

2025-2026
Retiree Benefits Guide



**Green Bay Area
Public School District**

Health. Wellness. Benefits.

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CARRIER CONTACTS

Coverage	Carrier	Contact
Medical	UMR	1.800.207.3172 www.umar.com Group Number: 76-411738
Prevea Partnered Health	Prevea Health	Prevea.com/PartneredHealth
Bellin Nearsite Services	Bellin Health	1.800.528.7883 Bellin.org/gbaps
Virtual Visits	Teladoc (UMR)	1.800.835.2362 www.teladoc.com or Mobile App
Dental	Delta Dental of WI	1.800.236.3712 www.deltadentalwi.com Group Number: 96814
Voluntary Vision	UnitedHealthcare	1.800.638.3120 www.myuhcvision.com Group Number: 902170
Health Reimbursement Arrangement	Diversified Benefit Services, Inc. (DBS)	1.800.234.1229 Fax: 262.367.5938 www.dbsbenefits.com PIN: GBAPS

INTRODUCTION

The Green Bay Area Public School District (District) is dedicated and committed to providing you and your family with a valuable benefit package.

This benefit guide provides you important information regarding the benefit plan options the District is offering for the 2025-2026 plan year. The information provided will help you make the best decisions for the health and well-being of you and your family. In addition, there is other helpful information available on the Benefits section of the District website: www.gbaps.org. Please review all plan options before making your benefit elections for the plan year. The District is making an investment in your health and wellness, and encourages you to engage proactively in your health.

If you have questions, please contact the Benefits Department at benefits@gbaps.org or call the appropriate benefits team member below based on your last name:

Jessica Cortes

Employees and Retirees with last names A-G
920-448-2038

Jenny Bartels

Employees and Retirees with last names H-O
920-272-7482

Kelli Klarkowski

Employees and Retirees with last names P-Z
920-448-3582

Important Notes:

- **If you do not want to make any changes, you do not need to do anything.** Your plan elections will continue until you notify us in writing to cancel them or until you stop making timely premium payments.
- If you want to make changes to your election, you can email your changes to the Benefits Department at benefits@gbaps.org. Email must be sent by May 20, 2025 for any open enrollment changes to be effective for July 1, 2025.
- **Please retain this booklet for your records, as during tax season you may need to refer to the premiums you paid from July 1, 2025 – June 30, 2026. Please note that the booklet from last year provides the premiums from July 1, 2024 – June 30, 2025.**

Reminders:

- If you do not currently have a medical, prescription drug, dental or vision plan with the District, you are not able to enroll in them at this time.
- The dependents you cover can be reduced, however you are not able to add dependents to your plan(s).

UNDERSTANDING THE PLANS

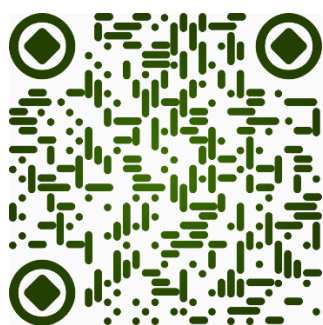
Important Information for Medical Plan Enrollees:

- **Prevea is retiring the Prevea Partnered Health benefit with a last appointment date of December 31, 2025.** Prevea Health remains in network and visits that occur at Prevea Health clinics will process via your standard medical coverage. We continue to pursue additional opportunities with Prevea Health and will communicate these options as they are finalized.
- **The district's partnership with Bellin Health Nearsite Clinics continues, and new this year, High Deductible Health Plan (HDHP) members will have access to the Bellin Nearsite Clinics.** There will be a small fee for these services for HDHP members as shown on page 6. HDHP members will receive an access card that will need to be presented along with your medical plan ID card at the time of service.

There are a number of tools available to help you understand the plan options:

- Additional benefits information is available on the District website. To access this information, go to www.gbaps.org and select "About GBAPS". Then select "Departments". Click on "Human Resources".
- Additional resources, such as the Summary Plan Descriptions and the Summary of Benefits and Coverage documents are available on that same Internet page. The Internet page is updated each year as soon as the documents for the new plan year are available.
- Additionally, there is a benefits hotline available from May 6th to May 16th for you to call and leave a message with your question. When calling, please be sure to leave a detailed message about your question along with your name and phone number.
 - Benefits Hotline: (920) 455-7120

[QR code to the District website:](#)



ELIGIBILITY & ENROLLMENT GUIDELINES

Eligible Retiree

You are an eligible retiree if you had an active medical, dental, or voluntary vision plan through the District at the time of your retirement. If you retired as of July 1, 2020 or later, when you or your dependent(s) are Medicare eligible, the Medicare eligible participant(s) will no longer be eligible for the District's medical plan. You must notify the District in writing of Medicare eligibility and the need to drop the District's medical plan.

Eligible Dependents

Dependents eligible for benefits include your legal spouse and your dependent child(ren). Dependent child(ren) include your biological children, legally adopted children or children placed for adoption, stepchildren, children for whom benefits must be provided through a Qualified Medical Child Support Order, and children for whom you are the legal guardian. Children are eligible for Medical, Dental and Voluntary Vision coverage from birth until age 26, regardless of student or marital status. The District reserves the right to conduct, at any time, an audit of dependent eligibility. More information is available from the Benefits Department. You are not able to add dependents to the coverage you elected at the time of retirement.

Open Enrollment

Each year, the Green Bay Area Public School District offers the opportunity to all enrolled retirees to make qualified changes to their current benefit plans.

If you do not want any changes, you do not need to do anything. Your elections will continue.

To make changes, please email benefits@gbaps.org by 11:59 p.m. on Tuesday, May 20, 2025.

Any changes outside of open enrollment must be submitted to the Benefits Department by the 15th of the month to be effective for the following month.

MEDICAL PLAN OPTIONS

These \$500 per person plans are grandfathered where only those who were enrolled in the plan can remain in the plan

	\$500 Per Person Deductible <u>Non-Medicare</u>	\$500 Per Person Deductible <u>Medicare Primary</u>
Insurance Type	Preferred Provider Organization (PPO)	Traditional
Provider Network	UHC Options PPO	PHCS
Deductible	Single Family	Single Family
In Network	\$500 per person	\$500 per person
Out of Network	\$500 per person	Not Covered
Co-Insurance		
In Network	80% / 20%	90% / 10%
Out of Network	60% / 40%	Not Covered
Out-of-Pocket Maximum	Single Family	Single Family
In Network	\$2,500 per person \$12,700 per family	\$2,500 per person \$12,700 per family
Out of Network	\$2,500 per person	Not Covered
Office Visits		
Primary Care	In & Out of Network: \$25 Copay then Deductible & Coinsurance	In Network: \$25 Copay then Deductible & Coinsurance
In & Out of Network Specialist	In & Out of Network: \$40 Copay then Deductible & Coinsurance	In Network: \$40 Copay then Deductible & Coinsurance
Teladoc	100% Covered by the District	100% Covered by the District
Bellin Nearsite Clinics and Prevea Partnered Health*	Free Primary Care \$10 Copayment - Physical Therapy	Not Covered
Routine/Preventive Care		
In Network	Select Services Covered at 100%	Select Services Covered at 100%
Out of Network	\$25 Copayment then Deductible & Coinsurance	Not Covered
Urgent Care		
	In & Out of Network: \$75 Copay then Deductible & Coinsurance	In Network: \$75 Copay then Deductible & Coinsurance
Emergency Room		
	\$250 Copayment then Deductible & Coinsurance	\$250 Copayment then Deductible & Coinsurance
Hospital Services		
	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs		
<i>This is for a 30-day supply</i>	\$15 Generic / \$30 Preferred Brand / \$50 Non-Preferred Brand / 30% Specialty (\$0 with PrudentRx)	\$15 Generic / \$30 Preferred Brand / \$50 Non-Preferred Brand / 30% Specialty

**Prevea is retiring the Prevea Partnered Health program with a last appointment date on 12/31/2025. See page 3 for more information. Medicare Primary Retirees are not eligible for the Bellin Nearsite Clinics and Prevea Partnered Health.*

MEDICAL PLAN OPTIONS *continued*

\$1,500 Deductible without HRA Non-Medicare & Medicare			\$1,500 Deductible with HRA Non-Medicare & Medicare		\$6,350 High Deductible Health Plan (for Non- Medicare eligible retirees)	
Insurance Type						
PPO			PPO		High Deductible Health Plan	
Provider Network						
UHC Choice Plus			UHC Choice Plus		UHC Choice Plus	
Deductible	Single	Family	Single	Family	Single	Family
In Network	\$1,500	\$3,000	\$1,500	\$3,000	\$6,350	\$12,700
HRA			\$1,000	\$2,000		
Out of Network	\$3,000	\$6,000	\$3,000	\$6,000	\$10,000	\$20,000
Co-Insurance						
In Network	80% / 20%		80% / 20%		100% / 0%	
Out of Network	50% / 50%		50% / 50%		70% / 30%	
Out-of-Pocket Maximum	Single	Family	Single	Family	Single	Family
In Network	\$4,000	\$8,000	\$4,000	\$8,000	\$6,350	\$12,700
Out of Network	\$10,000	\$20,000	\$10,000	\$20,000	\$12,000	\$24,000
Office Visits						
In & Out of Network Primary Care	\$40 Copayment then Deductible & Coinsurance		\$40 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
In & Out of Network Specialist	\$60 Copayment then Deductible & Coinsurance		\$60 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
Teladoc	100% Covered by the District		100% Covered by the District		• Standard: \$54 Consult Fee • Dermatology: \$85 Consult Fee • Behavioral Health: • \$95 Consult Fee for Therapists, • \$235 for 1st Psychiatrist visit; • \$105 for future visits	
Bellin Nearsite Clinics and Prevea Partnered Health*	Free Primary Care \$10 Copayment - Physical Therapy		Free Primary Care \$10 Copayment - Physical Therapy		<u>Available at Bellin Nearsite Clinics:</u> • Primary/Urgent Care: \$100/\$125 • Physical/Occupat. Therapy: \$75 • FastCare: \$60 • Diabetic Educator: \$50	
Routine/Preventive Care						
In Network	Select Services Covered at 100%		Select Services Covered at 100%		Select Services Covered at 100%	
Out of Network	\$25 Copayment then Deductible & Coinsurance		\$25 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
Urgent Care						
	\$75 Copayment then Deductible & Coinsurance		\$75 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
Emergency Room						
	\$300 Copayment then Deductible & Coinsurance		\$300 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
Hospital Services						
	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Prescription Drugs						
<i>This is for a 30-day supply</i>	\$20 Generic / \$40 Preferred Brand \$75 Non-Preferred Brand 30% Specialty (\$0 with PrudentRx)		\$20 Generic / \$40 Preferred Brand \$75 Non-Preferred Brand 30% Specialty (\$0 with PrudentRx)		Deductible & Coinsurance	

*Prevea is retiring the Prevea Partnered Health program with a last appointment date on 12/31/2025. See page 3 for more information. Medicare Primary Retirees are not eligible for the Bellin Nearsite Clinics and Prevea Partnered Health.

MEDICAL INSURANCE RATES PER MONTH

\$500 Per Person Deductible PPO Plan - Non-Medicare	
Retiree	\$1,333.09
Retiree & Spouse	\$2,732.95
Retiree & Child(ren)	\$2,466.27
Family	\$3,466.13
\$500 Per Person Deductible Plan - Medicare Primary Health Coverage Only	
Single Medicare Primary	\$ 629.58
Family	\$1,259.18
\$1,500 / \$3,000 Deductible PPO Plan - Without HRA - Non-Medicare	
Retiree	\$1,129.67
Retiree & Spouse	\$2,315.25
Retiree & Child(ren)	\$2,089.34
Family	\$2,936.37
\$1,500 / \$3,000 Deductible PPO Plan - Without HRA - Medicare Primary - Health Coverage Only	
Single Medicare Primary	\$ 556.46
Two Medicare Primary	\$1,112.96
\$1,500 / \$3,000 Deductible PPO Plan - With HRA - Non-Medicare	
Retiree	\$1,229.90
Retiree & Spouse	\$2,495.69
Retiree & Child(ren)	\$2,189.58
Family	\$3,116.80
\$1,500 / \$3,000 Deductible PPO Plan - With HRA - Medicare Primary - Health Coverage Only	
Single Medicare Primary	\$ 591.18
Two Medicare Primary	\$1,182.37
High Deductible Health Plan - Non-Medicare Only	
Retiree	\$ 796.68
Retiree & Spouse	\$1,632.77
Retiree & Child(ren)	\$1,473.47
Family	\$2,070.80
Prescription Only Coverage - Medicare Primary	
Single Medicare Primary	\$1,246.30
Two Medicare Primary	\$2,492.60

UNDERSTANDING YOUR CARE OPTIONS

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

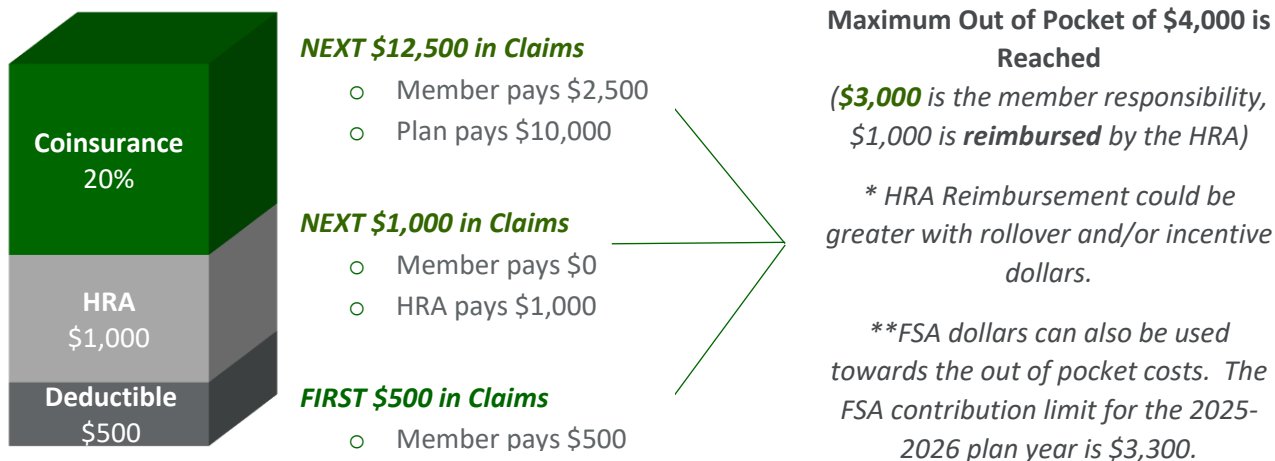
Type of Care	Common Services	
Teladoc Virtual Care	○ Dermatology ○ Behavioral Health ○ Poison Ivy ○ Pink eye	○ Sinus problems ○ Allergies ○ Colds or flu ○ Bronchitis
Bellin Nearsite Clinics & Prevea Partnered Health*	<u>Primary Care</u> ○ Physicals ○ Lab Services ○ Minor Treatments	<u>Physical Therapy</u> ○ Acute Injury Consultation ○ Post-Surgical Therapy ○ Muscle/Joint Discomfort <i>*Prevea is retiring the Prevea Partnered Health Program with a last appointment date on 12/31/2025. See page 3 for more information. Medicare Primary Retirees are not eligible for the Bellin Nearsite Clinics and Prevea Partnered Health.</i>
Retail Clinic	○ Colds or flu ○ Sinus Infection ○ Allergies ○ Minor cut	○ Vaccinations ○ Screenings ○ Minor sprain ○ Minor burn
Your Doctor's Office	○ Preventative services ○ Vaccinations	○ Medical problems that are not an immediate, serious threat to your health or life
Urgent Care	○ Sprains or strains ○ Mild asthma attack ○ Sore throat ○ Earaches	○ Minor broken bone ○ Minor cut ○ Minor infection ○ Minor rash
Emergency Room	○ Sudden change in vision ○ Sudden trouble talking ○ Large open wounds ○ Major burn	○ Severe head injury ○ Heavy bleeding ○ Chest pain ○ Major broken bone

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Green Bay Area Public School District will be funding the Health Reimbursement Arrangement (HRA), administered by Diversified Benefits Services (DBS), if you are enrolled in the \$1,500 Deductible with HRA Plan.

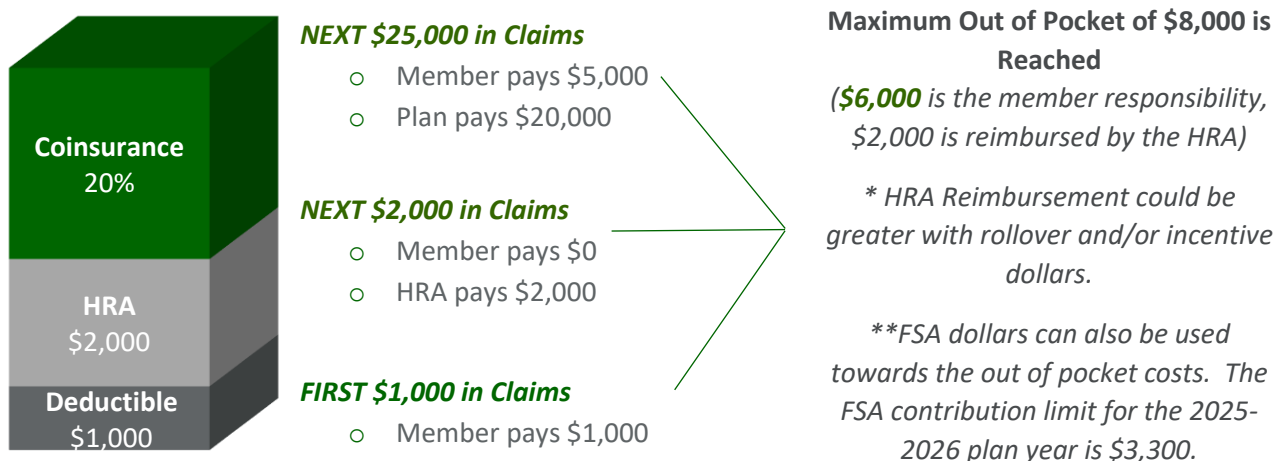
\$1,500 Deductible HRA Plan – Single Plan Illustration

- \$1,000 HRA Reimbursement | 20% Coinsurance after Deductible | Maximum Out of Pocket of \$4,000



\$1,500 Deductible HRA Plan – Family Plan Illustration

- \$2,000 HRA Reimbursement | 20% Coinsurance after Deductible | Maximum Out of Pocket of \$8,000



These illustrations do not include copays which vary based on the type of service and prescription medication received and which count towards your maximum out of pocket.

HRA ROLLOVER

The deadline for submitting HRA claims for reimbursement for the 2024–2025 plan year is September 30, 2025.

You can rollover up to:

- \$1,000 single and \$2,000 family of unused HRA dollars into the next plan year
 - These dollars can be used for any medical out of pocket expenses (deductibles, copays, and prescriptions drugs) incurred under the \$1,500 Deductible with HRA Plan
- The maximum total balance that can be carried over from year to year is:
 - \$3,000 single and \$6,000 family
 - Not including the wellness incentive dollars below

HRA & Wellness

We value the health of our retirees, and offer you the opportunity to earn additional money into your HRA by partaking in wellness activities. The opportunities below are made available on your own time, at no cost to you, to earn additional dollars into your HRA account. Retirees and spouses, if enrolled in the \$1,500 Deductible with HRA Plan, are eligible to earn these additional incentive dollars. Each incentive will put \$25 into your HRA.

The retiree and the spouse can each earn a maximum of \$100 in HRA incentives for a total of \$200. Note: Incentive dollars are added to your HRA account quarterly. There is no action that is needed from you after you complete the incentive. The vendors send a quarterly file to GBAPS for processing. **Please note there could be a delay as the file won't be sent to the district until your claim is processed and PAID by insurance.**

- A. **WELLNESS COACHING:** Maximum incentive of \$25 for retiree and \$25 for spouse
3 sessions must be completed to earn incentive (can be completed by Bellin Health)
- B. **TOBACCO CESSATION:** Maximum incentive of \$25 for retiree and \$25 for spouse
Completion of a Tobacco Cessation program (can be completed by Bellin Health)
- C. **ORAL HEALTH ASSESSMENT:** Maximum incentive of \$25 for retiree and \$25 for spouse
Online at <https://emds.previser.com/greenbayschools-qcjbuk>
- D. **PHYSICAL EXAM:** Maximum incentive of \$25 for retiree and \$25 for spouse
Age appropriate annual physical exam
- E. **DENTAL CLEANINGS:** Maximum incentive of \$50 for retiree and \$50 for spouse (\$25 per cleaning, max 2 per person per year)
- F. **REAL APPEAL:** Maximum incentive of \$25 for employee and \$25 for spouse
9 sessions must be completed to earn incentive (information can be found on the internet)

FILING A CLAIM TO GET YOUR HRA DOLLARS



Why file online?

- **Fast**
There's no quicker way to get reimbursed for your FSA or HRA claims.
- **Convenient**
Day or night, on your favorite device, go online and get account information.
- **Safe**
You have encrypted Internet access to the site, which is protected and Verisign secured.
- **Comprehensive**
View account balance and activity.

DBSbenefits.com

Diversified Benefit Services, Inc.
P.O. Box 260
Hartland, WI 53029
(800) 234-1229



Claims Filing Options that meet your needs.

File Online—it's fast, convenient and secure

Using your laptop or PC, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.® (Advanced Strategic Administration Program) is a safe and quick way to see claim information and get reimbursed from your Health Care FSA (HCFSA), Dependent Care FSA (DCFSA), Limited Purpose FSA (LPFSA), or Health Reimbursement Arrangement (HRA).

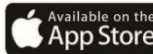
1. Login to your online account at DBSbenefits.com
2. Select the Benefit Plan Type (FSA, HRA)
3. Select "Claims > Claims View/Submit > Submit"
4. Complete the required information
5. Attach an image with supporting documentation (.pdf or .jpg)
6. Submit

File on the go—use our Mobile Phone App

Filing using your smartphone or tablet is simple.

1. Login using your A.S.A.P.® name and password, click "File a Claim"
2. Take a picture or use an existing photo, click "Attach Image"
3. Select the Benefit Plan Type
4. Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store to download.



File via mail or fax

More traditional filing is available, too.

1. Download a claim form at DBSbenefits.com
2. Select the "Participant Resources Tab > Forms"
3. Complete the form and attach copies of your documentation
4. Mail to Diversified Benefit Services, P.O. Box 260, Hartland, WI 53029
5. Or fax to 262-367-5938

For assistance, please call DBS at **(800) 234-1229**
or visit **DBSbenefits.com**

DENTAL PLAN HIGHLIGHTS

Healthy teeth and gums are an important part of maintaining your overall health. That's why Green Bay Area Public Schools offers a dental plan administered by Delta Dental. Delta Dental's large networks of providers exist to save you money and stretch your annual maximum, while ensuring you never experience additional out-of-pocket expenses as a result of balance billing. The average savings to see an in-network provider is about 30%.

DELTA DENTAL

Individual Annual Maximum		\$2,500
Deductible		
Single		\$25
Family		\$75
Preventive Care Services		<i>Deductible Does NOT Apply</i>
Exams		100%
Cleanings		100%
Fluoride Treatments		100%
X-Rays		100%
Space Maintainers		100%
Sealants		100%
Basic & Major Services		<i>Deductible Applies</i>
Emergency Treatment to Relieve Pain		80%
Fillings		80%
Endodontics – Surgical / Non-Surgical		80%
Periodontics – Surgical / Non-Surgical		80%
*Extractions – Surgical / Non-Surgical and other Oral Surgery		80%
Crowns, Inlays, Onlays		80%
Bridges and Dentures		80%
Repairs and Adjustments to Bridges and Dentures		80%
Implants		80%
Orthodontic Services		<i>Deductible Applies</i>
Coinsurance		50%
Individual Lifetime Maximum		\$1,500
Monthly Premiums		
Employee		\$49.02
Family		\$144.63

***PLEASE NOTE:** certain extractions and oral surgeries are not covered under the dental plan. It is recommended a pre-determination is obtained to determine benefit eligibility.

This is a summary of benefits and features offered by the District and Delta Dental. All benefits are subject to the limitations and exclusions set forth in the Summary Plan Description.

VISION PLAN HIGHLIGHTS

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That's why Green Bay Area Public Schools provides vision care administered by UnitedHealthcare.

UnitedHealthcare	In-Network	Out-of-Network
Frequency		
Vision Exam	Once per 12 months	
Frame	Once per 24 months	
Lenses	Once per 12 months	
Contact Lenses	Once per 12 months	
Annual Vision Exam	\$10 Copay	Reimbursement up to \$40
Standard Plastic Lenses		Reimbursement Up To
Single	\$10 Copay	\$40
Bifocal	\$10 Copay	\$60
Trifocal	\$10 Copay	\$80
Lenticular	\$10 Copay	\$80
Frames	\$130 Allowance	Reimbursement up to \$45
Contact Lenses <i>(in lieu of eyeglasses)</i>		Reimbursement Up To
Selection/Formulary	Up to 6 Boxes	\$150
Non-Selection/Non-Formulary	Up to \$150	\$150
Medically Necessary	Covered in Full	\$210

Notes

- Lens options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount at participating providers
- Lens coverage includes standard scratch-resistant coating for dependent children, up to age 26
- You may receive an additional 30% discount over the frame allowance at participating providers. Certain frame manufacturers may be excluded.
- Please see plan documents for further coverage details, including any limitations or exclusions that may apply

Monthly Premiums

Employee	\$7.61
Family	\$19.30

***Prevea is retiring the Prevea Partnered Health benefit with a last appointment date of December 31, 2025. This benefit is not available for Medicare Primary Retirees.**

Prevea *Partnered Health*

Green Bay Area Public School District (GBAPSD) has partnered with Prevea Health to offer greater accessibility to health care services for you at a minimal fee. All those insured by the GBAPSD health insurance plan have access to urgent care, family medicine, internal medicine, pediatrics, physical and occupational therapy, and some labs at all Prevea Partnered Health locations where those services are offered.* Additional services if needed, such as X-rays, MRI, labs or specialty care, will be billed to your personal health insurance.

The Prevea Partnered Health access card must be presented at time of check-in. Otherwise, the service will be billed to your personal health insurance. No referral needed. Visit prevea.com/PartneredHealth to schedule an appointment.

<i>\$0 co-pay per visit</i> PRIMARY CARE SERVICES FOR:	<i>\$10 co-pay per visit</i> PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR:
- Preventive care such as physical exams, well-child exams, health screenings and sports physicals - Acute care such as allergies, bites and stings, burns and sunburn, coughs and colds, ear pain, flu, headache, injuries/non-surgical fracture and musculoskeletal care, laceration evaluations, pink eye/stye, sinus infections, skin infections, sore throats, UTI/bladder infection - Routine medical care for children, adults and elderly including medication management - Chronic disease management for high blood pressure and cholesterol, hyperlipidemia, diabetes, dyslipidemia, COPD, asthma, thyroid problems - Minor office procedures such as skin lesion removal/biopsy, stitches - Cardiovascular disease prevention - Nicotine cessation - Basic mental health including anxiety and depression - Immunizations including flu shots (see back page) - Labs (see back page)	- Blood flow restriction therapy - Dry needling - Ergonomic assessments - Gait assessment - Injury assessment and consultation - Injury prevention - Manual therapy - Muscle, bone or joint pain - Pre- and post-surgical therapy - Posture and body mechanics training - Range-of-motion, flexibility, balance and strength training - Spinal stabilization instruction
<i>\$0 co-pay per visit</i> URGENT CARE SERVICES FOR:	
- Allergies - Bites and stings - Burns and sunburn - Coughs and colds - Ear pain	- Flu - Headache - Injuries and musculoskeletal care - Minor lacerations and repair - Pink eye/stye - Sinus infections - Skin infections - Sore throats - UTI/bladder infection



***Prevea is retiring the Prevea Partnered Health benefit with a last appointment date of December 31, 2025. This benefit is not available for Medicare Primary Retirees.**

LABS The following labs are available at no additional cost to you as the patient with a Prevea Partnered Health physician or provider or provider order. Labs not listed or ordered by a non-Prevea Partnered Health physician or provider will be billed to your personal health insurance.	IMMUNIZATIONS The following immunizations are available at no additional cost to you as the patient with a Prevea Partnered Health physician or provider order. Immunizations not listed or ordered by a non-Prevea Partnered Health physician or provider will be billed to your personal health insurance.
• ALT/SGPT • Antibiotic sensitivity • AST/SGOT • BMP • CBC, Auto, No diff • CBC w/ diff • CMP • Creatinine • Complete UA • C. Trachomatis RNA • Hbg A1c • General health panel • Glucose blood draw • Glucose (fingerstick) • Group A strep culture • Hepatic function panel • Influenza A/B • Lipid panel • N. Gonorrhoeae RNA • Occult blood (feces) • Potassium • Prothrombin time (fingerstick) • Rapid strep • TSH • Urine culture • Urine dip • Urine microalbumin • Urine pregnancy test	• Hepatitis A & B, adult and pediatric • Hib (haemophilus influenzae type B) • Human Papilloma Virus (HPV) • Influenza • Measles, mumps and rubella • Meningococcal • Pneumococcal • Poliovirus • Rotavirus • Shingles • Tetanus, diptheria and pertussis, adult and pediatric • Varicella

No referral needed. Visit prevea.com/PartneredHealth to schedule an appointment.

* HSHS St. Clare Memorial Hospital Prevea Health Centers and HSHS Sacred Heart Urgent Care are excluded.



****New this year, High Deductible Health Plan (HDHP) members will have access to the Bellin Nearsite Clinics. There will be a small fee for these services for HDHP members as shown on page 6. This benefit is not available for Medicare Primary Retirees.***



IN-PERSON AND VIDEO VISITS

NEARSITE PRIMARY CARE

***FREE, Confidential, appointments available to all GBAPS employees, spouses, and dependents on the \$1,500 deductible health plan, as their primary insurance coverage, for:**

- Respiratory symptoms (i.e., fever, sore throat, cough)
- COVID-19 testing
- Physicals for both sports and wellness exams
- Chronic disease management
- Acute symptoms (i.e., ear infection, headache, migraine, urinary tract and yeast infection, burns; X-rays not included)
- Minor treatments (i.e., wart treatment, staple removal)
- Immunizations and laboratory services
- Electronic medication prescriptions and refills sent to your pharmacy of choice

bellinhealth



*This benefit is not available to members with Medicare as primary coverage.
Services not listed will be billed to personal insurance and incur normal charges.

**YOU DO NOT
NEED TO BE
A BELLIN PATIENT**

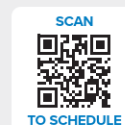
LOCATIONS:

- | | |
|--|-----------------|
| • Algoma | • Kewaunee |
| • Ashwaubenon | • Lakewood |
| • Ashwaubenon Internal Medicine & Pediatrics | • Luxemburg |
| • Bellevue | • Manitowoc |
| • Brillion | • Marinette |
| • Crivitz | • Marquette, MI |
| • Daggett | • Menominee, MI |
| • Denmark | • Oconto |
| • De Pere East | • Oconto Falls |
| • De Pere West | • Peshtigo |
| • Escanaba | • Pulaski |
| • Green Bay | • Seymour |
| • Howard | • Sturgeon Bay |
| • Iron Mountain | • Suring |
| | • Two Rivers |
| | • Wrightstown |

24/7 SCHEDULING:

bellin.org/gbaps

800.528.7883



bellin.org/gbaps

09/03/24

****New this year, High Deductible Health Plan (HDHP) members will have access to the Bellin Nearsite Clinics. There will be a small fee for these services for HDHP members as shown on page 6. This benefit is not available for Medicare Primary Retirees.***



IN-PERSON AND VIDEO VISITS

NEARSITE PHYSICAL THERAPY

***\$10 Co-pay, confidential appointments available to all GBAPS employees, spouses, and dependents on the \$1,500 deductible health plan, as the primary insurance coverage, for:**

- ☒ Acute injury consultation
- ☒ Options for chronic pain and muscle or joint discomfort throughout the body
- ☒ Therapy for back pain, dizziness, headaches, and jaw pain
- ☒ Postsurgical therapy

bellinhealth



*This benefit is not available to members with Medicare as primary coverage.
Services not listed will be billed to personal insurance and incur normal charges.

NO REFERRAL NECESSARY

LOCATIONS:

- Algoma
- Ashwaubenon
- Bellevue
- Brillion
- Crivitz
- Daggett
- Denmark
- De Pere East
- De Pere West
- Escanaba
- Generations
- Green Bay/
Clinica Hispaña
- Howard
- Iron Mountain
- Kewaunee
- Luxemburg
- Manitowoc
- Marinette
- Oconto Falls
- Oconto
Hospital
- Pulaski
- Seymour
- Sturgeon Bay
- Tittletown
Sports
Medicine &
Orthopedics
- Wrightstown

24/7 SCHEDULING:
bellin.org/gbaps

SCAN



TO SCHEDULE

bellin.org/gbaps

09/04/24

FEDERAL NOTICES

Review the following notices here:

<https://resources.finalsite.net/images/v1716984565/gbapsorg/l8qitb4vmygsjmdcsyzf/FederalNoticeTemplateforBenefitGuides.pdf>

- HIPAA Notice of Special Enrollment Rights
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Right Act (WHCRA) Enrollment Notice
- Medicare Part D: Creditable Coverage Notice
- Marketplace Coverage Notice
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Wellness Program Disclosure