



# FOCUS ON BENEFITS

Effective July 1, 2020



SCHOOL DISTRICT OF  
**Reedsburg**

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**QUESTIONS?**

Mechelle Thompson at 608.524.2016, ext. 2002 or [mthompson@rsd.k12.wi.us](mailto:mthompson@rsd.k12.wi.us)

This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s)) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.



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# FOCUS ON BENEFITS

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## What's New?

This document includes the benefits and enrollment information at the School District of Reedsburg for the 2020 – 2021 plan year. We encourage you to take the time to read through and explore your benefits options. At the District, we value our employees and are committed to providing a comprehensive and competitive benefits package. This year the only plan change relates to the WEA Health Plan's Prescription Drug Benefit. Beginning July 1, 2020, there will be two classifications for participating pharmacies on a retail basis:

Participating Pharmacy	Value Tier Copay	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay
Preferred Pharmacies	\$0	\$10	\$25	\$50
Walgreen Pharmacies	\$0	\$45	\$60	\$85

As noted above, obtaining prescriptions from Walgreens will cost you more via higher copays. If you currently utilize Walgreens, please consider changing pharmacies to save both you and the District money.

Included in this packet, you will find information about the many benefits the District offers:

- Health Insurance & Health Reimbursement Arrangement (HRA)
- Dental Insurance
- Voluntary Vision Insurance
- Flexible Spending Accounts
- Group Life / AD&D
- Short Term and Long Term Disability Insurance
- Wisconsin Retirement System (WRS)
- Tax-Sheltered Annuity - 403(b) Plan
- Ancillary Plan Value-Added Services

Certain benefits you elect require an employee contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other cases the deduction will be made after-tax to avoid certain tax consequences to you and the company. For taxability of benefit elections, please contact Mechelle Thompson at 608.524.2016, ext. 2002 or [mthompson@rsd.k12.wi.us](mailto:mthompson@rsd.k12.wi.us).

Required notices are located at the end of this packet and include:

- HIPAA Portability Notice
- Medicare Part D Coverage Notice
- HIPAA Notice of Privacy Practices
- CHIP Notice
- WHCRA Notice

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## HEALTH PLAN SUMMARY

Effective July 1, 2020, we will continue to offer a health plan through WEA Trust for all benefit-eligible employees.

About the Health Plan: In-network preventive care is covered at 100% and no deductible applies. Please visit [www.weatrust.com](http://www.weatrust.com) for a list of applicable preventive services covered at 100%. For other services, this plan requires a deductible before eligible services are paid. The plan year for the health plan is July 1 through June 30 annually.

Features	In-Network	Out-of-Network
Deductible <i>per plan year</i>	\$2,000 / single \$4,000 / family	\$4,000 / single \$8,000 / family
Out-of-Pocket Maximum for Medical <i>per plan year</i>	\$3,000 / single \$6,000 / family	\$6,000 / single \$12,000 / family
Preventive Services <i>Well child, immunizations, screenings</i>	\$0	\$50 copay, deductible, then 20% coinsurance
Physician Services <i>(Office visits, clinic, retail health clinics)</i>		
<i>Primary Care*</i>	\$25 copay, deductible	\$50 copay, deductible, then 20% coinsurance
<i>Specialist*</i>	\$25 copay, deductible	\$50 copay, deductible, then 20% coinsurance
Mental/Behavioral/ Substance Use		
<i>Outpatient*</i>	\$25 copay, deductible	\$50 copay, deductible, then 20% coinsurance
<i>Inpatient</i>	Deductible	Deductible, then 20% coinsurance
Urgent Care	\$75 copay, in-network deductible	
Emergency Room Services	\$150 copay, in-network deductible	
Hospital	Deductible	Deductible, then 20% coinsurance
Prescription Drugs (RX) at participating pharmacies**	Separate RX Out of Pocket Maximum \$2,000 single / \$4,000 family	
<i>Preferred Pharmacies Retail (30-day supply) Value, Tier 1, Tier 2, Tier 3</i>	\$0/\$10/\$25/\$50 copays	
<i>Walgreen Pharmacies Retail (30-day supply) Value, Tier 1, Tier 2, Tier 3</i>	\$0/\$45/\$60/\$85 copays	
<i>Mail Order (90-day supply) Tier 1, Tier 2, Tier 3</i>	\$20/\$50/\$100 copays	

\*In-network office visit copays are waived for members under 6 years of age.

\*\*Note new preferred pharmacy benefit. All network pharmacies other than Walgreens are in the Preferred category. Copays are higher at Walgreens.

Please review your benefit plan summary document for more detailed coverage information.



Whether you are in-state or out-of-state, [www.weatrust.com](http://www.weatrust.com) offers a search function to help you find participating providers in your network. See page 6 for details.

## BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

## SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

## QUESTIONS?

Call customer service at 800.279.4000 or call the phone number on the back of your ID card or visit [www.weatrust.com](http://www.weatrust.com).

## HEALTH PLAN PREMIUMS

Employee contribution rates are determined by your employee classification, number of payroll periods, and participation in the annual biometric screenings. The WEA monthly health plan rates for the 2020 – 2021 plan year effective July 1, 2020 are:

Coverage Level	Monthly Premium
Single	\$743.88
Family	\$1,638.00

# FOCUS ON BENEFITS

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## HEALTH REIMBURSEMENT ACCOUNTS

A Health Reimbursement Account (HRA) plan is a tax-favored benefit that helps both employers and their employees save money on the cost of medical expenses. This benefit is funded by employer money and allocated to employees to help defer healthcare costs. These types of plans help employers to decrease medical insurance premium by raising deductibles. These decreased premiums benefit both the employer and their employees by having lower monthly premiums/payroll deductions.

The HRA benefit plan design is determined by the employer and the money in the account is owned by the employer. The District reimburses deductible expenses after the employee pays the first \$250 single/ \$500 family. Then the HRA will reimburse the employee for health care services to a maximum of:

- Single coverage - \$1,750 per plan year
- Family coverage - \$3,500 per plan year

The District uses a third-party administrator, Employee Benefits Corporation (EBC), to pay HRA claims for employees. The HRA claims process is automatically handled via a claims file feed from WEA to EBC. Once a claim is processed, EBC pays the health care service provider directly and notifies the employee of the payment via *My Account Assistant*. Additionally, employees can check the status of their claims at the EBC *My Account Assistant*. (Make sure that you have registered for *My Account Assistant* under the Login section so you can track your HRA claim via [www.ebcflex.com](http://www.ebcflex.com) online.) Remember that you have to pay the first \$250 single or \$500 family before the HRA will reimburse your deductible expenses.



## MY ACCOUNT ADMINISTRATOR

To manage your accounts with EBC, check out their online participant site called My Account Administrator. Go to [www.ebcflex.com/Support/](http://www.ebcflex.com/Support/) to sign up for My Account Administrator. Click on the following link [Quick Reference Guide](#) to get instructions.

## NEED ADDITIONAL HELP? HAVE QUESTIONS?

Call Participant Services toll-free at [1.800.346.2126](tel:18003462126) or locally at [608.831.8445](tel:6088318445) or email your questions to [participanservices@ebcflex.com](mailto:participanservices@ebcflex.com). Participant Services is open

The general website is [www.ebcflex.com](http://www.ebcflex.com).

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## CREATE AN ACCOUNT ON WEA'S MADDY PORTAL

Have 24/7 access to your health insurance information by signing up on the WEA online member portal called Maddy. Sign-up is easy – just follow these steps:

- Click on the Maddy Portal Login (found at the top of the page on the right side) when on the WEA website [www.weatrust.com/](http://www.weatrust.com/)
- Click on the "Member Portal" link
- Under "Sign into your account," click "Create Account"
- "Accept" the License Agreement by selecting the check box at the bottom of the page and then click "Next"
- Follow the remaining steps by entering your "Member ID" and other required fields, such as, first name, last name, email, etc.



## NEED ADDITIONAL HELP?

Call the WEA Customer Service line at **800.279.4000** or contact them via the Customer Service link at the bottom of most website pages. WEA's Customer Service is open 7:30 a.m. – 5 p.m., Monday through Friday.

Maddy can help you with the following tasks:

- Look up claims status
- Send secure messages to Customer Service
- Print an ID card
- View benefit information
- Track your deductible & maximum out-of-pocket

## NEED HELP FINDING A HEALTH CARE PROVIDER?

When you need to find a provider, go to the WEA website at [www.weatrust.com/members/find-a-doctor](http://www.weatrust.com/members/find-a-doctor), or from the "home" screen, select "Find a Doctor." When you get to the page below, click on "Online Provider Directory" and then click on "Choose a location and network." Enter your address, city, or zip code and "Trust Preferred" as your network which will take you to the provider search tool for the District's WEA plan.



If you need an out-of-area provider, please click on "Out-Of-Area Providers" (which is in the lower part of this webpage) to access the search function for those providers.



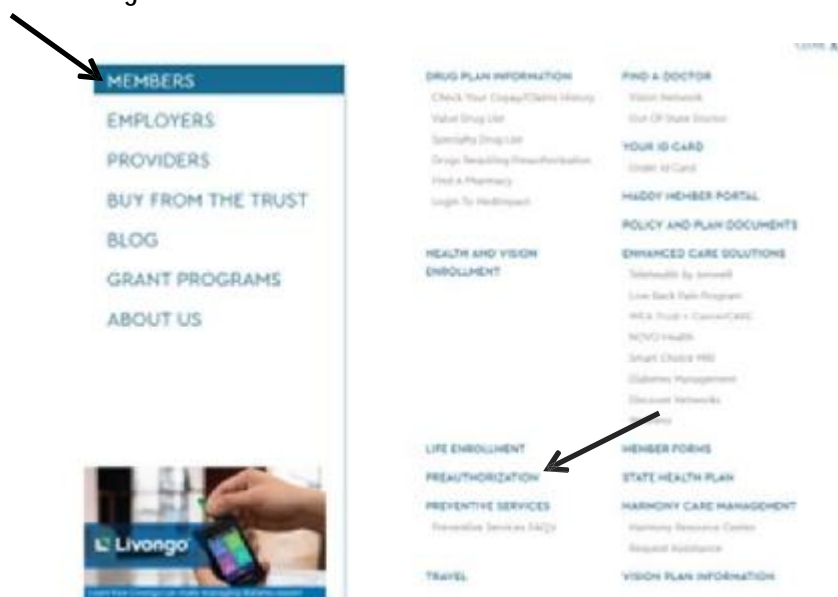
# FOCUS ON BENEFITS 2020

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## WEA HEALTH PLAN PREAUTHORIZATION REQUIREMENTS

Certain health care services need to be approved by WEA in order to be paid through the insurance; this process is a preauthorization. A list of services requiring preauthorization is available at [www.weatrust.com](http://www.weatrust.com) under the Member Preauthorization section. Failure to preauthorize will impose a penalty up to \$500 per unauthorized procedure.

To find the list of services that require preauthorization, start on the WEA home page and click on the "Menu" drop down box by the WEA logo. If you double-click on "Members," you'll be taken to the members' webpage where you will find information on numerous topics, including the preauthorization processes. You can also select from the topics to the right on the screen.



Usually your healthcare provider will assist you with the preauthorization process, but if not, then it is your responsibility to assure that the services are approved so you know how the health care service will be paid by WEA.



## HAVING A HEALTH CARE PROCEDURE?

In non-emergency situations, check out the WEA website for health care procedures that require approval from WEA before the procedure. Then talk to your doctor's office to assure that the procedure is approved. Approvals must be done in advance of the procedure.

## HOSPITAL VISIT?

Hospital visits must be approved before a planned hospital stay. Call WEA at [800.279.4000](tel:800.279.4000) to start the approval process. Note that while your provider may request the approval for you, the ultimate financial responsibility is yours, so please make sure your in-patient hospital stay is approved by WEA. You will want to call at least five days in advance whenever possible.

## FOR EMERGENCY HOSPITAL ADMISSIONS

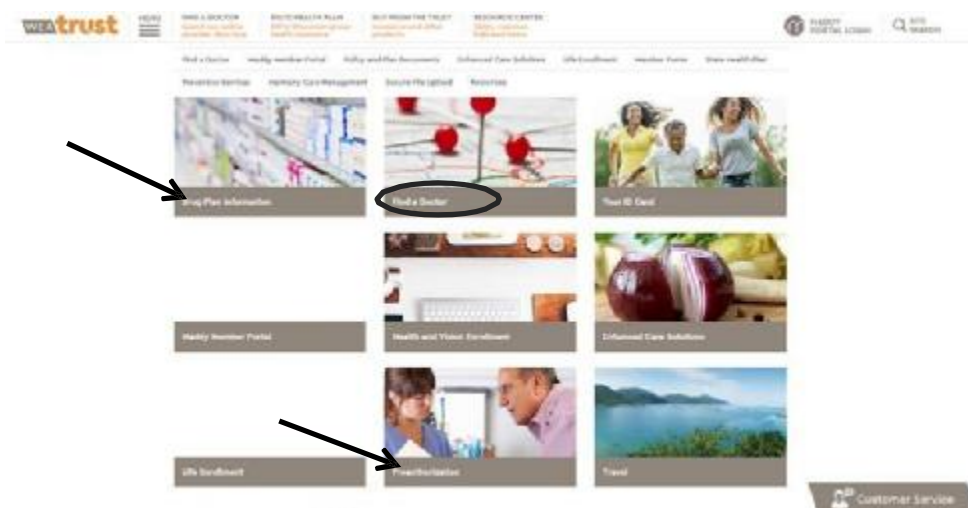
In emergencies, contact WEA within 72 hours ([800.279.4000](tel:800.279.4000)) of the emergency admission to notify them about your situation. If you are unable to contact WEA yourself, a relative or friend may call for you.



# FOCUS ON BENEFITS

## School District or Reedsburg

The members' page looks like the screenshot below and the two arrows point to the Preauthorization and the Drug Plan Information sections that explain the health care services and prescription drugs which need approval in advance of treatment. Also note that you can get to the Find a Doctor section from this page as well as other insurance and health information.



The Preauthorization webpage includes the preauthorization form, a list of services that will require a preauthorization, and the hospital admission notification requirements. WEA may impose up to a \$500 penalty per covered procedure for failure to preauthorize. Also without following the hospital admissions procedures, WEA may impose a penalty of up to \$250. Call WEA at **800.279.4000** before you have a service requiring preauthorization or are admitted for a planned hospital stay (within 72 hours after an emergency).

Under the Drug Plan Information section on the webpage, you will see "Drugs Requiring Preauthorization." When you click on that link, you will be taken to the section which lists what drugs need preauthorization and also the phone numbers to call with any questions.

Usually your healthcare provider will assist you with the drug preauthorization process, but if not, then it is your responsibility to secure the preauthorization so you know how WEA will pay your prescription.



## MEMBER RESOURCES

The WEA webpage to the left contains information about the following topics of interest on your health care plan:

- Drug Plan Information
- Find a Doctor
- Your ID Card
- Maddy Member Portal
- Health and Wellness
- Enhanced Care Solutions
- Preauthorization
- Travel

You can ignore the other sections.

## DRUG PLAN INFORMATION

Click on this section to learn more about these topics:

- Check Your Copay
- Your Claims History
- Value Drug List
- Preferred Drug List
- Specialty Drug List
- Drugs Requiring Preauthorization
- Find a Pharmacy
- Login to MedImpact
- Submitting a Claim
- Dispense as Written Policy
- Setup Home Delivery
- WEA Trust Formulary

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## COST-SAVING HEALTH PROGRAMS THROUGH THE WEA HEALTH PLAN

### Advantages of Amwell – WEA's 24/7 Doctor E-Visits Program

What if health care was as convenient as Amazon Prime or as easy as Netflix? With WEA Trust's telehealth service, powered by Amwell, health care is delivered to you, on your terms. Here are some advantages of using this new service:

- Consultations are available when it is convenient for you:
  - Consultations are available 24/7 every week in the year, and
  - You can contact Amwell via phone, tablet, or computer. There are mobile apps for IOS & Android smart phones.
- With an Amwell visit, there's no need to leave your home or office since they can be done by phone or video connection.
- You can avoid long waits in the lobby of your provider's office or a multi-day wait to get an appointment. Amwell's average time to log-on and connect to a doctor is 15 minutes.
- An Amwell telehealth visit is no cost to the member. Plus the cost of the service is more economical than a regular office visit, which means that the health plan saves money.
- Note when registering with Amwell you will be asked for a credit card; please realize that this is a standard process of the Amwell system and does not mean that you will be billed.
- Amwell physicians provide consultation, diagnosis, and even prescriptions for minor acute issues.

Please realize that Amwell providers do not take the place of your local doctor and Amwell encourages members to establish and maintain an ongoing relationship with their primary care providers.

**IMPORTANT:** Enrolling more than an hour in advance and before an Amwell visit helps the Amwell system recognize you as a District member. If you register right before your visit, you may be charged a telehealth office visit. If that occurs, please contact WEA's Customer Service at **800.279.4000** to remove the charge.



### WHAT IS AMWELL?

Amwell is a national network of U.S. board-certified physicians and licensed therapists who via use of electronic records can provide telephone or online video consultations.

We encourage employees/adult dependents to use this effective and efficient health care delivery method. Parents may use Amwell on behalf of their minor children.

### EXAMPLES OF WHEN TO USE AMWELL TELEHEALTH

For minor acute conditions, such as:

- |                  |                  |
|------------------|------------------|
| • Colds & Flu    | • Rashes         |
| • Sinusitis      | • Abdominal pain |
| • Ear infections | • Migraines      |
| • Fever          | • Pink eye       |

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## School District of Reedsburg

### Amwell Online Therapy Telehealth

Amwell also has licensed therapists on call to provide treatment whenever you need help:

- Appointments available within a week, often within 24 hours.
- 45-minute, video-based appointments on your smartphone, tablet, or computer
- Available between 7 a.m. – 11 p.m., seven days a week.
- Providers trained to deliver telehealth care.
- An Amwell therapy visit is no cost for members and a discounted rate is charged to the health plan.

### Amwell Sign-up Webpage on the WEA Website



### SIGN-UP NOW – IT'S EASY!

Enrolling in Amwell before you or a dependent is sick will save time when you or your dependents just want to feel better as quickly as possible. It also assures that your health information is in the Amwell system before you call. You can sign up on 3 different platforms:

- Download the app by searching “Amwell” in the App Store or Google Play.
- Sign up online at [WeaTrust.Amwell.com](http://WeaTrust.Amwell.com) at the following link: [WEA Trust Telehealth Powered by Amwell](#)
- Sign up over the phone at **1.855.818.DOCS (1.855.818.3627)**.

Follow the sign-up prompts on your chosen platform. Enter “TRUST” as the Service Key and have your WEA Trust ID card handy to enter your health plan information. You will also need to enter a valid credit card number as part of the standard enrollment process.



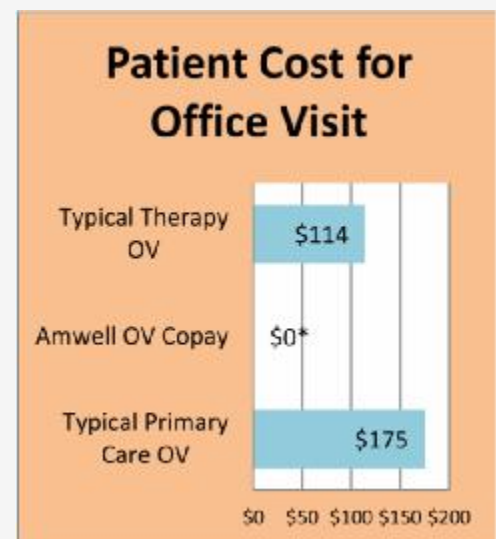
### AMWELL ONLINE THERAPY

Amwell therapists care and ongoing services for:

- Depression
- Bereavement
- Insomnia
- Stress Management
- Anxiety
- ADHD/ADD
- Eating Disorders
- Couples Therapy

### REGISTER FOR AMWELL & START SAVING MONEY NOW!

Here's typical savings individuals experience using a Telehealth Service such as Amwell, versus a more traditional office visit (OV):



\*Note: there is no cost to the member for an Amwell telehealth therapy visit. The health plan also saves since a discounted rate is paid for these services.

# FOCUS ON BENEFITS

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## MORE COST-SAVINGS PROGRAMS WITH WEA

### Livongo Diabetes Program

WEA has a special program that can help you and/or your dependents manage their diabetes condition. Livongo is a cutting-edge program that includes a smart touchscreen glucose meter and unlimited lancet and test strips to you and/or your dependents at no cost! Participation in Livongo is free; however, you must self-enroll in the program via the WEA website.

### Smart Choice MRI

If convenient for you or your family, consider going to Smart Choice MRI. You'll receive top-notch care and earn a \$100 "Healthy Choice" VISA Incentive Card. After your Smart Choice MRI appointment, you can expect to receive your VISA Incentive Card in the mail within 12 weeks. Smart Choice MRI offices are in the following cities:

- Milwaukee, WI
- Richfield, WI
- Woodbury, MN
- Bolingbrook, IL
- Waukesha, WI
- Minneapolis, MN
- Glenview, IL
- Kenosha, WI
- Appleton, WI
- Chicago, IL

### Orthopedic & Sports Institute of the Fox Valley (OSI – also known as NOVO)

While this option may not be convenient for you or your family, it may be for some District employees. If you or a family member needs orthopedic surgery and you live in the greater Fox Valley area or are willing to travel to the OSI Appleton office, please consider having your procedure at this WEA health care partner. A list of health care services that can be treated at OSI is on the WEA OSI webpage. Please note that OSI is recognized as having a much lower infection rate than many other facilities in Wisconsin.

Family members who travel with the patient are eligible to receive a discounted room rate at a local hotel; check with OSI for details. You may be eligible for the \$250 incentive card if you receive one of the listed procedures; check with WEA's Customer Service at [800.279.4000](tel:800.279.4000) for details on using this facility.



## BECOMING BETTER CONSUMERS OF HEALTH CARE TO SAVE MONEY AND STAY HEALTHY

WEA offers special programs to assist members with getting the most for their health care dollar. Some of those programs are briefly described on this page & the next page while the Amwell Telehealth programs are explained on pages 9 - 10.

## HAVE A COMPLICATED HEALTH PROBLEM?

WEA has a special program called Harmony Care Management that can help you with complicated and/or serious health conditions. This program provides you with a single point of contact to help you in your medical care. Your nurse is trained to learn about you as a complete person and not just your illness. These care managers are available to help you or your family member manage a chronic medical condition, find a provider, or prepare for an upcoming hospital visit and more. Contact WEA Trust at [800.279.4000](tel:800.279.4000) or sign up at the WEA website under the Harmony Care Management section.

# FOCUS ON BENEFITS

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## MORE COST-SAVINGS PROGRAMS WITH WEA

### WEA's Kiio Low Back Pain Program

WEA offers an easy and convenient tool to help you manage your lower back pain. It's a free mobile app called Kiio that takes you through individualized exercises that strengthen your back and decrease your pain. Since this program uses multi-track, multi-level exercises that are clinically proven, most participants find improvement in their back pain. Register online at WEA to get started; go to WEA's website at <https://www.weatrust.com/members/health-and-wellness/low-back-pain>.

This Low Back Pain Program can:

- Intervene before your pain becomes chronic
- Reduce missed days at work & increase your productivity
- Improve your overall health
- Keep money in your pocket

### CancerCARE: Medical Excellence Program by INTERLINK

WEA offers a customized, evidence-based, and supportive way to manage your cancer via INTERLINK's CancerCARE Program. Today there are many uncertainties when receiving a diagnosis of cancer. The numbers of treatment options available are increasing day-by-day, and choosing the right option can be overwhelming and difficult. Thus, you may benefit by enrolling in WEA's CancerCARE Program.

When enrolled in this program, you will work with highly trained oncology experts that will:

- Provide a second opinion and ensure an accurate diagnosis
- Work collaboratively with your doctor to ensure you are receiving the highest quality care
- Review your customized treatment plan and monitor your treatment and assist you
- Provide access to Centers of Excellence, which are health care facilities with the most up-to-date research
- Offer you support and guidance with your own personal oncology nurse case manager

Learn more about CancerCARE on the WEA website at

<https://www.weatrust.com/members/enhanced-care-solutions/wea-trust-cancercare>.



## WEA'S WELLNESS PROGRAM

WEA offers the world-class wellness program, Vitality, to their members. Vitality is a fully integrated wellness program designed to incentivize you to better health. Vitality will help you understand your health via Health Risk Assessments with Biometric Information, assist you in setting up a "personal pathway" to achieve your own wellness goals, and reward you for your wellness efforts with Amazon.com Gift Cards and/or other rewards that you select.

Just like our employees help District students reach their goals, the District in partnership with WEA and Vitality is committed to assisting employees become healthier while having fun and winning rewards during the process. As we all know, progress is not made overnight, but one day at a time, one step at a time.

Don't miss out on this opportunity to earn gift cards while you improve your health.



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## School District of Reedsburg

### DENTAL PLAN SUMMARIES

The District offers two different dental plans to their employees dependent on their job classification. Those two plans are explained on the following pages.

Employees classified as Administration, Teachers, Custodial & Maintenance, Bookkeepers, Bus Mechanics, Dispatchers and Secretaries who work 30 hours or more/week are eligible for the following Delta Dental Plan - This is a comprehensive plan for all dental services and covers preventive care at 100% with no deductible. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs. The plan year for this dental plan runs July 1 through June 30 annually.

Features	In-Network PPO or Premier	Out-of-Network Providers*
Annual Plan Year Maximum	\$2,000	\$2,000
Annual Plan Year Deductible	\$0	\$0
Diagnostic & Preventive Exams & Cleanings (two times per year limitation)	You pay \$0	You pay \$0
Basic Restorative Care Amalgam & Composite Fillings	You pay 20%	You pay 20%
Major Restoratives Crowns, Inlays/Onlays, Prosthetics	You pay 50%	You pay 50%
Orthodontics (no deductible) Lifetime limit To age 19	You pay 50% until Delta has paid \$2,000, then you pay 100%	You pay 50% until Delta has paid \$2,000, then you pay 100%

\*Note that there are no provider discounts out-of-network and you will be responsible for any amounts billed by a non-network provider above Delta Dental's allowed amounts.

Please review your plan summary document for more detailed coverage information.

### 2020 MONTHLY PREMIUMS

The District of Reedsburg pays a significant portion of the cost of this dental plan. The employee contribution rates are determined by your employee classification and number of payroll periods. Monthly rates for this Delta Dental plan for the 2020 – 2021 plan year are listed below.

Coverage Level	Monthly Premium
Single	\$52.30
Family	\$147.82



Note that the information in this side panel applies to both Delta Dental Plans offered by the School District of Reedsburg.

To make the most of your dental benefits, always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, there are no provider discounts and the member is responsible for the difference between what is charged/billed over the Delta Dental allowed amount.

### INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Delta Dental's app. With this app, you can:

1. View your summary of benefits or claims
2. Access your ID card
3. Find a network dentist
4. Brush with Toothbrush Timer

### AMPLIFON HEARING HEALTH CARE

All employees of the District (not just those on a Delta plan) are eligible to receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call 888.901.0132 or visit [www.amplifonusa.com/deltadentalWI](http://www.amplifonusa.com/deltadentalWI) for information.

### QUESTIONS?

Call customer service at 800.236.3712, or call the phone number on the back of your ID card, or visit [www.deltadentalwi.com](http://www.deltadentalwi.com).

# FOCUS ON BENEFITS

## School District of Reedsburg

### DENTAL PLAN SUMMARIES (CONT'D)

Employees classified as School Year Support Staff and who work 15 hours or more/week are eligible for the following Voluntary Delta Dental Plan -

This is a comprehensive plan for all dental services and covers preventive care at 100% with no deductible. Note that the deductible does apply to Basic and Major Services. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs. The plan year for this dental plan runs October 1 through September 30 annually.

Features – Voluntary Plan	In-Network PPO or Premier	Out-of-Network Providers*
Annual Plan Year Maximum	\$1,000	\$1,000
Annual Plan Year Deductible <i>Does not apply to preventive and diagnostic services</i>	\$50 / person \$150 / family	\$50 / person \$150 / family
Diagnostic & Preventive Exams & Cleanings (two times per year limitation)	You pay \$0	You pay \$0
Basic Restorative Care <i>Amalgam &amp; Composite Fillings</i>	You pay deductible, then 20%	You pay deductible, then 20%
Major Restoratives <i>Crowns, Inlays/Onlays, Prosthetics</i>	You pay deductible, then 50%	You pay deductible, then 50%
Orthodontics (no deductible) Lifetime limit To age 19	You pay 50% until Delta has paid \$1,000, then you pay 100%	You pay 50% until Delta has paid \$1,000, then you pay 100%

\*Note that there are no provider discounts out-of-network and you will be responsible for any amounts billed by a non-network provider above Delta Dental's allowed amounts.

Please review your plan summary document for more detailed coverage information.

### 2020 MONTHLY PREMIUMS

This is a voluntary dental plan, meaning you pay 100% of the premium. Monthly rates for this Voluntary Delta Dental plan for the 2020 – 2021 plan year are listed below.

Coverage Level	Monthly Premium
Single	\$41.93
Family	\$126.21



Note that the information in this side panel applies to both Delta Dental Plans offered by the School District of Reedsburg.

### SPECIAL DENTAL PROGRAM

The District's dental plans with Delta Dental include an option called Evidence-Based Integrated Care Plan (EBICP). This option provides additional benefits for persons with medical conditions that have oral-health implications. Conditions include:

- Diabetes
- Pregnancy
- Specific heart conditions that pose a risk of certain types of infection
- Kidney failure or dialysis
- Suppressed immune system
- Cancer therapy
- Periodontal disease

EBICP requires self-enrollment by the patient or his/her dentist at

[www.deltadentalwi.com](http://www.deltadentalwi.com) or by calling 800.236.3712.

### DELTA DENTAL VISION DISCOUNT PROGRAM

Save money on your vision care needs by using the Delta Dental vision discount card. The vision care discount is available under a nationwide network of providers administered by EyeMed Vision Care. Under the plan, you are eligible to savings up to 35% on exams, eyewear, and contact lenses offered by participating providers. For a benefit summary and provider directory, go to [www.deltadentalwi.com/visionproviders](http://www.deltadentalwi.com/visionproviders). This program is not an insurance plan.



# FOCUS ON BENEFITS

## School District of Reedsburg

### Dental Network Savings Information

The District's dental plans through Delta Dental of Wisconsin offer employees the freedom to choose who they want for their dental provider; those choices are described below. Make sure you know what network your dental provider belongs.

- Delta Dental PPO Network – offers the largest discounts off charges, but has a smaller network. Services provided by these dental providers will cost less than either the Delta Dental Premier Network or out-of-network providers. Since this network has the biggest discounts, the Delta Dental PPO will help your dental benefits dollars go further allowing you to pay less out-of-pocket for your dental care.
- Delta Dental Premier Network – offers a very broad network of providers (nearly 90% of all the dentists in Wisconsin), but has a much smaller discount.
- Out-of-Network Provider – has no discount off dental charges, but allows complete freedom of choice concerning your dental provider. These providers often charge more than allowed by Delta Dental and so the patient can be balance billed for the difference. Using out-of-network providers will cost more out-of-pocket than either of the two network providers.

Go to Delta Dental of Wisconsin's website at [www.deltadentalwi.com/provider-search/](http://www.deltadentalwi.com/provider-search/) to locate a dentist near you or to check if your current dentist is in one of the Delta Dental networks.



### PREDETERMINATION OF BENEFITS

After an examination, your dental provider may recommend a treatment plan. If the services involve crowns, fixed bridgework, implants, or partial or complete dentures, ask your provider's office to send the treatment plan with images to Delta Dental. The available coverage will be calculated and printed on a Predetermination of Benefits form. Copies of the form will be sent to you and your dental provider.

Having this Predetermination helps assure that there are no surprises as to your share of the cost for that dental service. The Predetermination of Benefits form is valid for one year from the date issued.

Predeterminations are not required, but Delta Dental encourages you to use this service. Should you have any questions about a predetermination, just call Delta Dental of WI at 800.236.3712.

# FOCUS ON BENEFITS

School District of Reedsburg

## VOLUNTARY VISION SUMMARY

About the Vision Plan: This is a comprehensive plan for all vision services. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs. The vision plan year runs October 1 through September 30 annually.

Features	In-Network*	Out-of-Network
Eye Exam - ophthalmologist/optometrist (once every 12 months)	\$10 copay then paid by the Plan	Up to \$34/\$26 retail
Clear Glass or Plastic Lenses (once every 12 months) <i>Single Vision</i> <i>Bifocal</i> <i>Trifocal</i>	\$25 copay then paid by the Plan	Up to \$29 retail Up to \$43 retail Up to \$53 retail
Lens Options <i>UV, Tint, Coating</i> <i>Polycarbonate</i> <i>Anti-Reflective</i>	20% off retail to maximum member out-of-pocket as detailed in Superior Vision Summary	Not covered
Progressive Lenses	20% off amount over retail lined trifocal lens, including lens options	Up to \$53 retail
Frames (once every 24 months)	You receive up to \$150 allowance and then you receive a 20% discount on amounts over \$150	Up to \$74 retail
Contacts (once every 12 months) Contact Lens fitting (std. or special)	\$30 copay then paid by the Plan	Not covered
<i>Elective or necessary contact lenses, in lieu of glasses (frames &amp; lenses)</i>	You receive up to \$150 allowance and then you receive a 20% discount on amounts over \$150	Up to \$100 retail

\*Look for providers in the Provider Directory who accepts discounts as some do not.

Vision Plan Premiums: This is a voluntary plan, meaning you pay 100% of the premiums. Premiums effective October 1, 2020:

Status	Monthly Rates
Employee only	\$6.77
Employee + Spouse	\$13.54
Employee + Children	\$15.38
Employee + Family	\$23.76



Always use an in-network provider to obtain the highest level of benefits.

When accessing care out-of-network, you receive an amount that the provider will pay up to. You are then responsible for the difference.

Note: This is a voluntary plan, participation is optional. You may waive this coverage if you don't need eyeglasses or contacts.

### FIND A PROVIDER

It's easy to find a Superior provider near you; follow these simple steps.

- Go to [www.SuperiorVision.com](http://www.SuperiorVision.com)
- Click on "Find a Provider" in the upper left corner of the webpage
- On the next screen, enter your location information
- Select "Insurance Through Your Employer" as your coverage type
- A drop-down menu will appear; select the Superior National network
- Then choose the distance for your search and click "Search"

### QUESTIONS?

Call Superior Vision Customer Service at 800.507.3800 or visit [www.superiorvision.com](http://www.superiorvision.com) for assistance.

# FOCUS ON BENEFITS

## School District of Reedsburg

### FLEXIBLE BENEFIT PLAN

The District sponsors a flexible benefit plan to help you pay for everyday expenses on a pre-tax basis. The flexible benefit plan year is July 1 through June 30 each year.

- **Premiums:** Pre-tax contributions for medical, dental, and vision premiums.
- **Health Care Flexible Spending Arrangement (HC-FSA):** You can set aside pre-tax contributions for medical, dental, and vision expenses not paid by your (or your spouse's) insurance plans up to \$2,750 depending on your election. As a reminder, you need to obtain a prescription for over-the-counter medications in order to use your medical FSA dollars for reimbursement (one prescription per OTC med, per year needed). You can now rollover unused amounts up to \$500.
- **Dependent Care Flexible Spending Arrangement (DC-FSA):** You can set aside pre-tax contributions for dependent care expenses up to \$5,000 per plan year. No dollars may be carried over into the next plan year.

Participants must enroll annually for the plan year effective on July 1, 2020.

Each component of the flexible benefit plan requires a separate election. Funds cannot be moved from one component to another. Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event. With the exception of the limited HC-FSA rollover amount, all flexible benefit plan components are "use it or lose it."



We offer our Flexible Spending Plan through Employee Benefits Corporation (EBC).

To file a claim, you can:

- Go online at [www.ebcflex.com](http://www.ebcflex.com) & log into *My Account Assistant*

OR

- Add the mobile app on your smart phone & follow the on-screen instructions

OR

- Complete the paper claims' form & with the accompanying receipts either mail to EBC or fax to them at [608.831.4790](tel:608.831.4790).

### QUESTIONS?

Call Participant Services toll-free at [800.346.2126](tel:800.346.2126) or locally at [608.831.8445](tel:608.831.8445) or email your questions to [participantservices@ebcflex.com](mailto:participantservices@ebcflex.com). The general website is [www.ebcflex.com](http://www.ebcflex.com).

# FOCUS ON BENEFITS

## School District of Reedsburg

### ANCILLIARY BENEFITS

#### LIFE AND AD&D INSURANCE THROUGH ETF

Eligible employees of the School District of Reedsburg can elect up to five times their salary in term life insurance through Employee Trust Funds (ETF). Contact ETF at [877.533.5020](tel:877.533.5020) or online at <http://eft.wi.gov/>.

#### VOLUNTARY SHORT TERM DISABILITY COVERAGE WITH NATIONAL INSURANCE SERVICE (NIS)

The District offers a Voluntary Short Term Disability Program through NIS in conjunction with Madison National Life Insurance Company. Employees who work 30 hours or more are eligible to participate in the plan. Employees enrolled in the program can elect the disability benefit amount and pay for the coverage via payroll deductions. Short term disability is 100% paid by the employee. Note that if you do not sign up in the first 30 days of employment or you elect benefit amounts of \$357 or more, you must supply medical information on an Evidence of Insurability form. Weekly benefit options are:

- \$147, \$175, \$224, \$273, \$301, \$357, \$420, \$462, \$504
- Amounts cannot exceed 66.67% of weekly pre-disability earnings

Benefits are payable from the first day of an accident or the fourth day of a physical disease for a maximum of 60 days, or when long term disability payments begin. Contact Mechelle Thompson in the District Office for the applicable premium.

#### LONG-TERM DISABILITY (LTD)

The School District of Reedsburg provides long term disability coverage through NIS in conjunction with Madison National Life Insurance Company. Employees who work 30 hours or more are eligible for this plan. The benefit level is a 90% taxable benefit that may begin after 60 days of continued disability or the conclusion of your short term disability benefit. The District pays 100% of the cost for this coverage for employees.

### RETIREMENT SAVINGS



#### WISCONSIN RETIREMENT SYSTEM (WRS) THROUGH ETF

For eligible employees, the 2020 total contribution rate to WRS is 13.5% (it was 13.1% in 2019) of gross wages; half of that is paid by the District and the other half is paid by the employee via "pre-tax" deductions. For information on your WRS retirement account, call [877.533.5020](tel:877.533.5020) or go to <http://etf.wi.gov/>.

#### TAX-SHELTERED ANNUITY PLAN 403(b) THROUGH WEA

All employees are eligible to participate in a 403(b) tax-deferred annuity plan administered by WEA Trust. The employee will pay the total cost of the 403(b) tax-deferred annuity contribution. There is no District contribution. Note: new employees are automatically enrolled in the 403(b) plan for a 2% contribution.

# FOCUS ON BENEFITS

School District of Reedsburg

## VALUE – ADDED SERVICES

National Insurance Services (NIS) in conjunction with Madison National Life Insurance Company offers the following extra **FREE** services.

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

Everyday life can be stressful and can affect your health, well-being and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why we offer an EAP. An EAP offers a confidential place to find the answers that work for you. Receive compassionate expertise and confidential help for a variety of health concerns, including:

- Depression
- Alcohol and drug addiction
- Financial or legal concerns
- Stress management
- Child and elder care
- Marital difficulties
- Family conflict

Call **866.451.5465** to inquire about EAP services.

### IDENTITY THEFT ASSISTANCE

There is an identity theft victim every two seconds. If you are a victim, the *MyIDCare Identity Theft Recovery* specialist 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.

*MyIDCare* can be contacted at **855.205.6010** or online at <https://app.myidcare.com/account-creation/NIS>.

## CLAIMANT ASSISTANCE



Our Claimant Assist program offers special services to Long-Term Disability claimants. If you have Disability insurance coverage through NIS, our Long-Term Disability Claimant Services are available to guide and counsel claimants and their immediate family members..

Claimant Assist services are available at **866.472.2734**.

# FOCUS ON BENEFITS

School District of Reedsburg

## NEXT STEPS

Review your benefit information in order to decide what is best for you & your family. Complete the required enrollment forms as a newly hired employee or during open enrollment. Your enrollment should be done in a timely manner so your coverage is not delayed. Enrollment deadlines are in your benefit packet.

## HAVE A QUESTION ON YOUR BENEFITS?

After your benefits enrollment, the most effective and efficient way of getting your specific benefit questions answered is to contact the appropriate Customer Service line. Contact information for the various vendors is listed in the side panel on this page.

Making the call yourself allows you to make sure that your question is completely understood directly by the carrier. And likewise, you will hear the answer yourself directly from the carrier.

If you cannot get your question(s) answered to your satisfaction by the appropriate Customer Service Center, then please contact:

Mechelle Thompson

608.524.2016, ext. 2002 [mthompson@rsd.k12.wi.us](mailto:mthompson@rsd.k12.wi.us)

Additionally, Mechelle can supply you with any needed forms or process information that cannot be obtained by the Customer Service line.

## VENDOR QUICK LINKS

### Health Plan

**WEA Trust**  
800.279.4000  
[www.weatrust.com](http://www.weatrust.com)



### Telehealth

**Amwell**  
855.818.DOCS  
855.818.3627

### Dental Plan

**Delta Dental of WI**  
800.236.3712  
[www.deltadentalwi.com](http://www.deltadentalwi.com)

### Voluntary Vision Plan

**Superior Vision**  
800.507.3800  
[www.superiorvision.com](http://www.superiorvision.com)

### Health Reimbursement Arrangement (HRA) & Flexible Savings Account (FSA)

**EBC**  
800.346.2126  
[Participantservices@ebcflex.com](mailto:Participantservices@ebcflex.com) or  
[www.ebcflex.com](http://www.ebcflex.com)

### Life/AD&D Insurance or Wisconsin Retirement System (WRS)

**ETF**  
877.533.5020  
<http://eft.wi.gov/>

### Tax-Sheltered Annuity – 403(b)

**WEA Trust**  
800.279.4030, opt. 2  
[www.weatrust.com](http://www.weatrust.com)

### Disability Plans (Short or Long Term)

**NIS**  
800.627.3660  
[www.NISBenefits.com](http://www.NISBenefits.com)

### Employee Assistance Program (EAP)

**Morneau Shepell**  
866.451.5465

# REQUIRED NOTICES

## WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

Following this page are several notices that the federal government requires us to give individuals who are covered under our group health plan(s). The purpose of these notices is to inform you of certain rights you and your family may have under federal law. In addition to rights under federal law, you may have rights under state law.

You may find it helpful to review this information as you make your benefit enrollment decisions. Please keep this information with your other written plan materials.

1. HIPAA Portability Notice
2. Medicare Part D Coverage Notice
3. HIPAA Notice of Privacy Practices
4. CHIP Notice
5. WHCRA Notice



# REQUIRED NOTICES

## HIPAA PORTABILITY NOTICE

Our records show that you are eligible to participate in the company's Group Health Plan (to actually participate, you must complete an enrollment form and pay your share of the premium). A federal law called HIPAA requires that we notify you about some important provisions in the plan.

### Special enrollment rights

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

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

If you are declining enrollment because you and/or your dependents are covered under a Medicaid plan or state Child Health Plan (CHIP) and that coverage is terminated due to a loss of eligibility, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after the date that termination of such coverage occurred and meet certain other important conditions described in the Summary Plan Description.

If you and/or your dependents are determined to be eligible under a state's Medicaid plan or state Child Health Plan (CHIP) for premium subsidy assistance, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days of the determination of eligibility for premium subsidy assistance for you or your dependents and meet certain other important conditions as described in the respective Summary Plan Description.

To request special enrollment or obtain more information, contact Mechelle Thompson in the District Office at 608.524.2016, ext. 2002 or [mthompson@rsd.k12.wi.us](mailto:mthompson@rsd.k12.wi.us).

# REQUIRED NOTICES

## MEDICARE PART D CREDITABLE/NON-CREDITABLE COVERAGE NOTICE

### Important notice from School District of Reedsburg 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 School District of Reedsburg 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. The School District of Reedsburg has determined that the prescription drug coverage offered by the District's WEA Trust 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 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current School District of Reedsburg coverage will not be affected.

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

#### When will you pay a higher premium (Penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with School District of Reedsburg 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.

# REQUIRED NOTICES

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it if this coverage through School District of Reedsburg 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](http://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 800-MEDICARE (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](http://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 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:	July 1, 2020
Name of Entity/Sender:	School District of Reedsburg
Contact--Position/Office:	Mechelle Thompson, HR Specialist & Payroll Supervisor
Address:	501 K Street, Reedsburg, Wi 53959
Phone Number:	608.524.2016, ext. 2002

# REQUIRED NOTICES

## NOTICE OF PRIVACY PRACTICE

Your information. Your rights. Our responsibilities.

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 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 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

# REQUIRED NOTICES

## 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 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, and we may say “no” if it would affect your care.

### 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 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 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 **877-696-6775** or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

# REQUIRED NOTICES

## YOUR CHOICES

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

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

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

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

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

- Marketing purposes
- Sale of your information

## OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

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

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

Run our organization

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

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

Pay for your health services

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

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

Administer your plan

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

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

# REQUIRED NOTICES

## 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](http://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.



# REQUIRED NOTICES

## 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](http://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, and we will mail a copy to you.

## OTHER INSTRUCTIONS FOR THIS NOTICE

- Effective Date of this Notice: July 1, 2020
- The District's privacy official is: Pat Ruddy, Associate District Administrator, 608.524.2016, ext. 2004, or [pruddy@rsd.k12.wi.us](mailto:pruddy@rsd.k12.wi.us).

# REQUIRED NOTICES

## 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](http://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 **877-KIDS NOW** or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call **866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid	ARKANSAS – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
FLORIDA – Medicaid	LOUISIANA – Medicaid
Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268	Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/index.cfm/page/2693">www.ldh.la.gov/index.cfm/page/2693</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
GEORGIA – Medicaid	MAINE – Medicaid
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131	Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711

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<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
<b>IOWA – Medicaid – Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563	<b>MINNESOTA – Medicaid</b> Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other insurance?”] Phone: 1-800-657-3739
<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792/4884	<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>KENTUCKY – Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855 632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462

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NEW JERSEY – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
NEW YORK – Medicaid	SOUTH CAROLINA – Medicaid
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
NEVADA – Medicaid	SOUTH DAKOTA - Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
NORTH CAROLINA – Medicaid	TEXAS – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
NORTH DAKOTA – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
OKLAHOMA – Medicaid and CHIP	VERMONT – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: <a href="http://www.coverva.org/hipp/">http://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
WASHINGTON – Medicaid	WYOMING – Medicaid
Website: <a href="http://www.hca.wa.gov/">http://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
WEST VIRGINIA – Medicaid	
Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

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

# REQUIRED NOTICES

## NOTICE OF RIGHTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

On October 21, 1998, the federal government enacted the Women's Health and Cancer Rights Act. This law requires that all group health plans that provide coverage for mastectomies must also provide coverage for breast reconstruction surgery in connection with that mastectomy. This memo is intended to provide participants and beneficiaries with notice of their rights under the Women's Health and Cancer Rights Act.

Participants and beneficiaries who receive benefits under the group health plan in connection with a mastectomy and elect breast reconstruction surgery in connection with that mastectomy are entitled to coverage for that reconstruction in a manner determined in consultation with the attending physician and the patient. Such coverage includes:

1. Reconstruction of the breast on which the mastectomy was performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance
3. Prostheses and physical complications at all stages of the mastectomy, including lymphedemas.

These benefits may be subject to deductibles and coinsurance limitations consistent with those established for similar benefits under the group health plan.

Please contact the Human Resources Department or the company's health insurance carrier directly for more information on your rights under the Women's Health and Cancer Rights Act.

# NOTES

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This Focus on Benefits provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.

Your employer reserves the right to change, amend, suspend, or terminate any or all of the plans described in the guide at any time and for any reason. This Focus on Benefits is not a contract, and participation in any of the plans does not guarantee employment.

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