – Employee cost.

The Spouse & Dependent Plan provides coverage for your Spouse and all dependent(s). If you elect one unit of coverage; your spouse will have \$10,000 in coverage and each dependent (regardless of the number) will have \$5,000 in coverage. If you elect two units your spouse will have \$20,000 in coverage and each dependent will have \$10,000 in coverage. Employer contributions are not required – Employee cost.

Amount of Coverage.

The following is an example of how the amount of employee coverage is determined for an employee who chooses Basic and 3 Units of Additional coverage. The employee's previous year earnings are \$33,200. The earnings rounded up to the next thousand equals \$34,000 of coverage. The employee has coverage as follows:

Basic: (1x earnings) = \$34,000

Additional (3 units): (3x earnings) = \$102,000

Total Amount of Insurance Coverage: (4x earnings) = \$136,000

Coverage for Active Employees Age 70 and Over

If you are actively employed when you turn age 70, your Basic coverage will reduce to the final post-retirement coverage amount and continue for life with no premiums due. Your Spouse & Dependent coverage will cease on your 70th birthday. Your Additional coverage will continue until you cancel coverage or terminate employment.

Effective Date of Coverage

If you file an application within 30 days after becoming eligible, coverage becomes effective on the first day of the month following 30 days from the date of hire, the first day of the month following 30 days from return from an approved leave of absence, or the first day of the month following 30 days from the date of the qualifying family status change event whichever is applicable. Coverage cannot become effective before you are eligible and cannot be in effect for part of a month.

Local Government Employees

AGE	Basic Supplemental and Additional	
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 \$1.75 per month. There were no changes in premiums from the previous year.

Monthly Rates for Additional Coverage for Employees Age 70 and Older

- Basic coverage continues at a reduced level without further premiums.
- Additional coverage will continue until the employee cancels coverage, stops paying premiums or terminates employment.
- Additional coverage rates for employees age 70 and older are listed below.

Attained Age	Rate
70	\$1.00
71	\$1.15
72	\$1.25
73	\$1.45
74	\$1.60
75	\$1.80
76	\$1.95
77 and older	\$2.06

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

^{**}Active employees aged 70 and older see below for additional information.

^{**}When an active employee reaches age 70:

IDENTITY THEFT PROTECTION SERVICES

There is an identity theft victim every two seconds. If you are a victim, the MyIDCare Identity Theft Recovery specialists will provide concierge-style service every step of the way. Their expertise will offer peace of mind and save valuable time during this stressful process.

Your dedicated recovery specialist will work with you until the identity is restored to pre-fraud status. Support may include:

- Assistance with investigation of the suspected identity theft
- Guidance through the recovery process
- Recovery for all 9 types of identity theft
- Advice from trained professionals in identity protection
- Single point-of-contact if you are a victim
- Assistance with notifying law enforcement or local government agencies
- Limited Power of Attorney to work on the victim's behalf
- Documentation including fraud affidavit
- And much more



https://app.myidcare.com/account-creation/NIS

855.205.6010

"It was great knowing I had someone to help me resolve my identity theft issues and I didn't have to spend hours trying to figure out how to handle it on my own" - MyIDCare member, Needham, MA

Resolution services offered to you by your employer and:





Identity theft assistance services are provided by MyIDCare (an ID Experts product), which is not affiliated with Madison National Life Insurance Company, Inc. Services provided by ID Experts are not part of Madison National Life's insurance products, and Madison National Life is not responsible for any acts or omissions of ID Experts in connection with or arising under identify theft assistance services. Access to MyIDCare program is conditioned upon: (i) your employer remaining a Madison National Life customer; and (iii) the program terms and conditions. This program does not provide credit repair services or any form of legal advice.

Contacts

USI Mobile App

Eau Claire Area School District is pleased to offer on-the-go access to key benefit information through the USI Mobile App, MyBenefits2GO. Download in the App Store or Google Play Store and enter code **T94760** in the app to access your benefit highlights.

Eau Claire Area School District

FIND IT IN THE APP STORE

Search for 'MyBenefits2GO' and download our free app.

Enter this code when prompted:

T94760

HIGHLIGHTS OF THE MyBenefits2GO APP

- · Access benefits information on the go
- · Convenient contact information for Carriers and HR
- · Organized plan information in one place
- · View the most updated plan information
- · Store your ID cards in the app





Additional information regarding benefit plans can be found on the ECASD website under Payroll. Please contact Payroll to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

Benefits Plan	Carrier	Phone Number	Website
Medical HMO	Security Health Plan of Wisconsin, Inc.	844.696.4070	www.securityhealth.org
Flex Plan	MidAmerica	855.329.0095	www.mymidamerica.com
Dental PPO	Delta Dental of Wisconsin Inc.	800.236.3712	www.deltadentalwi.com
Vision	Delta Dental of Wisconsin Inc.	844.848.7090	www.deltavisionwi.com
Health Reimbursement Arrangement (HRA)	MidAmerica	855.329.0095	www.mymidamerica.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



Benefit Resource Center

BRCMT@usi.com | Toll Free: 855-874-0742

Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time

We speak insurance.

Our Benefits Specialists can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan and which aren't, work directly with insurance carriers to resolve tricky issues regarding claims and denials of service—and more!

Call the Benefit Resource Center ("BRC"), We're Here To Help!

Eau Claire Area School District 500 Main Street Eau Claire, Wisconsin 54701



Required Notices

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. Therefore, the following deductibles and coinsurance apply:

and on grown promise and an area and plant in order of the remaining drouble and the remaining appropriate		
	Security Health Plan 502280	
	Schedule of Benefits	
Annual Deductible		
Individual	\$5,000	
Family	\$10,000	
Coinsurance	80%	

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 because 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

CONTACT INFORMATION

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.

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.

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.

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.

Other Instructions for Notice

- July 1, 2023
- Abby Johnson ajohnson2@ecasd.us 715.852.3017

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Eau Claire 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 Eau Claire 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. Eau Claire Area School District has determined that the prescription drug coverage offered by the Eau Claire 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 15thto 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.

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 Eau Claire Area School District coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Eau Claire Area School District coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Eau Claire 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) if 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 Payroll at 715.852.3111. **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 Eau Claire 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: 7.1.2023

Name of Entity/Sender: Eau Claire Area School District

Contact--Position/Office: Payroll Department

Address: 500 Main Street, Eau Claire, WI 54701

Phone Number: 715.852.3026

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 October 15, 2021. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP	
Website: https://medicaid.georgia.gov/health-insurance-	Website: https://www.mass.gov/info-details/masshealth-	
<u>premium-payment-program-hipp</u>	<u>premium-assistance-pa</u>	
Phone: 678-564-1162 ext 2131	Phone: 1-800-862-4840	
INDIANA – Medicaid	MINNESOTA – Medicaid	
Healthy Indiana Plan for low-income adults 19-64	Website: http://mn.gov/dhs/people-we-	
Website: http://www.in.gov/fssa/hip/	serve/seniors/health-care/health-care-programs/programs-	
Phone: 1-877-438-4479	and-services/medical-assistance.jsp	
All other Medicaid	https://mn.gov/dhs/people-we-serve/children-and-	
Website: https://www.in.gov/medicaid/	families/health-care/health-care-programs/programs-and-	
Phone 1-800-457-4584	services/other-insurance.jsp	
	Phone: 1-800-657-3739	
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid	
Medicaid Website:	Website:	
https://dhs.iowa.gov/ime/members	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	
Medicaid Phone: 1-800-338-8366	Phone: 573-751-2005	
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	MONTANA – Medicaid	
Website: https://www.kancare.ks.gov/	Website:	
Phone: 1-800-792-4884	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	
	Phone: 1-800-694-3084	
KENTUCKY – Medicaid	NEBRASKA – Medicaid	
Kentucky Integrated Health Insurance Premium Payment	Website: http://www.ACCESSNebraska.ne.gov	
Program (KI-HIPP) Website:	Phone: 1-855-632-7633	
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx	Lincoln: 402-473-7000	
Phone: 1-855-459-6328	Omaha: 402-595-1178	
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	NEVADA – Medicaid	
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp	Medicaid Website: http://dhcfp.nv.gov	
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-	Medicaid Phone: 1-800-992-0900	
5488 (LaHIPP)		
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid	
Enrollment Website:	Website: https://www.dhhs.nh.gov/oii/hipp.htm	
https://www.maine.gov/dhhs/ofi/applications-forms	Phone: 603-271-5218	
Phone: 1-800-442-6003	Toll free number for the HIPP program: 1-800-852-3345, ext	
TTY: Maine relay 711	5218	
Private Health Insurance Premium Webpage:		
https://www.maine.gov/dhhs/ofi/applications-forms		
Phone: -800-977-6740.		
TTY: Maine relay 711		

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/	Website: http://dss.sd.gov Phone: 1-888-828-0059
Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	
NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	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
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP- Program.aspx Phone: 1-800-692-7462	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	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 October 15, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272) Option 4, Ext. 61565

U.S. Department of Health and Human Services

www.cms.hhs.gov

Error! Hyperlink reference not valid.1-877-267-2323, Menu

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)

Form Approved OMBNo.1210-0149 (expires 6-30-2023)

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.

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; Eau Claire Area School District	4. Employer Identification Number (EIN): 39-600181/		
5. Employer address: 500 Main Street	6. Employer phone number: 715.852.3026		
7. City: Eau Claire	8. State: WI 9. ZIP code: 54701		
10. Who can we contact about employee health coverage at this job? Payroll Department			
11. Phone number (if different from above)	12. Email address payroll@ecasd.us		
ere is some basic information about health coverage offered As your employer, we offer a health plan to:	d by this employer:		

- x All benefit eligible employees.
 - Some employees.
- With respect to dependents:

2. Faradayan arang Fay Claims Anna Caland District

- **x** We do offer coverage.
- 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.

[•] 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)