

2027 BENEFITS GUIDE

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Welcome

At Monona Grove School District, we recognize our ultimate success depends on our talented and dedicated workforce. We understand each employee's contribution to our overall accomplishments; therefore, we aim 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, **Monona Grove School District Benefits Site**

Any questions can be emailed to benefits@mgschools.net

Eligibility



Eligible Employees

You may enroll in the Monona Grove School Employee Benefits Program if you are an employee working at least 30 hours a week.

Eligible Dependents

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. If your child is disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

When Coverage Begins

For newly hired employees, health, dental, and vision benefits commence on your hire date. Long-term disability begins on your first day of employment.

Open Enrollment

Open Enrollment is offered annually at the end of October/early November. Elections made during open enrollment become effective on January 1st of the following year. Those elections are in effect for the entire plan year and can only be changed if you experience a qualifying life event. During Open Enrollment, you can:

- Add, change, or drop coverage for you and/or your dependents.
- Enroll or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

Qualifying Life Event (QLE)

A qualifying life event is a change in your personal life that may impact your or your dependent's eligibility for benefits. Examples of qualifying life events include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, ineligibility due to age)
- Change in employment or job status (spouse loses job, increase/decrease in FTE, etc.)

For more information on qualifying life events, please click **HERE**. Changes need to be submitted within 30 days of the qualifying event.

New Offering For 2027

FRA – Family Reimbursement Account

If you have been enrolled in the MGSD Health Insurance for the last 12 months and you and your dependents cancel your insurance through the district and move to another group health plan, most likely through a spouse or parent, then you will qualify for the Family Reimbursement Account. The significant benefit of this plan is that in-network medical or prescription expenses you incur through the other group coverage will be paid for by MGSD.

Eligibility

- Enrolled in the MGSD Health Insurance since 1/1/26 or prior
- Waive existing MGSD Health Insurance and enroll in another Employer Group Health Plan

Benefit Component

MGSD covers 100%* of your in-network, covered medical and pharmacy deductible, coinsurance and copay expenses incurred on your new (non-MGSD) employer health plan, up to a maximum of $5,000 Single / $10,000 Family

How does it work?

You will typically pay for eligible medical or prescription expenses out-of-pocket first. You then submit a claim with documentation (like receipts or Explanation of Benefits statements) for reimbursement from your FRA. Reimbursement will either be sent to you via check or directly deposited into an account of your choice.

Why would you make this change?

- Tax Advantages: The reimbursements for qualified medical expenses are tax-free.
- Offers greater flexibility and potential savings on healthcare expenses.
    - For employees that had Dean through the District, have Dean available through a spouse's employer plan but that plan was cost prohibitive, the FRA may make Dean a practical option again.

We understand that everyone's situation is unique. Please contact the Benefits Department if you have any questions.

*IRS special rules to consider if alternative health plan is an HSA qualified high-deductible health plan (HDHP) - must meet HDHP minimum deductible under other plan before FRA begins reimbursement. For 2027, HDHP Minimum Deductible is $1,750 Single / $3,500 Family

USI's Benefit Resource Center



"Services denied?"

"Why won't they pay my claim?"

"How can my claim still be in process? It's been two months!"

"I called my insurance carrier, but now I'm just more confused."

"Do I have mail-order prescription benefits?"

Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims

Benefits Resource Center

BRCCentral@usi.com | Toll Free: 855-874-0742 | Monday – Friday • 8am – 5pm CST

Medical



Monona Grove School District offers medical plans through Group Health Cooperative of South Central Wisconsin. These plans have deductibles, medical copays, and prescription drug copays.

Cost of Coverage: *How You Pay for Health Care Costs*

You share the cost of health care services with The Monona Grove School District and the medical plan you select. As you review the medical plans you should consider the following types of costs:

Premium: A premium is the total cost for your medical insurance. The district and the employee share this cost. You pay your portion through pre-tax payroll deductions.

Deductible: A deductible is the amount you must pay before the medical plan begins, sharing the cost of services. You pay this full amount, if required by your plan, before the plan pays benefits.

Coinsurance: When you are paying coinsurance, if the coinsurance is less than 100%, you are sharing a percentage of the cost of services with the medical plan. For the HMO plans that the Monona Grove School District offers, after you've met the deductible, the plan pays at 100% coinsurance. In those situations, once you've met the deductible, you wouldn't have any further responsibility for services that apply to the Deductible. The health plan pays 100% of the cost after you've met your deductible.

Copay: A copay is a set payment for a specific service that you pay for. For example, Emergency Room Visits have a $150 Copay.

Out-of-Pocket Maximum: The annual out-of-pocket maximum protects you from major medical expenses. This is the most you would pay and includes your medical deductible, copays, and coinsurance. Once you reach the out-of-pocket maximum, the plan pays 100% charges for the balance of the calendar year.

Your Total Costs Remember, the total cost you pay for health care services in a plan year is the combination of your out-of-pocket costs when you access medical care and the premium payments you must make for coverage.

For more information on Key Insurance Terms, click **HERE**.

Medical Comparison

	GHC HMO
	In Network Benefits Only
Deductible / Coinsurance	
Annual Deductible	$500 Single / $1,000 Family
Coinsurance	100%
Physician Office Visit	
Primary Care / Specialty Care	$20 copay
Chiropractic	$20 copay
Physical Therapty	$20 copay
Preventive Care	
Adult and Well-Child Visits	100%
Diagnostic Services	
X-ray and Lab Tests	100% after deductible
Complex Radiology	$150 copay
Urgent Care Facility	$20 copay
Emergency Room Facility Charges*	$150 copay ; waived if admitted
Inpatient Facility Charges	100% after deductible
Outpatient Facility and Surgical Charges	100% after deductible
Mental Health / Substance Abuse	
Inpatient	100% after deductible
Outpatient	$20 copay
Retail Pharmacy (30 Day Supply)	
Generic (Tier 1)	$5 copay
Preferred (Tier 2)	$15 copay
Non-Preferred (Tier 3)	$35 copay

Employee Contributions (Monthly)	
Single	$80.87
Family	$208.12

*See page 16 for additional plan costs

Be A Smart Healthcare Consumer

Healthcare Literacy: 6 Things You Need to Know About Using Your Medical Plan

Tips To Maximize Healthcare Savings

Keep Up With Preventive Care For Better Health

Where To Go For Care

How To Stretch Your Healthcare Dollars

Take advantage of health and wellness opportunities offered Group Health Cooperative. Here is the link to their wellness program

To learn more about where to seek care, click HERE

Effective 1/1/27, Monona Grove School District will be moving to GHC's Better Together HMO Network. What does that mean for MGSD Staff and Families?

- Better Together HMO includes ONLY GHC Primary Care Clinics (Neither UW or Unity Point-Meriter Primary Care Providers are In Network)
- If you enroll in the Medical Plan, you (and your family members) must select a GHC Provider / Clinic as your Primary Care Provider
- Better Together HMO continues to provide access to UW and Unity Point Health-Meriter for certain Specialists
    - Specialty Care that must be completed at a GHC Clinic:
        - Advanced Imaging (X-ray, Ultrasound, CT Scan, 3D Mammogram, Bone Mineral Density)
        - Chiropractic
        - Dermatology
        - Laboratory
        - Physical and Occupational Therapy
        - Prenatal Genetic Counseling
        - Sports Medicine
        - Routine Eye Care

The **Better Together HMO** gives individuals access to their choice of our five full-service, high-quality GHC-SCW primary care clinics in and around Madison, plus access to specialty care close to home through our world-class specialty partners at UW Health Hospitals and clinics and UnityPoint Health - Meriter Hospital and clinics.

Visit **ghcscw.com** and select, "Find a Provider" to search our exceptional GHC-SCW Primary Care Providers located in our five primary care clinics:



GHC NurseConnect

Here for you 24/7.



3 a.m. and a crying baby? Unsure about an unexpected rash?

Busy schedules don't always allow time for doctor's visits. Call GHC NurseConnect, staffed 24/7. They can answer your questions, give you advice and help you plan your next steps.

Pick Up The Phone!

Call: (608) 661-7350 or
toll-free at (855) 661-7350
to speak with a nurse today!



Get general care advice for:

- Cough
- Cold
- Fever
- Flu
- Sore Throat
- And more!

At GHC-SCW, we believe that when we work with our members to provide exceptional, complete and connected health care we are **BETTER TOGETHER**℠.

BETTER TOGETHER™

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK17-85-2(8.23)FL

Group Health Cooperative
of South Central Wisconsin

ghcscw.com

Care OnDemand

VIRTUAL CARE OPTIONS



GHC-SCW offers many ways for our members to receive care.
We believe health care should be easy to use and there when you need it.

GHC NurseConnect

GHC NurseConnect is staffed 24/7/365 to answer your questions and help you plan your next steps.

- Get general care advice for a cough, cold, fever, flu, sore throat and more.
- Address your health-related concerns with a registered nurse (RN).
- Get out-of-area care for temporary illnesses or injuries.

Call (608) 661-7350 or toll-free at (855) 661-7350. to speak with a nurse today!

GHCMyChart℠ Video Visits with your GHC-SCW Care Team

With GHCMyChart℠ Video Visits, members can safely visit with health care providers and receive the same exceptional care experienced at a GHC-SCW clinic.*

- Visits are set up using GHCMyChart℠.
- Schedule an appointment with a GHC-SCW provider for routine and select specialty care (Dermatology, Behavioral Health, PT/OT).
- Available for preventive and wellness visits.

Call your clinic or log in to GHCMyChart℠ to schedule!

24/7 Virtual Urgent Care *powered by* KeyCare

Virtual Urgent Care *powered by* KeyCare is your 24/7, 365 virtual access to board-certified doctors.

- Access a doctor from your home, office or on the go.
- Visit by secure video to help treat any non-emergency medical condition.
- Most members receive unlimited, free visits.**

Visit ghccareondemand.com/keycare for more information or log in to GHCMyChart℠ to schedule!

24/7 Virtual Therapy *powered by* MDLIVE®

Virtual Therapy *powered by* MDLIVE is your 24/7, 365 virtual access to licensed therapists and board-certified psychiatrists.

- Access a therapist from your home, office or on the go.
- Visit either by phone or secure video to help treat any non-emergency mental health condition.
- Most members receive unlimited, free visits.*

Visit ghccareondemand.com/mdlive for more information or log in to GHCMyChart℠ to schedule!

* For GHCMyChart℠ Video Visits, members must be physically located within the state of Wisconsin during the entirety of the visit.
**Virtual care visits powered by KeyCare and MDLIVE® are not available for Medicare Select, BadgerCarePlus or MMSD-Quartz patients. Plan conditions apply for members with HSA benefit plans.

BETTER TOGETHER®

Group Health Cooperative of South Central Wisconsin (GHC-SCW)
MK21-4.1CT.20PS

Group Health Cooperative of South Central Wisconsin

ghcscw.com

GHC's Wellness Program – ManageWell

ManageWell®
Be Well.

Healthy Lifestyle.
Healthy Rewards.



WELLNESS REWARDS PROGRAM*

GHC-SCW is committed to whole person care for our members. That means **HEALTH** and **WELLNESS**. We have teamed up with ManageWell® to give members access to an exciting platform to manage wellness.

ManageWell®!

- Earn points. Earn rewards.
- Free app and fully online.
- Fun, engaging activities and challenges.
- Customizable to you and your health goals.
- Access to Mayo Clinic's health information library.
- Points refreshed every quarter.

ManageWell®

Earn Points. Earn Rewards.

- Fitness
- Nutrition
- Activity Trackers
- Stress Reduction
- Weight Management
- Healthy Living
- Challenges

Learn more at **ghcscw.com/managewell**

Please check your member materials or call Member Services at **(608) 828-4853** or **(800) 605-4327** to verify eligibility.

BETTER TOGETHER®

Group Health Cooperative of South Central Wisconsin (GHC-SCW)

Group Health Cooperative of South Central Wisconsin

ManageWell® Points

Access ManageWell® by desktop, phone or tablet.



Download the ManageWell® 2.0 app or the ManageWell® from Wellvation app and start earning rewards.

Bring wellness wherever you go.

Points Earned/ Quarter	Reward Tier	Payout/ Quarter
100-199 points	Tier 1 payout	$20 Mailed Check
200+ points	Tier 2 payout	$40 Mailed Check

ACTIVITY	POINTS
ACCESS	
Health Assessment	20/one time per year
PHYSICAL HEALTH	
Exercise Tracker - 150 minutes per week	5/max 65 per quarter
Exercise Tracker - 180 minutes per week	1/max 13 per quarter
Exercise Tracker - 210 minutes per week	1/max 13 per quarter
Annual Physical/Medicare Physical/Postpartum Visit	50/one time per year
Flu Shot	20/one time per year
Dental Cleaning	25/one time per year
Learn Where to Go For the Right Care	5/once indefinitely
Advance Directive Shared With Care Provider	25/once indefinitely
CHALLENGES	
Healthy Program	20/one time per year
Mini Challenges	5 per challenge/max 15 per quarter
Bingo	5 per completion/max 15 per quarter
CONNECTIONS	
Register for GHCMyChart℠	5/once indefinitely
Register for KeyCare	5/once indefinitely
Blood or Plasma Donation	10/once per quarter
Volunteer Your Time	5/once per quarter
WEIGHT MANAGEMENT	
Weight Watchers (WW) or Noom	5 per month/max 15 per quarter
HEALTHY HABITS	
8,000 steps per day	1/max 91 per quarter
10,000 steps per day	1/max 91 per quarter
12,000 steps per day	1/max 91 per quarter
Create a S.M.A.R.T. goal	5/once per quarter
Complete a S.M.A.R.T. goal	10/once per quarter
Community Supported Agriculture (CSA)	100/one time per year
Sleep Tracker - 7 sleep hours/5 days a week	1/max 13 per quarter
Try a New Recipe	5/once per quarter
5K Walk or Run Event	5/once per quarter
Calm Premium App	5 per month/max 15 per quarter
HEALTH EDUCATION	
Health Education Visit	10 per visit/max 30 per quarter
News You Can Use	5 per activity/max 15 per quarter
TOBACCO FREE	
Be Tobacco Free Program	25/one time per year triggered by health assessment

BETTER TOGETHER®

Group Health Cooperative of South Central Wisconsin

GHC Out of Area Dependent Student Coverage

If you have a dependent on your plan who attends school outside of the GHC-SCW service area at least three months of the year, they are eligible for out-of-area dependent student coverage.

GHC-SCW offers coverage outside the service area for full-time dependent students.



GHC-SCW will provide 50% coverage for out-of-network providers and services for: Up to five (5) follow-up care visits following an emergency or urgent condition, and if medically necessary services are recommended at the time the initial care is received.[1] Follow-up care must be prior authorized and received within 30 days of an initial emergency condition or urgent condition visit.

Students will also have coverage for limited outpatient services received from out-of-network providers for mental health and substance use disorders[2]

TELEHEALTH OPTIONS

Video Visits Using GHCMyChart℠

With **GHCMyChart℠** Video Visits, members can safely visit with their GHC-SCW Primary Care Providers or a member of their care team. Visits are set up using **GHCMyChart℠** and available for follow-up visits, exams of easily visible areas, presecription refills and more!

Contact your clinic or log in to GHCMyChart℠ to schedule.

GHC NurseConnect

GHC-SCW nurses are staffed 24/7 to help you, guide you and get you on the path to better health fast. Get general care advice for a cough, cold, fever, flu, sore throat and more. Address your health-related concerns with a registered nurse.

Contact GHC NurseConnect today at (608) 661-7350 or toll free at (855) 661-7350.

Virtual Urgent Care Visits
powered by KeyCare

Virtual Urgent Care powered by KeyCare is your 24/7/365 virtual access to licensed providers. Visit by secure video to help treat any non-emergency medical condition. Most members receive unlimited, free visits.*

Go to ghcscw.com/keycare for more information or log in to GHCMyChart℠ to schedule!

Virtual Therapy Visits
powered by MDLIVE®

Virtual Therapy powered by MDLIVE is your 24/7/365 virtual access to licensed therapists and board-certified psychiatrists. Visit either by phone or secure video to help treat any non-emergency mental health condition. Most member receive unlimited, free visits.**

Visit ghcscw.com/mdlive for more information or log in to GHCMyChart℠ to schedule!

E-Visits
powered by KeyCare

E-Visits powered by KeyCare allows members to send messages and photos to a licensed provider to review and help treat non-emergency medical condidtions.[3] Most members receive unlimited, free visits.*

Go to ghcscw.com/keycare for more information or log in to GHCMyChart℠ to schedule!

Out-Of-Area Dependent Coverage

IN WISCONSIN

GHC-SCW Mail Order Pharmacy

Prescriptions are delivered right to your door with our free mail order service. GHC-SCW pharmacies can dispense a 90-day supply on most medications. Most prescriptions arrive within 3-5 days and sometimes as fast as 2 days after your refill request.

GHC-SCW pharmacists answer questions on therapy, perform dose verification, analyze drug interactions and complete medication reviews for less expensive alternatives.

Call the Sauk Trails Pharmacy at (608) 831-1773 or log in to GHCMyChart℠ for mail order service.

GHC-SCW mail orders can only be shipped to a location within the state of Wisconsin.

OUT OF STATE

Mail Pharmacy

GHC-SCW offers members the Birdi Mail Pharmacy. Please call (888) 240-2211 or visit **BirdiRx.com** for more information. Birdi is an option for members getting prescriptions mailed out of state.

Dental



Monona Grove School District offers a comprehensive Dental Plan through Delta Dental of Wisconsin.

As a participant of the PPO dental plan, you have access to in-network dentists through both the Delta PPO and Premier networks as well as out of network dentists. So, while you can see any dentist, those dentists in the Delta PPO network have agreed to the deepest discounts with Delta, which means they charge the least amount for their services. So, your annual max goes the furthest by seeing a Delta PPO provider.

Dental Comparison

	Delta Dental PPO [Premier]		
	PPO	**Premier**	**Out of Network**
Annual Maximum			
Per Individual	$2,000		
Preventive	100%		
Basic	100%		
Major	100% for Crowns, Inlays/Onlays 80% for Periodontics 50% for Implants		
Orthodontia			
Benefit Percentage	50%		
Lifetime Maximum	$2,000		

Employee Monthly Contributions	
Single	$11.37
Family	$31.77

Vision



Monona Grove School District offers a Full Vision Plan through Delta Vision, using the Insight Network. GHC also has coverage for one routine vision exam per year. So, if you are enrolled in the Monona Grove School District's health and vision plans, you have the option to access your vision exam through either plan. Keep in mind that in network providers will differ between the two plans/carriers. To find a network provider, for the voluntary vision plan through Delta, click here and select Search EyeMed Insight Network.

IMPORTANT NOTES: Annual allowance resets based on the service date and is a single-use allowance.

Vision Comparison

	Delta Vision	
	Network Cost	**Non-Network Reimbursement**
Routine Exams (Annual)	$10 Copay	$35
Retinal Imaging	Member pays up to $39	None
Vision Materials		
Frames	Plan pays $200, then member receives 20% off balance	$100
Standard Plastic Lenses (Single, Bifocal, Trifocal) Standard Progressive Premium Progressive	$10 Copay $75 Varies by Tier	Varies based on lens
Lens Options (UV Coating, Tint, Scratch Resistance, etc)	Varied copays depending on option	None
Contact Lenses Conventional Disposable Medically Necessary	Plan pays $200, then member receives 15% off balance Plan pays $200 Covered in full	$160 $160 $200
Additional Discounts	40% off 2nd pair of glasses, including prescription sunglasses 20% off non-covered items (excluding safety glasses) 15% off LASIK or PRK	N/A
Employee Monthly Contributions – Voluntary Plan / Premiums are 100% Employee Paid		
Single	$10.49	
Employee + Spouse	$20.95	
Employee + Child(ren)	$21.40	
Family	$31.88	

2027 Insurance Premiums and Contributions

Medical

	Family Coverage				Single Coverage			
	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll
GHC HMO	$2,081.21	$1,873.09	$208.12	$104.06	$808.67	$727.80	$80.87	$40.43
GHC PPO	$2,944.07	$1,873.09	$1,070.98	$535.49	$1,143.07	$727.80	$415.27	$207.63

Dental

	Family Coverage				Single Coverage			
	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll
Delta Dental PPO (Premier)	$158.86	$127.09	$31.77	$15.89	$56.87	$45.50	$11.37	$5.69

Vision

Vision Insurance	Single	$10.49
	Employee & Spouse	$20.95
	Employee & Child(ren)	$21.40
	Family	$31.88

NOTE: Rates shown above are monthy premiums effective through December 31st.

Maximum employer contribution is up to 90% of the lowest cost health plans.

Lowest Cost Plan Calculation		
HMO Family		$2,081.21
	90% Family =	$1,873.09
		$808.67
HMO Single	90% Single =	$727.80

Contributions assume 1.0 FTE. For those working less than a 1.0 FTE, please go to the MG Benefits website and use the Employee Insurance Premiums FTE Calculator for premium rates. Type your FTE in the orange box to see your premium contribution amount.

Note: Teachers hired BEFORE 07/01/2019: .76-1.0 FTE are classified as 100%
Teachers hired AFTER 07/01/2019: .80-1.0 FTE are classified as 100%
All other employees, please refer to your handbooks for FTE Calculation.

Flexible Spending Accounts



The Flexible Spending Account (FSA) plan with Diversified Benefit Services, Inc. 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.

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.

How to File a claim with Diversified Benefits Services:

- DBS provides a variety of methods to file a claim/submit for reimbursement from your Flexible Spending Accounts. Click **here** to learn more about the methods available and how to go about using each one.

Important rules to keep in mind.

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds beyond the rollover amount.
- Monona Grove has a rollover provision in place, that allows for up to $700 dollars (for 2027) to be rolled over into the next year. Any funds, above and beyond the $700, not incurred by 12/31/27, will be forfeited.
- 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.
- Healthcare FSA funds are available to you, in full, on the first day of the plan year. DCFSA funds must be deposited into your account before you can be reimbursed. Your full annual DCFSA election is NOT available on the first day of the plan year, like for the Healthcare FSA.

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

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

Life Insurance

Monona Grove School District offers life insurance through the **Wisconsin Public Employers Group Life Insurance Program** sponsored by Employee Trust Funds. As a requirement, you must be eligible for Wisconsin Retirement (WRS) to be eligible for this life insurance.

Basic Plan – You can elect basic life insurance, which is equal to earnings paid to you by your employer during the previous calendar year rounded to the next higher $1,000.

Additional Plan – You must elect basic coverage to be eligible for the additional plan. This plan provides life insurance coverage in addition to the basic plan at up to three times your previous year's earnings.

Accidental Death, Dismemberment and Loss of Use Insurance (AD&D)

You are automatically enrolled in this benefit once you elect basic and/or additional life insurance. This is also through Employee Trust Funds. The amount of Accidental Death, Dismemberment, and Loss of Use (AD&D) coverage is equal to the total amount of your insurance under the basic and additional coverages.

Wisconsin Public Employers Group Life Insurance Plan Monthly Employee Premium Rates per $1,000 of insurance:

Employee	Rates
Less than 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
Spouse	$1.95 per Unit
Child	$1.95 per Unit

NOTE: If applying outside of the 30-day enrollment window from your initial WRS enrollment date, evidence of insurability (EOI) is required along with an application unless you are applying within 30 days of a qualifying life event.

Long-Term Disability Insurance

Monona Grove School District provides Long-Term Disability (LTD) Insurance through National Insurance Services (NIS). If you become unable to work due to a non-work-related illness or injury, this benefit will pay 90% of your monthly base salary. Benefit payments begin after 90 calendar days of disability. Teachers pay 20% of the monthly premium, and the district pays the remaining 80%. For all other employees, the district pays 100% of the monthly premium.

Voluntary Short-Term Disability

Short-Term Disability is offered to employees with at least .50 FTE. You can purchase a weekly benefit amount not to exceed 66-2/3% of your annual salary divided by 52. In the event of a qualifying disability claim, you will receive that weekly amount as a tax-free benefit. Benefits begin the 1st day of an accident or the 4th day of an illness for a maximum of 90 consecutive calendar days or until eligible to receive benefits under the Long-Term Disability plan, whichever comes first.

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

Voluntary Short-Term Disability

Weekly Benefit Amounts / Monthly Premiums:

Weekly Benefit Amount	Monthly Premium
$147	$11.46
$175	$13.36
$224	$17.18
$273	$21.02
$301	$22.92
$357	$27.38
$420	$31.86
$462	$35.04
$504	$38.22
$580*	$43.96
$667*	$50.55
$767*	$58.13
$882*	$66.85
$1,014*	$76.88
$1,166*	$88.41
$1,341*	$101.67
$1,500*	$116.92

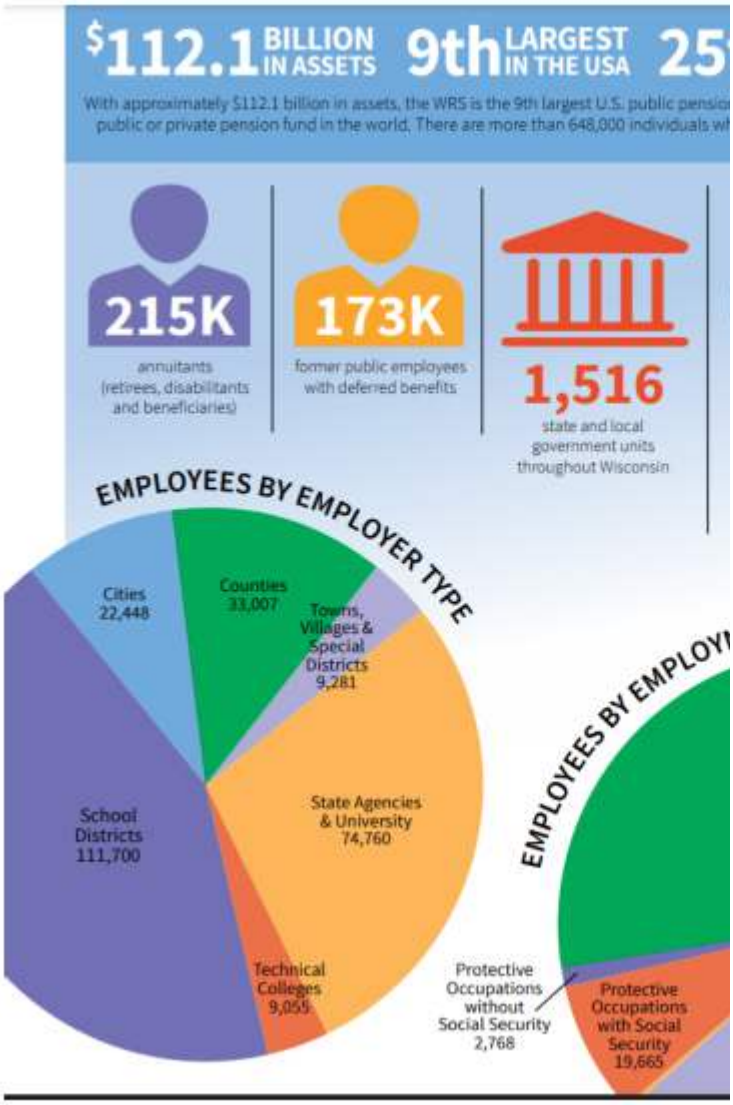
*To be eligible for these benefit levels, you must provide evidence of insurability (EOI) by answering a health questionnaire and meeting medical requirements.

NOTE: If applying outside of the 30 day new hire window, evidence of insurability (EOI) is required along with an application.

Retirement Savings

Wisconsin Retirement System (WRS) / Employee Trust Funds (ETF)

Monona Grove School District proudly participates in the Wisconsin Retirement System (WRS). Hours of eligibility for employed staff are those working a minimum of 880 hours per year and expected to continue employment (does not include temporary hires). The contribution levels are established annually by the WRS board and are funded through pre-tax payroll deductions.



403(b) Retirement Options

The Monona Grove School District is pleased to offer the 403(b) Plan to help eligible employees save for retirement. The plan allows you to save on a tax deferred basis, a Roth basis and includes non-elective and matching contributions paid for by Monona Grove School District.

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

Eligibility:

- **Employee Contributions:** All employees .5 -1.0 FTE are eligible to contribute to the 403(b) plan.
- **Monona Grove School District Non-Elective Contributions:** All employees are eligible for non-elective contributions.

Monona Grove School District Matching Contributions: Employees .50 FTE or greater, the district will contribute to his/her section 403(b) account a fully vested amount equal to the lesser of (a) his/her elective salary deferrals to the section 403(b) account or (b) $1,000 per calendar year (pro-rated based on FTE).

Entry Date:

- Employees can enroll in the Plan immediately upon commencing employment with the Monona Grove School District.

Contribution Types:

- **Employee Contributions:** Generally, you can contribute up to 100% of your income up to the maximum allowable contribution limits as adjusted annually by the Internal Revenue Service. You may be eligible to contribute an additional amount if you have 15 or more years of service. Plus, if you are 50 or older by the end of the year, you may qualify to contribute an additional amount.
- **Roth 403(b) Contributions:** Along with pre-tax deferrals, you can contribute to the Plan after-tax by utilizing the Roth 403(b) option. The same limits apply to those for Employee Contributions. Please contact your investment provider to ensure that the provider can accept Roth 403(b) accounts.
- **Monona Grove School District Non-Elective Contributions:** The Monona Grove School District may make a non-elective contribution to the Plan at their discretion.

Vesting:

- **Employee Contributions:** You are always 100% vested in your own contributions plus earnings.
- **Monona Grove School District Non-Elective Contributions and Matching Contributions:** You are 100% vested in the Monona Grove School District's non-elective contributions immediately.

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

- **In-Service Withdrawal:** If age 59 ½ or older.
- **Separation of Service:** Possible 10% penalty if under 59½. Various payment options are available.
- **Loans:** Tax-free loans enable you to access your account without permanently reducing your account. The loan amount is limited to 50% of your elective deferral vested account balance. Loans must be repaid within 5 or 15 years for a principal residence. Loans not repaid in accordance with the repayment schedule will result in taxation of the outstanding loan amount and a possible 10% penalty.
- **Hardships:** You may take a withdrawal for financial hardships. Hardship withdrawals are limited to the amount you have contributed to the plan and are only permitted for limited financial circumstances that must be substantiated.

Investments: **A list of district-approved vendors** is listed under the Retirement tab.

Please Contact:

- **Vendor:** For account balances
- **Omni&TSACG:** For distributions, loans, hardships and transfer funds forms or to start or stop a contribution or change your deduction.
- **The District Office:** For any plan-related questions, please email **benefits@mgschools.net**

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

Universal Availability Notice

UNIVERSAL AVAILABILITY NOTICE

MONONA GROVE SCHOOL DISTRICT 403(B) PLAN

This notice provides important information about your rights to defer compensation in Monona Grove School District 403(b) Plan (the "Plan").

The Plan Administrator is: Monona Grove School District, Kristin Sobocinski, Deputy Superintendent
Address: 5301 Monona Drive, Monona, WI 53716
Phone number: (608) 221-7660
Fax number: (608) 221-7688
Email: benefits@mgschools.net

Am I eligible to make elective deferrals?

You are eligible to make elective deferrals if you are employed by Monona Grove School District or any affiliate who has adopted the Plan unless:

- you are a non-resident alien with no U.S. sourced income
- you are a student performing services for Monona Grove School District and where you are pursuing a course of study with Monona Grove School District

You can start making elective deferrals immediately upon your hire date.

What are elective deferrals?

Elective deferrals are contributions you may make out of your compensation to the Plan. You may contribute to the Plan on a pre-tax or after-tax basis.

Pre-Tax contributions are made to the Plan out of your compensation before taxes. Your contributions are only taxed as compensation once you receive a distribution from the Plan.

After-tax elective deferrals are known as Roth contributions. Roth contribution are made by you on an after-tax basis, but if certain requirements are met, a "qualified distribution" from your Roth contributions will not be taxed when you take them out of the Plan (see the Plan Description for more information). There are no income limitations on who may make a Roth Contribution.

Roth Contributions are made in the same manner as pre-tax elective deferrals. You must designate how much you would like to contribute on a pre-tax basis (normal 403(b) contribution) and how much you would like to contribute as an after-tax Roth Contribution. You are not required to make any Roth Contributions. You may designate all of your elective deferrals as pre-tax contributions.

The sum of your Roth contributions and pre-tax elective deferrals may not exceed the annual limit on regular 403(b) contributions.

Please note that Roth Contributions are not suitable for everyone. Please consult with your tax advisor before making any Roth Contributions to the Plan.

What are the limits on elective deferrals?

Federal law limits the amount you may elect to defer under this Plan and any other retirement plan permitting elective deferrals (including both other 403(b) and 401(k) plans). You are limited to contributing $23,500 (for 2025) during any calendar year. Your Plan may further limit the amount of your elective deferral. Please see your Plan Description for further information.

If you are age 50 or over, you may defer an additional amount, called a "catch-up contribution", of up to $7,500 (for 2025). New for 2025, if you are between the ages of 60 - 63 as of the end of the calendar year, you may be able to defer an additional amount, increasing your catch-up limit to the "enhanced catch-up limit" of up to $11,250 (for 2025).

The total amount that may be contributed to the Plan on your behalf in any year may not exceed the lesser of 100% of your compensation or $70,000 (for 2025).

How do I make or change my deferral election?

You may make or change your deferral election by: according to vendor process - contact vendor or plan sponsor.

Once I make a deferral election, how often can I change, stop, or re-start the election?

You may change or re-start your deferral election once each pay period. You may stop your deferrals at any time.

The plan administrator may establish additional rules you will need to follow when making your deferral election. Your deferral election is only effective for compensation you have not received yet. The plan administrator may also reduce or totally suspend your election if they determine that your election may cause the Plan to fail to satisfy any of the requirements of the Internal Revenue Code.

Can I direct how my elective deferrals will be invested?

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Yes, you can direct how your elective deferrals will be invested from among the different investments offered under the Plan.

You may make or change your investment elections by: according to vendor process - contact vendor.

Subject to any additional restrictions placed on investment timing by the actual investment, you may change your investment elections daily.

If you do not make an investment election your account balances will be placed in investments selected by the plan administrator.

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415 Notice

415 NOTICE
MONONA GROVE SCHOOL DISTRICT 403(B) PLAN

Aggregation of Maximum Contribution Limit When You Control Another Employer

Federal law limits the total amount that may be contributed on your behalf to this 403(b) plan and any other retirement plan. The contributions to other retirement plans may need to be aggregated with contributions to this 403(b) plan to verify the maximum annual limit is not exceeded. This notice informs you of your responsibility to provide information to the Plan Administrator regarding your control or ownership of other entities that maintains a plan in which you participate. **Failure to provide necessary and correct information to the Plan Administrator could result in adverse tax consequences for you.**

Contributions to this 403(b) plan will be aggregated with one or more defined contribution plans if you are deemed to control the employer sponsoring such plans. For aggregation purposes, you are deemed to control a for-profit employer if you own more than 50% (including attribution from others) of its:

- Shares,
- Capital interests,
- Profit interests, or
- Membership interests.

You are deemed to control a tax exempt organization if you have control over its directors or trustees. A defined contribution plan includes:

- Plan qualified under Code section 401(a) or 403(a) (e.g., 401(k) plan),
- Code section 403(b) plan, and
- Simplified Employee Pension (SEP) within the meaning of Code section 408(k).

What are the limits on elective deferrals?

Federal law limits the amount you may elect to defer under this Plan and any other retirement plan permitting elective deferrals (including both other 403(b) and 401(k) plans). You are limited to contributing $23,500 (for 2025) during any calendar year. Your Plan may further limit the amount of your elective deferral. Please see your Summary Plan Description for further information.

If you are age 50 or over, you may defer an additional amount, called a "catch-up contribution", of up to $7,500 (for 2025). New for 2025, if you are between the ages of 60 - 63 as of the end of the calendar year, you may be able to defer an additional amount, increasing your catch-up limit to the "enhanced catch-up limit" of up to $11,250 (for 2025).

The total amount that may be contributed to the Plan on your behalf in any year may not exceed the lesser of 100% of your compensation or $70,000 (for 2025).

The plan administrator will coordinate with you to ensure satisfaction of the maximum annual limit for contributions to all retirement plans. Please contact the plan administrator to provide any pertinent information on control or ownership of other entities or to address any of your questions.

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Employee Assistance Program (EAP)

The EAP is a free benefit provided to all employees, your spouse partner and legal dependents. It is 100% confidential, no data is reported back to MGSD. It provides free, 24/7 confidential counseling and referral services pertaining to personal difficulties. Accessing the EAP is easy! Call 866-451-5465 or go to the website: **www.bit.ly/eap-nis** and use the Company Code: **NIS**
You can also download the App today by scanning the QR code and using **Registration Code: 36646**

What is the Employee Assistance Program?

The EAP can assist with several needs including, but not limited to: alcohol or drug addictions, marital difficulties, stress management, depression, anxiety and other needs and concerns.
If, after speaking to a counselor, you need more immediate assistance, you can be referred to an in-person counselor for up to 3 free visits. Additionally, immediate referral to an in-person counselor is available in crisis situations. You can click on this **link** to learn more.

Eldercare Assistance

Specialists can help locate eldercare options, such as residential care or in home care, help with dealing with the emotions of retirement, or legal aspects like estate planning.

Legal Assistance

Counselors may refer an employee to a phone and/or one in-person consulting with an attorney.

Childcare Assistance

Employees can consult a work-life professional to provide information, referrals, and resources related to childcare concerns.

Identity Theft Assistance

If you are a victim of identity theft, IDX Identity Theft Recovery specialists will provide service with expert advice, to help save you valuable time during a stressful process.
Click **here** and use PIN ID: NIS to set up your account today!

Workplace Options Platform

The Workplace Options Platform provides the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information discussed through the EAP is kept confidential in accordance with federal and state laws.

Family Medical Leave Act and Workers Compensation

Family and Medical Leave



The Monona Grove School District administers its Family and Medical Leave Law (FMLA) obligations on a calendar year basis. To the extent the reasons for leave would entitle an employee leave under the Federal and/or Wisconsin law, the leave runs concurrently, along with any leave for which the employee is entitled under the applicable Policy of the District

- **Federal FMLA Rights**
- **Wisconsin FMLA Rights**

For complete information and resources, please visit the **Monona Grove School District Staff Resources site.**

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Worker's Compensation



The Monona Grove School District believes that the best approach to controlling incidents and costs is to keep work related injuries and illness from occurring. The District is committed to utilizing our resources to provide a safe working environment for everyone. Our employees are our greatest asset, and we are committed to providing prompt, high quality medical care and returning injured workers to productive employment as soon as medically possible.

The District has developed a procedure/process designed to help employees who are injured at work to receive prompt medical attention and recovery assistance.

Please visit the **Monona Grove School District Staff Resources site** for more information and guidance following a work-related injury.

Important Contacts

Have Questions? Need Help?

Monona Grove School District is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Standard Time at 855-874-0742 or via e-mail at BRCCentral@usi.com. If you need assistance outside of regular business hours, please leave a message, and one of the Benefits Specialists will promptly return your call or e-mail by the end of the following business day.

	CARRIER	PHONE NUMBER	WEBSITE
Medical Plans	Group Health Cooperative of South Central Wisconsin	(800) 605-4327	www.ghcscw.com
Dental Plan	Delta Dental of Wisconsin Inc.	(800) 236-3712	www.deltadentalwi.com
Vision Plan	Delta Vision of Wisconsin Inc.	(844) 848-7090	www.deltavision.com
Life Insurance	Securian Financial Group, Inc.	(877) 533-5020	www.etf.wi.gov
Long Term and Short Term Disability	Madison National Life Insurance	(800) 356-9601	www.madisonlife.com
Flexible Spending	Diversified Benefits	(800) 346-2126	www.dbsbenefits.com
Family Reimbursement Account	Diversified Benefits	(800) 346-2126	www.dbsbenefits.com

This brochure summarizes the benefit plans that are available to Monona Grove 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 Benefits Department. The information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTICES

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 breast reconstruction 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 because 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.

Either way, you must request enrollment 60 days from losing 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.

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Monona Grove 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 Monona Grove School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether 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. **Monona Grove School District has determined that the prescription drug coverage offered by Dean Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th 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, your current Monona Grove School District coverage will not be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

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

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Monona Grove 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 you do not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) if 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 Monona Grove 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 to show whether you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 15th, 2026
Name of Entity/Sender:	Monona Grove School District
Contact--Position/Office:	Benefits Department
Address:	5301 Monona Drive, Monona, WI 53716
Phone Number:	(608) 221-7660

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
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	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – 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	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	**LOUISIANA – 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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	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	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	**MISSOURI – 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/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2026, 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)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2027)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact The Benefits Department.

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.

1 An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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: Monona Grove School District	4. Employer Identification Number (EIN): 39-0988596	
5. Employer address: 5301 Monona Drive	6. Employer phone number: (608) 221-7660	
7. City: Monona	8. State: WI	9. ZIP code: 53716
10. Who can we contact about employee health coverage at this job? Benefits Department for Monona Grove School District		
11. Phone number (if different from above)	12. Email address: benefits@mgschools.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: Those scheduled to work a minimum of 30 hours per week.
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are Spouse and dependent children up to age 26. Other dependents may be eligible for coverage. Refer to the Dean and GHC plan documents for a full list of eligible dependents.

☒ 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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

- An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
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.

Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information

If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relaying the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

Our Responsibilities

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

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

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

Other Instructions for Notice

- Effective Date of this Notice: February 16th, 2026
- Privacy Official: Kristin Sobocinski, Deputy Superintendent, Kristin.sobocinski@mgschools.net or 608-316-1916