

# SCHOOL DISTRICT OF BRUCE

## 2025-26 Employee Benefits Guide



**BRUCE**  
SCHOOL DISTRICT

# Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2025-26 school year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

## **Current Employees: Open Enrollment: November 1 – November 30, 2025**

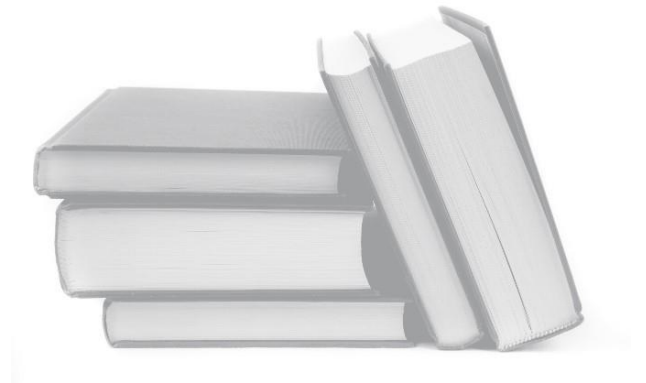
***Enrollment will be effective January 1<sup>st</sup>, 2026.***

### **New Hires: In the First 30 Days**

Enrollment will be effective your first day worked.

Enroll in these plans or waive coverage:

- ☐ Medical Insurance
- ☐ Health Savings Account (District Contribution)
- ☐ Dental Insurance
- ☐ Long-term Disability
- ☐ Short-term Disability
- ☐ WRS – Wisconsin Retirement System



### **At Any Time during the Year**

Enroll in these plans:

- ☐ Health Savings Account (Personal Contribution)

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# Benefit Basics

***What if I want to change my benefits?*** To protect the tax advantages of your benefits, you cannot make changes to your benefits during the plan year unless you have a qualifying event. Qualified changes include:

- Marriage
- Divorce or Legal Separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Commencement or termination of adoption proceedings
- Change in employment status of your spouse or dependent
- Change in coverage under another employer-sponsored plan for your spouse or dependent
- Commencement of return from an unpaid leave of absence

**Notification MUST be made within 30 days of the event.**





## District Contact

Karen Vlcek  
715.720.2070  
[Kvlcek@CESA10.k12.wi.us](mailto:Kvlcek@CESA10.k12.wi.us)



## Carrier Contacts

Coverage	Carrier	Contact
Medical	Anthem	Anthem Health Guide (see back of ID card) <a href="https://www.anthem.com">https://www.anthem.com</a>
Virtual Medical Care	Live Health Online	Sydney Health App <a href="http://anthem.com/">http://anthem.com/</a>
Health Savings Account	Contact District Office for Information	715.720.2070 <a href="mailto:kvlcck@cesa10.k12.wi.us">kvlcck@cesa10.k12.wi.us</a>
Dental	Delta Dental of WI	1.800.236.3712 <a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
Voluntary Short-Term Disability	The Standard	1.800.368.2859 <a href="http://www.standard.com">www.standard.com</a>
Long-Term Disability	The Standard	1.800.368.1135 <a href="http://www.standard.com">www.standard.com</a>
Employee Assistance Program (EAP)	The Standard	1.877.851.1631 <a href="http://www.healthadvocate.com/standard3">www.healthadvocate.com/standard3</a>

# Medical Plans

## Medical Plans

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. The School District of Bruce provides health insurance to eligible employees through Anthem Blue Cross Blue Shield.

Our health plan is a High Deductible Health Plan which offers good coverage at reasonable premiums. Our plan also qualifies you to contribute to a Health Savings Account (HSA) where you can save pretax dollars to pay for health care expenses.

Our health plan is a POS plan, which means to receive treatment at the lowest cost you should seek out an in-network provider in Anthem's Blue Preferred Plus network. There are also out of network benefits available, but you will end up paying more for receiving care. However, in cases of emergency, you will be able to seek treatment from any licensed provider at the in-network level of benefits – regardless of network affiliation. Find a participating health care provider in your area by going to: <https://www.anthem.com/find-care/>

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

## Eligibility

- All full-time employees

## And Your...

- Spouse
- Biological children, stepchildren and legally adopted children (effective from the placement date for adoption) up to age 26
- Legal wards

## Terms To Know

### Deductible

The amount **you pay** out of your pocket each year **before the plan begins** sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

### Copay

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

### Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

### Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

### In-Network Coinsurance

Plan Pays: 100%  
.....

You Pay: 0%

# Medical Plan Highlights

Anthem (BCBS)	Blue Preferred Plus	Blue Preferred Plus
	HDHP - In Network	HDHP – Out of Network
<b>Deductible – January 1 to December 31</b>		
Single	\$3,300	\$6,600
Family	\$6,600	\$13,200
<b>Out-of-Pocket Maximum</b>	<i>(Includes Deductible &amp; RX Copays)</i>	
Single	\$4,300	\$8,600
Family	\$8,600	\$17,200
<b>Coinsurance</b>	100% after deductible	70% after deductible
<b>District HSA Contribution</b>		
Single		\$1,500
Family		\$3,000
<b>Physician Services</b>		
Routine / Preventive Care *	<b>Select Services Are NO CHARGE</b>	70% after OON deductible
Virtual Care – <b>Live Health Online</b>	Med Visit \$45-\$55   Psychology \$85-\$100   Psychiatry \$185 Initial \$80 Follow up	
	<b>Applies to deductible</b>	
Primary Care Physician	100% after deductible	70% after OON deductible
Specialist	100% after deductible	70% after OON deductible
<b>Hospital Services</b>		
Inpatient	100% after deductible	70% after OON deductible
Outpatient	100% after deductible	70% after OON deductible
<b>Walk-in Clinics   Urgent Care   ER</b>		
Urgent Care	100% after deductible	70% after OON deductible
Emergency Care	100% after deductible	
<b>Prescription Drugs</b>	<b>Retail – 30 Day Supply</b>	<b>Retail – 30 Day Supply</b>
Preventive Medicine list	Covered in Full	50% after deductible
Formulary Generic	\$10 copay after deductible	50% after deductible
Formulary Brand Name	\$30 copay after deductible	50% after deductible
Non-Formulary	\$60 copay after deductible	50% after deductible
Specialty Medication	25% to \$250 max after ded	50% after deductible

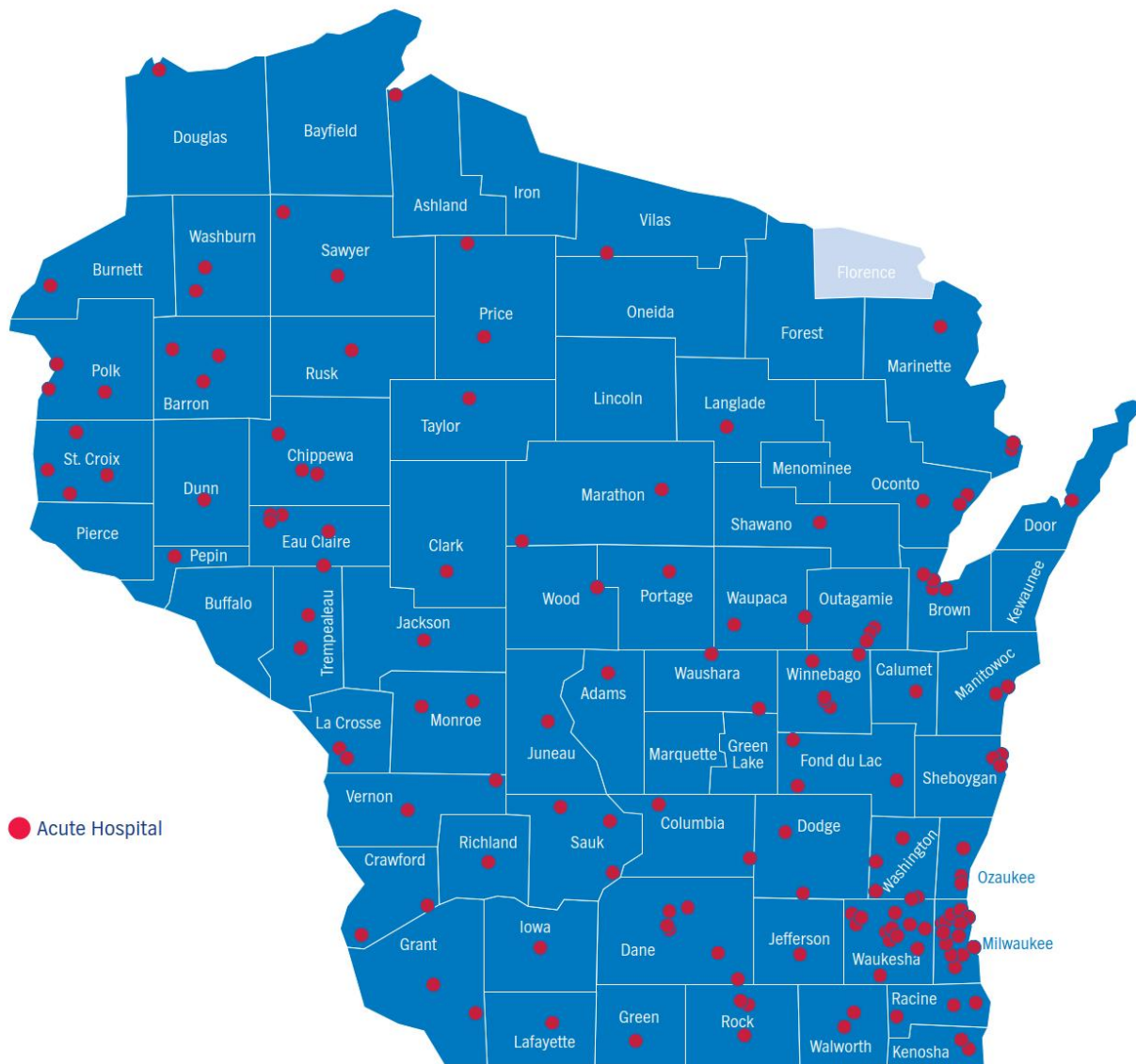
Refer to the Certificate of Coverage or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

See Anthem Benefit Guide for more information on Anthem networks, prescription coverage and employee perks.

This plan is a Point of Service (POS) Plan; to receive benefits at the lowest cost, you should seek an in-network provider, except in cases of emergency.

**New for 2025: vision exams in-network for adults & children covered in full once per plan year – Use a Blue View Vision provider!**

Monthly Premiums	Employee Portion
Single	\$115.69
Family	\$261.46



Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield of Wisconsin (BCBSWI), CompCare Health Services Insurance Corporation (CompCare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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## Wisconsin Major Health Systems

<ul style="list-style-type: none"> <li>AdventHealth Durand</li> <li>Amery Regional Medical Center</li> <li>Ascension All Saints Hospital</li> <li>Ascension Calumet Hospital</li> <li>Ascension NE Wisconsin - Mercy Campus</li> <li>Ascension NE Wisconsin - St. Elizabeth Campus</li> <li>Ascension SE Wisconsin Hospital - Elmbrook Campus</li> <li>Ascension SE Wisconsin Hospital - Franklin Campus</li> <li>Ascension SE Wisconsin - St. Joseph Campus</li> <li>Ascension St Francis Hospital</li> <li>Ascension Wisconsin Hospital - Greenfield Campus</li> <li>Ascension Wisconsin Hospital - Menomonee Falls Campus</li> <li>Ascension Wisconsin Hospital - Waukesha Campus</li> <li>Aspirius Divine Savior</li> <li>Aspirius Eagle River Hospital</li> <li>Aspirius Langlade Hospital</li> <li>Aspirius Merrill Hospital</li> <li>Aspirius Plover Hospital</li> <li>Aspirius Rhinelander Hospital</li> <li>Aspirius Riverview Hospital</li> <li>Aspirius Stanley Hospital</li> <li>Aspirius Stevens Point Hospital</li> <li>Aspirius Tomahawk Hospital</li> <li>Aspirius Wausau Hospital</li> <li>Aurora Baycare Medical Center</li> <li>Aurora Lakeland Medical Center</li> <li>Aurora Medical Center - Bay Area</li> <li>Aurora Medical Center - Burlington</li> <li>Aurora Medical Center - Grafton</li> <li>Aurora Medical Center - Kenosha</li> <li>Aurora Medical Center - Manitowoc</li> <li>Aurora Medical Center - Mount Pleasant</li> <li>Aurora Medical Center - Oshkosh</li> <li>Aurora Medical Center - Sheboygan County</li> <li>Aurora Medical Center - Summit</li> <li>Aurora Medical Center - Washington County</li> <li>Aurora Psychiatric Hospital</li> <li>Aurora Sinai Medical Center</li> <li>Aurora St Luke's Medical Center</li> <li>Aurora St Luke's South Shore</li> <li>Aurora West Allis Medical Center</li> <li>Behavioral Medicine Center</li> <li>Bellin Health Oconto Hospital</li> <li>Bellin Memorial Hospital</li> <li>Beloit Memorial Hospital</li> <li>Bellin Psychiatric Center</li> <li>Black River Memorial Hospital</li> <li>Burnett Medical Center</li> <li>Children's Hospital of Wisconsin</li> <li>Children's Hospital of Wisconsin Fox Valley</li> <li>Columbia St Mary's Hospital</li> <li>Columbia St Mary's Hospital</li> <li>Columbia St Mary's Hospital - Ozaukee</li> <li>Community Memorial Hospital</li> <li>Crossing Rivers Health Medical Center</li> <li>Cumberland Memorial Hospital</li> <li>Door County Medical Center</li> <li>Edgerton Hospital And Health Services</li> </ul>	<ul style="list-style-type: none"> <li>Durand</li> <li>Amery</li> <li>Racine</li> <li>Chilton</li> <li>Oshkosh</li> <li>Appleton</li> <li>Brookfield</li> <li>Franklin</li> <li>Milwaukee</li> <li>Milwaukee</li> <li>Milwaukee</li> <li>Menomonee Falls</li> <li>Waukesha</li> <li>Portage</li> <li>Eagle River</li> <li>Langlade</li> <li>Merrill</li> <li>Plover</li> <li>Rhineland</li> <li>Riverview</li> <li>Stanley</li> <li>Stevens Point</li> <li>Tomahawk</li> <li>Wausau</li> <li>Green Bay</li> <li>Elkhorn</li> <li>Marinette</li> <li>Burlington</li> <li>Grafton</li> <li>Kenosha</li> <li>Two Rivers</li> <li>Mount Pleasant</li> <li>Oshkosh</li> <li>Sheboygan</li> <li>Summit</li> <li>Hartford</li> <li>Wauwatosa</li> <li>Milwaukee</li> <li>Milwaukee</li> <li>Cudahy</li> <li>West Allis</li> <li>Waukesha</li> <li>Oconto</li> <li>Green Bay</li> <li>Beloit</li> <li>Green Bay</li> <li>Black River Falls</li> <li>Grantsburg</li> <li>Milwaukee</li> <li>Neenah</li> <li>Milwaukee</li> <li>Milwaukee</li> <li>Mequon</li> <li>Menomonee Falls</li> <li>Prairie Du Chien</li> <li>Cumberland</li> <li>Sturgeon Bay</li> <li>Edgerton</li> </ul>	<ul style="list-style-type: none"> <li>Essentia Health St Mary's Hospital Superior</li> <li>Fort Memorial Hospital</li> <li>Froedtert Community Hospital</li> <li>Froedtert Community Hospital</li> <li>Froedtert Community Hospital</li> <li>Froedtert Community Hospital</li> <li>Froedtert Community Memorial Hospital</li> <li>Froedtert Hospital</li> <li>Froedtert South</li> <li>Froedtert South</li> <li>Froedtert West Bend Hospital</li> <li>Grant Regional Health Center</li> <li>Gundersen Boscobel Area Hospital and Clinics</li> <li>Gundersen Lutheran Medical Center</li> <li>Gundersen Moundview Hospital</li> <li>Gundersen St. Joseph's Hospital</li> <li>Gundersen Tri-County Memorial Hospital</li> <li>Hayward Area Memorial Hospital</li> <li>Holy Family Memorial Medical Center</li> <li>Howard Young Medical Center (Aspirius)</li> <li>HSHS/Prevea Sacred Heart Hospital</li> <li>HSHS/Prevea St. Clare Memorial Hospital</li> <li>HSHS/Prevea St. Joseph's Hospital</li> <li>HSHS/Prevea St. Mary's Hospital Medical Center</li> <li>HSHS/Prevea St. Nicholas Hospital</li> <li>HSHS/Prevea St. Vincent Hospital</li> <li>Hudson Hospital and Clinics</li> <li>Indianhead Medical Center</li> <li>L. E. Phillips Libertas Center</li> <li>Libertas of Green Bay</li> <li>Libertas of Marinette</li> <li>Marshfield Medical Center</li> <li>Marshfield Medical Center - Beaver Dam</li> <li>Marshfield Medical Center - Eau Claire</li> <li>Marshfield Medical Center - Ladysmith</li> <li>Marshfield Medical Center - Minocqua</li> <li>Marshfield Medical Center - Neillsville</li> <li>Marshfield Medical Center - Park Falls</li> <li>Marshfield Medical Center - Rice Lake</li> <li>Marshfield Medical Center - River Region</li> <li>Marshfield Medical Center - Weston</li> <li>Mayo Clinic Health System - Chippewa Valley</li> <li>Mayo Clinic Health System - Northland</li> <li>Mayo Clinic Health System - Oakridge</li> <li>Mayo Clinic Health System - Red Cedar</li> <li>MCHS Eau Claire Luther Campus</li> <li>MCHS Franciscan Healthcare - La Crosse</li> <li>MCHS Franciscan Healthcare - Sparta</li> <li>Memorial Hospital of Lafayette - County</li> <li>Memorial Medical Center</li> <li>Mercy Hospital</li> <li>Mercy Walworth Hospital and Med Center</li> <li>Meriter Hospital</li> <li>Midwest Orthopedic Specialty Hospital</li> <li>Mile Bluff Medical Center</li> <li>Moundview Memorial Hospital And Clinics</li> <li>North Central Health Care (Aspirius)</li> <li>OakLeaf Surgical Hospital</li> <li>Orthopaedic Hospital Of Wisconsin</li> <li>Osceola Medical Center</li> </ul>	<ul style="list-style-type: none"> <li>Superior</li> <li>Fort Atkinson</li> <li>Oak Creek</li> <li>Mequon</li> <li>Pewaukee</li> <li>New Berlin</li> <li>Menomonee Falls</li> <li>Milwaukee</li> <li>Kenosha</li> <li>Pleasant Prairie</li> <li>West Bend</li> <li>Lancaster</li> <li>Boscobel</li> <li>La Crosse</li> <li>Friendship</li> <li>Hillsboro</li> <li>Whitehall</li> <li>Hayward</li> <li>Manitowoc</li> <li>Woodruff</li> <li>Eau Claire</li> <li>Oconto Falls</li> <li>Chippewa Falls</li> <li>Green Bay</li> <li>Sheboygan</li> <li>Green Bay</li> <li>Hudson</li> <li>Shell Lake</li> <li>Chippewa Falls</li> <li>Green Bay</li> <li>Marinette</li> <li>Marshfield</li> <li>Beaver Dam</li> <li>Eau Claire</li> <li>Ladysmith</li> <li>Minocqua</li> <li>Neillsville</li> <li>Park Falls</li> <li>Rice Lake</li> <li>Stevens Point</li> <li>Weston</li> <li>Bloomer</li> <li>Barron</li> <li>Osseo</li> <li>Menomonie</li> <li>Eau Claire</li> <li>La Crosse</li> <li>Sparta</li> <li>Darlington</li> <li>Ashland</li> <li>Janesville</li> <li>Lake Geneva</li> <li>Madison</li> <li>Franklin</li> <li>Mauston</li> <li>Friendship</li> <li>Wausau</li> <li>Altoona</li> <li>Milwaukee</li> <li>Osceola</li> </ul>	<ul style="list-style-type: none"> <li>Prairie Ridge Health</li> <li>ProHealth Oconomowoc Memorial Hospital</li> <li>ProHealth Waukesha Memorial at DN Greenwald Center</li> <li>ProHealth Waukesha Memorial Hospital</li> <li>Reedsburg Area Medical Center</li> <li>Rehabilitation Hospital of Wisconsin</li> <li>Richland Hospital</li> <li>River Falls Area Hospital</li> <li>Rogers Memorial Hospital</li> <li>Rogers Memorial Hospital</li> <li>Rogers Memorial Hospital</li> <li>Sacred Heart Rehabilitation Institute</li> <li>Sauk Prairie Healthcare</li> <li>Southwest Health Center</li> <li>Spooner Health System</li> <li>SSM Health Monroe Hospital</li> <li>SSM Health Ripon Community Hospital</li> <li>SSM Health St. Agnes Hospital - Fond du Lac</li> <li>SSM Health St. Clare Hospital - Baraboo</li> <li>SSM Health St. Mary's Hospital - Janesville</li> <li>SSM Health St. Mary's Hospital - Madison</li> <li>SSM Health Waupun Memorial Hospital</li> <li>St. Croix Regional Medical Center</li> <li>St. Joseph's Community Hospital Of West Bend Inc</li> <li>St. Joseph's Health Services Inc</li> <li>Stoughton Hospital</li> <li>ThedaCare Medical Center Berlin</li> <li>ThedaCare Medical Center New London</li> <li>ThedaCare Medical Center Orthopedics Spine and Pain</li> <li>ThedaCare Medical Center Shawano</li> <li>ThedaCare Medical Center Waupaca</li> <li>ThedaCare Medical Center Wild Rose</li> <li>ThedaCare Regional Medical Center Appleton</li> <li>ThedaCare Regional Medical Center Neenah</li> <li>Tomah Memorial Hospital</li> <li>Upland Hills Health</li> <li>UW Health East Madison Hospital</li> <li>UW Health Rehabilitation Hospital</li> <li>UW Health University Hospital</li> <li>UW Psychiatric Unit</li> <li>Vernon Memorial Hospital</li> <li>Watertown Regional Medical Center</li> <li>Western Wisconsin Health</li> <li>Westfields Hospital</li> <li>Willow Creek Behavioral Health</li> </ul>	<ul style="list-style-type: none"> <li>Columbus</li> <li>Oconomowoc</li> <li>Mukwonago</li> <li>Waukesha</li> <li>Reedsburg</li> <li>Waukesha</li> <li>Richland Center</li> <li>River Falls</li> <li>Brown Deer</li> <li>Oconomowoc</li> <li>West Allis</li> <li>Milwaukee</li> <li>Prairie Du Sac</li> <li>Platteville</li> <li>Spooner</li> <li>Monroe</li> <li>Ripon</li> <li>Fond Du Lac</li> <li>Baraboo</li> <li>Janesville</li> <li>Madison</li> <li>Waupun</li> <li>Saint Croix Falls</li> <li>West Bend</li> <li>Hillsboro</li> <li>Stoughton</li> <li>Berlin</li> <li>New London</li> <li>Appleton</li> <li>Shawano</li> <li>Waupaca</li> <li>Wild Rose</li> <li>Appleton</li> <li>Neenah</li> <li>Tomah</li> <li>Dodgeville</li> <li>Madison</li> <li>Madison</li> <li>Madison</li> <li>Madison</li> <li>Viroqua</li> <li>Watertown</li> <li>Baldwin</li> <li>New Richmond</li> <li>Green Bay</li> </ul>
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This information only lists  
Major Health Systems in  
Wisconsin. For full listing  
go to [anthem.com](https://www.anthem.com).



# Receive virtual care and support 24/7 with our Sydney Health app

Now you can connect more easily to the care you need through our **Sydney<sup>SM</sup> Health** app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7.

## Visit with a doctor for common health concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Minor rashes
- Flu
- Sore throat
- Cold and fever
- Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.<sup>1</sup>



## What people say about virtual care visits<sup>2</sup>

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

were able to book a virtual visit sooner than an in-person visit

## How to download our Sydney Health app:



Scan the QR code with your phone's camera or visit the App Store® or Google Play™.

10240SYMUMHRA25 WP00 Rev 06/23



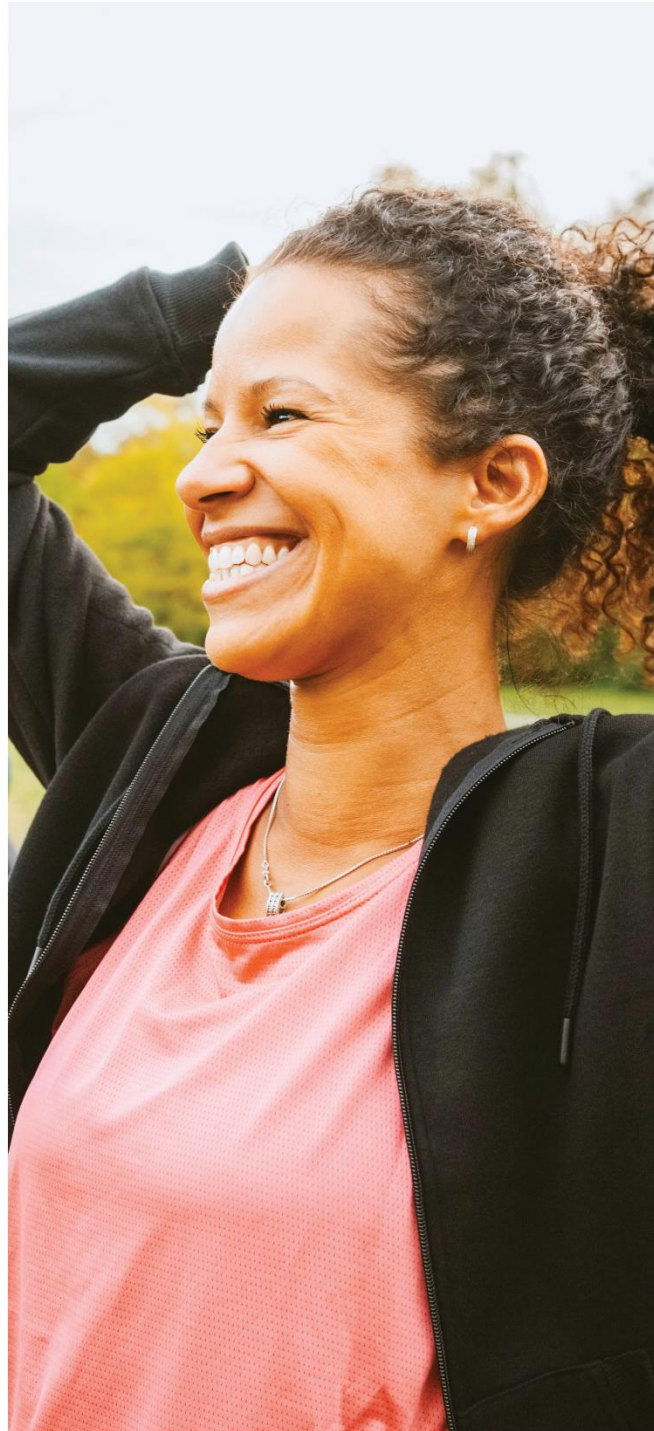
## Here's how to access the program through virtual care:

Download our no-cost **Sydney Health** app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **anthem.com**.
3. Select **Care** and then select **Virtual Care**.

Visit **anthem.com**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and our **Sydney Health** app.
3. From the **Care** tab, select **Virtual Care** in the drop down menu. Then, click **Video Visit Options**.



<sup>1</sup>Prescription availability is defined by physician judgment.

<sup>2</sup>Based on Sydney Health utilization trends from top national clients.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Live-Health Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health is offered through an arrangement with Care on Digital Platforms, a separate company offering mobile app(s) on services on behalf of your health plan. Q0024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc.; HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield HealthCare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): HighChoice® Managed Care, Inc. (HCO), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. All and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. All and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. also HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 7 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HIP is the trade name of Anthem HIP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Concierge Health Services Insurance Corporation (Concierge) or Wisconsin Collaborative Insurance Corporation (WCIC). Concierge underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Indemnity licenses of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

# Health Savings Account (HSA)

A Health Savings Account (HSA) allows you to pay for qualified medical expenses tax-free – and you can roll over any unused balance year after year. The health plan through the School District of Bruce allows you to open and contribute to an HSA, if you otherwise qualify. (If you are ineligible to contribute to an HSA, please see the Business Manager at the District Office for information on an HRA.)

## Health Savings Account

School District of Bruce offers a medical plan that features HSA eligibility. **An HSA is an investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.**

## How The HSA Works

<b>Money Goes In</b>	<p>Pretax contributions* from you, up to a total of:</p> <ul style="list-style-type: none"><li>○ \$4,300 limit in 2025, less any district contribution, for individual coverage. <b>The district contributes \$1,500 for single annually.</b> Deposits are made the first payrolls of January and September.</li><li>○ \$8,550 limit in 2025, less any district contribution, if you enroll your spouse and/or child(ren). <b>The district contributes \$3,000 for family annually.</b> Deposits are made the first payrolls of January and September.</li><li>○ You can contribute an extra \$1,000 if you are age 55 or older</li></ul>
<b>Money Goes Out</b>	<p>You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible health care expense, **you decide whether to use your HSA if you've accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans' deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.</p>
<b>Have Money Left? It Rolls Over!</b>	<p>Any money left in your account is yours to pay for health care in the future. There's no deadline and no limit on how large your account can grow. If you leave School District of Bruce, you can take it with you.</p>

\* If you're enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

\*\* The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

## Eligibility

- You must be enrolled in a HDHP
- You cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person's tax return
- You cannot have any other "impermissible coverage." If your spouse has a General Purpose FSA, you are not eligible to contribute to an HSA.

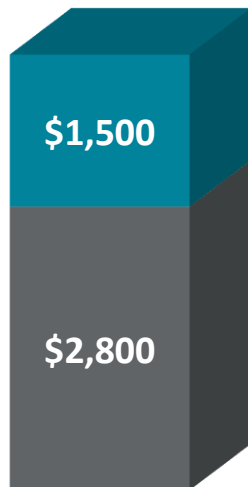
# HSA Contributions

## Did You Know?

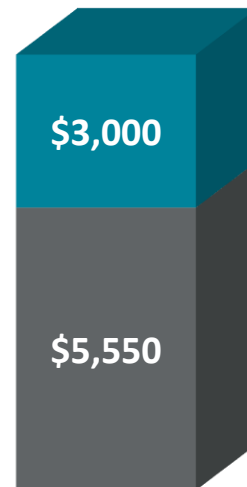
The School District of Bruce is committed to the health and well-being of our employees. We recognize that healthy and happy employees are more successful at home and at work. To promote that success, we will contribute \$1,500 annually for a single health plan and \$3,000 annually for a family health plan.\*

\*The benefit will be prorated for new hires based on months they are covered by insurance. Prorated HSA contributions will amount to \$125 per month for a single plan and \$250 per month for a family plan.

**Single Contribution**  
\$1,000 on 1<sup>st</sup> payroll in January  
\$500 on 1<sup>st</sup> payroll in September



**Family Contribution**  
\$2,000 on 1<sup>st</sup> payroll in January  
\$1,000 on 1<sup>st</sup> payroll in September



 YOU CAN **CONTRIBUTE**       SCHOOL DISTRICT OF BRUCE **CONTRIBUTES**

## Cash in Lieu of Coverage

The School District of Bruce will pay \$350 semi-monthly to employees who waive health insurance, provided they can provide proof of other coverage and that coverage is NOT Marketplace coverage.

# Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That's why School District of Bruce offers a dental plan administered by Delta Dental of WI.

Delta Dental	PPO/Premier
<b>Individual Annual Maximum</b>	<b>\$1,000</b>
<b>Deductible</b>	
Employee Only	\$0
Family	\$0
<b>Preventive Care Services</b>	
Exams	100%
Cleanings	100%
Fluoride Treatments	100%
X-Rays	100%
Space Maintainers	100%
Sealants	100%
Emergency Treatment to Relieve Pain	100%
<b>Basic Restorative Services</b>	
Fillings	100%
Endodontics – Surgical / Non-Surgical	100%
Periodontics – Surgical / Non-Surgical	100%
Extractions – Surgical / Non-Surgical and other oral surgery	100%
<b>Major Restorative Services</b>	
Crowns, Inlays, Onlays	50%
Bridges and Dentures	50%
Repairs and Adjustments to Bridges and Dentures	100%
Implants	50%
<b>Orthodontic Services</b>	
Coinsurance	50%
Individual Lifetime Maximum	\$1,500
Dependents Eligible to Age	19
Full-Time Students Eligible to Age	19
Adult Ortho Coverage	No

## Dependent Eligibility

Dependents are eligible through the end of the month in which they attain age 26; except as noted for orthodontics

**The District offers dental benefits to you at no cost!**



## Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions, you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

### how to enroll

1. Go to [www.deltadentalwi.com](http://www.deltadentalwi.com).
2. Select the purple "Sign In" button and enter your Username & Password.
3. On your dashboard under "Preventive Care and Plan Features" there will be a section for Additional Benefits. Select "Enroll Now."\*
4. In the "Enroll in EBICP" section, select the member and their condition, verify the information, and hit "Select."
5. This member will then be listed under "Your Current EBICP Benefits."

Condition	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	✓	✓
Weakened immune systems	✓	✓
Periodontal (gum) disease*	✓	✓
High-risk cardiac conditions	✓	
Kidney failure or dialysis	✓	
Diabetes	✓	
Pregnancy	✓	

*This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Frequency limitations may apply. Refer to your handbook.*

*\*Periodontal cleanings may fall under basic services and may not be covered 100% by the EBICP plan. If you have questions regarding coverage for periodontal cleanings, please contact the Benefit Center at 800-236-3712 before services are performed.*

\*If your plan does not include EBICP, "Additional Benefits" will not show.

Connect With Us



[www.deltadentalwi.com](http://www.deltadentalwi.com)


SS300H-1905

# Amplifon Hearing Aid Program

## Your Hearing Program

If you have noticed changes in your hearing, rest easy.

Delta Dental of Wisconsin has teamed up with Amplifon to offer you quality hearing care.

	Level 1	Level 2	Level 3	Level 4	Level 5
	Hearing aid options from the top brands with an average savings of 66% off retail pricing.*				
Amplifon Price (per ear)	\$995	\$1,295	\$1,495	\$1,895	\$2,195
	<b>Virtual services</b> <b>Virtual screening</b> – determine need from the comfort of home <b>Personalized coaching</b> – enhance adjustment and use of hearing aids <b>On-demand virtual visits</b> – convenient care for non-clinical support				
	<b>60-day risk-free trial</b> Find your right fit by trying your hearing aids risk-free				
	<b>Complimentary aftercare</b> <b>1-year follow-up care</b> – ensures smooth transition to your new hearing aids <b>2-year battery support</b> – battery supply or charging station to keep you powered <b>3-year warranty</b> – coverage for loss, repairs, or damage				

### To learn more:

Call 888-901-0132 (TTY: 711) | Hours: Mon-Fri 7am - 8pm CT

Visit [amplifonusa.com/deltadentalwi](https://amplifonusa.com/deltadentalwi)



\*Based on 2022 internal MSRP analysis. Your savings may vary.

You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs.

**Risk-free trial** – 100% money-back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** – for one year following purchase. **Batteries** – two-year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** – exclusions and limitations may apply. Contact Amplifon 888-901-0132 for details.

Virtual screening does not take the place of a diagnostic exam by a licensed professional. Not all virtual services are available on all products.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Wisconsin and Amplifon are independent, unaffiliated companies. Hearing services are administered by Amplifon Hearing Health Care, Corp. The Amplifon Hearing Health Care discount program is not approved for use with any third-party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

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# Employee Assistance Program (EAP)

## A helping hand when you need it.

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



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,<sup>1</sup> which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

### Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)<sup>2</sup> and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

### EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents



### Contact EAP

888.293.6948  
(TTY Services: 711)  
24 hours a day,  
seven days a week

[healthadvocate.com/standard3](http://healthadvocate.com/standard3)

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

### WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

### Online Resources

Visit [healthadvocate.com/standard3](http://healthadvocate.com/standard3) to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

<sup>1</sup> The EAP service is provided through an arrangement with Health Advocate<sup>SM</sup>, which is not affiliated with The Standard. Health Advocate<sup>SM</sup> is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

<sup>2</sup> Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](http://standard.com)

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

# Protection Plans

## Voluntary Short-Term Disability (STD)

School District of Bruce's Short Term Disability plan is administered by The Standard and offers competitive group rates. This voluntary plan is paid for by the employee. This benefit pays a **weekly** percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury. You are eligible if you are a regular employee who is actively working at least 20 hours each week, OR a regular bus driver working at least 16.5 hours per week.

The Standard	Benefit Highlights
Premium	Employee Paid
Weekly Benefit	Your choice of \$147, \$175, \$224, \$273, \$301, \$357, \$420, \$462 or \$504 per week. However, the amount elected cannot exceed 66 2/3% of your weekly salary.
Physical Disease, Pregnancy, or Mental Disorder Waiting Period	3 Days
Accident/Injury Benefit Waiting Period	0 Days
Extended Benefit Waiting Period* <i>*Only applies if you do not enroll when you are initially eligible</i>	60 Days for any qualifying disability caused by physical disease, pregnancy, or mental disorder that occurs during the first 12 months of coverage.
Maximum Benefit Duration	90 Days

Choose from the following plan amounts:

Weekly Benefit	Monthly Premium
\$147	\$11.46
\$175	\$13.36
\$224	\$17.18
\$273	\$21.02
\$301	\$22.92
\$357	\$27.38
\$420	\$31.86
\$462	\$35.04
\$504	\$38.22

# Protection Plans (Continued)

## Long-Term Disability (LTD)

School District of Bruce's Long Term Disability plan is administered by The Standard. This benefit pays a monthly percentage of your salary if you become disabled and are unable to work for an extended period of time. You are eligible if you are a regular employee who is actively working at least 20 hours each week, OR a regular bus driver working at least 16.5 hours per week.

The Standard	Benefit Highlights
Premium	Employer Paid
Monthly Benefit	90% of the first \$10,500 of your monthly pre-disability earnings, reduced by deductible income. Maximum monthly benefit is \$9,450
Elimination Period	90 Days
Maximum Benefit Duration	To Age 65; if disabled at age 62 or after, please see certificate of coverage for benefit duration

**NOTE:** The LTD may include pre-existing condition limitations. Please review the plan summaries for more details. Earnings for STD and LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.

## REQUIRED FEDERAL NOTICES

## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Karen Vlcek at 715.720.2070 or [kvlcek@cesa10.k12.wi.us](mailto:kvlcek@cesa10.k12.wi.us).

## HIPAA NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**Effective Date of Notice:** January 1, 2014

### **Who will follow this notice:**

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

### **Our pledge to you:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

### **We are required by law to:**

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to School District of Bruce (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

*For example, the Plan may disclose to your provider that you are eligible for benefits.*

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

*For example, the Plan may use medical information about you to project future benefit costs.*

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

### **YOUR RIGHTS**

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Karen Vlcek at 715.720.2070 or [kvlcek@cesa10.k12.wi.us](mailto:kvlcek@cesa10.k12.wi.us). All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2004.

To request an accounting of disclosures, address your request to the following individual: School District of Bruce, (715) 868-2585 104 W Washington Avenue, Bruce, WI 54819.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual Karen Vlcek at 715.720.2070 or [kvlcek@cesa10.k12.wi.us](mailto:kvlcek@cesa10.k12.wi.us). The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Karen Vlcek at 715.720.2070 or [kvlcek@cesa10.k12.wi.us](mailto:kvlcek@cesa10.k12.wi.us).

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Karen Vlcek at 715.720.2070 or [kvlcek@cesa10.k12.wi.us](mailto:kvlcek@cesa10.k12.wi.us).

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Karen Vlcek at 715.720.2070 or [kvlcek@cesa10.k12.wi.us](mailto:kvlcek@cesa10.k12.wi.us).

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

## WOMEN’S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your insurance carrier at the phone number on your medical ID card.

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE

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

### WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### **WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?**

If you decide to join a Medicare drug plan, your current School District Of Bruce coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. However, you will be ineligible for any HSA contributions once you enroll in any part of Medicare.

If you do decide to join a Medicare drug plan and drop your current School District of Bruce coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

### **WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?**

You should also know that if you drop or lose your current coverage with School District of Bruce and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

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

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: 7/1/2025  
Name of Entity/Sender: School District of Bruce  
Contact--Position/Office: Business Manager  
Address: 104 W Washington Avenue  
Phone Number: (715) 868-2585

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## MARKETPLACE COVERAGE NOTICE

### GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

### WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

### CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you are eligible for depends on your household income.

### DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the “minimum value”<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit [healthcare.gov](http://healthcare.gov) for the annual affordability percentage or contact the employer identified on the following page of this notice.

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

### HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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.

## MARKETPLACE COVERAGE NOTICE (continued)

### INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: School District of Bruce
Employer Identification Number (EIN): 39-6008353
Employer Address: 104 W Washington Avenue Bruce, WI 54819-9641
Employer Phone Number: 715-868-2585
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Karen Vlcek at 715.720.2070 or <a href="mailto:kvlcek@cesa10.k12.wi.us">kvlcek@cesa10.k12.wi.us</a> .

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –**

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

<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://Children's Health Insurance Program (CHIP)(pa.gov)">Children's Health Insurance Program (CHIP)(pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/http://mywvhipp.com/">https://dhhr.wv.gov/bms/http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 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](http://www.dol.gov/agencies/ebsa)**  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

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

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

*OMB Control Number 1210-0137 (expires 1/31/2026)*