



FOCUS ON BENEFITS

2021 Plan Year



**NECEDAH
SCHOOLS**

QUESTIONS?

Call Nichole Manning at **608-565-2256, ext. 117**, or email at nmanning@necedahschools.org

This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s)) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.

In this issue

- Health Plan Summaries and Premiums
- Additional Health Plan Information and Value-Added Services
- Health Savings Accounts
- Dental Plan Summary and Premiums
- Voluntary Vision Plan Summary and Premiums
- Long Term Disability and Voluntary Short Term Disability
- NIS Value-Added services
- Voluntary Life Insurance
- Voluntary Accident and Critical Illness Insurance
- Retirement Savings
- Required Government Notices

FOCUS ON BENEFITS 2021

Necedah Area School District

What's new?

Elections you make during open enrollment will become effective January 1, 2021.

This brochure includes the benefits and enrollment material offered at the Necedah Area School District for 2021. We encourage you to take the time to read through and explore your benefits options. At the Necedah Area School District, we value our employees and are committed to providing a comprehensive and competitive benefits package

Certain benefits you elect require an employee contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other cases the deduction will be made after-tax to avoid certain tax consequences to you and the District. For taxability of benefit elections, please contact Nichole Manning at #608-565-2256 ext 117 or nmanning@necedahschools.org.

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Necedah Area School District

HMO HEALTH PLAN SUMMARY

About the Health Plan: Preventive care is covered at 100% and no deductible applies. For other services, these plans require a deductible before eligible services are paid at 100%.

Features	In-Network	Out-of-Network
Deductible <i>per calendar year</i>	\$3,000/single \$6,000/family	Not covered
Out-of-Pocket Max <i>per calendar year</i>	\$3,500/single \$7,000/family	
Physician Services <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i>	You pay 10% after deductible	
Preventive Services <i>Well child, Immunizations, Certain Prenatal Services, Screening</i>	You pay \$0	
Mental/Behavioral/ Substance Use	You pay 10% after deductible	
Chiropractic/Physical/ Occupational/Speech Therapies	You pay 10% after deductible	N/A
Video Visits <i>Care Anywhere</i>	\$49 Copay You pay 10% after deductible	
Ambulance	You pay 10% after deductible	You pay 0% after deductible
Hospital	You pay 10% after deductible	Not covered
Prescription Drugs <i>Retail (31-day supply) GenRx preferred drug list including preferred generic, preferred brand</i>	You pay 10% after deductible	
<i>Specialty Drugs</i>	You pay 10% after deductible	
<i>90-day Rx / Mail Order GenRx preferred drug list including preferred generic and preferred brand. Specialty drugs are in specialty network.</i>	You pay 10% after deductible	



Quartz's provider finder lets you easily search for doctors, dentists and pharmacies in your network. Use your preferences to scale down your search and find a provider that fits your needs.

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

QUESTIONS?

Call customer service at **608-644-3430**, **800-362-3310** or call the phone number on the back of your ID card or visit www.quartzbenefits.com.

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

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QUARTZ HEALTH PLAN GUIDELINES FOR CARE

Quartz carefully reviews treatment plans and requests submitted by participating practitioners. This process of medical management (sometimes called care management or utilization management) is conducted by nurses with the support of physicians. This process also helps ensure expensive services are not overused so health care can remain affordable for everyone. Medical management staff will work with your PCP to coordinate your care at three stages:

- **Pre-service review** – before you receive care or services
- **Concurrent review** – while care or services are being provided
- **Post-service review** – after care or services have been provided

Please refer to your Quartz Health Insurance Employee Handbook for additional details of Quartz's Guidelines for Care.

If you have any concerns relating to medical management, you may call the following numbers to address your concerns:

- **UW Health Medical Management**
608-821-4200 (Local)
888-829-5687 (Toll-free)
- **UW Health – Behavioral Health Care Management**
608-282-8270 (Local)
800-683-2300 (Toll-free)
- **Quartz Health Insurance**
608-643-2491 (Local)
800-362-3309 (Toll-free)



COMPLEX CASE MANAGEMENT

Complex Case Management is the coordination of care, services and resources for members who have complex medical and social needs.

The Complex Case Management team includes Registered Nurse and Social Work Case Managers. The team works closely with you and your caregivers to guide you through medical and community resources to make sure you get the best care possible. The case management staff will assist you in setting personal goals and creating a plan that will enhance the quality of your life. This program is free for health plan members.

If you are interested in Complex Case Management services, you can call 866-884-4601. Benefits are subject to health plan terms.

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VALUE – ADDED SERVICES

Member resources offered by **Quartz**:

Care Anywhere Video Visits: Easy, quick access to a medical provider whenever you need nonemergency care for symptoms such as: abdominal pain, cough, fever, ear pain, sore throat, diarrhea, sprains, headache and more! Available 24/7 from any device equipped with a web camera. Sign up at www.uwhealthcareanywhere.org.

Cost is \$49.00 copay before deductible is satisfied.

Health Management Programs: Receive confidential support to better manage your conditions with the help of a healthcare practitioner. Programs are free and are offered for asthma, diabetes, depression, high blood pressure and more. For more information, call **866-884-4601**.

Health Coaching: Any Quartz member over the age of 18 can request health coaching in areas such as eating habits, weight management, lowering stress, increasing physical activity, tobacco cessation, taking medication and more. To learn more, call **866-884-4601** or email health.services@quartzbenefits.com

HEALTH PLAN PREMIUMS

The District pays 100% of your HMO health plan premiums. Premiums are shown per month effective January 1, 2021:

Coverage Level	Total Monthly Premium	Monthly District Premium Cost	Monthly Employee Premium Cost
QuartzHMO			
Employee only	\$790.91	790.91	\$0.00
Family	1819.10	1819.10	\$0.00
QuartzPOS			
Employee only	834.86	790.91	43.95
Family	1920.18	1819.10	101.08



Quartz offers a personalized digital wellness program that provides financial incentives for achieving various points levels. This program is designed to reward you for taking care of yourself – whatever your fitness level, where you are. Get started today by accessing Quartz Well through your MyChart account



Below are some features of Quartz's Personal Wellness Portal.

Health Risk Assessment: A health risk assessment is a health questionnaire used to provide you with an evaluation of your health risks and quality of life based on the answers you provide. Answer questions about your personal medical history, nutrition information and stress level to better understand what areas you may need to improve.

Wellness Workshops: Interactive, self-guided workshops to help you learn about your own health and wellness. Workshops available on 16 different topics to include: Blood pressure and cholesterol, preventive health, stress, diabetes, and nutrition.

Personal Tracking Tools: Keep track of different health measurements to help you with your wellness goals.

- Sync your fitness device
- Food log
- Weight log



OUT-OF-AREA DEPENDENT COVERAGE

AVAILABLE ON LARGE GROUP HMO PLANS IN WISCONSIN OFFERED BY
QUARTZ HEALTH BENEFIT PLANS CORPORATION.

Do you have a dependent child or grandchild on your plan who lives outside of our service area at least three months per year? Quartz makes it easy for them to get medical care by providing coverage for office visits as if they were in-network. Here's how it works –

- ▶ During the portion of the year they are **living inside Quartz's service area**, your dependent must seek care with in-network providers. The costs will be covered at the in-network level of benefits. Cost-sharing for covered services will count towards your out-of-pocket maximum.
- ▶ During the three-months or more portion of the year they are **living outside Quartz's service area**, they first need our okay before getting care from an out-of-network provider. Call (888) 829-5687 and ask for prior authorization before making an appointment. Even though the service is out-of-network, the costs will be covered at the in-network level of benefits. Allowed amounts for cost-sharing will be based on usual and customary charges. Cost-sharing for covered services will count towards your out-of-pocket maximum. Amounts in excess of usual and customary charges are your responsibility and do not count toward your out-of-pocket maximum.

Eligible services include –



Primary care



Chiropractic
care



Behavioral /
mental health



In-office therapy services



Routine procedures
and care in office

Other services (outpatient surgery or non-emergency hospitalization, for example) require the dependent to return to the Quartz service area for care. As a reminder, you or your dependents must **show your valid Quartz ID card** when seeking services from any provider.

QUESTIONS? CONTACT CUSTOMER SERVICE AT (800) 362-3310.

GA00797 (05/19)
Your health plan is offered by Quartz Health Benefit Plans Corporation.
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QUARTZ PRESCRIPTION DRUG FORMULARY

Quartz Health's prescription drug formulary (list of covered drugs) provides coverage to members with safe, effective medications in an affordable manner. The Quartz's formulary applicable for District members is called **Standard**. Please refer to the formulary for the status of your prescriptions. Ways to access the formulary are on the right side of this page.

Not all drugs are covered by your prescription benefit and some are covered only under specific circumstances. Always check the Standard formulary when you are prescribed a new medication, so you avoid any coverage misunderstandings. Categories of non-covered drugs are described below:

- **Exclusions** – Some drugs or groups of drugs are excluded from coverage under the drug benefit. An example is a drug for cosmetic purposes.
- **Restrictions** – Restricted drugs are those that require Prior Authorization or Step Therapy before you can receive coverage. Restricted drugs may be preferred or non-preferred. Restrictions are noted on the formulary.
- **Non-formulary drugs** – Drugs that are not specifically listed in the formulary are not covered.

What if my drug is not on the Formulary?

If your drug is not included in the formulary, you should first contact Customer Service and ask if your drug is covered now since the formulary changes periodically.

If you learn that it is not covered, you have two options:

- You can ask Customer Service (**800-362-3310**) for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask the doctor to prescribe a similar drug that is covered by Quartz.
- You can ask for an exception, so the drug is covered. Generally, your request for an exception is approved **only** when the alternative drugs included on the formulary are not effective in treating your condition and/or would cause you to have adverse medical effects. Call Customer Service or review the formulary PDF for more information on requesting an exception.



HOW TO VIEW QUARTZ'S FORMULARY

- View the complete list in Quartz's up-to-date formulary PDF at www.QuartzBenefits.com. This is the easiest and fastest way to answer formulary questions such as whether your drug is on the formulary for your plan, if it requires Prior Authorization or has other restrictions.
- Log into Quartz's secure member portal, [MyChart](#), and search Quartz's formulary. This tool provides more detail and member-specific information than the PDF formulary listing and is a more interactive process.
- Request an updated version from Quartz's Customer Service at **800-362-3310**.

SPECIAL NOTE

As a reminder, members enrolled in the HSA Plan are responsible for the full cost of a covered prescription drug until their in-network deductible is met.

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HEALTH MANAGEMENT PROGRAMS

Receive confidential support to better manage your conditions with the help of a healthcare practitioner, self-care tips, or other resources.

Programs are free and are offered for:

- **Asthma Program:** Assistance in taking care of your asthma every day is important in feeling your best. Contact medical professionals at **866-884-4601** for more information and/or sign up for this program. You can also sign up online.
- **Diabetes Program:** Support that helps you to enjoy life by managing your diabetes symptoms. This program offers education, resources, and reminders that assist you in self-care of your condition. You can sign up online or call **866-884-4601, ext. 704966**.
- **Health Coaching:** Tool to help when making a change to healthier habits. You can connect to a trained health coach who will assist you along the way. Sign up or learn more either online or calling **866-884-4601**.
- **Tobacco Cessation:** An interactive, online workshop to get you started on your road to becoming tobacco free plus additional resources for the journey.
- **Low Back Pain:** Online information on the causes of low back pain, treatment options, strengthening exercises, and self-care.
- **Complex Case Management:** Coordination of care, services and resources for member who have complex medical and social needs. If interested, call Complex Case Management service at **866-884-4601**.



UW HEALTH CARE ANYWHERE VIDEO VISITS

The District's health plan with Quartz offers a telemedicine service that allows adult members to have a video visit with a physician for nonemergency care; this service is called **Care Anywhere**. You will need to download the app first, and then you will have easy, quick access to a health care provider from the comfort of your own home or work. Care Anywhere is available 24/7/365, providing video visits using the app on your smartphone, tablet, or computer equipped with a web camera. Get the mobile app called "Care Anywhere University of Wisconsin" from the App Store or Google. Note that when using the mobile app, data fees may apply. Call Customer Service at **800-362-3310** for more info.

NOTE: For HSA members, the cost for this service is **\$49**.

While members do not need a UW Health PCP to use this service, you must be in the state of Wisconsin to receive care.

Use Care Anywhere video visits for:

- Abdominal pain
- Allergies
- Cough
- Fever
- Ear pain
- Stuffy/runny nose
- Sore throat
- Painful/difficult urination
- Nausea & vomiting
- Low back pain &/or joint pain
- Diarrhea
- Eye infections
- Sprains
- Headache
- Minor skin problem
- And other nonemergency issues

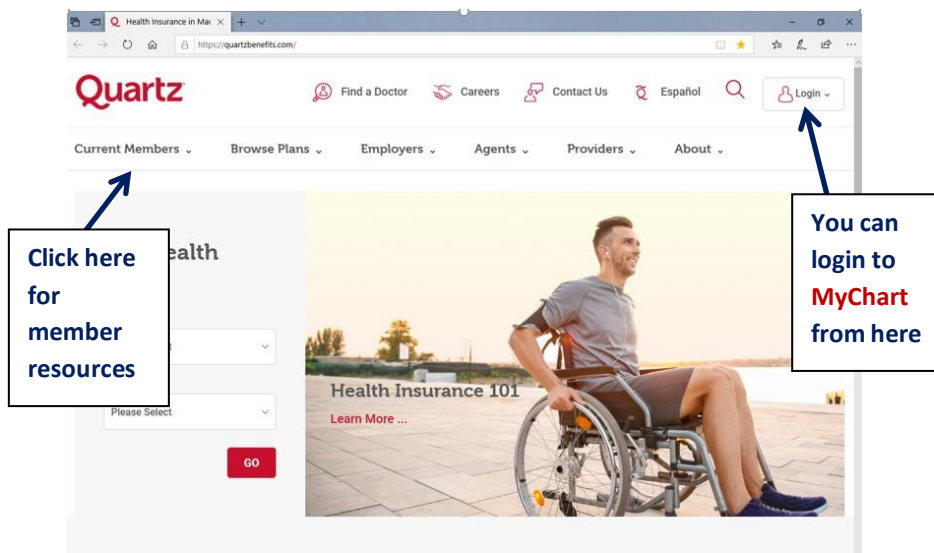
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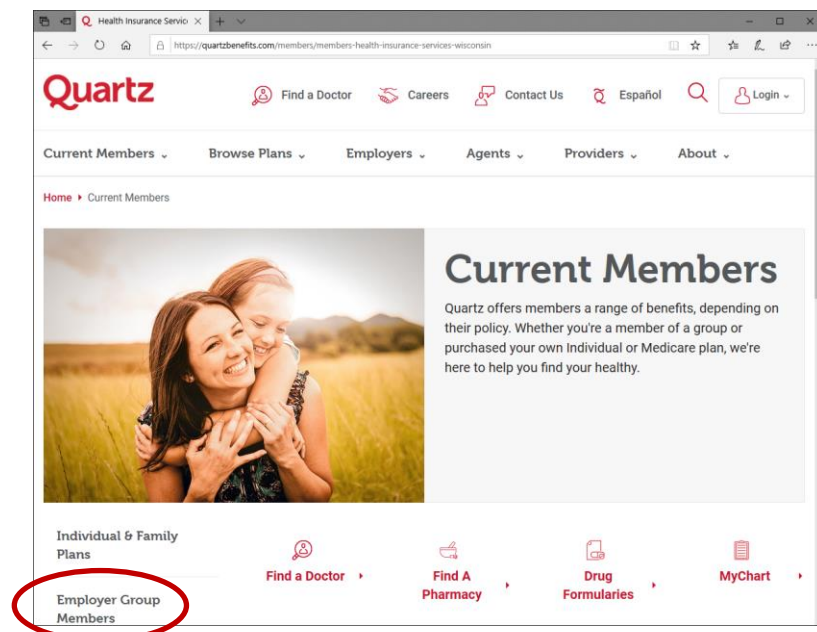
NAVIGATING QUARTZ BENEFITS' WEBSITE

www.quartzbenefits.com

The Quartz Benefits' home page looks like this (see below). Click on "Current Members."



The Current Members screen is shown below. On this webpage, select "Employer Group Members," which takes you to member resources.



Quartz

MYCHART

If you haven't already signed up for the Quartz MyChart web portal, we suggest that you set up an account before the beginning of the new, plan year. Quartz MyChart gives you secure access to your health insurance benefit information.

ACCESSING HEALTH CARE SERVICES

Below is a summary of how to access care depending on your needs:

Routine Care	Contact your Primary Care Provider's (PCP) clinic
Specialty Care	Contact your PCP clinic, they will tell you how to get appropriate care
After-Hours Care	Contact your PCP clinic, they will tell you how to get appropriate care
Urgent Care	Go to a participating Urgent Care Center if your injury is not life-threatening but you need prompt attention
Emergency Care	Go to the nearest hospital or call 911
Care Away from Home	Contact your PCP clinic, or if it is an emergency, go directly to the nearest hospital
Behavioral Health Care	For assistance coordinating your behavioral health services, including alcohol and drug treatment services, please contact either locally at 608-640-4450 or toll-free 800-683-2300 .

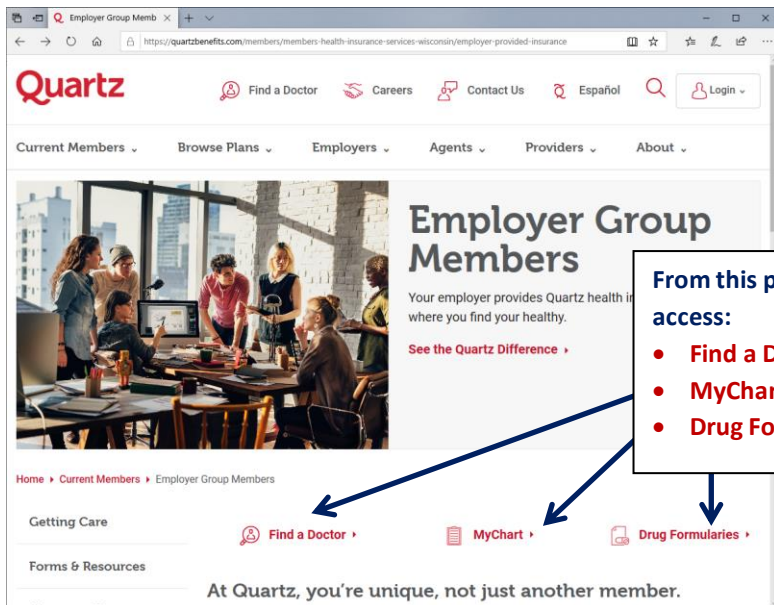
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www.quartzbenefits.com

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This is the top portion of the members' webpage.

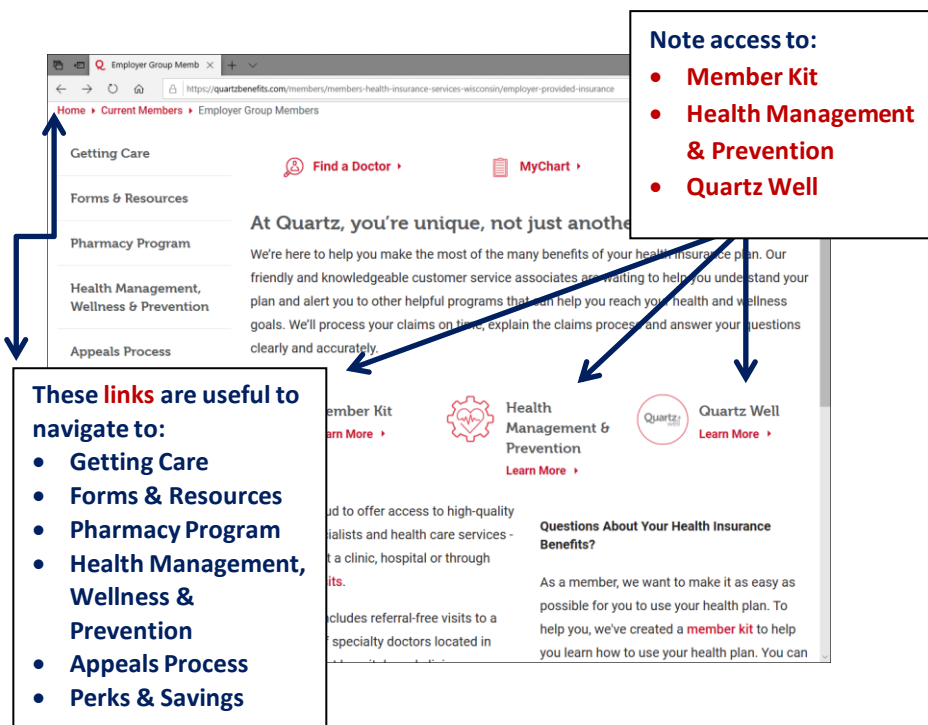


The screenshot shows the top portion of the Quartz Employer Group Members webpage. The header includes the Quartz logo, navigation links (Find a Doctor, Careers, Contact Us, Español, Login), and a breadcrumb trail (Home > Current Members > Employer Group Members). The main content area features a large image of people in a meeting, followed by the heading "Employer Group Members" and a subheading "Your employer provides Quartz health insurance where you find your healthy." Below this is a "See the Quartz Difference" link. A callout box points to the "Find a Doctor", "MyChart", and "Drug Formulary" links in the "Getting Care" section.

From this page, you can access:

- Find a Doctor
- MyChart
- Drug Formulary

Here's the bottom portion of the members' webpage.



The screenshot shows the bottom portion of the Quartz Employer Group Members webpage. The left sidebar contains links for "Getting Care", "Forms & Resources", "Pharmacy Program", "Health Management, Wellness & Prevention", and "Appeals Process". The main content area features the heading "At Quartz, you're unique, not just another member." followed by a paragraph about the health insurance plan. Below this are three sections: "Member Kit", "Health Management & Prevention", and "Quartz Well". A callout box points to the "Member Kit", "Health Management & Prevention", and "Quartz Well" links. Another callout box points to the "Getting Care", "Forms & Resources", "Pharmacy Program", "Health Management, Wellness & Prevention", "Appeals Process", and "Perks & Savings" links in the sidebar.

These links are useful to navigate to:

- Getting Care
- Forms & Resources
- Pharmacy Program
- Health Management, Wellness & Prevention
- Appeals Process
- Perks & Savings

Note access to:

- Member Kit
- Health Management & Prevention
- Quartz Well



Quartz Well is a personalized digital wellness program that offers eligible members rewards for participating in health activities. A subscriber and/or a Quartz enrolled spouse can earn up to \$100 in Amazon rewards per calendar year for tracking health and wellness activities.

How to access? Quartz Well can be accessed in your Quartz MyChart Account. If you don't have a Quartz MyChart account, visit the following link for instant activation: <https://quartzmychart.com/mychart/>.

How do I earn rewards? Visit www.quartzbenefits.com/well to see the many ways you can earn reward points that turn into gift cards. You can earn points in the following four categories: **engagement, fitness, prevention and health, & wellbeing.**

When do I receive my rewards? As soon as you earn enough points for a \$25 gift card, you can go to the "claim your gift code" button and click on it so your Amazon code appears in your portal. Quartz recommends that members claim their Amazon code as soon as one is earned.

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HEALTH SAVINGS ACCOUNT ADVANTAGES

Is a health savings account right for me?

Like any health care option, a HSA has advantages and disadvantages. As you weigh your options, think about your budget and what health care you are likely to need in the next year.

If you are generally healthy and want to save for future health care expenses, a HSA may be an attractive choice.

Or if you are near retirement, a HSA may make sense because the money in the HSA can be used to offset costs of medical care after retirement.

On the other hand, if you think you might need expensive medical care in the next year and would find it hard to meet a high deductible, a HSA might not be your best option.

Contributions made to the HSA are not available to those members who are entitled to (eligible and enrolled in) benefits under Medicare, or other disqualifying coverage.

If you are covered on the High Deductible Health Plan (HDHP), but you are also covered on another group health plan (such as your spouse's group plan) that is not an HDHP, you would also be ineligible to make contributions to a HSA.

Also a HSA is not available to employees who are eligible for a spouse's medical spending account (FSA), unless the spouse's medical FSA is a limited medical FSA.

How much can you put in the health savings accounts?

Maximum contributions are \$3,600 for single coverage and \$7,200 for family coverage for 2021.

If you are eligible, you may have your health savings account at any financial institution of your choice.

TOP REASONS TO HAVE A HSA

Tax Saving & Earned Interest —

Contributions are tax-deductible and earn tax-free interest.

Portability — You own your account, so even if you change jobs, your HSA funds are yours to keep.

Affordable Health Coverage — Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab tests, and prescription medications.

Reduced Insurance Premiums —

The cost of coverage under a qualified HDHP is lower than the other plan.

Long-Term Savings — Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

Retirement Bonus — After age 65, funds may be withdrawn for any reason with no penalties. (If used for non-medical purposes, however, taxes will be imposed.)

Safety Net — A HSA has no "use it or lose it" restrictions, so balances can be built up to use for major medical events.

Coverage for the "Extras" — HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

Money That Works for You —

Balances over a certain amount may be invested.

Empowerment — Take control of your health care decisions, including which providers you want to use, to ensure your health care dollars are spent wisely.

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How do I use the HSA to pay for medical care?

It is rather simple. Here are the steps:

1. You put money into the HSA.
2. You or a dependent receives medical services.

A bill for medical services is submitted as a claim to www.quartzbenefits.com.

3. You receive an Explanation of Benefits for the service, which will reflect the amount due to the provider.
4. At this time you can choose to:
 - Use your HSA funds to pay the provider directly for the amount due
 - Pay the provider with personal funds and request reimbursement
 - Use your funds and save your HSA dollars for future medical expenses
5. Process repeats until deductible and out-of-pocket maximums are met, after which benefits are paid for the remaining plan year.

How do I find information about medical costs and quality so I can make informed choices?

Call Member Services or log on to www.quartzbenefits.com to search for providers and clinics that offer the medical services you need at the best cost.

Can I withdraw money from a HSA for nonmedical expenses?

Yes, but if you withdraw funds for nonmedical expenses before you turn 65, you have to pay taxes on the money and a 20% penalty. If you take money out after you turn 65, you pay normal income taxes but no penalties.

BE A SMART HEALTHCARE CONSUMER!



You have different care options to choose. Gaining a better understanding of your options now can help you save both time and money when you need to seek care. Options for treatment include:

Convenience Care, Online Care:

Located inside of retail stores or online, visit these for common ailments like strep throat, pink eye, bladder infection, etc. **Cost: \$**

Doctor's Office: Staffed by doctor, PA and nurses, visit this for care of illnesses, injuries, preventive care, etc.

Cost: \$\$

Urgent Care Clinic: Staffed by doctor, PA and nurses, visit this for care of minor illnesses or injuries that require **immediate** attention.

Cost: \$\$\$

Emergency Room: Located inside of a hospital, visit this for serious illnesses, injuries or life-threatening issues, such as, chest pains, shortness of breath, burns, head injuries, etc.

Cost: \$\$\$\$

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DENTAL PLAN SUMMARY

About the Dental Plan: This is a comprehensive plan for all dental services. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs. To see if your dentist is in-network, please visit www.deltadentalwi.com and click on Provider Search at the top of the screen.

Features	In-Network (Premier or PPO)	Out-of-Network ¹
Annual Maximum²	\$1,000	
Annual Deductible	\$50 Single / \$150 Family	
Diagnostic & Preventive <i>Sealants, Cleanings, Exams, X-Rays & Fluoride</i>	You pay 0%	
Other Preventive Services <i>Space Maintainers</i>	You pay 20% after deductible	
Basic Restorative Care <i>Amalgam & Resin Fillings</i>	You pay 20% after deductible	
Basic Oral Surgery <i>Simple Extractions</i>	You pay 20% after deductible	
Endodontics <i>Surgical and Non-Surgical</i>	You pay 20% after deductible	
Periodontics <i>Surgical & Non-Surgical</i>	You pay 20% after deductible	
Major Restoratives <i>Crowns, Inlays, Onlays, partial or complete Dentures, Fixed Bridgework</i>	You pay 50% after deductible	
Orthodontic Services <i>(Max. Lifetime Benefit = \$1,500)</i>	You pay 50% after deductible	

²Annual Dental Maximum starts over each January 1.

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

DENTAL PLAN PREMIUMS

Necedah School District pays for the majority of your monthly dental premium. Monthly premium rates effective July 1, 2019 – December 31, 2021 are:

Coverage Level	Total Monthly Premium	Monthly District Premium Cost	Monthly Employee Premium Cost
Employee only	\$42.71	\$36.09	\$6.62
Family	\$132.67	\$112.11	\$20.56



¹When accessing care out-of-network, there are no provider discounts and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta's app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with Toothbrush Timer

AMPLIFON HEARING HEALTHCARE

As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call 888-901-0132 or visit www.amplifonusa.com/deltadentalWI for information.

QUESTIONS?

Call customer service at 800-236-3712 or call the phone number on the back of your ID card or visit www.deltadentalwi.com.



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VOLUNTARY VISION PLAN SUMMARY

Our voluntary vision plan is supported by EyeMed Vision provider network. For an up-to-date listing of EyeMed providers in your area, visit <https://www.deltadentalwi.com/provider-search/vision/>.

About the Vision Plan: This is a comprehensive plan for all vision services. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.

EyeMed Access		
Features	In-Network	Out-of-Network
Annual Deductible	N/A	
Examination	\$10 copay	\$35
Frames	\$150 allowance, then 20% off balance	\$150 allowance, then 20% off balance
Lenses (Standard Plastic)		
<i>Single Vision</i>	\$10 copay	\$25
<i>Bifocal</i>	\$10 copay	\$40
<i>Trifocal</i>	\$10 copay	\$55
Contact Lenses (In lieu of spectacles)		
<i>Conventional</i>	\$150 allowance, then 15% off balance	\$120
<i>Disposable</i>	\$150 allowance	\$120
<i>Medically Necessary</i>	You pay \$0	\$200
Frequency		
<i>Vision Examination</i>	Once every 12 months	
<i>Frames</i>	Once every 24 months	
<i>Lenses/Contacts</i>	Once every 12 months	

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

VOLUNTARY VISION PLAN PREMIUMS

This is a voluntary plan, meaning you pay 100% of the premium. The monthly premium rates effective May 1, 2018 – April 30, 2022 are:

Coverage Level	Monthly Rates
Employee	\$6.50
Employee + Spouse	\$13.00
Employee + Child(ren)	\$13.27
Family	\$19.77



INFORMATION ON THE GO!

Always use an in-network provider to obtain the highest level of benefits.

When accessing care out of network, you receive an amount that the provider will pay up to. You are then responsible for the difference.

Note: This is a voluntary plan, participation is optional. You may waive this coverage if you don't need eyeglasses or contacts.

QUESTIONS?

Call customer service at **844-848-7090**.

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VOLUNTARY SHORT TERM DISABILITY COVERAGE

Eligible employees¹ can participate in a Voluntary Short Term Disability Program through National Insurance Services (NIS). Employees enrolled in the program can elect the amount of coverage they want and pay for it via payroll deductions. This is a voluntary plan, meaning you pay 100% of the premium.

Weekly coverage amounts are as follows²:

- Without medical information - \$147, \$175, \$224, \$273, or \$301
- Requires medical information and approval - \$357, \$420, \$462, or \$504

¹Please see Nichole Manning in the District office to determine if you are eligible

²Coverage amounts cannot exceed 66.67% of weekly pre-disability earnings

Please see Nichole Manning in the District Office for the applicable premium.

LONG TERM DISABILITY COVERAGE

For eligible employees¹, the District provides Long Term Disability Coverage through NIS. The benefit is 70% of your pre-disability earnings (classified as your base pay) after an elimination period of 90 consecutive calendar days. Premium is paid 100% by the District.

¹Please see Nichole Manning in the District office to determine if you are eligible

CLAIMANT ASSISTANCE

NIS's Claimant Assist program offers special services to Long-Term Disability claimants/beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long-Term Disability Claimant Services are available to guide and counsel claimants and their immediate family members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

Claimant Assist services are available by calling **866-472-2734**.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Everyday life can be stressful and can affect your health, well-being and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why we offer an EAP. An EAP offers a confidential place to find the answers that work for you. Receive compassionate expertise and confidential help for a variety of concerns, including:

- Depression
- Alcohol and drug addiction
- Financial or legal concerns
- Stress management
- Child and elder care
- Marital Difficulties
- Anxiety

EAP services are available to you by calling **866-451-5465** or visiting www.niseap.com.

IDENTITY THEFT SERVICES

From a lost wallet to full-on credit card fraud, having your personal information compromised is stressful. Covered employees and their families can receive no-cost help should they become victims of identity theft. The certified risk management specialist can assist you with:

- Assessing the scope of suspected or actual fraud
- Putting you in contact with law enforcement or local governmental agencies as necessary
- Filing the Identity Theft Victim's Complaint and Affidavit
- Assisting with credit bureau fraud alerts
- Guiding you through the resolution process.

To utilize this no-cost 24/7 service, call **855-860-3727**.

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Necedah Area School District

VOLUNTARY BENEFITS

Eligible employees¹ can participate in Voluntary Accident and/or Critical Illness Insurance through Chubb. Both products are voluntary, meaning you pay 100% of the premium. Please see Nichole Manning in the District Office for the applicable premium.

Voluntary Accident Insurance

No one plans on getting injured...but just in case, Chubb's got you covered. You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or leg can hurt your finances, too. Chubb Accident pays cash benefits directly to you or anyone you choose regardless of any other coverage you have. Let Chubb Accident help take care of your bills so you can take care of yourself and your family.

Voluntary Critical Illness Insurance

Eligible employees¹ can participate in Voluntary Accident Insurance through CHUBB. Critical illnesses, such as heart attack, cancer and stroke, happen every day. They can have serious consequences, both physical and financial. To maintain your lifestyle and help you recover, you may need some financial help.

Simply put, critical illnesses cost money and out-of-pocket expenses can pile up quickly. Chubb Critical Illness pays you cash when you need it most. If you are diagnosed with a covered illness, you will receive a lump sum benefit payable directly to you. You can use your cash benefit however you choose - to help with your everyday living expenses, pay your out-of-pocket medical costs or replace lost income.

Please see Nichole Manning in the District office to determine if you are eligible

CHUBB®

QUESTIONS?

Call customer service at
866-445-8874 or visit

www.chubbworkplacebenefits.com



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Necedah Area School District

RETIREMENT SAVINGS

Wisconsin Retirement System (WRS) through ETF

For eligible employees, the total contribution rate to WRS in 2021 is 13.5% of gross wages; half of that is paid by the District and the other half is paid by the employee via “pre-tax” deductions.

Tax-Sheltered Annuity Plan 403(b)

All employees are eligible to participate in a 403(b) tax-deferred annuity plan administered by Modern Woodmen, WEA, or Ameriprise. The employee will pay the total cost of the 403(b) tax-deferred annuity contribution. There is no District contribution.



FOCUS ON BENEFITS 2021

Necedah Area School District

NEXT STEPS

HEALTH PLAN

If you are a new hire and wish to enroll in the health plan, please contact Nichole Manning within 30 days of your date of hire to complete the necessary paperwork.

If you are a current employee, and would like to enroll, switch your health plan or change your family status, without a qualifying event, you may do so once per year during our annual open enrollment period which runs from December 1st – December 15th for coverage effective January 1st.

DENTAL PLAN

If you are a new hire and wish to enroll in the dental plan, please contact Nichole Manning within 30 days of your date of hire to complete the necessary paperwork.

If you are currently enrolled and do not have any changes, you will be automatically re-enrolled each year at your current coverage status. No forms are needed.

VOLUNTARY VISION PLAN

If you are a new hire and wish to enroll in the vision plan, please contact Nichole Manning within 30 days of your date of hire to complete the necessary paperwork.

If you are a current employee, and would like to enroll or change your family status, without a qualifying event, you may do so once per year during our annual open enrollment period which runs from April 1st – April 15th for coverage effective May 1st.

CARRIER QUICK LINKS



Health Plan

Quartz

800-362-3310

608-644-3430

www.quartzbenefits.com

Dental Plan

Delta Dental

800-236-3712

www.deltadentalwi.com

Vision Plan

Delta Dental/EyeMed

844-848-7090

Disability Plans

NIS

800-627-3660

www.nisbenefits.com

Employee Assistance Program

NIS

866-451-5465

www.niseap.com

Identity Theft

NIS

855-860-3727

Life Insurance

ETF

877-533-5020

608-266-3285

www.etf.wi.gov

Voluntary Accident and Critical Illness

Chubb

866-445-8874

www.chubbworkplacebenefits.com

Retirement Savings

ETF

877-533-5020

608-266-3285

www.etf.wi.gov

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Necedah Area School District

NEXT STEPS CONTINUED

LTD PLAN

All eligible employees working 20 hours or more are automatically enrolled in this plan.

OPTIONAL STD PLAN

To enroll in this plan, forms must be filled out and returned to Nichole Manning. Evidence of insurability is required if you are requesting amount above the Guarantee Issue.

VOLUNTARY LIFE AND AD&D PLANS

Now is a good time to review your beneficiary designation for your life and AD&D policies.

To enroll in this plan, forms must be filled out and returned to Nichole Manning. Evidence of insurability is required if you are requesting amount above the Guarantee Issue.

VOLUNTARY ACCIDENT AND CRITICAL ILLNESS INSURANCE

To enroll in this plan, forms must be filled out and returned to Nichole Manning.

RETIREMENT - WRS

Employees who meet the eligibility criteria must be enrolled in the WRS. (The employee has no choice unless the employee is a WRS annuitant upon hire.) Employees who do not meet the eligibility criteria may not be enrolled in the WRS.

QUESTIONS? NEED FORMS?

Contact Nichole Manning at the District office:

Phone **#608-565-2256 ext. 117** or email at nmanning@necedahschools.org.

This Focus on Benefits provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.

NECEDAH SCHOOL DISTRICT reserves the right to change, amend, suspend, or terminate any or all of the plans described in the guide at any time and for any reason. This Focus on Benefits is not a contract, and participation in any of the plans does not guarantee employment.

Information provided by Associated Benefits and Risk Consulting. Associated Benefits and Risk Consulting is a marketing name used by Associated Financial Group, LLC (d/b/a Associated Benefits and Risk Consulting in New York and ABRC Insurance Solutions in California).

FOCUS ON BENEFITS 2021

Necedah Area School District

WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

Following this page are several notices that the federal government requires us to give individuals who are covered under our group health plan(s). The purpose of these notices is to inform you of certain rights you and your family may have under federal law. In addition to rights under federal law, you may have rights under state law.

You may find it helpful to review this information as you make your benefit enrollment decisions. Please keep this information with your other written plan materials.

1. HIPAA Portability Notice
2. Initial COBRA Notice
3. Notice of Exchange
4. Medicare Part D Coverage Notice
5. CHIP Notice
6. WHCRA Notice

FOCUS ON BENEFITS 2021

Necedah Area School District

HIPAA PORTABILITY NOTICE

Our records show that you are eligible to participate in the company's Group Health Plan (to actually participate, you must complete an enrollment form and pay your share of the premium). A federal law called HIPAA requires that we notify you about some important provisions in the plan.

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 towards your or your dependents' other coverage). However, you must request enrollment within **30 days** [or any longer period that applies under the plan] 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** [or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption.

If you are declining enrollment because you and/or your dependents are covered under a Medicaid plan or state Child Health Plan (CHIP) and that coverage is terminated due to a loss of eligibility, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within **60 days** after the date that termination of such coverage occurred and meet certain other important conditions described in the Summary Plan Description.

If you and/or your dependents are determined to be eligible under a state's Medicaid plan or state Child Health Plan (CHIP) for premium subsidy assistance, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days of the determination of eligibility for premium subsidy assistance for you or your dependents and meet certain other important conditions as described in the respective Summary Plan Description.

To request special enrollment or obtain more information, contact Nichole Manning in the District Office at 608-565-2256, ext. 117.

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Necedah Area School District

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. COBRA (and the description of COBRA coverage contained in this notice) applies only to group health plan benefits and not to any other benefits offered by your employer.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you, your spouse, and dependent children when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan, join a spouse's group health plan, or to obtain coverage through a public health program (e.g., Medicare or Medicaid). From time to time, governmental programs may be available to you to help you pay monthly premiums or save on out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage unless the Plan sponsor has chosen to subsidize the cost of COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

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If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse. Also, if your spouse (the employee) reduces or eliminates your group health coverage in anticipation of a divorce or legal separation, then the divorce or legal separation may be considered a qualifying event for you even if your coverage was reduced or eliminated before the divorce or separation.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

When the qualifying event is the end of employment, a reduction in hours of employment, or the death of the employee, the Plan will offer COBRA continuation coverage to qualified beneficiaries. You do not need to notify your employer of any of the events listed in the last sentence.

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the later of (1) the date of the qualifying event; and (2) the date on which the qualified beneficiary loses (or would lose) coverage under the Plan as a result of the qualifying event. You must provide this notice to: Nichole Manning in the District Office at 608-565-2256, ext. 117.

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How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees and spouses (if the spouse is a qualified beneficiary) may elect COBRA continuation coverage on behalf of all of the qualified beneficiaries, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. If the employer offers a health Flexible Spending Account, COBRA coverage under a health Flexible Spending Account can last only until the end of the year in which the qualifying event occurred.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If a qualified beneficiary is determined by Social Security to be disabled and notifies the employer in a timely fashion, all of the qualified beneficiaries in your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. This extension is available only for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was the covered employee's termination of employment or reduction of hours. The disability would have to have started at some time before the 61st day after the covered employee's termination of employment or reduction in hours and must last at least until the end of the period of COBRA coverage that would be available without the disability extension (generally 18 months, as described above).

The disability extension is available only if you notify the employer in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination of employment or reduction of hours.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension. In providing this notice, you must use the Plan's designated form (you may obtain a copy of this form from the employer at no charge). **If these procedures are not followed or if the notice is not provided to the employer during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, THEN THERE WILL BE NO DISABILITY EXTENSION OF COBRA COVERAGE.**

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Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage because of the covered employee's termination of employment or reduction of hours (including COBRA coverage during a disability extension period as described above), the spouse and dependent children receiving COBRA continuation coverage can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. This extension is not available under the Plan when a covered employee becomes entitled to Medicare after his or her termination of employment or reduction of hours.

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the individual health insurance carriers, Medicaid, Medicare, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa (addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website).

Keep your plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

FOCUS ON BENEFITS 2021

Necedah Area School District

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A: General information

When key parts of the health care law took effect in 2014, there began 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 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 began 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 credit¹.

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 Nichole Manning in the District Office.

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

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.

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Part B: Information about health coverage offered by your employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: Necedah School District
4. Employer Identification Number (EIN): 39-6095590
5. Employer address: 101 S. Main Street
6. Employer phone number: 608-565-2256
7. City: Necedah
8. State: Wisconsin
9. ZIP code: 54646
10. Who can we contact about employee health coverage at this job? Nichole Manning
11. Phone number (if different from above):
12. Email address: nmanning@necedahschools.org

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

As your employer, we offer a health plan to:

- ☐ All employees.
- ☒ Some employees: Eligible employees are employees who work 30 or more hours per week.

With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are spouses and children up to age 26.
- ☐ 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.

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Necedah Area School District

MEDICARE PART D CREDITABLE/NON-CREDITABLE COVERAGE NOTICE

For Creditable Plans:

Important Notice from Necedah 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 Necedah 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. Necedah Area School District has determined that the prescription drug coverage offered by the Quartz HMO/POS 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 through 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.

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 Necedah 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...](#)

FOCUS ON BENEFITS 2021

Necedah Area School District

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 Necedah Area School District changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

Date:	01/01/2021
Name of Entity/Sender:	Necedah Area School District
Contact--Position/Office:	Payroll/HR Coordinator
Address:	1801 S. Main Street
Phone Number:	608-565-2256

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Necedah Area School District

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 **877-KIDSNOW** 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 **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 January 31, 2019. Contact your State for more information on eligibility.

ALABAMA – Medicaid	ARKANSAS – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp X	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268

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GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Website: www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://www.mass.gov/eohhs/gov/departments/masshealth Phone: 1-800-862-4840
INDIANA – Medicaid	MINNESOTA – Medicaid
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: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670
IOWA – Medicaid	MISSOURI – Medicaid
Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Website: http://chfs.ky.gov Phone: 1-800-635-2570	Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://dhcfp.nv.gov/ Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218

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NEW JERSEY – Medicaid and CHIP	RHODE ISLAND – 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: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEW YORK – Medicaid	SOUTH CAROLINA – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
NORTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	Website: http://dss.sd.gov Phone: 1-888-828-0059
NORTH DAKOTA – Medicaid	TEXAS – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: Medicaid: https://medicaid.utah.gov/ CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid and CHIP	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	Medicaid Website: http://www.coverva.org/medicaid/ Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/famis/ CHIP Phone: 1-855-242-8282

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WASHINGTON – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WEST VIRGINIA – Medicaid	WYOMING – Medicaid
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since **January 31, 2019**, or for more information on special enrollment rights, contact either:

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

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

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NOTICE OF RIGHTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

On October 21, 1998, the federal government enacted the Women's Health and Cancer Rights Act. This law requires that all group health plans that provide coverage for mastectomies must also provide coverage for breast reconstruction surgery in connection with that mastectomy. This memo is intended to provide participants and beneficiaries with notice of their rights under the Women's Health and Cancer Rights Act.

Participants and beneficiaries who receive benefits under the group health plan in connection with a mastectomy and elect breast reconstruction surgery in connection with that mastectomy are entitled to coverage for that reconstruction in a manner determined in consultation with the attending physician and the patient. Such coverage includes:

1. Reconstruction of the breast on which the mastectomy was performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance
3. Prostheses and physical complications at all stages of the mastectomy, including lymphedemas.

These benefits may be subject to deductibles and coinsurance limitations consistent with those established for similar benefits under the group health plan.

Please contact the Human Resources Department or the company's health insurance carrier directly for more information on your rights under the Women's Health and Cancer Rights Act.

