



2027 BENEFITS GUIDE





Inside the Guide

Welcome	3
Eligibility	4
New Offering For 2027	5
USI’s Benefit Resource Center	6
Sun Prairie Area School District’s Wellness	7
Medical	8
Health Savings Accounts	15
Dental	17
Voluntary Vision Plan	18
Flexible Spending Accounts	20
Ancillary Plans	21
Important Contacts	22
REQUIRED NOTICES	23

Welcome

At Sun Prairie 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, www.sunprairieschools.org

Eligibility



Eligible Employees:

You may enroll in the Sun Prairie Area School District Employee Benefits Program if you are an employee working at least 30 Hours per 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. Children may include biological, adopted, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

Newly hired employees and dependents will be effective in Sun Prairie Area School District's benefits programs the first of 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. Changes made during Open Enrollment are effective January 1st – December 31st.

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 (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. To learn more about Qualifying Life Events, click [here](#). If you have additional questions or need to make a change, please email benefits@sunprairieschools.org.

New Offering For 2027

FRA – Family Reimbursement Account

If you are currently enrolled in the SPASD Health Insurance 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 SPASD.

Eligibility

- Currently enrolled in the SPASD Health Insurance
- Waive existing SPASD Health Insurance and enroll in another Employer Group Health Plan

Benefit Component

SPASD covers 100%* of your in-network, medical and pharmacy deductible, coinsurance and copay expenses incurred on your new (non-SPASD) employer health plan

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.

We understand that everyone's situation is unique. We are setting up one-one-on virtual meetings with Heather Baker, from USI, our Benefits Consulting Company, to walk through your specific situation.

*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

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

Sun Prairie Area School District's Wellness



The Sun Prairie Area School District Employee Wellness Department is committed to caring about our employees and creating positive wellness experiences for our employees and their family members. Our mission is to create a culture that supports and provides opportunities, tools, and resources that inspire all employees and their families to become full partners in managing their overall well-being.

Wellness Department:

- Building Wellness Champions
- Free Subscriptions to wellness apps and online platforms
- Special Events
- Monthly Wellness Challenges that address the different dimensions of wellness
- Community Wellness Discounts
- Recorded and Live Wellness Events

Please visit <https://www.sunprairieschools.org/departments/staff-wellness> more information:

Employee Wellness Clinic:

Our Employee Wellness Clinic provides you and your eligible family members with top-quality, accessible, comprehensive, and affordable care. Our clinic is conveniently located onsite at 220 Kroncke Drive, Suite 31. Our Employee Wellness Clinic serves all regular part-time and full-time employees, their spouses, and their dependent children (ages 2 and up). Employees do not have to be enrolled in the District's health insurance plan in order to receive services at the clinic. Services include the following:

- Preventative
- Health Care
- Minor Surgical Procedures
- Occupational Health
- [Onsite Medications](#)
- Disease Management
- Behavioral Health Coaching
- Healthy Lifestyle Coaching
- Care Navigation
- [VitalPath Cardiometabolic Program](#)

Telephone: 608-834-6977 (MYSP)

Please visit <https://www.sunprairieschools.org/district/wellness-clinic> for more information.

TELUS Health Employee Achievement Program (EAP)

Our EAP, TELUS Health, offers you and your family confidential services that are free of charge. Services Include:

- **Counseling:** 3 sessions per topic (unlimited topics)
- **Financial Consultations:** 1 session per topic (unlimited topics)
- **Legal Consultations:** 1 session per topic (unlimited topics)
- **Estate Planning**
- **Total Wellbeing Assessment**
- **On-Demand Workouts**
- **Staff Recognition Platform**
- ...and more!

24/7/365 Support via Call Center: 1-888-851-7032

Please visit: <https://sunprairieschools.one.telushealth.com/home> for more information

Single Sign On: sunprairieschools

Parental Leave Support Guide

Preparing to welcome a new family member can be both exciting and overwhelming. The district offers a [Parental Leave Support Guide](#), that provides resources and information to help you be best prepared to welcome your new little one.

Medical

Sun Prairie Area School District offers medical plans through Dean Health Plan. 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 Sun Prairie Area 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: Some services and/or procedures have coinsurance associated with them. These are the same services / procedures that require you to meet your deductible. 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.

Copay: A copay is a set payment you make for a specific service. For example, on the Traditional HMO Plan, Office Visits have a \$30 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 are required to make for coverage.

For more information on Key Insurance Terms, click [here](#).

What Do These Costs of Coverage Look Like, Specifically for SPASD:

Deductible: The grid on page 12 shows what services count towards the deductible. Services like X-Rays and Labs, Inpatient and Outpatient Hospitalization.

Traditional HMO: This plan has an “embedded” deductible. For employees enrolled in a Single Plan, the Single Deductible is \$1,500. The embedded deductible means, even if you’re enrolled in a Family plan, if one member of your family has services that count towards the deductible, once you’ve paid \$1,500 you’ve met the deductible for that person. Another member/members of the family would have to have services that count towards the deductible for your family to incur additional deductible costs. If other family member(s) have services that count towards the deductible, once that additional \$1,500 in deductible expenses is paid, then you’ve met the full \$3,000 Family deductible.

High-Deductible HMO: This plan has an aggregate deductible. For employees enrolled in a Single Plan, the Deductible is \$3,500. The aggregate deductible means if you’re enrolled in a family plan, the full \$7,000 Family Deductible has to be met for insurance to start to pay for anyone in the family. That \$7,000 could be met by one person in the family or a combination of family members.

Coinsurance: Those same services that count towards the deductible also have coinsurance. Coinsurance is a cost share percentage between you and the insurance company.

Traditional HMO: Once you’ve hit the deductible, you pay 20% of the costs and Dean pays 80% of the costs.

High-Deductible HMO: Once you’ve hit the deductible, you pay 0% of the costs and Dean pays 100% of the costs.

Copay: The grid on page 12 also shows what services have copays associated with them. Things like \$30 for Office Visits and \$250 for ER Visits. The Traditional HMO has copays while the High-Deductible HMO does not.

Out-of-Pocket Maximum: Deductible, coinsurance and copay claims added together make up your Out-Of-Pocket Max. This is the MOST you will pay in health insurance claims expenses in a plan year (1/1-12/31).

Traditional HMO: The Out-of-Pocket Max is also “embedded”. For employees enrolled in a Single Plan, the Single Out-of-Pocket Max is \$2,250. The embedded Out-of-Pocket Max means even if you’re enrolled in a family plan, no one person in that family will pay more than the Single Out-of-Pocket Max of \$2,250. You could reach that \$2,250 either through Deductible / Coinsurance expenses, Copays or a combination of both. Once someone has paid \$2,250 in claims, then Dean pays 100% of their claims costs for the remainder of the plan year. If another member/other members of the family incur claims, they would then have to reach a separate Out-of-Pocket Max of \$2,250. This could be for claims that count towards the deductible/coinsurance, copays or both. Once you’ve paid the full family Out-of-Pocket Max of \$4,500, Dean pays 100% of the claims for every member of the family, for the rest of the plan year.

High Deductible HMO: The Out-of-Pocket Max is also aggregate. For employees enrolled in a Single plan, the Out-of-Pocket Max is \$3,500. The aggregate Out-of-Pocket Max means for those enrolled in a Family plan, the full \$7,000 Out-of-Pocket Max has to be met for insurance to start to pay for anyone in the family. That \$7,000 could be met by one person in the family or a combination of family members. For this plan, since the coinsurance is 100% paid by Dean after the Deductible is met and there are no copays, once you’ve met that \$3,500 Single or \$7,000 Family Deductible, you’ve also met your Out-of-Pocket Max.

Claims Examples:

Example 1: Employee enrolled in Single Traditional HMO. Has a \$3,000 outpatient procedure, 5 \$30 Office Visits, a monthly Tier 2 Prescription that costs them \$25 a month.

Claim	Employee Pays	Insurance Pays
Outpatient Procedure (\$3,000)	\$1,500 Deductible \$300 Coinsurance (20% of remaining \$1,500 in claims cost)	\$1,200 (80% coinsurance)
Office Visits	\$150 in Copays (\$30 copay x 5)	\$0
Prescription Drug	\$300 in Copays (\$25 copay x 12)	\$0
Total	\$2,250 (Combination of Deductible, Coinsurance and Copays)	\$1,200

If this employee has any more claims for the rest of the plan year, Dean will cover 100% of the costs because they have met their Annual Out-of-Pocket Maximum of \$2,250.

Example 2: Employee enrolled in a Single High Deductible HMO. Has a \$5,000 Surgery.

Claim	Employee Pays	Insurance Pays
Surgery (\$5,000)	\$3,500 Deductible	\$1,500
Total	\$3,500	\$1,500

If this employee has any more claims for the rest of the plan year, Dean will cover 100% of the costs because they have met their Annual Out-of-Pocket Maximum of \$3,500.

Example 3: Employee enrolled in Family Traditional HMO. One Parent has a \$3,000 outpatient procedure, 5 \$30 Office Visits, a monthly Tier 2 Prescription that costs them \$25 a month. One Child has a \$10,000 surgery.

Claim	Employee Pays	Insurance Pays
Parent Outpatient Procedure (\$3,000)	\$1,500 Deductible \$300 Coinsurance (20% of remaining \$1,500 in claims cost)	\$1,200 (80% coinsurance)
Parent Office Visits	\$150 in Copays (\$30 copay x 5)	\$0
Parent Prescription Drug	\$300 in Copays (\$25 copay x 12)	\$0
Child Surgery	\$1,500 Deductible \$750 Coinsurance (20% of remaining \$8,500 in claims cost, but only up to \$750)	\$7,750 (remainder of cost because Out-of-Pocket Maximum was hit)
Total	\$4,500 (Combination of Deductible, Coinsurance and Copays for the parent and Deductible and Coinsurance for the child)	\$8,950

If this family has any more claims for the rest of the plan year, Dean will cover 100% of the costs because they have met their Annual Family Out-of-Pocket Maximum of \$4,500.

Example 4: Employee enrolled in a Family High Deductible HMO. Parent Has a \$10,000 Surgery.

Claim	Employee Pays	Insurance Pays
Surgery (\$10,000)	\$7,000 Deductible	\$3,000
Total	\$7,000	\$3,000

If anyone in this family has any more claims for the rest of the plan year, Dean will cover 100% of the costs because they have met their Annual Out-of-Pocket Maximum of \$7,000.

Medical Comparison

	Traditional HMO	High Deductible HMO
	In-Network Benefits Only	In-Network Benefits Only
Annual Deductible		
Single	\$1,500	\$3,500
Family	\$3,000	\$7,000
Coinsurance	20% after deductible	0% after deductible
Maximum Out-Of Pocket		
Individual	\$2,250	\$3,500
Family	\$4,500	\$7,000
Physician Office Visit		
Primary Care	\$30 copay per visit	0% after deductible
Specialty Care	\$30 copay per Visit	0% after deductible
Preventive Care		
Adult Preventive/Well Child Exams	100% Covered by Insurance	100% Covered by Insurance
Diagnostic Services		
X-Rays, Labs, Complex Radiology	20% after deductible	0% after deductible
Urgent Care Facility	\$30 copay	0% after deductible
Emergency Room Facility	\$250 copay	0% after deductible
Inpatient /Outpatient Hospitalization	20% after deductible	0% after deductible
Mental Health/Substance Abuse		
Inpatient	Covered at 100%	0% after deductible
Outpatient	\$30 copay	0% after deductible
Other Services		
Chiropractic	\$30 copay	0% after deductible
Pharmacy (30 Day Supply)		
Generic (Tier 1)	\$10 copay	0% after deductible
Preferred (Tier 2)	\$25 copay	0% after deductible
Non-Preferred (Tier 3)	\$50 copay	0% after deductible
Preferred Specialty (Tier 4)	30% coinsurance	0% after deductible
Employee Contributions (Monthly) – Assume 1.0 FTE		
	Traditional HMO	High Deductible HMO
Single	\$99.79	\$119.39
Family	\$259.45	\$185.34

Care Options: What's right for me?



Wellness Clinic

- ❖ Allergies
- ❖ Annual physical
- ❖ Anxiety/depression
- ❖ Cold/cough/flu/covid
- ❖ Ear infection or swimmers ear
- ❖ General wellness
- ❖ Healthy lifestyle coaching
- ❖ Heartburn
- ❖ Immunizations
- ❖ Joint pain
- ❖ Labs
- ❖ Medication rechecks
- ❖ Men's health
- ❖ Menopause symptoms
- ❖ Mental health resources
- ❖ Rashes
- ❖ Referral needs
- ❖ Sinus infection
- ❖ Skin tags
- ❖ Sports physicals
- ❖ Stable chronic disease management
- ❖ UTI
- ❖ Warts
- ❖ Weight management
- ❖ Well child checkups (5+)

Virtual

- ❖ Allergies
- ❖ Anxiety/depression
- ❖ Cold/cough/flu/covid
- ❖ General wellness
- ❖ Healthy lifestyle coaching
- ❖ Heartburn
- ❖ Medication rechecks
- ❖ Men's health
- ❖ Menopause symptoms
- ❖ Mental health resources
- ❖ Rashes
- ❖ Referral needs
- ❖ Sinus infection
- ❖ UTI

Urgent Care

- ❖ Acute care outside of wellness clinic hours
- ❖ Cold and Flu symptoms
- ❖ Concussions
- ❖ Dehydration
- ❖ Headache
- ❖ Minor accidents or falls
- ❖ Stomach Pain
- ❖ Vomiting, diarrhea



Emergency Room

- ❖ Broken bone(s)
- ❖ Chest pain
- ❖ Coughing or vomiting blood
- ❖ Difficulty breathing
- ❖ Head Injury
- ❖ Seizures
- ❖ Severe abdominal pain
- ❖ Uncontrolled bleeding



	Wellness Clinic	Virtual	Urgent Care	Emergency Room
Convenience	● ● ●	● ● ●	●	
Comprehensive Care	● ● ●	● ●		
Ease of Access	● ● ●	● ● ●		
Cost			● ●	● ● ●

Schedule your appointment today!



SUN PRAIRIE
SCHOOL DISTRICT AND CITY
EMPLOYEE WELLNESS CLINIC
In partnership with SSM Health at Work

Call (608) 834-6977 (MYSP) or Click [HERE](#)

To learn more about where to seek care, click [here](#)

SSM HEALTH EXPRESS VIRTUAL CARE

Convenient care meets affordability

- Low-cost care from the comfort of home with most plans

E-Visit

- Fill out a digital questionnaire, receive a written diagnosis, prescription, and treatment plan
- Available during Urgent Care hours
- Get care for 30+ conditions including COVID-19 all from trusted SSM providers

Video Visit

- Face-to-face visit
- No Appointment Necessary
- Available during clinic hours
- Same cost as office visit



Visit www.deancare.com/Wellness/Care-Management/Virtual-Visit to get started

Dean's Wellness Program – Living Healthy Rewards

Dean offers a personalized digital wellness program that provides financial incentives for achieving various points levels. This program is designed to meet you where you are.

LivingHealthy
POWERED BY **WebMD** health services

We partner with WebMD to offer personalized wellness programs that empower you to improve all eight dimensions of wellness.

Visit DeanCare.com/Wellness to learn more.

Health Savings Accounts



When you are enrolled in a Qualified High Deductible Health Plan (like the High Deductible HMO Plan offered by SPASD) and meet the eligibility requirements, the IRS allows you to open and contribute to a Health Savings (HSA) Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money deposited into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- Money deposited into an HSA, that isn't spent, rolls over and accumulates year after year.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-HDHP health plan, such as a spouse's plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). **This includes your spouse's FSA or anyone who is enrolled in the SPASD healthcare FSA for 2026 and still have money (even 1 penny) in that account as of 12/31/26. Any balance in the SPASD account as of 12/31/26 is available to use during the grace period (1/1/27-3/15/27). So, if there is even 1 penny left in your Healthcare FSA on 12/31/26, you are not eligible to make/receive HSA contributions until the grace period has ended.**

2027 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

- FOR THE 2027 TAX YEAR:
- \$4,500 for anyone enrolled in a Single Plan
- \$9,000 for anyone enrolled in a Family Plan
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.
- Sun Prairie Area School District will be contributing:
 - \$2,500 for anyone enrolled in a Single Plan
 - \$5,000 for anyone enrolled in a Family Plan
 - 1/21 of the total deposit will be made, every pay period, into your HSA. No deposits in July or August
- Your own contributions IN ADDITION to the district contributions CANNOT exceed the maximum annual contributions listed above. If it does there will be tax implications for the excess amounts

Can I use my HSA money for my family member(s) medical expenses?

- As long as you, the employee, are covered by a qualified HDHP (like the \$3,500 / \$7,000 High Deductible HMO Plan offered through the district) and are not covered by any other form of low deductible insurance, your spouse and/or qualified dependents may still enroll in other health insurance (i.e. through a spouse's employer's insurance plan), without affecting the employee's HSA eligibility
- You may also use your HSA funds to pay for the qualified medical expenses of your spouse and IRS qualified dependents, if they are covered under the SPASD plan and even if they are covered under another health plan
 - **NOTE:** An employee must be able to claim their dependent children as tax dependents to use HSA money to pay for their qualified medical expenses, tax free. If you have a question about whether or not your dependent is a tax dependent, we recommend you consult with your tax advisor.

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your Benefits Card at the time you incur an eligible expense or you can save your expense documentation and submit your claim for reimbursement online. Either way, you must be able to prove that you were reimbursing yourself for an eligible expense if you are audited so keep your receipts! If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes. You can manage your HSA through www.ebcflex.com 24 hours a day, seven days a week. Employee Benefits Corporation provides helpful information about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth. For additional guidelines, please go online or call Employee Benefits Corporation at (608) 346-2126.

Click [here](#) to learn more about Health Savings Accounts.

To learn more about which expenses are eligible for payments from an HSA, click [here](#) If you are interested in enrolling in the High Deductible Health Plan with the HSA, please reach out benefits@sunprairieschools.org for the HSA employee enrollment form.

Dental



This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs. **PLEASE NOTE: CHARGES FOR ALL SERVICES, OTHER THAN ORTHODONTICS, COUNT TOWARDS THE INDIVIDUAL ANNUAL MAXIMUM OF \$2,000. ANY CHARGES ABOVE THE \$2,000 ANNUAL MAX WILL BE THE RESPONSIBILITY OF THE INDIVIDUAL.**

Dental Comparison

	Delta Dental of Wisconsin Inc.	
	Delta PPO	All Other Dentists
Annual Maximum		
Per Covered Individual	\$2,000	\$2,000
Diagnostic & Preventive (Exams, Cleanings, Fluoride, X-rays, Sealants)	100%	100%
Other Preventive Services (Space Maintainers, Sealants)	80%	80%
Basic and Major Services (Fillings, Extractions, Root Canals, Periodontal Treatment, Crowns, Inlays/Onlays, Implants)	80%	80%
Orthodontia		
Benefit Percentage	50%	50%
Adult Ortho	Yes	Yes
Dependent Child(ren)	Yes	Yes
Lifetime Maximum	\$3,000	\$3,000
Employee Contributions (Monthly) – Assume 1.0 FTE		
Single	\$4.08	
Family	\$11.69	

Voluntary Vision Plan



Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. This is a materials only plan. An annual routine vision exam is included with your medical plan through Dean. Delta Dental partners with Eye Med to offer vision benefits. You may use any provider for your vision services; however, using an in-network provider will provide you with the biggest benefit.

Vision Comparison

	Delta Dental of Wisconsin	
Vision Materials	Network Benefits	Non-Network Reimbursement
Lenses / Frames Single, Bifocal, Trifocal Progressive	Up to \$200, then 20% off the balance	Up to \$100
Contacts Covered in lieu of frames Conventional Disposable Medically Necessary	Up to \$200 then 15% off balance \$200 Allowance Covered in Full	Up to \$160 Up to \$160 Up to \$200
Additional Discounts	20% off non-covered items 40% off eyeglass purchases after your plan benefits have been fully used 15% off conventional contact lenses after your plan benefits have been fully used 15% off retail price LASIK or PRK	
Important Notes	Allowances are based on Date of Service Allowances are Single-Use Allowance	

Employee Contributions (Monthly) Voluntary Product – 100% Employee Paid

Single	\$8.69
Family	\$21.63

Flexible Spending Accounts



The Healthcare and Dependent Care Flexible Spending Account (FSA) plans administered by Employee Benefits Corporation allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars.

Reminder, do not enroll in the Healthcare FSA, for 2027, if you are currently enrolled or plan to enroll in the High Deductible HMO

How an FSA works:

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

To learn more about the basics of Flexible Spending Accounts, click [here](#).

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- Sun Prairie Area School District has a grace period in place, which ends 2 ½ months after 12/31. A grace period is the time in which an employee can still seek treatment or incur claims to be paid from funds in the previous plan year. Funds remaining at the end of the grace period are forfeited. **NOTE: 2027 is the last year there will be a grace period. Starting 1/1/28, you will only be able to use your FSA funds for services incurred from 1/1-12/31/28.**
- Re-enrollment is required each year.

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

Ancillary Plans

All benefit-eligible employees are enrolled in life insurance, accidental death & dismemberment (AD&D) and long-term disability (LTD) plans provided by National Insurance Services (NIS). The district pays 100% of the premium for you.

You also have the opportunity to enroll in short term disability and voluntary life and AD&D. These benefits are 100% employee paid.

Life and AD&D

You are covered for the basic life plan and AD&D plan. The original amount of the Life and AD&D benefits will reduce as you age and terminate upon your retirement or termination of employment. Now is a great time to review or update your beneficiary.

Voluntary Life Insurance and AD&D

You may elect optional life insurance and accidental death and dismemberment (AD&D) insurance. These plans are paid 100% by you and are intended to supplement the provided Basic Life and AD&D Insurance described above. Evidence of insurability may be required for applications for coverage over the guaranteed issue amounts.

Voluntary Dependent Life Insurance

You can elect optional life insurance for your spouse and/or your dependent children as well.

Long-Term Disability Insurance

Long Term Disability is also provided through National Insurance Services. This is employer paid and has varying level of benefits depending on what employer group you are in. Benefits may begin after 60 consecutive calendar days or after conclusion of STD benefit. The benefit you receive will be taxed.

Short-Term Disability Insurance

Short Term Disability is a voluntary benefit provided through National Insurance Services. This means the employee pays the full premium for this benefit. 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 8th day of an accident or illness for a maximum of 60 consecutive calendar days or until eligible to receive benefits under the Long Term Disability plan, whichever comes first.

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

Weekly Benefit Amounts / Month Premiums:

Weekly Benefit Amount	Monthly Premium
\$98	\$4.14
\$119	\$5.79
\$147	\$9.07
\$175	\$10.58
\$224	\$13.59
\$273	\$16.63
\$301	\$18.14
\$357	\$21.67
\$420	\$25.20
\$462	\$27.72
\$504	\$30.24
\$580*	\$34.78
\$667*	\$39.99
\$767*	\$45.99
\$882*	\$52.89
\$1,014*	\$60.82
\$1,166*	\$69.95
\$1,341*	\$80.44
\$1,500*	\$92.50

Important Contacts

Have Questions? Need Help?

Sun Prairie Area 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 8:00am to 5:00pm 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 Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

	CARRIER	PHONE NUMBER	WEBSITE
Medical Plans	Dean Health Plan, Inc.	(800) 279-1301	www.deancare.com
Health Savings Account	Employee Benefits Corporation	(800) 346-2126	www.ebcflex.com
Dental Plan	Delta Dental of Wisconsin	(800) 236-3712	www.deltadentalwi.com
Vision Plan	Delta Vision of Wisconsin	(844) 848-7090	www.deltadentalwi.com
Life Insurance	National Insurance Services of Wisconsin, Inc	(800) 356-9601	www.madisonlife.com
Long Term and Short Term Disability	National Insurance Services of Wisconsin, Inc.	(800) 356-9601	www.madisonlife.com
Flexible Spending	Employee Benefits Corporation	(800) 346-2126	www.ebcflex.com
Family Reimbursement Account	Employee Benefits Corporation	(800) 346-2126	www.ebcflex.com

This brochure summarizes the benefit plans that are available to Sun Prairie 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 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 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 marriage and/or 60 days after 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.

NOTICE REGARDING WELLNESS PROGRAMS

Sun Prairie Area School District's wellness program is a voluntary 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.

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 may use aggregate information it collects to design a program based on identified health risks in the workplace, we 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.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records,

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 Karyn Richmond at klichm@sunprairieschools.org.

Medicare Creditable Coverage Notice

Important Notice from Sun Prairie 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 Sun Prairie 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. Sun Prairie Area 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 Sun Prairie Area School District coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Sun Prairie Area School District coverage, be aware that you and your dependents may not be able to get this coverage back right away or at all. Please review the Sun Prairie Area 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 Sun Prairie 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 if this coverage through Sun Prairie 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).

Date:	October 2026
Name of Entity/Sender:	Sun Prairie Area School District
Contact--Position/Office:	Benefits Department,
Address:	501 South Bird Street, Sun Prairie, WI 53590
Phone Number:	(608) 834-6500

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)	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+)	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: 1-800-967-4660
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/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	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: 711 Email: masspremassistance@accenture.com
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: HHSHIPPPProgram@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 HIPPI 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: https://www.hhs.nd.gov/healthcare 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 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: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services 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://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	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 1/31/2028)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 9-30-2026)

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 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: Sun Prairie Area School District		4. Employer Identification Number (EIN) 39-6001163	
5. Employer address: 501 S Bird Street		6. Employer phone number: 608-834-6500	
7. City: Sun Prairie	8. State: WI	9. ZIP code: 53590	
10. Who can we contact about employee health coverage at this job? The Benefits Department			
11. Phone number (if different from above)		12. Email address: benefits@sunprairieschools.org	

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

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

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Employees who work at least 30 hours a week

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouse and children up to age 26. Other dependents may be eligible for coverage. Refer to the Dean plan document for a full list of eligible dependents.

☐ 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.

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.

- Date of this Notice - February 26th, 2026
- Privacy Official - HR Director, cjsadle@sunprairieschools.org, (608) 834-6500