



## School District of Elmbrook Provider Partners Incentive Program

### Benefit Incentive Program Guidelines and Disclaimer

Elmbrook Schools is offering an incentive program for health insurance plan members who may need any of the following procedures: Musculoskeletal MRI, MRI, Colonoscopy, Mammograms and Sleep Studies. In this program taxable income incentives will be added to the health plan holder’s pay, or, if currently on leave or retired, reimbursed through separate check payment, for themselves and family members selecting specific partner providers. The incentive will qualify as taxable income, subject to withholding and will be included on a W-2 when paid through payroll or on a 1099 form for members receiving check payments. Employees seeking incentive reimbursement are required by IRS law to process this taxable payment when completing both state and federal income taxes in the year they received the taxable incentive.

#### Reimbursement for partner providers is as follows:

Procedure	Provider	Incentive Amount
Musculoskeletal MRI	Aspen Orthopaedic Specialists	\$100
All other MRI	MDI (Medical Diagnostic Imaging) or Premier Radiology	\$100
Colonoscopy	GI Associates	\$250
Mammogram	Rayus Radiology or Premier Radiology	\$100
Sleep Study	Endeavor Therapy and Sleep Center	\$100

Incentive reimbursement requests will be available through **Skyward Employee Access**. You will be required to complete the **Health Insurance Incentive Request** form. (A paper request form will be available through request from the HR Benefits Department for retirees who do not have Skyward computer access.) A reimbursement review process by the HR Benefits Department will include confirmation of qualified services through the Skyward task, the approved provider and the attached Explanation of Benefits (EOB). Payment will occur upon completion of the approval process.

I understand that participation in this program is at my discretion by submitting a request for reimbursement, and allows for Elmbrook Human Resources Benefit staff to review my or my family member’s medical Explanation of Benefits (EOB) for the procedure and for the confirmation of the provider. I further understand that it is my choice to select an incentivized preferred partner as I do have rights to seek care through non-partner providers, both in-and out-of-network, based on the plan coverages listed in my Summary Health Plan Description document which could cause me higher out-of-pocket costs and are not qualified for the incentive reimbursement.

I understand that reimbursement received is subject to federal and state income and FICA taxation and that the School District of Elmbrook will provide me with a W-2 or 1099 form, as applicable, listing this income for tax filing purposes. I understand that this incentive program is in place as listed until further communication is posted indicating program revisions or elimination. By submitting a Benefit Incentive Request, I confirm that I have read and understand the above program guidelines and disclaimer. If you have any questions please contact Jennifer Johnson, Benefits/Wellness Specialist at [johnsoje@elmbrookschoools.org](mailto:johnsoje@elmbrookschoools.org) or 262-781-3030 x 11186.