

YOUR  
**BENEFITS**  
YOUR  
**CHOICES**

New Holstein School District



2023

BENEFITS GUIDE

QUESTIONS?

Contact: David Ziegelbauer 920-898-1605 x3007;  
[dziegelbauer@nhsd.k12.wi.us](mailto:dziegelbauer@nhsd.k12.wi.us) or Sandy Reseburg  
920-898-1605 x3008; [sresenburg@nhsd.k12.wi.us](mailto:sresenburg@nhsd.k12.wi.us)



# 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:

- Medical
- Dental Dental
- Voluntary Vision
- Flexible Spending Account
- Group Life Insurance
- Voluntary Short Term Disability
- Long Term Disability



# WHO TO CONTACT

Coverage	Carrier	Contact Information	
<b>Medical</b>	WCA Group Health Trust	wcaght.org	866.404.2700
<b>Dental</b>	Delta Dental	DeltaDentalWI.com	800.236.3712
<b>FSA Benefit</b>	DBS	DBSbenefits.com	800.234.1229
<b>Voluntary Vision</b>	Superior Vision	SuperiorVision.com	800.507.3800
<b>Life, Short Term &amp; Long Term Disability</b>	Standard	Standard.com	888.937.4783
<b>Employee Assistance Program</b>	Standard	<a href="http://healthadvocate.com/standard3">healthadvocate.com/standard3</a>	888.293.6948

*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:

- David Ziegelbauer (920) 898-1605 x3007; [dziegelbauer@nhsd.k12.wi.us](mailto:dziegelbauer@nhsd.k12.wi.us)
- Sandy Reseburg (920) 898-1605 x3008; [sreseburg@nhsd.k12.wi.us](mailto:sreseburg@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 **the 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](http://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 - \$1,000 / \$2,000  
 Plan year January 1 – December 31

	<b><i>In-Network</i></b>	<b><i>Out-Of-Network</i></b>
Network	UHC Choice Plus	
Deductible	Single: \$1,000 Family: \$2,000	Single: \$2,000 Family: \$4,000
Coinsurance	0%	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)	
<b>Office Visits</b>		
Office Visits	\$25 Copay	Deductible & Coinsurance
Preventive Care	100% Selected Services	Deductible & Coinsurance
<b>Hospital Services</b>		
Inpatient	Deductible Applies	Deductible & Coinsurance
Outpatient	Deductible Applies	Deductible & Coinsurance
<b>Emergency and Urgent Care</b>		
Emergency Room	\$250 Copay, In-Network Ded	
Urgent Care/Walk-in Clinic	\$100 Copay	Deductible & Coinsurance
<b>Prescription Drugs</b>		
Retail (30 days)	\$0 / \$10 / 30 / \$60 / 25% to \$250	
Mail Order (90 days)	\$0 / \$20 / \$60 / \$120	
Rx Out-of-Pocket Maximum	Included in Medical Max OOP	

# 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 \$3,050 for 2023.
- Your FSA plan allows you to carry over unused funds into the following plan year. You can carryover \$570 from the 2022-2023 play year into the 2023-2024 plan year. You can carryover \$610 for the 2023-2024 plan year into the 2024-2025 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 \$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

New Holstein School District offers a dental plan option through Delta Dental. With one of the nation's largest networks, you're virtually guaranteed to find a choice of pre-screened, in-network dentists within minutes of your home or workplace. 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](http://www.deltadentalwi.com) or call 1-800-236-3712.

## 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.

## DENTAL PLAN HIGHLIGHTS

	PPO	Premier/Non-PPO
Calendar Year Deductible	Single \$0	Family: \$0
Preventative Care		100%
Basic Services	80%	80%
Major Restorative Services – Stainless Steel Crowns	80%	80%
Major Restorative Services – Implants, Bridges, Dentures		80%
Orthodontia		50% All Providers
Orthodontic Maximum		\$1,500 Per 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.

# DENTAL PLAN

## DELTA DENTAL VALUE ADD PROGRAMS

### 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 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
<b>FREQUENCY</b>		
Eye Exam	Once per 12 months	
Lenses	Once per 12 months	
Frames	Once per 24 months	
Contact Lenses	Once per 12 months	
<b>VISION BENEFITS</b>		
Vision Examination	Covered in Full	<b>Plan Pays Up To</b> \$35
Retail Frames	\$150 allowance	\$75
<i>Retail Frame Discount</i>	<i>20% off amount over allowance</i>	
<b>*LENS BENEFIT</b>		
	<b>Covered in Full</b>	<b>Plan Pays Up To</b>
Single Vision	100%	\$25
Lined Bifocal	100%	\$40
Lined Trifocal	100%	\$45
<b>CONTACT LENSES</b>		
Lens Fitting/Evaluation	Covered in lieu of lenses & frame benefit	No coverage
Lieu of Glasses	\$175 allowance	
<i>Lens Discount 20% off of retail</i>	<i>20% off amount over allowance</i>	\$150

# DISABILITY COVERAGE

## VOLUNTARY SHORT TERM DISABILITY (STD)

Short Term Disability (STD) 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 injury.

Benefits begin on the 1st day for an injury and on the 4th day for sickness and can continue for up to 90 days. You may elect varying weekly benefit options (\$147 - \$504). 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 insured members by promising to pay a monthly benefit in the event of a covered disability. If you work 30 hours or more per week, New Holstein School District provides this coverage at no cost to you.

After you have been disabled for 90 days due to injury or illness, this benefit will provide up to 90% of your monthly earnings up to a monthly maximum benefit of \$10,000. See Standard Insurance enrollment brochure or issued certificate of insurance for further details.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)\*

You, your dependents (including children to age 26) and all household members can contact masters- degreeed 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



# A helping hand when you need it.

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



Standard Insurance Company



# 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](http://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)

**DELTA DENTAL**

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

For provider information, go to [www.deltadentalwi.com/provider-search/vision](http://www.deltadentalwi.com/provider-search/vision), or call EyeMed Vision Care at 866-246-9041.


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

**DELTA DENTAL**

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

For provider information, go to [www.deltadentalwi.com/provider-search/vision](http://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	 <b>Member Benefit</b>
Exam (with dilation as necessary)	\$5 off comprehensive exam/ \$5 off contact-lens exam
<b>Complete Pair of Glasses</b> 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
<b>Single Plastic Lenses (Including standard scratch coating)</b> Single-Vision Bifocal Trifocal	<b>Member Pays:</b> \$50 \$70 \$105
<b>Lens Options</b> UV Coating Tint (solid and gradient) Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (add-on to bifocal)	<b>Member Pays:</b> \$15 \$15 \$40 \$45 \$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](http://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)

SS325-1606

## 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](http://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](http://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](http://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](http://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](http://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.

# 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 from the date of 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.



# WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies generally both to persons covered under group health plans and persons with individual health insurance coverage. But WHCRA does NOT require health plans or issuers to pay for mastectomies. If a group health plan or health insurance issuer chooses to cover mastectomies, then the plan or issuer is generally subject to WHCRA requirements.

If WHCRA applies to you and if you are receiving benefits in connection with a mastectomy and you elect breast reconstruction, coverage must be provided for

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses (e.g., breast implant); and
- Treatment for physical complications of the mastectomy, including lymphedema.

Contact your state's insurance department to find out about whether protections in addition to WHCRA will apply to your coverage if you are NOT in a self-insured health plan.

The WHCRA requires group health plans and health insurance issuers, including insurance companies and health maintenance organizations (HMOs), to notify individuals regarding coverage required under the law. Notification is required at three separate times

1. After enactment of WHCRA
2. Upon enrollment
3. Annually

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](mailto: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](http://www.cms.hhs.gov/healthinsreformforconsume/06_thewomen%27shealthandcancerrightsact.asp)

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

## Premium Assistance Under Medicaid and the Children's CHIP (continued)

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p>
KANSAS – Medicaid	NEBRASKA – Medicaid
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
KENTUCKY – Medicaid	NEVADA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
ARKANSAS – Medicaid	GEORGIA – Medicaid
<p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a></p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162 ext 2131</p>
CALIFORNIA – Medicaid	INDIANA – Medicaid
<p>Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a></p> <p>Phone: 916-445-8322</p> <p>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p>Phone 1-800-457-4584</p>

# Premium Assistance Under Medicaid and the Children's CHIP (continued)

MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
<p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710</p>
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 1-800-862-4840</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739</p>	<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005</p>	<p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669</p>
OREGON – Medicaid	VERMONT– Medicaid
<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075</p>	<p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427</p>
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462</p>	<p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlthe Share Line)</p>	<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>	<p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

## Premium Assistance Under Medicaid and the Children's CHIP (continued)

SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-013

## Important Notice from New Holstein School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with 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. New Holstein School District has determined that the prescription drug coverage offered by WCA- Group Health Trust is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### When Can You Join A Medicare Drug Plan?

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

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

### 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 or call Jamie Field.

**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.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

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

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

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

**CMSForm10182-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.