

New Holstein School District 2026-2027 Employee Benefits Guide

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NEW HOLSTEIN
SCHOOL DISTRICT

BENEFITS ENROLLMENT CHECKLIST

This guide will help you get to know your benefits and your choices for the 2026-2027 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:

- Medical
- Dental Dental
- Voluntary Vision
- Flexible Spending Account
- Group Life Insurance
- Voluntary Short-Term Disability
- Long Term Disability
- Voluntary Life
- Accident
- Critical Illness
- Hospital Indemnity



WHO TO CONTACT

Coverage	Carrier	Contact Information	
Medical	WCA Group Health Trust	UMR.com	800.826.9781
Dental	Delta Dental	DeltaDentalWI.com	800.236.3712
FSA Benefit	DBS	DBSbenefits.com	800.234.1229
Voluntary Vision	Superior Vision	SuperiorVision.com	800.507.3800
Life, AD&D, Short Term & Long-Term Disability and Voluntary Life & AD&D	Standard	Standard.com	888.937.4783
Employee Assistance Program	Standard	healthadvocate.com/standard3	888.293.6948
Accident, Critical Illness, Hospital Indemnity	Standard	Standard.com	888.937.4783

This guide summarizes the key features of the New Holstein School District 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. New Holstein School District 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 New Holstein School District and any individual, or an obligation by New Holstein School District to maintain any particular benefit program, practice or policy or make any benefit payment.

For questions and forms contact:

- Sara Guyette 920.898.1605 x4003 | sguyette@nhsd.k12.wi.us
- Michael Hendricks 920.898-5115 | mhendricks@nhsd.k12.wi.us

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. New Holstein School District provides eligible employees coverage with **WCA Group Health Trust**.

You have access to providers participating in the UHC Choice Plus network. **Find a participating health care provider in your area by going to: UMR.com.**

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

WHO IS ELIGIBLE FOR BENEFITS

- All full-time who work 30 hours or more per week.
- Your spouse.
- Your biological children, stepchildren, legally adopted children (effective from the date placed for 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.

Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but do not count toward your deductible.

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

General Plan Information

WCA GHT Medical Plan
 Deductible - \$1,250 / \$2,500
 Plan year January 1 – December 31

	<i>In-Network</i>	<i>Out-Of-Network</i>
Network	UHC Choice Plus	
Deductible	Single: \$1,250 Family: \$2,500	Single: \$2,250 Family: \$4,500
Coinsurance	100%	70%/30% to Out of Pocket Max
Out-of-Pocket Maximum	Single: \$4,000 Family: \$8,000	Single: \$8,000 Family: \$16,000
Dependent Eligibility	To Age 26 (End of Month)	
Office Visits		
Office Visits	\$25 Copay	Deductible & Coinsurance
Specialist Visits	\$40 Copay	Deductible & Coinsurance
Preventive Care	100% Selected Services	Deductible & Coinsurance
Hospital Services		
Inpatient	Deductible Applies	Deductible & Coinsurance
Outpatient	Deductible Applies	Deductible & Coinsurance
Emergency and Urgent Care		
Emergency Room	\$250 Copay	
Urgent Care	\$100 Copay	Deductible & Coinsurance
Prescription Drugs		
Retail (30 days)	\$0 / \$10 / \$30 / \$60 / 30% or \$0 w/Prudent Rx	
Mail Order (90 days)	\$0 / \$20 / \$60 / \$120	
Rx Out-of-Pocket Maximum	Included in Medical Max OOP	

	Single EE Portion Per Month	Family EE Portion Per Month
Full Time Teachers Full Time Admin Full Time Year-Round Hourly	\$140.83	\$319.05
80% Teachers	\$347.40	\$787.00
20 Pay Teachers	\$169.00	\$382.88
7.5 Hours – Hourly Staff 18 Payrolls	\$669.76	\$1517.28
7.25 Hours – Hourly Staff 18 Payrolls	\$697.30	\$1,579.66
7 Hours – Hourly Staff 18 Payrolls	\$738.60	\$1,673.26

FLEXIBLE SPENDING PLAN

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (July 1 through June 30). 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!***

The FSA is administered by DBS.

TRADITIONAL HEALTH CARE FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care and vision care.

- Annual Maximum Healthcare election is \$3,400 for 2026.
- Your FSA plan allows you to carry over unused funds into the following plan year. You can carryover \$660 from the 2025-2026 plan year into the 2026-2027 plan year. You can carryover \$680 from the 2026-2027 plan year into the 2027-2028 plan year.

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 \$7,500 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$3,750. 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

New Holstein School District offers a dental plan option through Delta Dental of WI. You can easily find a dentist using the web site or mobile app.

But choice of providers is just one reason to go with Delta Dental. You will also enjoy discounts on care; and a range of time-saving special features such as the ability to locate an in-network provider via your smart phone.

Most importantly, Delta Dental Insurance provides sweeping coverage for the full range of dental services – routine checkups, x-rays, cleanings, fillings, dental implants, adult fluoride treatments, and oral cancer screenings.

Save Money by Staying in the Network

You may seek dental care from any provider; however, your out-of-pocket expenses will be greatly reduced if care is provided by a dentist in the Delta Dental network. For more details or to find a provider in the network, visit www.deltadentalwi.com or call 1-800-236-3712.

DENTAL PLAN HIGHLIGHTS	PPO	Premier/Non-PPO
Calendar Year Deductible	Single \$0 Family \$0	Single \$0 Family \$0
Preventative Care	100%	100%
Basic Services	80%	80%
Major Services	80%	80%
Orthodontia	50%	50%
Orthodontic Maximum	\$1,500 Lifetime	
Individual Maximum	\$1,500 Calendar Year	

For additional information, refer to the Benefit Summary provided by Delta Dental. Orthodontia is covered for members up to age 25.

	Single EE Portion Per Month	Family EE Portion Per Month
Full Time Teachers Full Time Admin Full Time Year-Round Hourly	\$0	\$0
80% Teacher	\$10.24	\$27.88
20 Pay Teachers	\$0	\$0
7.5 Hours – Hourly Staff 18 Payrolls	\$23.90	\$65.06
7.25 Hours – Hourly Staff 18 Payrolls	\$25.26	\$68.78
7 Hours – Hourly Staff 18 Payrolls	\$27.32	\$74.36

DENTAL PLAN VALUE ADD PROGRAMS

Evidence Based Integrated Care

Your dental plan includes Evidence-Based Integrated Care Plan, which offers additional cleanings and fluoride treatment for certain medical conditions, such as periodontal disease, heart disease, diabetes, and cancer-related treatments. You will need to self-register for the benefit by calling Delta Dental's customer service team, or you can register on the member portal. It's very simple to enroll, and proof of condition is not required.

Vision Care Discount

Delta Dental of Wisconsin has partnered with EyeMed Vision Care, to offer you savings on optical costs (up to 35%), with access to thousands of private practice and retail providers nationwide.*

Amplifon Hearing Discount

Delta Dental has partnered with Amplifon to provide member with resources for hearing aids, including access to an Amplifon Hearing Health Care discount card, custom hearing solutions, continuous care, and a risk-free 60 day trial. *

*Please see attached flyers for more information



Vision Care Discount

Your dental plan from Delta Dental comes with a **free** Vision Discount Program.

Delta Dental of Wisconsin has chosen EyeMed Vision Care® as the network provider for your vision care discount program. This is not insurance, but a discount plan that provides:

- Overall savings up to 35 percent.
- Access to thousands of private practice and retail providers nationwide, including LensCrafters®, Sears Optical®, Target Optical®, Shopko Optical®, and most Pearle Vision® locations.
- Choice of any product, including designer brand-name frames (certain brands impose a no-discount policy and the frame discount is not available).
- Savings on laser vision correction.
- Replacement contact lenses by mail.

accessing your benefits

Receiving your vision care discount is easy. Simply:

1. Locate an EyeMed Vision Care provider using the provider search on our website at www.deltadentalwi.com/provider-search/vision, or by calling EyeMed at **866-246-9041** (toll-free).
2. When scheduling your appointment, inform the office that you are an EyeMed member with a Delta Dental discount plan.
3. When you arrive for your appointment, present the enrollee card below to receive services.



This is a discount plan. It is not insurance. This discount plan may not be combined with any other discounts, promotional offers, or insurance coverage, and does not apply to EyeMed provider's professional services, or contact lenses.

Vision Care Discount Program Enrollee Cards

(Please detach cards for use)



EyeMed Group Number: 9231093
Group Name: Delta Dental Vision Discount Program
Member Name:

For provider information, go to www.deltadentalwi.com/provider-search/vision, or call EyeMed Vision Care at 866-246-9041.


This is a discount plan. It is NOT insurance.



EyeMed Group Number: 9231093
Group Name: Delta Dental Vision Discount Program
Member Name:

For provider information, go to www.deltadentalwi.com/provider-search/vision, or call EyeMed Vision Care at 866-246-9041.

This is a discount plan. It is NOT insurance.

Vision Discount Program		 Member Benefit
Exam (with dilation as necessary)		\$5 off comprehensive exam/ \$5 off contact-lens exam
Complete Pair of Glasses The following discounts and fees for frames, lenses, and lens options apply only if a complete pair is purchased in the same transaction. Items purchased separately will be discounted 20% off of the retail price.		
Frames (any frame available at provider location)		35% off retail price
Single Plastic Lenses (Including standard scratch coating)		Member Pays:
Single-Vision		\$50
Bifocal		\$70
Trifocal		\$105
Lens Options		Member Pays:
UV Coating		\$15
Tint (solid and gradient)		\$15
Standard Polycarbonate		\$40
Standard Anti-Reflective Coating		\$45
Standard Progressive (add-on to bifocal)		\$65
Conventional Contact Lenses (materials only)		15% off retail price
Laser Vision Correction (LASIK or PRK)		15% off retail price or 5% off promotional price
Frequency (Exams, frames, lenses, and contact lenses)		Unlimited

additional notes

- After initial purchase, replacement contact lenses may be obtained online at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com/deltadental.
- Members will receive 20 percent discount on items purchased at participating providers not included under the program. Twenty percent discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses.
- Retail prices may vary by location.

plan limitations/exclusions:

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20 percent discount)


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Vision Care Discount Program Enrollee Cards

(Please detach cards for use)

Members: Locate an EyeMed provider convenient to you at:

 www.deltadentalwi.com/provider-search/vision

 866-246-9041


When scheduling an appointment, inform the provider that you have a vision discount plan through the EyeMed Access panel of providers, with Delta Dental of Wisconsin.

At the time of your appointment, remind the provider that you have a vision discount plan through the EyeMed Access Plan.

Providers: This is NOT insurance - it is a vision discount plan.

Members: Locate an EyeMed provider convenient to you at:

 www.deltadentalwi.com/provider-search/vision

 866-246-9041

When scheduling an appointment, inform the provider that you have a vision discount plan through the EyeMed Access panel of providers, with Delta Dental of Wisconsin.

At the time of your appointment, remind the provider that you have a vision discount plan through the EyeMed Access Plan.

Providers: This is NOT insurance - it is a vision discount plan.

amplifon

Hearing
Health Care.

DELTA DENTAL



YOUR HEARING HEALTH CARE PROGRAM FOR LIFE

Delta Dental of Wisconsin



CUSTOM HEARING SOLUTIONS

We find the solution that best fits your lifestyle and your budget from one of our 10 brands.



RISK-FREE 60-DAY TRIAL

100% money-back guarantee if not completely satisfied. No restocking or return fees.



CONTINUOUS CARE

1-year free follow-up care, 2 years free batteries, and a 3-year warranty.*



HEARING AID LOW-PRICE GUARANTEE**

If you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%.

ACCESSING YOUR DISCOUNT

IS AS EASY AS...

1

Call Amplifon at 1-888-901-0132 and we'll find a provider near you.

2

We'll explain the Amplifon process and help you schedule an appointment.

3

We'll send information to you and the provider, ensuring your discount is activated.

www.amplifonusa.com/deltadentalWI

ADDITIONAL MONEY-SAVING OFFER!*

CALL TODAY: 1-888-901-0132

*Savings on top of our already discounted pricing. Please bring this offer with you to your appointment.

\$50

off one hearing aid

OR

\$125

off two hearing aids

Amplifon offers a price match on most hearing devices. Some exclusions apply. Not available where prohibited by law. Visit amplifonusa.com or call for more details.

*Some exclusions apply. Limited to one-time claim for loss and damage. Deductibles may apply.

**Amplifon offers a price match on most hearing devices. Some exclusions apply. Not available where prohibited by law. Visit amplifonusa.com or call for more details.

Hearing services are administered by Amplifon Hearing Health Care, Corp. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Wisconsin and Amplifon are independent, unaffiliated companies.

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Delta Dental is a Registered Mark of Delta Dental Plans Association.

VISION PLAN

The New Holstein School District offers a voluntary vision plan through Superior Vision. Employees pay the full cost of this benefit.

SERVICES	IN-NETWORK	OUT-OF- NETWORK
FREQUENCY		
Eye Exam	Once per 12 months	
Lenses	Once per 12 months	
Frames	Once per 24 months	
Contact Lenses	Once per 12 months	
DEDUCTIBLES		
Exam Materials		\$0
VISION BENEFITS		
Vision Examination	Covered in Full	<i>Plan Pays Up To</i> \$35
Retail Frames	\$150 allowance	\$75
<i>Retail Frame Discount</i>	<i>20% off amount over allowance</i>	
LENS BENEFIT		
Single Vision	Covered in full	<i>Plan Pays Up To</i> \$25
Lined Bifocal	Covered in full	\$40
Lined Trifocal	Covered in full	\$45
CONTACT BENEFIT		
Contact Lenses	\$175 Allowance	<i>Plan Pays Up To</i> \$150
Lens Fitting/Evaluation	Covered in lieu of lenses & frame benefit	No coverage
<i>Lens Discount</i>	<i>20% off retail</i>	

Monthly Premiums	
Employee Only	\$10.44
Employee + Limited Family*	\$20.87
Employee + Family	\$27.63

*Limited Family – employee and spouse OR employee and child(ren)

LIFE & DISABILITY COVERAGE

BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Life Insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump payment if you pass away while employed.

Basic Term Life	Details
All Eligible Employees	2 X Annual Salary to \$200,000
Benefit Reduction Schedule	Reduces to 65% at age 65, to 50% at age 70, and to 35% at age 75
Basic Term Life Premium	Employer Paid

VOLUNTARY SHORT-TERM DISABILITY (STD)

Short Term Disability is offered through Standard Insurance Company. The voluntary STD plan pays a percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or off the job injury.

Short Term Disability Coverage	Details
Weekly Benefit	Your Choice (\$147 - \$504)
Accident Waiting Period	1 st Day
Illness Waiting Period	4 th Day
Maximum Benefit Duration	90 Days
Extended Benefit Waiting Period	60 days for qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage
Short Term Disability Premium	Employee Paid

Each member's rate is based on the STD benefit option selected by the member.

LONG TERM DISABILITY (LTD)

Group Long Term Disability insurance through Standard Insurance Company helps provide financial protection for the insured members by paying a monthly benefit in the event of a covered disability. If you work 30 hours or more per week and are a regular employee other than Aides and Food Services employees, New Holstein School District provides this coverage at no cost to you.

Long Term Disability Coverage	Details
Elimination Period	90 Days
Monthly Benefit	90% to \$10,000
Maximum Benefit Period	To Age 65
Long Term Disability Premium	Employer Paid

All benefits are subject to the limitations, and exclusions set forth in the certificate. Refer to the summary of benefits for further detail.

VOLUNTARY LIFE PLAN

VOLUNTARY LIFE & AD&D

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education.

Voluntary Life & AD&D Coverage	Details
For You	\$10,000-\$500,000 in increments of \$10,000
For Your Spouse	\$5,000-\$250,000 in increments of \$5,000
For Your Child(ren)	\$10,000
Guarantee Issue Maximum	Details
For You	Up to \$150,000
For Your Spouse	Up to \$25,000
Life and AD&D Age Reduction	
Coverage amount reduces to 65% at age 65, to 50% at age 70 and to 35% at age 75	

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life with AD&D coverage for your child(ren), your monthly rate is \$0.22 per \$1,000, no matter how many children you're covering. Your monthly AD&D rate of \$0.02 per \$1,000 is included.

Age (as of July 1)	Your Rate* (Per \$1,000 of Total Coverage)	Your Spouse's Rate** (Per \$1,000 of Total Coverage)
<25	\$0.095	\$0.095
25-29	\$0.105	\$0.105
30-34	\$0.115	\$0.115
35-39	\$0.125	\$0.125
40-44	\$0.155	\$0.155
45-49	\$0.220	\$0.220
50-54	\$0.335	\$0.335
55-59	\$0.520	\$0.520
60-64	\$0.935	\$0.935
65-69	\$1.995	\$1.995
70+	\$4.995	\$4.995

*Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit.

**Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit for your spouse.

LIFE & DISABILITY COVERAGE

EMPLOYEE ASSISTANCE PROGRAM (EAP)*

You, your dependents (including children to age 26) and all household members can contact masters- degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive 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** face-to-face assessment and counseling sessions per issue. 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

The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary



Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name "assurance" for information and tools to help you make important life decisions.

- **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit,¹ you may access the services for beneficiaries outlined on the next page.

continued on reverse



The Life Services Toolkit is provided through an arrangement with Health AdvocateSM and is not affiliated with The Standard. Health Advocate is solely responsible for providing and administering the included service. This service is not an insurance product.

¹ An Accelerated Death Benefit or Accelerated Benefit allows a covered individual who becomes terminally ill to receive a portion of the Life insurance proceeds while living, if all other eligibility requirements are met.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

SI 17526

Life Services EE
(8/21)

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

- **Grief Support:** Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

- **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.
- **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at 800.378.5742

² The Life Services Toolkit is not available to Life insurance beneficiaries who are minors or to non-individual entities such as trusts, estates, charities.

ACCIDENT INSURANCE

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.

You can get a **Health Maintenance Screening Benefit of \$50 each year** just for going to the doctor for a covered wellness exam, such as a stress test or lipid panel — a routine preventive visit that typically costs you nothing under your medical insurance.

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
SUBTOTAL.....	\$2,150
Youth Organized Sports Benefit (25% of subtotal).....	\$538
Total paid directly to you.....	\$2,688



Imagine that you survive a serious car accident. After a trip to the ER, you stay in the hospital for several days while you recover. In the weeks following the accident, you have a follow-up appointment at a clinic in another city and physical therapy.

BENEFITS PAID TO YOU

Ambulance.....	\$300
Emergency Room Visit.....	\$150
CAT Scan.....	\$200
Hospital Admission Benefit.....	\$1,000
5-Day Hospital Confinement (\$200 per day).....	\$1,000
Right Leg Fracture.....	\$4,000
Knee Cap Fracture.....	\$1,100
Pelvis Fracture.....	\$2,400
Physician Follow-up Appointment.....	\$50
Physical Therapy Appointment.....	\$50
SUBTOTAL.....	\$10,250
Automobile Accident Benefit.....	\$500
Transportation Benefit.....	\$150
Lodging (4 days).....	\$700
Total paid directly to you.....	\$11,600

Monthly Premium	
Enhanced - Plan 1	
Employee	\$8.06
Employee and Spouse	\$12.82
Employee and Child(ren)	\$15.25
Employee and Family	\$23.94

ACCIDENT INSURANCE

ACCIDENT INSURANCE SCHEDULE OF BENEFITS

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Ground	\$300
Emergency Room Visit	\$150
Urgent Care Visit	\$50
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	\$50
Emergency Dental Care — Crown	\$200
Emergency Dental Care — Extraction	\$100
X-ray	\$50
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$200
Transfusion Blood, Plasma or Platelets	\$300

Surgical Benefits	
Surgical Procedures	\$150-\$1,500
Surgical Repairs	\$750

Specific Injury Benefits	
Burns	\$200-\$10,000
Coma	\$7,500
Concussion	\$150
Eye Injury	\$200
Lacerations	\$75-\$500
Skin Graft	25% of the burns benefit
Fractures	\$100-\$8,000
Dislocations	\$150-\$5,000
Paralysis (percent of accidental death benefit)	15-50%

Hospital Benefits	
Hospital Admission (once per covered accident)	\$1,000
Daily Hospital Confinement (maximum 365 days per covered accident)	\$200
Critical Care Unit Admission* (once per covered accident)	\$750
Daily Critical Care Unit Confinement* (maximum 15 days per covered accident)	\$200
Daily Rehabilitation Facility (maximum 90 days per covered accident)	\$100

* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	\$100
Prosthesis (once per covered accident)	\$500 \$1,000 (two or more)
Physician Follow-up (up to 2 days)	\$50
Therapy Services (up to 3 days)	\$50

Additional Benefits	
Lodging (per day, up to 30 days per Accident)	\$175
Transportation (per round trip) (per day, up to 30 days per Accident)	\$150
Health Maintenance Screening Benefit (once per calendar year)	\$50
Youth Organized Sports Benefit	25%
Automobile Accident Benefit	\$500

HEALTH SCREENING BENEFIT

Get a Cash Benefit Each Year for Covered Wellness Exams 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 tests included, such as novel infectious disease testing (including COVID-19), lipid panel, mammography, colonoscopy, and many more. It's all part of the Health Maintenance Screening Benefit that comes with your group insurance from Standard Insurance Company.

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

You can get a **Health Maintenance Screening Benefit of \$50 each year** just for going to the doctor for a covered wellness exam, such as a stress test or lipid panel — a routine preventive visit that typically costs you nothing under your medical insurance.

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: end-stage renal failure, 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 insurance does not cover. Things like the deductible, copays, childcare, certain medications, time away from work, alternative treatments and a special diet.

COVERED CONDITIONS:

Receive 100 percent of your coverage amount for:

- Heart Attack
- Stroke
- Coma
- Paralysis
- End-Stage Renal Failure

Attained Age Monthly Premium - Premier - Plan 1						
Employee						
Blended						
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.85	\$2.80	\$5.75	\$11.85	\$21.90	\$55.95
\$10,000	\$3.70	\$5.60	\$11.50	\$23.70	\$43.80	\$111.90
\$15,000	\$5.55	\$8.40	\$17.25	\$35.55	\$65.70	\$167.85
\$20,000	\$7.40	\$11.20	\$23.00	\$47.40	\$87.60	\$223.80
\$25,000	\$9.25	\$14.00	\$28.75	\$59.25	\$109.50	\$279.75
\$30,000	\$11.10	\$16.80	\$34.50	\$71.10	\$131.40	\$335.70
Spouse						
Blended						
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.85	\$2.80	\$5.75	\$11.85	\$21.90	\$55.95
\$10,000	\$3.70	\$5.60	\$11.50	\$23.70	\$43.80	\$111.90
\$15,000	\$5.55	\$8.40	\$17.25	\$35.55	\$65.70	\$167.85

HOSPITAL INDEMNITY INSURANCE

Planned or unplanned, a trip to the hospital can be scary. It can be even more frightening to know that your medical insurance probably won't cover all your costs. 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.

A CASH BENEFIT WHEN YOU NEED IT.

Even the best budgeters can forget to set aside money for medical expenses. Hospital Indemnity insurance provides a way to cover unexpected out-of-pocket expenses when you end up in the hospital. It also allows you to: Choose how to spend your benefit. It's your money — spend it however you want, whether it's to pay for your groceries, rent or medical bills.

- Take it with you. If you leave your job, you can take your coverage with you.

RECEIVE A BENEFIT FOR TAKING CARE OF YOUR HEALTH.

You can get a **Health Maintenance Screening Benefit of \$50 once a calendar year** just for going to the doctor for a covered wellness exam, such as a bone density screening or mammogram — routine preventive visits that typically cost you nothing under your medical plan.

HERE'S 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
Hospital Confinement (max 30 days)	\$100 per day
Critical Care Unit (pays in addition to Hospital Confinement benefit – max 30 days)	\$50 per day

	Monthly Premium
	HSA - Plan 1
Employee	\$9.74
Employee and Spouse	\$16.75
Employee and Child(ren)	\$14.05
Employee and Family	\$24.78

GET A CASH BENEFIT EACH YEAR FOR COVERED WELLNESS EXAMS

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 20 tests list below. It's all part of the Health Maintenance Screening Benefit that comes with your group insurance from The Standard Insurance Company.

APPROVED TESTS:

- ✓ Mental Health Assessment
- ✓ Novel Infectious Disease (COVID-19) testing
- ✓ 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
- ✓ Pap smears or thin prep pap test
- ✓ Prostrate specific (PSA) test
- ✓ Stress test on a bicycle or treadmill

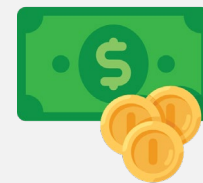
Schedule your health screening test today, submit your claim, and receive your cash benefits.



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REQUIRED FEDERAL 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 David Ziegelbauer.

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, 2026

WHO WILL FOLLOW THIS NOTICE?

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

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.

The Plan may receive information about you from a substance use disorder treatment program that is covered by federal law, specifically 42 CFR Part 2 ("Part 2 Records"). Part 2 Records are subject to stricter disclosure requirements, and the Plan will disclose Part 2 Records for treatment, payment, or health care operations only if you provide general written consent. You may also provide specific written consent permitting the Plan to only share certain information. The Plan will not use or share your Part 2 records in any civil, criminal, administrative, or legislative proceeding unless you first provide written consent or the plan receives a court order after you have been provided notice and an opportunity to be heard by the court. The court order must be accompanied by a subpoena or other legal requirement compelling disclosure.

The Plan may disclose medical information to third parties as discussed above. The recipients of that information may redisclose the information in a manner that causes it to no longer be protected by HIPAA.

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: Sara Guyette or Michael Hendricks. 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

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 date the Plan became subject to the Rule.

To request an accounting of disclosures, address your request to the following individual: Sara Guyette or Michael Hendricks.

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 individuals: Sara Guyette or Michael Hendricks. 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 individuals: Sara Guyette or Michael Hendricks.

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 individuals: Sara Guyette or Michael Hendricks.

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: Sara Guyette or Michael Hendricks.

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.

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.

For further information about WHCRA or to ask questions about how it relates to your specific circumstances, you can e-mail us at phig@cms.hhs.gov. Or you may call us at 1-877-267-2323, ext. 61565.

http://www.cms.hhs.gov/healthinsreformforconsume/06_thewomen%27shealthandcancerrightsact.asp

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 New Holstein School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. WCA-GHT has determined that the prescription drug coverage offered by New Holstein School District's medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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 Horicon School District coverage will not be affected. You can keep this coverage if you elect Medicare Part D and this plan will coordinate with the Medicare plan.

If you do decide to join a Medicare drug plan and drop your current New Holstein School District 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 New Holstein School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through New Holstein School District changes. You also may request a copy of this notice at any time.

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.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: July 1, 2026

Name of Entity/Sender:

New Holstein School District

Contact--Position/Office:

Michael Hendricks / Human Resources

Address:

1715 Plymouth St. New Holstein, WI 53061

Phone Number:

920.898.5115

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.

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"¹ standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit 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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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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..

MARKETPLACE COVERAGE NOTICE (continued)

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.

New Holstein School District
Employer Identification Number (EIN):
Employer Address: 1715 Plymouth St. New Holstein, WI 53061
Employer Phone Number: 920.898.5115
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Michael Hendricks or Sara Guyette

- 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.

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

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

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

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

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

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 3/31/2026)

