

For the second year in a row, SASD has earned national recognition as the only school district in WI named to Forbes' list of Americas's Best Employers by State!



SHEBOYGAN AREA

— SCHOOL DISTRICT —

BENEFITS GUIDE



2026

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Please see page 33 for more details.

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SHEBOYGAN AREA

— SCHOOL DISTRICT —

Welcome!

At Sheboygan Area School District, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view overviews of our benefit plans by accessing our website, [MySASD](#).

Sincerely,

Mark Boehlke

Mark Boehlke
Assistant Superintendent of Business & Operational Resources

Eligibility

Eligible Employees:

You may enroll in the Sheboygan Area School District Employee Benefits Program if you are an employee working at least 20 hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your legal spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship.

When Coverage Begins:

Newly hired employees and their eligible dependents will be effective in Sheboygan Area School District's benefits programs on the 1st day of the month following your date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spousal loss of other coverage, etc.)

If such a change occurs, you must make the changes to your benefits within 31 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 31 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact your Payroll & Benefits Specialist to make these changes



Annual Open Enrollment

Open Enrollment is a one-time event each year which allows eligible Sheboygan Area School District employees to enroll, retain, change, or waive their insurance coverage plans for medical, dental, vision and flexible spending. All employees eligible for insurance must complete Open Enrollment each year even if there are no changes to your current plan or if you are electing to waive coverage.

To enroll or make changes during the open enrollment period, all submissions must be done electronically on Skyward via Online Open Enrollment. The Online Open Enrollment is typically offered from November 1st through November 14th for coverage effective January 1st.

Medical and RX Insurance

Sheboygan Area School District offers comprehensive medical and RX coverage administered by UMR/OptumRX. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details. **NEW: NexusACO Provider Network. Find more details on page 8 of this guide.**

UMR (TPA)			
Benefits Coverage	Tier 1 In-Network Benefits	Tier 2 In-Network Benefits	Tier 3 Out-of-Network Benefits
Annual Deductible			
Individual	\$500	\$500	\$1,000
Family	\$1,000	\$1,000	\$2,000
Coinsurance	90%	70%	50%
Maximum Out-of-Pocket*			
Individual	\$1,000	\$2,500	\$5,000
Family	\$2,000	\$5,000	\$10,000
Physician Office Visit			
Primary Care	90% after deductible	70% after deductible	50% after deductible
Specialty Care	90% after deductible	70% after deductible	50% after deductible
Preventive Care			
Adult Preventative Exams	100%	100%	100%
Well-Child Care	100%	100%	100%
Other Services			
X-ray and Lab Tests	90% after deductible	70% after deductible	50% after deductible
Complex Radiology	90% after deductible	70% after deductible	50% after deductible
Urgent Care Facility	90% after deductible	90% after deductible	50% after deductible
Emergency Room Only Emergency Room Services	\$100 copay per visit (waived if admitted) 90% after deductible	\$100 copay per visit (waived if admitted) 90% after deductible	\$100 copay per visit (waived if admitted) 90% after deductible
Inpatient Facility Charges	90% after deductible	70% after deductible	50% after deductible
Outpatient Facility and Surgical Charges	90% after deductible	70% after deductible	50% after deductible
Mental Health			
Inpatient	90% after deductible	90% after deductible	50% after deductible
Outpatient	90% after deductible	90% after deductible	50% after deductible
Substance Abuse			
Inpatient	90% after deductible	90% after deductible	50% after deductible
Outpatient	90% after deductible	90% after deductible	50% after deductible

	Tier 1 & Tier 2	Out-of-Network
Optum RX Pharmacy Benefits*	Find a network pharmacy and view your available drug lists: optumrx.com	
Generic (Tier 1)	\$10 copay – 30-day supply retail \$20 copay – 60-day supply retail \$30 copay – 90-day supply retail \$20 copay – 90-day supply mail order	Not covered
Preferred Brand (Tier 2)	\$25 copay – 30-day supply retail \$50 copay – 60-day supply retail \$75 copay – 90-day supply retail \$50 copay – 90-day supply mail order	Not covered
Non-Preferred Brand (Tier 3)	\$50 copay – 30-day supply retail \$100 copay – 60-day supply retail \$150 copay – 90-day supply retail \$100 copay – 90-day supply mail order	Not covered
Preferred Specialty (Tier 4)	25% to a maximum of \$150	Not covered

*If you use a branded medication instead of its generic equivalent, you pay your plan's applicable brand copayment plus a penalty. This penalty is the difference in cost between the brand and generic medications. Your out-of-pocket cost for the brand may be up to the entire cost of the medication. However, you will not be charged a penalty if your doctor tells the pharmacy to give you the brand instead of the generic.

Optum RX Price Edge

This discount price solution helps you save on generic medications whether they are covered by your pharmacy benefit plan or not. Here's how it works:



You are already set up! There is nothing to do on your side.



Fill your prescriptions as usual and automatically get lower copays on some covered medications.



For medications not covered, even over-the-counter products, receive a discounted price with a prescription from your doctor.

Step-Therapy

- With this program, for certain medications you need to try a Step 1 medication first, before a Step 2 medication may be covered. When you bring a prescription to the pharmacy, our system will automatically screen the medication for step therapy requirements.
- We encourage you to discuss your treatment and medication options with your doctor. If you have questions about the Step Therapy program, call the toll-free member phone number on your ID card.
- **You can get a short-term supply of medication while your coverage is reviewed! Just ask your pharmacist!**

Medical and RX Insurance Premiums

Employee Premiums listed below are monthly premiums for full-time employees working 36 or more hours per week.

See Appendix for part-time employee premiums.

12 % Premium = Both Employee and Spouse *Complete an Annual Physical*
And Both Employee and Spouse earn 40+ Wellness points

Employee	\$108.14
Limited Family	\$243.19
Family	\$345.41

14% Premium = Both Employee and Spouse *Complete an Annual Physical*
And Either Employee or Spouse earn 40+ Wellness points

Employee	n/a
Limited Family	\$283.72
Family	\$402.98

15.6% Premium = Both Employee and Spouse *Complete an Annual Physical*

Employee	\$140.59
Limited Family	\$316.15
Family	\$449.04

23% Premium = No Participation

Employee	\$207.28
Limited Family	\$466.12
Family	\$662.04

Note: New employees pay the 12% premium cost share in the year in which they were hired. If hired after February 1st, this extends to the following year as well. Starting on November 1st, which is the beginning of the new wellness year, ALL employees must complete an Annual Physical and earn 40+ Wellness Points to earn the 12% cost share.

A \$75 monthly surcharge is applied to your medical premium if your spouse is eligible for insurance through their employer and elects not to take that coverage.



By creating an account at www.umar.com , you can:

- Find health care providers
- Check health care account balances
- View claims
- Update your profile

Or contact customer services at 1-800-826-9781

NexusACO

NEW! Effective 1/1/26 we will be utilizing the UHC network called NexusACO.



As part of the NexusACO network, you will have access to two tiers of network benefits:

Tier 1 (lowest-cost option): Those utilizing in-network care from Tier 1 providers can take advantage of richer medical benefits and lower costs. Look for the Tier 1 symbol when doing a provider search at myuhc.com under the NexusACO network option.

Tier 1 providers are: Froedtert, Advocate Aurora, Medical College of WI, Children's Hospital of WI

Tier 2: As a second in-network benefit, those utilizing care from other in-network providers (Tier 2 providers) will also receive better value for health care benefits compared to out-of-network providers.

You are required to select a Primary Care Physician (PCP) from the plan network. Because members may have a higher level of benefits when they see Tier 1 providers, we encourage primary care providers (PCPs) to refer members to Tier 1 providers. Preventive care is covered at 100%.

IMPORTANT: For those who use the InHealth Clinic as their PCP, even though you are required to elect a PCP in the Nexus ACO network, you are not required to visit them for your Primary care. **You can still receive this care at the InHealth clinic with no penalties.**

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

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

However, the care will likely cost you more than using a Tier 1 or Tier 2 provider

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.*

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**

View the network coverage area and step-by-step instructions on how to find a provider here:

Click Here: [SASD 2026 NexusACO Member Flyers](#) Or Scan This:



Dental Insurance

Sheboygan Area School District offers dental insurance administered by Delta Dental. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.



Delta Dental Insurance Company		
Benefits Coverage	Delta Dental PPO	Delta Dental Premier or any other dentist
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	\$2,000	\$2,000
Preventive	100%	90%
Basic	80%	80%
Major	80%	80%
Orthodontia		
Benefit Percentage	60%	60%
Dependent Child(ren)	Covered	Covered
Lifetime Maximum	\$1,500	\$1,500
Enhanced Benefits		
Check-up Plus		
Diagnostic and preventative services, including examinations, x-rays, regular cleanings and other related treatments do not apply to your individual annual maximum, allowing you to use your \$2,000 benefit toward needed non-routine dental care		
Evidence-Based Integrated Care (EBICP)		
EBICP provides benefits for additional teeth cleanings for persons with certain medical conditions that have oral health complications. Conditions include Diabetes, Pregnancy, Cancer, Periodontal disease, some specific heart conditions, Kidney failure or dialysis or a condition causing a suppressed immune system. EBICP requires self-enrollment by calling 800-236-3712. No medical claims need to be submitted or filed.		

We offer the Delta Dental Comprehensive Enhanced dental plan. Always use a PPO 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.

QUESTIONS?

Call customer service at

800-236-3712

or visit www.deltadentalwi.com

Employee Premiums listed below are monthly premiums for full-time employees working 36 or more hours per week.

See Appendix for part-time employee premiums.

Employee	\$5.52
Limited Family	\$12.48
Family	\$18.60

Vision Insurance

Sheboygan Area School District offers a Voluntary Vision Program through NVA. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

National Vision Administrators (NVA)	
Exam	
Routine Exams (Annual)	100% after \$10 copay
Vision Materials	
Materials Copay	100% after \$25 copay
Lenses	Benefit varies by type of lens. Covered once every calendar year.
Frames	Retail allowance up to \$150; 20% off balance. Covered once every calendar year.
Contacts Covered in lieu of frames Medically necessary contacts may be covered at a higher benefit level	Retail allowance up to \$175 yr; 15% discount for conventional lenses or 10% discount for disposable lenses. Covered once every calendar year in lieu of frames.



National Vision Administrators, L.L.C.

NVA has a national network of providers comprised of all provider types: Optometrists, Ophthalmologists and Opticians. Participating vision providers available are both those in private practice and national retailers. Finding a provider is easy! Visit the NVA website at www.e-nva.com or download the NVA Vision Benefits Member App.

NVA Smart Buyer®

The NVA Smart Buyer® Library - Accessible on both our website and mobile app, this library allows you to research beforehand what lenses and additions work best for you and your budget.

Vision Benefit Maximizer Provider Search Tool - You can search for providers near your zip code and see how many frames are available for \$0 out of pocket based on you plan design.

Smart Buyer® Specialist Unit - For further questions, you can call into our 24/7/365 customer service center where our optician-led Smart Buyer® Specialist Unit will answer your questions.

Employee Premiums listed below are monthly premiums for full-time employees working 36 or more hours per week.

See Appendix for part-time employee premiums.

Employee	\$8.12
Limited Family	\$16.22
Family	\$21.48

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Sheboygan Area School District 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 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. The FSA plan is administered by Employee Benefits Corporation (EBC).

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.
- Health Care FSA funds are available on the first day of your plan year.
- Dependent Care FSA funds are only available as your payroll deductions are deposited to your account.
- 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 are allowed to carry over a maximum of \$680 into the 2026 plan year. You will lose any remaining funds over \$ 680.
- 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.

Eligible Expenses:

FSA monies can be used to pay for IRS qualified medical, dental and vision expenses. This now includes over-the-counter medications and medical supplies.

Read these publications on www.irs.gov/publication:

- IRS Publication 969 regarding allowed over-the-counter medications and medical supplies
- Publication 502 outlining qualified medical expenses

Please plan your FSA contributions carefully. Re-enrollment is required each year.

2026 Maximum Annual Election	
Health Care FSA	\$3,400
Dependent Care FSA	\$7,500

Wellness Program

NEW!! Elevate Your Health & Wellness with Marquee Health

COMING IN JANUARY OF 2026!

Employees and spouses enrolled in Sheboygan’s medical insurance are eligible to participate in our free and comprehensive wellness program and make a lasting impact. Align your goals, stay motivated, celebrate successes, and redefine what health and wellness mean to you.

Resources at your fingertips to balance both your work and wellness!

- **Wellness Portal & Mobile App:** Technology at your fingertips
- **Unlimited Access to Health Coaches:** Experts answering your questions & helping you reach your goals
- **Wellbeing Place Blog:** Weekly posts focused on trending health and wellness topics
- **On-Demand Wellness Videos:** Learn to cook, meditate, or workout when it’s convenient for you
- **Personal Health Assessments:** Questionnaires to help identify health risk areas
- **Wellness Challenges:** Opportunities to compete against your coworkers with wellness-focused goals
- **Monthly Webinars:** Educate yourself on how to make the best decisions for your well-being

How Do I Get Started?

1. **Employees & Spouses:** First time users will receive an email from MyWellPortal to establish your password and log in to your account.
2. If you did not receive an email, go to mymarqueehealth.com and click ‘Forgot Password’ to receive an email.
3. The QR code below can be used to download the MyWellPortal app once your account has been created.

ARE YOU UP FOR THE CHALLENGE??
Access the 2026 member challenges here:

[SASD 2026 Marquee - Challenge List](#)



MyWellPortal Features

- Medically enrolled employees and spouses may track and view activities within the My Rewards program
- Access wellness documents and resources
- View monthly promotional topics
- Participate in available wellness challenges
- Schedule an appointment with a Health Coach

SCAN ME



800.882.2109 | mymarqueehealth.com | info@mywellportal.com



Employee Assistance Program (EAP)

Sheboygan Area School District offers all employees free access to an Employee Assistance Program (EAP) through Advocate Aurora Health. You and any family member residing with you or dependent under your health plan have access to 6 sessions per issue.

Consider calling the EAP when a problem:

- Occupies too much of your time
- Interferes with normal activities
- Persists for more than 2-3 weeks



Typical concerns may include:

- Workplace stress
 - Anxiety or depression
 - Balancing work & family
 - Caring for aging parents
 - Childcare
 - Child/family concerns
 - Finding quality and cost-effective childcare
 - Divorce
 - Financial pressures
 - Legal issues
 - Relationship issues
 - Alcohol/drug abuse
- Call 800-236-3231 between the hours of 8 a.m. to 5 p.m. Central Standard Time (Monday-Friday)
 - 24 hours a day, 7 days a week to talk to an EAP Counselor



InHealth Clinic

Sheboygan Area School District offers an employer-funded, near site clinic managed by SolidaritUS Health for the benefit of our employees and their family members covered under the health plan.

Advanced Primary Care for You and Your Family



Preventive, Episodic Sick, and Urgent Visits



Vaccinations



Healthy Lifestyle and Risk-Reduction Consultation



Chronic Disease Prevention and Management



1,000 In-Clinic Lab Tests (including blood draws)



Coordination of Specialist/Hospital Care



Telehealth: Care from Anywhere



Medication Management



Chiropractic Services

Experience the difference. Make an appointment.

 920.547.4210



**SolidaritUS
Health**

Sheboygan InHealth Clinic
by SolidaritUS

615 Pennsylvania Ave, Sheboygan, WI 53081

Monday 7 am-6 pm
Tuesday 8 am-4 pm
Wednesday 7 am-6 pm
Thursday 7 am-3 pm
Friday 7 am-3 pm



SHEBOYGAN AREA
SCHOOL DISTRICT

New Health Care Services at the Sheboygan InHealth Clinic by SolidaritUS

- After-hours access to your personal provider - reach your InHealth provider directly by secure mobile phone when you have urgent care concerns, with same/next business day appointments
- New in-clinic services: ECG/EKG testing, skin biopsies, basic wound care, incision and drainage of cysts and boils/abscesses, and other services

"SolidaritUS Health provides our patients comprehensive advanced primary care from a trusted personal provider. This is the way we should all experience health care."

Suzanne Gehl, MD
Chief Medical Officer &
Collaborating Physician,
Sheboygan InHealth Clinic by
SolidaritUS



Teladoc

Your Healthcare Just Got a Whole Lot Easier!

With Teladoc you can connect with a doctor who can diagnose, treat, and prescribe over the phone 24/7/365. Using Teladoc can SAVE YOU TONS OF MONEY and no more time wasted in waiting rooms or trying to schedule an appointment.

Teladoc physicians are licensed and can handle an array of common ailments including allergies, earaches, sore throat, pink eye, strep throat, urinary tract infection, and many more! Teladoc also provides services for behavioral health and dermatology. Teladoc is great for families because your spouse and dependents can use it too. There is no limit on the number of times called or the duration of each call. It saves you time and money.



- Physician visits are \$49 or less
- Dermatology Visits are \$85 or less
- Behavioral health is \$90 for visits with a psychologist, licensed social work, counselor, or therapist
- Psychiatrist visits are \$220 for the initial session and \$200 for ongoing visits
- 24x7 Unlimited doctor access
- FREE to use
- Access by app, online or telephone
- Spouse and dependent use
- Price and save on prescriptions

Sign up before you need services at www.teladoc.com



Want to start feeling better fast?

ATI will help you address chronic pain, or help you recover from an injury or surgery - expertly, quickly, and conveniently. They offer exceptional care, trusted expertise, and remarkable outcomes - customized to you.

Employees and dependents enrolled in the Sheboygan Area School District medical plan are covered at a \$0 copay per visit.

ATI offers personalized rehabilitation treatment with hands-on physical therapy for a variety of concerns and conditions including:


- Acute and chronic pain
- Strains and sprains
- Joint injury or trauma
- Sciatica
- Headaches
- TMJ Dysfunction/jaw pain
- Vestibular dysfunction/Vertigo/Dizziness
- Concussion
- Women's Health/Pelvic pain
- Balance Disorders and Fall Prevention
- Difficulty walking/gait dysfunction
- Overuse injuries
- Joint Replacement
- Pre- and post-surgical conditions
- Hand pain or injury
- Sports-related injury
- Neurological conditions

If you are experiencing pain, don't live with it. To get started today, call 1-833-284-0001 or visit <https://atipt.com>.

Where to Get Care

CHOOSE THE RIGHT HEALTH CARE SETTING

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs:

TYPE OF CARE	WAIT TIME	COST**
 <p>Aurora Health Care EAP Contact Number: 800-236-3231</p> <p>When to call*</p> <ul style="list-style-type: none"> • Immediate help with a stressful situation such as depression, grief, substance abuse, or relationship, counselor available 24/7. • Follow-up in person support - Includes up to 6 counseling sessions (per issue) for assistance with stress, depression, grief, substance abuse, relationships, etc. <p>Coverage automatic for all associates, no enrollment required.</p>	<p>20-30 seconds</p> <p>Call answered, on average</p>	<p>\$0</p>
 <p>Sheboygan County InHealth Clinic 615 Pennsylvania Ave. Call (920) 547-4210 to schedule an appointment!</p> <p>Sheboygan County InHealth Clinic is a convenient way to get many of the same services you would receive from your primary care doctor or from an urgent care/walk-in clinic... at no cost to you! *</p> <p>When to go*</p> <ul style="list-style-type: none"> • The InHealth Clinic can provide preventive care, wellness services, vaccinations, and treatment for various illness & injuries, in addition to ongoing treatment for chronic condition management. <p>*Must be on SASD's medical plan; \$10 chiropractic copay may apply</p>	<p>5 minutes or less, on average</p>	<p>\$0 on average; varies by service*</p>
 <p>Teladoc HEALTH</p> <p>When to call*</p> <ul style="list-style-type: none"> • Teladoc Online medical physicians can be accessed at www.teladoc.com or by calling 800-835-2362. They can diagnose acute ailments, recommend treatments, and prescribe medications. Convenient for evening and weekend situations. Pediatric, Psychiatry, Psychology and Dermatology specialists are also available. • Must be on SASD's medical plan 	<p>5 minutes Approximate wait time for doctor to respond (Wait time for Mental Health and Dermatology services are typically 4 days on average)</p>	<p>\$49 or less For everyday care; varies by service (Mental Health and Dermatology services are more)</p>
 <p>Retail clinic/convenient care clinic Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies.</p> <p>When to go*</p> <ul style="list-style-type: none"> • Colds or flu • Sinus infections • Allergies • Vaccinations or screenings • Minor sprains, burns or rashes • Headaches or sore throats 	<p>15 minutes or less, on average</p>	<p>\$50-\$100 Approximate cost per service</p>



Urgent care/walk-in clinic

Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.

When to go*

- Sprains and strains
- Mild asthma attacks
- Sore throats
- Minor broken bones or cuts
- Minor infections or rashes
- Earaches

20-30 minutes
Approximate wait time

\$150 - \$200
Average cost



Clinical care (your doctor's office)

Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.

When to go*

- Preventive services and vaccinations
- Medical problems or symptoms that are not an immediate, serious threat to your health or life

1 week or more
Approximate wait time for an appointment

\$100-\$150
Average cost



Emergency room (ER)

Visit the ER only if you are badly hurt or seriously ill. *If you are not seriously ill or hurt*, seek other options, or contact the Nurse Line for Advice.

When to go*

- Sudden change in vision
- Sudden weakness or trouble talking
- Large, open wounds
- Difficulty breathing
- Severe head injury
- Heavy bleeding
- Spinal injuries
- Chest pain
- Major burns
- Major broken bones

3 to 12 hours
Approximate wait time for non-critical cases

\$1,200-\$1,500
Average cost



For additional information or assistance in finding the right care, contact UMR via the Member Services phone number on your ID Card, mobile app, or online chat via www.umar.com. A UMR customer care guide will be available to answer your questions or help you understand your plan benefits. They can connect you with the right benefits and programs for your needs.

* This is a sample list of services and is not intended to be all-inclusive.

** Costs are averages only and not tied to a specific condition or treatment. Out-of-pocket costs will vary based on your medical plan design.

Wisconsin Retirement System (WRS)

The Wisconsin Retirement System (WRS) provides retirement (pension) benefits to state and local public employees. At the time of hire, the Sheboygan Area School District is required to cover you as a participating employee if your job position meets WRS requirements. The money to pay WRS benefits come from employee and employer required contributions and are based on a percentage of your annual salary by law. The table below shows recent rates. Your employee contribution is deducted on a pre-tax basis. You may also choose to make additional contributions to WRS. Please refer to the [ETF Benefit Handbook](#) for complete plan details.

Calendar Year	Employee Required	Employer Required	Total
General			
2025	6.95	6.95	13.90
2026	7.20	7.20	14.40
Teachers			
2025	6.95	6.95	13.90
2026	7.20	7.20	14.40

Life Insurance

Sheboygan Area School District offers a life insurance option through the Wisconsin Public Employers Group Life Insurance Program under the Wisconsin Retirement System (WRS). This benefit is available to full-time or part-time employees under age 70 who are eligible to participate in WRS. Basic, Supplemental, Additional and Spouse & Dependent Coverages are available at a monthly rate per \$1,000 of Insurance equal to your previous year's WRS earnings and your current age. See Table below. Please see the summary plan description for complete plan details.

Wisconsin Public Employers Group Life Insurance Plan Monthly Employee Premium Rates Per \$1,000 of Insurance

Age	Local Government Employee
	Basic, Supplemental and Additional
	July 1, 2025 – March 31, 2026
Under 30	\$.05
30-34	\$.06
35-39	\$.07
40-44	\$.08
45-49	\$.12
50-54	\$.22
55-59	\$.39
60-64	\$.49
65-69*	\$.57
70 and older	**

Local government employees:

Each Unit of Spouse and Dependent Insurance is \$1.60 per month.

*Premiums for age 65-69 are required as long as employment continues.

**Active employees aged 70 and older should review the detailed plan information at MySASD.

Disability Insurance

Voluntary Short-Term Disability Insurance

Sheboygan Area School District offers a voluntary short-term disability option through National Insurance Services of Wisconsin, Inc. This benefit covers 66.67% of your annual base salary, divided by 52, depending upon your coverage choice per week. Benefits start on the 1st day for a covered disability resulting from an accident and 4th day for a disability resulting from an illness and lasts up to 90 days. Benefits are paid in addition to sick leave pay and Worker's Compensation. Please see the [STD Certificate of Insurance](#) for complete plan details.

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+	\$504.00*

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.

*If you are choosing coverage for the first time with a weekly benefit amount of \$357 or above, you are required to complete and submit a medical questionnaire (Evidence of insurability form). Applications subject to medical questions may be denied due to the answers to those questions. If are denied coverage at the higher level, you will automatically be enrolled in the \$301 level.

Long-Term Disability Insurance

Sheboygan Area School District provides long-term income protection through National Insurance Services of Wisconsin, Inc. in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 66.67% of your monthly base salary up to a max benefit amount specified in your benefit summary. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the [LTD Certificate of Insurance](#) for complete plan details.

Tax-Sheltered Annuities

Sheboygan Area School District offers 403(b) and 457(b) tax-sheltered annuities through WEA Member Benefits and Wisconsin Deferred Compensation (WDC). Both plans are a supplemental retirement savings plan that allows you to invest a portion of your income for retirement on either a pre-tax basis, an after-tax basis (Roth), or a combination of both through a payroll deduction. Participation is voluntary. Please refer to the plan documents for complete details.

USI Mobile App

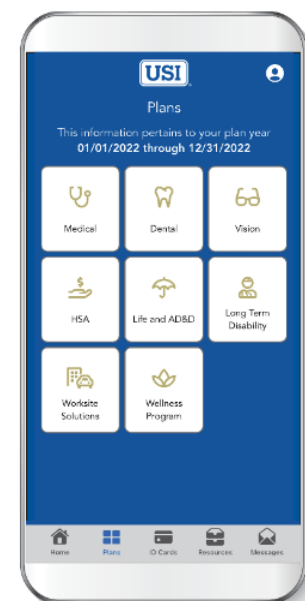
The USI mobile app, MyBenefits2GO, gives you 24/7 on-the-go access to the Sheboygan Area School District's benefit and insurance policy details, benefits contact information and more!

If you already have the app downloaded to your phone, 2026 plan information will be automatically updated in December. If not, to access the upcoming plan year information, download the **MyBenefits2GO** app to view plan contact information, key plan documents and more.

- **Staying Organized**
The app gives you access to benefit plan information and ID cards—all in one place.
- **Keeping Up-to-Date**
The app automatically connects you with the most updated plan information.
- **Lightening Wallets**
The app allows you to take and access images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.
- **Getting In Touch**
The app provides you with a single location to find contact information for the Benefit Resource Center, as well as insurance carriers.

FIND IT IN THE APP STORE

Search for 'MyBenefits2GO' and download our free app. After scrolling through the intro pages. Enter this code when prompted: **F80162**



Benefit Resource Center (BRC)

USI's Benefits Resource Center can assist members with anything related to benefits, billing, and claims.

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



- Deciding which plan is best for you
- Benefit Plan and Policy Questions
- Transition of Care when changing carriers
- Claim issues, escalation, and appeals
- Finding in-network providers
- Access to care issues
- Disability claims
- Coordination of benefits

Tips for utilizing the BRC

- When emailing the BRC, let them know you are an employee of Sheboygan Area School District
- When leaving a voicemail, include detailed information such as:
 - Employee of Sheboygan Area School District
 - Insurance ID number
 - Date of Birth
 - Brief description of your question or issue
- Best day/time/phone number for the Benefit Specialist to reach you
- If you're looking for assistance with benefit decisions (i.e. comparing your plan with a spouse's plan), provide a copy of the benefit guide/policy to compare
 - Please Note: Policy comparison will take a little longer for review and response

Benefit Resource Center

BRCMidwest@usi.com | 855-874-0829 |

Monday – Friday 7am – 4pm CST



Contact Information



Additional information regarding benefit plans can be found at [MySASD](#). Please contact your Payroll Benefits Specialist to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
BRC for help with benefits and/or claims questions	USI	855-874-0829	brcmidwest@usi.com
Medical PPO	UMR (TPA)	800-826-9781	www.umar.com
Pharmacy	Optum RX	877-559-2955	www.umar.com
Dental	Delta Dental Insurance Company	800-236-3712	www.deltadentalwi.com
Vision	National Vision Administrators (NVA)	800-672-7723	www.e-nva.com
Short Term Disability (STD)	National Insurance Services of Wisconsin, Inc.	800-627-3660	www.nisbenefits.com
Long Term Disability (LTD)	National Insurance Services of Wisconsin, Inc.	800-627-3660	www.nisbenefits.com
Flexible Spending Account (Section 125)	Employee Benefits Corporation	800-346-2126	www.ebcflex.com
Life Insurance	ETF Group Life Insurance	877-533-5020	www.etf.wi.gov
Retirement Pension	ETF Wisconsin Retirement System	877-533-5020	www.etf.wi.gov
Retirement Savings	WEA Member Benefits	800-279-4030	www.weabenefits.com
Retirement Savings	Wisconsin Deferred Compensation	877-457-9327	www.wdc457.org
Wellness Program	Marquee Health	800-882-2109	mymarqueehealth.mywellportal.com
Employee Assistance Program (EAP)	Advocate Aurora Health	800-236-3231	www.aah.org/eap
Teladoc	Teladoc	800-835-2362	www.teladoc.com
Employee InHealth Clinic	SolidaritUS	920-547-4210	
Physical Therapy	ATI Physical Therapy	833-284-0001	www.ATIpt.com

	SASD PAYROLL/BENEFIT SPECIALIST	PHONE NUMBER	EMAIL
Teachers	Heather Blevons	920-459-3527	payroll@sasd.net
Administrators, Support Staff	Becky Huberty	920-459-3528	payroll@sasd.net

Prorated Premium Appendix 1

Medical – Support Staff

Hours Per Day	Plan Coverage	Employee Portion - Monthly			
		23%	15.60%	14%	12%
7 hours	Single	283.61	224.26	211.42	195.38
	Limited Family	637.77	504.30	475.44	439.37
	Family	905.85	716.28	675.28	624.04
6.5 hours	Single	321.78	266.09	254.05	238.99
	Limited Family	723.60	598.37	571.30	537.45
	Family	1027.75	849.89	811.43	763.36
6 hours	Single	359.94	307.92	296.68	282.61
	Limited Family	809.43	692.45	667.15	635.54
	Family	1149.65	983.51	947.58	902.68
5.5 hours	Single	398.11	349.76	339.30	326.23
	Limited Family	895.25	786.52	763.01	733.63
	Family	1271.55	1117.13	1083.73	1042.00
5 hours	Single	436.27	31.59	381.93	369.85
	Limited Family	981.08	880.60	858.87	831.72
	Family	1393.46	1250.75	1219.89	1181.31
4.5 hours	Single	474.44	433.42	424.56	413.47
	Limited Family	1066.90	974.67	954.73	929.80
	Family	1515.36	1384.36	1356.04	1320.63
4 hours	Single	512.60	475.26	467.18	457.09
	Limited Family	1152.73	1068.75	1050.59	1027.89
	Family	1637.26	1517.98	1492.19	1459.95

How to Determine your Premium Percentage

12%	Both Employee and Spouse Complete an Annual Physical And Both Employee and Spouse earn 40+ Wellness points
14%	Both Employee and Spouse Complete an Annual Physical And Either Employee or Spouse earn 40+ Wellness points
15.60%	Both Employee and Spouse Complete an Annual Physical
23%	No Participation

Note: New employees hired on or after February 1, 2025, will receive the 12% premium cost share in 2026. You will need a physical and 40 points between November 1, 2025 and October 31, 2026 to receive a discount for the 2027 insurance year.

A \$75 monthly surcharge is applied to your medical premium if your spouse is eligible for insurance through their employer and elects not to take that coverage.

Prorated Premium Appendix 2

Medical – Teachers

Full-time Equivalent	Plan Coverage	Employee Portion - Monthly			
		23%	15.60%	14%	12%
.85 FTE	Single	311.37	254.68	242.42	227.10
	Limited Family	700.19	572.72	545.15	510.70
	Family	994.50	813.45	774.30	725.37
.8 FTE	Single	346.06	292.71	281.18	266.75
	Limited Family	778.22	658.24	632.30	599.87
	Family	1105.32	934.92	898.07	852.02
.7 FTE	Single	415.46	368.77	358.68	346.06
	Limited Family	934.26	829.29	806.58	778.21
	Family	1326.96	1177.86	1145.62	1105.32
.65 FTE	Single	450.15	406.80	397.43	385.71
	Limited Family	1012.29	914.81	893.73	867.38
	Family	1437.78	1299.33	1269.39	1231.97
.6 FTE	Single	484.85	444.83	436.18	425.36
	Limited Family	1090.31	1000.33	980.87	956.55
	Family	1548.60	1420.80	1393.17	1358.63
.5 FTE	Single	554.24	520.90	513.69	504.67
	Limited Family	1246.36	1171.38	1155.16	1134.90
	Family	1770.25	1663.75	1640.72	1611.93

How to Determine your Premium Percentage

12%	Both Employee and Spouse Complete an Annual Physical And Both Employee and Spouse earn 40+ Wellness points
14%	Both Employee and Spouse Complete an Annual Physical And Either Employee or Spouse earn 40+ Wellness points
15.60%	Both Employee and Spouse Complete an Annual Physical
23%	No Participation

Note: New employees hired on or after February 1, 2025, will receive the 12% premium cost share in 2026. You will need a physical and 40 points between November 1, 2025 and October 31, 2026 to receive a discount for the 2027 insurance year.

A \$75 monthly surcharge is applied to your medical premium if your spouse is eligible for insurance through their employer and elects not to take that coverage.

Prorated Premium Appendix 3

Dental – Support Staff

Hours Per Day	Plan Coverage	Employee Portion - Monthly
7 hours	Single	10.99
	Limited Family	24.83
	Family	37.01
6.5 hours	Single	13.72
	Limited Family	31.01
	Family	46.22
6 hours	Single	16.46
	Limited Family	37.19
	Family	55.43
5.5 hours	Single	19.19
	Limited Family	43.36
	Family	64.64
5 hours	Single	21.93
	Limited Family	49.54
	Family	73.84
4.5 hours	Single	24.66
	Limited Family	55.72
	Family	83.05
4 hours	Single	27.39
	Limited Family	61.90
	Family	92.26

Prorated Premium Appendix 4

Dental – Teachers

Hours Per Day	Plan Coverage	Employee Portion - Monthly
.85 FTE	Single	12.98
	Limited Family	29.33
	Family	43.71
.8 FTE	Single	15.46
	Limited Family	34.94
	Family	52.08
.7 FTE	Single	20.44
	Limited Family	46.17
	Family	68.82
.65 FTE	Single	22.92
	Limited Family	51.79
	Family	77.19
.6 FTE	Single	25.41
	Limited Family	57.40
	Family	85.56
.5 FTE	Single	30.38
	Limited Family	68.63
	Family	102.30

Prorated Premium Appendix 5

Vision – All Employees

Plan Coverage	Monthly Cost – All Employees	Vision premiums do not vary by hours worked
Single	\$8.12	
Limited Family	\$16.22	
Family	\$21.48	

This brochure summarizes the benefit plans that are available to Sheboygan Area School District eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

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

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

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 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Sheboygan Area School District
Payroll & Benefits Specialist
payroll@sasd.net

ADA NOTICE REGARDING WELLNESS PROGRAMS

Sheboygan Area School District's wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a routine physical with a primary care physician or licensed nurse practitioner. You will also be asked to complete a biometric screening, which will include a blood test equivalent to a Complete Blood Count (CBC) panel. You are not required to complete the routine physical or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a premium discount for participating. Although you are not required to complete the routine physical or participate in the biometric screening, only employees who do so will receive the premium discount.

Additional incentives of up to 3.6% may be available for employees who participate in certain health-related activities outlined in the Sheboygan Area School District wellness guide. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Jami Hintz at (920) 459-3554 or jhintz@sasd.net.

The information from your routine physical and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and are not disclosed to SASD. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Jami Hintz at (920) 459-3554 or jhintz@sasd.net.

Your Information. Your Rights. Our Responsibilities.

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

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

- 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.

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.

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

- January 1, 2026
- Jami Hintz at (920) 459-3554 or jhintz@sasd.net.

MEDICARE PART D CREDITABLE COVERAGE NOTICE

Important Notice from Sheboygan Area 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 Sheboygan Area 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. Sheboygan Area School District has determined that the prescription drug coverage offered by the Sheboygan Area School District Health Plan for the plan year 2026 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 Sheboygan Area School District Health 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 Sheboygan Area School District Health Plan creditable coverage.
- You may stay in the Sheboygan Area School District Health Plan and also enroll in a Medicare prescription drug plan. The Sheboygan Area School District Health Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Sheboygan Area School District Health Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Sheboygan

Area School District Health 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.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

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 Sheboygan Area 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: January 1, 2026
Name/Entity of Sender: Sheboygan Area School District
Contact Position/Office: Payroll & Benefits Specialist
Address: 3330 Stahl Rd., Sheboygan, WI 53081
Phone Number: 920-459-3528 or 920-459-3527
Email: payroll@sasd.net

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 March 17, 2025. 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+)
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.mycohibi.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: KIHIPP.PROGRAM@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/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

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/ofl/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: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>
<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

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 \(CHIP\) \(pa.gov\)](http://www.pa.gov/childrens-health-insurance-program)
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](http://www.texas.gov/health-insurance-premium-payment-hipp-program)
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](http://www.vermont.gov/health-insurance-premium-payment-hipp-program)
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

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 March 17, 2025, 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)



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(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.

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.

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 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:	Sheboygan Area School District
Contact--Position/Office:	Becky Huberty, Payroll & Benefits Specialist Heather Blevons, Payroll & Benefits Specialist
Address:	330 Stahl Rd., Sheboygan, WI 53081
Phone Number:	920-459-3528 and 920-459-3527

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.

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 Sheboygan Area School District		4. Employer Identification Number (EIN) 39-6004431	
5. Employer address 3330 Stahl Rd.		6. Employer phone number (920) 459-3955	
7. City Sheboygan		8. State WI	9. ZIP code 53081
10. Who can we contact about employee health coverage at this job? SASD Payroll & Benefits Specialist Support Staff/Admin Group – Becky Huberty rhuberty@sasd.net 920-459-3528 Professional Group – Heather Blevons hblevons@sasd.net 920-459-3527			
11. Phone number (if different from above)		12. Email address payroll@sasd.net	

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:

- Some employees. Eligible employees are:

Eligible employees are employees who are reasonably expected to work 20 hours a week or more based upon a determination made upon hire or change to a new position.

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

Eligible dependents are a lawful spouse of the covered employee and qualified dependent children as defined by the plan.

- 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.