

MEDFORD AREA PUBLIC SCHOOLS

Plan Year: 2025

Explore Network (RVA) Benefit Guide

Spectrum
BENEFIT SOLUTIONS
Health and Life Insurance Experts

Medford Area Public Schools strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits.

This guide will outline the different benefits offered by Medford Area Public Schools.

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WHO IS ELIGIBLE?

If you are a full-time employee at Medford Area Public Schools, you are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

- Spouse and child dependents to the end of the month they turn 26

WHEN ARE YOU ELIGIBLE?

Employees are eligible for benefits at date of hire or contract start date.

WHEN TO ENROLL

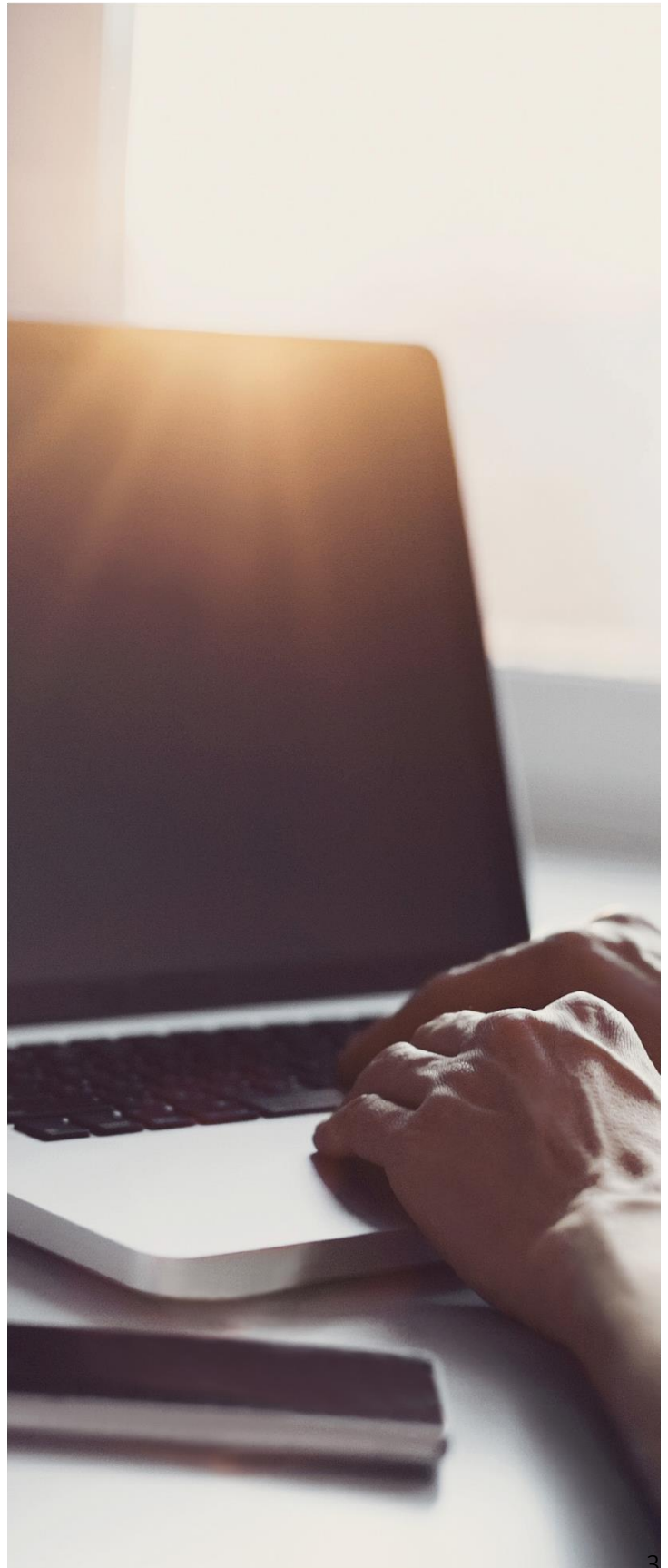
As a new hire or when you experience a qualifying event: Complete all necessary paperwork and submit it back to Payroll.

Paperwork must be submitted to the carriers within 30 days of eligibility. If enrollments are not received in a timely manner, you will need a qualifying event or wait until open enrollment to enroll or change your benefit plans.

HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot amend your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan



Health Insurance

The following chart compares our current health benefits:

| Services | Security Health Plan Explore HMO \$1,650/\$3,300 HDHP/HSA | | | Security Health Plan Explore HMO \$5,500/\$11,000 HDHP/HSA | |
|--|---|----------------|--|--|----------------|
| | Option 3 A | | | Option 3 B | |
| | In-Network | Out-of-Network | | In-Network | Out-of-Network |
| Deductible - Individual - Family | \$1,650 \$3,300* | Not Applicable | | \$5,500 \$11,000 | Not Applicable |
| Coinsurance | 10% after deductible | Not Applicable | | 10% after deductible | Not Applicable |
| Out-of-Pocket Max - Individual - Family | \$2,650 \$5,300* | Not Applicable | | \$6,500 \$13,000 | Not Applicable |
| Physician Visit | 10% after deductible | Not Applicable | | 10% after deductible | Not Applicable |
| Preventive Care | 0% | Not Applicable | | 0% | Not Applicable |
| Emergency Room | 10% after deductible | | | 10% after deductible | |
| Hospitalization | 10% after deductible | Not Applicable | | 10% after deductible | Not Applicable |
| Prescription Drugs - Generic - Preferred - Non-Preferred | 10% after deductible | Not Applicable | | 10% after deductible | Not Applicable |

*One individual within the family can satisfy the entire family deductible.

YOUR COST IN 2025

| Option A | Monthly Premiums | | Support Staff Employee Premiums Per Payroll (17) 20% | | Support Staff Employee Premiums Per Payroll (24) 10% | | Certified & Admin Employee Premiums Per Payroll (24) 11% | |
|-----------------------------|------------------|------------|--|----------|--|----------|--|----------|
| | Employee | Family | Employee | Family | Employee | Family | Employee | Family |
| \$1,650/ \$3,300 | \$1,194.83 | \$2,647.03 | \$168.68 | \$373.70 | \$59.74 | \$132.35 | \$65.72 | \$145.59 |

| Option B | Monthly Premiums | | Support Staff Employee Premiums Per Payroll (17) 20% | | Support Staff Employee Premiums Per Payroll (24) 10% | | Certified & Admin Employee Premiums Per Payroll (24) 11% | |
|------------------------------|------------------|------------|--|----------|--|----------|--|----------|
| | Employee | Family | Employee | Family | Employee | Family | Employee | Family |
| \$5,500/ \$11,000 | \$970.33 | \$2,149.67 | \$136.99 | \$303.48 | \$48.52 | \$107.48 | \$53.37 | \$118.23 |

Explore: Statewide/Nationwide

Health Savings Account – District Contributions

| Annual Amounts | Security Health Plan \$1650/\$3300 HDHP/HSA Option 1 & 2 (A) | Security Health Plan \$5500/\$11,000 HDHP/HSA Option 1 & 2 (B) |
|----------------|--|--|
| Election | 2025 | 2025 |
| Employee only | \$825 | \$2750 |
| Family | \$1650 | \$5500 |

DENTAL INSURANCE

| Services | Delta Dental | Coverage |
|---------------------|---|---|
| Preventive Services | Exams, cleanings, x-rays | 100% |
| Deductible | Applies to basic and major services only | \$50 – individual \$150 – family max |
| Basic Services | Fillings, simple extractions, oral surgery, root canal, crowns | 100% after deductible |
| Major Services | Bridges, dentures, inlays, onlays, implants | 50% after deductible |
| Annual Maximum | | \$1,500 |
| Orthodontic | 50% up to \$1,500 individual lifetime maximum, dependents eligible to age 19, no adult ortho, deductible does not apply | \$1,500 |

| | Monthly Premium | | Employee Premiums Per Payroll (17) 20% | | Employee Premiums Per Payroll (24) 10% | |
|--|-----------------|----------|--|---------|--|--------|
| | Employee | Family | Employee | Family | Employee | Family |
| | \$49.83 | \$138.72 | \$7.03 | \$19.58 | \$2.49 | \$6.93 |



VOLUNTARY VISION INSURANCE



| Benefit Frequency | Participating Provider | Non-Participating Provider |
|---|--|---|
| Examination Once Every 12 Months | <ul style="list-style-type: none"> Covered 100% After \$10 copay | Reimbursed Amount <ul style="list-style-type: none"> Up to \$35 |
| Lenses Once Every 12 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Polycarbonates (under age 19) | Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% After \$25 copay Covered 100% | <ul style="list-style-type: none"> Up to \$25 Up to \$45 Up to \$75 Up to \$75 Up to \$25 (SV) Up to \$30 (Bi/Tri) |
| Frame Once Every 24 Months | Retail Allowance <ul style="list-style-type: none"> Up to \$160 (20% discount off balance)* | <ul style="list-style-type: none"> Up to \$96 |
| Contact Lenses Once Every 12 Months Elective Contact Lenses Fit/Follow-Up*** Standard Daily Wear Standard Extended Wear Specialty Wear Medically Necessary**** | In addition to Lenses & Frame <ul style="list-style-type: none"> Up to \$160 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)** Covered 100% Covered 100% Covered 100% Covered 100% | In addition to Lenses & Frame <ul style="list-style-type: none"> Up to \$120 Up to \$20 Up to \$30 Up to \$50 Up to \$200 |
| Monthly Rates Eff 01/01/24 thru 12/31/28 | Employee Only \$7.96 | Employee + 1 or More \$24.56 |

DISABILITY INCOME BENEFITS

National Insurance Company of Wisconsin, Inc

Medford Area Public Schools provides full-time employees with long-term disability income benefits and pays for the full cost of this coverage. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

| | Long-term Disability |
|-------------------------------|--|
| Elimination Period | 60 consecutive calendar days – the length of time an insured employee must be continuously Totally Disabled before monthly benefits become payable |
| Percentage of Income Replaced | 90% of monthly earnings |
| Maximum Benefit | Monthly maximum of \$9,000 |

FLEXIBLE SPENDING ACCOUNTS

Standard and Limited Purpose and Dependent Care

Flexible spending accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money. The current limit on salary reduction contributions to a health FSA (standard or limited purpose) offered under a cafeteria plan is \$3,300 and is applicable to both grandfathered and non-grandfathered health FSAs. This limit is indexed for cost-of-living adjustments in subsequent years.

Standard Health Care Reimbursement FSA – Not enrolled in a High Deductible Health Plan that qualifies for a Health Savings Account

This program lets Medford Area Public School's employees pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

Limited Purpose Health Care Reimbursement FSA – Enrolled in a High Deductible Health Plan that qualifies for a Health Savings Account

The Limited Purpose Flex allows you to pay out-of-pocket dental, vision and medical for dependents not covered under the High Deductible Health Plan. The Limited Purpose Flex may also be used for expenses not covered by the medical plan.

A Standard or Limited Purpose FSAs can be used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you do not pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed, it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

Dependent Care FSA

The Dependent Care FSA lets Medford Area Public School's employees use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

HEALTH SAVINGS ACCOUNTS

You must be enrolled in the Medford School Districts medical plan (Option 1 or 2 A/B) to make contributions through payroll deduction on a pre-tax basis to an HSA account.

Benefits you receive:

Health Savings Accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

Using an HSA

An HSA is managed by the account holder, giving you the choice of when to use your HSA dollars. You can begin using your HSA money as soon as your account is activated, and contributions have been made. Contributions to your HSA can be made by anyone, including you, your employer or a family member; the combined contributions of you and your employer (and anyone else making contributions to your HSA) can not exceed the HSA maximum contribution limit. For 2025, the maximum is \$4,300 for single coverage and \$8,550 for family coverage. Individuals who are age 55 and older can also make additional “catch-up” contributions of up to \$1,000 annually.

You can use your HSA account for any purpose, including paying expenses that are not qualified medical expenses. However, you only get the tax benefits of an HSA when you use the account for [qualified medical expenses](#). If you use it for another purpose, you will be required to pay income tax on the withdrawal, and you may also be required to pay another 20% tax, unless you make the withdrawal after you reach age 65, become disabled or after your death.

EMPLOYEE ASSISTANCE PROGRAM-EAP

Aspirus Employee Assistance Services (EAS)

Medford Area Public Schools has invested in the wellbeing of you and your household members by offering face-to-face confidential counseling services from Aspirus Employee Assistance Services (EAS). This benefit is provided at no cost to you, is confidential and easily accessible.

At times we all have day-to-day challenges in both our work and personal lives. The Aspirus EAS staff are skilled, licensed professional counselors who can help you sort through your concerns and explore possible solutions. After an initial meeting to understand your needs, your counselor will work with you to develop a course of action for dealing with your concerns.

This service is short term (up to 8 sessions-per same episode of need) and includes, but is not limited to, work/family balance, stress management, marital/family matters, children & adolescents, and alcohol/drug abuse addictions. For those needing long-term counseling, referrals will be made to a provider or providers that will help with your needs.

Privacy is assured! All communication with an Aspirus EAS counselor is confidential. No information about you or the nature of your personal situation is provided the District and we will not release any medical information without your specific written consent.

Helpline access is available 24 hours/day; 7 days/week; 365 days/year through a toll-free number (800-236-4457). Callers have access to an on-call counselor who will evaluate their immediate need and identify options.

OTHER BENEFITS

(Must be enrolled in one of the Security Health medical plans)

Care My Way[®]

Symptoms of certain minor illness can be all too familiar, but a trip to the doctor's office can take time and energy you don't have. Call CareMyWay instead. You can talk to a nurse practitioner who can verify your symptoms and, if needed, call a prescription into the network pharmacy of your choice – saving you time and hassle. Members enrolled in the High Deductible Health Plan will be charged \$45 per visit with CareMyWay in 2025. For a complete list of conditions CareMyWay can treat, and more information about the service, visit www.securityhealth.org/caremyway. CareMyWay services are available 24/7 in all 50 states. Search for the mobile app on your mobile device.

*If a prescription is needed, this will be subject to your benefit plan provisions.

Over-the-Counter (OTC) Drug Catalog

Security Health Plan partners with a national provider of Over-the-Counter drugs, personal care, and daily living products. Each eligible plan subscriber receives a quarterly OTC credit of \$30 to purchase select health and wellness products through the OTC Drug Catalog. The credit expires at the end of each quarter. Any unused credit will not carry over to the next quarter. You may place one order per quarter. Orders are delivered with free shipping to your home address.

Ordering deadlines:

Quarter 1: Jan. 1 – March 31

Quarter 2: April 1 – June 30

Quarter 3: July 1 – Sept. 30

Quarter 4: Oct. 1 – Dec. 31

Orders can be placed online through your employee portal, mail, or phone. Questions or to order by phone, please call Security Health Plan Over-the-Counter Service at 877-216-8533. Monday-Friday 8am to 5pm.

Out-of-Area Dependent Wrap

Security Health Plan is taking steps to ensure your covered spouse or children's claims are processed correctly while he or she is residing outside the service area. They need an Out-of-Area Dependent Wrap Verification form completed on every dependent living outside the service area to make sure any medical services your covered spouse or children receives while outside of the service area will be processed as if the services were incurred in the service area, which is a better benefit to you.

OTHER BENEFITS

(Must be enrolled in one of the Security Health medical plans)

Healthy Living Reimbursement Benefit

Security Health Plan offers reimbursement for members who engage in approved health activities, subject to the provisions set forth in this amendment. Members are eligible for a reimbursement of up to \$100 per member per calendar year, with a maximum of \$200 per family. **Members cannot be reimbursed for more than the cost incurred (including applicable taxes and shipping and handling fees) for memberships, classes, and equipment.**

Activities and equipment that may be eligible for reimbursement:

- Nutrition or wellness class

- Gym or health club membership

- Exercise class or personal trainer

- Weight-loss program

- Adults only (age 18 years and older): Swim instruction or water exercise class

- Online fitness memberships (i.e., Beachbody, Weight Watchers Online)

- Home exercise equipment that provides a total-body workout


- Equipment must be new and purchased from a retail company
- Treadmills, stationary cycles, bike stands (to convert road bike to stationary cycle), stair climbing machines, elliptical machines, rowing machines, cross-country ski machines, total body weight resistance machines

OTHER BENEFITS

(Must be enrolled in the Delta Dental Plan)

Vision Care Discount

Your Delta Dental plan comes with a **free** Vision Discount Program add-on. Save on exams, eyewear, contacts and even laser vision correction just for being a dental member.

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



Vision Care Discount

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

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

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

accessing your benefits

Receiving your vision care discount is easy. Simply:

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



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

Vision Care Discount Program Enrollee Cards

(Please detach cards for use)



EyeMed Group Number: 9231093

Group Name: Delta Dental Vision Discount Program

Member Name: _____

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

This is a discount plan. It is NOT Insurance.



EyeMed Group Number: 9231093

Group Name: Delta Dental Vision Discount Program

Member Name: _____

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

This is a discount plan. It is NOT Insurance.

OTHER BENEFITS



Welcome to HealthView Vision Care Plan. Please read the following regarding the discounts available to you and your immediate family members. If you have questions that are not answered here, please contact our office.

10% discount on dress eyewear and sunwear frames and lenses.

(Sale items, safety eyewear, special value packages and select brands are excluded)

10% discount on prescription and non-prescription sunglasses

10% discount on Lasik Procedures through TLC Vision Advantage Program.

Employees need to present their HealthView Vision Care Plan card at the time of purchase to receive the benefits stated in this plan.

Professional fees will not be discounted. May not be used in conjunction with another discount.

Frequently Asked Questions...

• **HealthView Vision Care Plan is free to employees? There's no charge at all?** There is no cost to the employee or employer for the HealthView Vision Care Plan, it is underwritten by the participating providers.

• **What is my discount and what does it cover?**

Your HealthView Vision Care Plan Card can be used through our provider network for:

- **10% discount on dress eyewear and sunwear frames and lenses**
(Sale items, safety eyewear, special value packages and select brands are excluded.)
- **10% discount on prescription and non-prescription sunglasses**
- **10% discount on Lasik Procedures through TLC Vision Advantage Program.**
(For questions on your benefits or provider network see reverse of this sheet)

• **Is there a warranty on my eyewear?** Yes. Your frame, lenses and anti-reflective choices all offer warranties, with a minimum of 1 year. Some options offer longer warranties. Contact lens warranty/guarantees are subject to the manufacturer. Please ask the staff when making your choices.

• **Does this replace what vision plan we have now?** HealthView Vision Care Plan is offered to you at 'No Cost', and it gives you the ability to save on qualified vision care purchases. YOU CAN USE your HealthView Vision Care Plan with FLEX PROGRAMS or VISION PLANS that require you, the participant, to file paperwork for reimbursement.

Individual items or purchases that are covered by other insurance or vision care plans accepted by the clinic are not eligible for further discounts by the HealthView Vision Care Plan. ADDITIONAL ITEMS purchased at anytime are eligible for HealthView Vision Care Plan Discount. If you have a question on the use of your card, you are encouraged to call the participating provider in your area for clarification.

• **How does the card work?** It's important employees and dependent family members show their HVVCP card at the time of the appointment, so the provider is aware of your membership in the plan.

• **Can I use this program for my glasses and contacts?** HealthView Vision Care Plan discount is good on any dress eyewear or sunwear, frames and lenses. It's also good on non disposable contact lenses, excluding disposable contacts which are already pre-priced at a discount.

• **Can I use the card more than once?** There is no limit on the number of times you or a family member can use the discount card. If you wish to purchase sunglasses, eyeglasses, and contacts, you will receive the discount on all three, and so will your dependent family member.

• **What if I lose my card, or it goes through the wash?** Replacement cards are available through the Payroll/Benefits Administrator of your employer.

The HealthView Vision Care Plan Discount is designed to cover the items stated above not paid for by your current insurance. Not valid on previous purchases or purchase of gift certificates or with any other coupons or discounts; not redeemable for optical credit or cash.

HEALTHVIEW VISION CARE PLAN

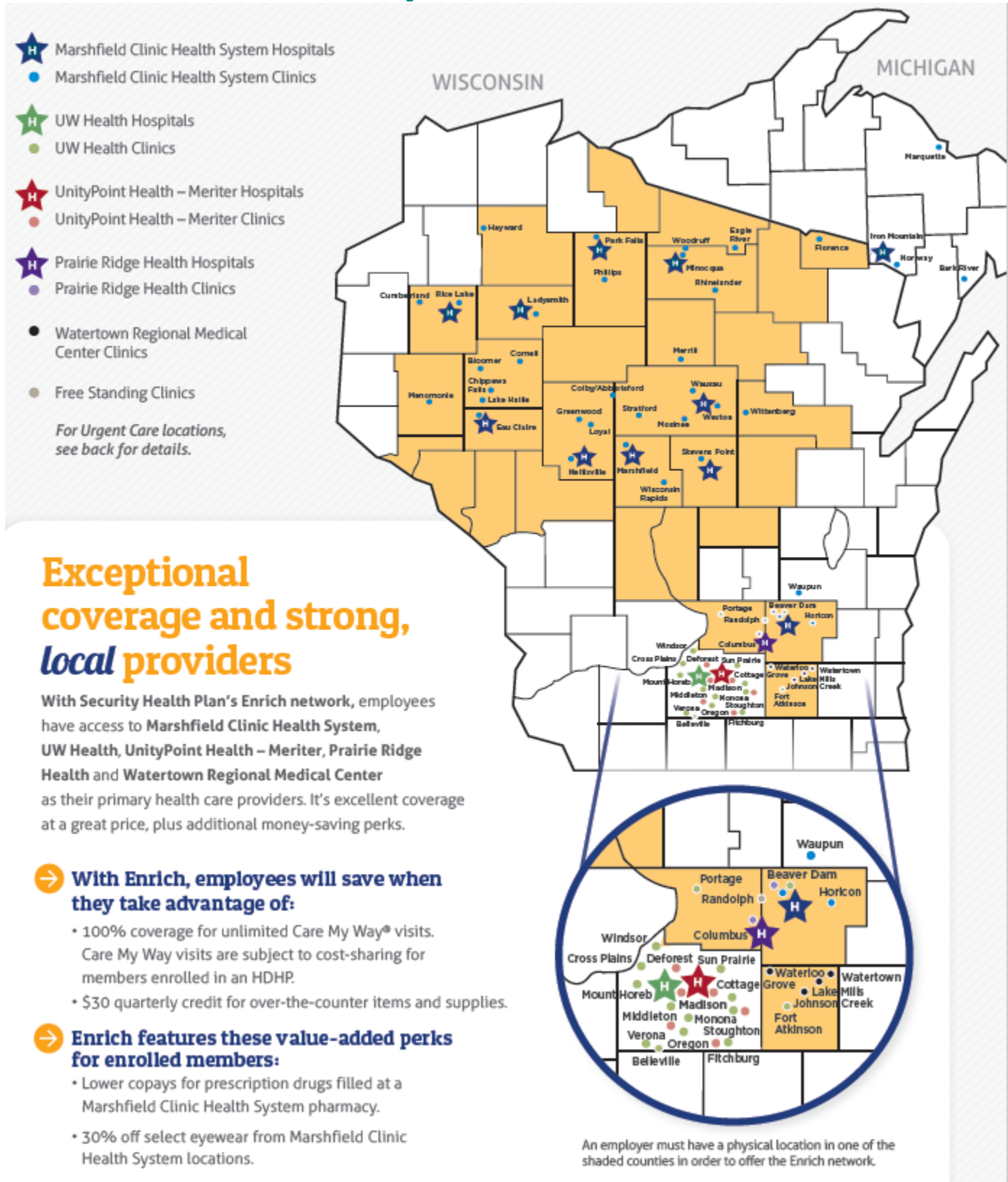
Plan: 793 Medford Area Public Schools
(Employee)
Date: 5/1/2007
(Original Date) (Employee Signature)



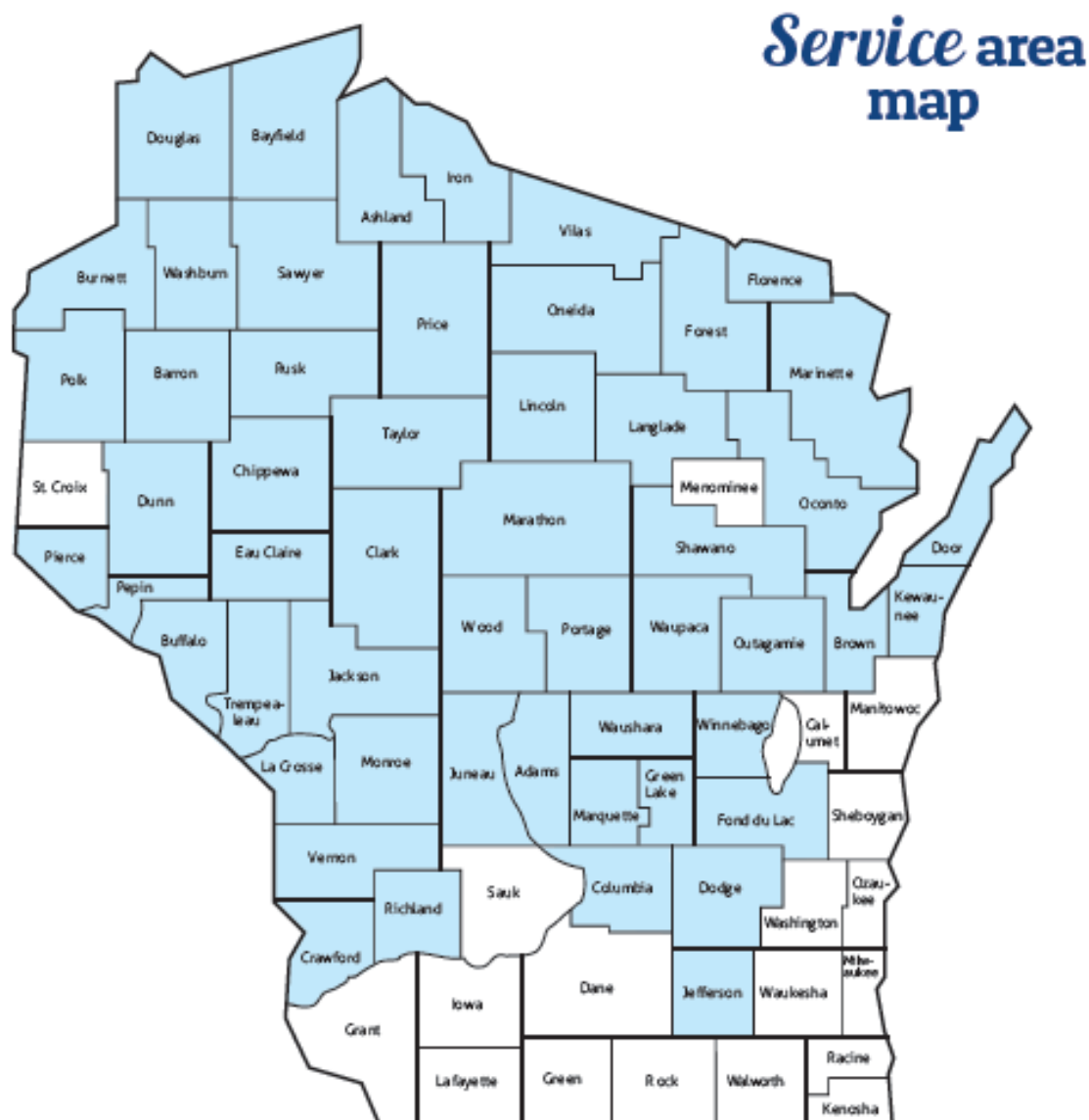
10% off frames, lenses, anti-reflective
10% off prescription and non-prescription sunglasses
10% off Lasik Surgery through TLC Advantage Program

Covers the employee, their spouse and children
For plan or provider information see reverse of this card

ENRICH - Security Health Plan Network



PREMIER - Security Health Plan Network



COMPLIANCE

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 July 31, 2024. Contact your State for more information on eligibility –

| ALABAMA – Medicaid | ALASKA – Medicaid |
|--|---|
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx |
| ARKANSAS – Medicaid | CALIFORNIA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) | FLORIDA – Medicaid |
| Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycolibi.com/ HIBI Customer Service: 1-855-692-6442 | Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | INDIANA – Medicaid |
|--|---|
| <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p> | <p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfi/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki) | KANSAS – Medicaid |
| <p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p> | <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p> |
| KENTUCKY – Medicaid | LOUISIANA – Medicaid |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p> | <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> |
| MAINE – Medicaid | MASSACHUSETTS – Medicaid and CHIP |
| <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p> | <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p> |
| MINNESOTA – Medicaid | MISSOURI – Medicaid |
| <p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p> | <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |

| MONTANA – Medicaid | NEBRASKA – Medicaid |
|---|---|
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 |
| NEVADA – Medicaid | NEW HAMPSHIRE – Medicaid |
| Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| NEW JERSEY – Medicaid and CHIP | NEW YORK – Medicaid |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| NORTH CAROLINA – Medicaid | NORTH DAKOTA – Medicaid |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825 |
| OKLAHOMA – Medicaid and CHIP | OREGON – Medicaid and CHIP |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075 |
| PENNSYLVANIA – Medicaid and CHIP | RHODE ISLAND – Medicaid and CHIP |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line) |
| SOUTH CAROLINA – Medicaid | SOUTH DAKOTA - Medicaid |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://dss.sd.gov Phone: 1-888-828-0059 |

| TEXAS – Medicaid | UTAH – Medicaid and CHIP |
|--|---|
| Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493 | Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/ |
| VERMONT– Medicaid | VIRGINIA – Medicaid and CHIP |
| Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 |
| WASHINGTON – Medicaid | WEST VIRGINIA – Medicaid and CHIP |
| Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| WISCONSIN – Medicaid and CHIP | WYOMING – Medicaid |
| Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2024, 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)
Menu Option 4, Ext. 61565

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
Error! Hyperlink reference not valid.1-877-267-2323,

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under these medical plans

Special Enrollment Notice

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage 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 toward 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).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact the Payroll Department.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

Contact Information for Vendors

Health Insurance

Security Health Plan
Customer Service
PO Box 8000 – Marshfield WI 54449
800.472.2363
shpcsweb@securityhealth.org
www.securityhealth.org

Health Savings Account

Member Choice of Financial Institution

Dental Insurance

Delta Dental of Wisconsin
Customer Service/Claims
PO Box 828 – Stevens Point WI 54481
800.236.3712
www.deltadentalwi.com

Vision Insurance

National Vision Administrators (NVA)
Customer Service
PO Box 2187 – Clifton NJ 07015
800.672.7723
www.e-nva.com

Long-term Disability Insurance

National Insurance Company of Wisconsin, Inc.
250 South Executive Dr – Brookfield WI 53005
800.627.3660

Flexible Spending Account

WageWorks
Customer Service/Claims
877.924.3967 – phone
877.353.9236 – fax
PO Box 14053 – Lexington KY 40512
www.wageworks.com

Employee Assistance Program - EAP

Aspirus Employee Assistance Services

Helpline

800.236.4457