FOCUS ON BENEFITS

2020-21 Plan Year

July 1, 2020

QUESTIONS? CONTACT BUSINESS SERVICES

Sarah Duncan, PHR
Director of Business Services
(608) 676-5482 x2404
saduncan@clintonwis.com

Kristin Ostrander, PHR
Payroll, Benefits & HR Specialist
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CLINTON COMMUNITY SCHOOL DISTRICT

In this issue

What's new?

Elections you make during open enrollment will become effective July 1, 2020.

This brochure includes the benefits and enrollment material offered at Clinton Community School District for 2020. We encourage you to take the time to read through and explore your benefits options. At Clinton Community School District, we value our employees and are committed to providing a comprehensive and competitive benefits package.

Certain benefits you elect require an employee contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other cases the deduction will be made after-tax to avoid certain tax consequences to you and the company. For taxability of benefit elections, please contact Kristin Ostrander at (608) 676-5482 x2403 or **krostrander@clintonwis.com**

Required notices are located at the end of this packet and include:

- HIPAA Portability Notice
- Initial COBRA Notice
- Notice of Healthcare Exchange
- Medicare Part D Coverage Notice
- CHIP Notice
- WHCRA Notice

HEALTH PLAN SUMMARY

Effective July 2020, we will continue to offer a health plan through Dean for all benefit-eligible employees.

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

Health Reimbursement Account (HRA) – The District has set up an account to reimburse a portion of your In Network deductible for you.

Single – Employee pays first $500 / HRA pays remaining $2,500

Family – Employee pays first $1,000 / HRA pays remaining $5,000

	Dean HMO In Network ONLY	Dean POS/PPO In Network	Dean POS/PPO Out-of-Network
Deductible *per calendar year*	$3,000 /single $6,000/family	$3,000 /single $6,000/family	$6,000 /single $12,000/family
Out of Pocket Max *per calendar year*	$3,000 /single $6,000/family	$3,000 /single $6,000/family	You pay 20% after deductible
Physician Services *Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation*	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Preventive Services *Well child, Immunizations, Certain Prenatal Services, Screening*	You pay $0	You pay $0	You pay 20% after deductible
Mental/ Behavioral/ Substance Use *Outpatient*	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Ambulance	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Hospital	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Prescription Drugs *Retail (31 day supply) GenRx* Generic Preferred Brand Non-Preferred Brand	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Specialty Drugs	You pay 50% after deductible	You pay 0% after deductible	Not covered

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

DeanHealthPlan
A member of SSM Health

Looking for a convenient clinic or hospital location? Dean's provider finder lets you easily search for providers and locations within your network. Search on our website for a location convenient for you.

BALANCE BILLING

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

SUMMARY OF BENEFITS COVERAGE

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

QUESTIONS?

Call customer service at **608-294-6463**, **800-718-3326** or call the phone number on the back of your ID card or visit **www.deancare.com**.

HEALTH PLAN PREMIUMS

Clinton School District will continue to pay a portion of your premiums. Premiums are shown per month effective July 1, 2020:

For 12 month / Certified Staff:

Employee Monthly Contribution – 12%

2020-21 Medical 88/12				
	Dean HMO		Dean POS/PPO	
	Single	Family	Single	Family
Premium	$565.82	$1,471.13	$598.49	$1,556.07
District Pays	$497.92	$1,294.59	$497.92	$1,294.59
Employee Pays	$67.90	$176.54	$100.57	$261.48
Family Buy Up – Employee Pays	NA	$973.21	NA	$1,058.15

For 9/10 month Staff:

Employee Monthly Contribution – 25%

2020-21 Medical 75/25		
	Dean HMO	Dean POS/PPO
	Single	Single
Premium	$565.82	$598.49
District Pays	$424.37	$424.37
Employee Pays	$141.46	$174.13
Family Buy Up – Employee Pays	$1,086.37	$1,131.70

For 230 Day Staff:

Employee Monthly Contribution – 21%

2020-21 Medical 79/21		
	Dean HMO	Dean POS/PPO
	Single	Single
Premium	$565.82	$598.49
District Pays	$447.00	$447.00
Employee Pays	$118.82	$151.49
Family Buy Up – Employee Pays	$1,024.13	$1,109.07

WHO IS ELIGIBLE?

Any ACA eligible staff member and their qualified dependent(s) are eligible to enroll in medical coverage. To determine your premium contribution, contact Business Services.

Virtual Visits take 15 minutes or less, with a response time within the hour and can diagnose and treat the following medical conditions:

- Cold/flu, sinus infections
- Bladder infections
- Pinkeye
- Acid reflux
- Lice
- Vaginal yeast infection

Virtual Visits offers the same high-quality care you would receive in person.

***As required by IRS guidelines, policyholders with a high-deductible health plan (HDHP) must pay the $45 cost of Virtual Visits until the annual deductible has been satisfied. After the deductible has been met, Virtual Visits are offered at no charge.*

Weight Management Changes

Effective 1/1/2018, Dean Large Group Products will remove the benefits exclusion for revision of surgery not preformed initially with Dean Health Plan and remove the lifetime limit (1) for weight loss surgery. Medical criteria will continue to be used to determine medical necessity.

New Prescription Drug Formulary

Applicable plans that are health savings accounts (HSA) eligible high deductible health plans (HDHP) will offer their own separate prescription drug formulary. The new formulary will continue to cover a comprehensive list of prescription drugs as well as increase access to lower generic costs. See the Benefits Info folder in the Google drive for the Navitus Preventative Drug list.

DENTAL PLAN SUMMARY

About the Dental Plan: This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible**.** You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs.

Features	PPO	Premier/OON
Annual Maximum	$1,000	$1,000
Annual Deductible *Does not apply to preventive and diagnostics*	None	None
Diagnostic & Preventive	You pay $0	You pay $0
Basic Restorative Care *Amalgam & Resin Fillings*	You pay $0	You pay $0
Oral Surgery *Simple Extractions*	You pay $0	You pay $0
Endodontic Therapy *Root Canal*	You pay $0	You pay $0
Periodontics *Gum disease*	You pay $0	You pay $0
Major Restoratives *Resins, Crowns*	You pay 20%	You pay 20%
Prosthetics and Implants	You pay 100%	You pay 100%
Orthodontia *Lifetime Maximum $1,500*	You pay 50%	You pay 50%

Dental Plan Premiums: We contribute to your premiums. These rates are shown monthly and effective July 1, 2020:

Monthly Premiums	Single	Family
Certified Staff (10%)	$3.71	$10.54
Support Staff (6%)	$2.22	$6.33
9/10 mo Staff (25%)	$9.26	$26.34

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

DELTA DENTAL®

We offer the Delta Dental of Wisconsin dental plan. Always use an in-network provider to obtain the highest level of benefits.

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

INFORMATION ON THE GO!

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

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

AMPLIFON HEARING HEALTHCARE

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

QUESTIONS?

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

VOLUNTARY VISION SUMMARY

Our vision plan is offered through Delta Dental of Wisconsin.

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

Features	In-Network	Out-of-Network
Eye Exam (1x/12 mo)	You pay $0	Up to $35
Plastic Lenses (1x/12 mo) *Single* *Bifocal* *Trifocal*	 You pay $0 You pay $0 You pay $0	 Up to $25 Up to $40 Up to $55
Lens Options *UV, Tint, Coating* *Polycarbonate* *Anti-Reflective*	 You pay $15 You pay $40 You pay $45	 Not covered
Frames (1x/24 mos)	You receive up to $150 allowance and then you receive a 20% discount on amounts over $150	Up to $75
Contacts (1x/12 mo) *Elective, in lieu of glasses*	You pay $0 up to $150, 15% discount on balance over $150	Up to $120

Vision Plan Premiums: This is a voluntary plan, meaning you pay 100% of the premiums. Premiums are effective July 2020:

Status	Monthly Rates
Employee only	$10.31
Employee + spouse or child(ren)	$20.60
Family	$31.33

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

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

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

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

QUESTIONS?

Call customer service at **(800) 279-1301** or call the phone number on the back of your ID card or visit **www.EyeMedvisocare.com**.

FLEXIBLE BENEFIT PLAN

We sponsor a flexible benefit plan to help you pay for everyday expenses on a pre-tax basis. The flexible benefit plan year is July 1, 2020 thru June 30, 2020. The flexible benefit plan helps you pay for everyday medical expenses on a pre-tax basis by:

- **Premiums:** Pre-tax contributions for medical dental and vision premiums.
- **Medical Flexible Spending Arrangement (FSA):** You can set aside pre-tax contributions for medical, dental and vision expenses not paid by your (or your spouse's) insurance plans up to $2,750 depending on your election. As a reminder, you need to obtain a prescription for over-the-counter medications in order to use your medical FSA dollars for reimbursement (one prescription per OTC med, per year needed).
- **Dependent care:** You can set aside pre-tax contributions for dependent care expenses up to $5,000 per plan year.

Participants **must enroll annually and online by June 15, 2020** for the plan year effective on **July 1, 2020.**

Each component of the flexible benefit plan requires a separate election. Funds cannot be moved from one component to another. Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event. All components are "use it or lose it." No dollars will roll over to the next plan year.

DIVERSIFIED BENEFIT SERVICES, INC.

We offer our Flexible Benefit Plan through Diversified Benefit Services, Inc. (DBS).

To file a claim, you can go online to www.DBSbenefits.com.

QUESTIONS?

Call customer service at **(800) 234-1229** or call the phone number on the back of your ID card or visit **www.DBSbenefits.com**.

LIFE AND AD&D INSURANCE

Clinton Community School District offers all certified employees $10,000 term life and accidental death and dismemberment (AD&D) coverage that is paid 100% by the District.

LONG-TERM DISABILITY

You may receive 70% of your earnings up to a maximum monthly benefit of $9,000 in the event of a qualifying disability claim. Benefits may begin after 60 days. This benefit is paid 100% by Clinton Community School District.

We offer our Life and Disability coverage through The Hartford Life Insurance Company.

To file a claim, you can go online to www.thehartford.com .

QUESTIONS?

Call customer service at **(800) 523-2233** or visit **www.thehartford.com**.

VALUE – ADDED SERVICES

Resources for your total health support from **The Hartford**.

ABILITY ASSIST COUNSELING SERVICES WITH HEALTHCHAMPION HEALTHCARE SUPPORT

Everyday life can be stressful and can affect your health, well-being and performance. Fortunately, we offer a service that can help. Ability Assist provides 24/7 access to master's and Ph.D. level clinicians. Includes three face-to-face visits per occurrence per year for emotion concerns and unlimited phone consultations for financial, legal, and work-life concerns. Support is available for a variety of concerns, including:

- Job Pressure
- Relationships
- Child and Elder care Referral
- Disability
- Stress
- Substance Abuse
- Retirement Planning
- Debt and bankruptcy

HealthChampion offers support if you've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

Call **800-96-HELPS (800-964-3577)** or visit **www.guidanceresources.com**

(Organization Web ID: HFL902, Company Name: ABILI)

TRAVEL ASSISTANCE AND ID THEFT PROTECTION

Services include pre-trip information that helps you while traveling. It provides access to medical professionals for assistance when traveling 100+ miles away from home for 90 days or less. ID theft protection is available and provided through educational materials to help prevent identity theft. There is also access to caseworkers who can help resolve problems that result from identity theft. Call **800-243-6108**
(ID: GLD-09012).

FUNERAL PLANNING AND ESTATE GUIDANCE

Online tools are available to guide you through key decisions before a loss, including help with funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers. Visit **www.everestfuneral.com/hartford** (Code: HFEVLC) or call **866-854-5429**.

The Estate Guidance service helps you create a customized and legally binding online will. Visit **www.estateguidance.com/wills** (Code: WILLHLF)

BENEFICIARY ASSIST

Compassionate expertise to help you or your loved ones cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face sessions. Call **800-411-7239** for assistance.

VOLUNTARY WORKSITE BENEFITS

Alfac has several products available to help protect you.

Protect Your Paycheck

- Short Term Disability
- Hospital Confinement Indemnity

Protect Your Lifestyle

- Accident
- Lump Sum Critical Illness or Cancer
- Cancer/Specified Disease
- Critical Illness
- Aflac Plus Rider

Protect Your Future

- Term Life
- Juvenile Term Life

All the policies listed above provide cash benefits, payable to you, the member. These are to help offset loss of income, out of pocket costs that your other benefits do not cover. These benefits are completely voluntary, meaning the premium is 100% payable by you, the member. They are also portable, so you may keep these benefits even if you leave the district.

Aflac is voluntary coverage that helps with your out of pocket costs. It is insurance that pays you, not your providers.

Your Alfac Representative is **Rick Sauter**. He can be reached at:

Phone – (920) 728-2688
Email – richard_sauter@us.aflac.com

QUESTIONS?

Call **(920) 728-2688** or visit **www.aflac.com**.

NEXT STEPS; OPEN ENROLLMENT MAY 1-11, 2020

HEALTH PLAN

If you would like to enroll, switch your health plan or change your family status, this is the one time during the year you can do so without a qualifying event.

If you are already enrolled in the health plan, simply indicate the same coverage on your Google Form and you will be automatically re-enrolled at your current coverage status. No forms are needed.

DENTAL PLAN

If you would like to enroll, add, change or drop dependent(s), now is the time you are able to do that. If you are currently enrolled and do not have any changes, simply indicate the same coverage on your Google Form and you will be automatically re-enrolled at your current coverage status. No forms are needed.

FLEXIBLE BENEFIT PLAN

You must enroll online on the Diversified Benefits website before June 1.
www.dbsbenefits.com

LIFE, AD&D, & LTD PLANS

All benefit-eligible employees are enrolled in this plan. Now is a good time to review your beneficiary designation for your life and AD&D policies.

QUESTIONS? NEED FORMS?

Refer to the shared Benefits Info folder on Google Docs or contact Kristin Ostrander, (608) 676-5482 x2403, krostrander@clintonwis.com

CARRIER QUICK LINKS

Health plan

Dean Health Plan
800-279-1301
dhp.costumerrelations@deancare.com
www.deancare.com

Dental/Vision Plan

Delta Dental of Wisconsin
800-236-3712
claims@deltadentalwi.com
www.deltadentalwi.com or
www.EyeMedvisioncare.com

Flexible Benefit Plan

Diversified Benefits Services, Inc.
800-234-1229
262-367-5938 Fax
www.dbsbenefits.com

Ancillary Plans

The Hartford Life
800-523-2233
www.thehartford.com

WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

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

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

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

This document provides information about some of the key employee benefit notice requirements. This document should not be construed as providing legal advice, and does not replace the need to discuss benefit notices and other matters with their benefit and compliance specialists.

HIPAA PORTABILITY NOTICE

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

Special enrollment rights
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

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

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

To request special enrollment or obtain more information, contact **Kristin Ostrander at (608) 676-5482 x2403** or **krostrander@clintonwis.com**.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction
You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

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

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

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

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

- Your spouse dies;
- Your spouse's hours of employment are reduced;

- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

You must provide this notice to:

Kristin Ostrander – Payroll, Benefits & HR Specialist at Clinton Community School District, 112 Milwaukee Road, PO Box 566, Clinton, WI 53525 or krostrander@clintonwis.com.

How is COBRA continuation coverage provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

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

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA continuation coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

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

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

Plan contact information

Kristin Ostrander
Payroll, Benefits & HR Specialist
Clinton Community School District
112 Milwaukee Rd
PO Box 566
Clinton, WI 53525
(608) 676-5482 x4203
krostrander@clintonwis.com

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A: General information

Since 2014, individuals can purchase health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November for coverage starting as early as January 1st.

Can I save money on my health insurance premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit[1].

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Kristin Ostrander, (608) 676-5482 x2403, krostrander@clintonwis.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please 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. An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Part B: Information about health coverage offered by your employer

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

3. Employer name: Clinton Community School District
4. Employer Identification Number (EIN): 39-6017645
5. Employer address: 112 Milwaukee Road, P.O. Box 566
6. Employer phone number: 608.676.5482
7. City: Clinton
8. State: WI
9. ZIP code: 53525
10. Who can we contact about employee health coverage at this job? Kristin Ostrander, (608) 676-5482 x2403, krostrander@clintonwis.com

Here is some basic information about health coverage offered by this employer
As your employer, we offer a health plan to:

☐ All employees.

X Some employees: Eligible employees are: Certified staff .75 FTE or greater, 12 month, full-time staff, ACA eligible staff

With respect to dependents:

X We do offer coverage. Eligible employees are: Certified staff .75 FTE or greater

X We do not offer coverage.

X If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

MEDICARE PART D CREDITABLE COVERAGE NOTICE

Important notice from Clinton Community 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 Clinton Community 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. Clinton Community School District has determined that the prescription drug coverage offered by the Dean Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

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

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 Clinton Community School District coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Clinton Community School District coverage, be aware that you and your dependents may not be able to get this coverage back right away or at all. Please review the Clinton Community School District health plan documents for details regarding eligibility and enrollment rights.

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 Clinton Community 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 if this coverage through Clinton Community School District changes. You also may request a copy of this notice at any time.

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

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (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 800-772-1213 (TTY 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:	05/01/2020
Name of Entity/Sender:	Clinton Community School District
Contact--Position/Office:	Kristin Ostrander, Payroll, Benefits & HR Specialist
Address:	112 Milwaukee Road, Clinton, WI 53525
Phone Number:	608.676.5482

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877-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 **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, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid	**ARKANSAS – Medicaid**
Website: **http://myalhipp.com/** Phone: 1-855-692-5447	Website: **http://myarhipp.com/** Phone: 1-855-MyARHIPP (855-692-7447)
ALASKA – Medicaid	**CALIFORNIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: **http://myakhipp.com/** Phone: 1-866-251-4861 Email: **CustomerService@MyAKHIPP.com** Medicaid Eligibility: **http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx**	Website: **https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx** Phone: 1-800-541-5555

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**KANSAS – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884
FLORIDA – Medicaid	**KENTUCKY – Medicaid**
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	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://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
GEORGIA – Medicaid	**LOUISIANA – Medicaid**
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: www.medicaid.la.gov or www.ldh.la.gov/index.cfm/page/2693 Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
INDIANA – Medicaid	**MAINE – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
IOWA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840

MINNESOTA – Medicaid	**NEW YORK – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"] Phone: 1-800-657-3739	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MISSOURI – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MONTANA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
NEBRASKA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
NEVADA – Medicaid	**OREGON – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEW HAMPSHIRE – Medicaid	**PENNSYLVANIA – Medicaid**
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
NEW JERSEY – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since **January 31, 2020**, or for more information on special enrollment rights, contact either:

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

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

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

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

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

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

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

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

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

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

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