



# School District of Neillsville

614 East 5<sup>th</sup> Street, Neillsville, WI 54456

715-743-3323

[www.neillsville.k12.wi.us](http://www.neillsville.k12.wi.us)

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## Annual Notices Booklet 2024



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## HIPPA 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 Jessica Fitzl, Payroll/HR, 715-743-8777, [jefitzl@neillsvillek12.org](mailto:jefitzl@neillsvillek12.org) or Michelle Kranz, Business Manager, 715-743-8764, [mikranz@neillsvillek12.org](mailto:mikranz@neillsvillek12.org).

# HIPPA 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: 7/1/2022**

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

This notice describes the flex & amp; HRA information practices of Diversified Benefit Services, Inc. (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your flex or 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 the School District of Neillsville (“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.

## HIPPA 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.

## HIPPA 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: John Gaier, District Administrator, 715-743-3323 Ext. 0, [jgaier@neillsvillek12.org](mailto:jgaier@neillsvillek12.org). 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.

## HIPPA 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, 2003.

To request an accounting of disclosures, address your request to the following individual: John Gaier, District Administrator, 715-743-3323 Ext 0, [jgaier@neillsvillek12.org](mailto:jgaier@neillsvillek12.org).

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: John Gaier, District Administrator, 715-743-3323 Ext 0, [jgaier@neillsvillek12.org](mailto:jgaier@neillsvillek12.org). 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: John Gaier, District Administrator, 715-743-3323 Ext 0, [jgaier@neillsville.k12.wi.us](mailto:jgaier@neillsville.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.

## HIPPA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact one of the following individuals: Jessica Fitzl, Payroll/HR, 715-743-8777, [jefitzl@neillsvillek12.org](mailto:jefitzl@neillsvillek12.org) or Michelle Kranz, Business Manager, 715-743-8764, [mikranz@neillsvillek12.org](mailto:mikranz@neillsvillek12.org).

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: John Gaier, District Administrator, 715-743-3323 Ext 0, [jgaier@neillsvillek12.org](mailto:jgaier@neillsvillek12.org).

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. Therefore, the following deductibles and coinsurance apply: single \$2,000/coinsurance 100% or family \$4,000/coinsurance 100%.

If you would like more information on WHCRA benefits, call your Plan Administrator Wisconsin Counties Association Group Health Trust at 1-800-236-6885.

## NEWBORNS' ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## 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 Neillsville 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 Neillsville has determined that the prescription drug coverage offered by the Wisconsin Counties Association Group Health Trust is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

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

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

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

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

## 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 Neillsville coverage will not be affected. [The entity providing the Disclosure Notice should insert an explanation of the prescription drug coverage plan provisions/options under the particular entity's plan that Medicare eligible individuals have available to them when they become eligible for Medicare Part D (e.g., they can keep this coverage if they elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc.). See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current School District of Neillsville coverage, be aware that you and your dependents will not be able to get this coverage back.

### 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 Neillsville 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; Jessica Fitzl, Payroll/HR at 715-743-8777 or email [jefitzl@neillsvillek12.org](mailto:jefitzl@neillsvillek12.org) or Michelle Kranz, Business Manager at 715-743-8764 or email [mikranz@neillsvillek12.org](mailto:mikranz@neillsvillek12.org). **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 Neillsville 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).

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 you 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 9.69% 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.

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.

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<sup>1</sup>  
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.

<b>School District of Neillsville</b>
<b>39-6003608</b>
<b>614 East 5<sup>th</sup> Street, Neillsville WI 54456</b>
<b>715-743-3323 Ext. 0</b>
<b>Jessica Fitzl, Payroll/HR, 715-743-8777, <a href="mailto:jefitzl@neillvillek12.org">jefitzl@neillvillek12.org</a> or Michelle Kranz, Business Manager, 715-743-8764, <a href="mailto:mikranz@neillvillek12.org">mikranz@neillvillek12.org</a></b>

- 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 (CHIPRA) NOTICE

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)**.

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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, 2023. Contact your State for more information on eligibility –

### ALABAMA – Medicaid ALASKA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

### ARKANSAS – Medicaid CALIFORNIA – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

### COLORADO – Health First Colorado (Colorado's

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

Health Insurance Buy-In Program (HIBI):

<https://www.mycohibi.com/>

HIBI Customer Service: 1-855-692-6442

### ALASKA - Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:

<https://health.alaska.gov/dpa/Pages/default.aspx>

### CALIFORNIA - Medicaid

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](mailto:hipp@dhcs.ca.gov)

### FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/>

[flmedicaidprecovery.com/hipp/index.html](https://www.flmedicaidprecovery.com/hipp/index.html)

Phone: 1-877-357-3268

## CHIPRA NOTICE (continued)

### GEORGIA – Medicaid

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

### IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:

<https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

### LOUISIANA - Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### MAINE – Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](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

### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone: 1-800-457-4584

### KANSAS - Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

### KENTUCKY – Medicaid LOUISIANA – Medicaid

Kentucky Integrated Health Insurance Premium

Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website:

<https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website:

<https://chfs.ky.gov/agencies/dms>

### MASSACHUSETTS - Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

### MINNESOTA – Medicaid

Website:

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programsservices/other-insurance.jsp>

Phone: 1-800-657-3739

### MONTANA – Medicaid

Website:

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPProgram@mt.gov

### NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900



## CHIPRA NOTICE (continued)

### NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/human-services/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website:

<http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

### NEW YORK – Medicaid

Website:

[https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

### PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx)

CHIP Phone: 1-800-986-KIDS (5437)

### SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

### UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

### VIRGINIA – Medicaid and CHIP

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

### WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badger-careplus/p-10095.htm>

Phone: 1-800-362-3002

### WYOMING – Medicaid

website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

### NEW HAMPSHIRE – Medicaid

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. 5218

### NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

### NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

### OREGON – Medicaid

Website:

<http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or

401-462-0311 (Direct Rlte Share Line)

### SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

### TEXAS – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\)](http://www.hhs.texas.gov/health-insurance-premium-payment-hipp)

Program | Texas Health and Human Services

Phone: 1-800-440-0493

### VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\)](http://www.vermont.gov/health-access)

Program | Department of Vermont Health Access

Phone: 1-800-250-8427

### WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

### WEST VIRGINIA – Medicaid and CHIP

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)

## CHIPRA NOTICE (continued)

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

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](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)

## WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at Jessica Fitzl, Payroll/HR, 715-743-8777, [jefitzl@neillsvillek12.org](mailto:jefitzl@neillsvillek12.org) or Michelle Kranz, Business Manager, 715-743-8764, [mikranz@neillsvillek12.org](mailto:mikranz@neillsvillek12.org) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

# UNIVERSAL AVAILABILITY NOTICES AND PLAN HIGHLIGHTS

## School District of Neillsville

614 East 5<sup>th</sup> Street, Neillsville WI 54456

Updated 01.22.2024.

### 403(b) UNIVERSAL AVAILABILITY NOTICE

The School District of Neillsville offers a 403(b) plan for eligible employees of the District. **All employees** are eligible to participate in the 403(b) plan.

A 403(b) plan is a tax-deferred retirement program that permits an employee to reduce his or her compensation on a pre-tax and/or after-tax (Roth) basis and have the contribution deposited into a 403(b) account that the employee sets up with a 403(b) vendor. Amounts deposited into a 403(b) account and any earnings on those contributions are generally not taxed until the employee makes a withdrawal from his or her 403(b) account following separation from service with the District, unless contributions are made on an after-tax basis.

WEA Trust is the only approved vendor for our district. Employees should contact WEA Trust (please see below for complete contact information) for information about the 403(b) products and services it offers.

To enroll in the 403(b) plan, an employee must complete a salary reduction agreement (SRA) and the vendor's application to open an account. The SRA will only apply to amounts earned after enrolling in the plan. This contribution will continue unless it is modified or revoked in the future. The District has established policies that enable you to increase or decrease your contribution, stop your contribution, or change from one authorized 403(b) vendor to another. Salary Reduction agreements must be received by the District office prior to the 10<sup>th</sup> day of a given month in order to be effective for the following month's payroll. Employees may get the necessary enrollment forms from WEA Trust (please see below for complete contact information). Additional information on District policies and other 403(b) plan rules can be obtained with the enrollment materials.

Annual contributions to the 403(b) plan are limited per IRS regulations. Below are the regulations for the 2024 calendar year.

Year	Basic Elective Contribution Limit	Age 50+ Catch-Up Contribution	15 Years of Service	Total Contribution Limit
2023	\$22,500	\$7,500	\$3,000	\$33,000
<b>2024</b>	<b>\$23,000</b>	<b>\$7,500</b>	<b>\$3,000</b>	<b>\$33,500</b>

**Disclosure to employees:** The District has no liability for any employee's election to participate in the 403(b) plan, choice of 403(b) vendor(s), or expected tax consequences resulting from participating in the 403(b) plan. The District does not provide tax, legal or investment advice and recommends that employees seek advice from professionals who specialize in these areas.

### WEA Contact Information

WEA Trust Member Benefits, IRA and TSA Consultants, PO Box 7893, Madison, WI 53707-7893

Phone: 1-800-279-4030

# UNIVERSAL AVAILABILITY NOTICES AND PLAN HIGHLIGHTS (Continued)

Updated 01.19.2024.

## UNIVERSAL AVAILABILITY NOTICE SCHOOL DISTRICT OF NEILLSVILLE 403(B) PLAN

This notice provides important information about your rights to defer compensation in School District of Neillsville 403(b) Plan (the "Plan").

The Plan Administrator is: School District of Neillsville  
Address: 614 E Fifth St, Neillsville, WI 54456  
Phone number: (715) 743-3323  
Fax number: (715) 743-8718  
Email: jgaier@neillsville.k12.wi.us

### Am I eligible to make elective deferrals?

You are eligible to make elective deferrals if you are employed by School District of Neillsville or any affiliate who has adopted the Plan unless:

- you are a non-resident alien with no U.S. sourced income
- you are a student performing services for School District of Neillsville and where you are pursuing a course of study with School District of Neillsville

You can start making elective deferrals immediately upon your hire date.

### What are elective deferrals?

Elective deferrals are contributions you may make out of your compensation to the Plan. You may contribute to the Plan on a pre-tax or after-tax basis.

Pre-Tax contributions are made to the Plan out of your compensation before taxes. Your contributions are only taxed as compensation once you receive a distribution from the Plan.

After-tax elective deferrals are known as Roth contributions. Roth contributions are made by you on an after-tax basis, but if certain requirements are met, a "qualified distribution" from your Roth contributions will not be taxed when you take them out of the Plan (see the Plan Description for more information). There are no income limitations on who may make a Roth Contribution.

Roth Contributions are made in the same manner as pre-tax elective deferrals. You must designate how much you would like to contribute on a pre-tax basis (normal 403(b) contribution) and how much you would like to contribute as an after-tax Roth Contribution. You are not required to make any Roth Contributions. You may designate all of your elective deferrals as pre-tax contributions.

The sum of your Roth contributions and pre-tax elective deferrals may not exceed the annual limit on regular 403(b) contributions.

Please note that Roth Contributions are not suitable for everyone. Please consult with your tax advisor before making any Roth Contributions to the Plan.

### What are the limits on elective deferrals?

Federal law limits the amount you may elect to defer under this Plan and any other retirement plan permitting elective deferrals (including both other 403(b) and 401(k) plans). You are limited to contributing \$23,000 (for 2024) during any calendar year. Your Plan may further limit the amount of your elective deferral. Please see your Plan Description for further information.

If you are age 50 or over, you may defer an additional amount, called a "catch-up contribution", of up to \$7,500 (for 2024).

The total amount that may be contributed to the Plan on your behalf in any year may not exceed the lesser of 100% of your compensation or \$69,000 (for 2024).

### How do I make or change my deferral election?

You may make or change your deferral election by: according to vendor process - contact vendor or plan sponsor.

### Once I make a deferral election, how often can I change, stop, or re-start the election?

You may change or re-start your deferral election once each pay period. You may stop your deferrals at any time.

The plan administrator may establish additional rules you will need to follow when making your deferral election. Your deferral election is only effective for compensation you have not received yet. The plan administrator may also reduce or totally suspend your election if they determine that your election may cause the Plan to fail to satisfy any of the requirements of the Internal Revenue Code.

### Can I direct how my elective deferrals will be invested?

Yes, you can direct how your elective deferrals will be invested from among the different investments offered under the Plan.

## UNIVERSAL AVAILABILITY NOTICES AND PLAN HIGHLIGHTS (Continued)

Updated 01.19.2024.

You may make or change your investment elections by: according to vendor process - contact vendor.

Subject to any additional restrictions placed on investment timing by the actual investment, you may change your investment elections daily.

If you do not make an investment election your account balances will be placed in investments selected by the plan administrator.

# UNIVERSAL AVAILABILITY NOTICES AND PLAN HIGHLIGHTS (Continued)

Updated 01.19.2024.

## 415 NOTICE SCHOOL DISTRICT OF NEILLSVILLE 403(B) PLAN

### Aggregation of Maximum Contribution Limit When You Control Another Employer

Federal law limits the total amount that may be contributed on your behalf to this 403(b) plan and any other retirement plan. The contributions to other retirement plans may need to be aggregated with contributions to this 403(b) plan to verify the maximum annual limit is not exceeded. This notice informs you of your responsibility to provide information to the Plan Administrator regarding your control or ownership of other entities that maintains a plan in which you participate. **Failure to provide necessary and correct information to the Plan Administrator could result in adverse tax consequences for you.**

Contributions to this 403(b) plan will be aggregated with one or more defined contribution plans if you are deemed to control the employer sponsoring such plans. For aggregation purposes, you are deemed to control a for-profit employer if you own more than 50% (including attribution from others) of its:

- Shares,
- Capital interests,
- Profit interests, or
- Membership interests.

You are deemed to control a tax exempt organization if you have control over its directors or trustees. A defined contribution plan includes:

- Plan qualified under Code section 401(a) or 403(a) (e.g., 401(k) plan),
- Code section 403(b) plan, and
- Simplified Employee Pension (SEP) within the meaning of Code section 408(k).

For illustration purposes, suppose you own a separate business which adopts a 401(k) plan. For 2024, you elect to defer up to the maximum 403(b) dollar amount of \$23,000 and make a catch-up contribution of \$7,500. Your employer also made a non-elective employer contribution of \$46,000 to the 403(b) plan on your behalf. You would like to contribute \$15,000 to the 401(k) plan of your separate business for the 2024 year. Your compensation from your employer is \$140,000 and compensation from your separate business is \$75,000. The catch-up contribution is not counted toward the maximum annual limit. The total elective and non-elective contributions to the 403(b) plan are \$69,000 (\$46,000 + \$23,000) which equals the maximum annual limit for 2024. Therefore, any contributions to your 401(k) plan (e.g. \$15,000) would exceed the maximum annual limit on an aggregate basis. If you were to contribute \$15,000 or any amount to the 401(k) plan for the 2024 year, the amount would be considered an excess annual addition attributable to the 403(b) plan. **For this reason, it is critical you provide any control or ownership information for other entities to the 403(b) plan administrator.**

The plan administrator will coordinate with you to ensure satisfaction of the maximum annual limit for contributions to all retirement plans. Please contact the plan administrator to provide any pertinent information on control or ownership of other entities or to address any of your questions.

# UNIVERSAL AVAILABILITY NOTICES AND PLAN HIGHLIGHTS (Continued)

Updated 01.22.2024.

<b>SCHOOL DISTRICT OF NEILLSVILLE 403(B) PLAN HIGHLIGHTS</b>	
<b>IMPORTANT: This is a brief summary of the features of the School District of Neillsville 403(b) Plan. For a full summary, please refer to the Summary Plan Description.</b>	
<b>Eligibility</b>	
<b>Pre-Tax and Roth Elective Deferrals</b>	<p>Participants will be eligible to make Pre-Tax and Roth Elective Deferrals immediately upon their hire date.</p> <p>Participants in the following classes will be excluded for Pre-Tax and Roth Elective Deferral purposes.</p> <ul style="list-style-type: none"> <li>• Non-resident aliens with no U.S. sourced income.</li> <li>• Students performing services for School District of Neillsville and where they are pursuing a course of study with School District of Neillsville.</li> </ul>
<b>Non-Elective Contributions</b>	<p>Participants will be eligible to receive Non-Elective Contributions immediately upon their hire date.</p> <p>Participants in the following classes will be excluded for Non-Elective Contribution purposes.</p> <ul style="list-style-type: none"> <li>• A leased employee.</li> <li>• Non-resident aliens with no U.S. sourced income.</li> </ul>
<b>Contributions</b>	
<b>Pre-Tax and Roth Elective Deferrals</b>	<p>The max Pre-Tax and Roth Elective Deferrals a participant may make is 100% of compensation or the 402(g) limit (\$23,000 in 2024), whichever is less. This dollar limit is indexed; therefore, it may increase each year for cost-of-living adjustments.</p> <p>A Participant may make or change their deferral election by: according to vendor process - contact vendor or plan sponsor.</p> <p>Age 50 catch-up contributions are allowed (\$7,500 for 2024). This limit is indexed as well.</p>
<b>Non-Elective Contributions</b>	<p>Non-Elective Contributions may be made at the Plan Sponsor's discretion.</p> <p>The Non-Elective Contribution will be allocated according to the following formula.</p> <ul style="list-style-type: none"> <li>• Pro-rata.</li> </ul> <p>The Non-Elective Contribution will be contributed after the end of the Plan Year.</p>
<b>Rollover Contributions</b>	<p>All eligible employees and current participants in the plan, can rollover money from any plan that is eligible to be rolled into the Plan. While there are exceptions this generally includes rollovers from a qualified retirement plan (i.e., 401(k), defined benefit), another 403(b) plan, a governmental 457(b) plan and pre-tax assets held in a traditional IRA.</p>
<b>Vesting</b>	
<b>Elective Deferrals and Non-Elective Contributions</b>	<p>Participants are always fully vested in Elective Deferrals and Non-Elective Contributions.</p>
<b>Distributions and Loans</b>	
<b>Termination of Employment</b>	<p>Distributions after termination of employment can be taken immediately after their employment terminates.</p>
<b>In-Service Distributions</b>	<p>The following in-service distributions are available from fully vested account balances.</p> <ul style="list-style-type: none"> <li>• All account balances at normal retirement age (age 65).</li> </ul>



## UNIVERSAL AVAILABILITY NOTICES AND SUMMARY (Continued)

	<ul style="list-style-type: none"> <li>• All account balances at age 59.5.</li> <li>• Rollover Contribution at any time.</li> <li>• At disability.</li> <li>• Qualified Reservist Distribution.</li> <li>• Deemed Severance.</li> <li>• Hardship Distribution.</li> <li>• Qualified Birth or Adoption Distribution.</li> </ul>
<b>Investments</b>	
<b>Investments</b>	<p>Participants can invest in annuity contracts and custodial accounts.</p> <p>Participants can move their assets to an approved vendor.</p> <p>Participants can transfer their assets to purchase service credit.</p> <p>Participants can direct the investment of all or some of their account balances.</p>
<b>Contact Information</b>	
<b>Plan Sponsor and Plan Administrator</b>	<p>The Plan Sponsor and the Plan Administrator is School District of Neillsville.          Address: 614 E Fifth St, Neillsville, WI 54456          Phone number: (715) 743-3323          Fax number: (715) 743-8718</p>
<p><i>Note: These plan highlights are intended to be a very concise overview of plan features. For a detailed description of plan features, please review the Plan Description or contact the Plan Administrator for more information. The plan features described in these plan highlights are subject to change. In the event of a discrepancy between the legal plan document and these highlights (or any other summary of plan features), the plan document shall control.</i></p>	

## PAYROLL SCHEDULE

Payroll will be paid on the following dates: [Updated 01.19.2024.](#)

24 Payment Staff	19 Payment Staff (Teacher Choice)
01/12/2024	01/12/2024
01/31/2024	01/31/2024
02/15/2024	02/15/2024
02/29/2024	02/29/2024
03/15/2024	03/15/2024
03/29/2024	03/29/2024
04/12/2024	04/12/2024
04/30/2024	04/30/2024
05/15/2024	05/15/2024
05/31/2024	05/31/2024
06/15/2024	06/15/2024 (deductions stop)
06/28/2024	No Checks
07/12/2024	No Checks
07/31/2024	No Checks
08/15/2024	No Checks
08/30/2024	No Checks
09/13/2024	09/13/2024
09/30/2024	09/30/2024 (deductions start)
10/15/2024	10/15/2024
10/31/2024	10/31/2024
11/15/2024	11/15/2024
11/29/2024	11/29/2024
12/13/2024	12/13/2024
12/31/2024	12/31/2024

18 Payment Staff	Payment by Timesheet Period Paid
01/12/2024	12/16/23-12/31/23
01/31/2024	01/01/24-01/15/24
02/15/2024	01/16/24-01/31/24
02/29/2024	02/01/24-02/15/24
03/15/2024	02/16/24-02/29/24
03/29/2024	03/01/24-03/15/24
04/12/2024	03/16/24-03/31/24
04/30/2024	04/01/24-04/15/24
05/15/2024	04/16/24-04/30/24
05/31/2024	05/01/24-05/15/24
06/15/2024 (deductions stop)	05/16/24-05/31/24
06/28/2024	06/01/24-06/15/24
No Checks	06/16/24-06/30/24
No Checks	07/01/24-07/15/24
No Checks	07/16/24-07/31/24
No Checks	08/01/24-08/15/24
09/13/2024	08/16/24-08/31/24
09/30/2024 (deductions start)	09/01/24-09/15/24
10/15/2024	09/16/24-09/30/24
10/31/2024	10/01/24-10/15/24
11/15/2024	10/16/24-10/31/24
11/29/2024	11/01/24-11/15/24
12/13/2024	11/16/24-11/30/24
12/31/2024	12/01/24-12/15/24

Extra-Curricular Activity Payments
02/29/2024 Winter Activity
06/28/2024 Spring Activity
10/31/2024 Fall Activity

School Board
02/15/2024
10/15/2024

## BENEFIT PLAN AND OPEN ENROLLMENT DATES

Updated 01.19.2024.

Benefit	Plan Dates	Deductible Dates	Open Enrollment Dates for this year
Health Insurance	07/01/2024-06/30/2025	01/01/2024-12/31/2025	05/20/2024-05/31/2024
Dental Insurance	07/01/2024-06/30/2025	01/01/2024-12/31/2025	05/20/2024-05/31/2024
Flexible Spending Account (FSA)	01/01/2024-12/31/2024	01/01/2024-12/31/2024  Can use credit card received from Diversified, claim on mobile app or online at any time during plan year.	11/18/2024-11/29/2024
STD Insurance	07/01/2024-06/30/2025	Paper claim must be filed immediately at time of disability.	05/20/2024-05/31/2024
LTD Insurance	07/01/2024-06/30/2025	Paper claim must be filed immediately at time of disability.	Enrolled Automatically
Life Insurance	07/01/2024-06/30/2025	Online claim form must be filed shortly after deceased	05/20/2024-05/31/2024
Standard Insurance-Addt'l	07/01/2024-06/30/2025	Online claim form must be filed within 3 months of the incident.	05/20/2024-05/31/2024

For information on benefits please contact Jessica Fitzl, Payroll/HR directly at 715-743-8777 or email [jefitzl@neillsvillek12.org](mailto:jefitzl@neillsvillek12.org) or Michelle Kranz, Business Manager at 715-743-8764 or email [mikranz@neillsvillek12.org](mailto:mikranz@neillsvillek12.org)

***Thank you for your dedication to the  
School District of Neillsville***