



ELMBROOK

wellness + benefits

2025 Benefit Guide

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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.

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Elmbrook Schools

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 Schools for 2025. We encourage you to take the time to read through and explore your benefits. At Elmbrook Schools, 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 & PREMIUMS

Effective January 1, 2025, 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 under coinsurance (coins).

Features	Tier 1 NexusACO Network	Tier 2 UHC Choice Plus Network	Tier 3 Out-of-Network
Deductible <i>per calendar year</i>	\$ 2,000/\$4,000	\$ 2,500/\$5,000	\$5,000/\$10,000
Out-of-Pocket Max <i>per calendar year</i>	\$3,000/\$6,000	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance <i>% paid after deductible is met up to OOP Max</i>	100%	80%	60%
Office Visits-Primary Care <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i>	Ded, 100% Coins	Ded, 80% Coins	Ded, 60% Coins
Routine/ Preventive Services <i>Physical Exam, Well child, Immunizations, Certain Prenatal Services, Screenings</i>	100%	100%	Ded, 60% Coins
Emergency Room	Ded, then 100% coins	Ded, then 100% coins	Ded, then 100% coins
Inpatient Hospital	Ded, then 100% coins	Ded, then 80% Coins	Ded, then 60% Coins
Outpatient Hospital	Ded, then 100% coins	Ded, then 80% Coins	Ded, then 60% 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, 80% coins	Ded, 60% Coins
Mail Order Prescription Drugs <i>Maintenance meds-mandatory mail CVS-Caremark Mail Order/ Retail Pharmacy 90 days</i>	Ded, 90% Coins	Ded, 80% Coins	Ded, 60% Coins

The district will continue to pay a portion of your premiums. Premiums are shown per month effective January 1, 2025:

Monthly Premium	Employee Premiums		Employer Premiums	
	Single	Family	Single	Family
Active Employees (30hrs or more/week)	\$60.66	\$146.30	\$803.07	\$1,953.16

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



A UnitedHealthcare Company

Our plan uses the **UMR's UnitedHealthcare NexusACO 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 MyElmbrook benefits webpage.

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 the USI Benefits Resource Center at BRCMidwest@usi.com or call 1-855-874-0829 (Monday - Friday, 8am - 6pm CST).

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How It Works ...NexusACO Tiered Benefits

Benefit/Service Category	Always a Tiered Benefits	Never Tiered
PCP Office Visit	✓	
Specialist Office Visit	✓	
Physician Fees for Surgical and Medical Services	✓	
Outpatient Surgery / Outpatient Scopic	✓	
Inpatient Hospital	✓	
Radiology, Anesthesiology, Pathology, & Laboratory (RAPL) follow the tiering structure of their associated facility	✓	
Urgent Care, Emergency Room, Ambulance Services		✓
Virtual Visit		✓
Lab / X-Ray / MRI / DME		✓
Mental Health/Substance Abuse Services		✓
Rehabilitative Services (Physical Therapy, Occupational Therapy, Cardiac Therapy, Post Cochlear Therapy, Pulmonary & Cognitive Therapy, Speech Therapy)		✓
Chiropractic Manipulation		✓
Skilled Nursing Facility, Therapeutic Treatment, Home Health, Hospice, Prosthetics, Ostomy Supplies, Hearing Aids, TMJ, Diabetes Services, Pharmaceutical Products Outpatient		✓

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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.



Elmbrook Family Wellness Center Hours

Monday: 7AM - 4:30PM
Tues & Wed: 9:30AM - 7PM
Thursday: 7AM - 4:30PM
Friday: 6AM - 12PM
Direct Line 262.214.1101
Scheduling 866.959.9355

FAMILY WELLNESS CENTER
comprehensive management of
chronic conditions & general care

\$

AVAILABLE
EXTENDED SCHEDULE HOURS
\$20 VISIT FEE

TelaDoc OR WALK-IN CARE CLINIC
colds, flu, quick service

\$\$

AVAILABLE
**EXTENDED SCHEDULE HOURS
& WEEKENDS**
\$54+ depending on care

PRIMARY CARE PROVIDER | Nexus ACO Network
comprehensive management of chronic conditions
& general care
Find at UMR.com

\$\$\$

AVAILABLE
**EXTENDED SCHEDULE HOURS
& WEEKENDS IN SOME CASES**

PRIMARY CARE PROVIDER | In Network*
comprehensive management of chronic conditions
& general care

*This will increase your deductible, out of pocket max and coinsurance amounts

\$\$\$\$

AVAILABLE
**EXTENDED SCHEDULE HOURS
& WEEKENDS IN SOME CASES**

URGENT CARE CLINIC
sprains, strains, sutures

\$\$\$\$\$

AVAILABLE
**EXTENDED SCHEDULE HOURS
& WEEKENDS**

EMERGENCY ROOM
complex - chest pain, trauma

\$\$\$\$\$\$

AVAILABLE
**EXTENDED SCHEDULE HOURS
& WEEKENDS**

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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 BEHAVIORAL HEALTH CARE

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EMPATHIA LIFE MATTERS (EAP) PROGRAM

FREE FOR ALL EMPLOYEES & FAMILY MEMBERS

Paid for by Elmbrook Schools

24 / 7 / 365 days a week

1-800-634-6433 Password: ELM1

FAMILY WELLNESS CENTER Mental Health Licensed Professional Counselor

\$

AVAILABLE EXTENDED SCHEDULE HOURS \$20 VISIT FEE

Elmbrook Family Wellness Center Hours

Monday: 7AM - 4:30PM

Tues & Wed: 9:30AM - 7PM

Thursday: 7AM - 4:30PM

Friday: 6AM - 12PM

Direct Line 262.214.1101

Scheduling 866.959.9355

Teladoc Mental Health Care Licensed Therapist and Psychiatrist

\$\$

AVAILABLE EXTENDED SCHEDULE HOURS & WEEKENDS

7 days a week (7AM - 9PM)

\$95-\$235 per visit

Behavioral Health Provider Comprehensive Management of Mental Health Care

\$\$\$

UMR

www.umar.com

1-800-826-9781

\$200+ per visit

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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 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 (birth+) 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]:
866-202-5808.

Scheduling: (866) 959-9355

www.elmbrookschoools.org/wellnesscenter

ADDRESS:

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

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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 the following procedures: Musculoskeletal MRI and MRI. 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.

If you need the following procedures you should use a Tier 1 provider: Colonoscopy, Mammogram and Sleep Study.

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	Tier 1 provider	N/A
Mammogram	Tier 1 provider	N/A
Sleep Study	Tier 1 provider	N/A



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@elmbrookschools.org or 262-781-3030 x 11186.

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Elmbrook Schools is committed to your health and wellness. The Dario program allows for monitoring health conditions and receiving coaching support. Work with the clinic or your primary care provider to determine if you are eligible.



Better health at your fingertips!

Whether you want to lose weight, lower your blood pressure, manage diabetes, improve your posture, or tackle joint pain...




Dario is here for you.

- Easy-to-use mobile apps for tracking, tips and more
- Connected devices like a scale or blood pressure monitor to check your progress
- Personal health coaching by chat or phone
- Healthy living tips, interesting articles, recipes, and more

GET STARTED TODAY AT NO COST!

Visit: mydar.io/b/elmbrookschools



Call: 1.833.739.1796
(9am- 9pm ET)
Scan: the QR code

The Dario programs are available to Elmbrook Schools employees enrolled in the UMR health plan, as well as their spouses and adult dependents (18 years and older) who are also enrolled in the UMR health plan.

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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 \$4,300/single or \$8,550/family for 2025 (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
October – 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.umi.com to search for Premium Designated providers and clinics that offer the medical services you need at the best cost.

The USI Benefit Resource Center is also available to help you find high value provider options. Call 1-855-874-0829 or email BRCMidwest@usi.com (Monday - Friday, 8am - 6pm 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 \$3,300. 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 (birth+) 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: We contribute to your premiums. Rates shown are monthly and are effective January 1, 2025:

Monthly Premium	Employee Premiums		Employer Premiums	
	Single	Family	Single	Family
Active Employees (30hrs or more/week)	\$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

A Look at your VSP Vision Coverage



With VSP and School District of Elmbrook, your health comes first.

As a member, you'll get access to savings and personalized vision care from a VSP® network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

vsp PREMIER edge With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

eyeconic Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2024

BENEFIT	DESCRIPTION	COPAY
YOUR COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Every 12 months 	\$10
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. Available as needed 	\$0 per screening \$20 per exam
PRESCRIPTION GLASSES		\$25
FRAME*	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance \$130 Walmart®/Sam's Club® frame allowance \$70 Costco® frame allowance Every 24 months 	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every 12 months 	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements Every 12 months 	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60

Vision Plan Premiums: Voluntary plans offer monthly premiums, deducted – from pay on a semi-monthly basis, effective January 1, 2025.

Monthly Premium	Employee Premiums			
	Single	EE + Sp	EE + Ch	Family
Active Employees (30 hrs or more/week)	\$4.40	\$8.80	\$9.42	\$15.04

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

2025 Benefit Guide

Elmbrook Schools

FLEXIBLE SPENDING ACCOUNTS

The Flexible Spending Account (FSA) plan with Optum allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a limited purpose health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

**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.**

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Elmbrook Schools

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://customercare.rsli.com/>

Customer Care Center

800-351-7500

(7 a.m. - 6 p.m CST weekdays)

2025 Benefit Guide

Elmbrook Schools

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.

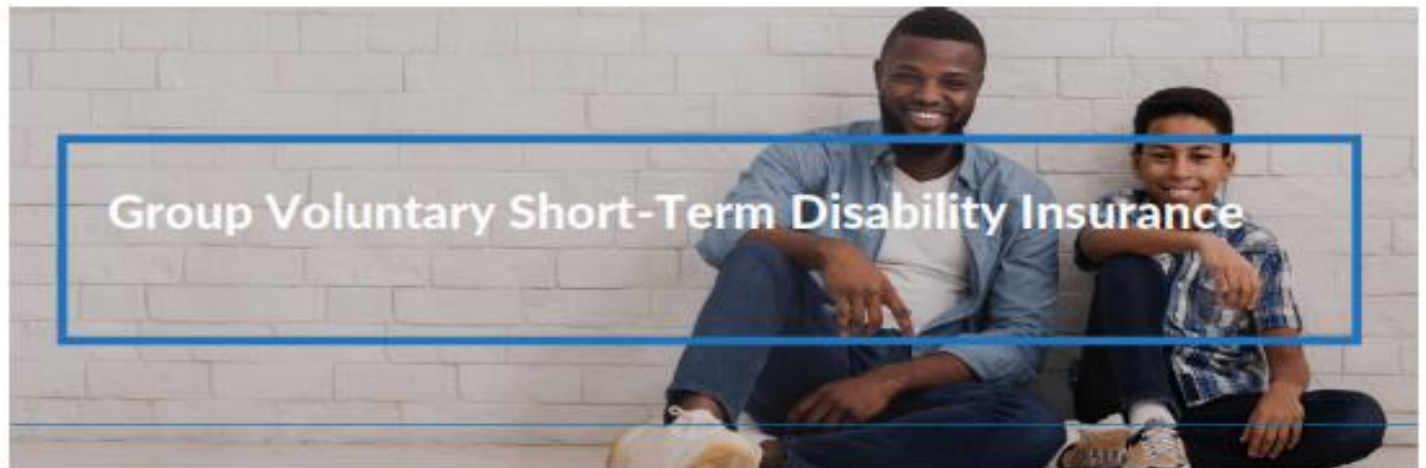
Madison National Disability

Customer Service
National Insurance Services

p: 262.780.1207
f: 262.814.1207

2025 Benefit Guide

Elmbrook Schools



Prepared for: Elmbrook School District

Group Short-Term Disability (STD) Insurance allows you to receive a portion of your lost earnings should you become Disabled.

What is the difference between STD & LTD?

STD is paid during the first 60 days of an Injury or Physical Disease (Physical Disease requires a 3 day Elimination Period prior to benefits beginning). LTD is the benefit paid for disabilities that last longer than 60 calendar days. The district provides the LTD coverage to all eligible employees at no cost to the employee. Payable benefits for the STD are based on the amount elected by the participant (this amount cannot exceed 66 2/3% of the employee's pre-disability weekly earnings). Payable benefits for LTD equal 70% of base contract pay.

What is the Maximum Benefit Period?

Commencing at the end of the Elimination Period and continuing for the lesser of 60 consecutive calendar days, or until LTD Benefits commence. No STD Benefits will be paid for periods of time for which LTD Benefits are payable.

How much insurance is available?

Option of \$147; \$175; \$224; \$273; \$301; \$357; \$420; \$462; \$504; \$580; \$667; \$767; \$882; \$1,014; \$1,166; \$1,341; \$1,500; not to exceed 66-2/3% of Weekly Predisability Earnings. For new enrollees, coverage can be elected up to \$301 without medical questions. For benefit elections above \$301, medical underwriting will be needed and coverage approved before the increased amount will be added.



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Elmbrook Schools

What is the Definition of Disability?

During the Elimination Period and your Own Occupation Period, Disability and Disabled mean you are, as a result of Physical Disease, Injury, Mental Disorder, Substance Abuse or Pregnancy, unable to perform a majority of the Material Duties of your Own Occupation. Your Own Occupation Period and Any Occupation Period are specified in the Schedule of Benefits.

Loss of License or Certification. For an Insured Person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a Disability.

If, with Reasonable Accommodations, you could perform a majority of your Material Duties, you will not be considered Disabled. An Employer's failure or unwillingness to provide Reasonable Accommodations does not constitute the inability to perform a Material Duty. Reasonable Accommodations means modifications or adjustments in the work environment or the way things are usually done that would enable you to perform your Material Duties.

Preventive Measures. Your inability to perform any of your Material Duties because of preventive treatments or other preventive measures does not, by itself, constitute a Disability.

Are there any medical questions or tests needed to qualify?

If the employee enrolls late (after 31 days from your hire date), they will need to complete the medical questionnaire. Please note that insurance may be denied based upon your answers to the medical questions.

What is an Elimination Period?

Elimination Period means the period of time that you must be continuously Disabled before LTD Benefits become payable. No LTD Benefits are payable during the Elimination Period. Your Elimination Period is 3 consecutive calendar days for physical disease or 0 days for injury.

Can Employees Receive Short-Term Disability Benefits During the Summer Months?

Yes, benefits are payable throughout the year.

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Elmbrook Schools

Who do I contact with questions?

Questions may be directed to Alexis Schlimbach, Account Representative or Connor Smallish, Client Relations by calling the number for National Insurance Services below or via email at aschl@nisbenefits.com or csmal@nisbenefits.com.

Administered by:

Underwritten by Madison National Life Insurance Company, Inc.



Corporate Headquarters:
250 South Executive Drive, Suite 300
Brookfield, WI 53005
Offices Nationwide
800.627.3660



PO Box 5008, Madison, WI 53705

This brochure is not the insurance contract. It is a brief description of your insurance underwritten by Madison National Life Insurance Company, Inc. For complete details including all benefits, exclusions, and limitations, refer to the certificate of insurance GSDI-C200-(12/06) as provided to you by your employer.

Founded in 1961, Madison National Life is headquartered in Madison, the rapidly growing capital city of Wisconsin. Madison National Life is licensed in 49 states and specializes in group life, disability and specialty health insurance. The company is a wholly owned subsidiary of Horace Mann Educators Corporation (NYSE:HMN), the largest financial services company focused on providing America's educators and school employees with insurance and retirement solutions.



©AP/National Insurance Services

3 STD – Elmbrook School District 000179 – FAQ – 3-2023

2025 Benefit Guide

Elmbrook Schools



Absence Information / Time Off

Please see the Employee Handbook for detailed information about our Attendance Policy, Leave of Absence Policies, and Paid Time Off. The following information is intended as a brief overview of eligible time off.

All full-time and part-time teachers are eligible for paid sick and discretionary time, prorated to their FTE and start date. We will honor 25 % of the leave bank from a new teacher's previous District. Exempt Staff take time off in half day and full day increments.

Other eligible staff who work more than 20 hours per week are eligible for paid sick and discretionary time, prorated to their FTE and start date. Hourly staff take time off in a minimum of a two hour increment, and as needed after two hours.

Annual allocations are preloaded into time off banks for immediate use and staff work throughout the year to earn that time off. If an employee leaves mid-year they may owe the District back for used but unearned time off paid to them.

Employee Group	0-4 Years	5 or more years	Unused time off
10 Month Staff	7 sick days 2 discretionary days	6 sick days 3 discretionary days	All unused sick and discretionary time roll into the sick carry over bank up to 60 days or 480 hours.
12 Month Staff	10 sick days 2 discretionary days 2 weeks of vacation	See the vacation schedule listed in the Employee Handbook.	All unused sick and discretionary time roll into the sick carry over bank up to 60 days or 480 hours.
PT Custodians & PT Food Service	12 sick hours 8 discretionary hours	same	All unused sick and discretionary time roll into the sick carry over bank up to 60 days or 480 hours.

Questions may be directed to: Lisa Jennaro at: jennarol@elmbrookschoools.org

2025 Benefit Guide

Elmbrook Schools

TIPS FOR ENTERING AN ABSENCE: Step One: Please log on to [Skyward](#). Select the "ADD" button, choose your Time Off Code, the date, the duration and the Absence Reason. Any additional information may be entered in the "Description" box. Step Two: If you need a substitute, select the "need sub" box and enter your sub request into [Absence Management](#).

NEED FOR ABSENCE:		TIME OFF CODE:		ABSENCE REASON:
SICK	→	SICK DAY	→	SICK: (Personal illness, medical appts for self, family.) More than 3 consecutive days requires medical certification.. FMLA: (with HR approval)
SICK out of sick time	→	UNPAID DAY	→	UNPAID: DOCK: FMLA: (with HR approval)
PERSONAL REASON (NOT SICK)	→	DISCRETIONARY DAY	→	DISCRETIONARY REASON
NOT WORKING BUT PAID	→	OTHER PAID DAY	→	BERVD: Bereavement COMP: Comp Day EWELL: Appt. at Wellness Ctr JURYD: Jury Duty MILIT: Military (with HR approval)
WORKING BUT ABSENT FROM CLASSROOM	→	OTHER PAID DAY	→	ATL-M: Athletics Mandatory BLDG: Building Approved CONF: Conference DistA: Dist PD/Mtg pd Grant \$ DISTM: Dist Mtg or PD EXCUR: Extracurricular Activity FIELD: Fieldtrips IEP: IEPs INTVW: Interviews
UNPAID: All sick and discretionary time must be used before unpaid time off	→	UNPAID DAY	→	UNPAID: DOCK: FMLA: (with HR approval)

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Elmbrook Schools

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).

Re-enrollment is required during open enrollment for all benefits which would be effective the next January 1.

DENTAL PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that.

VISION PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that.

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:

VSP

Call customer service at 800-877-7195 or call the phone number on the back of your ID card or visit www.vsp.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.



Benefit or Claim Questions?

The Benefit Resource Center ("BRC") is Always Here to Help!

It doesn't matter if you're a new hire or celebrating your 15th year with the same company, benefits and claims can be tricky to navigate. Our Benefits Specialists can help you: choose the right plan, translate confusing jargon and answer questions about which benefits your employer offers. Plus, they can work directly with insurance carriers to resolve issues related to claims and denials of service—and more!

Benefit Resource Center

BRCMidwest@usi.com | Toll Free: 855-874-0829

Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

2025 Benefit Guide

Elmbrook Schools

You've got Teladoc Health



Access to quality care when you need it most



General Medical (24/7 Care) |

Talk to a licensed healthcare provider for non-urgent conditions 24/7.
Flu • Sinus infections • Sore throats • And more



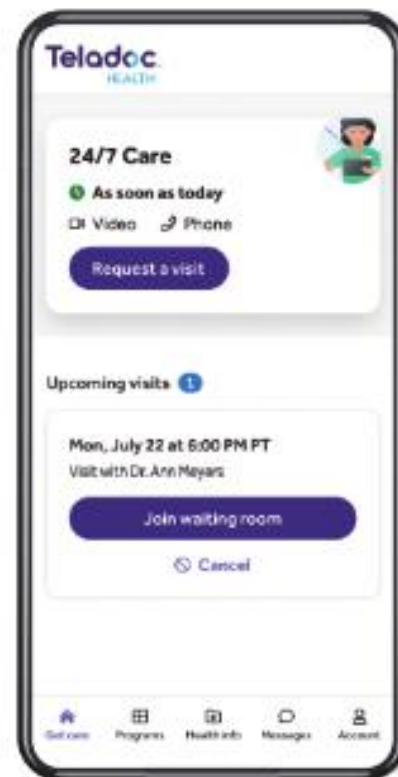
Mental Health

Talk to the therapist who's right for you by phone or video.





Dermatology |

Upload images of your skin issue online and get a custom treatment plan within 24 hours.



Register or log in today

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

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

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

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Elmbrook Schools

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

2025 Benefit Guide

Elmbrook Schools

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.



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.*

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Elmbrook Schools



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, A35

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

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 and/or school board members are eligible to participate in the 403(b) plan immediately upon employment. Please verify if your employer allows student workers to participate in the 403(b) plan. Eligible employees may make voluntary elective deferrals to the 403(b) plan. 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 2024 IS \$23,000.

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 \$7,500.

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>.



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Elmbrook Schools

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, 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. Prior to taking a loan, participants should consult a tax advisor.

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 unless they have attained age 59½ or separated from service. 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.

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 certify and may be asked to 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>



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Elmbrook Schools



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/>.



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.

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Elmbrook Schools

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 Advisory Services, provided by Empower Advisory 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!

Please refer to MyElmbrook Benefits page to find the current code.

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:
ZCeJ8SCv
- Select Division/Employer Name:

Code Expiration Date **October 1, 2023**

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 Empower Advisory 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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Elmbrook Schools

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.

EDVEST AT WORK



Paying for higher education is one of the most important financial goals for you and your families.

Edvest At Work is here to help.



Bright futures are built in Wisconsin.

Edvest At Work is a financial wellness benefit designed to help you as an employee, to save for your children's or grandchildren's higher education, minimize student loan debt and build a skilled Wisconsin workforce.

With **low fees**, **unique tax benefits** and **payroll direct deposits** to an Edvest 529 account, Edvest At Work offers you one of the most effortless ways to help achieve your higher education savings goals.



**EASY TO SET
UP**



EASY TO USE



**WI STATE
INCOME TAX
DEDUCTION**

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Elmbrook Schools

Ready to get started? It's simple.

Enroll online at **Edvest.com**.
Start saving with just \$25!

For assistance
call toll-free at
1-888-338-3789

Visit us online to schedule an appointment or attend a webinar with one of our college savings consultants.



¹ To learn more about Wisconsin's Edvest 529 College Savings Plan, its investment objectives, risks, charges and expenses please see the Plan Description at Edvest.com. Read it carefully. For the 2023 tax year, Wisconsin taxpayers can qualify for a state tax deduction up to \$3,860 for each contributor per beneficiary per year from contributions made into an Edvest 529 College Savings Plan. Investments in the Plan are neither insured nor guaranteed and there is the risk of investment loss. TIAA-CREF Individual & Institutional Services, LLC, Member FINRA, is the distributor and underwriter for the Edvest 529 College Savings Plan.

² ISS Market Intelligence 529 College Savings Fee Analysis 4Q 2022. Edvest's average annual asset-based fees are 0.16% for all portfolios compared to 0.51% for all 529 plans.

³ The treatment of investments in a 529 savings plan varies by school. Assets are typically treated as the account holder's and not the student's. (Student assets are generally assessed at 20% whereas parental assets are generally assessed at 5.6%.) Any investments, including those in 529 accounts, may affect the student's eligibility to get financial aid based on need. You should check with the schools you are considering regarding this issue.

^{***} 1. A savings account is an interest-bearing deposit account held at a bank or other financial institution. Though these accounts typically pay a modest interest rate, their safety and reliability make them an option for parking cash available for short-term needs. Any interest earned in a bank savings account is fully taxable. Funds may be used for any purpose.
2. Taxable Investments is an investment account offered by a brokerage. With a taxable account, you can invest in assets like stocks, bonds and mutual funds. As funds grow in value based on the market's performance, taxes may be owed each year on the investment income. Funds may be used for any purpose. Investment risk depends upon the underlying investment vehicle. Investments are neither insured nor guaranteed and there is the risk of investment loss.
3. Edvest 529 is an investment account that offers tax benefits when used to pay for qualified education expenses for a designated beneficiary. As funds grow in value, based on the performance of the selected investment portfolio, taxes are tax-deferred. Withdrawals for qualified higher education expenses are tax free. If the funds aren't used for qualified higher education expenses, a federal 10% penalty tax on earnings (as well as federal and state income taxes) may apply. Investment risk depends upon the underlying investment vehicle. Investments are neither insured nor guaranteed and there is the risk of investment loss.

In an annual review (11/2/2022) of the largest 529 college savings plans (54 plans representing 93% of 529 assets), Morningstar identified 34 plans that rose above their typical peers, awarding those plans Gold, Silver, and Bronze Morningstar Analyst Ratings for 2022. These plans offer investment options that Morningstar expects will collectively outperform and exhibit some combination of the following attractive features: a well-researched asset-allocation approach, a robust process for selecting underlying investments, a well-resourced and experienced investment management team, strong, stable and engaged oversight from the state and low fees. The four key pillars used by Morningstar to evaluate 529 college savings plans include – Process, People, Parent, and Price. For more information about Morningstar's overview of the Edvest 529 College Savings Plan, go to Morningstar.com. TIAA-CREF Tuition Financing, Inc. compensates Morningstar for the ability to quote these ratings in public communications. Past performance does not predict future results. Source: Morningstar.com. A Morningstar Analyst Rating for a 529 college savings plan is not a credit or risk rating. Analyst ratings are subjective in nature and should not be used as the sole basis for investment decisions.



TIAA-CREF Individual & Institutional Services, LLC,
Member FINRA, distributor and underwriter for
Wisconsin's Edvest 529 College Savings Plan. TIAA-CREF
Tuition Financing, Inc. (TFI), Plan Manager.



FBR-2664968PR-Y0324P

529
EDVEST
WISCONSIN'S COLLEGE
SAVINGS PLAN

**Wisconsin's
official
direct-sold
college
savings plan.**

The only direct-sold
529 Plan with a
Wisconsin
tax deduction.





Understanding your EOB, as easy as 1-2-3

An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about how your recent medical service was covered by your benefits plan. You'll receive a bill from your provider for any amount you may owe.

1 Cost summary

The first page of your EOB is a summary of how much your provider billed, how much was covered by your plan and the total you may owe to your provider.

Here's a summary for you.

Detailed claim and benefit information is located on the following page(s).

Amount billed:	\$500.00	This is the total amount that your provider billed for the services that were provided to you.
Your discount:	\$100.00	Your plan negotiates discounts with providers and facilities to help save you money.
Your plan paid:	\$260.00	This is the portion of the amount billed that was paid by your employer-sponsored benefits plan.
You saved:	\$360.00	72% of your service was covered by your plan discounts and/or your employer-sponsored benefits plan.
TOTAL YOU MAY OWE:	\$140.00	The portion of the amount billed that you may owe to the provider. This amount includes your deductible, co-pay, co-insurance and non-covered charges. Not allowed amounts and any amount you paid when you received care may not be reflected in this amount.

2 Benefits update

On the next page, you'll find a breakdown of how much you and/or your family have applied toward your annual deductibles and out-of-pocket amounts.

Deductible: The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount.


Out-of-pocket: The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you reach your "to go" amount, the plan will usually pay 100% of the allowed amount.

In-network

INDIVIDUAL CAL YR DEDUCTIBLE	<div><div></div></div> \$2,500.00 out of \$2,500.00	\$0.00 to go
INDIVIDUAL OUT-OF-POCKET	<div><div></div></div> \$2,873.14 out of \$5,000.00	\$2,126.86 to go
FAMILY CAL YR DEDUCTIBLE	<div><div></div></div> \$3,843.06 out of \$5,000.00	\$1,156.94 to go
FAMILY OUT-OF-POCKET	<div><div></div></div> \$873.14 out of \$8,000.00	\$7,126.86 to go

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Elmbrook Schools



PO BOX 30541 Salt Lake City, UT 84130-0541
(1-800-828-8781) • umr.com

Employee: Code Blank
Employee address: 1234 Sunshine Blvd
Suite 10250
West City, USA 12345-1112

Group number: 76-0000000
Member ID: 000000000
Employer name: ABC Companies, Inc.
Notice date: 03/26/2019

Patient: Elizabeth Blank
Claim number: 999999999
Provider name: XYZ Provider Inc.
Patient account: 1234567890

Service(s) you received	Reason code	Service date(s)	Amount billed by provider	Your discount	Not allowed	Amount due to provider	PLAN PAYS		YOU PAY				
							Plan paid %	Plan paid \$	Co pay	Applied to deductible	Co insurance	Not covered	Total you may owe*
Emergency Care	908	01/14 - 01/15/19	1500.00	1700.00	\$0.00	\$400.00	80	1200.00	\$25.00	\$30.00	\$45.00	\$0.00	\$140.00
Total:			1500.00	1700.00	\$0.00	\$400.00		1200.00	\$25.00	\$30.00	\$45.00	\$0.00	\$140.00

*This total may not reflect any payments/co-payments you made at the time of service. Please wait for a provider bill before making a payment.
(+) Indicates any payment you may owe. (-) Indicates any discount or plan payment that will reduce what you owe.

Reason code explanations:

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

3 Service and payment details

This section includes information about who received the medical service, the name of the provider and what types of care they received. It gives you a breakdown of how the claim was processed, including:

- How much your provider billed
- Your network discount
- The amount paid by your employer-sponsored plan
- The amount you may owe, including copays, deductibles and out-of-pocket amounts



Sign up for digital EOBs and you'll receive email reminders every time you have a new EOB. PLUS, we'll let you know if you need to take action on the EOB and give you more details about your claim.



We're here to help you feel good about your health care

You can count on us to help make your health experience easier. We'll give you tools and support to help you save time, save money and find care when you need it.

Preventive care is covered 100 percent in our network*

- Immunizations
- Preventive exams and health screenings

Help is a call, email or web chat away

- Have questions about your health care benefits?
- Need help resolving a claim?
- Have questions about a recent screening or test?
- Need to find a doctor or schedule an appointment?

Save on covered services when you use network providers

- Doctors' office visits
- Emergency services
- Hospital care
- Lab services
- Pregnancy care services
- Outpatient care services
- Rehabilitative services and devices
- Wellness services
- Mental health and substance use disorder services and more

If you're wondering, this is not the complete list of covered services.

Make sure to choose a primary care physician (PCP) from the network.

Choosing a Tier 1 PCP may offer you the greatest value for your health care benefits.

For all of the coverage details,
see your official health plan documents



Manage your health, and plan, online and on the go

Access your benefits and get help anytime, anywhere with **umr.com**

You can call or web chat with a registered nurse 24/7

Find care that can help save you time and money

Get a plan with a primary care physician (PCP) and save with Tier 1 providers.

Choose a PCP who helps manage your care

You need to select a PCP for each covered family member. Choosing Tier 1 doctors, hospitals and other health care providers may offer you the greatest value for your health care benefits. To find a Tier 1 PCP, go to umr.com.

If you need to see a specialist, you do not need a referral

With an open access plan, you do not need a referral. To save money, work with your Tier 1 PCP to choose a specialist.

You can choose care that is out of network

However, the care will likely cost you more than using a network or Tier 1 provider.

Choosing your care provider

Your plan requires you to choose a primary care physician. Why? Your PCP works with you as a single point of contact to help guide your care, saving you time and money for each covered family member.

Care generally begins with a PCP. A PCP maintains a relationship with the covered person and provides general health care guidance, evaluation and management. The following types of physicians are considered PCPs. If a PCP is selected from a specialty not listed, the proper specialist charge according to the plan benefits will apply.

- Family Practice • General Practice • Internal Medicine
- OB/GYN • Pediatrician (for children)

These doctors provide preventive care, treat chronic conditions, manage your medications and connect you with a specialist, if needed.

Having one main doctor with in-depth knowledge of your health also helps you avoid duplicating tests or services.

The primary care provider must be in the network in the state where you live. You need to select a PCP for each family member covered. If after 60 days a PCP has not been selected, one will be auto-assigned and a new card will be issued. To make changes to the auto-assigned PCP, go to umr.com.

**TIER
1**

Look for Tier 1 care first

Where you go for care can make a difference. Tier 1 providers are doctors, hospitals and other health care facilities that may offer you the greatest value for your health care benefits.

\$ **TIER 1** Tier 1
(lowest-cost option)

\$\$ **Network**

\$\$\$ **Out-of-network**
(highest-cost option)

Look for the Tier 1 symbol when doing a network search at welcome to umr.com.

Based solely on cost-sharing.

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Elmbrook Schools

Learn more
at **umr.com**

Call toll-free using
the member number
on the back of your
UMR ID card.

Find care that can help
save you time and money.

**Get a plan with a primary care physician
(PCP) and save with Tier 1 providers.**

**Choose a PCP who helps
manage your care.**

You need to select a PCP for each covered family member. Choosing Tier 1 doctors, hospitals and other health care providers may offer you the greatest value for your health care benefits. **To find a Tier 1 PCP, go to umr.com.**

**If you need to see
a specialist, you do not
need a referral.**

With an open access plan, you do not need a referral. To save money, work with your Tier 1 PCP to choose a network specialist.

**You can choose care that
is out-of-network.**

However, the care will likely cost you more than using a network or Tier 1 provider. **Preventive care is covered 100% in our network.**

Important

Some plans have no coverage if you go out of network. If you are in one of these plans, you can receive care and services from anyone in our network. If you don't use the network, you will have to pay for all of the cost. The only exception is urgent or emergency care. Check your summary plan document for more details.

Look for TIER 1 care first

Where you go to for care can make a difference.

Tier 1 providers are doctors, hospitals and other health care facilities that may offer you the greatest value for your health care benefits.

Look for the Tier 1
symbol when doing
a network search
at **umr.com**



**TIER
1**

\$

Tier 1

(lowest-cost option)

\$\$

Network

\$\$\$

Out-of-network

(no coverage)

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Elmbrook Schools

Quality care close to home

Wherever an employee lives or works in the Milwaukee area, there's likely easy access to quality care from a NexusACO network provider.

NexusACO provider partners include:

- Advocate Aurora Health
- Children's Wisconsin
- Froedtert and Medical College of Wisconsin

Counties highlighted where NexusACO are found:

Fond du Lac, Winnebago, Sheboygan, Washington, Ozaukee, Waukesha, Milwaukee, Walworth, Racine and Kenosha



Learn more. Contact your UMR representative for more information on NexusACO health plan options.

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UMR
A UnitedHealthcare Company

Get all your answers quick and easy

When you register for UMR's online services at **umr.com** or on the **UMR app**, you'll be able to find the information you need when you need it – anytime, anywhere! Log in anytime to:

- 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

And with the **UMR app**, you can have anytime access to your digital ID card on the go.

Download the UMR app!



Scan the code or visit your app store to download our app today.



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

Stay connected to the services and resources provided through your benefit plan by registering at **umr.com**. All your information is password-protected, and you can send us questions using the site's **Contact Us** email feature.

Download the UMR app

The **UMR app** is another way to get answers to your benefits questions quickly and easily. You can chat or message UMR's member support team 24/7.

Call us toll-free

Our UMR team is ready to help you. Simply call the phone number for member services listed on your benefits ID card.

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Elmbrook Schools

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. Notice of Special Enrollment Rights
3. Patient Protection Disclosure
4. HIPAA Notice of Privacy Practices
5. Medicare Part D Coverage Notice
6. Notice of Exchange
7. Children's Health Insurance Program (CHIP)

This document provides information about some of the key employee benefit notice requirements. This document should not be construed as providing legal advice and does not replace the need to discuss benefit notices and other matters with their benefit and compliance specialists.

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Elmbrook Schools

NOTICE REGARDING WELLNESS PROGRAM



Dear Insurance Member:

Thank you for trusting us to help you make yourself healthier and happier with your healthcare choices. We are continuing the wellness incentive program focused on preventative screening and a complete physical exam (CPE) for this wellness year (11/1/2024-10/31/2025).

What is the difference between a CPE and the HRA?

- A CPE is more comprehensive than the health risk assessment (HRA)
- Discuss your preventative health care, acute health concerns, and your overall health at one visit
- Updates on your recommended healthcare needs specific to you individually
- The HRA was a brief snapshot of the current state of your health in that moment aiding to identify potential health concerns, versus a comprehensive physical exam.

What this means for you?

By completing your CPE at the wellness center, means one comprehensive visit to complete all your health care needs in one visit. A CPE at the wellness center completes the qualifications for the wellness incentive towards insurance premiums, saves you time, and only is one visit. If you elect to not complete your CPE at the wellness center, there is an option to complete this with a community provider. The CPE documentation forms will be required to be completed with appropriate dates, and then a **CPE health review appointment** at the wellness center will be needed.

Labs are a no cost option to you at the wellness center. We encourage you to have the conversation with your provider that labs can be performed at the wellness center at no cost to you. These can be performed before or during your CPE health review. Results will be faxed to your provider. To complete your labs at the clinic, please call (262) 214-1101 and discuss with staff that you would like to have outside lab orders completed, and orders can be faxed to (855) 475-8219. They will assist with obtaining and documenting your lab orders and special instructions. When your labs are completed at the wellness center, it gives you the opportunity to bring up any other health concerns or questions you may have. These questions can be addressed at no cost at the wellness center. During your annual exam with your outside provider, you may incur a charge for any non-preventative health care concerns or evaluations.

When does this start?

The date range for the wellness year begins 11/1/2024, and the required visits to meet the incentive program must be completed by 10/31/2025. Employees who choose to participate in the wellness program will receive an incentive of monthly premium savings (Monthly \$60-Single, \$60-Spouse, \$120-Family) effective January 1, 2026.

Questions? Please contact Jennifer Johnson, Wellness and Benefits Specialist, in Human Resources at 262.781.3030 x11186 or you may call the Elmbrook Schools Family Wellness Center at (262) 214-1101.

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NOTICE REGARDING WELLNESS PROGRAM



Community Provider Form

What? If you choose to have your complete physical exam (CPE)* with a community provider, your provider will need to attest that you have performed your annual complete physical exam (CPE) within the wellness year (11/1/2024-10/31/2025). These forms will need to be returned to the Elmbrook Schools Family Wellness Center during your CPE health review appointment. If your appointment is performed virtually, forms must be submitted prior to your appointment. This form collected by the wellness center, will be documented in your medical record, and gives consent for health center staff to review your medical information during health review. It allows for continuity of care amongst healthcare systems. This form alone does not meet incentive requirements.

When? Your CPE and wellness center health review appointment must be completed between the dates of 11/1/2024 and 10/31/2025. This form must accompany your visit.

Where? If you elected to have your CPE done in the community, you will have your CPE at the office of your primary care provider. Your CPE health review appointment is performed at the Elmbrook Schools Family Wellness Center at 17000 W. North Ave. Suite 100E, Brookfield, WI 53005.

How? You will be required to schedule your CPE appointment through your chosen primary care entity. You will be required to call the wellness center to schedule your CPE health review appointment or schedule via the online portal or mobile application. The wellness center can be contacted at (262) 214-1101. CPE health review appointments may be in person or virtual.

Why? Our goal is to partner with you to achieve the healthcare goals you are striving for. We want to assist you with a healthy lifestyle, by sharing valuable resources, and being there for your healthcare questions. We believe that maintaining your annual health goals, screenings, and care recommendations will help you be healthier and happier.

Please complete the section below and the second page of this form, and return to the wellness center:

Participant Name: _____ Participant status: ☐ Employee ☐ Spouse

Participant Date of Birth : ____/____/____ Participant phone : (____) ____ - ____

I authorize my healthcare provider to release the requested information in compliance with my employer's voluntary wellness program:

Participant signature: _____ Date: _____

* Discussion of any other healthcare conditions or questions may incur a charge at an annual CPE with your community provider, outside of the wellness center, beyond the preventative visit. Additionally, a CPE performed at the wellness center fulfills the insurance allowance for the preventative annual visit benefit, and additional annual exams may incur a charge if performed outside of the wellness center.



NOTICE REGARDING WELLNESS PROGRAM



Preventative Screening Checklist

What? Depending on your age, there are routine, evidence-based, preventive screenings that aid in detecting certain health conditions early. Getting regular medical and dental care helps prevent the development of some chronic conditions or health problems and can detect potential high-risk conditions earlier.

When? Your primary care provider will discuss with you the age and timing of your advised preventative screenings.

Where? Preventative screenings can be performed at locations of your choosing, but in-network locations include the Froedtert and Aurora health systems.

How? Ask your primary care provider to order the following screenings, if not contraindicated, or you may request these at your CPE health review at the wellness center.

Why? Our goal is to partner with you to achieve your healthcare goals. We want to assist towards a healthy lifestyle, sharing valuable resources, and answering your questions. We believe that maintaining your annual health goals, screenings, and care recommendations will help you be healthier and happier.

Recommended Screenings*		
Date Completed	Screening	Description
	Annual Eye Exam	Annual exam for eye health
	Dental Exam	Every 6 months, unless recommended more frequently, with your primary dentist.
	Vaccines*	Review current vaccine schedule and recommendations for age with primary care provider.
	Full Body Skin Exam	Discuss with your primary care provider for recommendations and frequency.
	Lung Cancer Screening	Aged 50-80 years with a 20 pack-year smoking history and currently smoke or have quit within the past 5 years.
	Hepatitis C Virus (HCV) Screening	Aged 18-75 once in lifetime, or with risk changes
	HIV Screening	Aged 15-65 years once in a lifetime, or with risk changes
	Prostate Cancer Screening	Men 55-69 years, the decision for prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one. Before deciding to be screened, men should discuss potential benefits and harms of screening with primary care provider. Screening offers a small potential benefit of reducing the chance of death from prostate cancer in some men.
	HgbA1c	At least annually for patients with diabetes between ages of 18-75. Annually for asymptomatic patients ages 35-70 with BMI >24.9.
Diabetes Care Recommendations*		
Date Completed	Screening	Description
	Diabetic Eye Exam	Every 1-2 years depending on most recent exam results, recommended age 18-75 with diabetes diagnosis
	Diabetic Foot Exam	Every 1-2 years depending on most recent exam results, recommended age 18-75 with diabetes diagnosis
	Diabetes Kidney Health Screening	Annually screen for proteinuria and assessment of serum creatinine-based eGFR for ages 18-75 with diabetes diagnosis
*unless contraindicated: This list is not inclusive of all screenings. Please discuss with your primary care provider what may be right for you based upon the recommendations from the U.S. Preventive Services Task Force at uspreventiveservicestaskforce.org .		

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NOTICE REGARDING WELLNESS PROGRAM



Preventative Screening Checklist

Primary Care Provider to complete below:

Provider Name: _____

Facility Name & Address : _____

Facility phone: (____) ____ - _____

Required Preventative Screenings*

Date Completed & Next Due Date	Screening	Description
____/____/____	Complete Physical Exam (CPE)	Annual comprehensive physical exam with your primary care provider.
____/____/____ Due: ____/____/____	Colon Cancer Screening	Ages 45-75. Frequency of testing depends on test performed. Acceptable screening tests include colonoscopy, Cologuard, or FIT /gFOBT testing.
____/____/____ Due: ____/____/____	Breast Cancer Screening	Women aged 40-74 every 2 years via digital mammography and/or digital breast tomosynthesis (DBT).
____/____/____ Due: ____/____/____	Cervical Cancer Screening	Women aged 21-65. Cervical cytology every 3 years ages 21-29. For ages 30-65 screening every 3 years if cytology alone, every 5 years with high-risk HPV (hrHPV) testing alone, or every 5 years with hrHPV co-testing with cytology.

*unless contraindicated; This list is not inclusive of all screenings. Please discuss with your primary care provider what may be right for you based upon the recommendations from the U.S. Preventive Services Task Force at [uspreventiveservicestaskforce.org](https://www.uspreventiveservicestaskforce.org).

By signing below, I affirm that I have performed the annual complete physical exam within the time frame (11/1/2024-10/31/2025). I have discussed, verified up-to-date completion, and/or ordered the age-appropriate preventative screenings specific to the patient on this form.

Provider signature: _____ Date: _____

For questions, we are here to help. Elmbrook Schools Family Wellness Center can be reached at 262-214-1101. Our fax number is (855) 475-8219.



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Notice of Special Enrollment Rights

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 from the loss of coverage or the date you become eligible for premium assistance.

If you have any questions, please contact Jennifer Johnson in Human Resources.

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Elmbrook Schools

Patient Protection Disclosure

The School District of Elmbrook health plan requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, UMR designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UMR at www.umar.com or call 1-800-826-9781.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from UMR or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact UMR at www.umar.com or call 1-800-826-9781.

If you have any questions, please contact Jennifer Johnson in Human Resources.

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HIPAA NOTICE OF PRIVACY PRACTICES

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.** Contact information for questions or complaints is available at the end of the notice.*

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 your 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

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, usually within 60 days.

Request confidential communications

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- 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.

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 up to 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 complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- 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 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

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.

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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.

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.

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/hipaa/for-individuals/guidance-materials-for-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/hipaa/for-individuals/guidance-materials-for-consumers/index.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 (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- Effective Date of this Notice: 12/11/24

If you have any questions, please contact Jennifer Johnson in Human Resources.

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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 School District Benefit Plan for the plan year 2025 is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the Elmbrook School District Benefit Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
 - During the Medicare prescription drug annual enrollment period, or
 - If you lose Elmbrook School District Benefit Plan creditable coverage.
- You may stay in the Elmbrook School District Benefit Plan and also enroll in a Medicare prescription drug plan. The Elmbrook School District Benefit Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Elmbrook School District Benefit Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Elmbrook School District Benefit Plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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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...

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through 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.

For more information about Medicare prescription drug coverage:

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

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

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

Date:	1/1/2025
Name/Entity of Sender:	The School District of Elmbrook
Contact Position/Office:	Jennifer Johnson
Address:	355 N. Calhoun Rd. Brookfield, WI, 53005
Phone Number:	262.781.3030



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1510-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	The School District of Elmbrook
Contact:	Jennifer Johnson
Address:	3355 N. Calhoun Rd., Brookfield, WI 53005
Phone Number:	1-262-781-3030

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

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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.

3. Employer Name The School District of Elmbrook		4. Employer Identification Number (EIN) 39-1025750	
5. Employer address 3355 North Calhoun Road		6. Employer phone number 1-262-751-3030	
7. City Brookfield	8. State WI	9. ZIP code 53005	
10. Who can we contact about employee health coverage at this job? Jennifer Johnson			
11. Phone number (if different from above) 1-262-751-3030 x11156		12. Email address johnsonje@elmbrookschools.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

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.

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

☐ 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.

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

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

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

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

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

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

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

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Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mycobibi.com/>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162, Press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: <https://www.in.gov/medicaid/>

<http://www.in.gov/fssa/dfr/>

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

[Iowa Medicaid | Health & Human Services](#)

Medicaid Phone: 1-800-338-8366

Hawki Website:

[Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#)

Hawki Phone: 1-800-257-8563

HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE – Medicaid

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Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

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Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

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WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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

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 1/31/2026)

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ELMBROOK HEALTH PLAN PARTNERS



800.835.2362
teladoc.com

Virtual Medical Provider
24/7/365 Physician Care
Urgent & After Clinic Hours
\$54/Virtual Visit-Anywhere
Rx prescribed, if needed
Behavioral Health Providers Available



DIRECT LINE | 262.214.1101
elmbrookschoools.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



800-634-6433
mylifematters.com

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



Benefit Resource Center

855-874-0829
BRCMidwest@USI.com

Assist with plan design questions, deductible
questions, billing questions, claim resolution,
network questions and more!



VSP.com
800.877.7195

Co-pays & discounts for services and
materials



WELLNESS CHAMPIONS
elmbrookschoools.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)

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Human Resources Team - 2024-25





	FOCUS AREAS	NAME	CONTACT INFORMATION
SENIOR LEADER	<ul style="list-style-type: none"> • Oversight of Human Resources operations • Enrollment monitoring for staffing purposes • Insurance plan design strategy • Certified staff recruitment and job offers • Contract renewals and negotiations • Talent acquisition and retention strategy • Staffing plan development • Handbook, policies and procedures development • Compensation strategy management and implementation • Certified staff licensing • Oversight of DPI, state and federal reporting 	Pam Casey <i>Assistant Superintendent for Human Resources</i> 	extension: 11178 caseyp@elmbrookschools.org
HUMAN RESOURCES OPERATIONS	<ul style="list-style-type: none"> • FMLA, Leave of Absence, STDi & LTD admin • Workers' Compensation Coordinator • Vector training • Summer School staffing • Non Instructional Support staffing • Job postings - support staff and summer school staff • FastTrack assignments & assistance • Interview support • New hire onboarding & processing 	Julia Lees <i>HR Specialist</i> 	Extension: 11129 leesj@elmbrookschools.org
	<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 • New Hire Onboarding Facilities and Food Service employees • Employee Recognition • Workers' Compensation Coordinator • Employee calendars 	Lisa Jennaro <i>Senior HR Specialist</i> 	extension: 11121 jennarol@elmbrookschools.org

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	<ul style="list-style-type: none"> • Supports the Life Cycle process of hiring, onboarding and offboarding for the following employee groups: <ul style="list-style-type: none"> ➢ Teachers/Administrators ➢ Instructional Support Staff ➢ Health Room Staff ➢ Administrative Assistants ➢ District Office Staff • Manages HRIS (Skyward) and related systems to update employee information. (example: Name Changes) • Recruitment/Posting of District open positions • Manages FileBound/Foxit - Onboarding paperwork and current staff personnel files. • Volunteer Management (BIB/Raptor Approval) • Assists in Driver Approvals in Skyward • Interview Support • HireVue Video Interview Support • Manages Support Staff Evaluations • Manages Teacher and Administrator Contracts • Manages Support Staff Employee Letters • Job postings - Teachers and Instructional Staff • CCAP Alert • Recruitment/talent acquisition • Assistant Roundtable facilitation • Professional development - support staff • Onboarding new staff • EE Teacher Evaluation Process and Support • Support Staff Evaluation Process and Support 	<p>Marlee Johnson <i>HR Specialist - Talent Acquisition</i></p> 	<p>extension: 11125 johnsmar@elmbrookschoools.org</p>
Benefits/Wellness	<ul style="list-style-type: none"> • Benefit Plans/Education/Communication • HSA's (Health Savings Accounts) • FSA's (Flexible Spending Accounts) • Prescription coverage - CVS Caremark • Short term and Long term Disability • Life Insurance • The reSOURCE newsletter • Benefits Open Enrollment • Elmbrook/Marathon Complete Physical Exam process (CPE) • Shoo the Flu clinic • New hire benefit orientation • Elmbrook Family Wellness Center Coordinator 	<p>Jennifer Johnson <i>Benefits & Wellness Specialist</i></p> 	<p>extension: 11186 johnsoje@elmbrookschoools.org</p>

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	<ul style="list-style-type: none"> • Employee Assistance Program (EAP) - Empathia/Life Matters • Dario • Elmbrook Incentive Plan Partners Program • BRC - Benefit Resource Center • BAT - Benefit Advisory Team • Workplace Wellness Coordinator • Wellness Challenges • Retirement-Mid America OPEB HRA • Retiree Coordination • Retirement For All Ages • Affordable Care Act/1095's • Annual Retiree Meeting • Annual Wellness Fair 		
	<ul style="list-style-type: none"> • Benefit Enrollment/Terminations/Qualifying Events • Measles Task administration • COBRA Administration • Unemployment Forms/Reports • Address Changes • Run UMR Report for age 26 Dep 	Linda Hordyk <i>Benefits Assistant</i> 	Extension: 11136 hordykli@elmbrookschools.org
	<ul style="list-style-type: none"> • Provides Clerical support to the HR Director and Assistant Superintendent, along with other members of the HR team. • Establishes and maintains filing systems. • Monitors and responds to general HR Inbox and phone calls. • Processes employment verification requests for DPI license renewals. • Monitors continuous employee background check alert system. • Prepares HR Department requisitions • Assists with research, data collection, and preparation of personnel reports, DPI reports, federal and state mandated reports. Completes surveys when necessary. • Completes Personnel Committee minutes. 	Jaimie Skalecki <i>HR Assistant</i> 	Extension: 11133 skalecki@elmbrookschools.org
Resources			
RETIREMENT	<ul style="list-style-type: none"> • OPEB-HRA dollars & vesting • Assist eligible/vested retirees 	Mid-America	(309) 454-3667 www.midamerica.biz

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HEALTHCARE	<ul style="list-style-type: none"> • Claim reconciliation assistance • In-network provider information • Premium designated provider information • Inpatient utilization management 	UMR	1-800-826-9781 www.umar.com
	<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 • Wellness/Nutrition - Wellness Coach • Licensed Clinical Social Worker 	Elmbrook Schools Family Wellness Center managed by Marathon 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	1-800-552-8159 www.caremark.com
	<ul style="list-style-type: none"> • Online, phone and mobile app health services • 24/7/365 access to board-certified doctors 	Teladoc	1-800-Teladoc (835-2362) www.teladoc.com
	<ul style="list-style-type: none"> • HSA bank accounts administration • Flex Spending Accounts-limited purpose & dependent care 	Optum Bank	1-844-973-3925 www.optumfinancial.com
	<ul style="list-style-type: none"> • Health Retirement Account administration • For members with an HRA balance 	Diversified Benefit Services	262-367-3300 800-234-1229 Fax 262-367-5938 www.dbsbenefits.com
LIFE INSURANCE	<ul style="list-style-type: none"> • Enrollment, additional coverage and beneficiary information 	Reliance Insurance Co	Jennifer Johnson 262-781-3030 x11186
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 	VSP Vision Care - Choice Plan	1-800-877-7195 https://www.vsp.com/
OTHER PARTNERS	<ul style="list-style-type: none"> • Long term disability insurance carrier • Short term disability insurance carrier 	Madison National Insurance	www.nisbenefits.com
	<ul style="list-style-type: none"> • Workers compensation incident reporting 	SFM	1-855-675-3501 SFM Work Injury Hotline

Human Resources Team - 2024-25



EMPLOYEE ASSISTANCE Program (EAP)	<ul style="list-style-type: none">Professional counseling & referral service (24/7 confidential support)	Employee Assistance Program (EAP) Empathia/Life Matters	1-800-634-6433 mylifematters.com
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This Benefit Guide provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. **The full plan documents with all of the details are located on the District Benefits and Wellness page.** 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 Benefit Guide is not a contract, and participation in any of the plans does not guarantee employment.

Information provided by USI Insurance Services.