

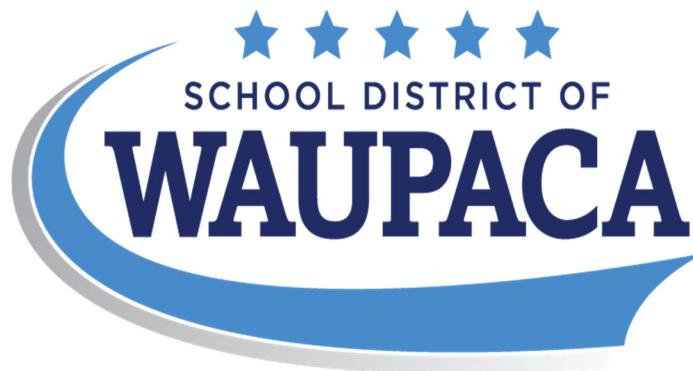
YOUR  
**BENEFITS**  
YOUR  
**CHOICES**

School District of  
Waupaca



BENEFIT GUIDE

2022-2023



# BENEFITS ENROLLMENT CHECKLIST

This guide will help you get to know your benefits and your choices for the 2022-23 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

## IN THE FIRST 30 DAYS

Enroll in these plans or waive coverage:

- € Medical Plan
- € Dental Plan
- € Flexible Spending Plan
- € Long Term Disability
- € Voluntary Short Term Disability



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# MEDICAL PLANS

## MEDICAL PLANS

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. School District of Waupaca provides eligible employees a medical plans administered by GHT.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the network. Find a participating health care provider in your area by going to: [umr.com](http://umr.com).

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

## TERMS TO KNOW

### ***Annual Deductible***

The amount you pay out of your pocket each year before the plan begins sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

### ***Copay***

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but do not count toward your deductible.

### ***Annual Out-of-Pocket Maximum***

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

## WHO IS ELIGIBLE FOR BENEFITS

- All full-time and regular part-time employees who work 30+ hours per week
- Your spouse
- Your biological children, stepchildren, legally adopted children (effective from the date place for adoption), and foster children up to age 26.



### ***Coinsurance***

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

# MEDICAL PLAN HIGHLIGHTS – SINGLE PLAN OPTION

GHC – UHC HEALTH TRUST	PPO   \$1,250 Single   \$2,500 Family	
	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Deductible</b>		
Single	\$1,250	\$2,500
Family	\$2,500	\$5,000
<b>Out-of-Pocket Maximum</b>	<b>Including Deductible and Rx Copays</b>	
Single	\$3,250	\$5,250
Family	\$6,500	\$10,500
<b>Out-of-Pocket Maximum for Prescription Drug Cost-Sharing</b>	\$2,000 individual / \$4,000 family	
<b>Coinsurance</b>	90%	70%
<b>Lifetime Maximum</b>	Unlimited	
<b>Dependent Eligibility</b>	To Age 26	
<b>PHYSICIAN SERVICES</b>		
<b>Office Visit</b>		
Primary Care Physician	\$35 Copay, Deductible, then 90%	\$70 Copay, Deductible, then 70%
Specialist	\$70 Copay, Deductible, then 90%	\$140, Copay, Deductible, then 70%
<b>Routine / Preventive Care</b>	Select Services Covered In Full	\$70 Copay, Deductible, then 70%
<b>Teladoc</b>	\$0 Per Consult	
<b>Hospital Services</b>		
Inpatient	Deductible, then 90%	Deductible, then 70%
Outpatient		
<b>ER, Urgent Care and Walk-In Clinics</b>		
	<b>Copay, Deductible, then %</b>	<b>Copay, Deductible, then %</b>
Walk-in Clinics	\$35 Copy, then 90% after Deductible	\$70 Copay, Deductible, then 70%
Urgent Care	\$100 Copay, Deductible, then 90%	\$ 100 Copay, Deductible, then 90%
Emergency Care	\$250 Copay, Deductible, then 90%	\$250 Copay, Deductible, then 90%
<b>Retail Prescription Coverage</b>	<b>Retail – 30 Day Supply</b>	
Value Drugs	\$0	
Generic	\$10	
Brand	\$40	
Non-Preferred	\$80	
Specialty	20% to a \$250 maximum copay	

Please reference page (6) for premium information

# FLEXIBLE SPENDING ACCOUNTS (FSA)

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (July 1 through June 30). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by year-end or lose the balance.

School District of Waupaca offers three types of FSAs administered by EBC.

## TRADITIONAL HEALTH CARE FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care and vision care. Maximum Plan Contribution for 2022 \$2,850. You're ***not*** eligible for the Traditional Health Care FSA if you're enrolled in the High Deductible Health Plan option.

## DEPENDENT CARE FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You can't contribute more than you or your spouse earned in income for the year. ***If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

## REMEMBER...

### **Flexible Spending Account Rollover Provision**

School District of Waupaca's Medical Flexible Spending plan allows you to submit claims for eligible expenses incurred during the plan year until September 30.

# DENTAL PLAN

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

## DENTAL PLAN HIGHLIGHTS

Below is the amount the **Waupaca School District** pays for covered services.

Calendar Year Deductible	Single: \$0 / Family: \$0
Individual Calendar Year Maximum	\$1,500
Preventative Care	Free for exams, cleanings, X-rays, fluoride and sealants
Basic Services	100%
Major Restorative Services	80%
Orthodontia	50%
Orthodontic Lifetime Maximum	\$1,500
Special Plan Provisions	
o Evidence –Based Integrated Care Plan (EBICP)	
o CheckUp Plus	

*For additional information, refer to the Benefit Summaries provided by Delta Dental of Wisconsin*

*Please reference page (6) for premium information*

# PREMIUM CONTRIBUTIONS

## MEDICAL PLAN PREMIUM CONTRIBUTIONS

MONTHLY PREMIUM	GHC Trust
Employee Only	\$713.68
Family	\$1,601.31

**Teachers/Administrators/Full-time Year Round Support Staff:**

District pays 79% - if employee completes the health assessment program the district will pay an additional 6% (85%)

**Non-Year Round Support Staff working more than 20 hrs./week**

The district contribution will be based on the following table:

- 630-1039 hrs/yr. ----- \$78 Single & \$104 Family
- 1040 – 1394 hrs/yr. ----- \$104 Single & \$187 Family
- 1395 – 2079 hrs/yr. ----- \$135 Single & \$208 Family

## DENTAL PLAN PREMIUM CONTRIBUTIONS

BI-WEEKLY PREMIUM	Delta Dental of Wisconsin
Employee Only	\$44.54
Family	\$126.61

**Teachers/Administrators/Full-time Year Round Support Staff:**

100% paid for by the district.

**Non-Year Round Support Staff working more than 30 hrs./week**

\$0 paid by district – available only at employee expense

# PROTECTION

## VOLUNTARY SHORT TERM DISABILITY (STD)

Short Term Disability (STD) is offered through The Standard. The voluntary STD plan pays a percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury. Rates are based on the weekly benefit amount options, however, the amount you elect cannot exceed 66 2/3 percent of your weekly salary.

**Note:** If you do not apply during the Enrollment Period, then an Extended Benefit Waiting Period will apply.

Benefits begin on the 0 day for an injury and on the 3 day for sickness. The benefit will provide up to your chosen weekly benefit option for 90 days.

STD Benefit - You may elect one of the following weekly benefit amount options:

	WKLY BENEFIT	MONTHLY COST TO EMPLOYEE
Option 1	\$147	\$11.46
Option 2	\$175	\$13.36
Option 3	\$224	\$17.18
Option 4	\$273	\$21.02
Option 5	\$301	\$22.92
Option 6	\$357	\$27.38
Option 7	\$420	\$31.86
Option 8	\$462	\$35.04
Option 9	\$504	\$38.22

The following states have a State Disability Program: California, Hawaii, New Jersey, New York, and Puerto Rico, Rhode Island.



# PROTECTION *(continued)*

## GROUP LONG TERM DISABILITY (LTD)

School District of Waupaca offers a Group Long Term Disability insurance plan for both 9 month and 12 month employees. Specific details of the plan are covered in the Employee LTD Benefit Plan Certificate.

### **Teachers/Administrators/Full-time Year Round Support Staff**

Monthly Benefit	90% of the first \$11,000 of monthly pre-disability earnings, reduced by deductible income (e.g. work earning, workers' compensation, state disability, etc.
Maximum Monthly Benefit	\$9,900
Benefit Waiting Period	90 day

### **Non-Year Round Support Staff working more than 20 hrs./week**

Monthly Benefit	67% of the first \$11,000 of monthly pre-disability earnings, reduced by deductible income (e.g. work earning, workers' compensation, state disability, etc.
Maximum Monthly Benefit	\$7,370
Benefit Waiting Period	90 day

### Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue until age 65. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

## WRS

All WRS eligible employees will automatically be enrolled in the WRS retirement system. Those employees wishing to also enroll in a voluntary 403B program may contact the payroll department for options available.

## HOLIDAYS

- New Year's Day\*
- Good Friday\*
- Memorial Day\*
- Independence Day
- Labor Day\*
- Thanksgiving Day\*
- Day After Thanksgiving\*
- Christmas Eve\*
- Christmas Day\*

NOTE: \* designates the holidays for non-year round support staff

## PAID TIME OFF (PTO) | SICK TIME

Eligible employees will have the opportunity to accrue PTO. Refer to your handbook for details.

# WHO TO CONTACT

Coverage	Carrier	Contact Information
<b>Medical</b>	WCA/UHC	800-207-3172
<b>Dental</b>	Delta Dental	800-236-3712
<b>Flex Spending Account</b>	Employee Benefits Corp.	800-346-2126
<b>Short Term and Long Term Disability</b>	The Standard	888-937-4783
<b>Business Manager</b>	Carl Hayek	715-258-4121
<b>Human Resources</b>	Sandy Lucas	715-258-4121 ext. 6011

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

# REQUIRED FEDERAL NOTICES

## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the School District of Waupaca 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 School District of Waupaca stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within insert "30 days" or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

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

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

To request special enrollment or obtain more information, contact Sandy Lucas at 715-258-4121 ext. 6011.

# HIPAA Privacy Notice

If you have any questions about this notice, please contact the Human Resources office.

## **Who Will Follow This Notice**

This notice describes the medical information practices of SCHOOL DISTRICT OF WAUPACA's group health plan (the "Plan") and that of any third party that assists in the administration of Plan claims.

## **Our Pledge Regarding Protected Health Information**

We understand that your protected health information and your health is personal. We are committed to protecting your protected health information. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose your protected health information. It also describes our obligations and your rights regarding the use and disclosure of protected health information. We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to you protected health information
- Give you this notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the notice that is currently in effect.

**We reserve the right to change the terms of this Notice and to make new provisions about your protected health information that we maintain, as allowed or required by law. We will provide you with a copy of our revised Notices of Privacy Practices if we make any material change by direct mail or hand delivery.**

## **How We May Use and Disclose Your Protected Health Information**

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment (as described in applicable regulations).** We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose protected health information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

**For Payment (as described in applicable regulations).** We may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

## HIPAA Privacy Notice (continued)

**For Health Care Operations (as described in applicable regulations).** We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating and other activities relating to Plan coverage, submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**As Required By Law.** We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order, in a litigation proceeding such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the plan, your protected health information may be disclosed to certain employees of the School District of Waupaca. Those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required or permitted by HIPAA. Your protected health information may not be used for employment purposes without your express authorization.

**Disclosure to Health Plan Sponsor.** Information may be disclosed to another health plan (as described by HIPAA) maintained by SCHOOL DISTRICT OF WAUPACA for purposes of facilitating claims payments under that plan.

**Organ and Tissue Donation.** If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

# WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT NOTICE

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call GHC Trust at 800-207-3172



## 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 School District of Waupaca, 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 **1-877-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 a School District of Waupaca-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your School District of Waupaca plan, your School District of Waupaca must allow you to enroll in your School District of Waupaca 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 School District of Waupaca plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your School District of Waupaca health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
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.asp">http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

ARKANSAS – Medicaid	INDIANA – Medicaid
<p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>  Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>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</p>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
<p>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="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a>  CHP+ Customer Service: 1-800-359-1991/  State Relay 711</p>	<p>Website:  <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a>  Phone: 1-800-257-8563</p>
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>  Phone: 1-785-296-3512</p>	<p>Website: <a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a>  Phone: 603-271-5218  Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>  Phone: 1-800-635-2570</p>	<p>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</p>
LOUISIANA – Medicaid	NEW YORK – Medicaid
<p>Website:  <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>  Phone: 1-888-695-2447</p>	<p>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</p>
MAINE – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p>	<p>Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
<p>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</p>	<p>Website:  <a href="http://www.nd.gov/dhs/services/medicalsev/medicaid/">http://www.nd.gov/dhs/services/medicalsev/medicaid/</a>  Phone: 1-844-854-4825</p>

<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – 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	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>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
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	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
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2018, 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

#### **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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

# NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

## **GENERAL INFORMATION**

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

## **WHAT IS THE HEALTH INSURANCE MARKETPLACE?**

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

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

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

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

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than 9.69% of your household income for the year, or if our health plan does not meet the "minimum value"<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

## **HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?**

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

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<sup>1</sup>

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.

# INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

Employer Name: <b>School District of Waupaca</b>
Employer Identification Number (EIN): 39-6031572
Employer Address: <b>E2325 King Road Waupaca, WI 54981</b>
Employer Phone Number: <b>(715) 258-4121</b>
Who can we contact about employee health coverage at this job? Phone Number (if different from above): <b>Sandy Lucas</b> E-mail address: <b>slucas@waupacaschools.org</b>

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.

If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.

- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.

If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.

- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

## COBRA Notice

If you choose continuation coverage, SCHOOL DISTRICT OF WAUPACA is required to give you coverage which, as of the time coverage is being provided, is identical to coverage provided under the plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation period is eighteen months. However, the law also provides that your continuation coverage may be cut short for any of the following reasons:

1. SCHOOL DISTRICT OF WAUPACA no longer provides group health coverage to any of its employees
2. The premium for your continuation coverage is not paid
3. You become an employee covered under another group hospital plan that does not have a pre-existing condition provision
4. You become eligible for Medicare
5. You were divorced from a covered employee and subsequently remarry and are covered under the new spouse's group health plan

You do not have to show that you are insurable to choose continuation coverage. However, under the law, you may have to pay all or part of the premium for your continuation coverage.

# Creditable Coverage Notice

## Important Notice from SCHOOL DISTRICT OF WAUPACA 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 WAUPACA 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. SCHOOL DISTRICT OF WAUPACA has determined that the prescription drug coverage offered by the UMR 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.

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

### What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current SCHOOL DISTRICT OF WAUPACA coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current SCHOOL DISTRICT OF WAUPACA coverage, be aware that you and your dependents will 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 SCHOOL DISTRICT OF WAUPACA 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.



## Creditable Coverage Notice (continued)

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

**For More Information about This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SCHOOL DISTRICT OF WAUPACA, changes. You also may request a copy of this notice at any time.

## Creditable Coverage Notice (continued)

### **For More Information about Your Options under Medicare Prescription Drug Coverage.**

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](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 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](http://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: 5/20/2022

Name of Entity/Sender: SCHOOL DISTRICT OF WAUPACA

Contact: Sandy Lucas  
Address: E2325 KING RD., WAUPACA, WI 54981  
Phone Number: 715-258-4121 EXT. 6011

**CMS Form 10182-CC**

**Updated April 1, 2022**

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, and 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 21244-185