



FOCUS ON BENEFITS

2023 Plan Year



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

FOCUS ON BENEFITS 2023

Elmbrook School District

What's new?

Benefit elections you make or maintain during open enrollment will become effective January 1 of each year. For new hires, benefit elections you make are effective on your first day.

This brochure includes the benefits and enrollment material offered at Elmbrook School District for 2023. We encourage you to take the time to read through and explore your benefits. At Elmbrook School District, we value our employees and are committed to providing a comprehensive and competitive benefits package.

Certain benefits you elect require an employee contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other cases, the deduction will be made after-tax to avoid certain tax consequences to you and the company. For taxability of benefit elections, please contact Human Resources Team

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HEALTH PLAN SUMMARY

Effective January 1, 2023, we will continue to offer a health plan through UMR for all benefit-eligible employees.

About the Health Plan: Preventive care is covered at 100% and no deductible applies. For other services, this plan requires a deductible before eligible services are paid at 85% coinsurance (coins).

Features	Tier 1 Premium Designation	Tier 2 UHC Choice Plus Network	Tier 3 Out-of-Network
Deductible <i>per calendar year</i>	\$ 2,000/\$4,000	\$ 2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Max <i>per calendar year</i>	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance <i>% paid after deductible is met up to OOP Max</i>	100%	85%	65%
Office Visits-Primary Care <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i>	Ded, 100% Coins	Ded, 85% Coins	Ded, 65% Coins
Routine/ Preventive Services <i>Physical Exam, Well child, Immunizations, Certain Prenatal Services, Screenings</i>	100%	100%	Ded, 65% Coins
Emergency Room	No Benefit see Tier 2	Ded, 85% Coins	In-Network Ded, 85% Coins
Inpatient Hospital	No Benefit see Tier 2	Ded, 85% Coins	Ded, 65% Coins
Outpatient Hospital	No Benefit see Tier 2	Ded, 85% Coins	Ded, 65% Coins
Prescription Drugs <i>Preventive and OTC Generic Preferred Brand Non-Preferred Brand Tier Retail 30 days (90 days-CVS, Target)</i>	0-% Ded, 90% coins Ded, 90% coins Ded, 85% coins	Ded, 85% coins	Ded, 85% Coins
Mail Order Prescription Drugs <i>Maintenance meds-mandatory mail CVS-Caremark Mail Order/ Retail Pharmacy 90 days</i>	Ded, 90% Coins	Ded, 85% Coins	Ded, 85% Coins
Lifetime Maximum	Unlimited	Unlimited	Unlimited

The district will continue to pay a portion of your premiums. Premiums are shown per month effective January 1, 2023 and remain the same for the 2023 plan year:

Monthly Premium	Employee Premiums		Employer Premiums	
	Single	Family	Single	Family
Active Employees	\$47.30	\$113.98	\$645.22	\$1,554.68

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



A UnitedHealthcare Company

Our plan uses the **UMR's UnitedHealthcare Choice Plus network** for participating providers.

BALANCE BILLING

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

SUMMARY OF BENEFITS COVERAGE

Refer to your Summary Plan Description and Summary of Benefit Coverage (SBC) and more located on your "Total Employees Rewards" site at elmbrookschools.org/rewards for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

QUESTIONS?

Call the phone number on the back of your ID card or visit www.umar.com.

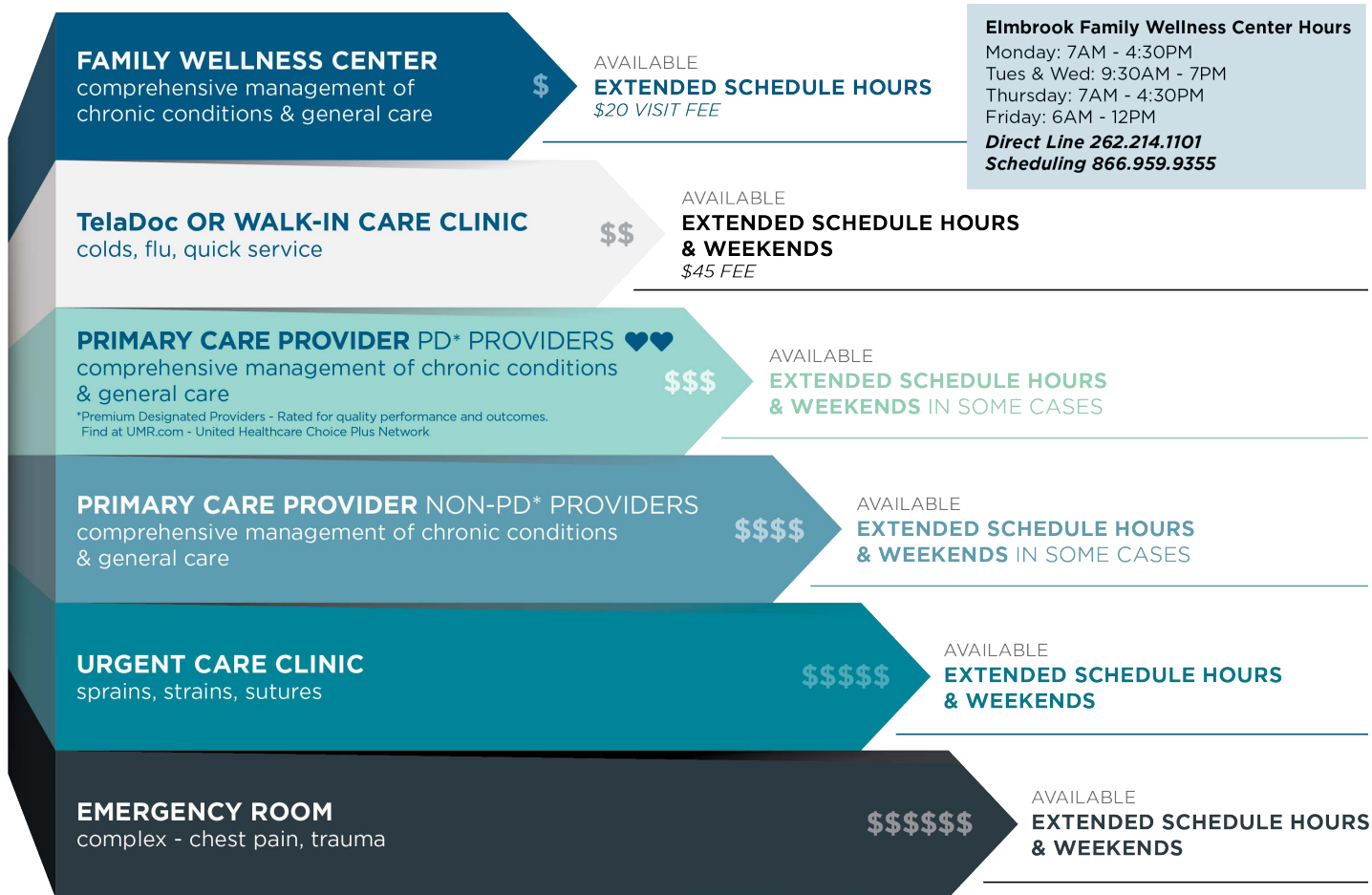
Contact Optum Consumer Services at Contact Optum Bank- at 844-973-3925 or healthaccountservicing@optum.com (24 hours a day) or, on the internet, at optumfinancial.com.

Contact a DirectPath Care Navigator at advocate@directpathhealth.com or call 1-866-253-2273 (Monday - Friday, 7am - 8pm CST and Saturday, 8am - 1pm CST).

LEVELS OF CARE

Selecting the right care at the right time provides members with the right cost and outcome. Here's a guide to choosing the right level of care.

CHOOSE THE RIGHT LEVEL OF CARE



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Elmbrook School District



Your prescriptions

Get the most from your medication.



Taking your medication as directed helps you get and stay as healthy as possible. These tips can keep you on track.

Fill your prescriptions on time. We offer convenient options for filling your medication so you never run out. Choose the one that's right for you.

- **Pick up your refills at any CVS Pharmacy®.** With more than 9,900 locations, there's always one nearby
- **Have refills delivered to your door.** You'll pay just one copay* for a 90-day supply with no-cost shipping from CVS Caremark® Mail Service Pharmacy
- **Let us manage your refills.** Sign up for automatic refills at **Caremark.com** or in our mobile app

Stick to the schedule prescribed by your doctor. This helps your medication do its job and prevents hospital visits. Talk to your doctor or pharmacist if you have questions.

Start a reminder system. Set your mobile device or computer to tell you when it's time to take your medication. Writing reminders on sticky notes or your calendar works, too.



Get help for side effects.

If you experience side effects, don't stop taking your medication. Call your doctor, talk to a pharmacist at CVS Pharmacy or contact a pharmacist with the *Ask a Pharmacist* tool at **Caremark.com**.

For savings opportunities and personalized support, visit **Caremark.com** (after your benefits begin).

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Elmbrook School District



Digital tools

Save time and money.



Our digital tools help you find ways to save on medication and manage your prescriptions on your own time.

Our digital tools make it easy to manage your health whenever – and wherever – you like. You can look for saving opportunities, stay on top of your prescriptions and more. Here's how our digital tools can help you every day.

Stay in the loop.

Sign up to get email or text messages about your prescriptions, ways to save, status updates and more.

Refill fast.

Request refills quickly and keep track of prescriptions for your family in one convenient place. See how close you are to meeting your deductible and out-of-pocket cost maximum anytime.

Explore Rx savings options.

Find out if your Rx is covered or if you could pay less for it. And see if options like Rx delivery by mail or changing to a generic medication can save you money.



Have the Wallet app on an Apple device?

Save your ID card to Wallet and view it anytime.

For savings opportunities and personalized support,
visit **Caremark.com** (after your benefits begin).

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Elmbrook School District



Generic medication

Same quality, better price.



We offer many generic options to help keep your medication as affordable as possible.

Generic medications work just like brand-name equals.

A generic has the same active ingredients, strength and dosage as its brand-name equal. It provides the same quality and performance. Generics don't have high development costs.¹ That's why they cost you less.

Generics are safe.

The U.S. Food and Drug Administration (FDA) requires generics to be as safe and effective as brand-name equals. Both types of medication must meet the same FDA standards.¹

Here's how to save with generics.

Current prescriptions: Ask your provider or pharmacist if you can replace your brand-name medication with a generic.

New prescriptions: Ask your provider if there's a generic option.



Nearly 9 out of 10
CVS Caremark®
prescriptions are
for generics²

For savings opportunities and personalized support,
visit **Caremark.com** (after your benefits begin).

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Elmbrook School District



Rx Delivery by Mail

Convenience, savings and safety.



Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you'll probably save money, too.

Want more convenience?

With delivery, you have one less thing to worry about. Your 90-day supplies will arrive at your door from CVS Caremark® Mail Service Pharmacy.

Like to save?

Filling your Rx in 90-day supplies usually comes with savings. Plus, there's no extra cost for shipping.

Looking to stay safe?

Contactless delivery keeps you and your loved ones safe. And our secure, nondescript packaging protects your privacy.



**90-day supplies
typically cost
less than 30-day
supplies.**

Start Rx Delivery by Mail at **Caremark.com/RxDelivery**
(after your benefits begin).

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Elmbrook School District



Mobile app

Manage your Rx on your own time.



We make it easy to keep track of your Rx, check for savings and more from your mobile device.

Our mobile app gives you a secure, simple way to manage your prescription benefits and member information. You'll find easy-to-use tools that help you save time, get organized and stay on your path to better health. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this – and much more – at your convenience.

Keep an eye on drug costs and check for lower-cost alternatives that may save you money.

Order and track refills – even get timely refill reminders – so you never miss a dose.

Stay on top of order status so you know when to pick up your medication or watch for delivery by mail.

Access your Rx list, member ID cards and Rx history at your doctor's office or anytime you need them.

For savings opportunities and personalized support, visit **Caremark.com** (after your benefits begin).

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ELMBROOK FAMILY WELLNESS CENTER CLINIC

\$20 PER CARE/TREATMENT VISIT

\$0 PREVENTIVE EXAM, LABS, IMMUNIZATIONS

The Clinic provides comprehensive management of chronic conditions and general care for employees, spouses, dependent (age 0+) and retirees covered by the Elmbrook Health Plan.

The staff at the Elmbrook Schools Family Wellness Center is ready to help you stay healthy, lower risk factors and improve your quality of life.

Medications available with Wellness Center staff via written prescription through on-site dispensary, retail pharmacy or CVS/Caremark mail order.

Acute Care – getting back to healthy

Treating illnesses, minor injuries, and skin conditions.

Cold/flu
Conjunctivitis
Cuts
Headache/migraine
Ear Infections
Fever
Muscle and joint pains
Nausea/vomiting
Rashes
Sinus infections
Sore and strep throat
AND MORE!

Preventive Care – staying healthy

Administering vaccines, health education, and wellness services.

Pediatric Care
Wellness Screenings
Wellness Coaching
Annual Physicals
Well-Woman Physicals
Vaccinations
Weight Loss
Smoking Cessation
AND MORE!

Disease Management – maintaining your health

Developing treatment plans and follow-up for chronic conditions.

Allergies
Asthma
EAP Referrals
Diabetes
Emphysema
High blood pressure
High cholesterol
Thyroid conditions
Weight management
AND MORE!

CLINIC HOURS:

Monday: 7:00 a.m.- 4:30 p.m.

Tuesday: 9:30 a.m.- 7:00 p.m.

Wednesday: 9:30 a.m.- 7:00 p.m.

Thursday: 7:00 a.m. – 4:30 p.m.

Friday: 6:00 a.m. – 12:00 p.m.

SCHEDULE AN APPOINTMENT:

Direct Line [Office Hours]:
(262) 214-1101

Scheduling: (866) 959-9355

[www.elmbrookschoools.org/w
ellnesscenter](http://www.elmbrookschoools.org/wellnesscenter)

ADDRESS:

**17000 W. North Avenue
Suite 100E
Brookfield, WI 53005**

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Meet your Elmbrook Family Wellness Center Staff



**Kalmette (Kalee) Cambray
DNP, APNP, AGACNP-BC,
FNP-C Doctorate in Nurse
Practice**

- » Experience in primary care, internal medicine, pediatrics, urgent care, emergency medicine.
- » Licensed in WI to treat, prescribe dispense medication



**Leslie Pierce, MPSPAS, PA-C
Physician's Assistant**

- » Experience in family medicine and treating acute and chronic conditions
- » Licensed to diagnose, treat, subscribe and dispense



Jennifer Nyman, Licensed Professional Counselor – you can see Jennifer for the following:

**Anxiety
Depression
Relationship issues
Couples therapy
Family therapy
Trauma, grief, Autism, OCD,
ADHD, Mood Disorders,
school issues and more!**



Catherine Schindler, Medical Office Assistant



Karen Befi, Center Receptionist

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Elmbrook School District

HEALTH SAVINGS ACCOUNT

- Contributions are tax-deductible and interest earnings are tax-free.
- Your HSA contributions accumulate and roll over each year.
- **Elmbrook's Annual Contribution toward your HSA: \$1,000 single/ \$2,000 family**
- Account funds remain until spent. There is no "use-it-or-lose-it" rule. You own your HSA account.
- Account funds should only be used for qualified medical, prescription, dental or vision out-of-pocket expenses.
- Non-qualified expenses are subject to a 20% penalty and charged as taxable income.
- Withdrawals are tax-free when used for eligible expenses.
- Maximum contributions are \$3,850/single or \$7,750/family for 2023 (employer and employee contributions combined).
- If you fund a new HSA with the max contributions, you will need to be enrolled in the HSA for the entire plan year, or penalties apply.
- Catch-up contributions may be made annually for those 55 and older, up to \$1,000.
- HSA accounts are not available to employees who are eligible for a spouse's medical flexible spending arrangement (FSA), unless the spouse's medical FSA is a limited purpose medical FSA (vision & dental only).
- Contributions cannot be made to the HSA of members who are entitled to (eligible and enrolled in) benefits under Medicare, or other disqualifying coverage, such as a spouse's non-qualified High Deductible Health Plan. Please notify HR if you enroll in Medicare or other disqualifying coverage to terminate HSA contributions and avoid adverse tax consequences. If you are eligible for (but not enrolled in) Medicare please contact HR before continuing any HSA contributions.
- Your HSA administrator is Optum Bank:
 - optumfinancial.com
 - Contact Optum Bank- at 844-973-3925 or healthaccountservicing@optum.com

TOP REASONS TO HAVE AN HSA

Tax Saving & Earned Interest — Contributions are tax-deductible and earn tax-free interest.

Portability — You own your account, so even if you change jobs, your HSA funds are yours to keep. (Employer-paid account fees cease upon termination of health plan.)

Affordable Health Coverage — Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications, both deductible and coinsurance.

Reduced Insurance Premiums — The cost of coverage under a qualified HDHP is typically lower than the other plan.

Long-Term Savings — Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

Retirement Bonus — After age 65, funds may be withdrawn for any reason with no penalties. (If used for non-medical purposes, withdrawals however, are subject to tax.)

Safety Net — An HSA has no "use-it-or-lose-it" restrictions, so balances can be built up to use for major medical events.

Coverage for the "Extras" — HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

Money That Works for You — Balances over a certain amount may be invested. See your Optum HSA rules.

Empowerment — Take control of your health care decisions, including which providers you use, to ensure your health care dollars are spent wisely.

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How do I activate and use my Optum HSA account?

Activate the bank account online at optumfinancial.com using your name as it appears in the Skyward payroll system and Social Security number or employee ID number (that you can obtain from the Skyward Employee Portal, or staff in your Payroll, Benefits or HR Departments or your school front office). Once you have activated your online bank account with a username and password, you can check balances, set-up a personal bank account from which to transfer monies to and from covering claims and deposits not deducted from payroll. We suggest including an e-mail address in the profile to receive important tax-year notifications and assist with username or password recovery.

There is only one bank available for the HSA with the District. This is the best way to help everyone with the set-up and access to a bank account with immediate availability to deposit employer contributions.

Are there any bank fees assessed to my Optum HSA Account?

No, there will be no bank fees assessed to your account while you are active in Elmbrook's HDHP medical plan. The District covers the administrative costs for insureds covered within the medical plan. Should you require a replacement debit card, you will need to request from Optum and inquire if there is a fee for the service.

How do I use my debit card?

Once you have activated your Optum debit card, you may use it up to the amount available in your HSA account at a pharmacy, medical, dental or vision provider to pay a bill once processed through the insurance carrier(s). Note that only card readers that accept HSA debit cards will allow the transaction. No PIN is required (be sure to select "credit" when swiping the debit card). You may also pay a bill by including the debit card number on a billing statement forwarding to the provider. Allow UMR, Delta Dental and EyeMed to process claims and apply any network discounts before paying. Keep all receipts with your income tax files should the IRS ever require proof of use for HSA funds.

What are the employer contributions and when are they available?

The annual employer contribution for single coverage is \$1,000 and for family \$2,000. Contributions will be deposited within three banking days from the payroll dates based on the schedule below and is pro-rated for mid-year hires/change in enrollment.

Contribution Month	Single	Family
February - 2 nd payroll	\$600	\$1,200
September – 2 nd payroll	\$400	\$ 800

Deposits may be only made into a HSA bank account while the employee is insured under a qualified High Deductible Health Plan (HDHP) such as Elmbrook's and not covered under Medicare. Money not spent within a plan year will remain in the bank account balance and may be used on qualified medical, prescriptions, dental and vision expenses in the future regardless of the current medical plan enrolled. Current law allows Medicare supplement premium payments to be paid with HSA account. HSA funds may be left to a beneficiary (as designed by the IRS) for use in covering their out-of-pocket medical, prescription, dental and vision expenses as well.

How do I file an HSA Claim?

You are able to use your Optum Bank HSA debit card to pay on the spot at a provider or pharmacy or pay a bill that you receive from a doctor's office or other health care facility. If you paid for a qualified expense out-of-pocket, you can login to optumfinancial.com and request an ACH or check disbursement.

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How do I use the HSA to pay for medical care?

It is rather simple. Here are the steps:

1. You and/or the company puts money into the HSA.
2. You or a dependent receives medical services.
3. A bill for medical services is submitted as a claim to UMR.
4. You receive an Explanation of Benefits for the service, which will reflect the amount due to the provider.
5. At this time you can choose to:
 - Use your HSA funds to pay the provider directly for the amount due
 - Pay the provider with personal funds and request reimbursement
 - Use your funds and save your HSA dollars for future medical expenses
6. Process repeats until deductible and out-of-pocket maximums are met, after which benefits are paid for the remaining plan year.

How do I find information about medical costs and quality so I can make informed choices?

Call Member Services or log on to www.umar.com to search for Premium Designated providers and clinics that offer the medical services you need at the best cost.

DirectPath Care Navigator is also available to help you find high value provider options. Call DirectPath at 1-866-253-2273 or email advocate@directpathhealth.com, (Monday - Friday, 7am - 8pm CST and Saturday, 8am - 1pm CST).

Can I withdraw money from an HSA for non-medical expenses?

Yes, but if you withdraw funds for non-medical expenses before you turn 65, you have to pay taxes on the money and a 20% penalty. If you take money out after you turn 65, you pay normal income taxes but no penalties.

Can I have a Medical Flexible Savings Account (FSA) along with an HSA?

You can enroll in a Limited Purpose – FSA for **vision and dental expenses only** up to \$2,850. Examples of when you might want both HSA and FSA include a large upcoming dental expense beyond your district coverage and HSA account contributions, planning a laser vision eye surgery or if you want to deposit as much as possible in your HSA account and expect to have dental or vision expenses. Please note, if you have a Limited Purpose FSA, you can only use your HSA for medical and prescription expenses.

Remember: The limited purpose FSA does NOT allow access to unclaimed dollars beyond December 31st in that plan year - NO mid-year changes are allowed unless you have a qualifying event defined by the IRS.

BE A SMART HEALTHCARE CONSUMER!



You have different care options to choose. Gaining a better understanding of your options now can help you save both time and money when you need to seek care. Options for treatment include:

Elmbrook Schools Family Wellness Center:

Located at 17000 W. North Avenue, Suite 100E in Brookfield, our Wellness Clinic provides comprehensive management of chronic conditions and general care for employees, spouses, dependent (age 2+) and retirees covered by Elmbrook Health Plan. **Cost: \$**

Convenience Care, Online Care: Located inside of retail stores or online (Teladoc), visit these for common ailments like strep throat, pink eye, bladder infection, etc. **In-Network Cost: \$**

Doctor's Office: Staffed by doctor, PA and nurses, visit this for care of illnesses, injuries, preventive care, etc. **Cost: \$\$**

Urgent Care Clinic: Staffed by doctor, PA and nurses, visit this for care of minor illnesses or injuries that require **immediate** attention. **Cost: \$\$\$**

Emergency Room: Located inside of a hospital, visit this for serious illnesses, injuries or life-threatening issues, such as, chest pains, shortness of breath, burns, head injuries, etc. **Cost: \$\$\$\$**

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DENTAL PLAN SUMMARY

About the Dental Plan: This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using an in-network dentist will reduce your out-of-pocket costs.

Features	PPO Dentist	Premier Dentist
Annual Maximum	\$2,000	\$2,000
Annual Deductible <i>Does not apply to preventive and diagnostics</i>	None	None
Diagnostic & Preventive	100%	100%
Basic Restorative Care <i>Amalgam & Resin Fillings</i>	100%	100%
Oral Surgery <i>Simple Extractions</i>	100%	100%
Endodontic Therapy <i>Root Canal</i>	100%	100%
Periodontics <i>Gum disease</i>	100%	100%
Major Restoratives <i>Resins, Crowns</i>	80%	80%
Prosthetics and Implants	80%	80%
Orthodontic		
Coverage Copayment	50%	50%
Individual Lifetime Maximum	\$1,500	\$1,500
Dependents eligible to age	25	25
Adult Ortho	Yes	Yes

Dental Plan Premiums: Rates shown are monthly and are effective January 1, 2023 and remain through the 2023 plan year:

Monthly Premium	Employee Premiums		Employer Premiums	
	Single	Family	Single	Family
Active Employees	\$6.80	\$16.88	\$47.20	\$117.08

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



We offer the Delta Dental PPO dental plan. Always use an in-network provider to obtain the highest level of benefits.

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

INFORMATION ON THE GO!

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

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with toothbrush timer

AMPLIFON HEARING HEALTHCARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call **1-888-901-0132** or visit www.amplifonusa.com/deltadentalWI for information.

QUESTIONS?

Call customer service at **800-236-3712** or call the phone number on the back of your ID card or visit www.deltadentalwi.com.

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VISION PLAN SUMMARY

About the Vision Plan: This is a comprehensive plan for all vision services listed below. You may use any vision provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

These discounts are not insured benefits and are for in-network providers only. For vision plans with qualified materials benefit only. Not applicable for exam only vision plans.

Take a sneak peek before enrolling

- You're on the Insight Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982
- For LASIK providers, call 1.800.988.4221

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	\$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Any available frame at provider location	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
STANDARD PLASTIC LENSES		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Progressive - Standard	\$80 copay	Up to \$50
Progressive - Premium Tier 1	\$110 copay	Up to \$50
Progressive - Premium Tier 2	\$120 copay	Up to \$50
Progressive - Premium Tier 3	\$135 copay	Up to \$50
Progressive - Premium Tier 4	\$200 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$5
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$5
Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$5
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Std - Dependent Children	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid or Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$91
Contacts - Disposable	\$0 copay; plus balance over \$130 allowance	Up to \$91
Contacts - Medically Necessary	\$0 copay; Paid-In-Full	Up to \$210
OTHER		
Hearing Care from Amplifon NetworkCare	Discounts on hearing exam and aids; call 1.844.526.5432	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCIES (Plan allows member to receive either contacts and frame, or frames and lens services)		
Exam	Once every plan year	
Frame	Once every other plan year	
Lenses	Once every plan year	
Contacts	Once every plan year	



We offer the EyeMed vision plan. Always use an "Insight" in-network provider to obtain the highest level of benefits.

When accessing care out-of-network, there is a maximum reimbursement that is available.

INFORMATION ON THE GO!

Access your vision account information from your smartphone or mobile device with EyeMed app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network eye doctor

QUESTIONS?

Call customer service at **844-225-3107** or call the phone number on the back of your ID card or visit www.eyemed.com.

Vision Plan Premiums: Voluntary plans offer monthly premiums, deducted from pay on a semi-monthly basis, effective January 1, 2023 and remain through the 2023 plan year:

Monthly Premium	Employee Premiums			
	Single	EE + Sp	EE + Ch	Family
Active Employees	\$4.31	\$8.19	\$8.62	\$12.67

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

FOCUS ON BENEFITS 2023

Elmbrook School District

FLEXIBLE SPENDING ACCOUNTS

What is a Limited Purpose Flexible Spending Account (LPFSA)?

A Limited Purpose Flexible Spending Account is an account you can enroll in when you have an HSA to use on only dental and vision expenses. This allows you to set aside money to pay for eligible dental/vision expenses with tax-free dollars.

You can contribute up to \$3,050.

When would I want a Limited Purpose Flexible Spending Account and an HSA?

Some examples of when you might want both HSA and LPFSA would include when you expect a large upcoming dental expense beyond your district coverage and HSA account contributions, planning a laser vision eye surgery or if you want to deposit as much as possible in your HSA account and expect to have dental or vision expenses.

What are eligible Limited Purpose Flexible Spending Account expenses?

- Dental expenses
 - Cleanings, x-rays, fillings caps, crowns, braces, bridges
- Vision expenses
 - Eye exams, glasses, frames, lenses, contact lenses, LASIK

What if I don't use all my LPFSA money?

Expenses need to be incurred during the LPFSA plan year. All unused funds may be subject to the use it or lose it provision. Plan conservatively. **These funds can only be used for dental and vision expenses.**

Remember: Claims for the plan year are due no later than 90 days of plan ending, December 31st.

The FSA does NOT allow access to unclaimed dollars beyond December 31st in future plan year(s).

NO mid-year changes are allowed unless you have a qualifying event defined by the IRS.

FOCUS ON BENEFITS 2023

Elmbrook School District

DEPENDENT CARE FSA

What is a Dependent Care FSA?

Use this account to cover the cost of dependent care while you work. You may use this for expenses for the care of a child under age 13 or a disabled spouse, child or parent. If you are married, your spouse must be employed or attending classes full-time for you to use the Dependent Care Spending Account. You may contribute up to \$5,000 per year per household to this account or \$2,500 per year if you are married and file your taxes separately.

What expenses qualify under a Dependent Care FSA?

- Child or adult care center that complies with State and Local regulations (not including nursing homes)
- Sitter inside or outside the home
- Daycare during school vacation, provided it is not primarily for educational purposes
- Nursery school, even if the school provides educational services
- Relative who cares for eligible dependents, as long as that relative is not your dependent and is age 19 or older

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

How do I file a claim?

You are able to use your Optum Bank FSA debit card to pay on the spot at a provider or pharmacy or pay a bill that you receive from a doctor's office or other health care facility. If you paid for a qualified expense out-of-pocket, you can login to optumfinancial.com and request an ACH or check disbursement.

FOCUS ON BENEFITS 2023

Elmbrook School District

HEALTH REIMBURSEMENT ARRANGEMENT

What is a health reimbursement arrangement (HRA)?

HRA's are Consumer Driven Health Plans with employer-funded medical deductible reimbursement arrangements. The employer sets aside a specified amount of pre-tax dollars for employees to pay medical expenses on an annual basis.

Who is offered an HRA as a part of their Health Plan?

Insureds, who themselves (does not include a spouse or dependent) are covered under Medicare or other governmental insurance coverage may not have contributions to a Health Savings Account per IRS rules. With this, insureds are required to notify the employer of their Medical/governmental insurance enrollment and those qualified for and electing District health insurance benefits are offered an HRA as a part of Elmbrook Schools health plan.

Members who had the Health Plan with an HRA, eliminated in 2018, were moved to the plan with a Health Savings Account. Any HRA balance remains available while covered under a District health plan. Under IRS rules, in 2023, once you satisfy \$1,400 of your \$2,000-Single or \$2,800 of your \$4,000-Family deductible, you may make claim for medical and prescription expenses from your HRA. Dental and vision expenses may be claimed without being subject to a portion of your deductible.

How much is funded annually?

Elmbrook funds \$1,000-Single and \$2,000-Family annually for insureds covered with an HRA.

How and when do I receive reimbursements from the HRA?

HRA claims for reimbursement may be completed online, faxed or mailed to Diversified Benefit Services along with copies of all Explanation of Benefit (EOB) statements from UMR/Dental insurer or paid receipts (vision care) showing the amount claimed.

Claims with dates of service through December 31st of the plan year must be submitted within 90 days of the following year (March 31st or March 30th in leap years).

Note: HRA claims, submitted through March for the current year, will not be processed until after the prior year claims are completed and paid. The first reimbursement for the current year begins each April.

(continued on next page)

FOCUS ON BENEFITS 2023

Elmbrook School District

HEALTH REIMBURSEMENT ARRANGEMENT (con't)

Will funds that I haven't used in one-year rollover to the next year?

If all the annual funding for reimbursement in a plan year is not used, monies will be carried forward for use on claims with service dates in the following year.

If your health plan was eliminated in 2018 and you were moved to the High Deductible Health Plan and qualify for a Health Savings Account (HSA), monies in the HRA remain available while the member is covered under a District health plan. Under IRS rules, in 2023, once you satisfy \$1,400 of your \$2,000-Single or \$2,800 of your \$4,000-Family deductible, you may make claim for medical and prescription expenses from your HRA. Dental and vision expenses may be claimed without being subject to a portion of your deductible.

FOCUS ON BENEFITS 2023

Elmbrook School District

ANCILLARY PLANS

All benefit eligible employees are eligible for life insurance, accidental death & dismemberment (AD&D), voluntary life and AD&D through Reliance Standard and voluntary short-term disability (STD) and long-term disability (LTD) plans provided by National Insurance Services.

LIFE AND AD&D

Benefit eligible employees are covered based on your annualized earnings rounded to the next \$1,000, subject to a maximum of \$100,000 for the basic life plan. You are also covered at the same amount for the AD&D plan. The original amount of the Life and AD&D benefits will reduce as you age and terminate upon your retirement or termination of employment. Now is a great time to review or update your beneficiary. Reference your Employee Handbook for benefit eligibility. The District pays 100% of the premium for you.

VOLUNTARY LIFE AND AD&D

Benefit eligible employees are able to enroll in Voluntary Life and AD&D for themselves and their dependents. Employee elections are in \$5,000 increments between \$5,000 and \$370,000, not to exceed five times your salary. Spouse elections are in \$5,000 increments between \$5,000 and \$100,000, not to exceed 50% of the employee election. Guaranteed issue for first time eligible employees is the lesser of three times your annual salary or \$250,000 for employee coverage and \$20,000 for spousal coverage. Any amount over the guaranteed issue requires Evidence of Insurability (answering medical questions). Elections for all qualified children (age 14 days to 26 years old) within a family are in \$2,500 increments between \$2,500 and \$10,000. Notify the HR Department as children should be removed from your plan. The Voluntary Life coverage includes the same amount for the Voluntary Accidental Death & Dismemberment plan. Coverage will terminate at the end of the month in which employment is terminated.

Now is a great time to review or update your beneficiary. Reference your Employee Handbook for benefit eligibility. You pay 100% of the cost of the premium.

Rates are available at the link on the Resource Page.



**Questions on Eligibility
and Coverage?**

**Contact Your Human
Resources Department**



Reliance Standard Life

Customer Service:
<https://customer care.rsli.com/>

Customer Care Center
800-351-7500
(7 a.m. - 6 p.m CST weekdays)

FOCUS ON BENEFITS 2023

Elmbrook School District

LONG-TERM DISABILITY

Elmbrook Schools provides benefit eligible employee with Long-Term Disability (LTD) coverage. Benefit eligible employees may receive 70% of earnings up to a maximum monthly benefit of \$9,333 in the event of a qualifying disability claim. Benefits may begin after a 60-day elimination or waiting period. LTD benefits are taxable to the member upon receiving the claim payment. Reference your Employee Handbook for benefit eligibility. The District pays 100% of the premium for you.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

You may purchase supplement coverage of up to 66% of your annual salary in the event of a qualifying disability claim. Benefits for a covered illness or injury continue for 60 days, the date you are no longer disabled or until you are eligible to receive benefits under your LTD policy, whichever comes first. Benefits start on the 1st day for a covered disability resulting from an accident and 4th day for disability resulting from an illness. Short-term disability (STD) is offered through Madison National Insurance Company. You pay 100% of the cost of the premium.

VOLUNTARY STDI INSURANCE RATES

Weekly Benefit	Rate per Month	Weekly Benefit	Rate per Month	Weekly Benefit	Rate per Month
<input type="checkbox"/> \$147.00	\$9.70	<input type="checkbox"/> \$420.00*	\$26.96	<input type="checkbox"/> \$882.00*	\$56.51
<input type="checkbox"/> \$175.00	\$11.32	<input type="checkbox"/> \$462.00*	\$29.64	<input type="checkbox"/> \$1,014.00*	\$64.99
<input type="checkbox"/> \$224.00	\$14.52	<input type="checkbox"/> \$504.00*	\$32.34	<input type="checkbox"/> \$1,166.00*	\$74.74
<input type="checkbox"/> \$273.00	\$17.78	<input type="checkbox"/> \$580.00*	\$37.17	<input type="checkbox"/> \$1,341.00*	\$85.95
<input type="checkbox"/> \$301.00	\$19.40	<input type="checkbox"/> \$667.00*	\$42.72	<input type="checkbox"/> \$1,500.00*	\$98.84
<input type="checkbox"/> \$357.00*	\$23.18	<input type="checkbox"/> \$767.00*	\$49.14	<input type="checkbox"/> I wish to decline this coverage.	

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

Complete STDI Application form and return to the
HR Benefits Department.

Questions?

- Eligibility/Coverage
- STDI Application

**Contact Your Human
Resources Department**

VOLUNTARY SHORT-TERM DISABILITY BENEFIT LEVELS

If your annual salary is between:	Your choice of the corresponding benefit level or less
\$11,465 - \$13,648	\$147.00
\$13,649 - \$17,470	\$175.00
\$17,471 - \$21,291	\$224.00
\$21,292 - \$23,475	\$273.00
\$23,476 - \$27,843	\$301.00
\$27,844 - \$32,757	\$357.00*
\$32,758 - \$36,033	\$420.00*
\$36,034 - \$39,309	\$462.00*
\$39,310 - \$45,236	\$504.00*
\$45,237 - \$52,022	\$580.00*
\$52,023 - \$59,822	\$667.00*
\$59,823 - \$68,791	\$767.00*
\$68,792 - \$79,087	\$882.00*
\$79,088 - \$90,942	\$1,014.00*
\$90,943 - \$104,591	\$1,166.00*
\$104,592 - \$116,993	\$1,341.00*
\$116,994 +	\$1,500.00*

Examples:

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

Madison National Disability

Customer Service:
National Insurance Services
Dawn Pfeiffer
Account Representative
dpfei@nisbenefits.com

p: 262.780.1207
f: 262.814.1207

FOCUS ON BENEFITS 2023

Elmbrook School District

NEXT STEPS

HEALTH PLAN

If you would like to enroll, switch your health plan or change your family status, you may do so during the annual Open Enrollment period or within 30 days of a major family status change event (birth, death, marriage, divorce, change in job status).

If you are already enrolled in the health plan, you will be automatically re-enrolled at your current coverage status. No forms are needed.

Re-enrollment is required each January for the new plan year for Dependent Care, Limited Purpose or Medical Flex Spending Accounts or to elect HSA contributions.

DENTAL PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that. If you are currently enrolled and do not have any changes, you will be automatically re-enrolled at your current coverage status. No forms are needed.

VISION PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that. If you are currently enrolled and do not have any changes, you will be automatically re-enrolled at your current coverage status. No forms are needed.

LIFE, AD&D & LTD PLANS

All benefit-eligible employees are enrolled in this plan. Now is a good time to review your beneficiary designation for your life and AD&D policies.

VOLUNTARY LIFE, AD&D & STD

To enroll in these plans, forms must be filled out, including Evidence of Insurability, and returned.

QUESTIONS? NEED FORMS?

Please contact Jennifer Johnson in Human Resources

CARRIER QUICK LINKS



Health plan:

UMR-

Call customer service at 800-826-9781 or call the phone number on the back of your ID card or visit www.umar.com.

Dental Plan:

Delta Dental-

Call customer service at 800-236-3712 or call the phone number on the back of your ID card or visit www.deltadentalwi.com.

Vision Plan:

EyeMed-

Call customer service at 844-225-3107 or call the phone number on the back of your ID card or visit www.eyemed.com.

HSA and FSA:

Optum-

Call customer service at 844-973-3925 or call the phone number on the back of your ID card or visit optumfinancial.com.

QUESTIONS ABOUT YOUR BENEFITS OR HEALTH CARE?



Your Advocate can help.

What is Advocacy?

Advocacy is a service offered by Elmbrook Schools to help you and your covered dependents save money, maximize your benefits and make the right choices for your unique situation. They work for *you*, not an insurance company or provider.

Advocates can:

- Answer questions about your benefits
- Resolve claims issues
- Review your bill for errors and expedite corrections
- Compare costs for tests and procedures
- Find in-network providers and make appointments
- Verify eligibility and coverage
- Help with prescription drug issues and cost-saving opportunities
- Coordinate care and provide education for complex or chronic cases

Advocacy is completely confidential and provided as part of your benefits program at no cost to you.

(866) 253-2273

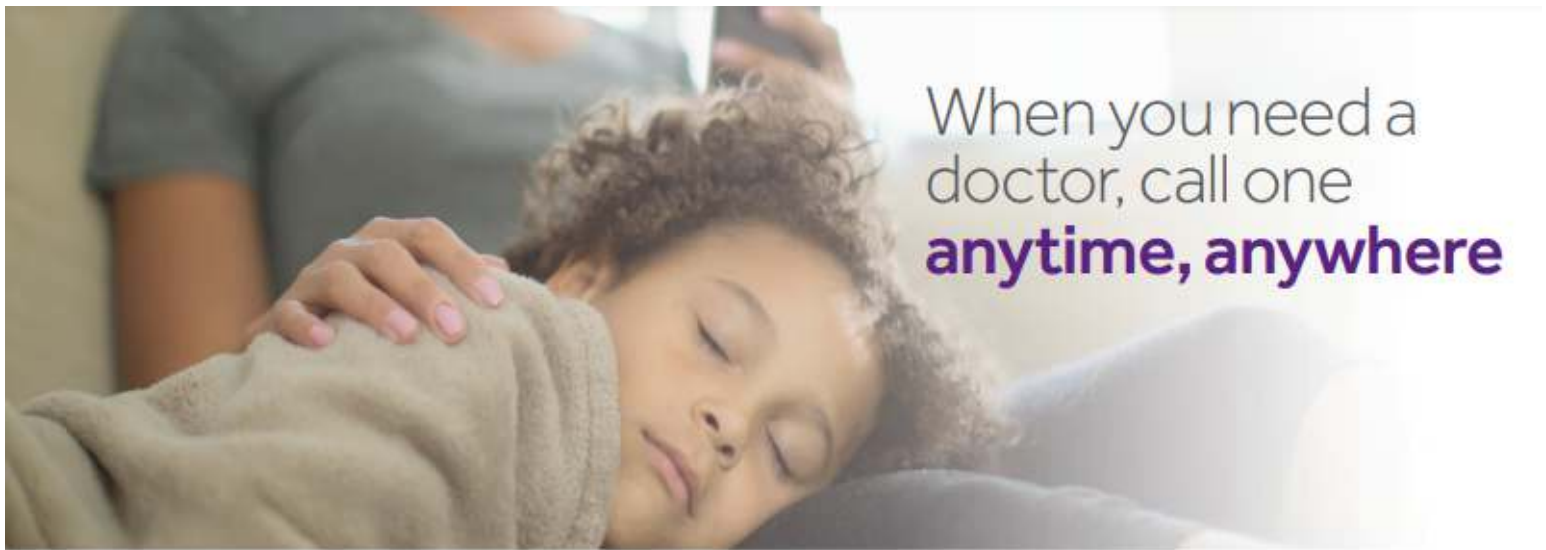
advocate@directpathhealth.com



M-F: 7 a.m. – 8 p.m. CT

SAT: 8 a.m. – 1 p.m. CT

Get rewarded with 20% of the savings up to \$1,000 for selecting a lower-cost option for tests and procedures! Call us for details.



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doctor, call one
anytime, anywhere



Skip the trip to the waiting room. With Teladoc, you can talk with a doctor within an hour by phone or app from wherever you are.

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Teladoc

For non-emergency conditions like the flu, allergies, infections, and much more. Our doctors can also prescribe medicine, if needed.



General practitioner

For annual exams and ongoing medical conditions needing regular monitoring.




Urgent care/ER

For severe conditions like chest pain, sprains, cuts, burns, or broken bones.



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FOCUS ON BENEFITS 2023

Elmbrook School District

EMPLOYEE ASSISTANCE PROGRAM (EAP)

What is an EAP?

An Employee Assistance Program (EAP) is a confidential program that is available to you at no cost. It is here to assist you with important matters that will help you maintain balance outside of the workplace. This program is administered by Empathia.

What services does Empathia provide?

Work/Life Services

- Assistance Searching for the following resources
- Childcare
- Eldercare
- Education
- Adoption

Financial Services

- Financial consultation with certified credit counselors
- Debt consolidation
- Credit report reviews
- Financial planning and budgeting

Legal Services

- Free initial consultation for:
- Divorce/custody
- Domestic disputes
- Real estate
- Personal injury
- Estate planning
- Adoption
- Will Kits for Simple Wills
- Six-page document review

Identity Theft Services

Website Features:

- Topical libraries
- Financial calculator
- Interactive online learning
- Online health assessment

And more!

EMPATHIA

24/7: Telephone, Online & Mobile Counseling:

- Relationships
- Stress Management
 - Legal
- Mental Health & Addictions
 - Elder Care
 - Financial
 - Child Care

Visit Empathia at mylifematters.com
(password Elm1) 24 hours per day, 7 days
per week, 365 days per year.

1-800-634-6433

FOCUS ON BENEFITS 2023

Elmbrook School District

403(b)

We are pleased to offer our employees the opportunity to participate in our employer sponsored 403(b) Plan. The School District of Elmbrook offers a 403(b) plan to help eligible employees save for retirement. All employees, with the exception of private contractors, appointed/elected trustees, school board members and student workers, are eligible to participate. The plan allows for contributions on a tax-deferred basis or a Roth (after-tax) basis. The 403(b) plan is administered by TSA Consulting Group, Inc.

Employees can contribute up to 100% of their income, up to the [annual limit](#) as set by the Internal Revenue Service. Traditional, or tax-deferred, contributions are made on a pre-tax basis from the employee's payroll so the employee's taxable income is reduced. Taxes on contributions and any earnings are deferred until the employee withdraws their funds. Roth, or after-tax, contributions do not reduce the employee's taxable income as they are deducted from the employee's payroll after taxes are calculated. All qualified distributions from a Roth 403(b) are tax-free and any earnings are tax-free as long as the account's first contribution is at least five years old at the time of distribution. Employees are fully vested in their contributions and earnings at all times.

US Omni & TSACG Compliance Services provides plan administration, salary reduction agreement processing (SRA) and common remitting services for our plan. Our plan sponsor page on the TSACG website can be found here - [TSA Consulting Group - School District Of Elmbrook \(tsacg.com\)](https://www.tsacg.com/school-district-of-elmbrook)

On the next four pages, you will find several documents to assist you with your retirement planning - a 403b Plan highlights document, a 403b Approved Vendor Listing, a Meaningful Notice Document that provides you specific information about our 403(b) plan and a USOTCS Distribution guide for distribution information and rollovers.

Through the Online SRA Portal, you will be able to initiate, increase, decrease, or stop your 403(b) deduction as well as choose/change your investment provider. Since this online SRA tool is now available, we will no longer accept paper SRA forms. Please make sure that prior to initiating a new SRA form, that you open an account with your investment provider.

Through the Online Distribution System, participants and their financial advisors have the ability to initiate the authorization process for all distributions. For a number of distribution types, the outcome of using the Online Distribution System can result in the immediate receipt of a Certificate of Approval.

Lastly, all employees, whether you participant in the 403(b) Plan or not, have access to the US Omni & TSACG Compliance Services Financial Wellness Site. In addition to information on retirement plans, there is helpful information on budgeting, saving for colleges, personal finances, social security and Medicare. We encourage you to take a moment to review the information.

This Notice is to provide general information regarding the Plan. You should consult with your own financial, tax, or legal advisor as to whether you should contribute to the Plan. Should there be any difference between the information in this Notice and the Plan, the terms of the Plan will control. The information in this Notice is not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code or promoting, marketing or recommending to any transaction or matter addressed herein.

What is it?

- A 403(b) plan is a retirement plan offered by a public school for its employees.
- These annuities and mutual funds are funded by you the employee
- Contributions can be made either pre-tax or post-tax through [tsacq.com](https://www.tsacq.com)
- All employees of Elmbrook Schools are eligible to participate in the 403(b) plan. These are voluntary elections and the employee designates the amount or percent.

Who?

- Any employee of Elmbrook Schools can participate in the 403(b) plan.

Why save now?

- Saving in these plans could reduce income taxes
- Creates a Compound Effect on your return-on-investments.
- You do NOT retire with 100% of your salary.
- If you retired in 30+ years of service you are still looking at taking home only 70% of your salary. The take home amounts only decrease from there. How will you supplement the other 30%?
- It is not wise to expect state/federal assistance to finance your retirement years.

What's available?

- Elmbrook offers both Pre Tax 403(b) and Post Tax investments in the 403(b) plan.
- Start early. Maximize your savings!
- Utilize your resources. Speak to an investment provider representative.

ENROLL

- Step 1: Decide what investment provider (vendor) is right for you. [Elmbrook vendor listing](#)
- Step 2: Open an account with the vendor of your choice, [vendor list](#). This document can also be found on: My Elmbrook, Benefits/Wellness tile, benefits, staff portal benefits page, retirement planning, 403(b) plan highlights and approved vendors.
- Step 3: Complete your online Salary Reduction Agreement via: <https://www.tsacq.com/individual/plan-sponsor/wisconsin/school-district-of-elmbrook/> This online web page is created specifically for Elmbrook.

[Click here to learn more about the Elmbrook Schools 403\(b\) plan.](#) This document can also be found on: My Elmbrook, Benefits/Wellness tile, benefits, staff portal benefits page, retirement planning, 403(b) plan highlights and approved vendors.



School District of Elmbrook 403(b) Plan Highlights

Introduction: School District of Elmbrook is pleased to offer the 403(b) Plan to help eligible employees save for retirement. The plan allows you to save on a tax deferred basis, a Roth basis and also includes nonelective contributions paid for by School District of Elmbrook. Plan oversight and administration is provided by TSA Consulting Group, Inc. (TSACG).

This Plan Highlights outlines the key provisions of the plan as well as who to contact to sign up, for plan or investment related questions, or other information. We encourage you to seriously consider taking advantage of this valuable benefit to help enhance your financial future.

Eligibility:

- **Employee Contributions:** All Employees are eligible to contribute to the 403(b) plan, excluding student teachers and other student workers.
- **School District of Elmbrook Non-elective Contributions:** All employees are eligible for nonelective contributions, excluding student teachers and other student workers.

Entry Date: Employees are able to enroll in the Plan immediately upon commencing employment with School District of Elmbrook.

Contribution Types:

- **Employee Contributions:** Generally, you can contribute up to 100% of your income up to the [maximum allowable contribution limits](#) as adjusted annually by the Internal Revenue Service. If you will be age 50 or older by the end of the year, you may qualify to contribute an additional amount.
- **Roth 403(b) Contributions:** Along with pre-tax deferrals, you have the option to contribute to the Plan on an after-tax basis by utilizing the Roth 403(b) option. The same limits apply as to those for Employee Contributions. Please contact your investment provider to ensure that the provider can accept Roth 403(b) Accounts.
- **Nonelective Contributions:** School District of Elmbrook may make a nonelective contribution to the Plan at their discretion.

Vesting:

- **Employee Contributions:** You are always 100% vested in your own contributions, plus earnings.
- **School District of Elmbrook Non-elective Contributions:** You are 100% vested in School District of Elmbrook's non-elective contributions immediately.

Withdrawal Options: (Subject to each vendor's policies. Check with your vendor for availability.)

- **In-Service Withdrawal:** If age 59 ½ or older.
- **Separation of Service:** Possible 10% penalty if under the age of 59½. Various payment options are available.
- **Loans:** Tax-free loans enable you to access your account without permanently reducing your account. You may have only one outstanding loan, with no minimum loan amount. The maximum loan amount is limited to 50% of your vested account balance not to exceed \$50,000, which applies to all 403(b) and 457(b) accounts in aggregate. Generally loans must be repaid within 5 years; loans to purchase a principal residence can be amortized for longer periods. Loans not repaid in accordance with the repayment schedule will result in taxation of the outstanding loan amount and a possible 10% penalty.
- **Hardships:** You may take a withdrawal for financial hardships. Hardship withdrawals are limited to the amount you have contributed to the plan and are only permitted for limited financial circumstances that must be substantiated.

Investments: A list of approved vendors is provided within this packet.

Please Contact:

- **Vendor:** For forms such as distribution, loans, or hardships, account balances and to transfer funds.
- **TSA Consulting Group, Inc (TSACG):** For any plan related questions, please call 1-888-796-3786; email at sraprocessing@tsacg.com or visit www.tsacg.com.

*Please refer to the Plan Document for more information on the Plan.
In the event of a discrepancy, the Plan Document will prevail.*

APPROVED 403(B) VENDOR LISTING

Ameriprise Financial - 403(b)

PRD ID 113052

70100 Ameriprise Financial Center

Lincoln, NE 55474

www.ameriprise.com

800.862.7919

AXA Equitable Life Insurance Company - 403(b) / Roth 403 (b)

Ryan Haslbeck - ryan.haslbeck@axa-advisors.com

500 Plaza Dr., 7th Floor

Secaucus, NJ 07094

www.axaonline.com

800.628.6673

MetLife Resources - 403(b) / Roth 403 (b)

Group Number 0003730

9000 W. Chester St.

Suite 100

Milwaukee, WI 53214

www.metlife.com

800.560-5001 or 888-439-2806

Bryan Gosda – Bgosda@financialguide.com

414.615.4898 WORK or 262.331.0241 CELL

Security Benefit Life Insurance Company - 403(b) / Roth 403 (b)

PAYOR ID 27476

One Security Benefit Place

Topeka, KS 66636

www.securitybenefit.com

800.888.2461

Voya Retirement Insurance and Annuity Company (formerly ING) - 403(b) / Roth 403 (b)

One Orange Way, A3S

Windsor, CT 06095

www.voya.com

800.584.6001

WEA Tax Sheltered Annuity Trust - 403(b) / Roth 403 (b)

Kelly Behnke - kbehnke@weabenefits.com

P.O. Box 7338

Madison, WI 53707-7338

www.weabenefits.com/retirement

800.279.4030 ext 6636

MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION 2022

School District Of Elmbrook, WI

403(b) PLAN

The 403(b) Plan is a valuable retirement savings option. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) Plan offered.

Plan administration services for the 403(b) plan are provided by U.S. OMNI & TSACG Compliance Services. Visit the U.S. OMNI & TSACG Compliance Services website (<https://www.tsacg.com>) for information about enrollment in the plan, investment product providers available, distributions, enrollment, exchanges or transfers, 403(b) loans, and rollovers.

ELIGIBILITY

Most employees, with the exception of private contractors, appointed/elected trustees, school board members, and student workers, are eligible to participate in the 403(b) plan immediately upon employment. Eligible employees may make voluntary elective deferrals to the 403(b) plan, and participants are fully vested in their contributions and earnings at all times.

EMPLOYEE CONTRIBUTIONS

Traditional 403(b)

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) account up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Salary deferral contributions to the participant's 403(b) account are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

Roth 403(b)

Contributions made to a Roth 403(b) account are after-tax deductions from your paycheck. Income taxes are not reduced by contributions you make to your account. All qualified distributions from Roth 403(b) accounts are tax-free. Any earnings on your deposits are not taxed as long as they remain in your account for five years from the date that your first Roth contribution was made. Distributions may be taken if you are 59½ (subject to plan document provisions) or at separation from service.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. U.S. OMNI & TSACG Compliance Services monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2022 IS \$20,500.

Additional provisions allowed:

AGE-BASED ADDITIONAL AMOUNT

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$6,500.

ENROLLMENT

Employees who wish to enroll in the 403(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and any disclosure forms must be completed and submitted to U.S. OMNI & TSACG Compliance Services. This form authorizes the employer to withhold 403(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA must be completed to start, stop or modify contributions to a 403(b) account. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at <https://www.tsacg.com>.

INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) Investment Providers and current employer forms are available on the employer's specific Web page at <https://www.tsacg.com>.

PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. In most cases, any withdrawals made from a 403(b) account are taxable in full as ordinary income.

EXCHANGES

Participants may exchange account accumulations from one 403(b) investment provider to another 403(b) investment provider that is authorized under the plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange.

403(b) PLAN LOANS

Participants may be eligible to borrow their 403(b) plan accumulations depending on the provisions of their 403(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must verify and provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at <https://www.tsacg.com>.

EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

PLAN ADMINISTRATOR CONTACT INFORMATION

Transactions

P.O. Box 4037
Fort Walton Beach, FL 32549
Toll-free: 1-888-796-3786
<https://www.tsacg.com>

For overnight deliveries

73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
Toll-free: 1-888-796-3786
<https://www.tsacg.com>

FOCUS ON BENEFITS 2023

Elmbrook School District



Who is the 403(b) Plan Administration Provider?

U.S. OMNI & TSACG Compliance Services (USOTCS) has been contracted to provide 403(b) plan administration services. USOTCS, based in Fort Walton Beach, Florida, is an independent Third-Party Administrator. We are not affiliated with an investment provider, and we do not market investment products. USOTCS is responsible for the approval of all plan-level transactions including distributions, exchanges, transfers, loans, and rollovers, etc.

Transaction Review/Approval

USOTCS reviews plan transactions not only to ease the administrative burden of our clients but also to ensure IRS compliance, while maintaining a single repository of transaction records in the event of an IRS audit. After confirming the transaction complies with IRS regulations and the client's Plan Document, USOTCS will provide an approval certificate which will, in conjunction with the investment provider transaction documents, authorize the investment provider to complete the transaction request.

Some distributions require you to meet qualifying events such as age or separation of service. Additionally, some types of transactions require supporting documentation and/or an additional USOTCS form. For example, a 403(b) Hardship Withdrawal request must be accompanied by a Disclosure form: this form can be found on USOTCS's website via <https://www.tsacg.com/forms/>. If we determine additional information/documentation is required, you will be contacted by a member of our team. Please note that the request for additional information/documentation may take up to 1 to 3 business days from the date of the initial confirmation notice you receive.

Online Transaction Processing

The most efficient and timely way to submit transactions for review is to use USOTCS's Online Distribution System (ODS). This advanced Web-based system allows participants and advisors alike to gain an immediate approval certification for eligible distributions. Further, all distribution requests may be submitted in this manner including those that require supporting documentation such as Hardship and Unforeseen Emergency withdrawals. USOTCS's ODS is available via <https://transaction.tsacg.com/index.php>, and it can also be accessed via a link on the homepage of our website: <https://www.tsacg.com>. ODS is available 24 hours a day, seven days a week.



For questions regarding transactions: 1-888-796-3786, option 4

Our customer service representatives are available
Monday – Thursday, 7:00 am to 7:00 pm (CT) and until 5:00 pm (CT)
on Friday.

For more information on transactions available under your employer's plan, please see your employer's specific page via <https://www.tsacg.com/individual/plan-sponsor/>.

What is it?

- The WDC (Wisconsin Deferred Compensation) Program 457 plan is a simple way to help supplement your WRS retirement and Social Security benefits. It can help you bridge the gap between your financial situation now and your goals for retirement.
- There is no minimum contribution amount to participate in the WDC. You can contribute 100% of your salary or up to the annual limits set by the IRS. If you are over the age of 50 or are within three years of retirement, you may be able to take advantage of catch-up contribution limits, which are higher than the normal limits. And, unlike many retirement plan types, there is no 10% early withdrawal penalty for distributions taken from your WDC account before age 59 ½.
- With the WDC, you can take advantage of lower administrative fees and low investment fees, thanks to the larger number of state and local employees participating in WDC.
- You can choose before-tax or after-tax Roth contributions.

Who?

- Any employee of Elmbrook Schools can participate in the 457 plan

What's available?

- You can build your own portfolio from the core options available in the WDC, ranging from conservative to more aggressive, including access to self-directed brokerage accounts.
- Choose a pre-mixed portfolio from target date funds based on your target retirement date and your risk tolerance.
- Get professional advice with Empower Advisory Services, a registered investment adviser.

ENROLL

- Seven local representatives are dedicated to helping you! You can attend group presentations or one-on-one meetings by visiting wdc457.org.
- More information about WDC, including program highlights, is available online at wdc457.org or by calling (877) 457-9327.
 - You can enroll in the 457 plan by visiting wdc457.org
 - Click on the REGISTER button
 - Click on I have a plan enrollment code
 - Enter group ID: 98971-01
 - Enter plan enrollment code: **arGdA2xu**
 - Select employer name.



Helping You Turn
Over a New
Retirement Leaf

The Benefits of Enrolling in the Wisconsin Deferred Compensation Program (WDC)

Saving through the WDC is a simple way to help supplement your WRS retirement and Social Security benefits. It can help you bridge the gap between your financial situation now and your goals for retirement. It's important to plan for your future—but you don't have to do it alone. Take advantage of all the help available to you.

Get an early start

The sooner you start saving and investing, the better. Waiting even a few years can make a big difference in the amount you might have in your account when you retire. Take a look at what contributing just \$50 per month starting at age 25 versus age 45 could mean for your monthly retirement income, thanks to the power of compound growth:

Starting Age	Potential Additional Monthly Retirement Income
25	\$713
35	\$360
45	\$166

FOR ILLUSTRATIVE PURPOSES ONLY. This is a hypothetical illustration intended to show possible retirement income. It is not intended as a projection or prediction of future investment results, nor is it intended as financial planning or investment advice. It assumes a 6% annual rate of return, reinvestment of earnings and that the payee lives 20 years in retirement. Rates of return may vary. Distributions from a tax-deferred retirement plan may be taxable as ordinary income. The illustration does not reflect any associated charges, expenses or fees. The hypothetical income shown would be reduced if these fees and/or taxes were deducted.

Save what you can

There is no minimum contribution amount to participate in the WDC. This means that even if you can't contribute much now, you can still get started saving for your future. Then, as you are able to save more, increase your contributions. You can contribute 100% of your salary or up to the annual limits set by the IRS, whichever is less. Check the News & Updates tile at wdc457.org for the current year's limits. If you are over age 50 or are within three years of retirement, you may be able to take advantage of catch-up contribution limits, which are higher than the normal limits. And, unlike many retirement plan types, there is no 10% early withdrawal federal tax penalty for distributions taken from your WDC account before age 59½ (except for distributions attributable to funds you may roll into the WDC Program from another type of retirement plan or IRA).

Potentially lower fees

With the WDC, you can take advantage of competitive administrative fees (ranging from \$0-\$11.50 per month depending on your account balance) and low investment fees, thanks to the large number of state and local employees participating in the WDC.

FOCUS ON BENEFITS 2023

Elmbrook School District

Choose before-tax or after-tax Roth contributions

You have the freedom to choose before-tax traditional or after-tax Roth contributions. This means you can decide whether to pay taxes when you take a distribution or pay them now to essentially lock in your current tax rate.

	Before-tax (Traditional)	After-tax (Roth)
Is my contribution taxable in the year I make it?	No	Yes
Is my contribution taxed when distributed?	Yes ¹	No
Are potential earnings on my contributions taxed when distributed?	Yes ¹	No, provided the distribution occurs after age 59½, death or disability, and no earlier than five years after your first Roth contribution

¹ Withdrawals are subject to ordinary income tax.

Build your own investment portfolio, or get help from professionals

With the WDC, you can choose from a wide variety of investment options, no matter your level of comfort or interest making investment decisions.

1. Build your own portfolio—Create your own investment portfolio from the core options available in the WDC, ranging from conservative to more aggressive, including access to a self-directed brokerage account.
2. Choose a pre-mixed portfolio—Select one of the pre-mixed target date funds based on your target retirement date (the date you will turn 65) and your risk tolerance. The allocation of these funds is designed to become more conservative as you get closer to your target date, although the principal value of the funds is not guaranteed at any time (including the target date).
3. Get professional assistance with Empower Retirement Advisory Services, provided by Advised Assets Group, LLC, a registered investment adviser. These services include Online Advice and My Total Retirement™. *There is no guarantee provided by any party that participation in any of the advisory services will result in a profit.*

Local Retirement Plan Advisors available to meet with you

Seven local, salaried representatives are dedicated to helping WDC participants work toward their retirement goals. You can attend group presentations or one-on-one meetings, including a Retirement Readiness Review, all at no additional cost to you.¹ You can schedule a meeting online at wdc457.org—just click on *Schedule a Meeting*, then follow the prompts for either a group or one-on-one session.

Enroll today!

Go to wdc457.org

- Click on the *REGISTER* button
- Click on *I have a plan enrollment code*
- Enter Group ID: **98971-01**
- Enter Plan Enrollment Code:

Please refer to the Elmbrook intranet page (BEWELL) to find the current code.

Elmbrook School District

Code Expiration Date **October 1, 2022**

The website will guide you through the enrollment process. Continue the process until you receive your confirmation number (keep this for your records), and you are on your way to a more comfortable retirement!

More information about the WDC, including Program Highlights, is available online at wdc457.org or by calling (877) 457-WDCP (9327).

¹ The Retirement Readiness Review is provided by an Empower representative registered with Advised Assets Group, LLC and may provide investment counseling and/or recommendations at no additional cost to you. There is no guarantee provided by any party that use of the review will result in a profit.

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98971-01-FLY-WF-591107-0122(1540484) RO1949824-1221

FOCUS ON BENEFITS 2023

Elmbrook School District

Wisconsin Retirement System (WRS)

The Wisconsin Retirement System (WRS) is a pension plan that is intended to provide employees with a lifetime retirement payment (annuity) once they are vested and have reached minimum retirement age. Both the employee and Elmbrook Schools are required to contribute to this retirement pension. Contribution rates are a percentage of earnings and each year the percentage can change per WRS, but it is always split 50/50 between the employee and Elmbrook Schools.

Employees are eligible if they become a WRS employee on or after July 1, 2011 (with no service prior to July 1, 2011) and:

- are expected to work at least two-thirds of full-time employment (1,200 for non-teaching and 880 hours for teachers and school district educational support personnel) and
- are expected to be employed for at least one year

Employees who became an employee before July 1, 2011, will become an eligible employee if they:

- are expected to work at least one-third of what is considered full-time employment (600 hours for non-teaching employees and 440 hours for teachers and school district educational support personnel) and
- are expected to be employed for at least one year

Contributions are automatically placed in a Core Fund which is a fully diversified and balanced trust fund. The goal of this fund is to earn an optimum long-term return while taking acceptable risk so it includes a mixture of stocks, bonds and real estate to stabilize the effects of market changes. Investment returns are smoothed over five years to give a more stable rate of return each year. Employees can elect to deposit 50% of all contributions into the Variable Fund which is primarily a stock fund. The goal of the Variable Fund is to attain returns equal to or greater than that of similar stock portfolios over a market cycle. Unlike the Core Fund, returns on the Variable Fund are not smoothed which means the full rate of return, either positive or negative, is recognized each year. WRS mails statements to employees' homes once a year.

In order to be eligible for a retirement benefit that includes the employer contributions and the associated interest, an employee must be vested and at minimum retirement age. Vesting refers to the minimum number of years of employment that is needed. The vesting rules depend on when an employee's WRS employment first began:

- If WRS employment first began after 1989 and terminated before April 24, 1998, then employees must have some WRS-creditable service in five calendar years.
- If WRS employment first began on or after July 1, 2011, then employees must have five years of WRS-creditable service.
- If neither statement above applies, then an employee was vested when WRS employment first began.

For those employees that began WRS employment on or after July 1, 2011, the full-time equivalent of one year of creditable service is

- 1,320 hours for a teacher
- 1,904 hours for all other employment categories

WRS uses two methods of calculations (Formula and Money Purchase) to determine the retirement benefit an employee will receive; the employee will automatically receive the higher amount of the two methods. At the time of retirement, employees choose an annuity option; all annuities are paid for the employee's lifetime but the options differ in what happens after the employee passes away.

For more information, please visit www.etf.wi.gov or call 877-533-5020.

COLLEGE SAVINGS MADE SIMPLE



Edvest™
WISCONSIN'S COLLEGE
SAVINGS PLAN

WHAT IS THE EDVEST COLLEGE SAVINGS PLAN?

The Edvest College Savings Plan (Edvest) is a simple way for families to save for higher education costs. You're probably familiar with 401k or 403b plans for retirement. The Edvest College Savings Plan is similar, but it's used to save for higher education. With a low minimum contribution, low fees, and a tax deduction for Wisconsin residents, Edvest makes saving more affordable.

3 EASY STEPS TO OPEN

- Open an account at Edvest.com. You will need to designate an Account Owner and a Beneficiary (future student).
- Choose the investment portfolio that works best for you and your beneficiary. Review the Edvest investment portfolios online and select one or more. Need help? Visit Edvest.com or call 1-888-338-3789.
- Select how you want to fund your Edvest account. For payroll contributions, follow steps 1 and 2 above. You may also contribute through a bank account, or by check.

STEP 1

Open an Edvest account at Edvest.com. On the Funding Method page, select [Payroll Direct Deposit](#) and enter any dollar amount to be contributed each pay period. Upon completing the steps to open a new account, print or view the form with payroll direct deposit instructions.

If you have an existing Edvest account(s), then log into the account at Edvest.com. Go to the "Profile & Documents" section on the home screen and select "Payroll Direct Deposit", then "Change payroll instructions". Enter the dollar amount per paycheck, and select "Next". View or print the payroll direct deposit instructions by selecting "Get Form".

STEP 2

Follow the payroll direct deposit instructions you printed or viewed in Step 1. Input the routing instructions into your employer's self-service portal. If your employer does not offer a self-service portal, provide the printed and completed form to your payroll office.

[Direct deposit routing instructions \(for your employer\):](#)

Account Type: Checking

ABA Number: 011001234

Account Number: 584 + first 9 digits of Edvest account number

THAT'S IT

Remember to take a moment to confirm your contributions to your new Edvest account. Your first contribution may take up to 1-3 pay periods.

[Have questions about payroll contributions?](#)

Email our Edvest Consultant at: khaleeLali@tiaa.org

FAST FACTS

- Anyone, not just a child's parents, may open or contribute to an Edvest account – even out-of-state family and friends.
- Wisconsin residents may be eligible for a state tax deduction. Limitations apply.¹
- Edvest funds may be used at universities, colleges, technical schools, graduate and professional schools, as well as many certificate programs.
- Funds may be used at schools across the country and even some abroad.
- Up to \$10,000 annually per student, in aggregate from all 529 plans, can be withdrawn free from federal and Wisconsin income tax if used for tuition expenses at a public, private or religious elementary, middle, or high school.²
- Use funds for tuition, books, room & board, computers, tablets, and other expenses.
- Contribute whenever you want, at whatever amount you want, starting at \$25 - no minimum dollar amount for payroll direct deposit.
- Build savings with recurring contributions from your bank account or payroll direct deposit.
- Opening an account just takes about 15 minutes at Edvest.com.

QUESTIONS?

Learn more about the Edvest College Savings Plan at Edvest.com.

Access FAQs, explore investment options, use college savings tools, and more!

Edvest college saving specialists are available
**Monday – Friday, 7 am – 9 pm CST at
1-888-338-3789.**

Need to send us a contribution, account application, or another form by U.S. Mail?

MAILING ADDRESS

Edvest College Savings Plan
PO Box 219437
Kansas City, MO 64121-9437



For questions about Edvest or establishing your payroll contributions, contact:

Khaleel Ali,

Edvest Consultant

414.410.0009

khaleel.ali@tiaa.org

15800 W. Bluemound Road, Suite 105
Brookfield, WI 53005

¹To learn more about the Wisconsin College Savings Plan, its investment objectives, tax benefits, risks and costs, please see the Plan Description at Edvest.com. Read it carefully. Investments in the Plan are neither insured nor guaranteed and there is the risk of investment loss. If the funds aren't used for qualified higher education expenses, a 10% penalty tax on earnings (as well as federal and state income taxes) may apply. Check with your home state to learn if it offers tax or other benefits such as financial aid, scholarship funds or protection from creditors for investing in its own 529 plan. Consult your legal or tax professional for tax advice. TIAA-CREF Individual & Institutional Services, LLC, Member FINRA, distributor and underwriter for the Wisconsin College Savings Plan.

²State tax treatment of withdrawals for K-12 tuition expense will vary depending on state law, and may include recapture of tax deductions received from the original state as well as penalties. The tax reform legislative changes were on a federal level. If you are not a Wisconsin taxpayer, please consult with a tax or legal advisor.



1235300



SETTING UP PAYROLL DIRECT DEPOSIT

Step 1: Allocate your direct deposit amount on Edvest.com.



Log into your account at [Edvest.com](https://www.edvest.com). Go to the "Profile & Documents" section on the home screen and select "Payroll Direct Deposit," then "Change Payroll Instructions." Enter the dollar amount per paycheck (and per beneficiary if you have more than one account to be contributed per paycheck). Select "Next." View or print the payroll direct deposit instructions by selecting "Get Form."



Step 2: Inform your employer how much you'd like sent to Edvest each pay period.

Follow the payroll direct deposit instructions you printed or viewed in Step 1. Input the routing instructions into your employer's self-service portal. If your employer does not offer a self-service portal, provide the printed and completed form to your payroll office.

IMPORTANT TIP: If you are funding more than one Edvest account through payroll direct deposit, only add ONE payroll deduction in the TOTAL amount of all Edvest account contributions for each pay period. Example: You have two Edvest accounts that you indicated in Step 1 will each receive \$25 per paycheck. In your employer's self-service portal, or via your payroll direct deposit instructions form, list one deduction in the amount of \$50. Your first contribution may take up to 1-3 pay periods.

Direct deposit routing instructions (for your employer):

Account Type: Checking

ABA Number: 011001234

Account Number: 584+first 9 digits of Edvest account number



For questions about Edvest or establishing your payroll contributions, contact:

Khaleel Ali
Edvest Consultant
414.410.0009
Khaleel.Ali@tiaa.org
Brookfield, WI 53562



ENTER SECONDARY DIRECT DEPOSIT ACCOUNT IN SKYWARD

Add/Update/Change your secondary bank, add a secondary bank (choose *Add Deduction Bank*) etc. (EDVEST)

Direct deposit changes take about a full week to complete.

To add direct deposit routing instructions for Edvest direct deposit routing instructions:
Log on to Skyward and go to Employee Access.

Choose Employee Information



Choose Personal Information



Choose Direct Deposit Under payroll



Choose Add Deduction Bank

Employee: BEARDOG MISSY TEST, MR

Direct Deposit

Views: General Filters: *Skyward Default

Type	Code	Description	Account Type	Bank	Bank Account	Routing Number
Net	Net	Checking	JPMORGAN CHASE BANK	123400000000000000	021000021	

Buttons: Change Primary Bank, Add Deduction Bank

Fill in all information. Check the "I acknowledge box" and save.

Enter the information from Edvest:

Account Type: Checking

ABA Number: 011001234

Account Number: 584 + first 9 digits of your Edvest account number

Add Direct Deposit - 95.21.06.00.06 - Google Chrome

skyward.iscorp.com/scripts/wsisa.dll/WSservice=wsfineImbrookwi/rge1edit033.w?vTypeAct=Ded&isPopup...

Add Direct Deposit

Bank Account (Deduction)

When adding/updating direct deposit information use the "Select My Bank" option to select from the Bank list in Skyward. If your Bank is not already set up in Skyward use the "Request New Bank" option and complete the required fields.

☒ Select My Bank ☐ Request New Bank

* Routing Number:

* Bank Name:

Bank Address:

* Bank Account:

* Account Type: ☒ Checking ☐ Savings

* Amount Type: ☒ Fixed ☐ Percent

Approval Attachment: No file chosen

YOUR REQUEST FOR A CHANGE IN DIRECT DEPOSIT HAS BEEN APPROVED. CHANGES MAY TAKE UP TO TWO PAYROLLS TO PROCESS. KEEP YOUR OLD ACCOUNT OPEN UNTIL A CHECK IS POSTED IN YOUR NEW ACCOUNT.

☐ I acknowledge I have read and agree to the terms and conditions above.

Buttons: Save, Back

These are sent to payroll for approval. Please 3-5 days for processing.

You deserve an explanation



An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about your claims.

Among the more important things included on your EOB are:

- The service you received
- How much the service cost
- How much you may owe, if anything
- A notes section that explains the meaning of any special codes

- A section that shows how close you are to meeting any plan maximums

There is a second page that includes contact numbers if you have questions. It also tells you how to file an appeal if you want a claim decision reviewed.

Page 1

UMR
PO Box 30541 Salt Lake City, UT 84130-0541
1-800-820-0781
www.umar.com

CUSTOMER LOGO

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Provider: Physician, Joe MD Patient Account: 1234567890 Claim Control Number: 0000000000

Service Description	Date of Service From To	Amount Billed	Amount not Payable	Ins. Amt. Payable	Less Deductible	Co-Pay Amount	Allowable Amount	%	Plan benefit Amount	Amount Paid	Provider May Bill You
Emergency Care	02-01-15 02-01-15	\$500.00	\$100.00	\$0.00	\$50.00	\$25.00	\$325.00	80	\$260.00	\$200.00	\$140.00
Totals		\$500.00			\$50.00	\$25.00	\$325.00		\$260.00	\$200.00	\$140.00

Note Section
908 provider negotiated discount. You are not responsible for this amount.

Payment To: XYZ Clinic Payment Date: 02-15-15 Payment Amount: \$200.00

Benefit	Benefit Level	Applied To Date
01-01-15	\$200 Out Net Ind Cal Yr Deductible	\$200 of Net
01-01-15	\$400 Out Net Fam Cal Yr Deductible	\$300.00
01-01-15	\$400 In Net Ind Cal Yr Deductible	\$205.00
01-01-15	\$800 In Net Fam Cal Yr Deductible	\$305.00

UMR
A UnitedHealthcare Company

10 ways to control health care costs



Everybody can play a role in controlling the rising cost of health care. In fact, there are many things you can do to reduce how much you spend on health care now and in the future.

► See preferred doctors

Most health plans let you see any doctor you want. But you can save a bundle by seeing doctors that are part of your plan's preferred network of health care providers. Going to a preferred, in-network doctor usually saves you 20% to 30% or even more off your bill.

► Go generic

Generic drugs are the same as other medications, just without the brand name. The biggest difference is the price. Generics usually cost you 30% to 70% less than brand names.

► Practice prevention

Preventive care includes things like physical exams, vaccines, blood tests and cancer screenings. These services can prevent you from getting sick or detect a health issue before it gets serious. Check your health plan to see if preventive care is covered in full or at discounted rates.

► Get online

It makes sense to find out everything you can to make informed, cost-saving health care choices. That's why we offer a number of web tools to help you review your health care options, pharmacy benefits and health coverage estimates using the Internet. Visit our website at umr.com.



Fast fact

Generic drugs usually cost you 30% to 70% less than brand names.

► Choose the right care

There is a time and place for everything. A trip to the emergency room may be needed if you are seriously injured or ill. Consider a cheaper option, like a walk-in clinic or urgent care, if you have a minor illness or issue, such as an ear infection. It may save you time as well as money.

► Think long-term

Some people go to the doctor for minor reasons once they meet their yearly deductible. While that may not have an instant impact on health care costs, it is a major factor in driving up everyone's overall costs of care.

► Eat right

A balanced diet can save you money. It keeps you healthier in the short-term and lessens the chances of developing more serious and costly medical conditions in the future.

► Exercise

Just 30 minutes of walking or other regular exercise each day helps manage weight, stress and possibly your pocket-book. Exercise helps control and prevent high blood pressure and cholesterol, two of the major risk factors for heart disease.

► Take care of yourself

The harmful effects of unhealthy habits, such as tobacco use and alcohol abuse, are well known in regard to health issues like cancer and heart disease. If you use tobacco products, seek help to try quitting. Practice moderation if you drink alcohol. Get help if stress or depression are an issue. You will feel better and also save a few dollars.

► Review your EOB

Billing mistakes sometimes happen. Review your explanation of benefits (EOB) statement to make sure you are properly billed. Contact your doctor or other care provider if you suspect an incorrect charge.



Review your explanation of benefits (EOB) statement to make sure you are properly billed.

Welcome to **umr.com on the go**

As a UMR member you can access your benefits and claims information anytime, anywhere using your mobile device. There's no app to download. Simply log in to **umr.com**

My Taskbar

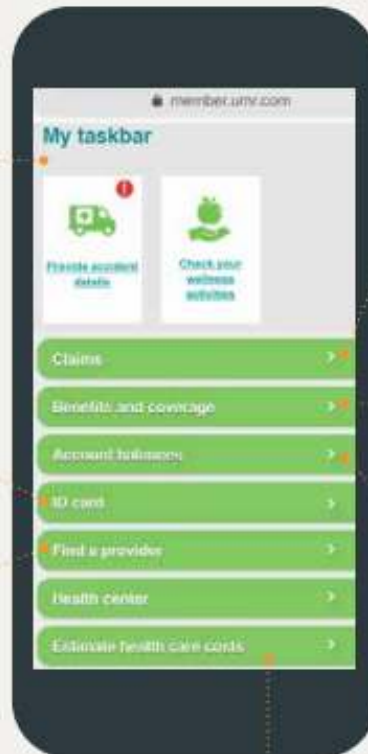
View upcoming tasks right from the homepage.

Share your ID card with your provider

Now, there's no need to carry it with you, it's at your finger tips

Find a provider

Find an in-network provider while you are "on the go."



Look up claims

Look up a claim for yourself or an authorized dependent.

Check your benefits

View medical/dental benefits. And, see who's covered under your plan.

Access account balances

Look up balances for your special accounts including HRAs and FSAs.

Estimate health care costs

See what you can expect to pay before receiving care with the Health Cost Estimator tool.

Want to bookmark umr.com on your mobile device?

iPhone: Touch and hold the open book icon to add **umr.com**

Android: Tap on the menu. Then select "Add Bookmark."

Note: The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and company benefits. If you are having trouble accessing or logging into our mobile site, contact the 800 number on the back of your ID card for fastest service. You can click the "Contact us" link on the home screen.

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Email notification options and umr.com



Selecting your communication preferences and access privileges

You have options regarding your communications from UMR and private information. Here's how to update:

Step 1: Plan holders must create an account on **umr.com**. Any dependent over age 18 (child or spouse) will also need to create their own **umr.com** account.



Step 2: Under **Account settings** in the **Access privileges** section, the dependent can identify who should have access to his or her information. Dependents can grant access to any other dependent over 18 years of age in the **Account settings** tab. To make any changes to access privileges, simply click the edit button within that section, and make sure to save changes.

Step 3: The plan holder must also create an account on **umr.com**. Once registered, plan holders can update communication preferences in the **Account settings** section. Under **Communication preferences**, you can choose to have EOB and financial statement notifications emailed to you as they are available. (You will still need to log in to **umr.com** to access these communications). You can also elect to have EOBs mailed to you in paper form. *Reminder: Selections for paper and paperless options apply to all members on your plan.*



UMR and the UnitedHealthcare Premium Designation Program

Ideally, better health coverage
should cost less. In reality, now it can.

**A plan designed with both quality and affordability in mind.
Consistent, quality care is vitally important.**

When you need a physician, you want to make informed choices. Welcome to the Premium Designation program available through UMR.

- Enjoy one of the nation's largest networks of physicians. Almost anywhere in the United States you'll find participating doctors, hospitals or pharmacies for the same coverage levels you get at home.
- Make the most of preventive care coverage, so little concerns don't become big problems later (see your specific plan for details).
- Access Premium Designation information at your fingertips on umr.com



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Physician Designations



PREMIUM CARE PHYSICIAN

The physician meets the UnitedHealth Premium® Program criteria for providing quality and cost-efficient care.



QUALITY CARE PHYSICIAN

The physician meets the Premium program quality care criteria, but does not meet the program's cost-efficient care criteria or is not evaluated for cost-efficient care.



NOT EVALUATED FOR PREMIUM CARE

The physician's specialty is not evaluated in the UnitedHealth Premium Program. The physician does not have enough claims data for program evaluation or the physician's program evaluation is in progress.



DOES NOT MEET PREMIUM QUALITY CRITERIA

The physician does not meet the UnitedHealth Premium Program quality criteria, so the physician is not eligible for a Premium designation.

How the UnitedHealth Premium Program works

UnitedHealth Premium is an innovative program that evaluates eligible physicians against scientifically defined medical guidelines for quality and cost efficiency.

Physicians must first meet quality of care guidelines – and only then are they evaluated for their cost efficiency. Once physicians have been evaluated, they will be given a heart designation based on the results.

UnitedHealth Premium Quality of Care designation

When evaluating quality of care, we review a physician's performance against nationally accepted standards from medical organizations and governmental agencies such as the Ambulatory Care Quality Alliance, the National Committee for Quality Assurance (NCQA), and the American College of Cardiology, as well as scientific advisory boards. This is important to you because following evidence-based care guidelines has been shown to have a positive impact on the quality of care and safety of patient care¹.

UnitedHealth Premium cost efficiency designation

Only those physicians who meet quality standards are then reviewed for cost efficiency. Efficiency evaluates the utilization and cost of medical and diagnostic resources.

Cost efficiency criteria are based on patient care provided over a two-year period, including the appropriate use of diagnostic testing, prescribed medications, the procedure itself, follow-up care and the associated costs.

Measurement also factors in the amount of re-do procedures and complication-related expenses.

We measure cost efficiency at the local level, because we recognize that there are differences in what it takes to deliver a service in one market versus another.

For more information on the UnitedHealth Premium Designation program, visit umr.com

¹ Committee on Quality of Health Care in America, Institute of Medicine (2001), *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press.

Maximize your health benefits

When you need a physician, maximize your health plan benefits by making sure the physician you choose has the UnitedHealth Premium Care Physician designation for quality of care and cost efficiency.

Finding the right physician is the most important thing you can do for your health care...

But it isn't always easy. We provide the information you need to help you make a more informed decision on where to seek care.

... and now, for your pocket book.

When you visit a physician who has UnitedHealth Premium designations for quality and/or cost efficiency, you may pay lower co-payments for office visits, and get higher plan co-insurance coverage.



Look for the blue Tier 1 dot.

It's important to choose carefully.

To get the most from your plan, find a quality and cost efficiency designated physician by visiting umr.com and click on Find a Physician or Facility. Look for a physician with the Premium Care Physician designation.

Your ID card includes a Customer Care phone number for easy access to designation information.

**TIER
1**

To find a UnitedHealth Premium-designated doctor, just look for the Tier 1 physician designation.



Physician care

The UnitedHealth Premium Designation Program includes
16 specialties and 47 sub-specialties

Allergy

Allergy
Allergy & Immunology

Cardiology

Cardiology
Cardiovascular Disease
Cardiac Diagnostic
Cardiology-Interventional
Clinical Cardiac Electrophysiology
Endocrinology

ENT

Otolaryngology
Otology
Pediatric Otolaryngology
Head and Neck Surgery
Laryngology
Rhinology

Endocrinology

Endocrinology, Diabetes
and Metabolism

Family Medicine

Preventive Medicine
Family Practice
General Practice

Gastroenterology

Digestive Diseases
Hepatology-Liver Disease
Gastroenterology

General Surgery

Abdominal Surgery
Proctology
Colon & Rectal Surgery
Surgery

Internal Medicine

Internal Medicine
Internal Medicine Pediatrics
Geriatrics

Nephrology

Nephrology

Neurology

Neuromuscular Disease
Neurology
Neurology & Psychiatry

Neurosurgery, Orthopaedics & Spine

Orthopedic Surgery
Neurology Surgery
Shoulder Surgery
Knee Surgery
Back & Spine Surgery
Sports Medicine
Hand Surgery

Obstetrics & Gynecology

Gynecology
Obstetrics
Obstetrics & Gynecology

Pediatrics

Pediatrics
Pediatric Adolescent
Adolescent Medicine

Pulmonology

Pulmonary Medicine

Rheumatology

Rheumatology

Urology

Urology

You can find more information on the UnitedHealth
Premium Designation program using the provider
search tools on umr.com



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Know where to go when you need care.



When you need care quick, your first impulse may be to go to an emergency room (ER). But did you know that there are alternative options to treat your immediate care needs that could save you up to \$1,800 or more compared to an ER?*

Before you wait for hours in the ER, call your primary care provider (PCP) or family doctor. Many doctors offer same-day appointments, but if that's not possible, you may be able to receive fast, professional care for much less at an urgent care center, convenience care clinic or an online doctor visit.

CHECK
your options for care



CHOOSE
your care provider



GO
for better health



continued

*Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. The information provided is for general informational purposes only and is not intended to be or should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 9-1-1 or go to the nearest emergency room.

Quick care options:

When seeing your physician is not possible, it's important to know your quick care options to find the place that's right for you and help avoid financial surprises. If you're not sure where to go, UMR's benefits specialists can help you decide.

	Teladoc Consults	Convenience Care Clinics	Urgent Care Facility	Emergency Room
Reason for Visit	<ul style="list-style-type: none"> • Urinary tract infections • Mild colds and flu • Mild vomiting or diarrhea • Mild fevers or headaches • Pink eye • Rashes • Sinus or ear infections • Sore throat 	<ul style="list-style-type: none"> • Minor injuries • Mild vomiting or diarrhea • Allergies • Urinary tract infections • Rashes • Pink eye • Sinus or ear infections • Sore throat • Preventive care 	<ul style="list-style-type: none"> • Animal and insect bites • More-severe-than-usual asthma • Mild vomiting or diarrhea • Minor burns or cuts that may need stitches • Sprains, strains and minor fractures 	<ul style="list-style-type: none"> • Severe pain, especially in the chest or upper abdomen • Uncontrollable bleeding • Difficulty breathing, speaking or walking • Fainting or dizziness • Severe trauma or serious injuries
Average Cost	\$	\$\$	\$\$\$	\$\$\$\$

Call the member services number listed on the back of your ID card or visit umr.com to learn more about your care options and find a network provider near you.



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Looking for a health care provider?

Compare quality and costs before you go

The next time you're in the market for a new doctor or are wondering how much you'll pay for a possible medical procedure, visit **umr.com** first. Your online services make it easy to look up UnitedHealthcare network providers and health care facilities and find cost estimates for different services – all in one place.

You'll get the information you need to make the right choices for you and your family and know what to expect before making an appointment.

Stay in-network

With **umr.com**, you have anytime access to a searchable directory of UnitedHealthcare network providers in your area. Choosing a doctor or facility in the network ensures your benefits are paid at the highest level, so you can expect to pay less out of your own pocket. And when you go to a network provider for preventive services, there's typically no cost to you.



START SHOPPING TODAY

Log into **umr.com** and select Find a provider.

Then choose View providers to search for medical providers. Or log in and look for the health cost estimator shopping cart icon to get started.

Find Health Care by Category



People

Doctors, medical groups, and other professionals by specialty



Places

Hospitals, clinics, labs, imaging centers, medical suppliers



Services and Treatments

Options for office visits, tests, treatments, surgeries



Care by Condition

Find care for common conditions



Cost Estimator

Treatment for common conditions

You can narrow your search to primary care providers or look up physicians by specialty. Then select a physician from your search results to learn more about where they went to school, where they practice and how to schedule an appointment.

Check for quality

The two blue hearts next to a doctor's name tells you they are a Premium Care Provider who has been reviewed by UnitedHealthcare and meets quality standards for delivering cost-effective care.

You may also see star ratings for customer satisfaction based on reviews from previous patients.

Understand the costs

Different providers may charge different amounts for the services they offer. Your search results will give you a range of the average costs for preventive care or medical procedures in your area. And the individual provider listings show whose costs are below, above, or meet the local average.

If a procedure typically includes multiple steps of treatment, you can review the total cost and your estimated out-of-pocket cost for each step. So you'll know what to expect, from start to finish.

Your estimated out-of-pocket costs are personalized to you, based on your own benefit plan's deductible, annual out-of-pocket max, co-pay, co-insurance and how much you've paid toward your deductible.

Abcd, Michael A, MD
Cardiology, Cardiovascular Disease, Interventional Cardiology
123 Any Street
Any City, NY 10001
A Mike Abed - Card Disease ID
(800) 555-5555, MD
Download Information >

Two blue hearts icon
Premium Care Provider
Accepting All Patients
In-Network Provider
★★★★★ 4.8
14 Reviews

Any City Cost
\$835
Most Average Cost

View Estimate Detail

Cost Estimate for MRI Scan Without and With Dye - Lumbar Spine
Total estimated cost of your scan: \$746, \$0.00
About this estimate: What is included in this estimate? What is not included in this estimate?

Estimated Out-of-Pocket Cost
\$746

There is 1 step for this service.
Long-term plan

Step number	Step name	Estimated cost	Estimated out-of-pocket cost
1	MRI Scan Without and With Dye - Lumbar Spine	\$746 Most Average Cost	\$746

PAYMENT DETAILS

Estimated out-of-pocket cost: \$746

Estimated out-of-pocket cost breakdown:

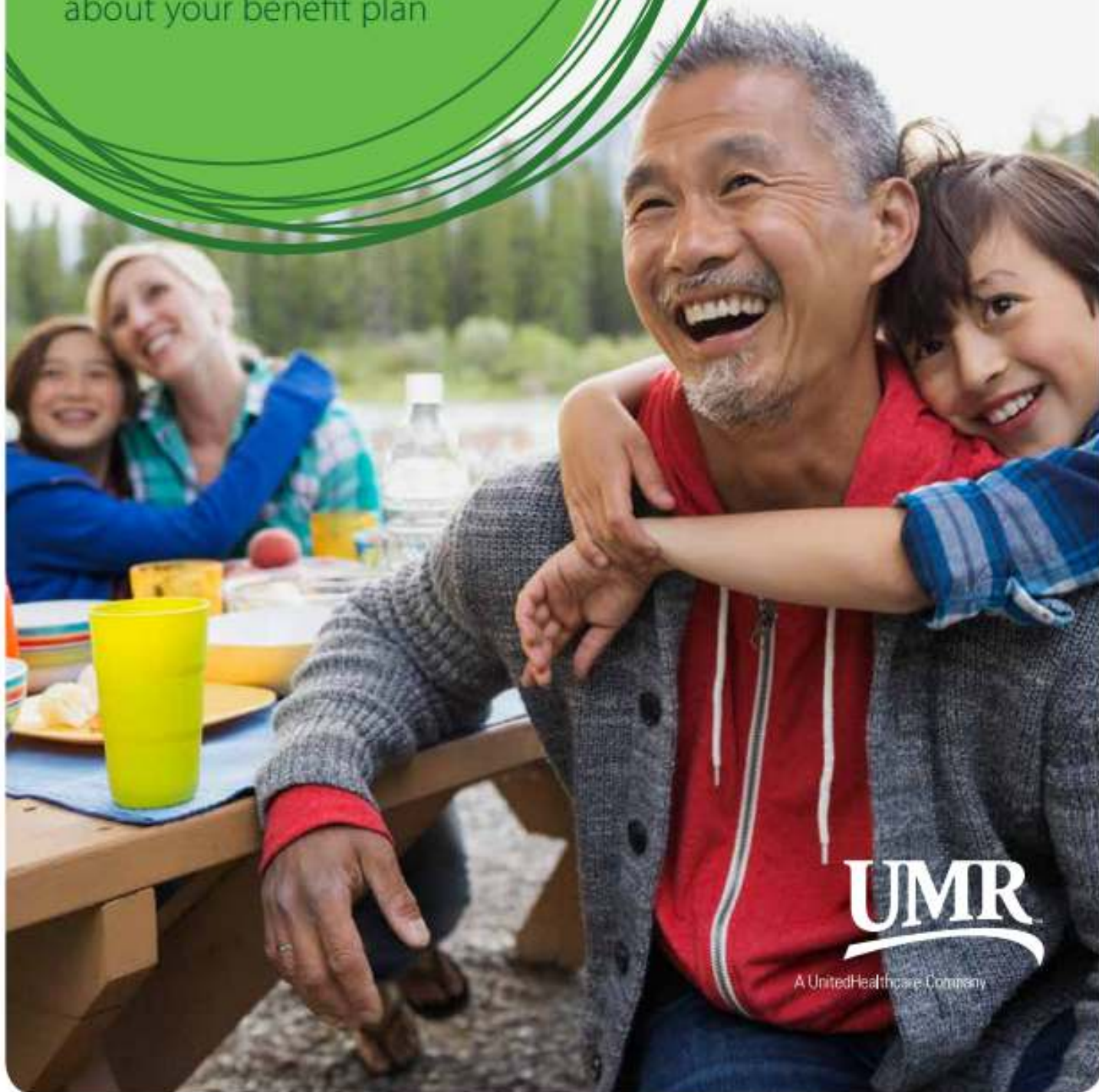
Category	Amount
Copay	\$0
Deductible	\$0
Coinsurance	\$0
Not Covered by Health Plan	\$0



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Frequently asked questions

What you need to know about your benefit plan



UMR

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Your benefit plan FAQs ...

Q. Who is UMR?

- A. UMR is a third-party administrator (TPA) that provides employers and health benefit plan members with services to help them get the most from their benefit plan.

Q. What is a TPA?

- A. A TPA is a company that your employer hires to handle the many tasks associated with managing your health benefit plan. For example, UMR handles general enrollment tasks when new plan members sign up to receive health benefits. We also process your health claims, making sure they are handled quickly and accurately. UMR even has medical professionals on staff who can help coordinate your care if you are in the hospital or are dealing with a chronic health condition.

Q. What does it mean to be self-funded?

- A. A self-funded benefit plan is financed by your employer, not an insurance carrier. Your employer pays for most of your health plan and claim costs.

Q. What is a PPO?

- A. Most TPAs work with a preferred provider organization (PPO). A PPO is a network of health care providers who have agreed to discount (reduce) what they charge for services when treating members of a benefit plan. When you choose to see an in-network PPO health care provider, you will pay less for their services than if you had chosen an out-of-network (non-PPO) health care provider. You have the option to see non-PPO providers, but you will pay more for their services.

Your member ID card contains important information regarding your plan's PPO. Contact your PPO directly or your UMR customer service team to check a health care provider's participation.

Q. What does UMR do for me?

- A. We provide you with prompt, personalized service. As a plan member served by us, you have a customer service team of helpful people available to assist you and answer questions about your health benefits. For example, you can ask us about the medical care your plan covers or about a specific health claim. One phone call is all it takes to reach us and speak to someone who can help you get the answers you need.

You may also receive other services, depending on your health plan's features, to help you and your covered family members use the health care system and receive appropriate health care at a reasonable cost.

Q. What can I do to reduce my health care expenses?

- A. A lot! First, choose a participating PPO provider whenever possible, so you'll receive the discounts your plan has made available for you. Your benefit plan ID card displays your PPO information. Always show your ID card to your health care provider at each visit.

Learn about the features of your benefit plan, too, so you'll know about money-saving ways to receive your health care, like taking advantage of preventive care services.

Also, read and understand your EOB. It can help you track your health care costs and get a better handle on what you're spending. The "How to Read Your EOB" section in this brochure will help you understand how your health claims are charged, processed and paid.

And learn how you and your family can prevent illness and maintain your health. Make health-conscious choices every day. You'll feel better, improve the quality of your life and have more money you can use for other things – not health care!

Q. Will I receive mail from UMR?

- A. You may receive an explanation of benefits (EOB) for health claims submitted by your health care providers. Your EOB shows you important information, including what your plan pays and what portion of the bill is your responsibility.

You will not receive an EOB for claims where your responsibility is zero or only a co-payment. You can review your zero balance or co-payment claims on umr.com or by contacting a Customer First representative.

You may also receive letters from UMR if we need more information about a health claim in order to process it appropriately. Sometimes, we may send you letters that will require you to follow up with your provider to obtain more information. The requested information is important for timely completion of your claim. Feel free to call us if you have questions or need assistance with our request.

How to read your EOB

- Fields include member information under which the claim was processed.
- Hospital, physician or other health care provider that performed the services.
- Account number assigned by the hospital, physician or other health care provider.
- UMR assigns a unique claim control number to each claim received.
- Services and/or procedures that were performed by the hospital, physician or other health care provider.
- Dates(s) services were performed by the hospital, physician or other health care provider.
- Amount charged for the services by the hospital, physician or other health care provider.
- Charges not allowed according to the Plan – see comment code.
- Refers to codes used to explain charges that were not allowed – see Notes Section.
- Amount applied to the deductible.

UMR
PO Box 30381 Salt Lake City, UT 84130-0381
1-800-828-9787
www.UMR.com

CUSTOMER LOGO

Page 1

1 Employee: Joe Patient
Employee Address: 1234 W. BROADWAY BLVD
STE 1000
SALT LAKE CITY, UT 84101
Member ID: 0000000000000000
Patient: Joe Patient
Policy Date: 01-01-15
Employer Name: Customer Inc
Group Number: 75-000000

EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A BILL

2 Provider: Physician, Joe MD **3** Patient Account: 1234567890 **4** Claim Control Number: 000000000000

Service Description	Dates of Service From To	Amount Billed	Amount Not Payable	Less Deductible	Co-Pay Amount	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
5 Emergency Care	6 02-01-15 02-01-15	7 \$400.00	8 \$100.00	9 \$300.00	10 \$25.00	11 \$325.00	12 80	13 \$260.00	14 \$260.00	15 \$140.00
	Totals	\$400.00	\$100.00	\$300.00	\$25.00	\$325.00		\$260.00	\$260.00	\$140.00

17 Notes Section
908 Provider negotiated discount. You are not responsible for this amount.

18 Payment To: 302 Clinic Payment Date: 02-15-15 Payment Amount: \$260.00

Benefit	Benefit Level	Applied To Date
01-01-15	\$250 Out Net Ind Cal Yr Deductible	\$250.00/Max
01-01-15	\$400 Out Net Fam Cal Yr Deductible	\$250.00
01-01-15	\$400 In Net Ind Cal Yr Deductible	\$250.00
01-01-15	\$400 In Net Fam Cal Yr Deductible	\$250.00

19

- Co-pay amount paid at office visit.
- Charges allowed for payment – this is the difference between the "Amount Billed" and the "Amount Not Payable" and/or "Less Deductible" columns.
- Percentage at which the Allowable charges are paid.
- Amount actually payable by the Plan.
- Amount that UMR paid to the provider.
- Only amount you are responsible to pay to the hospital, physician or other health care provider, if applicable.
- Explains codes provided in the "See Notes Section" column. Lists the specific code and its definition.
- List of individuals or organizations to whom checks were issued.
- Provides benefit period and benefit levels, amounts applied to individual/family deductibles and out-of-pocket maximums, if applicable.

Get all your answers quick and easy @ umr.com

Another service UMR provides for you is umr.com for fast access to a variety of useful information. Log in now to:

- See a personalized to-do list called "My taskbar" that highlights the most important tasks you need to complete
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life
- Ask us a question using the site's Contact Us e-mail service or Live Chat



Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

How to contact UMR

Go to umr.com

Visit your password-protected online benefit service via the login at umr.com. It's a fast, convenient way to get information and access services and resources provided with your benefit plan.

Use your ID card

Look for the Customer First service number on your ID card. Our UMR team is ready to help you. You will also find PPO contact information on your benefit plan ID card.



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FOCUS ON BENEFITS 2023

Elmbrook School District

WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

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

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

1. Notice regarding Wellness Program
2. HIPAA Portability Notice
3. Initial COBRA Notice
4. Notice of Exchange
5. Medicare Part D Coverage Notice
6. HIPAA Notice of Privacy Practices
7. Children's Health Insurance Program (CHIP)
8. Women's Health and Cancer Rights Act (WHCRA)
9. Michelle's Law
10. Newborns & Mothers Health Protection Act (NMHPA)

NOTICE REGARDING WELLNESS PROGRAM

The School District of Elmbrook offers a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for triglycerides and cholesterol levels. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of monthly premium co-pay savings (Monthly \$60-Single, \$60-Spouse, \$120-Family) for completion of both the HRA questionnaire and biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive premium co-pay savings.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact a member the Human Resources Team.

FOCUS ON BENEFITS 2023

Elmbrook School District

HIPAA PORTABILITY NOTICE

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

Special enrollment rights

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

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

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

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

To request special enrollment or obtain more information, contact a member of the "Total Employee Rewards" Team.

FOCUS ON BENEFITS 2023

Elmbrook School District

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. COBRA (and the description of COBRA coverage contained in this notice) applies only to group health plan benefits and not to any other benefits offered by your employer.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you, your spouse, and dependent children when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the employer.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan, join a spouse's group health plan, or to obtain coverage through a public health program (e.g., Medicare or Medicaid). From time to time, governmental programs may be available to you to help you pay monthly premiums or save on out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, and any required notice of that event is properly provided to the employer, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries and would be entitled to elect COBRA if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage unless the Plan sponsor has chosen to subsidize the cost of COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

FOCUS ON BENEFITS 2023

Elmbrook School District

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- You become divorced or legally separated from your spouse. Also, if your spouse (the employee) reduces or eliminates your group health coverage in anticipation of a divorce or legal separation, then the divorce or legal separation may be considered a qualifying event for you even if your coverage was reduced or eliminated before the divorce or separation.

Your dependent children will be entitled to elect COBRA if they lose group health coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the employer sponsoring the Plan and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

When the qualifying event is the end of employment, a reduction in hours of employment, or the death of the employee, the Plan will offer COBRA continuation coverage to qualified beneficiaries. You do not need to notify your employer of any of the events listed in the last sentence.

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the later of (1) the date of the qualifying event; and (2) the date on which the qualified beneficiary loses (or would lose) coverage under the Plan as a result of the qualifying event. If these procedures are not followed or if the notice is not provided during the 60 day notice period, ALL QUALIFIED BENEFICIARIES LOSE THEIR RIGHT TO ELECT COBRA.

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How is COBRA continuation coverage provided?

Once the employer receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees and spouses (if the spouse is a qualified beneficiary) may elect COBRA continuation coverage on behalf of all of the qualified beneficiaries, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. If the employer offers a health Flexible Spending Account, COBRA coverage under a health Flexible Spending Account can last only until the end of the year in which the qualifying event occurred.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If a qualified beneficiary is determined by Social Security to be disabled and notifies the employer in a timely fashion, all of the qualified beneficiaries in your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. This extension is available only for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction of hours. The disability would have to have started at some time before the 61st day after the covered employee's termination of employment or reduction in hours and must last at least until the end of the period of COBRA coverage that would be available without the disability extension (generally 18 months, as described above).

The disability extension is available only if you notify the employer in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination of employment or reduction of hours.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension. In providing this notice, you must use the Plan's designated form (you may obtain a copy of this form from the employer at no charge). **If these procedures are not followed or if the notice is not provided to the employer during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, THEN THERE WILL BE NO DISABILITY EXTENSION OF COBRA COVERAGE.**

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Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage because of the covered employee's termination of employment or reduction of hours (including COBRA coverage during a disability extension period as described above), the spouse and dependent children receiving COBRA continuation coverage can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. This extension is not available under the Plan when a covered employee becomes entitled to Medicare after his or her termination of employment or reduction of hours.

This extension due to a second qualifying event is available only if you notify the employer in writing of the second qualifying event within 60 days of the date of the second qualifying event. In providing this notice, you must use the Plan's designated form (you may obtain a copy of this form from the employer at no charge). **If these procedures are not followed or if the notice is not provided to the employer during the 60-day notice period, THEN THERE WILL BE NO EXTENSION OF COBRA COVERAGE DUE TO A SECOND QUALIFYING EVENT.**

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the individual health insurance carriers, Medicaid, Medicare, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

¹<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>

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If you have questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa (addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website). For more information about the Marketplace, visit www.HealthCare.gov.

Keep your plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

If you need more information, please contact a member of the Human Resources Team.

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NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A: General information

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

What is the Health Insurance Marketplace?

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

Can I save money on my health insurance premiums in the Marketplace?

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

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit¹.

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

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact a member of the "Total Employee Rewards" Team.

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

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.

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Part B: Information about health coverage offered by your employer

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

1. Employer name: Elmbrook School District
2. Employer Identification Number (EIN): 39-1028780
3. Employer address: 3555 North Calhoun Road
Brookfield, WI 53005
4. Employer phone number: 262-781-3030
5. Who can we contact about employee health coverage at this job? Contact a member of the Human Resources Team.
6. Here is some basic information about health coverage offered by this employer

As your employer, we offer a health plan to:

☐ All employees. An **eligible Employee** is a person who is classified by the employer on both payroll and personnel records as an Employee who regularly works full-time 30 or more hours per week or part-time 30-39 hours for non-teachers per week, but for purposes of this Plan, it does not include the following classifications of workers as determined by the employer in its sole discretion:

- Leased Employees.
- Independent Contractors as defined in this Plan.
- Consultants who are paid on other than a regular wage or salary basis by the employer.
- Members of the employer's Board of Directors, owners, partners, or officers, unless engaged in the conduct of the business on a full-time, regular basis.

☐ With respect to dependents:

☐ We do offer coverage. An eligible Employee who is covered under this Plan and who retires under the employer's formal retirement plan may be eligible to continue participating in the Plan upon retirement, provided the individual continues to make the required contribution. Reference the Employee Handbook retirement addendums for retirement benefits and eligibility.

☐ We do not offer coverage.

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

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

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

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Elmbrook School District

MEDICARE PART D CREDITABLE COVERAGE NOTICE

Important notice from Elmbrook School District about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Elmbrook 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. Elmbrook School District has determined that the prescription drug coverage offered by the Elmbrook Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

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

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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 Elmbrook School District coverage will not be affected.

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

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

You should also know that if you drop or lose your current coverage with Elmbrook 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 **Jennifer Johnson at (262) 781-3030 X11186**

johnsoje@elmbrookschoools.org

NOTE: You'll get this notice each year. You will also get it if this coverage through Elmbrook School District changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

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

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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 800-MEDICARE (800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: October 15, 2022

Name of Entity/Sender: Elmbrook School District

Contact--Position/Office: Jennifer Johnson, Benefits & Wellness Specialist

Address: 3555 N. Calhoun Rd., Brookfield, WI 53005

Phone Number: 262.781.3030 x11186

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Elmbrook School District

HIPAA NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICE

Your information. Your rights. Our responsibilities.

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

Your rights

You have the right to:

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

Your choices

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

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

Our uses and disclosures

We may use and share information as we:

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

FOCUS ON BENEFITS 2023

Elmbrook School District

YOUR RIGHTS

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

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Request confidential communications

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

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **877-696-6775** or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

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Elmbrook School District

YOUR CHOICES

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

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

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

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

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

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

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

Help manage the health care treatment you receive

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

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

Run our organization

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

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

Pay for your health services

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

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

Administer your plan

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

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

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How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

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

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

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the department of health and human services if it wants to see that we're complying with federal privacy law.

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

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

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

We can use or share health information about you:

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

Respond to lawsuits and legal actions

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

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OUR RESPONSIBILITIES

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

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

CHANGES TO THE TERMS OF THIS NOTICE

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

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Elmbrook School District

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, 2022. Contact your State for more information on eligibility –

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

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<p>GEORGIA – Medicaid</p> <p>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</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov</p>
<p>KENTUCKY – Medicaid</p> <p>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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>MAINE – Medicaid</p>	<p>NEW HAMPSHIRE – Medicaid</p>

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Elmbrook School District

<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</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 5218</p>
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
NEW YORK – Medicaid	TEXAS – Medicaid
<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
OREGON – Medicaid	WASHINGTON – Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>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)</p>
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>	<p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid

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Elmbrook School District

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

Website:
<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

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

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

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

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

- Tier 1 – Premium Designation
 - Deductible \$2,000 / \$4,000 & Coinsurance 100%
- Tier 2 – UHC Choice Plus Plan
 - Deductible \$3,000 / \$4,000 & Coinsurance 85%
- Tier 3 - Out of Network
 - Deductible \$4,000 / \$8,000 & Coinsurance 65%

FOCUS ON BENEFITS 2023

Elmbrook School District

SCHOOL DISTRICT OF ELMBROOK MICHELLE'S LAW NOTICE

NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The School District of Elmbrook's Medical plans (the "Plan") currently permits an employee to continue a child's coverage to age 26. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status, if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

Dependent child means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.

Medically necessary leave of absence means a leave of absence or any other change in enrollment:

- of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
- which is medically necessary
- and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

One year after the first day of the leave of absence

The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

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Elmbrook School District

NEWBORNS & MOTHERS HEALTH PROTECTION ACT (NMHPA) DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance carrier for prescribing a length of stay not in excess of 48 hours (or 96 hours).

- However, the attending provider may decide, after consulting with the mother, to discharge the mother or newborn child earlier.
- The attending provider is any individual licensed under state law to provide maternity or pediatric care and is providing such care to a mother or newborn child. This may include a physician, physician assistance or nurse midwife; however, this may NOT include a health plan, insurer or hospital.
- The NMHPA prohibits incentives (either positive or negative) that encourages less than the minimum protection under this Act.

* Source: US Department of Labor, Employee Benefits Security Administration. *Compliance Assistance Guide: Health Benefits Coverage Under Federal Law*, Washington, DC: October 2010, p. 108, available at <http://www.dol.gov/ebsa/pdf7CAG.pdf>. Language used in the model appears in the final HIPAA portability regulations at 29 CFR § 2520.102-3(t)(2).

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Elmbrook School District



ELMBROOK HEALTH PLAN PARTNERS



800.835.2362
teladoc.com

Virtual Medical Provider
24/7/365 Physician Care
Urgent & After Clinic Hours
\$45/Virtual Visit-Anywhere
Rx prescribed, if needed
Behavioral Health Providers Available



DIRECT LINE | 262.214.1101
elmbrookschoos.org/wellnesscenter
SCHEDULING LINE | 866.959.9355 for after hours

In-Person & Virtual Visits
Quality, Convenient, Cost Savings
Enhanced Pediatric Services
Understands Your Health Plan
Coordinates Care w/ Partners
Meds Available On-site and Prescribed



deltadentalwi.com
800-236-3712

Delta Premier/PPO Network
100% coverage for Preventative,
Diagnostic & Basic, 80% for Major



eyemed.com
866-804-0982

Insight Network
Co-pays & discounts for services and materials



800-634-6433
mylifematters.com

Employee Assistance Program
24/7 Counseling & Support
No Cost, Confidential
Life, Work, Family, Well-being
ALL Staff Availability



advocate@directpathhealth.com
866-253-2273
Mon-Fri: 7AM-8PM CST, Sat: 8AM-1PM CST

Helps you understand your benefits
Compare costs for tests, procedures & Rx
Assist with referrals & prior authorization
Access to registered nurses for diagnosis,
procedures & medication options
Resolve claims & billing issues
Find in-network providers



WELLNESS CHAMPIONS
elmbrookschoos.org/wellness

Wellness Program Advocates
Communications Help with Access to
Wellness Resources
Support For ALL Staff
Champions at each District location



877-470-1771
mycdh.optum.com

Health Savings Account
District Contributions
Limited Purpose & Dependent Care Flex
Spending Accounts
Savings & Tax Incentives
Investment Options
Debit Card



800-826-9781
umr.com

Benefit Accumulations & EOB Statements
Find Network Providers
Health Cost Estimator
Customer Service
View claims



866-818-6911
caremark.com




Discounted Rx Manager
Mail Order Savings, Specialty Pharmacy
No Cost Meds Endorsed
90-Day Supply-CVS Retail & Mail Order
(Includes Target Stores)

FOCUS ON BENEFITS 2023

Elmbrook School District

Human Resources GPS - Guide to Personnel Services 2022-23



	FOCUS AREAS	NAME	CONTACT INFORMATION
SENIOR LEADER	<ul style="list-style-type: none"> • Oversee Human Resources operations • Enrollment monitoring for staffing purposes • Insurance plan design strategy 	Kristin Sobocinski <i>Assistant Superintendent for Business Services</i> 	extension: 11142 sobocink@elmbrookschools.org
HUMAN RESOURCES OPERATIONS	<ul style="list-style-type: none"> • Direct Human Resources daily operations • Certified staff recruitment and job offers • Contract renewals & negotiations • Talent acquisition and retention strategy • Staffing plan development • Handbook, policies and procedures • Compensation strategy management • Employee relations matters 	Pam Casey <i>Director of Human Resources</i> 	extension: 11178 casevp@elmbrookschools.org
	<ul style="list-style-type: none"> • Offer of hire- support staff • Performance management - all staff • Assistant Roundtable facilitation • Professional development - support staff • Onboarding new staff • EE Teacher Evaluation Process and Support • Support Staff Evaluation Process and Support • Teacher Career Promotion Process • Oversee DPI, state, and federal reporting • Certified Staff Licensing • Summer School staffing • Recruitment/talent acquisition 	Sarah Leatherman <i>Talent Acquisition Specialist</i> 	extension: 11133 leathers@elmbrookschools.org



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Elmbrook School District

Human Resources GPS - Guide to Personnel Services 2022-23



	<ul style="list-style-type: none"> • Paid Leave Administrator • FMLA, Leave of Absence, STDi & LTD admin • Substitute Coordinator short and long term • Teachers on Call liaison • AESOP/Frontline Administrator • Student teachers and Field Experience • Backup New Hire Onboarding • Employee Recognition • Workers' Compensation Coordinator • Employee calendars 	Lisa Jennaro <i>Senior HR Specialist, Leave Administrator</i> 	extension: 11121 jennarol@elmbrookschools.org
	<ul style="list-style-type: none"> • Job postings • FastTrack assignments & assistance • Interview support • New hire onboarding & processing • Background checks for employees • Personnel Matters • SafeSchools data entry • Volunteer management • Personnel Committee support • BIB & Raptor • FileBound - Checking Completed Paperwork • CCAP Alert • Creating State ID for Skyward • Monitors HR Inbox • HireVue Process 	Marlee Johnson <i>HR Generalist</i> 	extension: 11125 johnsmar@elmbrookschools.org
Benefits/Wellness	<ul style="list-style-type: none"> • Elmbrook Wellness Program/Strategy • Benefit Plans/Education/Communication • Open Enrollment • Health Risk Assessment/Biometric Screenings/Shoo the Flu/Measles titer • Elmbrook Family Wellness Center Coordinator with Everside • Workplace Wellness Coordinator • Retirement-OPEB/Retirees • Affordable Care Act/1095's • Retirement for All Ages Presentation Fair • Wellness Fair 	Jennifer Johnson <i>Benefits & Wellness Specialist</i> 	extension: 11186 johnsoje@elmbrookschools.org
	<ul style="list-style-type: none"> • Benefit Enrollment/Terminations/Qualifying Events • Measles Task administration • COBRA Administration • Unemployment Forms/Reports • Address Changes • FSA - Daily Balance 	Linda Hordyk <i>Benefits Assistant</i>	Extension: 11136 hordykd@elmbrookschools.org


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Elmbrook School District

Human Resources GPS - Guide to Personnel Services 2022-23



	<ul style="list-style-type: none"> • Organization Charts/Expense Org Chart • Run UMR Report for age 26 Dep 		
Resources			
RETIREMENT	<ul style="list-style-type: none"> • 403B • 457 Plan • Wisconsin Retirement System (WRS) 	<ul style="list-style-type: none"> • Omni TSA Consulting Group • WI Deferred Compensation Program (WDC) • ETF - Employer Trust Funds 	<p>(888) 796-3786</p> <p>(877) 457-9327</p> <p>(877) 533-5020 etf.wi.gov</p>
RETIREMENT/OPEB HRA	<ul style="list-style-type: none"> • OPEB-HRA dollars & vesting • Assist eligible/vested retirees 	Mid-America	<p>(309) 454-3667 www.midamerica.biz</p>
HEALTHCARE	<ul style="list-style-type: none"> • Claim reconciliation assistance • In-network provider information • Premium designated provider information • Inpatient utilization management 	UMR	<p>1-800-826-9781 www.umar.com</p>
	<ul style="list-style-type: none"> • Near-site health and wellness center for employees on the Elmbrook health plan and their eligible dependents ages 2 & up. • Primary and acute care 	Elmbrook Schools Family Wellness Center managed by Everside 17000 W North Ave Suite 100E	1-262-214-1101
	<ul style="list-style-type: none"> • Prescription benefit manager • Prescription adjudication at Elmbrook clinic • Mail order available 	National Cooperative Rx CVS/Caremark	<p>1-800-552-8159 www.caremark.com</p>
	<ul style="list-style-type: none"> • Online, phone and mobile app health services • 24/7/365 access to board-certified doctors 	Teladoc	<p>1-800-Teladoc (835-2362) www.teladoc.com</p>
	<ul style="list-style-type: none"> • HSA bank accounts administration • Flex Spending Accounts-limited purpose & dependent care 	Optum Bank	<p>1-844-973-3925 www.optumfinancial.com</p>
	<ul style="list-style-type: none"> • Health Retirement Account administration • For members with an HRA balance 	Diversified Benefit Services	<p>262-367-3300 800-234-1229 Fax 262-367-5938 www.dbsbenefits.com</p>

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Human Resources GPS - Guide to Personnel Services 2022-23



	<ul style="list-style-type: none"> Confidential, no-cost resource for answers to your benefits questions and to help you save money and maximize your benefits 	Direct Path/Optavise	(866) 253-2273 advocate@directpathhealth.com
DENTAL	<ul style="list-style-type: none"> Dental plan provider 	Delta Dental of Wisconsin	1-800-236-3712 www.deltadentalwi.com
VISION	<ul style="list-style-type: none"> Vision provider 	EyeMed	1-866-939-3633 www.eyemed.com
OTHER PARTNERS	<ul style="list-style-type: none"> Long term disability insurance carrier Short term disability insurance carrier 	Madison National Insurance Services	www.nisbenefits.com
	<ul style="list-style-type: none"> Workers compensation incident reporting 	SFM	1-855-675-3501 SFM Work Injury Hotline
EMPLOYEE ASSISTANCE	<ul style="list-style-type: none"> Professional counseling & referral service (24/7 confidential support) 	Life Matters/Empathia: Employee Assistance Program (EAP)	1-800-634-6433 mylifematters.com

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RESOURCE PAGE:

Health Summary Plan Description 2020: <https://www.elmbrookschoools.org/fs/resource-manager/view/fc712f78-523a-4327-8a76-41569352c72d>

Delta Summary Plan Description:

https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/delta_summary_plan_description.4-2006.pdf.pdf

EyeMed Summary Plan Description:

https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Total_Employee_Rewards/Eye_Med_Final_Benefit_Summary_School_District_of_Elmbrook_2020-01-01.pdf

HSA Summary of Benefits and Coverage: <https://www.elmbrookschoools.org/fs/resource-manager/view/65813b0f-3dab-4f33-b48a-b339aa08481e>

COBRA Notice: <https://www.elmbrookschoools.org/fs/resource-manager/view/48e7f855-858c-47d8-a3c6-11c5662379fa>

Creditable Coverage Notice: <https://www.elmbrookschoools.org/fs/resource-manager/view/0fcd3a57-00ed-4bdb-9def-4133bd2c013e>

HIPAA Notice of Privacy Practices:

https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Total_Employee_Rewards/HIPAA_Notice.pdf

Women's Health and Cancer Rights Act (WHCRA) Notice:

[https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/Womens_Health_and_Cancer_Rights_Act_\(WHCRA\)_Notice.pdf](https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/Womens_Health_and_Cancer_Rights_Act_(WHCRA)_Notice.pdf)

Newborns Act Disclosure:

https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/Newborns_Act_Disclosure-11.12.2016.pdf

Michelle's Law Notice:

https://www.elmbrookschoools.org/uploaded/Documents/District_Documents/Benefits/Required_Notices/michelle's_law.pdf

CHIPRA Wisconsin Badger Care CHIP Notice: <https://www.elmbrookschoools.org/fs/resource-manager/view/38083978-0e4a-4ae3-845a-bf938e74b119>

FOCUS ON BENEFITS 2023

Elmbrook School District

RESOURCE PAGE (Continued):

- **Notice Regarding Wellness Program:**
<https://www.elmbrookschoools.org/uploaded/Documents/District Documents/Benefits/Required Notices/NOTICE REGARDING WELLNESS PROGRAM.pdf>
- **New Health Insurance Marketplace Coverage Options Notice:**
[https://www.elmbrookschoools.org/uploaded/Documents/District Documents/Benefits/Required Notices/New Health Insurance Marketplace Coverage Options Notice \(Expires 05 31 2020\).pdf](https://www.elmbrookschoools.org/uploaded/Documents/District Documents/Benefits/Required Notices/New Health Insurance Marketplace Coverage Options Notice (Expires 05 31 2020).pdf)
- **Employee Handbook:** <https://www.elmbrookschoools.org/fs/resource-manager/view/34b31f68-dfdb-43f6-8b61-43a26a3caeda>
- **OPEB Document:**
https://www.elmbrookschoools.org/uploaded/SSMigration/data/files/gallery/ContentGallery/OPEB_22415.pdf
- **District Retirement Benefit Summary:** <https://www.elmbrookschoools.org/fs/resource-manager/view/898c8d45-9fbe-4fb6-af6c-47c553b47c1a>
- **Voluntary Life Rate Table:**
[https://www.elmbrookschoools.org/uploaded/Documents/District Documents/Benefits/life insurance/SUPP LIFE-AD D AND DEP LIFE RATE TABLE \(1\).pdf](https://www.elmbrookschoools.org/uploaded/Documents/District Documents/Benefits/life insurance/SUPP LIFE-AD D AND DEP LIFE RATE TABLE (1).pdf)
- **Payroll Premium Co-Pay Deduction Schedule:**
https://docs.google.com/spreadsheets/d/1VkSM2hJXCmfONZ6EWTBTjhfXoUh9KTUH_KMAWV7Dm1M/edit?usp=sharing

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

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

Information provided by USI Insurance Services.