

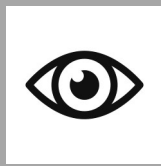
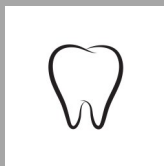


SCHOOL DISTRICT OF  
**LADYSMITH**



# Benefits Guide

# 2024



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*The content of this benefit guide is for illustrative purposes only. It is not to be construed as medical, professional or legal advice. If any disparities in the benefit illustrations exist in contrast to the plan documents, the summary plan description shall prevail.*

## CONTACT INFORMATION



Benefit	Carrier	Phone	Website
District Contact	Lana Nelson	715.532.5277	lnelson@sdlwi.org
Medical	Security Health Plan	800.472.2363	www.securityhealth.org
Pharmacy Benefits	Security Health Plan	800.472.2363	www.securityhealth.org
HSA	Security Financial Bank Contact: Missy Kroening	715.609.1511	www.sfbank.com
Dental	Delta Dental of Wisconsin	800.236.3712	www.deltadentalwi.com
Vision	Delta Dental of Wisconsin	844.848.7090	www.deltadentalwi.com
Group Life	EFT—WI Dept of Employee Trust Funds	877.533.5020	www.eft.wi.gov
Additional Life and AD&D	The Standard	800.628.8600	www.standard.com
Short-Term Disability	The Standard	800.368.2859	www.standard.com
Long-Term Disability	The Standard	800.368.1135	www.standard.com
Accident	The Standard	888.937.4783	www.standard.com
Critical Illness	The Standard	888.937.4783	www.standard.com
Hospital Indemnity	The Standard	888.937.4783	www.standard.com
Employee Assistance Program (EAP)	The Standard	877.851.1631	www.healthadvocate.com/ standard3

## ELIGIBILITY AND ELECTIONS

### Eligibility

You're eligible for benefits as an active employee working at least **30** hours per week in a benefit eligible position, unless otherwise noted.

You share in the costs of some benefits and your portion of the premium is obtained through convenient pre-tax payroll deductions. Those amounts are listed in the booklet on the appropriate benefit pages and also available upon request from the District Office.

All benefit elections must be completed by the designated enrollment date. If you do not enroll by the deadline, you will not be eligible again until the next annual enrollment period or unless you experience a qualifying life event. .

You may enroll your eligible dependents on some of the benefit plans.

#### Eligible dependents include:

- Your spouse as defined by federal law
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to age 26

### Benefit Elections and Changes

Once elected, your benefits will be effective for the entire benefit plan year. You will have an opportunity to make changes to your benefit elections once per year during the annual open enrollment period. Outside of the annual open enrollment period, you may only make changes to your benefit elections if you experience a qualified life event.

Because many of your benefits are available on a pre-tax basis, the IRS requires you to have a qualified life event in order to make changes to your benefit elections during the plan year.

#### Qualified life events include:

- Marriage
- Divorce or legal separation
- Birth, adoption or placement for adoption
- Death of your spouse or dependent
- Significant change to your spouse's coverage
- Loss of coverage

If you have a life event, you must make the changes to your benefits within **30 days** of the event. The change to your benefits must be consistent with the life event.



**The District Office can address your eligibility or benefits related questions.**



## BENEFITS OVERVIEW

### Your Benefits at-a-Glance

The School District of Ladysmith offers a comprehensive benefit package to help support your needs and those of your eligible family members. Several options are available to help customize your coverage and maintain your budget.

#### Our employee benefits include:

Medical

Health Savings Account (HSA)

Dental

Vision

Life

Voluntary Life

Short-term and Long-term Disability

Accident

Critical Illness

Hospital Indemnity

Employee Assistance Programs



### Important Terms

**Premium:** this is the amount of money that comes out of your paycheck to ensure that you have coverage. For some plans, you pay the entire amount and for others the company shares in the cost of the premium.

**Deductible:** The amount you pay out of your pocket each year before the plan begins sharing costs for many/most services. Payments apply toward your annual deductible and annual out-of-pocket maximum.

**Copayment/Copay:** a flat amount that you pay for certain services, such as an office visit or prescription medications. Copays do not help you satisfy your deductible, but they do apply toward your out-of-pocket maximum.

**Coinsurance:** the percentage that you cost share with the plan. Coinsurance often applies after the deductible has been reached. For example, if you have 80% coinsurance, then the plan pays 80% for covered services and you pay 20% until you have reached your out-of-pocket maximum.

**Out-of-Pocket Maximum (OOP max) :** the maximum amount you will pay for covered services each plan year. Once you have satisfied your out-of-pocket maximum the plan pays 100% for the remainder of the plan year. Your deductibles, coinsurance and copays all accumulate toward your out-of-pocket maximum.

**Embedded deductible/OOP max :** each member of a family plan has their own individual amount. Therefore one person in the family will not be responsible for satisfying more than their individual deductible and OOP max before the plan begins to pay its portion.

**In Network/Non Network:** your plan allows you to see any provider, however you pay less for using doctors and facilities that are contracted within your insurance plan's provider network. Not only does your plan design (deductibles/out-of-pocket maximums) reflect the cost difference, but network doctors have also negotiated discounted fees for service.



## MEDICAL PLANS

### HDHP/HSA Plan

What is a HDHP (High Deductible Health Plan)? This type of plan features lower premiums and higher out-of-pocket costs with deductibles for almost all services before the plan begins covering any expenses. A HDHP is offered in conjunction with a Health Savings Account (HSA). The plan includes 100% coverage with no deductible for certain preventive care services as specified by the Affordable Care Act (ACA) when you see a network provider.

**Administered by:**  
**Security Health Plan**

**Choice of Network:**  
**Premier or SimplyOne**

#### **You pay out of pocket until you reach the deductible.**

You will pay the entire cost of care until your deductible has been met. You can choose to pay from your HSA or with cash/credit.

#### **Your plan covers the cost of covered services.**

Once the deductible is met, the plan pays for 100% of your claims for the remainder of the plan year.

#### **You are protected from major expenses.**

The out-of-pocket maximum is the most you will have to pay in the plan year for covered expenses.

#### In-Network Coverage ONLY

#### **Calendar year deductible — embedded**

Individual	\$3,200
Family	\$6,400

#### **Coinsurance**

SHP Pays 100% after Deductible

#### **Calendar year out-of-pocket maximum**

Individual	\$3,200
Family	\$6,400

#### **Your costs for covered care**

Preventive services	Select Services are NO CHARGE to You
Office visits - primary or specialty	SHP Pays 100% after Deductible
Urgent care	SHP Pays 100% after Deductible
Emergency room services	SHP Pays 100% after Deductible
Diagnostic lab & x-ray	SHP Pays 100% after Deductible

#### **Prescription drugs**

Tier 1 / Tier 2 / Tier 3 / Specialty	SHP Pays 100% after Deductible
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## HEALTH PLAN PREMIUMS

### Medical Plan Monthly Premiums



	Employee Cost Premier Network	Employee Cost SimplyOne Network
Employee Only	\$ 101.94	\$ 0.00
Family	\$ 258.93	\$ 0.00

**The District will Pay...**  
**88% for the Premier Network and 100% for the SimplyOne Network!**

### Cash in Lieu

All employees eligible for health insurance can opt for a cash in lieu of health insurance benefit. The benefit is \$3,000 annually. The employee must fill out a disclaimer with the payroll clerk and provide a copy of their insurance card. This provision (\$3,000 annually is paid during the school year) shall not apply to married employees where both spouses are employed by the District.



# Premier network

**SecurityHealth Plan<sup>SM</sup>**  
Promises kept, plain and simple.<sup>®</sup>



**Marshfield Clinic<sup>®</sup>**  
HEALTH SYSTEM

**ASPIRUS<sup>®</sup>**

**OakLeaf<sup>®</sup>**  
CLINICS

**MAYO CLINIC<sup>®</sup>**  
HEALTH SYSTEM

**ThedaCare<sup>®</sup>**

**Essentia Health**

**Hospital Sisters<sup>®</sup>**  
HEALTH SYSTEM  
WI locations

**St. Luke's**

**PREVEA<sup>®</sup>**  
health  
WI locations

**UnityPoint Health<sup>®</sup>**  
Meriter

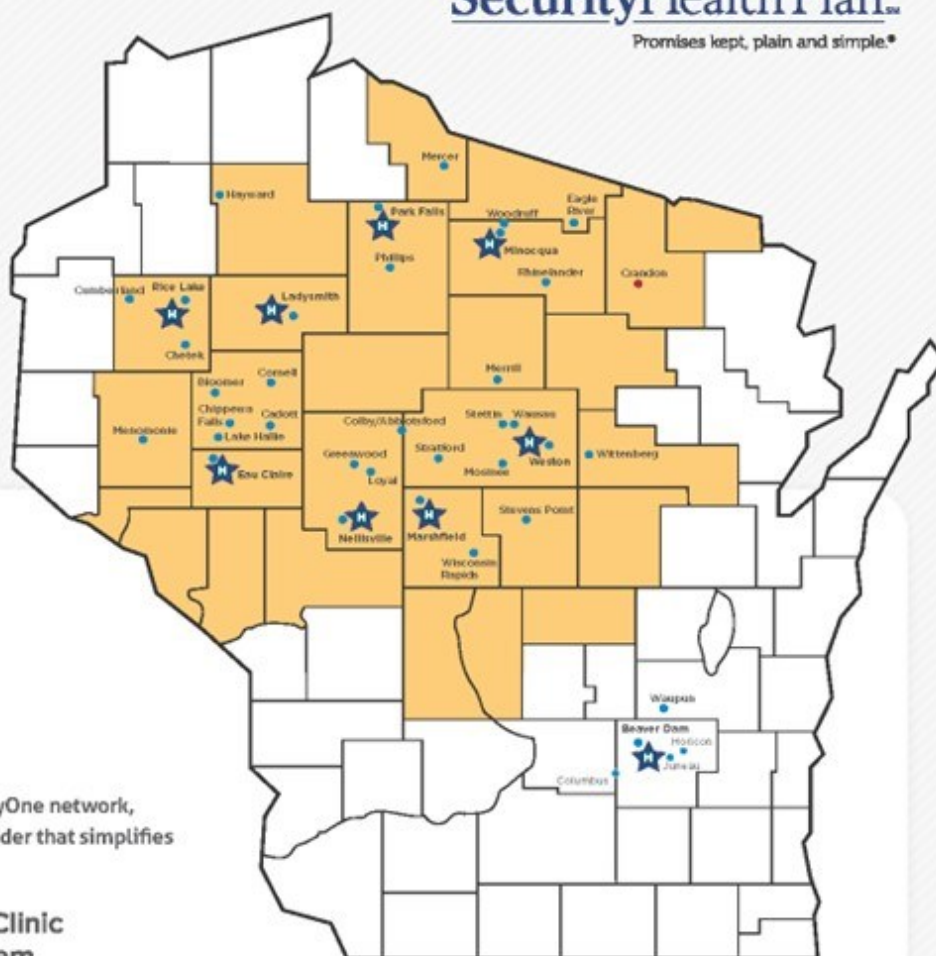
**UWHealth**

Check for providers at [www.securityhealth.org](http://www.securityhealth.org)

**Many independent providers are also included.**



- ★ Marshfield Clinic Health System Hospitals
- Marshfield Clinic Health System Clinics
- Additional in-network provider



### Exceptional coverage in one *simple* package

With Security Health Plan's SimplyOne network, you'll have access to the one provider that simplifies the path to health care:



**Marshfield Clinic Health System**

When you choose Security Health Plan's SimplyOne network, featuring Marshfield Clinic Health System, you receive access to more than 170 specialties, 10 hospitals – including the region's only children's hospital – and more than 60 clinic locations.

- ➔ **With SimplyOne, you will save when you take advantage of:**
  - 100% coverage for unlimited Care My Way® visits.
  - \$30 quarterly credit for over-the-counter items and supplies.
- ➔ **SimplyOne provides exclusive access and perks that are not available with other Security Health benefit options.**
  - Ask Marsha - a free self-service chat to help address any symptoms you're unsure how to treat.
  - Priority real-time access to a registered nurse through video chat.
  - 30% off select eye wear from Marshfield Clinic Health System locations.
  - Lower copays for prescription drugs filled at a Marshfield Clinic Health System pharmacy.
  - Access to Marshfield Clinic Health System Patient Navigators to help with scheduling appointments, answering questions about bills and health plan coverage.

# Care My Way®

The care you need when you need it

24 hours a day, seven days a week

CALL

MOBILE APP

ONLINE



**1-800-549-3174**  
(TTY 711)

Download the  
**Care My Way®**  
app



**CareMyWay.org**

**You know the symptoms. And you know you  
don't have the energy or time for a doctor's visit.  
Try Care My Way® instead.**

Care My Way® treats many common health conditions, like cold sores or sinus infections. Simply contact us in the way that works best for you, talk to our care team to confirm symptoms and pick up needed prescriptions at your network pharmacy of choice.

Members of Security Health Plan can use Care My Way® as often as they wish, at no cost\*.

Learn more at [www.securityhealth.org/CareMyWay](http://www.securityhealth.org/CareMyWay).

**SecurityHealthPlan<sub>SM</sub>**

Promises kept, plain and simple.®

Care My Way® is not a substitute for regular visits with a primary care provider.

\*Members of Security Health Plan's Medicare Medical Savings Account plans will be responsible to pay the \$40 per visit Care My Way charge. Security Health Plan is not responsible for any tax-related charges for HSA plans. Those individuals who do not have coverage with Security Health Plan will pay \$40 per visit.

## Care My Way®

CALL

MOBILE APP

ONLINE



**1-800-549-3174**  
(TTY 711)

Download the  
**Care My Way®**  
app



**CareMyWay.org**

Available 24 hours a day, seven days a week  
in all 50 states.

23832-000

# Over-the-Counter Drug Service

Security Health Plan understands that over-the-counter (OTC) drugs and supplies can be expensive. That's why we offer you a way to save money on these items and have them conveniently delivered to your home.

## OTC product categories

- allergy
- antacids and acid reducers
- anti-diarrheal, laxatives and digestive health
- cold, cough and flu
- dental and denture care
- diabetes management
- eye and ear care
- health care supplies
- hemorrhoidal preparations
- motion sickness
- pain relievers
- supports and braces
- topical skin care
- vitamins and minerals

View the OTC Drug Catalog at [www.securityhealth.org/OTC](http://www.securityhealth.org/OTC)

## How the service works

- Each plan subscriber is eligible for a \$30 quarterly credit to purchase select OTC products through the OTC Drug Catalog. View the catalog at [www.securityhealth.org/OTC](http://www.securityhealth.org/OTC).
- Plan subscribers can place one OTC order per quarter (quarters start January, April, July and October).
- The \$30 credit expires at the end of each calendar year quarter.
- Unused credit does not carry-over to the next quarter.
- If your order exceeds \$30, you may provide payment information online or over the phone.

To request a printed copy of the OTC Drug Catalog, please call **1-800-472-2363 (TTY 711)** or **715-221-9555**.

# HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a type of bank account that you can use to pay for eligible health care expenses including office visits, hospital bills and prescription drugs. You can fund your HSA with pre-tax payroll deductions...saving you money by reducing your taxable income.

You can rollover any unused funds into subsequent years and if you change health plans, change employer or retire—the money goes with you!

If you are enrolling in the HSA for the first time, you can open your account at Security Financial Bank

## Benefits and Advantages of a HSA:

- ⇒ Tax Savings!! Your contributions to the HSA are made with pre-tax dollars so you'll pay less in income taxes just by funding your HSA. The money in your HSA is eligible to earn tax-free interest! Any money withdrawn from the HSA for qualified expenses can be used on a tax-free basis. HSAs offer a triple-tax advantage!
- ⇒ Flexibility: if you do not need your HSA funds in a particular year, you can roll your unused funds forward indefinitely. Once you reach age 65, you can use your HSA funds to supplement your retirement income.
- ⇒ Portability: the account belongs to you so you can take it with you even if you leave the district.

## Are you eligible for a HSA?

- ⇒ You **must** be enrolled in the HDHP
- ⇒ You **cannot** be covered under any other non-HSA compatible health plan, including Medicare parts A or B.
- ⇒ You **cannot** be claimed as a dependent on someone else's tax return

## 2024 Annual IRS Contribution Limit:

Employee only	\$4,150
Family	\$8,300
Age 55+ catch up	\$1,000

NOTE: These amounts include the district contribution

## 2024 District HSA Contribution

School District of Ladysmith will contribute to your HSA:

\$ 925 for a Single Plan

\$ 1,850 for a Family Plan



For a full list of HSA eligible expenses visit [www.irs.gov](http://www.irs.gov)





## DENTAL PLAN

Preventive care is an important part of your dental health because not only does it impact your smile but regular cleanings can help to manage other health problems throughout your body such as heart disease and diabetes.

Your plan offers comprehensive coverage for preventive and routine dental care in addition to the major restorative procedures you might need.

**Administered by: Delta Dental of WI**

**Find a PPO Provider near you at:  
[www.deltadentalwi.com](http://www.deltadentalwi.com) and click on  
 “Find a Dental Provider”**



PPO / Premier / Non-Contracted Provider	
<b>Calendar year deductible</b>	
Individual	\$50
Family	\$150
<b>Annual benefit maximum</b>	
Per person	\$1,500
<b>Your costs for covered care</b>	
<b>Preventive and Diagnostic Services</b>	
Exams	Delta pays 100%
Cleanings	Delta pays 100%
X-rays	Delta pays 100%
Fluoride and Sealants	Delta pays 100%
<b>Basic Services (Deductible Applies)</b>	
Fillings	Delta pays 80% after Deductible
Endodontics & Periodontics	Delta pays 50% after Deductible
Extractions	Delta pays 50% after Deductible
<b>Major Services (Deductible Applies)</b>	
Crowns, Inlays, Onlays	Delta pays 50% after Deductible
Bridges & Dentures	Delta pays 50% after Deductible
Implants	Delta pays 50% after Deductible
<b>Orthodontic Services</b>	
Adult & Child(ren) Coverage	50%
Lifetime Benefit Maximum	\$1,000

**The District will Continue to Pay 100% of the Dental Premiums for You!**

## DENTAL PLAN BENEFIT EXTRAS

Your dental plan includes some special features to help you get the best care without breaking your budget!



### Check Up Plus

Members receive diagnostic and preventive dental care services without those costs being applied to the annual benefit maximum. This allows you to stretch your benefits to cover the more expensive services you need.

	CheckUp Plus™	Traditional Dental Plan
Delta Dental Pays	\$300	\$300
Enrollee Pays	\$0	\$0
Maximum Remaining	\$1,000	\$700

Plan benefit and dentist charges vary.



Visit the [website!](#)

Or download the  
mobile app  
today!

### Evidence Based Integrated Care Plan—

Members with certain health conditions may qualify for additional preventive exams and cleanings. Ask your dentist or enroll yourself at [www.deltadentalwi.com](http://www.deltadentalwi.com).

## Helping you SEE savings...



LENSCRAFTERS®

GLASSES.COM

contactsdirect

PEARLE  
VISION

OPTICAL™

LasikPlus®

TLC LASIK Vision  
Laser Eye Centers INSTITUTE

Delta Dental partners with EyeMed Vision Care to offer you a vision care discount program. By showing this discount card to participating providers, you can save up to 35% on your eye care needs.

- ⇒ Vision Exams
- ⇒ Glasses: frames and lenses
- ⇒ Replacement contact lenses
- ⇒ Laser vision correction procedures

Additionally, there are exclusive member offers and discounts at various popular eyewear providers.

DELTA DENTAL

eye  
Med

EyeMed Group Number: 9231093

Group Name: Delta Dental Vision Discount Program  
Name:

For provider information, go to [www.deltadentalwi.com/vision](http://www.deltadentalwi.com/vision). Choose the Access network. Or call EyeMed Vision Care at 866-246-9041.

**This is a discount plan. It is NOT insurance.**

## Receive discounted services for hearing care through Amplifon:

- Virtual screenings
- Hearing devices
- Personalized coaching
- Battery support

**amplifon** Hearing Health Care

**To learn more:**

Call 888-901-0132 (TTY: 711) | Hours: Mon-Fri 7am - 8pm CT  
Visit [amplifonusa.com/deltadentalwi](http://amplifonusa.com/deltadentalwi)

## VISION PLAN

Vision insurance is helpful in offsetting the costs of eye exams, eyewear and other vision services. Even if you haven't noticed any changes with your eyesight, receiving routine vision care exams is a vital part of the early detection of serious eye health conditions.

You can receive care from any licensed eye care provider, but staying in network will save you money.

**Administered by: Delta Vision**

**Network: EyeMed INSIGHT**

**Find an in-network doctor near you  
at [www.deltadentalwi.com](http://www.deltadentalwi.com) and  
Click on "Find a Vision Provider"**

EyeMed Insight Network	In Network Benefits	Out of Network Reimbursement
Service/benefit frequency		
Exam		Every 12 months
Frames		Every 24 months
Lenses		Every 12 months
Contact lenses (In Lieu of Glasses)		Every 12 months

Benefits		
Exam	\$20 copay	Up to \$35
Frames	\$150 allowance + 20% off balance	Up to \$75
Standard lenses*	\$20 copay	Up to \$25
Contact lenses	\$150 retail allowance + 15% off balance	Up to \$120

\* Additional member out of pocket responsibility for specialty lenses, tints, coatings, etc.

- ⇒ Guard against UVA/UVB rays - choose sunglasses that keep your eyes safe from the sun.
- ⇒ Take a break from blue light - screen over-use can cause eye strain and negatively impact eye health.
- ⇒ Keep your contacts and free from tears to prevent infections, scratches, and abrasions.

## Vision Plan Monthly Premiums

	Employee Cost
Employee Only	\$ 0.00
Employee + Spouse	\$ 5.63
Employee + Child	\$ 5.86
Family	\$ 11.49



## LIFE INSURANCE

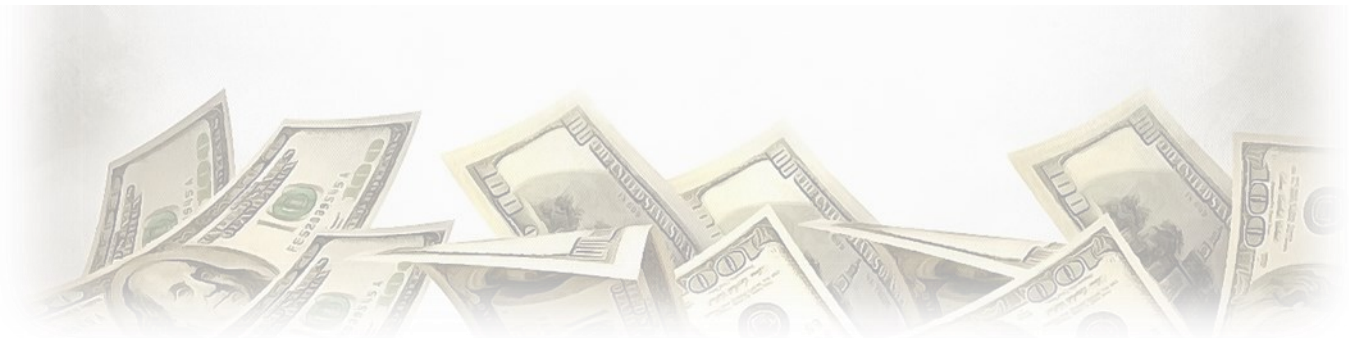
### Life Insurance

### Administered by: Wisconsin Retirement System

School District of Ladysmith provides all employees who are eligible, in accordance with Wisconsin Statutes 40.02(25) (a) or (c), whether full time or part time, and under age 70, basic group life insurance.

Life insurance provides the peace of mind that your loved ones will be less overwhelmed with unexpected funeral costs and everyday living expenses after your passing.

	How it works	Amount of coverage
Life	Your beneficiary receives this amount if you die.	1x your annual salary



### Additional Life and AD&D Insurance

School District of Ladysmith provides all employees who are eligible the option to purchase additional life and AD&D insurance.

You have the option to purchase additional insurance coverage. Life insurance provides the peace of mind that your loved ones will be less overwhelmed with unexpected funeral costs and everyday living expenses after you pass.

Plan Highlights	
Employee	\$10,000 Increments, up to \$500,000
Spouse	\$5,000 Increments, up to \$250,000 Guarantee Issue: \$20,000
Child(ren)	\$1,000 Increments, up to \$10,000
AD&D Amount is Equal to Life Benefit	

### Administered by: The Standard

Age	EE or Spouse Rate Per \$1,000
< 25	\$0.07
25—29	\$0.08
30—34	\$0.10
35—39	\$0.11
40—44	\$0.12
45—49	\$0.17
50—54	\$0.25
55—59	\$0.45
60—64	\$0.68
65—69	\$1.29
70 +	\$2.08



## DISABILITY INSURANCE

**Administered by: The Standard**

### Short-Term Disability Insurance

School District of Ladysmith provides all employees voluntary short-term disability insurance. This benefit pays a weekly benefit if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury



#### Short-Term Disability (STD)

Benefit	60% of your weekly income
Waiting Period	7 days
Benefit Duration	60 days

**Use this formula to calculate your premium payment:**

$$\frac{\text{Enter your weekly earnings (cannot be more than \$1,667).}}{\text{Rate per \$10 of weekly benefit}} \times 0.60 \times \frac{\$0.495}{\div 10} = \frac{\text{This amount is an estimate of how much you'd pay each month.}}{\text{This amount is an estimate of how much you'd pay each month.}}$$

**Administered by: The Standard**

### Long-Term Disability Insurance

School District of Ladysmith provides all employees working at least 25 hours per week long-term disability insurance. This benefit pays a monthly benefit if you become unable to work for an extended period

#### Long-Term Disability (LTD)

Benefit	90% of your monthly income
Waiting Period	60 days
Benefit Duration	Benefit duration is determined by



**NOTE:** Both the STD and LTD include pre-existing condition limitations. Please review the plan summaries for more details. Earnings for STD and LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.

## VOLUNTARY WORKSITE BENEFITS

Voluntary benefits provide the opportunity to customize your benefit package to meet your unique needs. There are a variety of options to choose from - all of which offer you affordable protection through the convenience of payroll deductions. See your enrollment information for details.

### The Standard



#### Accident Insurance

Your medical insurance will cover some of the expenses incurred from an accident, but you'll be left to foot the bills for your copays and deductible. Those can add up fast, especially if you're unable to work while you recover. That's where accident insurance comes in. It helps protect your bank account from the out-of-pocket expenses that come with an injury, whether you're coping with a broken arm or recovering from a serious car accident.

Protect yourself and your family from the unexpected!

- Broken Bones
- Torn Ligaments
- Burns

More than 3.5 million children ages 14 and younger get hurt annually playing sports or participating in recreational activities.

\*Stanford Medicine Children's Health

ly



Covers conditions  
such as:

Heart Attack

Cancer

Stroke

#### Critical Illness Insurance

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for. Things like copays, deductibles, loss of income, child care and travel expenses. Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family. The critical illness policy provides the option to receive a lump sum cash benefit upon initial diagnosis of one the approved conditions. This plan is designed to provide financial peace of mind during times of

#### Hospital Indemnity Insurance

Hospital Indemnity insurance provides additional financial support when you need it most. This benefit will provide you with a lump sum benefit in the event you are admitted to the hospital as a result of a covered illness and/or injury. Since this benefit is paid directly to you, you are eligible to use the funds towards expenses that may not be covered by your



The average cost of  
a hospital stay is  
\$10,000 per day!

\*www.healthcare.gov

# ACCIDENT INSURANCE

**Administered by: THE STANDARD**

Having an accident doesn't just hurt you — it can also damage your finances. Your medical insurance will cover some of the expenses, but you'll be left to foot the bills for your copays and deductible.

Those can add up fast, especially if you're unable to work while you recover. That's where Group Accident insurance comes in: It helps protect your bank account from the out-of-pocket expenses that can come with an injury — whether you're coping with a broken arm or recovering from a serious car accident.

## Here's how it works:

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most — whether that's to help with your deductible, copays and other medical bills, or your daily expenses while you recover.



Let's say your teenage daughter gets injured during tryouts for her school basketball team and goes to urgent care for treatment. Diagnosis: dislocated elbow and fracture of the forearm and wrist. Although surgery isn't necessary, she will need follow-up appointments and physical therapy.

BENEFITS PAID TO YOU	
Urgent Care Visit.....	\$50
X-ray.....	\$50
Dislocated Elbow.....	\$800
Arm Fracture.....	\$550
Wrist Fracture.....	\$550
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment (2 visits).....	\$100
<b>SUBTOTAL.....</b>	<b>\$2,150</b>
Youth Organized Sports Benefit (25% of subtotal).....	\$538
<b>Total paid directly to you.....</b>	<b>\$2,688</b>

Accident Monthly Premiums	
Employee	\$8.06
Employee and Spouse	\$12.82
Employee and Child(ren)	\$15.25
Family	\$23.94

## ACCIDENT INSURANCE

These are actual benefits you could receive in the event of a covered accident.

Benefits are paid once per covered accident unless otherwise noted:

Diagnostic exam	\$200
Emergency room treatment	\$150
Physician's follow-up	\$50 up to 2 days
Physical therapy	\$50 up to 3
Medical appliance	\$100
Prosthesis (one)	\$500
Prosthesis (two or more)	\$1,000
Blood, plasma, or platelet transfu-	\$300

Accident hospital care	
Hospital admission	\$1,000
Hospital confinement	\$200/day
ICU admission	\$750
ICU confinement	\$200/day
Ambulance (ground)	\$300
Ambulance (air)	\$800
Family lodging (up to 30 days per Accident)	\$175 / per day
Transportation (up to 30 days per Accident)	\$150 / per day

Exploratory surgery or debridement	\$200
Tendon/ligament/rotator cuff repair	\$750/
Torn knee cartilage	\$750
Ruptured/herniated disc	\$750
Lacerations	\$75 - \$500

Accidental Death & Dismemberment (AD&D)	
You	\$50,000
Your spouse or life partner	\$25,000
Your child	\$12,500

Dislocations	Non-Surgical/Surgical
Ankle, Collarbone (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$800 / \$1,600
Collarbone	\$400 / \$800
Finger, Rib, Toe	\$150 / \$300
Hip	\$2,500 / \$5,000
Knee	\$900 / \$1,800

Fractures	Non-Surgical/Surgical
Hip	\$2,500 / \$5,000
Skull (Depressed)	\$4,000 / \$8,000
Skull (Non-Depressed)	\$1,500 / \$3,000
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Knee-cap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$550 / \$1,100
Leg (Hip to Knee)	\$2,000 / \$4,000
Leg (Knee to Ankle) or Pelvis, or Vertebral Col-	\$1,200 / \$2,400
Bones of Face Coccyx,	\$500 / \$1,000
Finger, Toe	\$100 / \$200
Rib	\$400 / \$800
Chip Fracture	25% Non-Surgical

Burns	
Based on severity	\$200 — \$10,000
Skin graft	25% of burn benefit

Additional injuries	
Eye injury – surgical repair	\$200
Coma	\$7,500
Concussion	\$150
Automobile Accident Bene-	\$500



## CRITICAL ILLNESS INSURANCE

**Administered by: THE STANDARD**

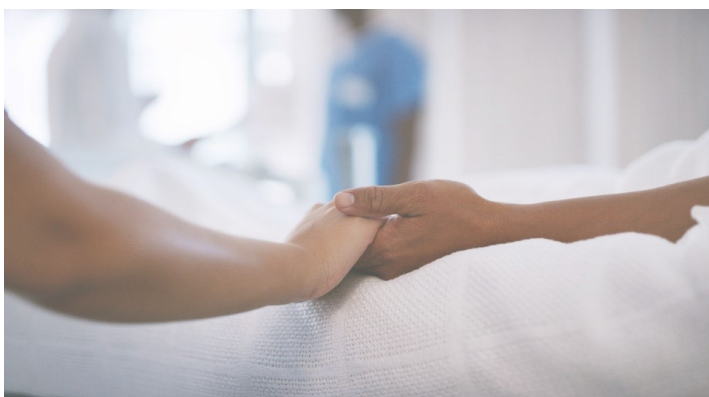
You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for — things like copays, deductibles, loss of income, child care and travel expenses.

Critical Illness Insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.

### Here's how it works:

John has \$15,000 of Critical Illness Insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks.

Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness Insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insur-



Coverage for	Coverage Amount
You	\$5,000-\$30,000 in \$5,000 increments
Your spouse	\$5,000-\$15,000 in \$5,000 increments
Your child(ren) (up to age 26)	50% of employee election

### Covered Conditions:

#### Receive 100% of your coverage amount for:

- Heart attack
- Major organ failure
- Stroke
- Invasive cancer
- Coma
- Childhood conditions and more!

*Initial diagnosis and initial recommendation must occur after your coverage becomes effective.*

### Critical Illness Monthly Premiums

Employee or Spouse (Children Included At No Cost)

*\*Spouse eligibility*

	\$5,000*	\$10,000*	\$15,000*	\$20,000	\$25,000	\$30,000
<b>18-29</b>	\$1.90	\$3.80	\$5.70	\$7.60	\$9.50	\$11.40
<b>30-39</b>	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
<b>40-49</b>	\$5.85	\$11.70	\$17.55	\$23.40	\$29.25	\$35.10
<b>50-59</b>	\$12.10	\$24.20	\$36.30	\$48.40	\$60.50	\$72.60
<b>60-69</b>	\$22.30	\$44.60	\$66.90	\$89.20	\$111.50	\$133.80
<b>70+</b>	\$57.10	\$114.20	\$171.30	\$228.40	\$285.50	\$342.60

## HOSPITAL INDEMNITY

**Administered by: THE STANDARD**

Planned or unplanned, a trip to the hospital can be scary. Group Hospital Indemnity insurance can help cover unexpected out-of-pocket expenses such as copays, deductibles and out-of-network charges, as well as everyday living expenses. It pays a benefit directly to you for hospital-related events, regardless of your treatment costs or other insurance coverage you might have.

It's your money — spend it however you want, whether it's to pay for your groceries, rent or medical bills.

### **Here is how it works:**

Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's husband leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for travel and childcare.



Hospital Indemnity Benefits	
Hospital Admission (maximum 1 per calendar year)	\$500
Daily Hospital Confinement (maximum 30 days per stay)	\$100/day
Daily Critical Care Unit Confinement (maximum 30 days per stay)	\$100/day

Hospital Indemnity Monthly Premiums	
Employee	\$8.29
Employee and Spouse	\$13.98
Employee and Child(ren)	\$11.82
Family	\$20.99

## HEALTH MAINTENANCE SCREENING BENEFIT

**Get a \$50 cash benefit each year per covered individual for covered Wellness Exams under your Accident, Critical Illness & Hospital Indemnity coverage!**

Regular checkups are important for the things you depend on — especially your health.

You and your covered dependents will receive a cash benefit each calendar year when completing any one of the 22 tests list below. It's all part of the Health Maintenance Screening Benefit that comes with your group insurance.

### Approved Tests:

- ⇒ Abdominal aortic aneurysm ultrasound
- ⇒ Ankle Brachial Index (ABI) screening for peripheral vascular disease
- ⇒ Biopsies for cancer
- ⇒ Bone density screening
- ⇒ Breast ultrasound
- ⇒ Cancer antigen 125 (CA 125) blood test for ovarian cancer
- ⇒ Cancer antigen 15-3 (CA 15-3) for breast cancer
- ⇒ Carcinoembryonic antigen (CEA) blood test for colon cancer
- ⇒ Colonoscopy
- ⇒ Complete Blood Count (CBC)
- ⇒ Comprehensive Metabolic Panel (CMP)
- ⇒ Electrocardiogram (EKG)
- ⇒ Hemocult stool analysis
- ⇒ Hemoglobin A1C
- ⇒ Human Papillomavirus (HPV) vaccination
- ⇒ Lipid panel
- ⇒ Mammography
- ⇒ Mental Health Assessment
- ⇒ Novel Infectious Disease (COVID-19) testing
- ⇒ Pap smears or thin prep pap test
- ⇒ Prostate specific (PSA) test
- ⇒ Stress test on a bicycle or treadmill

**Schedule your health screening test today, submit your claim, and receive your cash benefits.**



## EMPLOYEE ASSISTANCE PROGRAM

# A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,<sup>1</sup> which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

### Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)<sup>2</sup> and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

### EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents



### Contact EAP

888.293.6948  
(TTY Services: 711)  
24 hours a day,  
seven days a week

[healthadvocate.com/standard3](http://healthadvocate.com/standard3)

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

### WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

### Online Resources

Visit [healthadvocate.com/standard3](http://healthadvocate.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

<sup>1</sup> The EAP service is provided through an arrangement with Health Advocate<sup>SM</sup>, which is not affiliated with The Standard. Health Advocate<sup>SM</sup> is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](http://standard.com)

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

# ANNUAL NOTICES

## HIPAA 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 towards 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).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Lana Nelson at the District Office at [lnelson@sdlwi.org](mailto:lnelson@sdlwi.org) or 715.532.5277 ext. 21310.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator at the customer service number on the back of your medical ID card.



# ANNUAL NOTICES

## HIPAA NOTICE OF PRIVACY PRACTICES

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

**Effective Date of Notice:** July 1, 2024

### **Who will follow this notice:**

This notice describes the health information practices of School District of Ladysmith Dental Plan (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your dental benefits.

### **Our pledge to you:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

### **We are required by law to:**

- ✦ make sure that medical information that identifies you is kept private;
  - ✦ give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about **treatment alternatives or other health-related benefits and services that may be of interest to you.** The Plan will disclose your medical information to the School District of Ladysmith (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

*For example, the Plan may disclose to your provider that you are eligible for benefits.*

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

*For example, the Plan may use medical information about you to project future benefit costs.*

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers’ compensation or similar programs.

# ANNUAL NOTICES

## HIPAA NOTICE OF PRIVACY PRACTICES, CONT...

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- ✦ to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

## **YOUR RIGHTS**

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Lana Nelson, School District of Ladysmith, 1700 Edgewood Ave E, Ladysmith, WI 54848 or lnelson@sclwi.org. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- ✦ is not part of the medical information kept by or for the Plan;
  - ✦ was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

## ANNUAL NOTICES

### HIPAA NOTICE OF PRIVACY PRACTICES, CONT...

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- ✦ if the disclosure was made to the individual about his or her own medical information;
  - ✦ if the disclosure was made pursuant to an **authorization**;
  - ✦ if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2004 .

To request an accounting of disclosures, address your request to the following individual: Lana Nelson, School District of Ladysmith, 1700 Edgewood Ave E, Ladysmith, WI 54848 or [lnelson@sclwi.org](mailto:lnelson@sclwi.org).

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

### The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Lana Nelson, School District of Ladysmith, 1700 Edgewood Ave E, Ladysmith, WI 54848 or [lnelson@sclwi.org](mailto:lnelson@sclwi.org). The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Lana Nelson, School District of Ladysmith, 1700 Edgewood Ave E, Ladysmith, WI 54848 or [lnelson@sclwi.org](mailto:lnelson@sclwi.org).

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact the following individual: Lana Nelson, School District of Ladysmith, 1700 Edgewood Ave E, Ladysmith, WI 54848 or [lnelson@sclwi.org](mailto:lnelson@sclwi.org).

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Lana Nelson, School District of Ladysmith, 1700 Edgewood Ave E, Ladysmith, WI 54848 or [lnelson@sclwi.org](mailto:lnelson@sclwi.org).

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

# ANNUAL NOTICES

MODEL INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011

OMB 0938-0990

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **School District of Ladysmith** 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:

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.

**School District of Ladysmith** has determined that the prescription drug coverage offered by the **School District of Ladysmith 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 15<sup>th</sup> to December 7<sup>th</sup>.

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 **School District of Ladysmith** coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. However, you will be ineligible for any HSA contributions once you enroll in any part of Medicare.

If you do decide to join a Medicare drug plan and drop your current **School District of Ladysmith** coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

### **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 **School District of Ladysmith** 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.

# ANNUAL NOTICES

MODEL INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE LANGUAGE  
FOR USE ON OR AFTER APRIL 1, 2011

OMB 0938-0990

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE, CONT...

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

### **FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **School District of Ladysmith** 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](http://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](http://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:** 7/1/2024

**Name of Entity/Sender:**

School District of Ladysmith

**Contact--Position/Office:**

Payroll and Personnel Services

**Address:**

1700 Edgewood Ave E, Ladysmith, WI 54848

**Phone Number:**

715.532.5277

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850



# ANNUAL NOTICES

## MARKETPLACE COVERAGE NOTICE

### **GENERAL INFORMATION**

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

### **WHAT IS THE HEALTH INSURANCE MARKETPLACE?**

The Marketplace is designed to help you find private 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. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

### **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 are eligible for depends on your household income.

### **DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?**

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our 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 self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit [healthcare.gov](http://healthcare.gov) for the annual affordability percentage or contact the employer identified on the following page of this notice.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – 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 ABOUT THE MARKETPLACE?**

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

<sup>1</sup> 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.

## ANNUAL NOTICES

### MARKETPLACE COVERAGE NOTICE, CONT...

#### **INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER**

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: School District of Ladysmith
Employer Identification Number (EIN): 39-6008495
Employer Address: 1700 Edgewood Ave E, Ladysmith, WI 54848
Employer Phone Number: 715.532.5277
Who can we contact about employee health coverage at this job?: Lana Nelson Phone Number (if different from above): 715.532.5277 Ext. 21310

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

## ANNUAL NOTICES

### 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](http://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](http://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](http://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 January 31, 2024. Contact your State for more information on eligibility –**

## ANNUAL NOTICES

ALABAMA – Medicaid	ALASKA – Medicaid
<p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a></p> <p>Phone: 1-855-692-5447</p>	<p>The AK Health Insurance Premium Payment Program</p> <p>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a></p> <p>Phone: 1-866-251-4861</p> <p>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></p> <p>Medicaid Eligibility:</p> <p><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
<p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a></p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Health Insurance Premium Payment (HIPP) Program Website:</p> <p><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a></p> <p>Phone: 916-445-8322</p> <p>Fax: 916-440-5676</p> <p>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></p> <p>Health First Colorado Member Contact Center:</p> <p>1-800-221-3943/State Relay 711</p> <p>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a></p> <p>CHP+ Customer Service: 1-800-359-1991/State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a></p> <p>HIBI Customer Service: 1-855-692-6442</p>	<p>Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a></p> <p>Phone: 1-877-357-3268</p>

## ANNUAL NOTICES

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p>Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-977-6740</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: 711</p> <p>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>



## ANNUAL NOTICES

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075

## ANNUAL NOTICES

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a></p> <p>Phone: 1-800-692-7462</p> <p>CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a></p> <p>CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></p> <p>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></p> <p>Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></p> <p>Phone: 1-888-828-0059</p>
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a></p> <p>Phone: 1-800-440-0493</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></p> <p>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a></p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: <a href="http://www.dhs.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a></p> <p>Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a></p> <p><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a></p> <p>Medicaid/CHIP Phone: 1-800-422-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></p> <p>Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a></p> <p>Medicaid Phone: 304-558-1700</p> <p>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a></p> <p>Phone: 1-800-362-3002</p>	<p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a></p> <p>Phone: 1-800-251-1269</p>

## ANNUAL NOTICES

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) [www.cms.hhs.gov](http://www.cms.hhs.gov)

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137

*OMB Control Number 1210-0137 (expires 1/31/2026)*

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