



FOCUS ON BENEFITS

July 1, 2023

2023-24 Plan Year

QUESTIONS? CONTACT BUSINESS SERVICES

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This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s)) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.

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Introduction

Elections you make during open enrollment will become effective July 1, 2023.

This brochure includes the benefits and enrollment material offered at Clinton Community School District for 2023-24 fiscal year. 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.

We are pleased to be able to offer you the same benefit plans as we have offered during the 2023-24 plan year.

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 Shani Browning at **608-676-5482 x1101** or [**shbrowning@clintonwis.com**](mailto:shbrowning@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

FOCUS ON BENEFITS 2023-24

Clinton Community School District

HEALTH PLAN SUMMARY

Effective July 2023, 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	Dean POS/PPO	
	In Network ONLY	In Network	Out-of-Network
Deductible <i>per calendar year</i>	\$3,000 /single \$6,000/family	\$3,000 /single \$6,000/family	\$6,000 /single \$12,000/family
Out of Pocket Max <i>per calendar year</i>	\$3,000 /single \$6,000/family	\$3,000 /single \$6,000/family	You pay 20% after deductible
Physician Services <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i>	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Preventive Services <i>Well child, Immunizations, Certain Prenatal Services, Screening</i>	You pay \$0	You pay \$0	You pay 20% after deductible
Mental/ Behavioral/ Substance Use <i>Outpatient</i>	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 <i>Retail (31 day supply)</i> GenRx Generic Preferred Brand Non-Preferred Brand	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
<i>Specialty Drugs</i>	You pay 0% after deductible	You pay 0% after deductible	Not covered

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



Dean Health Plan
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.

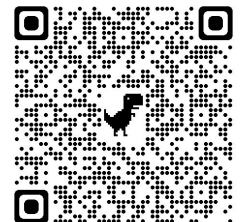
SUMMARY OF BENEFITS COVERAGE

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.

Finding the Right Care
For your needs



Virtual Care link



FOCUS ON BENEFITS 2023-24

Clinton Community School District

HEALTH PLAN PREMIUMS

Clinton School District will continue to pay a portion of your premiums.
Premiums are shown per month effective July 1, 2023:

Certified Staff:

Employee Monthly Contribution – 12%

2023-24 Medical 88/12				
	Dean HMO		Dean POS/PPO	
	Single	Family	Single	Family
Premium	\$629.64	\$1,637.06	\$665.98	\$1,731.55
District Pays	\$554.08	\$1,440.61	\$554.08	\$1,440.61
Employee Pays	\$75.56	\$196.45	\$111.90	\$290.94

12 Month Staff:

Employee Monthly Contribution – 12%

2023-24 Medical 88/12				
	Dean HMO		Dean POS/PPO	
	Single	Family	Single	Family
Premium	\$629.64	\$1637.06	\$665.98	\$1731.55
District Pays	\$554.08	\$554.08	\$554.08	\$554.08
Employee Pays	\$75.56	NA	\$111.90	NA
Family Buy Up – Employee Pays		\$1082.98		\$1177.47

For 9/10 month Staff & FT Bldg Subs:

Employee Monthly Contribution – 25%

2023-24 Medical 75/25		
	Dean HMO	Dean POS/PPO
	Single	Single
Premium	\$629.64	\$665.98
District Pays	\$472.23	\$472.23
Employee Pays	\$157.41	\$193.75
Family Buy Up – Employee Pays	\$1,164.83	\$1,259.32

For 230 Day Staff:

Employee Monthly Contribution – 21%

2023-24 Medical 79/21		
	Dean HMO	Dean POS/PPO
	Single	Single
Premium	\$629.64	\$665.98
District Pays	\$497.42	\$497.42
Employee Pays	\$132.22	\$168.56
Family Buy Up – Employee Pays	\$1,139.64	\$1,234.13

WHO IS ELIGIBLE?

Any ACA eligible hourly staff member and their qualified dependent(s) are eligible to enroll in medical coverage. In addition, certified staff 50% FTE or greater are eligible. To determine your premium contribution, contact Business Services or refer to the chart to the left.

Cash In Lieu of Benefits (CIL)

If an employee is eligible for health benefits, and such benefits are not needed, the staff member may choose CIL

Certified: \$5,000 * FTE

12 Mo Staff: \$5,000 * FTE

9/10 Mo & FT Bldg Subs: No Cash In Lieu

230 Day Staff: \$5,000 * FTE * 230/260

Virtual Visits

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.*

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.

FOCUS ON BENEFITS 2023-24

Clinton Community School District

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

Dental Plan Premiums: We contribute to your premiums. These rates are shown monthly and effective July 1, 2023:

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



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.

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

FOCUS ON BENEFITS 2023-24

Clinton Community School District

VOLUNTARY VISION SUMMARY

Our vision plan is offered through Delta Dental of Wisconsin.

About the Vision Plan: This is a comprehensive plan for all vision 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) <i>Single</i> <i>Bifocal</i> <i>Trifocal</i>	You pay \$0 You pay \$0 You pay \$0	Up to \$25 Up to \$40 Up to \$55
Lens Options <i>UV, Tint, Coating</i> <i>Polycarbonate</i> <i>Anti-Reflective</i>	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) <i>Elective, in lieu of glasses</i>	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 2023:

Status	Monthly Rates
Employee only	\$10.31
Employee and spouse	\$20.60
Employee and child(ren)	\$21.02
Family	\$31.33



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.

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

FOCUS ON BENEFITS 2023-24

Clinton Community School District

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, 2023 thru June 30, 2024. 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 **\$3,050** depending on your election. As a reminder, you no longer need to obtain a prescription for over-the-counter medications in order to use your medical FSA dollars for reimbursement.
- **Dependent care:** You can set aside pre-tax contributions for dependent care expenses up to **\$5,000** per plan year.

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. The medical FSA does allow you to rollover up to \$570 of unused funds from this plan year into the next plan year.

For more information on how the FSA and HRA work, please scan the QR code below or click the link:

<https://www.brainshark.com/usi/vu?pi=zJWzxPMNozdofz0&intk=568992>
[42](#)



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.

FOCUS ON BENEFITS 2023-24

Clinton Community School District

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.

**Please refer to the Certificate for a full explanation of your plan's benefits, exclusions, limitations, and reductions.

VOLUNTARY LIFE INSURANCE

Clinton Community School District offers voluntary life insurance benefits to all staff that are:

- * Are under age 70
- *Are enrolled in the WRS with your current employer;; and
- *Apply within 30 day of eligibility.

You have the option to enroll in coverages equaling 1x your annual salary up to 5x your annual salary. Spouse & Dependent coverage is also available.

Enrollment forms must be completed and returned to the District office within 30 days of your start date. Enrollment forms received after 30 days or requesting changes to coverage are subject to approval by the plan provider.



We offer our Life and Disability coverage through National Insurance Services (NIS).

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

QUESTIONS?

Call customer service at **800-627-3660** or visit www.nisbenefits.com.



QUESTIONS?

Call customer service at **833-810-8260** or visit www.securian.com

FOCUS ON BENEFITS 2023-24

Clinton Community School District

HEALTH REIMBURSEMENT ACCOUNT (HRA)

A Health Reimbursement Account (HRA) is an interest-bearing, employer-funded account.

For certified staff eligible by contract and/or policy, the district shall contribute an amount equal to \$2,320 x FTE deposited into an HRA account at the conclusion of each contract year.

The investment defaults into a variable interest plan. You may choose a different investment option(s). Investment changes can be made online through the participant portal. Please see the right-hand side under 'Investment Change' for more information.

Once an employee has been with the district for 7 years, the account is 100% vested. If vested, the employee can use the funds upon separation from the district or upon retirement to pay for eligible expenses per the HRA plan.

Benefits of an HRA

Employer deposits are tax-free (not subject to FICA, Federal, or State income taxes) so you receive 100% of the value of each benefit dollar.

Deposits earn interest tax-free.

Reimbursements from the plan are tax-free for you, your spouse, and any qualifying dependents, if applicable.

Account balance rolls over each year and there is no time frame by when you must submit expenses for reimbursement.

Once you have access, you have the flexibility to choose when you submit eligible expenses for reimbursement.



INVESTMENT CHANGE

If you wish to change your investment options, you can do so online. Please refer to the link below:

<https://mymidamerica.com/wp-content/uploads/2021/08/Journey-Investment-Management-Guide-1907-001.70821.pdf>

PREMIUM ONLY EXPENSES (Admin only)

To learn about your HRA follow this link:

[How to Use Your Premium-Only Retiree HRA \(nisbenefits.com\)](#)

HOW TO USE YOUR RETIREE HRA (Teachers)

To learn about your HRA follow this link:

[How to use your 213d retiree HRA \(nisbenefits.com\)](#)

QUESTIONS?

Call customer service at

855-329-0095 or visit

www.mymidamericajourney.com

*To log in for the first time, please click on "Get Started" and follow the prompts.

FOCUS ON BENEFITS 2023-24

Clinton Community School District

WISCONSIN RETIREMENT SYSTEM (WRS)

Employee Trust Funds (ETF) administers retirement, insurance and other benefit programs for local government employees and retirees of the Wisconsin Retirement System (WRS).

Eligibility

To be eligible for Wisconsin Retirement upon hire, depends on your initial WRS participation date:

WRS Participation prior to July 1, 2011

- 1) Employee is expected to work at least one-third of what is considered full-time employment, as defined: 440 hours for teachers and school district educational support personnel and;
- 2) Employee is expected to be employed for at least one year (365 consecutive days, 366 in leap year) from employee's date of hire.

WRS Participation on or after to July 1, 2011

- 1) Employee is expected to work at least two-thirds of what is considered full-time employment, as defined: 880 hours for teachers and school district educational support personnel and;
- 2) Employee is expected to be employed for at least one year (365 consecutive days, 366 in leap year) from employee's date of hire.

Any time the employer's expectations of hours to be worked and/or duration of employment changes to an extent that the employee will now meet the WRS eligible criteria, the employee will be enrolled in WRS. In addition, on the one-year anniversary of the initial date of employment, the employer will evaluate the applicable hours of the employee from the previous year. If the employee met the hours, they will be enrolled in WRS. After the one-year anniversary evaluation of applicable hours, the employer will continue to evaluate on a 12-month rolling look back.

The WRS contribution rate for 2023 is 6.8%, beginning January of 2024 the rate will increase to 6.9%. This is subject to change annually on January 1st.



SUMMARY OF BENEFITS

Refer to the Benefit Handbook (ET-2119) for a more detailed explanation on Wisconsin Retirement (WRS). This can be found at Staff Secure login, human resources, benefits, plan documents for various employee benefits information section.

ADDITIONAL CONTRIBUTIONS

Refer to the Additional Contributions packet (ET-2123) for a detailed explanation about the additional contributions that you can make to your WRS account. Staff Secure login, human resources, benefits, plan documents for various employee benefits information section.

VARIABLE TRUST FUND

Refer to the Election to Participate in the Variable Trust Fund form (ET-2356) for a detailed explanation about the variable trust fund. This can be found on our website under Staff Resources/Business Services & Human Resources/ Retirement.

QUESTIONS?

Call customer service at
877-533-5020 or 608-266-3285

or visit www.etf.wi.gov.

FOCUS ON BENEFITS 2023-24

Clinton Community School District

VALUE – ADDED SERVICES

Resources for your total health support from **NIS**.

EMPLOYEE ASSISTANCE PROGRAM

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you.

Under NIS's EAP, you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

Call **866-451-5465** or visit www.niseap.com

CLAIMANT ASSIST

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long-Term Disability Claimant Services are available to guide and counsel claimants and their immediate family members. If you have Life insurance coverage through NIS, our Beneficiary Services Program provides counseling and assistance to beneficiaries when faced with the challenge of coping with loss.

Claimant Assist Services call: **866-472-2734**

IDENTITY THEFT PROTECTION



There is an identity theft victim every two seconds. If you are a victim, the IDX Identity Theft Recovery specialists will provide concierge-style service every step of the way. Their expertise will offer peace of mind and save valuable time during this stressful process.

Your dedicated recovery specialist will work with you until the identity is restored to pre-fraud status. Support may include:

- Assistance with investigation of the suspected identity theft
- Guidance through the recovery process
- Recovery for all 9 types of identity theft
- Advice from trained professionals in identity protection
- Single point-of-contact if you are a victim
- Assistance with notifying law enforcement or local government agencies
- Limited Power of Attorney to work on the victim's behalf
- Documentation including fraud affidavit
- And much more

Call **855-205-6010** or visit:
<https://app.idx.us/account-creation/NIS>

FOCUS ON BENEFITS 2023-24

Clinton Community School District

VOLUNTARY WORKSITE BENEFITS

Aflac has several products available to help protect you.

Protect Your Paycheck

- Short Term Disability
- Hospital Confinement Indemnity

Protect Your Lifestyle

- Accident
- Critical Illness with Cancer coverage

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 Aflac Representative is **Amy Knutson**. She can be reached at:

Phone: **608-661-4515 x2**

Email: amy_knutson@us.aflac.com

QUESTIONS?

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



Call the Benefit Resource Center ("BRC"),
We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center

BRCMT@usi.com | Toll Free: 855-874-0742
Monday through Friday 8:00am to 5:00pm Mountain, Pacific and
Alaska Standard Time

FOCUS ON BENEFITS 2023-24

Clinton Community School District

MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION 2023

403(b) PLAN

The 403(b) Plan is a valuable retirement savings option. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) Plan offered.

Plan administration services for the 403(b) plan are provided by U.S. OMNI & TSACG Compliance Services. Visit the U.S. OMNI & TSACG Compliance Services' website (<https://www.tsacg.com>) for information about enrollment in the plan, investment product providers available, distributions, enrollment, exchanges or transfers, 403(b) loans, and rollovers.

ELIGIBILITY

Most employees, with the exception of private contractors, appointed/elected trustees and/or school board members are eligible to participate in the 403(b) plan immediately upon employment. Please verify if your employer allows student workers to participate in the 403(b) plan. Eligible employees may make voluntary elective deferrals to the 403(b) plan. Participants are fully vested in their contributions and earnings at all times.

EMPLOYEE CONTRIBUTIONS

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) account up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Salary deferral contributions to the participant's 403(b) account are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. U.S. OMNI & TSACG Compliance Services monitors 403(b) plan contributions and notifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2023 IS \$22,500.

Additional provisions allowed:

AGE-BASED ADDITIONAL AMOUNT

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$7,500.

ENROLLMENT

Employees who wish to enroll in the employer's Supplemental 403(b) Retirement Plan must first select the provider and investment product best suited for their 403(b) account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and any disclosure forms must be completed and submitted to the employer. This form authorizes the employer to withhold 403(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA must be completed to start, stop or modify contributions to a 403(b) account. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at <https://www.tsacg.com>.

INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) Investment Providers and current employer forms are available on the employer's specific Web page at <https://www.tsacg.com>.

PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

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Clinton Community School District

ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations without penalty unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. In most cases, any withdrawals made from a 403(b) account are taxable in full as ordinary income.

EXCHANGES

Participants may exchange account accumulations from one 403(b) investment provider to another 403(b) investment provider that is authorized under the plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange.

403(b) PLAN LOANS

Participants may be eligible to borrow their 403(b) plan accumulations depending on the provisions of their 403(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must verify and provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at <https://www.tsacg.com>.

EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

PLAN ADMINISTRATOR CONTACT INFORMATION

Shani Browning
112 Milwaukee Rd
Clinton, WI 53525
608-676-5482 ext 1101

Transactions

P.O. Box 4037

Fort Walton Beach, FL 32549 Toll-free: 1-888-796-3786 <https://www.tsacg.com>

For overnight deliveries

73 Eglin Parkway NE, Suite 202

Fort Walton Beach, FL 32548

Toll-free: 1-888-796-3786

<https://www.tsacg.com>

FOCUS ON BENEFITS 2023-24

Clinton Community School District

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. FMLA
3. Initial COBRA Notice
4. Notice of Exchange
5. Medicare Part D Coverage Notice
6. CHIP Notice
7. 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

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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 **Shani Browning at 608-676-5482 x1101** or shbrowning@clintonwis.com.

FOCUS ON BENEFITS 2023-24

Clinton Community School District

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 credit¹.

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 Shani Browning, **608-676-5482 x1101**, shbrowning@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](https://www.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.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you.
- Your serious mental or physical health condition that makes you unable to work.
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #2886(1) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer.
- You have worked for your employer at least 12 months.
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

As the right crew employees have different "hours of service" requirements.

You work for a **covered employer** if **any** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year.
- You work for an elementary or public or private-secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to request FMLA leave you **must**:

- Follow your employer's normal policies for requesting leave.
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your employer **may request certification** from a health care provider to verify medical leave and may request certification of a qualifying emergency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your employer **must**:

- Allow you to take job-protected time off work for a qualifying reason.
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your employer **cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your employer **must confirm whether you are eligible or not eligible for FMLA leave**. If your employer determines that you are eligible, your employer **must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call 1-866-487-9222 or visit dol.gov/fmla to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Start the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME



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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? Shani Browning, **608-676-5482 x1101**, [**shbrowning@clintonwis.com**](mailto:shbrowning@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.
- Some employees: Eligible employees are: Certified staff .75 FTE or greater, 12 month, full-time staff, ACA eligible staff

With respect to dependents:

- We do offer coverage. Eligible employees are: Certified staff .75 FTE or greater
- We do not offer coverage.
- 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.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.

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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: 05/01/2023

Name of Entity/Sender: Clinton Community School District

Contact--Position/Office: Shani Browning, Payroll, Benefits & HR Specialist

Address: 112 Milwaukee Road, Clinton, WI 53525

Phone Number: 608.676.5482

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MvAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	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 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhhip.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

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GEORGIA-Medicaid	MAINE-Medicaid
<p>A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>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: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p>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 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

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<p align="center">NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">SOUTH CAROLINA-Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>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</p>	<p align="center">SOUTH DAKOTA-Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW JERSEY-Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">TEXAS-Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NEW YORK-Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">UTAH-Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">NORTH CAROLINA-Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">VERMONT-Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p align="center">NORTH DAKOTA-Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>	<p align="center">VIRGINIA-Medicaid and CHIP</p> <p>Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p align="center">OKLAHOMA-Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">WASHINGTON-Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p align="center">OREGON-Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p align="center">WEST VIRGINIA-Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">PENNSYLVANIA-Medicaid</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p align="center">WISCONSIN-Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p>
<p align="center">RHODE ISLAND-Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIta Share Line)</p>	<p align="center">WYOMING-Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

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To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

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

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

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. Prosthesis 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.

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.

Information provided by USI Insurance Services.