

School District of Holmen
Holmen, Wisconsin



Employees Benefits

Effective July 1, 2023

Janice L. Wavra
Corporate Benefits Specialist

The Insurance Center

- Locally Owned, Established in 1960
- Located 701 Sandlake Road, Onalaska, WI
- **Serving the SDH Administration & Employees since 2008**
- Your Service Team
 - Janice L. Wavra
 - Tia Olson
 - Kim Ness
 - Amanda Running
 - Laura Grana
 - Stacey Sila
 - Kris Scholze
 - Missy Hundt
 - Patsy LaBarbara



Note: See the back of the benefit guide for our contact information!

At today's meeting we will review...

- **Group Health Insurance Plan**
- **Health Savings Account (HSA)**
- **Cost Savings Ideas**
- **Group Dental Insurance Plan**
- **Voluntary Dental Insurance Plan**
- **Flexible Spending Account Plan (FSA)**
- **Employer Paid Life and AD&D Insurance**
- **Voluntary Life and AD&D Insurance**
- **Voluntary Short-Term Disability Insurance**
- **Employer Paid Long-Term Disability Insurance**
- **Allstate Accident, Cancer, and Critical Illness**
- **Recap & Questions**



Group Health Insurance Plan Performance

School District of Holmen Medical and RX Claims

Month	2021			Month	2022		
	Premiums	Claims	Loss Ratio		Premiums	Claims	Loss Ratio
January	\$471,570	\$312,992	66%	January	\$432,654	\$529,310	122%
February	\$471,570	\$561,311	119%	February	\$420,816	\$373,911	89%
March	\$471,570	\$445,867	95%	March	\$427,134	\$369,490	87%
April	\$474,076	\$410,289	87%	April	\$445,038	\$605,706	136%
May	\$473,308	\$311,342	66%	May	\$435,798	\$515,190	118%
June	\$474,278	\$630,339	133%	June	\$445,260	\$482,328	108%
July	\$450,294	\$322,257	72%	July	\$444,854	\$482,092	108%
August	\$446,220	\$269,291	60%	August	\$442,276	\$386,149	87%
September	\$436,566	\$387,102	89%	September	\$420,586	\$256,124	61%
October	\$433,776	\$281,585	65%	October	\$458,306	\$357,447	78%
November	\$432,846	\$400,881	93%	November	\$458,108	\$477,063	104%
December	\$433,584	\$370,925	86%	December	\$446,036	\$471,641	106%
Totals	\$5,469,658	\$4,704,181	86%	Totals	\$5,276,866	\$5,306,450	101%

Group Health Insurance Plan 2023 - 2024

- The District received a 15% rate increase from WCA GHT for July 1st.
- The District's group health insurance plan for 2023 - 2024 will remain with WCA GHT.
- WCA GHT offers a broad provider network that includes Gundersen & Mayo.
- The design with WCA Group Health Trust (GHT) will change effective July 1st. By making this change, resulted in a 4.70% increase with the plan change.
- Under ACA, the In-Network Maximum Out-of-Pocket for family coverage will increase from \$7,050 to \$7,500 for the individual out-of-pocket maximum.

District Health Plan 2023-2024

OPTIONS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE *Non-Embedded	\$2,000 Single \$4,000 Family	\$5,000 Single \$10,000 Family
COINSURANCE	80% WCA / 20% Member	60% WCA / 40% Member
MAXIMUM OUT-OF-POCKET	\$4,000 Single \$8,000 Family ((\$7,500 single limit for family coverage))	\$8,000 Single \$16,000 Family

Note: Deductible Year: July 1, 2023 – June 30, 2024

See page 4 in Benefit Guide.

District Health Plan

2023 - 2024

OPTIONS	IN-NETWORK	OUT-OF-NETWORK
PRIMARY OFFICE VISIT	\$20 Copay, then 80% Coinsurance	\$40 Copay, then 60% Coinsurance
SPECIALTY OFFICE VISIT	\$40 Copay, then 80% Coinsurance	\$80 Copay, then 60% Coinsurance
URGENT CARE	\$50 Copay, then 80% Coinsurance	\$100 Copay, then 60% Coinsurance
EMERGENCY ROOM	\$100 Copay, then 80% Coinsurance	\$100 Copay, then 80% Coinsurance
PRESCRIPTION DRUG BENEFIT	Deductible then 80% Coinsurance	Deductible then 80% Coinsurance

Note: Deductible Year: July 1, 2023 – June 30, 2024

Plan Changes for 2023 - 2024

Plan Design	2022-2023 In-Network	2023-2024 In-Network
Deductible		
Single	\$1,500	\$2,000
Family	\$3,000	\$4,000
Maximum Out-of-Pocket		
Single	\$4,000	\$4,000
Family	\$8,000	\$8,000

District Health Plan Per Check Deductions Full-Time (Calendar Year Staff) Employees

Certificate Type	Per Check Deduction	
	2022 - 2023 Plan Year	2023 - 2024 Plan Year
Single	\$56.40	\$59.10
Family	\$127.65	\$133.65

District's HSA Contributions

- **You must be enrolled** in the District's Group Health Insurance Plan when the HSA deposits are made.
- The HSA contributions are **100% funded and paid by the District** so there is no additional cost to you and your family.
- You must have an **HSA Account established with Altra Federal Credit Union to receive the District's HSA contributions.**



See page 9 in Benefit Guide.

NEW
for 2023 - 2024

District's HSA Contributions

The health savings account (HSA) must be established with Altra and direct deposit provided to Business Services within 30 days of the effective date of the district health insurance plan enrollment to be eligible for the corresponding employer contribution. Missed employer contributions due to incomplete account information will be forfeited.



See page 9 in Benefit Guide.



Must be enrolled in the District's Group Health Insurance Plan

- **Single Coverage:** The District will deposit the following into your individual HSA account:
 - Base HSA Benefit: \$750
 - Maximum HSA Benefit – Wellness: \$750
- **Family Coverage:** The District will deposit the following into your individual HSA account.
 - Base HSA Benefit: \$1,500
 - Maximum HSA Benefit – Wellness: \$750/\$750 (employee/spouse)

Note: The District HSA contributions will be deposited the 1st pay period in September 2023, January 2024, March 2024, and June 2024.



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See page 9 in Benefit Guide.

HSA Contribution Limits for 2023

January 1st - December 31st

Maximum HSA contribution is a calendar year maximum which is a combination of employer and employee dollars.

HSA Maximum Contribution	Annual Limits
Individual	\$3,850
Family	\$7,750
Catch-Up Contributions	
Age 55 and older	\$1,000



See page 9 in Benefit Guide.



Who is Eligible for an HSA?

- **Anyone who is:**
 - Covered by an HDHP
 - Not enrolled in Medicare, Medicaid, BadgerCare
 - Not covered under other health insurance*
 - Not another person's dependent
 - Not covered by TRICOR or VA
 - Not covered under a FSA General Purpose Medical plan.
- * ***Other health insurance does not include: specific disease or illness insurance, accident, disability, dental care, vision care and long-term care insurance***



Cost Savings Ideas

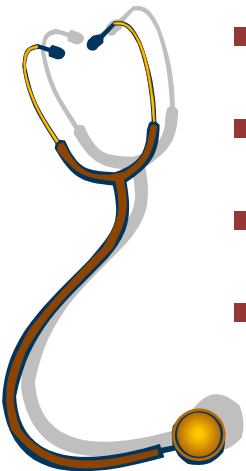
- Contribute to your **HSA Account**
- Utilize your **100% Preventive Care Services**
- **Utilize In-Network Providers**
- Call **Nurse Helpline** as your first step unless emergency
- Utilize the **Neighborhood Family Clinic and Community Care Clinic**
- **Use Urgent Care** instead of Emergency Room
- **Utilize Teladoc** offered by WCA
- Ask about **low-cost Generic Programs** at your pharmacy
- Utilize www.goodrx.com



Preventive Care

100% Coverage for:

- Preventive Care Exams
- Well-Child Care
- Well-Woman Gynecological Exams
- Mammograms
- Adult and Child Immunizations
- Hearing Exam (1 per plan year)
- Vision Exam (1 per plan year)



Wellness Incentives Sponsored by WCA Group Health Trust

- \$50 Debit Card for completing your annual preventive care exam for you and your spouse.
- \$120 for Single coverage/\$240 for Family coverage for gym memberships or fitness classes.



See page 5 in Benefit Guide.

Cost of Care Comparison Gundersen vs Mayo

The Alliance Network:

- Gundersen Providers
- 42.7% average discount for the prior plan year

PHCS Network:

- Mayo Provides
- 8.5% average discount for the prior plan year

The Greater the Provider Discount:

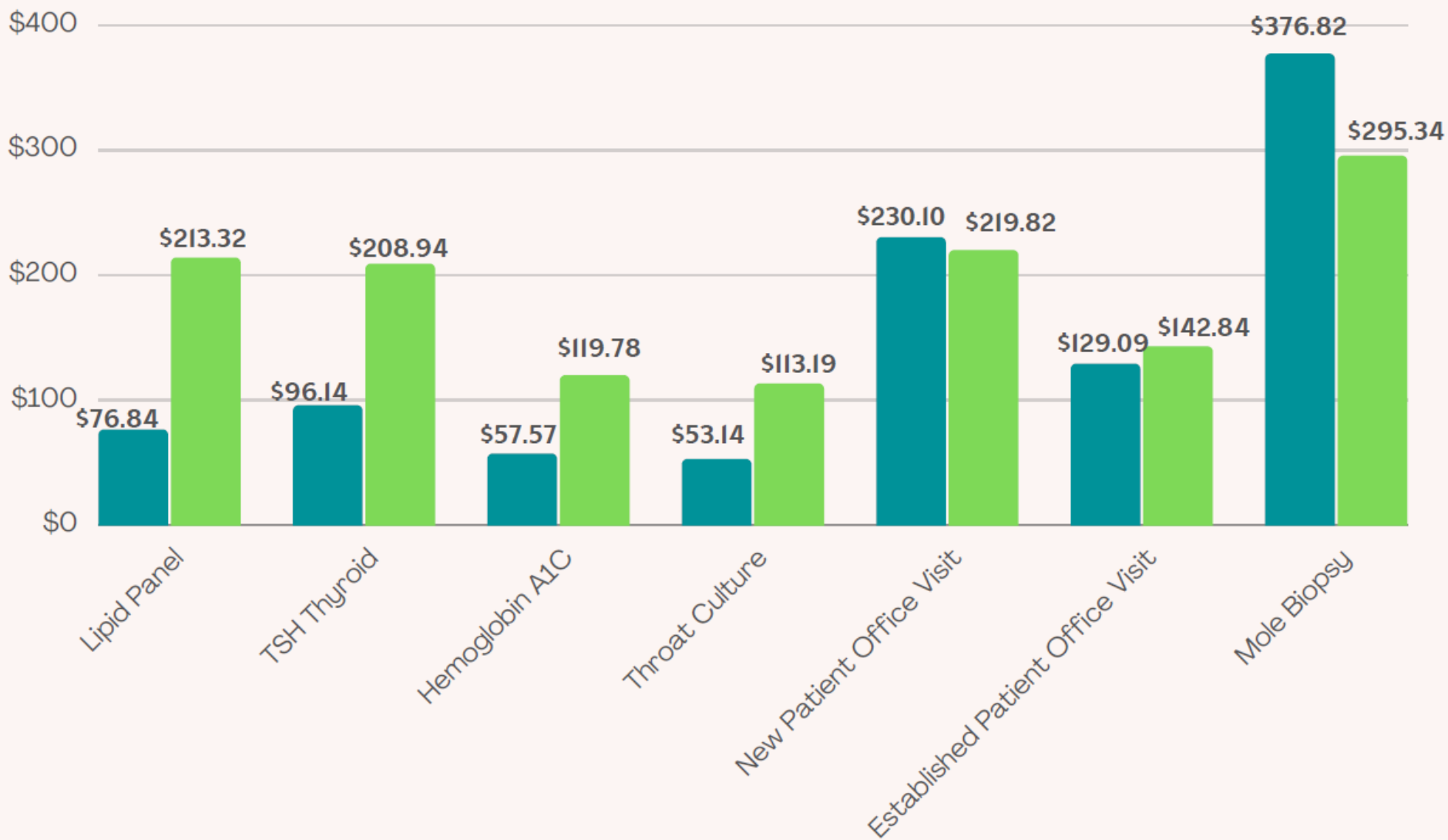
- Less cost to employees and family members
- Impacts MLR (medical loss ratio)
- Impacts future renewal increases



Cost of Care **DATA**

● Gundersen

● Mayo

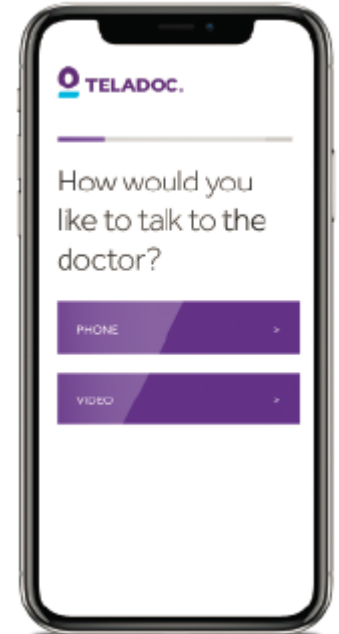




General Health Services

HDHP Members only pay \$45 or less for a Teladoc visit

Teladoc.com 1-800-TELADOC (835-2362) Download the app



Therapist \$85 or less/session

Psychiatrist \$200 or less/evaluation
\$95 or less/ongoing session

Behavioral Health Services

Dermatology Services

Get healthier skin for \$75 or less

Teladoc.com Download the app



See page 6 in Benefit Guide.

Why Use the Cash Clinics?

- **NO COST TO YOU!**
- No deductibles
- No co-insurance
- No medical copays
- Preserve your HSA \$\$\$
- Medical services do not apply to the District's claims/utilization
- Convenient with walk-ins and same day appointments



See page 7 in Benefit Guide.

Neighborhood Family Clinic



LA CROSSE	SPARTA	VIROQUA	ONALASKA	WEST SALEM
1526 Rose Street La Crosse, WI 54603 608-781-9880	128 S Water, Suite B Sparta, WI 54656 608-351-2820	1316 Bad Axe Court Viroqua, WI 54665 608-518-3745	N5560 CTH ZM Onalaska, WI 54650 608-779-5323	1580 Heritage Blvd West Salem, WI 54669 608-518-3410
Mon-Fri: 7am - 6pm Sat: 7am - 1pm	Mon, Wed & Fri: 8am - 2pm Tues & Thurs: 8am - 6pm	Mon & Tues: 8am - 4pm Wed & Thurs: 8am - 3pm Fri: 8am - 1pm	Mon-Fri: 8am - 4pm	Mon, Wed & Fri: 8am - 1pm

***WCA Group Health Trust
has a special contract with the Neighborhood Family Clinic. Medical
services will be paid at 100%. The deductibles and
coinsurance do not apply!***

Does not include chiropractic services!



See page 7 in Benefit Guide.

Advantages of Cash Clinics

Services Offered at NFC

Service

- Office Visit
- Extended Office Visit
- School, Camp, Sports Physical
- DOT Exam
- Dermatology (\$30-\$99)

Miscellaneous

- Oral Antibiotics (\$10-\$25)
- Casting (\$300)

Lab Work

- Lyme Test
- C-Reactive Protein-CRP
- Prottime/INR
- Hemoglobin A1C
- Glucose/Sugar
- Urinalysis
- Rapid Strep Test
- Pregnancy Urine Lab
- Lipid Panel Cholesterol
- Thyroid/TSH
- Prostate-PSA
- Pap Smear/HPV
- Complete Blood Count/CBC
- Chlamydia/Gonorrhea
- HIV
- VDRL
- FIT (\$30-\$110)

Advantages of Cash Clinics

Services Offered at NFC

Procedures

- Laceration Repairs
 - Incision & Drainage
 - Nebulizer Treatment
 - X-Rays with Interpretation
 - EKG with Interpretation
 - Mole Biopsy
 - Liquid Nitrogen
 - Remove Impacted cerumen
 - Injection of Joints/Cortisone
- (\$30-\$450)

Immunizations

- TB Test-PPD
- Flu Shot
- Tetanus Shot
- Shingrix (\$20-\$290)

Injections

- Toradol Injections
 - Kenalog Injection
- (\$40)



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Community Care Clinic



LA CROSSE	ONALASKA
525 Lang Dr La Crosse, WI 54603 608-782-2225	1202 County Rd PH Onalaska, WI 54650 608-781-2225
Hours	
Mon: 10am-6pm, Tues: 9am-2pm, Wed: 8am-5pm, Thurs: 9am-1pm, Fri: 9am-5pm	

***WCA Group Health Trust
has a special contract with the Community Care Clinic.
Medical services will be paid at 100%. The deductibles and
coinsurance do not apply!***

Does not include chiropractic services!

See page 7 in Benefit Guide.



District's Cash Clinic Utilization

Plan Year	Neighborhood Family Clinic	Community Care Clinic	Total \$\$
2020 - 2021	\$89,148	\$9,908	\$99,056
2021 - 2022	\$117,460	\$7,230	\$124,690
YTD 2022 (7/1 – 11/30)	\$52,006	\$2,544	\$54,550



Claim Example

Medical Condition	Mayo Gundersen	Cash Clinic	WCA Members
Child with Sore Throat			
Urgent Care	\$220	\$39	\$0
Throat Culture	\$93	\$44	\$0
Total Claim	\$313	\$83	\$0
Cost to the District's Plan Utilizing Cash Clinic			\$0
Cost to the Member Utilizing Cash Clinic			\$0

Claim Example

Medical Condition	Mayo Gundersen	Cash Clinic	WCA Members
Possible UTI			
Urgent Care	\$220	\$39	\$0
Urinalysis	\$118	\$39	\$0
Total Claim	\$338	\$78	\$0
Cost to the District's Plan Utilizing Cash Clinic			\$0
Cost to the Member Utilizing Cash Clinic			\$0

Urgent Care vs. Emergency Room

Average Urgent Care: \$220

Average Emergency Room: \$900

Locations	Gundersen	Mayo
La Crosse	M-F: 7am – 9pm	M-F: 8am – 8pm
	Sat-Sun: 9am – 7pm	Sat-Sun: 8am – 8pm
Onalaska	M-F: 7am – 9pm	M-F: 5pm – 9pm
	Sat-Sun: 9am – 5pm	Sat-Sun: 9am – 5pm
Holmen	M-Thur: 8am – 6pm	M-Thur: 7am – 7pm
	Fri: 8am – 4pm	Fri: 7am – 5pm

How to be a Prescription Drug Smart Consumer

- Know your Health Plan
- GoodRX
- Single Care
- Lower Cost Pharmacies
- Manufacturer's Coupons
- Pharmaceutical Assistant Programs
- Discuss lower cost options with Physician and Pharmacist



What We Know

The average **PMPM** (per member per month) for RX has remained steady from the prior reporting period to the current reporting period for SDH's group health insurance plans.

Current Period: \$75.41

Prior Period: \$63.88



**Currently 915 members on the plan at \$75.41
PMPM = \$69,000 per month x 12 months =
\$828,007 annually!**

What We Know

The total **RX paid** from the prior reporting period to the current reporting period has increased for SDH's group health insurance plans.

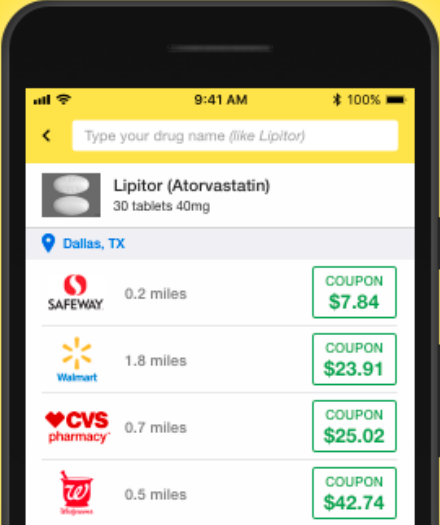
Current Period: \$828,007 (915 Members)

Prior Period: \$719,762 (939 Members)

16% of total Medical & RX Claims for the current reporting year are RX Claims!

www.goodrx.com

Why pay too much for your prescriptions?



Save up to 80% on your prescriptions with the free GoodRx app

★★★★★ 400,000+ Ratings
GoodRx is the #1 free medical app for iOS and Android.

Download on the App Store | GET IT ON Google Play

Enter your mobile number to get our free app.

Mobile number [Text me the app](#)

Pharmacy	Distance	Coupon Price
SAFEWAY	0.2 miles	\$7.84
Walmart	1.8 miles	\$23.91
CVS pharmacy	0.7 miles	\$25.02
Walmart	0.5 miles	\$42.74



What Can You Do?

It is very important for us to be **better consumers** when purchasing prescriptions to save \$\$ (for both you and the District's plan)!

Prescription	Lowest Cost	Highest Cost
Adderall	\$16.09	\$21.83
Imitrex	\$6.39	\$41.07
Levothyroxine	\$1.26	\$11.16
Lisinopril	\$4.00	\$12.81
Singulair	\$4.43	\$29.86
Relpax	\$31.33	\$96.82

Note: Costs noted above are based on Onalaska zip code, utilizing manufacturer coupons (if applicable), and cost posted April 2023.

www.goodrx.com

Relpax Eletriptan

ELETRIPTAN treats migraines. It works by blocking pain signals and narrowing blood vessels in the brain. It belongs to a group of medications called triptans. It is not used to prevent migraines. The lowest GoodRx price for the most common version of generic Relpax is around \$25.13, 90% off the average retail price of \$270.61.

Prescription Settings: generic, tablet, 40mg, 6 tablets

Free Coupons: Prices as low as \$17.63

Savings Clubs: Prices as low as \$24.17

Mail Order: Prices as low as \$52.68

Set your location for drug prices near you

Popular

cove Your Online Migraine Clinic
Skip scheduling. Skip waiting rooms. Consult with a Migraine Expert and get Rx Migraine Meds Delivered to your doorstep for \$12 or Less. Finally get the relief you deserve on your schedule. Sponsored

Start virtual visit now

Walmart

cove

eletriptan 40mg
6 tablets at Walmart

GET FREE DISCOUNT

Retail Cost
\$465

\$31.33 - \$37.83

BIN 015995
PCN GDC
Group DR33
Member ID CWC682211

GoodRx Coupon • Last updated Feb 4

www.singlecare.com



Relpax Coupons & Prices

(Eletriptan Hydrobromide)

Save

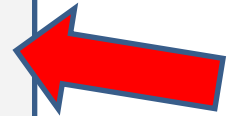
Relpax is a brand-name prescription medication used to treat migraines with or without aura in adults. It may help improve headache pain, sensitivity to light and sound, nausea, and other symptoms. Relpax contains eletriptan hydrobromide, a serotonin agonist or triptan that narrows swollen blood vessels in the brain. Relpax comes in the form of an oral tablet, and a generic version is currently available. The average cash price of Relpax is \$169.40 for 2, 40MG Tablet. A Relpax coupon from SingleCare may help lower the price of your next Relpax refill to \$27.38 for 6, 40mg Tablet of generic Relpax.

Generic | Tablet | 40mg | 6 count

54650 - Onalaska, WI

Price alert

	\$27.38 <small>Price with sign-up</small>	Get free coupon
	\$54.81 <small>Price with sign-up</small>	Get free coupon
	\$104.65 <small>Price with sign-up</small>	Get free coupon
	\$125.74 <small>Price with sign-up</small>	Get free coupon



4.21 mi. away
\$27.38
Price with sign-up
Without sign-up: \$32.38

Pharmacy Savings
SAVE ON YOUR PRESCRIPTION MEDICATIONS

Available at

AUTH	006025774
BIN	610396
GRP	497404
PCN	WM1

[Sign up & save more](#)

[Text](#) [Email](#)

[Print](#)

Retail Cost
\$465

Relpax


Pharmaceutical Manufacturer's Website

SDH: Deductible/Coinsurance

Cost to Plan: \$465 per script per month

Prescribed: Migraines



GET YOUR CARD
Have a card? [Activate](#) 
[Terms & Conditions apply.](#)



ABOUT



SAVINGS



FAQs




RESOURCES

SEE HOW TO SAVE ON RELPAX

With the RELPAX Savings Card, you may pay as little as \$4 for each 30-day fill of brand-name RELPAX.*

*Eligible patients could save up to \$3,000 a year. Savings Card only works on brand-name RELPAX. [Terms and Conditions apply.](#)

GET YOUR RELPAX SAVINGS CARD

Already have a card? [Activate it here.](#) 



IMPORTANT SAFETY INFORMATION AND INDICATION

Do not take RELPAX (eletriptan HBr) if you:

- Have heart disease or a history of heart disease
- Have a history of stroke, transient ischemic attack
- Have a history or current evidence of hemiplegic or

Humira

Pharmaceutical Manufacturer's Website

SDH: Deductible/Coinsurance
Cost to Plan: \$6,665 per script per month
\$80,000 per script per year
Prescribed: Rheumatoid Arthritis



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Search



HOME

LEARN ABOUT HUMIRA

STARTING HUMIRA

HUMIRA COMPLETE RESOURCES

You could get HUMIRA for as little as \$5.*



Whether you're first taking HUMIRA or have been taking it for some time, you may be wondering, "How can I reduce my out-of-pocket cost?"

For eligible patients, the HUMIRA Complete Savings Card may help you get HUMIRA for as little as \$5 a month, every month.*

If your pharmacy is unable to process your HUMIRA Complete Savings Card for instant savings, you may still be able to get HUMIRA for as little as \$5 a month by receiving a rebate for the amount you paid out of pocket for your prescription. Simply call **1.800.4HUMIRA** (1.800.448.6472) and speak to one of our Insurance Specialists to see if this option is right for you.

Savings apply whether you take HUMIRA alone or, for rheumatology patients, HUMIRA plus one of the following medications: methotrexate, leflunomide (Arava®), or hydroxychloroquine (Plaquenil®). Please call **1.800.4HUMIRA** (1.800.448.6472) for details.

All trademarks are properties of their respective companies.

Enroll in HUMIRA Complete to get your HUMIRA Complete Savings Card.

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[Resources for You](#)

[Save on HUMIRA](#)

[Check Your Insurance Coverage](#)

[Insurance Explained](#)

[Your HUMIRA Ambassador](#)

[How to Inject HUMIRA](#)

[Sign Up for HUMIRA Complete](#)

Already enrolled?

[Go Straight to Your Complete Resource Center](#)

Does your insurance cover HUMIRA?

[Check Now](#)



Flexible Spending Account Plan (FSA)



What is the FSA Plan?

- A great way to help you increase your spendable income while reducing your payroll taxes!
- The FSA Plan is a pre-tax payroll deduction plan that allows you to set aside dollars for eligible expenses before Federal, State, and Social Security taxes are applied.

Plan Year: July 1, 2023 through June 30, 2024

Flexible Spending Account Plan (FSA)

- **General Purpose Medical Account Maximum (non-HSA qualified health plan):**
(medical, dental, and vision expenses)
\$3,050
- **Limited Purpose Medical Maximum (HSA qualified health plan):**
(dental and vision expenses only)
\$3,050
- **Dependent Care Account Maximums:**
\$5,000 (\$2,500 if filing separately)



Reminder of Enhancements to the FSA Plan



**Rollover Benefit
up to \$610
General Purpose Medical
&
Limited Purpose Medical**

How to File FSA Claims to EBC

- Fax: 608-831-4790
- Email: participantservices@ebcflex.com
- Online: www.ebcflex.com
- Mail: Employee Benefit Corporation
PO Box 44347
Madison, WI 53744-4347
- Phone Support: 800-346-2126 or 608-831-8445
M-F 8:00-5:00 Central



Group Dental Plan

Benefits	PPO Dentist	Premier Dentist or Non-Contracted
Deductible *	\$25 Per Person \$75 Per Family	\$25 Per Person \$75 Per Family
Annual Maximum	\$1,000	\$1,000
Tier 1: Preventive Care Svs	100%	100%
Tier 2: Basic Services	80%	80%
Tier 3: Major Services	50%	50%
Orthodontia Services	50%	50%
Orthodontia Maximum	\$1,500 Lifetime	\$1,500 Lifetime

*** Deductible applies to all dental services.**



Voluntary Dental Plan

Benefits	PPO Dentist	Premier Dentist or Non-Contracted
Deductible *	\$25 Per Person \$75 Per Family	\$25 Per Person \$75 Per Family
Annual Maximum	\$1,000	\$1,000
Tier 1: Preventive Care Svs	100%	100%
Tier 2: Basic Services	80%	80%
Tier 3: Major Services	50%	50%
Orthodontia Services	50%	50%
Orthodontia Maximum	\$1,500 Lifetime	\$1,500 Lifetime

*** Deductible applies to all dental services.**

Group Dental Plan

Certificate	2022 - 2023 Per Check	2023 - 2024 Per Check
Single	\$4.11	\$4.36
Family	\$10.72	\$11.37

Voluntary Dental Plan

Certificate	2022 - 2023 Per Check	2022-2023 Per Check	Summer Premiums (July and August)
Single	\$20.54	\$21.80	\$87.20
Family	\$53.62	\$56.85	\$227.40

Per Check Increase
Effective
July 1st.

Evidence Based Integrated Care Program



Diabetes



Pregnancy



High Risk
Cardiac Conditions



Suppressed Immune
System Conditions



Kidney Failure or
Dialysis Conditions



Cancer Related
Chemotherapy and/or
Radiation



Periodontal Disease

 **DELTA DENTAL**


THE Insurance CENTER

See page 15 in Benefit Guide.

Value Added Benefits

DELTA DENTAL

eye Med

EyeMed Group Number: 9231093
Group Name: Delta Dental Vision Discount Program
Member Name:

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

This is a discount plan. It is NOT insurance.



See page 15 in Benefit Guide.

amplifon Hearing Health Care **Discount Card**

- Discounted hearing testing
- Low price guarantee
- 60-day risk-free device trial period
- 2 years batteries with purchase

To activate your discount,
call **1-888-901-0132** today.

Group Term Life and AD&D Insurance

- 100% Employer Paid
 - 1 x salary
 - Accidental Death & Dismemberment



See page 16 in Benefit Guide.

Voluntary Term Life and AD&D Insurance

- Employee
 - Elect up to \$500,000 or 5x salary
 - Guarantee Issue \$150,000 (new ees)
- Spouse
 - \$5,000-\$100,000 up to 50% of employee amount
 - Guarantee Issue \$25,000 (new ees)
- Children
 - Guarantee Issue \$10,000 (new ees)



Voluntary Short-Term Disability Insurance

- 66.67% of your annual salary
- Elect up to maximum \$500/week
- Guarantee issue \$300/week (new ees)
- 1st day accident
- 4th day illness
- 9-week maximum benefit period
- Pre-existing condition period 6/12



Long-Term Disability Insurance

- Employer Paid
- 90% of your annual salary
- Up to maximum benefit of \$9,450 per month
- 60-day elimination period
- Maximum benefits period up to Social Security Normal Retirement Age (SSNRA)



Accident Insurance – The Benefit

Covers:

- Urgent Care
- Emergency Room Services
- Dislocation or Fracture
- Initial Hospital Confinement
- Daily Hospital Confinement
- Intensive Care
- Ambulance
- Lacerations
- Broken Tooth
- X-Ray
- More...

OUTPATIENT PHYSICIAN'S TREATMENT FOR ACCIDENT & PREVENTATIVE CARE BENEFIT RIDER

\$50 benefit will be paid per visit if a covered person has a doctor visit for any preventative cause

EACH CALENDAR YEAR
2 visits per person
4 visits per family

Outpatient Physicians
Treatment Annually



A doctor visit
is scheduled



See a Physician,
Dentist, Chiropractor,
or Eye Doctor



Submit a
claim form



You get
paid cash

Accident Insurance – The Need

Claims for a typical family with two children that are active and slightly accident prone! High Option

Occurrence/Service	Accident #1	Accident #2	Accident #3	Accident #4	Accident #5
Accident Physician Treatment	\$200	\$200	\$200	\$200	\$200
X-Ray			\$400		\$400
Lacerations	\$200	\$200			
Appliance			\$500		\$500
Medical Supplies	\$20	\$20	\$20	\$20	\$20
Accident Follow Up Treatment	\$200	\$200	\$200	\$200	\$200
Fracture			\$3,200		\$3,200
Total Benefit Paid:	\$620	\$620	\$4,520	\$420	\$4,520
Total Benefit Paid:	\$10,700	Total NET Premium Paid:		\$388.90	



Accident Insurance – The Cost

Accident Insurance Semi-Monthly Low Option

	Gross	Net**	Net Annual	Outpatient Physician (*)	Annual Net After Outpatient	Semi-Monthly Net After Outpatient
Member Only	\$8.00	\$5.76	\$138.24	(\$100)	\$38.24	\$1.59
Member/Spouse	\$13.82	\$9.95	\$238.80	(\$200)	\$38.80	\$1.62
Member/Child(ren)	\$20.52	\$14.77	\$354.48	(\$200)	\$154.48	\$6.44
Family	\$26.70	\$19.22	\$461.28	(\$200)	\$261.28	\$10.89

*OUTPATIENT PHYSICIAN'S TREATMENT & PREVENTATIVE CARE BENEFIT
(Preventative Doctor Visits, Eye Doctor Visits, Dental Office Visits, etc.)

Member Only: 2 at \$50 = \$100
Member/Spouse/Children: 4 at \$50 = \$200

**Approximate 28% Savings due to Pre-Taxing the premium



See pages 28 - 29 in Benefit Guide.

Accident Insurance – The Cost

Accident Insurance Semi-Monthly High Option

	Gross	Net**	Net Annual	Outpatient Physician (*)	Annual Net After Outpatient	Semi-Monthly Net After Outpatient
Member Only	\$10.16	\$7.32	\$175.68	(\$100)	\$75.68	\$3.15
Member/ Spouse	\$17.57	\$12.65	\$303.60	(\$200)	\$103.60	\$4.32
Member/ Child(ren)	\$26.38	\$18.99	\$455.76	(\$200)	\$255.76	\$10.66
Family	\$34.08	\$24.54	\$588.96	(\$200)	\$388.96	\$16.21

*OUTPATIENT PHYSICIAN'S TREATMENT & PREVENTATIVE CARE BENEFIT
(Preventative Doctor Visits, Eye Doctor Visits, Dental Office Visits, etc.)

Member Only: 2 at \$50 = \$100

Member/Spouse/Children: 4 at \$50 = \$200

**Approximate 28% Savings due to Pre-Taxing the premium



Accident Insurance – How to File Claims

Paper

OR

Online

OUTPATIENT PHYSICIAN'S TREATMENT CLAIM FORM

Allstate Benefits

If you have any questions regarding benefits available, or how to file your claim, or if you would like to appeal any determination, please contact our Customer Care Center at 1-800-348-4489, 8:00 A.M. to 8:00 P.M. Eastern Standard Time or visit our website at www.allstatebenefits.com

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

Mail or Fax Your Claim to: **American Heritage Life Insurance Company**
1776 American Heritage Life Drive, Jacksonville, FL 32224
Fax 1-866-427-3730

If you would like to have claim benefits automatically deposited into your bank account, please complete and send our ACH form (ABJ16861). This form can be found on our website at www.allstatebenefits.com or www.allstatebenefits.com/mybenefits.

POLICYHOLDER / CERTIFICATE HOLDER:

POLICY / CERTIFICATE NUMBER(s): _____

POLICYHOLDER / CERTIFICATE HOLDER:

First Name: _____ MI: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____ Age: _____ Male Female

Mailing Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ Check here if address is new

Phone #: _____ E-mail: _____

PATIENT'S INFORMATION:

First Name: _____ MI: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____ Age: _____ Male Female

Relation to Policyholder / Certificate Holder: Self Spouse Child Other

OUTPATIENT PHYSICIAN'S TREATMENT BENEFIT

Your coverage includes an Outpatient Physician's Treatment Benefit that pays a benefit when a covered person receives treatment by a physician outside of a hospital. Please refer to your policy / certificate for limitations that may apply.

Reason for the physician treatment / examination:

Accident
 Illness
 Well/Preventative Exam

Please provide the following:

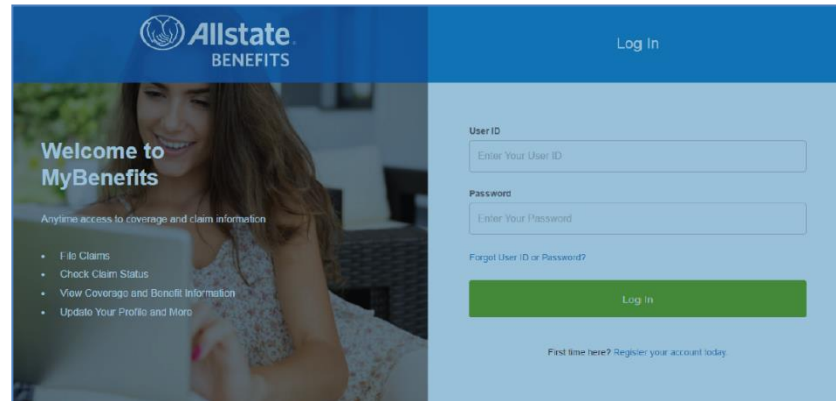
Provider Name: _____

Provider Address: _____

Date(s) of service: _____

Please attach a copy of a bill or documentation of treatment provided by a physician, outside of the hospital.

Log-in to MyBenefits
<https://www.allstatebenefits.com/mybenefits/>



Paid within 48 hours once all supporting documentation is received.



THE Insurance CENTER

Allstate Cancer Insurance

- Premiums are level even though the insured changes age
- Benefits recharge and start over every 12 months from date of first use
- Wellness Rider of \$100 paid on a calendar year basis
- No benefit reduction at any age
- Evidence of Insurability required if applying for the plan 7/1/2023



See pages 30 - 31 in Benefit Guide.

Cancer Insurance – The Benefit

Benefit Highlights

- 29 Specified Diseases
- Continuous Hospital Confinement
- Surgery
- Second Surgical Option
- Radiation/Chemotherapy
- New or Experimental Treatment
- Blood, Plasma & Platelets
- Outpatient Lodging
- Non-Local Transportation
- Family Member Lodging and Transportation
- Bone Marrow/Stem Cell Transplant
- Initial Diagnosis
- Intensive Care
- And More
- **WELLNESS BENEFIT**

WELLNESS BENEFIT

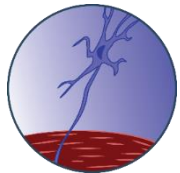
\$100 benefit will be paid if a covered person has an eligible wellness test.

EACH CALENDAR YEAR

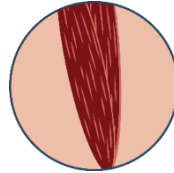
- Lipid Panel
- Biopsy
- Cholesterol
- Mammogram
- CA15-3 (Breast Cancer)
- CEA (Colon Cancer)
- PSA (Prostate Cancer)
- Bone Marrow
- Chest X-Ray
- Colonoscopy
- EKG
- HPV Vaccination
- Pap Smear
- Stress Test



Cancer Insurance + 29 Other Specified Diseases



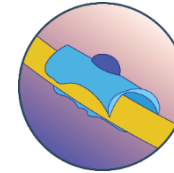
Amyotrophic Lateral Sclerosis (ALS)



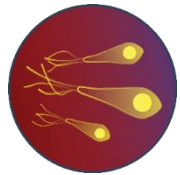
Muscular Dystrophy



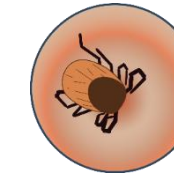
Encephalitis



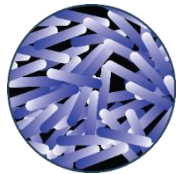
Multiple Sclerosis



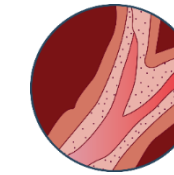
Tetanus



Lyme Disease



Tuberculosis



Cystic Fibrosis

See pages 30 - 31 in Benefit Guide.

Cancer Insurance – The Need

John has coverage from the cancer plan benefits his employer is offering. He always does an annual wellness test to get his \$100.

John is diagnosed with cancer, undergoes pre-op medical imaging and is admitted to the hospital for surgery.

John has surgery with anesthesia, receives inpatient medication and is visited by a doctor.

Every 2 weeks, John has radiation/chemo, is given anti-nausea medication, and receives blood plasma.

The Cancer plan paid based on the “Medium” plan level.

<u>Occurrence/Service</u>	<u>Benefit Payment</u>
Wellness Test	\$ 100
Cancer Initial Diagnosis	\$ 2,000
Medical Imaging	\$ 500
Continuous Hospital Confinement	\$ 200
Surgery	\$ 3,000
Anesthesia	\$ 750
Radiation/Chemo	\$ 10,000
Anti-Nausea Medication	\$ 200
Blood Plasma	\$ 10,000
<u>TOTAL PAYOUT</u>	<u>\$26,750</u>



Cancer Insurance – The Cost

Low Option Semi-Monthly

	Gross	Net*	Net Annual	Wellness Benefit	Annual Net After Wellness	Semi-Monthly Net After Wellness
Member Only	\$8.47	\$6.10	\$146.36	(\$100)	\$46.36	\$1.93
Member/ Spouse	\$13.44	\$9.68	\$232.24	(\$200)	\$32.24	\$1.34
Member/ Child(ren)	\$11.69	\$8.42	\$202.00	(\$100)	\$102.00	\$4.25
				(\$200)	\$2.00	\$0.08
				(\$300)**	-\$98.00	-\$4.08
Family	\$16.65	\$11.99	\$287.71	(\$200)	\$87.71	\$3.65
				(\$300)**	-\$12.29	-\$0.51



See pages 30 - 31 in Benefit Guide.

Cancer Insurance – The Cost

Medium Option Semi-Monthly

	Gross	Net*	Net Annual	Wellness Benefit	Annual Net After Wellness	Semi-Monthly Net After Wellness
Member Only	\$12.18	\$8.77	\$210.47	(\$100)	\$110.47	\$4.60
Member/Spouse	\$19.03	\$13.70	\$328.84	(\$200)	\$128.84	\$5.37
Member/Child(ren)	\$17.05	\$12.28	\$294.62	(\$100)	\$194.62	\$8.11
				(\$200)	\$94.62	\$3.94
				(\$300)**	-\$5.38	-\$0.22
Family	\$23.89	\$17.20	\$412.82	(\$200)	\$212.82	\$8.87
				(\$300)**	\$112.82	\$4.70

Cancer Insurance – The Cost

High Option Semi-Monthly

	Gross	Net*	Net Annual	Wellness Benefit	Annual Net After Wellness	Semi-Monthly Net After Wellness
Member Only	\$18.07	\$13.01	\$312.25	(\$100)	\$212.25	\$8.84
Member/Spouse	\$28.48	\$20.51	\$492.13	(\$200)	\$292.13	\$12.17
Member/Child(ren)	\$25.74	\$18.53	\$444.79	(\$100)	\$344.79	\$14.37
				(\$200)	\$244.79	\$10.20
				(\$300)**	\$144.79	\$6.03
Family	\$36.14	\$26.02	\$624.50	(\$200)	\$424.50	\$17.69
				(\$300)**	\$324.50	\$13.52



Cancer Insurance – How to File Claims

Paper

OR

Online

Log-in to MyBenefits

<https://www.allstatebenefits.com/mybenefits/>

WELLNESS CLAIM FORM

Allstate Benefits

If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our Customer Care Center at 1-800-348-4489 8:00 A.M. to 8:00 P.M. Eastern Standard Time.
Claim forms and other valuable information may be found on www.allstateatwork.com

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

POLICYHOLDER / CERTIFICATEHOLDER

Insured's Name: _____ Patient: _____ Male Female
 Policy Number(s): 1) _____ 2) _____
 Insured's Social Security Number: _____ Patient's Date of Birth: ____/____/____
 Home Number: (____) _____ E-mail: _____

Filing a claim for your calendar year Wellness Benefit is easy! If you have had one of the listed preventative tests or HPV Vaccination shown below, please check the appropriate boxes and attach any documentation you may have showing the provider, patient's name, the date of the test, and exam performed. If your policy was issued in Pennsylvania or California, please send us the actual bill and the Explanation of Benefits from your Major Medical Carrier.

Thank you for selecting Allstate Benefits and for having your annual wellness exam!

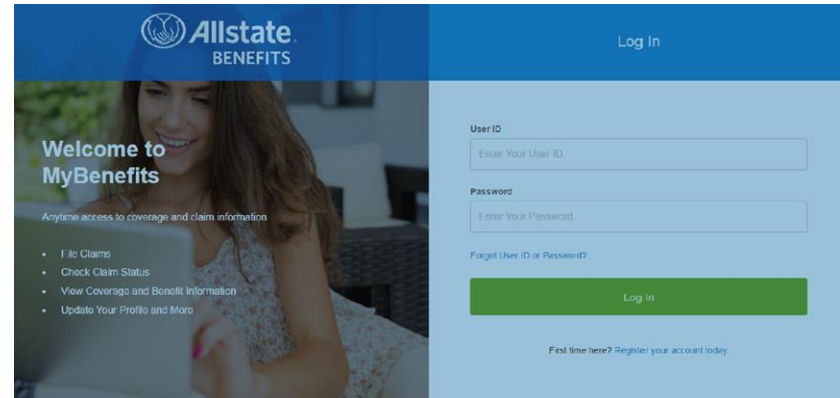
WELLNESS SCREENINGS

<input type="checkbox"/> Biopsy for skin cancer	<input type="checkbox"/> Flexible sigmoidoscopy
<input type="checkbox"/> Blood test for triglycerides	<input type="checkbox"/> Hemocult stool analysis
<input type="checkbox"/> Bone Marrow Testing	<input type="checkbox"/> HPV (Human Papillomavirus) Vaccination
<input type="checkbox"/> CA15-3 (cancer antigen 15-3 - blood test for ovarian cancer)	<input type="checkbox"/> Lipid Panel (total cholesterol count)
<input type="checkbox"/> CA125 (cancer antigen 125 - blood test for breast cancer)	<input type="checkbox"/> Mammography, including Breast Ultrasound
<input type="checkbox"/> CEA (carcinoembryonic antigen - blood test for colon cancer)	<input type="checkbox"/> Pap Smear, including ThinPrep Pap Test
<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> PSA (prostate specific antigen - blood test for prostate cancer)
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Serum Protein Electrophoresis (test for myeloma)
<input type="checkbox"/> Doppler screening for carotids	<input type="checkbox"/> Stress test on bike or treadmill
<input type="checkbox"/> Doppler screening for peripheral vascular disease	<input type="checkbox"/> Thermography
<input type="checkbox"/> Echocardiogram	<input type="checkbox"/> Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
<input type="checkbox"/> EKG (Electrocardiogram)	

ASSIGNMENT OF BENEFITS FOR WELLNESS COVERAGE (n/a in New Hampshire)

I request that American Heritage Life Insurance Company send benefits to someone other than me. Please send benefits available to the name and address shown below.

Name _____ Address _____
 Provider's Tax Identification Number _____ City _____ State _____ Zip _____
 Relationship _____
 Signature of Policy Owner _____ Date _____

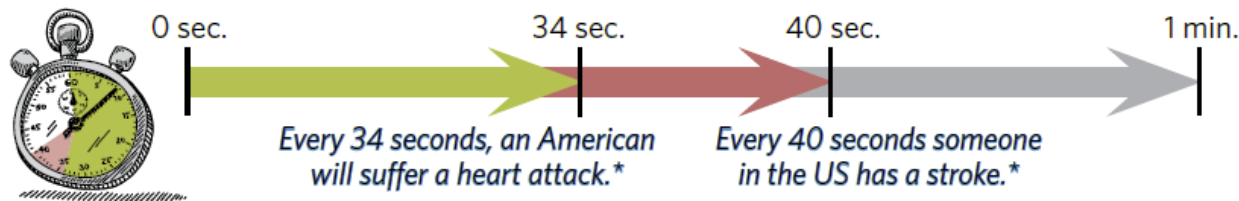


Paid within 48 hours once all supporting documentation is received.



THE Insurance CENTER

Critical Illness Insurance – The Need



- **Guaranteed Issue** (Pre-Ex 12/12) no medical questions **This Plan Year.**
- No benefit reduction at any age
- Lump sum dollar amounts paid to you to fight the fight
- Premium **locks in** at **entry age** when you purchase the plan



Critical Illness Insurance – The Benefit

Initial Critical Illness Benefits

• Heart Attack	\$10,000	\$20,000
• Stroke	\$10,000	\$20,000
• Coronary Artery By-Pass	\$ 2,500	\$ 5,000
• Major Organ Transplant	\$10,000	\$20,000
• End Stage Renal Failure	\$10,000	\$20,000
• Second Event Initial Critical Illness Benefit (Same amount as Initial Critical Illness)		

▪ Supplemental Critical Illness Benefit

• Advanced Alzheimer's Disease	\$ 2,500	\$ 5,000
• Advanced Parkinson's Disease	\$ 2,500	\$ 5,000
• Benign Brain Tumor	\$10,000	\$20,000
• Coma	\$10,000	\$20,000
• Complete Blindness	\$10,000	\$20,000
• Complete Loss of Hearing	\$10,000	\$20,000
• Paralysis	\$10,000	\$20,000

Note: Covered spouse and dependents receive 50% of your benefit amount.



THE Insurance CENTER

See page 32 in Benefit Guide.



Critical Illness Insurance – The Need

John has coverage from the plan benefits his employer is offering.

John is at home doing yard work and suffers a heart attack; he is rushed to the hospital and examined.

Two years later, John has a second heart attack.

The Critical Illness plan would provide the following:

Heart Attack July 1, 2023: \$10,000

Heart Attack July 2, 2024: \$10,000

Total Cash Benefit: \$20,000



Critical Illness Insurance – The Cost

\$10,000 BENEFIT SEMI-MONTHLY COST

Non-Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	\$1.80	\$2.45	\$1.80	\$2.45
36-50	\$4.95	\$7.18	\$4.95	\$7.18
51-60	\$10.70	\$15.80	\$10.70	\$15.80
61-63	\$17.90	\$26.60	\$17.90	\$26.60
64+	\$28.60	\$42.65	\$28.60	\$42.65

Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	\$2.75	\$3.88	\$2.75	\$3.88
36-50	\$8.00	\$11.75	\$8.00	\$11.75
51-60	\$17.45	\$25.93	\$17.45	\$25.93
61-63	\$27.10	\$40.40	\$27.10	\$40.40
64+	\$43.50	\$65.00	\$43.50	\$65.00

\$20,000 BENEFIT SEMI-MONTHLY COST

Non-Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	\$3.10	\$4.40	\$3.10	\$4.40
36-50	\$9.40	\$13.85	\$9.40	\$13.85
51-60	\$20.91	\$31.11	\$20.91	\$31.11
61-63	\$35.31	\$52.71	\$35.31	\$52.71
64+	\$56.70	\$84.80	\$56.70	\$84.80

Tobacco				
	Emp	Emp+Sp	Emp+Ch	Family
18-35	\$4.99	\$7.24	\$4.99	\$7.24
36-50	\$15.50	\$23.00	\$15.50	\$23.00
51-60	\$34.41	\$51.36	\$34.41	\$51.36
61-63	\$53.71	\$80.31	\$53.71	\$80.31
64+	\$86.50	\$129.50	\$86.50	\$129.50

See page 32 in Benefit Guide.



Reminders



- Allstate Accident
- Allstate Cancer
- Allstate Critical Illness
- FSA Filing Deadline for the current plan year is September 30, 2023.

**Remember to
submit your
claims!**



THE Insurance CENTER



Recap

Open Enrollment:

- Group Health Plan and HSA Plan
- Group Dental Insurance Plan
- Voluntary Dental Insurance Plan
- FSA Plan
- Allstate Accident
- Allstate Critical Illness

Evidence of Insurability Required:

- Voluntary Short-Term Disability
- Voluntary Supplemental Life Insurance
- Allstate Cancer Plan





School District
of Holmen

Annual Open Enrollment

**Complete your benefit elections in
Employee Navigator by June 5th!**

Effective Date of Elections: July 1, 2023

It's *that* time ...
Benefits
OPEN
ENROLLMENT




THE Insurance CENTER



School District
of Holmen



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