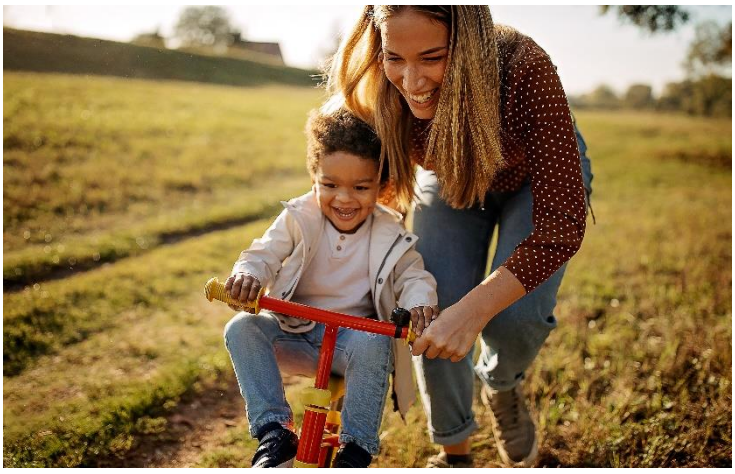

2024-25 Plan Year

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 22 for more details.

This brochure summarizes the benefit plans that are available to Clinton Community School District eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.

A Message to Our Employees

The Benefits Open Enrollment Period Is Here!

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, Clinton Community School District has seen an increase in the occurrence as well as the severity of claims of healthcare costs. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. Clinton Community School District is committed to providing a comprehensive benefits package to its employees for the following year and has made the following changes to its 2024 offerings.

2024 Benefit Plan Highlights

We are pleased to be able to offer you the same benefit plans as we have offered during the 2023-24 plan year with the addition of an enhanced dental benefit. As of July 1, 2024, your dental plan now includes CheckUp Plus, which is a special feature designed to encourage good oral health and promote overall health. CheckUp Plus lets you obtain diagnostic and preventive services – including examinations, X-rays, regular cleanings and other related treatments – without the costs of those services apply to your individual annual maximum. Rather, the full value of your annual maximum is applied to the benefits you receive for basic and major restorative services.

QUESTIONS? CONTACT BUSINESS SERVICES

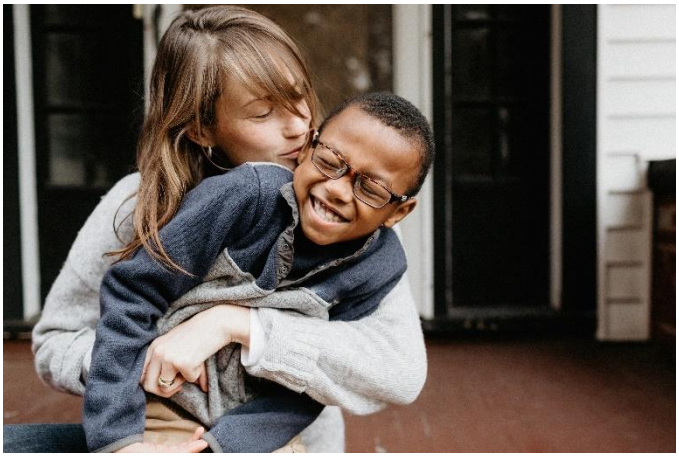
Kathy Zwirgzdas
Director of Business Services
608-676-5482 x1100
kazwirgzdas@clintonwis.com

Shani Browning
Payroll, Benefits & HR Specialist
608-676-5482 x1101
shbrowning@clintonwis.com

Benefits for You & Your Family

Clinton Community School District is pleased to announce our 2024 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the Clinton Community School District benefits available during open enrollment:

- Medical
- Dental
- Vision
- FSA Plan



Who is Eligible?

Certified staff .5 FTE or greater, 12-month, full-time staff, and ACA eligible staff may participate in the Clinton Community School District benefits program.

Generally, for the Clinton Community School District benefits program, dependents are defined as:

- Your legal spouse
- Dependent “child” up to age 26. (Child means the employee’s natural child or adopted child and any other child as defined in the certificate of coverage)

When and How Do I Enroll?

Open enrollment will be conducted April 29th-May 10th.

At the beginning of each open enrollment period an email will be received by each eligible employee with a link to review and update our elections.

When is My Coverage Effective?

The effective date for your benefits is July 1, 2024.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to Business Services within 30 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Employee Premium Contributions

Certain benefits you elect require an employee contribution. In some cases, those contributions will be deducted from your check on a pre-tax basis; in other cases, the deduction will be made after-tax to avoid certain tax consequences to you and the company. For taxability of benefit elections, please contact Shani Browning at 608-676-5482 x1101 or shbrowning@clintonwis.com

Medical Insurance

Clinton Community School District will continue to offer medical coverage. The chart on the following page is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

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

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

- **Single –** Employee pays first $500 / HRA pays remaining $2,500
- **Family –** Employee pays first $1,000 / HRA pays remaining $5,000

PROVIDER SEARCH

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

BALANCE BILLING

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

VIRTUAL VISITS

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

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

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

QUESTIONS?

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

Finding the Right Care for Your Needs

Virtual Care Link

	Dean HMO	Dean POS/PPO	
	In Network ONLY	In Network	Out-of-Network
Deductible *per calendar year*	$3,000 /single $6,000 /family	$3,000 /single $6,000 /family	$6,000 /single $12,000 /family
Out of Pocket Max *per calendar year*	$3,000 /single $6,000 /family	$3,000 /single $6,000 /family	$12,000 /single $24,000 /family
Physician Services *Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation*	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible Urgent Care: You pay 0% after deductible
Preventive Services *Well child, Immunizations, Certain Prenatal Services, Screening*	You pay $0	You pay $0	You pay 20% after deductible
Mental/ Behavioral/ Substance Use	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible
Ambulance	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible
Hospital	You pay 0% after deductible	You pay 0% after deductible	You pay 0% after deductible
Prescription Drugs *Retail (31 day supply) GenRx* Generic Preferred Brand Non-Preferred Brand	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible Non-Preferred Brand / Tier 3 is Not Covered
Specialty Drugs	You pay 0% after deductible	You pay 0% after deductible	You pay 20% after deductible

2024-25 Cash in Lieu	
12 Month Support / Certified Staff	$5,000 x FTE
9/10 Month & Full Time Building Substitutes	No Cash in Lieu
230 Day Staff	$5,000 x FTE x 230/260

For Certified Staff: *Employee Monthly Contribution – 12%*

2024-25 Medical 88/12				
	Dean HMO	**Dean HMO**	**Dean POS/PPO**	**Dean POS/PPO**
	Single	Family	Single	Family
District Pays	$592.32	$1,540.03	$592.32	$1,540.03
Employee Pays	$80.77	$210.00	$119.60	$310.96

For 12 Month Support Staff & FT Bldg Subs: *Employee Monthly Contribution – 12%*

2024-25 Medical 88/12		
	Dean HMO	**Dean POS/PPO**
	Single	Single
District Pays	$592.32	$592.32
Employee Pays	$80.77	$119.60
Family Buy Up – Employees Pays	$1,157.71	$1,258.67

For 9/10 Month Staff: *Employee Monthly Contribution – 25%* (Monthly Prem x 12 / 21pays = per payroll amt)

2024-25 Medical 75/25		
	Dean HMO	**Dean POS/PPO**
	Single	Single
District Pays	$504.82	$504.82
Employee Pays	$168.27	$207.10
Family Buy Up – Employees Pays	$1,245.21	$1,346.17

For 230 Day Staff: *Employee Monthly Contribution – 21%*

2024-25 Medical 79/21		
	Dean HMO	**Dean POS/PPO**
	Single	Single
District Pays	$531.74	$531.74
Employee Pays	$141.35	$180.19
Family Buy Up – Employees Pays	$1,218.29	$1,319.25

Dental Insurance

Clinton Community School District will continue to offer a dental program. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using an in-network provider will reduce your out-of-pocket costs. When accessing care out of network, there are no provider discounts, and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

INFORMATION ON THE GO!

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

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

AMPLIFON HEARING HEALTHCARE

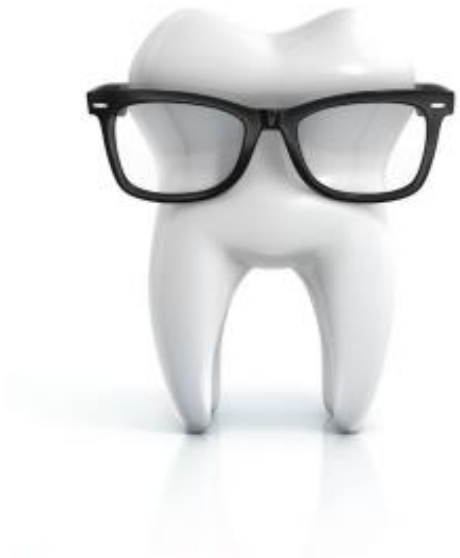
As a Delta Dental member, you receive discounts and savings on hearing diagnostic testing, along with the guaranteed lowest pricing on hearing aids. Call **888-901-0132** or visit **www.amplifonusa.com/deltadentalWI** for information.

Features	PPO	Premier/OON
Annual Maximum	$1,000	$1,000
Annual Deductible *Does not apply to preventive and diagnostics*	None	None
Diagnostic and Preventive	You pay $0	You pay $0
Basic Restorative Care *Amalgam & Resin Fillings*	You pay $0	You pay $0
Oral Surgery *Simple extractions*	You pay $0	You pay $0
Endodontic Therapy *Root canal*	You pay $0	You pay $0
Periodontics *Gum disease*	You pay $0	You pay $0
Major Restoratives *Crowns, Inlays, and Overlays*	You pay 20%	You pay 20%
Prosthetics & Implants	Not Covered	Not Covered
Orthodontia *Lifetime Maximum $1,500* *Dependent children only (to age 19 or 25 if a full-time student)*	You pay 50%	You pay 50%

Employee Contributions (Monthly)	
Single	$3.88
Family	$11.05

QUESTIONS?

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



Smarter Dental Plans

CheckUp Plus™

Our CheckUp Plus™ plan option allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum. Preventive care saves money over the long-term by reducing the need for more expensive services.

CheckUp Plus™ lets you keep your annual maximum for the things you need, not the things you deserve.

The charts show the impact of CheckUp Plus™ on an enrollee's individual annual maximum compared to a traditional plan. Example assumes two routine check-ups, covered at 100% and a $1,000 annual maximum.

	CheckUp Plus™	Traditional Dental Plan
Delta Dental Pays	$300	$300
Enrollee Pays	$0	$0
Maximum Remaining	$1,000	$700

Plan benefit and dentist charges vary.

Voluntary Vision Insurance

Clinton Community School District provides Vision Insurance.

This is a comprehensive plan for all visions services. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.
Always use an in-network provider to obtain the highest level of benefits.

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

Features	In-Network	Out-of-Network
Eye Exam (1x/12 mo)	100% covered	Up to $35 reimbursement
Plastic Lenses (1x/12 mo) *Single* *Bifocal* *Trifocal*	100% covered	 Up to $25 reimbursement Up to $40 reimbursement Up to $55 reimbursement
Lens Options *UV, Tint, Coating* *Polycarbonate* *Anti-Reflective*	You pay $15 You Pay $40 You Pay $45	Not Covered
Frames (1x/24 mo)	100% covered up to $150 allowance, then a 20% discount	Up to $75 reimbursement
Contacts (1x/12 mo) *Medically Necessary* *Elective, in lieu of glasses*	 100% covered 100% covered up to $150 allowance, then a 15% discount	 Up to $200 reimbursement Up to $120 reimbursement

Employee Contributions (Monthly)	
Voluntary Vision	
Employee	$10.31
Employee & Spouse	$20.60
Employee & Child(ren)	$21.02
Employee & Spouse & Child(ren) (Family)	$31.33

QUESTIONS?

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

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Diversified Benefit Services, Inc. allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

The flexible benefit plan year is July 1, 2024 through June 30, 2025. The plan helps you pay for everyday medical expenses on a pre-tax basis by:

- **Premiums:** Pre-tax contributions for medical, dental, and vision premiums.
- **Medical Flexible Spending Arrangement (FSA):** You can set aside pre-tax contributions for medical, dental and vision expenses not paid by your (or your spouse's) insurance plans up to $3,200 depending on your election. As a reminder, you no longer need to obtain a prescription for over-the-counter medications in order to use your medical FSA dollars for reimbursement.
- **Dependent care:** You can set aside pre-tax contributions for dependent care expenses up to $5,000 per plan year.

Each component of the flexible benefit plan requires a separate election. Funds cannot be moved from one component to another. Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event. The medical FSA does allow you to rollover up to $640 of unused funds from this plan year into the next plan year. Re-enrollment is required each year.

For more information on how the FSA and HRA work, please scan the QR code below or click the link: https://www.brainshark.com/usi/vu?pi=zJWzxPMNozdoxfz0&intk=56899242

FILE A CLAIM

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

QUESTIONS?

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

Life and Accidental Death & Dismemberment Insurance

Clinton Community School District provides all certified employees $10,000 term life and AD&D benefits that is paid 100% by the District. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Long-Term Disability Insurance

Clinton Community School District offers long-term income protection through National Insurance Services of Wisconsin, Inc. in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 70% of your monthly base salary up to $6,700 (full-time non-certified) or $9,917 (full-time teachers and administration). Benefit payments begin after 60 days of disability. This benefit is paid 100% by the District. See Certificate of Coverage for benefit duration and a full explanation of your plan's benefits, exclusions, limitations and reductions.

FILE A CLAIM

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

QUESTIONS?

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

Voluntary Life Insurance

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

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

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

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

QUESTIONS?

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

Post-Employment Health Reimbursement Account (HRA)

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

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

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

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

BENEFITS OF AN HRA

- Employer deposits are tax-free (not subject to FICA, Federal, or State income taxes) so you receive 100% of the value of each benefit dollar.
- Deposits earn interest tax-free.
- Reimbursements from the plan are tax-free for you, your spouse, and any qualifying dependents, if applicable.
- Account balance rolls over each year and there is no time frame by when you must submit expenses for reimbursement.
- Once you have access, you have the flexibility to choose when you submit eligible expenses for reimbursement.

INVESTMENT CHANGE

If you wish to change your investment options, you can do so online. Please refer to the link: https://mymidamerica.com/wp-content/uploads/2021/08/Journey-Investment-Management-Guide-1907-001.70821.pdf

PREMIUM ONLY EXPENSES (ADMIN ONLY)

To learn about your HRA follow this link: How to Use Your Premium-Only Retiree HRA (nisbenefits.com)

HOW TO USE YOUR RETIREE HRA (TEACHERS)

To learn about your HRA follow this link: How to use your 213d retiree HRA (nisbenefits.com)

QUESTIONS

Call customer service at **855-329-0095** or visit **www.mymidamericajourney.com**

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

Retirement Benefits

Wisconsin Retirement System (WRS)

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

ELIGIBILITY

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

WRS Participation prior to July 1, 2011

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

WRS Participation on or after to July 1, 2011

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

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

The WRS contribution rate for 2024 is 6.9%. This is subject to change annually on January 1st.

SUMMARY OF BENEFITS

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

ADDITIONAL CONTRIBUTIONS

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

VARIABLE TRUST FUND

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

QUESTIONS?

Call customer service at **877-533-5020 or 608-266-3285** or visit **www.etf.wi.gov**

Value-Added Services

Resources for your total health Support from NIS

Employee Assistance Program

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you. Under NIS's EAP, you can receive no-cost, confidential help for a wide variety of needs and concerns:

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

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

Claimant Assist

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

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

Identify Theft Protection

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

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

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

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

Voluntary Worksite Benefits

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

Protect Your Paycheck

- Short Term Disability
- Hospital Confinement Indemnity

Protect Your Lifestyle

- Accident
- Critical Illness with Cancer coverage

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

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

- Phone: **608-661-4515 x2**
- Email: **amy_knutson@us.aflac.com**

QUESTIONS?

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

Benefit Resource Center

Have Questions? Need Help?

Clinton Community School District is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time at 855-874-0829 or via e-mail at BRCMidwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

BRCMidwest@usi.com

Toll Free: 855-874-0829

Contact the Benefit Resource Center ("BRC")!

Meaningful Notice / Plan Summary Information 2024

403(b) PLAN

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

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

ELIGIBILITY

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

EMPLOYEE CONTRIBUTIONS

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

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

THE BASIC CONTRIBUTION LIMIT FOR 2024 IS $23,000.

Additional provisions allowed:

AGE-BASED ADDITIONAL AMOUNT

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

ENROLLMENT

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

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

INVESTMENT PROVIDER INFORMATION

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

PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request

these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

PLAN-TO-PLAN TRANSFERS

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

ROLLOVERS

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

DISTRIBUTIONS

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

EXCHANGES

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

403(b) PLAN LOANS

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

HARDSHIP WITHDRAWALS

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

EMPLOYEE INFORMATION STATEMENT

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

PLAN ADMINISTRATOR CONTACT INFORMATION

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

TRANSACTIONS

P.O. Box 4037
Fort Walton Beach, FL 32549 Toll-free: 1-888-796-3786 *https://www.tsacg.com*

FOR OVERNIGHT DELIVERIES

73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
Toll-free: 1-888-796-3786
https://www.tsacg.com

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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, please see your SBC for the deductibles and coinsurance that apply.

NEWBORNS ACT DISCLOSURE - FEDERAL

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).

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 toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Shani Browning
112 Milwaukee Rd
Clinton, Wisconsin United States 535259468
608-676-5482 x1101
shbrowning@clintonwis.com

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Clinton Community School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Clinton Community School District and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

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

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Clinton Community School District coverage will not be affected.

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

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage…

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

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 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, 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:	May 1, 2024
Name of Entity/Sender:	Clinton Community School District
Contact--Position/Office:	Shani Browning, Payroll, Benefits & HR Specialist
Address:	112 Milwaukee Road, Clinton, WI 53525
Phone Number:	(608) 676-5482

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

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

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

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

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

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

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

GEORGIA – Medicaid	INDIANA – 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	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
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
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	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
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	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – 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) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since 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
1-866-444-EBSA (3272)

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

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 and reference the OMB Control Number 1210-0137.

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

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one–stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name	4. Employer Identification Number (EIN)	
Clinton Community School District	39-6017645	
5. Employer address	6. Employer phone number	
112 Milwaukee Road	(608) 676-5482	
7. City	8. State	9. ZIP code
Clinton	WI	53525
10. Who can we contact about employee health coverage at this job?		
Shani Browning		
11. Phone number (if different from above)	12. Email address	
(608) 676-5482 x1101	shbrowning@clintonwis.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

    Certified staff .75 FTE or greater, 12-month, full-time staff, ACA eligible staff

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Legally married spouse and children (as defined by certificate of coverage) to age 26.

  - ☐ We do not offer coverage.

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

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

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

* 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

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

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

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

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

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

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

Am I eligible to take FMLA leave?

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

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

Airline flight crew employees have different "hours of service" requirements.

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

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

How do I request FMLA leave?

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

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

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

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

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

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

What does my employer need to do?

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

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

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

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

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

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

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

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

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