



Crivitz School District

2025-2026 Employee Benefits Guide

QUESTIONS?

Sarah Jones: (854) 324-2721 x 311 | sjones@crivitz.k12.wi.us

Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2025 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
- ☐ Dental
- ☐ Voluntary Vision
- ☐ Long Term Disability
- ☐ Voluntary Short Term Disability
- ☐ Life
- ☐ Voluntary Life
- ☐ Voluntary Accident
- ☐ Voluntary Cancer





Carrier Contacts

Coverage	Carrier	Contact
Medical	WCA Group Health Trust	866.404.2700 www.wcaght.org
FSA & HRA Benefit	DBS	800.234.1229 www.dbsbenefits.org
Dental	Delta Dental	800.236.3712 www.deltadentalwi.com
Voluntary Vision	Superior Vision	800.507.3800 www.superiorvision.com
LTD & Voluntary STD	The Standard	888.937.4783 www.standard.com
Employee Assistance Program (EAP)	The Standard	888.293.6948 www.healthadvocate.com/standard3
Travel Assistance	The Standard	800.872.1414 www.assistamerica.com
Life AD&D and Voluntary Life	Unum	800.421.0344 www.unum.com/employees/contact-us
Voluntary Worksite	Aflac	800.992.3522 www.aflac.com
	Allstate	920.730.1100 paulmichaels@allstate.com
	Globe Life	920.471.3052 awinfree.fhl@gmail.com

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

**For questions and forms contact Sarah Jones (715) 854-2721 ext. 311
or sjones@crivitz.k12.wi.us**

Medical Plan

Medical Plan

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. Crivitz School District provides eligible employees coverage with **the WCA Group Health Trust**.

You have access to providers participating in the UHC Choice Plus network. **Find a participating health care provider in your area by going to: [UMR.com](https://www.UMR.com).**

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

Waiver Of Coverage

The District may provide an alternative benefit plan in lieu of health insurance coverage to employees eligible for plan group coverage. Currently, Cash in lieu is paid at \$10,000 annually for those with qualified waivers of coverage. Contact Sarah Jones for additional information.

Eligibility

- All full-time employees who work 12 months and 30 hours or more per week

And Your...

- Spouse
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to age 26.

Terms To Know

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 ***not*** toward your deductible.

Out-of-Pocket Maximum

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

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

WCA Group Health Trust Network: UHC Choice	Plan Year: July 1 – June 30 \$3,000/\$6,000 Deductible The HRA will be funded at \$2,500 single/\$5,000 family after you pay your portion of the deductible: \$500 single/\$1,000 family	
	In-Network	Out-of-Network
Deductible		
Single	\$3,000	N/A
Family	\$6,000	
Health Reimbursement Account (HRA)		
Single	\$2,500	N/A
Family	\$5,000	
Out-of-Pocket Maximum		
Single	\$4,000	N/A
Family	\$8,000	
Annual Copay Out-of-Pocket Maximum		
Single	\$1,000	N/A
Family	\$2,000	
Coinsurance	100% covered after deductible	N/A
Physician Services		
Routine / Preventive Care	Select Services Are FREE	N/A
Primary / Specialty Care Visits	\$25 Copay/Deductible	N/A
Teladoc (Virtual Care)	\$0 Copay	N/A
Hospital Services (Inpatient/Outpatient)	Deductible Applies	N/A
Urgent Care ER		
Urgent Care	\$25 Copay/Deductible	N/A
Emergency Care	\$200 Copay / PPO Deductible	\$200 Copay / PPO Deductible
Prescription Drugs		
Retail (30 Days)	\$0 / \$10 / \$25 / \$50 / \$100	
Mail Order (90 Days)	\$0 / \$20 / \$50 / \$100	
Rx Out-of-Pocket Maximum	\$2,000 person / \$4,000 family	

**** Separate prescription drug out-of-pocket maximum: \$2,000 person / \$4,000 family. This is in addition to the maximum out of pocket ****





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

EMPLOYEE PREMIUM CONTRIBUTIONS EFFECTIVE JULY 1, 2025

Monthly Premiums	Employee Cost
Employee	\$118.90
Employee + Spouse	\$243.75
Employee + Child(ren)	\$202.14
Family	\$291.23

Understanding Your Care Options

Proactively understanding your care options can have a big impact in the amount you pay out-of-pocket when seeking care. The chart below is intended to help you identify the right setting for your specific needs.

Type of Care	Common Services		Approximate Wait Time	Average Member Cost
Teladoc 	<ul style="list-style-type: none">Colds or fluBronchitisRespiratory infectionPink eye	<ul style="list-style-type: none">Sinus problemsAllergiesUrinary tract infectionPoison ivy	15-20 Minutes	FREE
Your Doctor's Office 	<ul style="list-style-type: none">Preventative servicesVaccinations	<ul style="list-style-type: none">Medical problems that are not an immediate, serious threat to your health or life	1 Week or More	\$
Urgent Care 	<ul style="list-style-type: none">Sprains or strainsMild asthma attackSore throatEaraches	<ul style="list-style-type: none">Minor broken boneMinor cutMinor infectionMinor rash	20 – 30 Minutes	\$\$
Emergency Room 	<ul style="list-style-type: none">Sudden change in visionSudden trouble talkingLarge open woundsMajor burn	<ul style="list-style-type: none">Severe head injuryHeavy bleedingChest painMajor broken bone	3 – 12 Hours	\$\$\$



You've got
Teladoc Health



Access to quality care at your fingertips

General Medical
free/visit

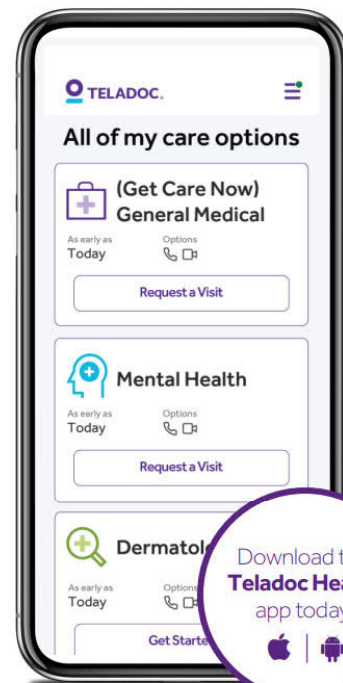
Talk to a licensed doctor for non-emergency conditions 24/7
Flu • Sinus infections • Sore throats • And more

Mental Health
free/ therapist visit
free/ psychiatrist first visit
free/ psychiatrist ongoing visit

Talk to a therapist 7 days a week



Dermatology
free / consult

Upload images of a skin issue online and get a custom treatment plan within two days
Eczema • Acne • Rashes • And more



Set up your account or log in today

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app  

Refer to your employee booklet at umr.com for Teladoc benefits

Health Reimbursement Account (HRA)

HRAs are being implemented by many employers to help manage increasing health care costs and to provide employees with an incentive to be better consumers of health care. The Crivitz School District HRA covers a portion of the deductible after a member meets the first \$500 single and \$1,000 family deductible. The District will then cover the next \$2,500 Single and \$5,000 family deductible.

Your employer is working with DBS to manage and administer the HRA.

The program works as follows:

- You and/or your family members utilize your health plan as you normally would. When you use your health plan, the insurance company will process your claim and send an Explanation of Benefits form (EOB) to you. The EOB form shows the date of service, service provided, cost of the service, and the amount insurance paid on the claim.
- After you've paid your up-front deductible, the remaining deductible will be paid automatically from your HRA with DBS.
- The deductible amounts will be paid directly to the vendor/provider based on your employer's HRA reimbursement plan parameters.
- Create your online account with DBS to review claims and payments as they are processed.
- There are no claim forms to file for the HRA. (However, if you have dual health coverage, you must manually submit EOB forms from the secondary insurance carrier along with a signed claim form for reimbursement.)
- The plan follows the health insurance plan year July 1 through June 30.

Flexible Spending Account (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!***

Crivitz School District offers two types of FSAs administered by Diversified Benefit Services (DBS).

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. You're not eligible for the General Purpose FSA if you are currently contributing to a Health Savings Account.

Traditional Health Care FSA Contribution Limits

Crivitz School District follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for the Traditional Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$3,300. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$3,300 cap.

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 cannot 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.***

Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That's why Crivitz School District offers a dental plan administered by Delta Dental.

Delta Dental	
Individual Annual Maximum	\$1,000 Policy Year
Deductible	
Employee Only	\$0
Family	\$0
Preventive Care Services	
Exams	100%
Cleanings	100%
Fluoride Treatments	100%
X-Rays	100%
Space Maintainers	100%
Sealants	100%
Emergency Treatment to Relieve Pain <i>(Deductible Applies)</i>	100%
Basic Restorative Services	
Fillings	100%
Endodontics – Surgical / Non-Surgical	100%
Periodontics – Surgical / Non-Surgical	100%
Extractions – Surgical / Non-Surgical and other oral surgery <i>(Deductible Applies)</i>	100%
Major Restorative Services	
Crowns, Inlays, Onlays	100%
Bridges and Dentures	100%
Repairs and Adjustments to Bridges and Dentures	100%
Implants	100%
Orthodontic Services	
Coinsurance	50%
Individual Lifetime Maximum	\$2,000
Dependents Eligible to Age	26
Full-Time Students Eligible to Age	26

EMPLOYEE PREMIUM CONTRIBUTIONS EFFECTIVE JULY 1, 2025

Monthly Premiums	Employee Cost
Employee	\$5.10
Employee + Spouse	\$10.20
Employee + Child(ren)	\$9.81
Family	\$14.87

Delta Dental Plan Programs & Value Adds

Save Money by Staying in the Network

You may seek dental care from any provider; however, your out-of-pocket expenses will be greatly reduced if care is provided by a dentist in the Delta Dental network. For more details or to find a provider in the network, visit www.deltadentalwi.com or call 1-800-236-3712.

Evidence Based Integrated Care*

Your dental plan includes Evidence-Based Integrated Care Plan, which offers additional cleanings and fluoride treatment for certain medical conditions, such as periodontal disease, heart disease, diabetes, and cancer-related treatments. You will need to self-register for the benefit by calling Delta Dental's customer service team, or you can register on the member portal. It's very simple to enroll, and proof of condition is not required.

Check Up Plus*

Your dental plan also includes a feature called Check Up Plus. With Check Up Plus, diagnostic and preventive services don't count against your individual annual maximum! So, you will have more of your annual maximum available if you do need basic and/or restorative care.

Vision Care Discount*

Delta Dental of Wisconsin has partnered with EyeMed Vision Care, to offer you savings on optical costs (up to 35%), with access to thousands of private practice and retail providers nationwide.

Amplifon Hearing Discount*

Delta Dental has partnered with Amplifon to provide member with resources for hearing aids, including access to an Amplifon Hearing Health Care discount card, custom hearing solutions, continuous care, and a risk-free 60 day trial.

*Please see attached flyers for more information.

Vision Plan Highlights

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That's why Crivitz School District provides vision care administered by Superior Vision.

Superior Vision	In-Network	Out-of-Network
Frequency		
Vision Exam	Once per 12 months	
Frame	Once per 12 months	
Lenses	Once per 12 months	
Contact Lenses	Once per 12 months	
Vision Benefits		Plan Pays Up To
Vision Examination	\$10 Copay, then 100%	\$35
Retail Frames	\$10 Copay, \$150 Allowance, then 20% off amount over allowance	\$75
Lens Benefit		Plan Pays Up To
Single Vision	100%	\$25
Bifocal	100%	\$40
Trifocal	100%	\$45
Contact Lenses*		Plan Pays Up To
Lens Fitting/Evaluation	Covered in lieu of lenses & frames	No Coverage
Conventional Contacts	\$10 Copay, \$175 Allowance, then 20% off amount over allowance	\$150
Lasic Surgery		Plan Pays Up To
	\$200 Allowance & Discounts <i>Contact Superior Vision for Details</i> <i>Subject to certain exclusions & Limitations</i>	\$200 Allowance & Discounts

*Covered in lieu of lenses & frame benefit

EMPLOYEE PREMIUM CONTRIBUTIONS EFFECTIVE JULY 1, 2025

Monthly Premiums	Employee Cost
Employee	\$9.80
Limited Family	\$19.60
Family	\$25.95

Protection Plans

Voluntary Short Term Disability (STD)

Crivitz School District's Short Term Disability plan is administered by The Standard and paid for by the employee. This benefit pays a weekly 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.

The Standard	Benefit Highlights
Premium	Employee Paid
Weekly Benefit	You may elect varying benefit options (\$147 - \$504)
Sickness Benefit Begins On	4 th Day
Accident Benefit Begins On	1 st Day
Maximum Benefit Duration	90 Days

Long Term Disability (LTD)

Crivitz School District's Long Term Disability plan is administered by The Standard and paid for by the district. This benefit pays a monthly percentage of your salary if you become disabled and are unable to work for an extended period of time.

The Standard	Benefit Highlights
Premium	Employer Paid
Monthly Benefit	90% to Monthly Maximum (<i>differs per employee category</i>)
Elimination Period	90 Days
Maximum Benefit Duration	Social Security Normal Retirement Age

NOTE: Both the STD and LTD include pre-existing condition limitations. Please review the plan summaries for more details. Earnings for STD and LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.

Protection Plans (continued)

Group Term Life and Accidental Death & Dismemberment (AD&D)

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump payment if you pass away while employed by Crivitz School District. As an eligible employee, you are covered for Group Term Life and AD&D insurance at no cost to you.

Crivitz School District offers a Group Term Life and AD&D benefit outlined below. Specific details of the plan are covered in the Plan Certificate.

Unum Plan Highlights

Premium	Crivitz School District pays this premium at 100%
Amount of Life Insurance Benefit	Class 1: 2x your annual earnings to \$275,000 Class 2: \$20,0000
Amount of AD&D Benefit	Equal to term life

**Class 1: Administrators & 12 Month Non-Represented Staff*

**Class 2: Employees not eligible in another group*

Voluntary Life Insurance

In addition to the Basic Term Life and AD&D insurance, you have the option to purchase Supplemental Life Insurance coverage for you and your eligible family members. Please see a representative from HR with any questions.

Unum Plan Highlights

Employee Coverage (\$10,000 increments)	Guarantee Issue: \$110,000 Maximum: 5x Earnings or \$500,000
Spouse Coverage (\$5,000 increments)	Guarantee Issue: \$25,000 Maximum: 100% of EE Life or \$500,000
Child Coverage (\$2,000 increments)	Guarantee Issue: Full Benefit Maximum: 100% of EE Life or \$10,000

**Premiums are dependent on age and tobacco use. For a full list of employee premiums, please see your Unum materials.*

Aflac, Allstate, and Globe Life Benefits

Worksite Benefits

As an added benefit, Crivitz School District offers a variety of supplemental benefits through Aflac, Allstate, and Globe Life. These include short term disability, life insurance, cancer and accident coverage. These are paid for by the employee through payroll deduction and tailored to your specific needs.

Please see HR for more information on these products.

The Standard Add-Ons

Employee Assistance Program (EAP)

You, your dependents (including children to age 26) and all household members can contact masters- degreed clinicians 24/7 by phone, online, live chat, email and text. There is even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you will be connected to emergency services. Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution



Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions**
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access

Online and Phone support:

Unlimited, confidential, 24/7

In-person: You can get up to 3 visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support. Secure, HIPAA-compliant video EAP sessions for those who may prefer the use of technology to receive the service; video counseling services are in lieu of face-to-face sessions.

Employee Assistance Program – Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446
- www.unum.com/lifebalance

Turn to us when you don't know where to turn.

Better
benefits
at work.™

unum.com

Not available in all states

*The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

**State-mandated limitations for legal services in WA apply.

Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-2055 FOR EMPLOYEES (12-23)

The Work-life balance employee assistance program, provided by HealthAdvocate, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.



Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home.



If you experienced a medical emergency while traveling, would you know whom to call?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it’s always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

Use your travel assistance phone number to access:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

With the Assist America Mobile App, you can:

- Call Assist America’s Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.



Download and activate the app today from the Apple® App Store or Google Play™.

Reference Number: 01-AA-UN-762490

24/7 services anywhere in the world

Unum travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.



You can access travel assistance services through the phone number on your travel assistance wallet card. If you have misplaced your card, contact your human resources department and ask for a replacement.

If you need travel assistance anywhere in the world, contact us day or night.



Within the U.S.
1-800-872-1414



Outside the U.S.
(U.S. access code) +609-986-1234



Via e-mail:
medservices@assistamerica.com

Whether traveling for business or pleasure, one phone call connects you to:

- Multilingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

Travel assistance FAQs

Which countries can I travel to?

Assist America's services have no geographical exclusions. Its worldwide network stands ready to help wherever your travels take you.

Is my family covered?

Your spouse and dependent children up to age 19 (or the age specified by your medical plan) are covered.**

Are pre-existing conditions excluded?

No. Whether your medical emergency is the result of a new or pre-existing condition, Assist America's trained representatives will help you find qualified medical care and facilities.

What about sports-related injuries?

Whether you've been involved in recreational or extreme sporting, worldwide emergency travel assistance will provide support for all your medical needs.

Who pays for the services I use if I have a travel emergency?

Assist America arranges and pays for 100% of the services the company provides, with no caps or charge-backs to either you or your employer. But you must call Assist America first — you can't be reimbursed for services you arrange on your own.*



**Better
benefits
at work.™**

unum.com

Apple is a registered trademark of Apple Inc. Google Play is a trademark of Google LLC.

* Hospital admission is coordinated by Assist America, Inc. It may require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America, Inc. within 45 days. Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses, such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

**Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

Insurance products are underwritten by the subsidiaries of Unum Group.

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EN-1567920 FOR EMPLOYEES (6-23)



Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions, you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

how to enroll

1. Go to www.deltadentalwi.com.
2. Select the purple "Sign In" button and enter your Username & Password.
3. On your dashboard under "Preventive Care and Plan Features" there will be a section for Additional Benefits. Select "Enroll Now."*
4. In the "Enroll in EBICP" section, select the member and their condition, verify the information, and hit "Select."
5. This member will then be listed under "Your Current EBICP Benefits."

Condition	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	✓	✓
Weakened immune systems	✓	✓
Periodontal (gum) disease*	✓	✓
High-risk cardiac conditions	✓	
Kidney failure or dialysis	✓	
Diabetes	✓	
Pregnancy	✓	

This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Frequency limitations may apply. Refer to your handbook.

**Periodontal cleanings may fall under basic services and may not be covered 100% by the EBICP plan. If you have questions regarding coverage for periodontal cleanings, please contact the Benefit Center at 800-236-3712 before services are performed.*

Connect With Us



www.deltadentalwi.com

SS300H-1905

*If your plan does not include EBICP, "Additional Benefits" will not show.



Smarter Dental Plans

CheckUp Plus™

Our CheckUp Plus™ plan option allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum. Preventive care saves money over the long-term by reducing the need for more expensive services.

CheckUp Plus™ lets you keep your annual maximum for the things you need, not the things you deserve.

The charts show the impact of CheckUp Plus™ on an enrollee's individual annual maximum compared to a traditional plan. Example assumes two routine check-ups, covered at 100% and a \$1,000 annual maximum.

	CheckUp Plus™	Traditional Dental Plan
Delta Dental Pays	\$300	\$300
Enrollee Pays	\$0	\$0
Maximum Remaining	\$1,000	\$700

Plan benefit and dentist charges vary.

Connect With Us



www.deltadentalwi.com

SS300F-1805



Vision Care Discount

A Vision Discount Program is included with your Delta Dental plan.

Delta Dental of Wisconsin has chosen EyeMed Vision Care® as the network provider for your vision care discount program. This is not insurance, but a discount plan that provides:

- Overall savings up to 35%.
- Access to thousands of private practice and retail providers nationwide.
- Choice of any product, including designer brand-name frames (certain brands impose a no-discount policy and the frame discount is not available).
- Savings on laser vision correction.
- Replacement contact lenses by mail.

accessing your benefits

Receiving your vision care discount is easy.

1. Locate an EyeMed Vision Care provider using the provider search on our website at www.deltadentalwi.com/vision. Choose the Access Network. Or call EyeMed at **866-246-9041** (toll-free).
2. When scheduling an appointment, inform the office that you have a vision discount plan through the EyeMed Access panel of providers.
3. When you arrive for your appointment, present the enrollee card below to receive services.



This is a discount plan. It is not insurance. This discount plan may not be combined with any other discounts, promotional offers, or insurance coverage, and does not apply to EyeMed provider's professional services, or contact lenses.

Vision Care Discount Program Enrollee Cards

(Please detach cards for use)



EyeMed Group Number: 9231093

Group Name: Delta Dental Vision Discount Program
Name: _____

For provider information, go to www.deltadentalwi.com/vision. Choose the Access network. Or call EyeMed Vision Care at **866-246-9041**.

This is a discount plan. It is NOT insurance.




EyeMed Group Number: 9231093

Group Name: Delta Dental Vision Discount Program
Name: _____

For provider information, go to www.deltadentalwi.com/vision. Choose the Access network. Or call EyeMed Vision Care at **866-246-9041**.

This is a discount plan. It is NOT insurance.

Vision Discount Program	
	 Cost/Savings
Exam (with dilation as necessary)	\$5 off comprehensive exam/ \$5 off contact-lens exam
Complete Pair of Glasses The following discounts and fees for frames, lenses, and lens options apply only if a complete pair is purchased in the same transaction. Items purchased separately will be discounted 20% off of the retail price.	
Frames (any frame available at provider location)	35% off retail price
Single Plastic Lenses (including standard scratch coating) Single-Vision Bifocal Trifocal	Member Pays: \$50 \$70 \$105
Lens Options UV Coating Tint (solid and gradient) Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (add-on to bifocal)	Member Pays: \$15 \$15 \$40 \$45 \$65
Conventional Contact Lenses (materials only)	15% off retail price
Laser Vision Correction (LASIK or PRK)	15% off retail price or 5% off promotional price
Frequency (exams, frames, lenses, and contact lenses)	Unlimited

additional notes

- After initial purchase, replacement contact lenses may be obtained online at substantial savings and mailed directly to the member.
- Receive 20% discount on items purchased at participating providers not included under the program. 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses.
- Retail prices may vary by location.

plan limitations/exclusions:

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)

Delta Dental is a Registered Mark of Delta Dental Plans Association.

SS325-1911

Vision Care Discount Program Enrollee Cards

(Please detach cards for use)

Locate an EyeMed provider convenient to you at:



www.deltadentalwi.com/vision



866-246-9041

When scheduling an appointment, inform the provider that you have a vision discount plan through the **EyeMed Access** panel of providers, with Delta Dental of Wisconsin.

At the time of your appointment, remind the provider that you have a vision discount plan through the **EyeMed Access Plan**.

Providers: This is NOT insurance - it is a vision discount plan.

Delta Dental is a Registered Mark of Delta Dental Plans Association.

Locate an EyeMed provider convenient to you at:



www.deltadentalwi.com/vision



866-246-9041

When scheduling an appointment, inform the provider that you have a vision discount plan through the **EyeMed Access** panel of providers, with Delta Dental of Wisconsin.

At the time of your appointment, remind the provider that you have a vision discount plan through the **EyeMed Access Plan**.

Providers: This is NOT insurance - it is a vision discount plan.

Delta Dental is a Registered Mark of Delta Dental Plans Association.

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Health Care.

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YOUR HEARING HEALTH CARE PROGRAM FOR LIFE

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CUSTOM HEARING SOLUTIONS

We find the solution that best fits your lifestyle and your budget from one of our 10 brands.



RISK-FREE 60-DAY TRIAL

100% money-back guarantee if not completely satisfied. No restocking or return fees.



CONTINUOUS CARE

1-year free follow-up care, 2 years free batteries, and a 3-year warranty.*



HEARING AID LOW-PRICE GUARANTEE**

If you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%.

ACCESSING YOUR DISCOUNT IS AS EASY AS...

1

Call Amplifon at 1-888-901-0132 and we'll find a provider near you

2

We'll explain the Amplifon process and help you schedule an appointment

3

We'll send information to you and the provider, ensuring your discount is activated

www.amplifonusa.com/deltadentalWI

ADDITIONAL MONEY-SAVING OFFER!*

CALL TODAY: 1-888-901-0132

*Savings on top of our already discounted pricing. Please bring this offer with you to your appointment.

\$50

off one
hearing aid

OR

\$125

off two
hearing aids

Amplifon offers a price match on most hearing devices. Some exclusions apply. Not available where prohibited by law. Visit amplifonusa.com or call for more details.

*Some exclusions apply. Limited to one-time claim for loss and damage. Deductibles may apply.

**Amplifon offers a price match on most hearing devices. Some exclusions apply. Not available where prohibited by law. Visit amplifonusa.com or call for more details.

Hearing services are administered by Amplifon Hearing Health Care, Corp. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Wisconsin and Amplifon are independent, unaffiliated companies.

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Delta Dental is a Registered Mark of Delta Dental Plans Association.

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SERVICES AVAILABLE:

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Physical & Occupational Therapy
(Oconto location only)
FastCare
Labs/Immunizations
Fastlane Drive-Thru



Scan the QR code for locations, service details, care team info, and 24/7 scheduling, or call (800) 528-7883.

bellin.org/wcanorth

SCAN TO **SAVE CLINIC PHONE/WEB PAGE** TO YOUR PHONE

Point camera at QR code and tap yellow link to add to contacts.



Scan to
Add to
Contacts



All Services 00/00/00

REQUIRED FEDERAL NOTICES FOR 2025

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

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

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

To request special enrollment or obtain more information, contact Sarah Jones, Business Administrative Assistant at 715-854-2721 ext. 311 or email at sjones@crivitz.k12.wi.us

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date of Notice: 7/1/2025

Who will follow this notice:

This notice describes the health information practices of WCA Group Health Trust (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your medical, health and flex benefits.

Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to School District of Crivitz (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to project future benefit costs.

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Superintendent at krobinson@crivitz.k12.wi.us. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual Sarah Jones, Business Administrative Assistant at sjones@crivitz.k12.wi.us

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Sarah Jones, Business Administrative Assistant at sjones@crivitz.k12.wi.us. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Sarah Jones, Business Administrative Assistant at sjones@crivitz.k12.wi.us

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at the Plan’s website [https://www.crivitz.k12.wi.us/District/District Handbooks](https://www.crivitz.k12.wi.us/District/District%20Handbooks)

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Sarah Jones, Business Administrative Assistant at sjones@crivitz.k12.wi.us

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Sarah Jones, Business Administrative Assistant at sjones@crivitz.k12.wi.us
You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- 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. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator 1-877-267-2323, ext 61565 or e-mail at phig@cms.hhs.gov

MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Crivitz School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Crivitz School District has determined that the prescription drug coverage offered by the WCA Group Health Trust is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Crivitz School District coverage will be affected. See pages 7-9 of the CMS Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Crivitz School District coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Crivitz School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. 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 Crivitz School District changes. You also may request a copy of this notice at any time.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

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

For more information about Medicare prescription drug coverage:

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

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

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

MARKETPLACE COVERAGE NOTICE

GENERAL INFORMATION

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

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

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

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

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

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

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

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

HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?

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

¹

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

MARKETPLACE COVERAGE NOTICE (continued)

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

School District of Crivitz
Employer Identification Number (EIN): 39-6008043
Employer Address: 400 South Ave Crivitz WI 54114
Employer Phone Number: 715-854-2721
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Sarah Jones ext. 311 or Kelly Robinson ext. 315

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mychihibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
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GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP

<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid

Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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

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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.

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

Hospital Indemnity and Other Fixed Indemnity Notice

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.