

YOUR
BENEFITS
YOUR
CHOICES



BENEFIT GUIDE

2023 / 2024



BENEFITS ENROLLMENT CHECKLIST

This guide will help you get to know your benefits and your choices for the 2023/2024 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

IN THE FIRST 30 DAYS

Enroll in these plans or waive coverage:

- ☐ HealthPartners Health Plan
- ☐ Delta Dental Plan
- ☐ Long Term Disability and Life Insurance
- ☐ Compensation Consultants, Ltd.-Flex Plans



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MEDICAL PLAN

MEDICAL PLAN

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. School District of Ashland provides eligible employees a High Deductible Health Plan administered by HEALTHPARTNERS.

- The High Deductible Health Plan offers the lowest premiums, but you'll have a higher deductible and will pay more before the plan starts to cover some of your costs. This plan also has access to a Health Savings Account (HSA) that can be used to save pretax dollars to pay for health care expenses.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the HEALTHPARTNERS network. Find a participating health care provider in your area by going to: www.HealthPartners.com

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

WHO IS ELIGIBLE FOR BENEFITS

- All full-time employees
- Your spouse.
- Your biological children, stepchildren, legally adopted children (effective from the date of adoption), and foster children up to age 26.

TERMS TO KNOW

Annual Deductible

The amount you pay out of your pocket each year before the plan begins sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

Annual Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.



Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

MEDICAL PLAN HIGHLIGHTS

HEALTHPARTNERS Open Access	PLAN A - HDHP \$3,000 \$6,000	
	In-Network	Out-of-Network
Deductible		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
Health Saving Account	Quarterly deposits are made to your account at Healthcare Bank, if enrolled in the district health insurance	
Single	\$1,550 (\$387.50 x 4)	
Family	\$3,100 (\$775.00 x 4)	
Out-of-Pocket Maximum	Including Deductible and Rx Copays	
Single	\$5,000	\$12,000
Family	\$10,000	\$24,000
Coinsurance	100%	70%
Lifetime Maximum	Unlimited	
Dependent Eligibility	To Age 26	
PHYSICIAN SERVICES		
Office Visit		
Primary Care Physician	Deductible, then 100%	Deductible, then 70%
Specialist	Deductible, then 100%	Deductible, then 70%
Routine / Preventive Care	Select Services Covered In Full	Deductible, then 70%
Teladoc	Deductible, then 100%	
Hospital Services		
Inpatient		
Outpatient	Deductible, then 100%	Deductible, then 70%
ER, Urgent Care and Walk-In Clinics		
	% After Deductible	% After Deductible
Walk-in Clinics	Deductible, then 100%	Deductible, then 70%
Urgent Care	Deductible, then 100%	Deductible, then 70%
Emergency Care	Deductible, then 100%	Deductible, then 100%
Retail Prescription Coverage	Retail – 31 Day Supply	Mail Order – 90 Day Supply (In-network)
Generic	\$5 copay after deductible	\$10 copay after deductible
Brand	\$25 copay after deductible	\$50 copay after deductible
Non-Preferred	\$50 copay after deductible	\$100 copay after deductible
Specialty	\$50 copay after deductible	\$100 copay after deductible

Please reference page (8) for premium information

MEDICAL PLAN HIGHLIGHTS

HEALTHPARTNERS Open Access	PLAN B - HDHP \$4,000 \$8,000	
	In-Network	Out-of-Network
Deductible		
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Health Saving Account	Quarterly deposits are made to your account at Healthcare Bank, if enrolled in the district health insurance	
Single	\$2,000 (\$500.00 x 4)	
Family	\$4,000 (\$1,000.00 x 4)	
Out-of-Pocket Maximum	Including Deductible and Rx Copays	
Single	\$5,000	\$16,000
Family	\$10,000	\$32,000
Coinsurance	90%	70%
Lifetime Maximum	Unlimited	
Dependent Eligibility	To Age 26	
PHYSICIAN SERVICES		
Office Visit		
Primary Care Physician	Deductible, then 90%	Deductible, then 70%
Specialist	Deductible, then 90%	Deductible, then 70%
Routine / Preventive Care	Select Services Covered in Full	Deductible, then 70%
Teladoc	Deductible, then 100%	Deductible, then 100%
Hospital Services		
Inpatient		
Outpatient	Deductible, then 90%	Deductible, then 70%
ER, Urgent Care and Walk-In Clinics		
	% After Deductible	% After Deductible
Walk-in Clinics	Deductible, then 90%	Deductible, then 70%
Urgent Care	Deductible, then 90%	Deductible, then 70%
Emergency Care	Deductible, then 90%	Deductible, then 100%
Retail Prescription Coverage	Retail – 31 Day Supply	Mail Order – 90 Day Supply (In-network)
Generic	90% after deductible	90% after deductible
Brand	90% after deductible	90% after deductible
Non-Preferred	90% after deductible	90% after deductible
Specialty	90% after deductible	90% after deductible

Please reference page (8) for premium information

PRE-TAX ACCOUNTS

These accounts allow you to pay for your health and dependent care expenses tax free. For all health care-related accounts, eligibility is determined in part by which medical plan you choose.

	High Deductible Health Plan	POS Copay Plan
Health Savings Account	✓	
Health Care Flexible Spending Account		✓
Limited Flexible Spending Account	✓	

HEALTH SAVINGS ACCOUNT (HSA)

School District of Ashland offers a medical plan that features an HSA – the High Deductible Health Plan. An HSA is the only investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.

Once you are enrolled in the High Deductible Health Plan with the School District of Ashland, you will be opening an account with Healthcare Bank.

HOW THE HSA WORKS

MONEY GOES IN	<p>Pretax contributions* (employee & employer combined), up to a total of:</p> <ul style="list-style-type: none"> ○ \$3,850 for individual coverage ○ \$7,750 if you enroll your spouse and/or child(ren), ○ An extra \$1,000 if you are age 55 or older
MONEY GOES OUT	<p>You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible health care expense, **you decide whether to use your HSA if you've accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans' deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.</p>
HAVE MONEY LEFT? IT ROLLS OVER!	<p>Any money left in your account is yours to pay for health care in the future. There's no deadline and no limit on how large your account can grow. If you leave the School District of Ashland, you can take it with you.</p>

**If you're enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.*

*** The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.*

You Are Eligible To Open An HSA If...

- You are enrolled in the High Deductible Health Plan.
- You do not have other non-qualified group health coverage.
- Neither you nor your spouse is currently enrolled in Medicare or TRICARE
- You are not claimed as a dependent on another person's tax return.
- You have not received VA medical benefits at any time during the past three months

FLEXIBLE SPENDING ACCOUNTS (FSA)

With an FSA, you can set aside tax-free money to pay for eligible dental, vision and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year or contract year. The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by year-end or lose the balance.

School District of Ashland offers a FSA administered by Compensation Consultants, Ltd.

LIMITED HEALTH CARE FSA

The expenses that are reimbursed by this FSA are limited to dental and vision care expenses in the plan year only. You're eligible if you're enrolled in the High Deductible Health Plan Option; use the Limited Health Care FSA along with a Health Savings Account (HSA) and maximize your tax savings!

LIMITED FSA CONTRIBUTION LIMITS

School District of Ashland follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for the Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$2,750 for 2022. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$2,750 cap.

DEPENDENT CARE FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You can't contribute more than you or your spouse earned in income for the year.

If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.

DENTAL PLAN

Healthy teeth and gums are an important part of maintaining your overall health. That’s why School District of Ashland offers a dental plan administered by Delta Dental – The Basic Plan and the Comprehensive Plan.

DENTAL PLAN HIGHLIGHTS

	Basic		Comprehensive	
Calendar Year Deductible	Single: \$25	Family: \$75	Single: \$25	Family: \$75
Preventative Care	Free for exams, cleanings, X-rays, fluoride and sealants			
Basic Services	0%		0%	
Major Restorative Services	50%		50%	
Orthodontia	50%		50%	
Orthodontic Lifetime Maximum	\$2,000		\$2,000	
Individual Calendar Year Maximum	\$1,000		\$2,000	

For additional information, refer to the Benefit Summaries provided by Delta Dental

Please reference page (8) for premium information

PREMIUM CONTRIBUTIONS

EMPLOYEE - MEDICAL PLAN PREMIUM CONTRIBUTIONS

BI-WEEKLY PREMIUM	HealthPartners – Plan A	HealthPartners – Plan B
Employee Only -Single (24 times annually)	\$70.25	\$64.37
Family (24 times annually)	\$145.25	\$133.07

EMPLOYEE - DENTAL PLAN PREMIUM CONTRIBUTIONS

BI-WEEKLY PREMIUM	Delta Dental
Employee Only	No Cost
Family	No Cost

WISCONSIN RETIREMENT SYSTEM (WRS)

All eligible employees will automatically be enrolled in WRS once they become eligible for coverage. An employee may not “opt out” of WRS. Employers and employees are required to pay a percentage of earnings to “one-half of the total actuarially required contribution rate.” Employee contributions are pre-tax. There is more information available at: <https://etf.wi.gov/>

HOLIDAYS

To identify employee holidays and to establish a consistent procedure for scheduling and payment. Refer to your handbook for details.

Teacher Holidays: Paid holidays are as follows:

- Thanksgiving Day
- Christmas Day
- New Year’s Day

Full-Year Support Staff Holidays: Paid holidays are as follows:

- New Year’s Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Eve Day
- Christmas Day

School-Year Support Staff Holidays: Paid holidays are as follows:

- New Year’s Day
- Good Friday
- Memorial Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Eve Day
- Christmas Day

VACATION | SICK TIME

Eligible employees will have the opportunity to accrue vacation time and sick leave, unless stated otherwise in your employment terms and conditions. Refer to your handbook for details.

WHO TO CONTACT

Coverage	Carrier	Contact Information
Medical	HealthPartners	1-800-883-2177 Monday–Thursday, 7am to 5pm Friday, 8am to 4:30pm CST https://www.healthpartners.com/
Dental	Delta Dental	1-800-236-3712 Monday-Friday, 7:30am to 5pm www.deltadentalwi.com
Vision-Administrators Only	Delta Vision (EyeMed)	1-844-848-7090 Monday-Saturday 7am to 10pm (CT) Sunday 10am to 7pm (CT)
Compensation Consultants, Ltd.	HSA/Flex	P: 1-800-447-1690 F: 1-218-879-9684 www.ccflex.com
District Office	Kelsey Hopkins	715-682-7080
	Zach Cunningham Inside Service Rep	262-780-1232
National Insurance Services	Rick Labian Account Manager	262-780-1248
	Bill Enright Employee Benefits Consultant	262-780-1203

This guide summarizes the key features of the School District of Ashland benefit plans. This guide is not a plan document or summary plan description for any benefit plan, and it does not amend the plan documents or summary plan descriptions in any way. Please refer to the plan documents for exact terms and conditions of coverage. If any information in this guide conflicts with information in the official plan documents, the terms of the plan documents will govern in all cases. School District of Ashland and its affiliated entities reserve the right to change, modify or terminate the benefit plans at any time and for any reason. This guide does not constitute a contract of employment between School District of Ashland and any individual, or an obligation by School District of Ashland to maintain any particular benefit program, practice or policy or make any benefit payment.

REQUIRED FEDERAL NOTICES

The required federal notices are provided to clients as a resource. Client assumes all responsibility for any additional notices or disclosures provided along with these template notices. Client also assumes all responsibility for any and all changes made to the template notices provided to the client by M3. Clients are encouraged to consult with their own employee benefits attorney regarding program compliance

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 Kelsey Hopkins at the District office at 715-682-7080.

