2023 EMPLOYEE BENEFITS GUIDE

WATERFORD SCHOOL DISTRICT

Inspire EDUCATE Empower!

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Information about Medicare

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 the attached Creditable Coverage Notice for details.

Introduction

2023 Benefit Guide

Your employee benefits program is a key component of your total compensation. This Employee Benefits Guide will provide an overview of the benefit plans that Waterford School District offers to our employees. This is your opportunity to enroll and/or change your benefit elections. This includes:

- Enrolling yourself and/or your dependents in coverage; or,
- Terminating coverage for yourself and/or your dependents, if you have other coverage; or,
- Changing your plan elections; or,
- Enrolling in a Health Savings Account; or,
- Enrolling in the Flexible Spending Account(s).

After reviewing this Benefit Guide, you will need to make a decision about the benefits you want to elect for 2023.

Medicaid Expansion

Medicaid provides health coverage for low income individuals including children, pregnant women, parents of eligible children, people with disabilities and the elderly needing nursing home care. The eligibility rules are different for each State.

Health care reform expands the Medicaid program to include individuals between the ages of 19 to 65 (parents, and adults without dependent children) with incomes up to 138% the Federal Poverty Level. This is important because people who were not previously eligible for Medicaid may now be eligible under the expansion.

Michigan passed the Medicaid expansion in early 2014. Depending on your household income you may be better off enrolling in Medicaid rather than our medical plan. To see if your household qualifies for Medicaid, please visit:

- https://www.healthcare.gov - Find information about all aspects of the Affordable Care Act, including links to state websites and coverage applications.
- www.healthcare.gov/do-i-qualify-for-medicaid/ - For information on Medicaid eligibility.
- https://www.medicaid.gov/ - For more information on Medicaid.

Introduction

Making Changes to Your Benefits

We sponsor a program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state, and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation.

These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the plan year (generally during open enrollment)—January 1 through December 31. The IRS permits you to change your pre-tax contribution amount mid-year only if you have a change in status, which includes the following:

- Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child.
- Marriage, legal separation, annulment, or divorce.
- Death of a dependent.
- A change in employment status that affects eligibility under the plan.
- A change in election that is on account of, and corresponds with, a change made under another employer plan.
- A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan.
- Electing coverage under your state's Marketplace (also known as the Exchange) during annual enrollment or as a result of a special enrollment.

Reminder: Most Americans must have medical coverage to meet the individual mandate under the Affordable Care Act (ACA) or they must pay an IRS tax. Enroll in one of the medical plans offered by Waterford School District to ensure that you meet your individual mandate and avoid the IRS tax.

The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 30 days of the change in status. If you do not notify the Benefits Department within 30 days, you must wait until the next annual enrollment period to make a change.

These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars. Please review the medical booklet and other vendor documents for information about when those programs allow you to add or drop coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.

MESSA Medical Plan Eligibility Rules

As you become eligible for benefits, so do your eligible dependents. Eligible dependents include:

- Your legally married spouse,
- Your children, including adopted, step-children, and children acquired through legal guardianship up to age 19,
- For children over age 19, please refer to the age guidelines listed below.

Dependent Adult Children– Age 19-26

A dependent adult child age 19-26 is eligible for medical and supplemental indemnity coverage until the end of the calendar year in which they turn 26. The following criteria must be met:

— You must provide the majority of the child's financial support

— Your child cannot be married

Non-dependent Adult Children– Age 19-26

Under the Affordable Care Act, adult, non-dependent children age 19-26 are eligible to continue medical coverage until the end of the calendar year in which they turn 26. Supplemental indemnity coverage may also continue until the end of the calendar year in which the non-dependent child turns 26.

— The child does not need to be dependent on you for support

— The child does not need to live with you

— The child can be married

— The child does not need to be a full-time student

Coverage may continue past the age of 26 for your dependent adult child for the following situations:

A dependent adult child may continue medical and supplemental indemnity coverage if they have a **severe physical or intellectual impairment** which makes them incapable of self-sustaining employment. Note: mental illness is not considered a cause of incapacity and therefore is not a basis for continued coverage.

A dependent adult child may continue medical coverage if they are a **full-time student** and also meet the following criteria:

— Attend an accredited higher-education institution and carry 12 undergraduate or 6 graduate credits

— Your child has had continuous health coverage

Medical

Medical Plans

Waterford School District offers the following medical plan options:

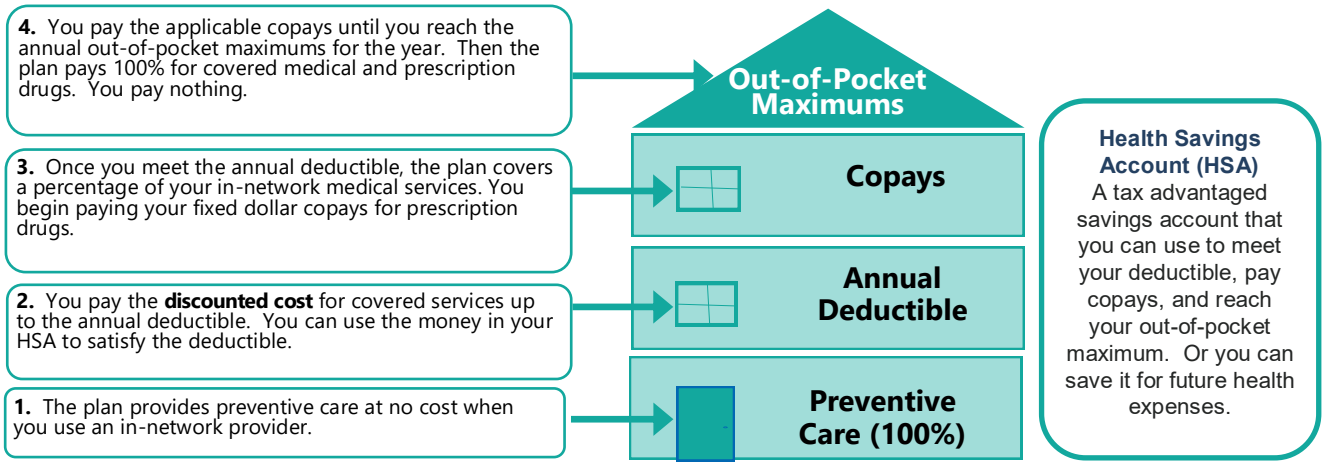
- MESSA ABC Plan 1 with 0% coinsurance and HealthEquity Health Savings Account (HSA)
- MESSA ABC Plan 1 with 20% coinsurance and HealthEquity Health Savings Account (HSA)
- MESSA ABC Plan 2 with 10% coinsurance and HealthEquity Health Savings Account (HSA)
- Medical Opt-Out

2023 HSA Contribution Limits
Single: $3,850
Family: $7,750
Catch-Up (Age 55+): $1,000
It is your responsibility to be sure that you do not contribute more than the IRS maximum limit (includes employee and third-party contributions).

MESSA ABC Plans with HealthEquity Health Savings Account

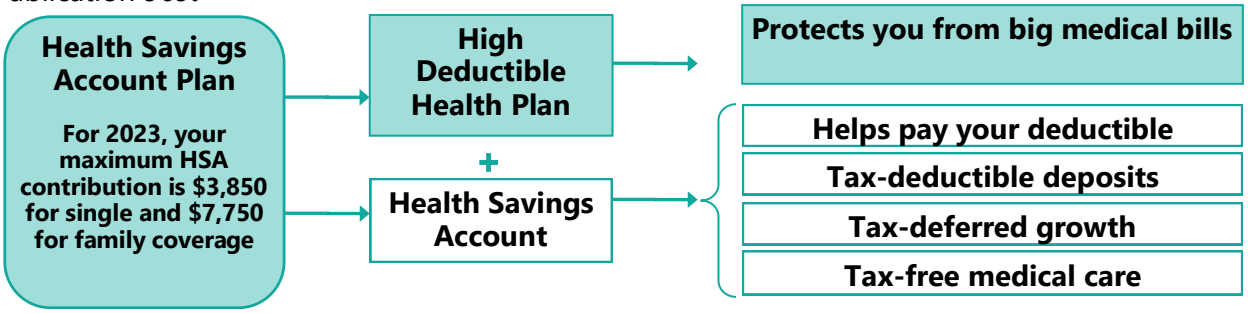
- The MESSA ABC Plans are underwritten by Blue Cross Blue Shield. The plan is designed as a customized Preferred Provider Organization (PPO).
- Consumer Driven Health Plans (CDHP) pair a high-deductible, lower premium PPO health plan with a tax-free Health Savings Account (HSA) that reimburses you for current and future medical expenses. All services, including prescriptions and office visits, are subject to the annual deductible with the exception of certain preventive care services. Preventive care services are covered at 100% with no deductible when performed by an in-network provider.
- HealthEquity® is the administrator of the Health Savings Account (HSA) with the MESSA ABC Plans. A HSA is an interest bearing account that enables you to pay for current health care expenses with tax-free money (such as deductible and coinsurance) or to save for future health care expenses. It is designed to follow you into retirement. Therefore, money rolls over year after year and earns interest.
- It's important to understand how the annual deductible works under the CDHP Plans. Under the CDHP two person or family coverage, benefits for an individual will be payable only when the FULL family CDHP deductible has been met. That means that services for an individual are not covered after they have satisfied the individual deductible.

How the High Deductible Health Plan Works



MESSA ABC Plans with HealthEquity Health Savings Account (continued)

- Health Savings Accounts (HSA) are available to employees enrolled in the Consumer Driven Health Plan (CDHP). To be eligible to contribute to an HSA, you cannot be covered by another health plan. This includes a Flexible Spending Account, Medicare or any health plan that does not qualify as a "consumer driven health plan". You must not have received VA benefits for non-service related care, or non-preventive Indian Health Services at any time over the past three months. Lastly, you cannot be claimed as a tax dependent by anyone else.
- A HSA is an interest bearing account that gives you a way to pay for current health care expenses (such as deductible and coinsurance) or to save for future health care expenses. A HSA is owned by you and is portable from employer to employer. The balance rolls over from year to year and may be used for future health care expenses during active employment or retirement.
- You can use the money in your HSA to pay for medical expenses for yourself, your spouse and tax dependents even if they are not covered under the CDHP. With a HSA, you do not have to submit a claim with receipts. Instead, you simply request a reimbursement (just like a bank account) or use the debit card to pay for medical expenses.
- With a HSA, you can only be reimbursed up to the amount that you have in your account. If you request a reimbursement for more than your balance, you may be charged an overdraft fee.
- The maximum annual contributions for 2023 are $3,850 for single coverage and $7,750 for family coverage. Individuals age 55 or older (and not enrolled in Medicare) may contribute an additional amount referred to as a catch-up contribution. The maximum annual catch-up contribution is $1,000.
- The money in your HSA can be withdrawn on a taxable basis for reasons other than a medical expense. The distribution is considered taxable income and is subject to a 20% penalty. Once you turn 65, or become disabled and/or enroll in Medicare, any distribution from your HSA for non-qualified medical expenses is considered taxable income but will not be subject to the 20% penalty.
- Once you turn 65, or become disabled and/or enroll in Medicare, you can continue to use funds from your HSA. However, after age 65, you will no longer be able to contribute money to it.
- It is your responsibility to report HSA activity on your tax return, including contributions to and distributions from your HSA during the year. You will need to maintain records of medical expenses.
- For more info on HSAs, go to the HealthEquity website or directly to the IRS website for Publication 969.



Medical

Service	MESSA ABC Plan 1-0% Coinsurance		MESSA ABC Plan 1-20% Coinsurance		MESSA ABC Plan 2-10% Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services – limitations apply						
Health Maintenance Exam	100% coverage, one per calendar year	Not covered	100% coverage, one per calendar year	Not covered	100% coverage, one per calendar year	Not covered
Annual Gynecological Exam	100% coverage, one per calendar year	Not covered	100% coverage, one per calendar year	Not covered	100% coverage, one per calendar year	Not covered
Pap Smear Screening (lab only)	100% coverage, one per calendar year	Not covered	100% coverage, one per calendar year	Not covered	100% coverage, one per calendar year	Not covered
Well-Baby and Child Care	100% coverage, limits apply	Not covered	100% coverage, limits apply	Not covered	100% coverage, limits apply	Not covered
Immunizations	100% coverage, includes limited adult immunizations	Not covered	100% coverage, includes limited adult immunizations	Not covered	100% coverage, includes limited adult immunizations	Not covered
Mammography Screening (one per calendar year over age 40)	100% coverage	80% coverage after deductible	100% coverage	60% coverage after deductible	100% coverage	70% coverage after deductible
Physician Office Services						
Office Visits	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Online Visits	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Emergency Medical Care						
Hospital Emergency Room	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible
Urgent Care Center	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Ambulance Services	100% coverage after deductible	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible
Prescription Drug Copays						
Pharmacy—34 day supply						
Generic	$10 after deductible	Prescriptions reimbursed at 75% of approved amount less in-network copays	$10 after deductible	Prescriptions reimbursed at 75% of approved amount less in-network copays	$10 after deductible	Prescriptions reimbursed at 75% of approved amount less in-network copays
Preferred Brand Name	$40 after deductible		$40 after deductible		$40 after deductible	
Non-Preferred Brand Name	$40 after deductible		$40 after deductible		$40 after deductible	
Mail Order—90 day supply						
Generic	$20 after deductible	Not Covered	$20 after deductible	Not Covered	$20 after deductible	Not Covered
Preferred Brand Name	$40 after deductible		$80 after deductible		$80 after deductible	
Non-Preferred Brand Name	$80 after deductible		$80 after deductible		$80 after deductible	
Calendar Year Deductibles, Coinsurance and Maximums						
Deductible	$1,500 Single $3,000 Family	$3,000 Single $6,000 Family	$1,500 Single $3,000 Family	$3,000 Single $6,000 Family	$2,000 Single $4,000 Family	$4,000 Single $8,000 Family
Coinsurance	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Annual Out-of-Pocket Maximum	$2,500 Single $5,000 Family	$5,000 Single $10,000 Family	$3,500 Single $7,000 Family	$7,000 Single $14,000 Family	$4,000 Single $7,500 Family	$8,000 Single $16,000 Family
	Includes copayments and coinsurance, plus the deductible. Charges above the approved amount and for services not covered under the medical plan are excluded from the out-of-pocket maximum.					

Medical

Service	MESSA ABC Plan 1-0% Coinsurance		MESSA ABC Plan 1-20% Coinsurance		MESSA ABC Plan 2-10% Coinsurance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Services						
Diagnostic Tests, Labs & X-Rays	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Maternity Services Provided by Physician						
Preventive Pre-Natal Care	100% coverage	80% coverage after deductible	100% coverage	60% coverage after deductible	100% coverage	70% coverage after deductible
Post-Natal Care	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Delivery & Nursery Care	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Hospital Care						
Physician Care, General Nursing, Hospital Services & Supplies	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Surgical Services	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Alternatives to Hospital Care – limitations apply						
Skilled Nursing Care (120 days annual limit)	100% coverage after deductible	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible
Hospice Care (limits apply)	100% coverage after deductible	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible
Home Health Care	100% coverage after deductible	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible
Mental Health Care and Substance Abuse Treatment						
Inpatient Mental Health & Substance Abuse	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Outpatient Mental Health & Substance Abuse	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Other Services						
Allergy Testing & Therapy	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Chiropractic Spinal Manipulation—38 combined visits (in & out-of-network) per calendar year	100% coverage after deductible,	80% coverage after deductible,	80% coverage after deductible	60% coverage after deductible,	90% coverage after deductible	70% coverage after deductible
Outpatient Physical, Speech, Occupational Therapy—60 combined visits (in & out-of-network) per calendar year	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	60% coverage after deductible	90% coverage after deductible	70% coverage after deductible
Durable Medical Equipment	100% coverage after deductible	80% coverage after deductible	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible

Medical

24/7 Online Healthcare Overview

If you are enrolled in one of our BCBSM plans, then this benefit applies to you. You now can get quality healthcare, anytime, anywhere.*

No appointment needed—Instead of going to your doctor's office or to an urgent care center, request a phone or online video consultation anytime you need care. No matter where you are – at home, work, or traveling – you have 24/7 access to a U.S. board-certified doctor. Get a diagnosis, treatment options and prescription, if necessary.

You and your covered family members can see and talk to:

- A doctor for minor illnesses such as a cold, flu or sore throat when their primary care doctor is not available.
- A behavioral health clinician or psychiatrist to help work through different challenges such as anxiety, depression and grief.

How does it work?

- Create an account on BCBSMonlinevisits.com so you're ready whenever you need care. It doesn't take long, so don't wait until you're sick to set up your account.
- Choose how you want to visit a doctor – by phone or online:

  Phone - Call (844) 606-1608. After the intake call, a doctor will call you back within minutes.

  Web – Go to BCBSMonlinevisits.com, choose an available doctor who's right for you, and you'll be connected to that doctor.

  Mobile – Download or launch the BCBSM Online Visits app.
- Talk to the doctor and get a prescription, if needed. (Note: Some states have visit and prescribing restrictions; see BCBSMonlinevisits.com or the app for details.)
- At the end of your visit, you'll get a full report to share with your family doctor or other health care providers.
- You can also view your explanation of benefits statement and claims for online health care at bcbsm.com.

We are pleased to provide this service to covered employees and their enrolled dependents. For an approved absence from work, an in-person visit to a physician and corresponding note will be required.

*U.S. only. Some states have visit and prescribing restrictions. Online healthcare doesn't replace primary doctor relationships.

Medical Opt-Out

- If you and your dependents are covered under another group medical plan, you will be eligible for the Medical Opt-Out.
- To be eligible to receive this Medical Opt-Out, you must complete the attestation acknowledgement, as proof of other coverage.

Flexible Spending Accounts

Health Care & Dependent Care Flexible Spending Accounts

Flexible Spending Accounts let you pay for health care and day care expenses with tax-free dollars. They help you stretch your money and reduce your federal, state, and Social Security taxes. How much you save depends on how much you pay in income tax.

If you enroll in one of our MESSA ABC plans, you are not eligible to participate in the Health Care Flexible Spending Account. However, you are eligible to contribute to an HSA and/or Dependent Care Flexible Spending Account.

There are two types of accounts under this plan:

- Health Care Flexible Spending Account (HCFSA)
- Dependent Care Flexible Spending Account (DCFSA)

You may enroll in one account or both depending if you are covered by a Waterford School District MESSA ABC Plan. See the box above. HealthEquity administers the plan for us.

Flexible Spending Accounts 2023 Maximum Annual Contribution:
Health Care: $3,050
Dependent Care: $5,000, or $2,500 if married and filing separate tax returns
(Minimum Amount: $500)

With an HCFSA or DCFSA, you decide before the start of the year how much to contribute to each account. Your contributions are withheld in equal amounts on a pre-tax basis from your paychecks throughout the year. The money is set aside to use for out-of-pocket health care and dependent care expenses incurred during the plan year.

These accounts help you save money.

How the Accounts Save You Money	Without a HCFSA or DCFSA	With a HCFSA or DCFSA
Gross Salary	$60,000	$60,000
Less Annual Amount Deposited into HCFSA / DCFSA	$0	($2,000)
Taxable Income	$60,000	$58,000
Less Annual Taxes (assumed at 30%)	($18,000)	($17,400)
Net Salary	$42,000	$40,600
Less Out-of-Pocket Medical and/or Dependent Care Expenses for the Year	($2,000)	N/A
Disposable Income	$40,000	$40,600
Tax Savings	None	$600

Flexible Spending Accounts

HCFSA

- The HCFSA helps you pay for medical, dental, and vision expenses that are not covered by insurance, such as copays and deductibles. **You can contribute up to $3,050 into the HCFSA in 2023.**
- You have immediate access to your entire HCFSA election as of January 1 (or, for new hires, as of your benefits eligibility date). You may be reimbursed up to your entire annual election at any point during the plan year, even if you have not yet contributed that amount to your HCFSA via payroll deductions.
- Qualified medical payments can be made in the following ways:
    - Swipe your HealthEquity Visa® Reimbursement Account Card at the pharmacy or doctor's office for instant payment.
    - If paying out-of-pocket for expenses, submit a claim for reimbursement directly on the member portal and have funds electronically transferred to your personal banking account.
    - From the HealthEquity member portal, you can issue payments to providers by creating a new claim, or by using existing integrated insurance claims, if available.
- **Typically, any money left unspent in your HCFSA at the end of the plan year, December 31, 2023, is forfeited. However, you have a grace period of up to 2-1/2 months after your plan year ends during which you can spend down money left in your account.**
- For a complete list of the expenses eligible for reimbursement review Publication 502 on the IRS website.

DCFSA

- The DCFSA helps you pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare. **You can contribute up to $5,000 into the DCFSA in 2023.** But if both you and your spouse work, the IRS limits your maximum contribution to a DCFSA.
    - If you file separate income tax returns, the annual contribution amount is limited to **$2,500** each for you and your spouse.
    - If you file a joint tax return and your spouse also contributes to a DCFSA, your family's combined limit is **$5,000**.
    - If your spouse is disabled or a full-time student, special limits apply.
    - If you or your spouse earn less than $5,000, the maximum is limited to earnings under **$5,000**.

Flexible Spending Accounts

DCFSA (continued)

- Your dependents must be:
  - Under age 13 or mentally or physically unable to care for themselves.
  - Spending at least 8 hours a day in your home.
  - Eligible to be claimed as a dependent on your federal income tax.
  - Receiving care when you are at work and your spouse (if you are married) is at work or is searching for work, is in school full-time, or is mentally or physically disabled and unable to provide the care.
- You can only be reimbursed for dependent care expenses up to the amount you have already contributed to your DCFSA via payroll deductions. The full amount of your DCFSA election is not available on the first day of the plan year, January 1 (or, for new hires, as of your benefits eligibility date). If you file a claim for more than your balance, you will be reimbursed as new deposits are made.
- With a variety of payment and reimbursement options, your DCFSA is easy to use. Be reimbursed for payments through the HealthEquity member portal, or by using the DCFSA Reimbursement Form.
- **Any money left unspent in your DCFSA at the end of the plan year, December 31, 2023, is forfeited.**
- Eligible dependent care expenses can either be reimbursed through the DCFSA or used to obtain the federal tax credit. You can not use both options to pay for the same expenses. Usually the DCFSA will save more money than the tax credit. But to find out what is best for you and your family, talk to your tax advisor or take a look at Publication 503 on the IRS website.
- If you contribute to a DCFSA, you must file an IRS Form 2441 with your Federal Income Tax Return. Form 2441 is simply an informational form on which you report the amount you pay and who you paid for day care.
- Dependent Care FSA claims must be incurred by December 31, 2023 for the 2023 plan year. All 2023 expenses must be submitted to HealthEquity by March 31, 2024.

For Both HCFSA and DCFSA

- Last Date to Submit FSA Claims for Reimbursement
  - **For the 2022 plan year**—Submit Health Care FSA claims or provide debit card substantiation by March 31, 2023. This includes Waterford's 2-1/2 month grace period. Submit these expenses to HealthEquity for reimbursement.
  - **For the 2023 plan year**—Submit Health Care FSA claims or provide debit card substantiation by March 15, 2024. This includes Waterford's 2-1/2 month grace period. Submit these expenses to HealthEquity for reimbursement.
  - **For the 2023 plan year**—Submit Dependent Care FSA claims must be incurred by December 31, 2023 for the 2023 plan year. All 2023 expenses must be submitted to HealthEquity by March 31, 2024.

Flexible Spending Accounts

For Both HCFSA and DCFSA (continued)

How to Access your Account Online—Your online member portal is a powerful tool that gives you access to all of your account management features. To access your account, visit www.myHealthEquity.com.

Logging in to your portal the first time

- Go to www.myHealthEquity.com, click 'Begin Now.'
- Enter the information requested on the 'Find your account' screen.
- Enter the information asked for on the 'Verify your identity' screen.
- On the 'Set up your login' screen:
    - Pick a user/login name of at least six characters with numbers and letters on the 'Set up your login' screen.
    - Choose a password of at least eight characters with an uppercase letter, a lowercase letter and a number.
    - Follow password creation recommendations as listed in the log in screen.
- On the 'Your email settings' screen, enter your email address.
- Click the box to agree to the terms of the website and save the agreement.

Logging in to your portal after your first login

- Go to www.myHealthEquity.com.
- Log in with the same username and password you created the first time you logged in.

HealthEquity Mobile App—The HealthEquity mobile app provides easy, on-the-go access to all of your health accounts. The free app provides comprehensive tools to help you manage transactions and maximize your health account potential. Convenient, powerful tools:

- On-the-go access—You can access all account types wherever you go.
- Photo documentation—Simply take a photo with your device to initiate claims and payments.
- Send payments & reimbursements—You can send payments to providers or reimburse yourself for out-of-pocket expenses from your FSA.
- Manage debit card transactions—Link your debit card transactions to claims and documentation.
- View claims status—View the status of claims as well as link payments and documentation to claims.

FSA payments require an itemized receipt or an insurance explanation of benefits to substantiate the claim. You may be required to provide this document to HealthEquity.

Dental

To enroll your dependents age 19-25 on your dental coverage they must meet ALL of the following requirements:

- Unmarried
- Related to you by blood, marriage, or legal adoption
- A full-time student for at least 5 months of the year
- A member of your household
- Dependent on you for more than half their support

Our dental plan is self-funded and administered by ADN Administrators Inc., which utilizes two Preferred Provider Organization (PPO) networks—ADN Dental Network and Dentemax. Our dental plan allows freedom of choice; you may receive treatment from any licensed dentist or dental specialist. However, utilization of a PPO dental provider will substantially reduce your out-of-pocket dental expenses and overall dental benefit costs.

Participating PPO dentists will adhere to ADN's processing policies and are prohibited from billing a patient above the pre-negotiated fee, accepting billing under these terms as payment in full. You may be responsible for any deductibles or coinsurance amounts.

Plan Year: January 1 through December 31	Teachers & Administrators	All Other Employees—MESPA I, II, III & Non-Affiliated
Maximum Benefits		
Deductibles	None	None
Classes I, II and III—Annual Maximum	$1,100 / person	$1,000 / person
Class IV—Lifetime Maximum	$800 / person	$700 / person
Class I—Preventive Services		
Oral Examinations Bitewing X-Rays Prophylaxis (Cleaning) Total Application of Fluoride Sealants Full-Mouth Series or Panoramic X-Rays All Other X-Rays Space Maintainers	**Network:** 100% coverage **Non-Network**: 100% coverage	**Network:** 100% coverage **Non-Network:** 100% coverage
Class II—Restorative Services		
Periodontal Maintenance Composite & Amalgam Filling Root Canal Therapy Periodontal Root Planing Periodontal Surgery Oral Surgery & Extractions General Anesthesia or IV Sedation Occlusal Guards	**Network:** 80% coverage **Non-Network:** 50% coverage	**Network:** 80% coverage **Non-Network:** 50% coverage
Class III—Major Services		
Inlays, Onlays & Crowns Complete & Partial Removable Dentures Fixed Partial Dentures (Bridges) Denture Repair & Adjustment Addition of Teeth to Partial Denture Denture Reline or Rebase	**Network:** 50% coverage **Non-Network:** 50% coverage	**Network:** 50% coverage **Non-Network:** 50% coverage
Class IV—Orthodontic Services		
Limited & Interceptive Treatment Comprehensive Treatment	**Network:** 70% coverage **Non-Network:** 70% coverage	**Network:** 70% coverage **Non-Network:** 70% coverage
Miscellaneous		
Implants & Restorations over implants TMJ/TMD Treatment	Not Covered	Not Covered
Limits apply to covered services listed above. For more information, please see the ADN Benefit Summary		

Vision

To enroll your dependents age 19-25 on your vision coverage they must meet ALL of the following requirements:

- Unmarried
- Related to you by blood, marriage, or legal adoption
- A full-time student for at least 5 months of the year
- A member of your household
- Dependent on you for more than half their support

Our vision plan is self-funded and is administered by NVA Vision.

You will receive maximum benefits when you receive care from a participating network provider. You may receive care from a non-network provider, but you'll pay more out-of-pocket because non-network providers will require that you pay 100% of the cost at the time of service. Submit the itemized invoice to NVA for refund to obtain the direct reimbursement according to your plan design.

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses per the designated benefit frequency.

Hearing Aid Discount for NVA Members

NVA Vision offers a benefit to their members to help save on hearing aids through EPIC Hearing Healthcare.

EPIC Hearing Service Plan members save up to 60% of retail on brand name hearing aids from major manufacturers.

Members have access to the largest hearing care provider network in the country and substantial savings on top tier manufacturer band devices and related professional services. The EPIC network is comprised of professional Audiologists and ENT physicians and represent the largest accredited network of its kind in the nation, with providers in all 50 states.

The EPIC Hearing Service Plan gives you access to all name brand hearing aid technology by the top tier hearing aid manufacturers at reduced prices, 30%-60% below MSRP; maximum your value and savings.

Contact an EPIC hearing counselor today. The hearing counselor can answer any questions you may have about the plan and coordinate your referral to a nearby participating provider. If the provider recommends you obtain hearing aids, an EPIC counselor will contact you to coordinate your coverage and payment. You will receive a 45 day trial period with a complimentary extended 3 year product warranty and one year supply of batteries.

Contact NVA Vision at (973) 574-2528 for more information.

Vision

ID Cards

Your identification cards will list participating providers in your zip code area on the back. At the time of your appointment, simply present your NVA identification card to the provider or indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility. A vision claim form is not required at an NVA participating provider.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at www.e-nva.com or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year.

You can also download the app at:
https://www.e-nva.com/nva/content/home/subscribers/nva-mobile-app.xhtml

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 12880001 or the group number on the identification card and enter in your search parameters.

Vision

Service	Teachers and Admin		All Other Employees	
	Network	Non-Network	Network	Non-Network
Eye Examination	**Once Every 24 Months**		**Once Every 12 Months**	
Optometrist	Covered at 100% after $6.50 copay	Reimbursed up to $28.50	Covered at 100% after $6.50 copay	Reimbursed up to $28.50
Ophthalmologist		Reimbursed up to $38.50		Reimbursed up to $38.50
Lenses (Standard Glass or Plastic)	**Once Every 24 Months**		**Once Every 12 Months**	
Lens				
Single Vision	Covered at 100% after $18 copay	Reimbursed up to $29	Covered at 100% after $18 copay	Reimbursed up to $29
Bifocal		Reimbursed up to $51		Reimbursed up to $51
Trifocal		Reimbursed up to $63		Reimbursed up to $63
Lenticular		Reimbursed up to $75		Reimbursed up to $75
Color Tints / Coats				
Single Vision	Covered at 100%	Reimbursed up to $4	Covered at 100%	Reimbursed up to $4
Bifocal		Reimbursed up to $10		Reimbursed up to $10
Trifocal		Reimbursed up to $12		Reimbursed up to $12
Lenticular		Reimbursed up to $14		Reimbursed up to $14
Polarized				
Single Vision	Covered at 100%	Reimbursed up to $18	Covered at 100%	Reimbursed up to $18
Bifocal		Reimbursed up to $30		Reimbursed up to $30
Trifocal		Reimbursed up to $38		Reimbursed up to $38
Lenticular		Reimbursed up to $44		Reimbursed up to $44
Glass Photogrey	Covered at 100%	Not Applicable	Covered at 100%	Not Applicable
Transitions	Covered at 100%	Not Applicable	Covered at 100%	Not Applicable
Rimless Mounting	Covered at 100%	Not Applicable	Covered at 100%	Not Applicable
Oversized	Covered at 100%	Not Applicable	Covered at 100%	Not Applicable
Frame	**Once Every 24 Months**		**Once Every 12 Months**	
Standard Frame	Retail allowance up to $65 (20% discount off balance)	Reimbursed up to $44	Retail allowance up to $65 (20% discount off balance)	Reimbursed up to $44
Contacts Lenses (In Lieu of Lenses & Frames)	**Once Every 24 Months**		**Once Every 12 Months**	
Elective	Retail* allowance up to $90 (15% discount (Conventional) or 10% discount (Disposable) off balance)**	Reimbursed up to $90	Retail* allowance up to $100 (15% discount (Conventional) or 10% discount (Disposable) off balance)**	Reimbursed up to $100
Medically Necessary***	Covered at 100%	Reimbursed up to $175	Covered at 100%	Reimbursed up to $175

* Additional professional services related to contact lenses (also known as fitting fees) would be included in the contact lens allowance shown above
** Does not apply to Contact Fill (NVA Mail Order)
*** Pre-approval from NVA required

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

$50 Progressive Lenses Standard	$12 Ultraviolet Coating	$30 Blended Bifocal (Segment)
$55 High Index	$30 Polycarbonate (Multi-Focal)	$40 Standard Anti-Reflective
$10 Standard Scratch-Resistant Coating	$100 Progressive Lenses Premium	$25 Polycarbonate (Single Vision)

Options not listed will be priced by NVA providers at their R&C retail price less 20%

Basic Life and AD&D

Life insurance is extremely important if you have family members that depend on your income. Life insurance provides financial security for you and your dependents should you die while an employee of Waterford School District. Accidental Death and Dismemberment (AD&D) insurance pays an additional benefit if your death is a result of an accident. In addition, AD&D insurance will pay a portion of the benefit for loss of limb, eyesight, or both, if the loss is a direct result of an accident. Waterford School District provides a company paid Basic Life and AD&D benefit for you.

Basic Life coverage is insured by Madison National Life Insurance Company. Basic AD&D coverage is insured by Zurich Insurance Company.

Coverage effective dates and increases in coverage may be delayed if you are disabled on the date coverage is scheduled to take effect. Benefits terminate at retirement. Review the carrier benefit booklet for details.

The chart below outlines your benefit amount based on your employee class.

Employee Class	Basic Life/AD&D Amount
Administration	Based on Salary
Food Service, Transportation, Custodial, and Maintenance (MESPA III)	$25,000 (full-time) $21,000 (part-time)
Instructional Aids & Library Technicians (MESPA II)	$25,000 (full-time) $21,000 (part-time)
Non-Affiliated Employees	$15,000
Secretaries (MESPA I)	$25,000
Teachers with Health	$41,000
Teachers without Health	$46,000

Notice of Continuation Rights

In the event your Life and AD&D insurance coverage ends, you have 31 days from that date to apply for continuation of that coverage, so you may maintain some level of benefit by paying the premium directly to the carrier.

Please refer to the Life and AD&D benefit books for additional information and instructions on how to apply for continuation. Depending on your situation, you may not be eligible for all continuation options. It is also possible that your premium for coverage continuation will be different from what you pay as an employee of Waterford Schools.

Basic Long Term Disability

We offer a Long Term Disability (LTD) plan to provide income to employees who are disabled for an extended period of time. Waterford School District pays the full cost of coverage and it is insured by Madison National Life Insurance Company.

Your coverage effective date or any increase in coverage may be delayed if you are disabled on the date coverage is scheduled to take effect. Review the carrier benefit booklet for details on these and other important provisions.

Item	Long Term Disability Benefit
Monthly Benefit	Class 1—Administrators working at least 20 hours per week: 60% of monthly predisability earnings to a maximum of $10,000 Class 2—Secretaries working at least 20 hours per week: 60% of monthly predisability earnings to a maximum of $5,000 Class 3—Teachers working at least 20 hours per week: 60% of monthly predisability earnings to a maximum of $5,000 Class 4—MESPA III working at least 20 hours per week: 50% of monthly predisability earnings to a maximum of $5,000 Class 5—Non– Affiliated: 60% of monthly predisability earnings to a maximum of $5,000 Class 6—Instructional Aids & Library Technicians (MESPA II) working at least 30 hours per week: 60% of monthly predisability earnings to a maximum of $5,000 Predisability Earnings includes your base rate of pay and longevity pay. Predisability Earnings does not include commissions, bonuses, overtime pay, pay for extracurricular activities, extra duty pay, supplemental pay, shift differential, your Employer's contributions to your health insurance premium, your Employer's contributions to a Tax Sheltered Annuity (TSA), contributions you make through a salary reduction agreement with your Employer to an Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), or 457 deferred compensation arrangements; or an executive nonqualified deferred compensation arrangement, amounts contributed by you to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan, your Employer's contributions on your behalf to any deferred compensation arrangement, pension plan, or other fringe benefits, or any other extra compensation.
Elimination Period	Length of accumulated sick leave, or 180 calendar days of disability accumulated in any twelve (12) consecutive months, whichever is later. The last three (3) sick days or days of disability must be consecutive and due to the same or a related cause; OR three (3) consecutive days of disability occurring during a school year in which the elimination period was previously satisfied.
Benefit Period	Benefits are payable up to age 65 or longer in some cases depending on your age at disability. Disabilities which are primarily based on disabilities due to mental/nervous or substance abuse conditions have a limited benefit period up to 24 months.
Definition of Disability	During the elimination period and your 24 month own occupation period, disability and disabled means you are, as a result of physical disease, injury, mental disorder, substance abuse or pregnancy, unable to perform a majority of the material duties of your own occupation. After your 24 month own occupation period ends, disability and disabled mean you are, as a result of physical disease, injury, mental disorder, substance abuse or pregnancy, unable to perform a majority of the material duties of any occupation. For an insured person whose occupation requires a license, a restriction or loss of license does not, in itself, constitute a disability.
Evidence of Insurability	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue

MESSA

Life Insurance

Take time now to re-evaluate your family's financial protection needs. The following is a brief summary of the MESSA variable options.

Coverage effective dates and increases in coverage may be delayed if you are disabled on the date coverage is scheduled to take effect. Review the carrier benefit booklet for details.

Plan	Coverage Choices	Medical Questionnaire
Group Basic Term Life Insurance If you do not enroll in a MESSA medical plan, this coverage is required in order to enroll in any of the other MESSA options.	$5,000 term life insurance benefit Includes corresponding accidental death and dismemberment benefits. (However, the AD&D portion terminates when you reach age 65).	Available without medical evidence of insurability during an approved open enrollment period.
Group Dependent Life Insurance Available only with Group Basic Term Life or a medical plan.	Provides lump sum benefit: $2,000 spouse, $2,000 for each child A child is eligible for coverage from 14 days of age through the calendar year that they attain age 25, if unmarried and dependent on you for a majority of support. Benefit may continue past the age of 25 if child is approved by MESSA as having a physical or intellectual impairment, is unmarried, dependent upon you for a majority of their support and is incapable of self-sustaining employment by reason of their physical or intellectual impairment.	Not required
Group Supplemental Term Life Insurance Available only with Group Basic Term Life or a medical plan.	May purchase additional term life insurance benefits of $10,000, $20,000, $30,000, or $40,000. Include corresponding accidental death and dismemberment benefits. (However, the AD&D portion terminates when you reach age 65).	Medical evidence of insurability is not required if you are a new member electing coverage for the first time or if you are currently a member and want to increase your coverage by $10,000.
Group Survivor Income Insurance Available only with Group Basic Term Life or a medical plan, subject to age and family status requirements on spouse and children.	Net Monthly benefit: $400 spouse, $200 child(ren) Spouse benefit period: spouse is eligible until the day before their 65th birthday; benefit will continue until the spouse remarries or dies, whichever occurs first. Child(ren) benefit period: until the date the spouse benefit terminates or the date the last such child attains the age of 25 or marries, whichever occurs first. Benefit may continue past the age of 25 if child is approved by MESSA as having a physical or intellectual impairment, is unmarried, dependent upon you for a majority of their support and are incapable of self-sustaining employment by reason of their physical or intellectual impairment.	Not required

Optional Benefits

MESSA (continued)

Life Insurance Rates

Group Basic Term Life Insurance

Available only if not enrolling in a MESSA medical plan.

$5,000 Basic Term Life and AD&D—Monthly rate: $2.36

The Group Dependent Life Insurance and/or the coverages below are available only in addition to a MESSA medical plan or the Group Basic Term Life Insurance

Group Dependent Life Insurance

$2,000 for spouse, and $2,000 for each eligible dependent—Monthly rate: $1.48

Group Dependent Life Insurance

Age as of July 1, 2017	$10,0000 Life $10,000 AD&D	$20,0000 Life $20,000 AD&D	$30,0000 Life $30,000 AD&D	$40,0000 Life $40,000 AD&D
< 40	$1.50	$3.00	$4.50	$6.00
40 – 49	$3.00	$6.00	$9.00	$12.00
50 – 59	$6.50	$13.00	$19.50	$26.00
60 – 64	$11.50	$23.00	$34.50	$46.00
65 – 69	$17.50	$35.00	$52.50	$70.00
70 – 74	$30.00	$60.00	$90.00	$120.00
75+	$44.00	$88.00	$132.00	$176.00

Group Survivor Income Insurance

Age as of July 1, 2017	$400 / $200 Plan
< 30	$3.18
30 – 34	$4.20
35 – 39	$5.88
40 – 44	$8.90
45 – 49	$12.44
50 – 54	$15.80
55+	$18.90

MESSA (continued)

Short Term Disability Insurance

Group Short Term Disability Income Insurance- If you need financial protection in the event of a loss of salary due to a disability because:

- You have inadequate sick days to fill in your district's long term disability (LTD) waiting period, or
- Your district has no LTD coverage.

Available only with Group Basic Term Life or a medical plan.

Can select weekly benefit ranging from $20 to $700 provided the amount selected does not exceed the weekly benefit corresponding to your contracted annual salary. (Contracted annual salary includes only basic earnings and does not include any compensation that is not referenced in your contract, such as bonuses or other part-time employment).

Benefits are not payable during a summer vacation period unless it is medically necessary for you to be house confined or hospital confined. If a disability commences within 30 days from the date of an accidental injury, it is not necessary to be house or hospital confined. *Note: Medically necessary house confinement means that the attending physician has prescribed that you cannot leave the house except to receive medical attention.*

Includes a pre-existing provision: Any condition for which you received advice or treatment within 3 months prior to the effective date of insurance will not be covered until expiration of the earlier of:

- A period of 3 consecutive months ending on or after the effective date of insurance if during this time no medical treatment or service, including prescribed drugs or medicines, has been received in connection with such injury or illness or any related conditions;
- A period of 6 consecutive months if during this time the employee has been continuously insured and there has been no loss of time from active employment due to the pre-existing condition;
- A period of 12 consecutive months if during this time the employee has been continuously insured for these benefits. *Note: The pre-existing provision shall also apply to any increased weekly benefit amount or decreased waiting period. All time periods are determined from the effective date of the change.*

Waiting Period: choice of either 7 day or 28 day waiting period with benefits beginning on either the 8th day or 29th day.

Duration of Benefits: Maximum Period of Payment is 52 weeks. Benefits are payable during the Maximum Period of Payment providing you are wholly and continuously unable to perform any and every duty pertaining to your regular occupation and you are under the regular care and attendance of a physician.

Maternity disability is treated the same as any other illness.

Benefits will be reduced by any income a member receives or is entitled to receive from an employer, workers' compensation, MPSERS, Social Security (including Social Security Retirement benefits) or any employer-paid group benefit plan. Benefits are payable during times you do not have sick days (or can elect by contract or past practices not to use them).

Not Covered: No benefits are payable for disability due to:

- Self-inflicted injuries if intentional or while insane,
- War,
- Participation in, or in consequence of having participated in, the committing of a felony,
- Cosmetic surgery unless: occasioned by accidental bodily injury sustained while insured or an active illness contracted while insured, and you have been continuously insured under this program since such injury was sustained or such illness was contracted.

Optional Benefits

MESSA Short Term Disability Insurance (continued)

Benefits are reduced by other income; a waiting period must be satisfied regardless of cause. You may select any amount of weekly benefit in the table below as long as your contracted annual school salary is at least as great as the amount shown in the annual salary column.

If you are currently enrolled in Group Hospital Confinement Indemnity Insurance and want to verify your rates, please check with the business office.

Annual Salary	Weekly Benefit	8th Day	29th Day
$1,300	$20	$2.00	$1.40
$2,600	$40	$4.00	$2.80
$3,900	$60	$6.00	$4.20
$5,200	$80	$8.00	$5.60
$6,500	$100	$10.00	$7.00
$8,000	$120	$12.00	$8.40
$9,500	$140	$14.00	$9.80
$11,000	$160	$16.00	$11.20
$12,500	$180	$18.00	$12.60
$14,000	$200	$20.00	$14.00
$15,500	$220	$22.00	$15.40
$17,000	$240	$24.00	$16.80
$18,500	$260	$26.00	$18.20
$20,000	$280	$28.00	$19.60
$21,500	$300	$30.00	$21.00
$23,000	$320	$32.00	$22.40
$24,500	$340	$34.00	$23.80
$26,000	$360	$36.00	$25.20

Annual Salary	Weekly Benefit	8th Day	29th Day
$27,500	$380	$38.00	$26.60
$29,000	$400	$40.00	$28.00
$30,500	$420	$42.00	$29.40
$32,000	$440	$44.00	$30.80
$33,500	$460	$46.00	$32.20
$35,000	$480	$48.00	$33.60
$36,500	$500	$50.00	$35.00
$38,000	$520	$52.00	$36.40
$39,500	$540	$54.00	$37.80
$41,000	$560	$56.00	$39.20
$42,500	$580	$58.00	$40.60
$44,000	$600	$60.00	$42.00
$45,500	$620	$62.00	$43.40
$47,000	$640	$64.00	$44.80
$48,500	$660	$66.00	$46.20
$50,000	$680	$68.00	$47.60
$51,500	$700	$70.00	$49.00

MESSA (continued)

Long Term Disability Insurance

Group Long Term Disability Income Insurance To continue disability income protection beyond 52 weeks if your district has no LTD coverage.

Important: If you are enrolled in an employer-sponsored long term disability plan, you should know that enrollment in this plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.

Available only with Group Basic Term Life Insurance or a medical plan.

Can select monthly benefit ranging from $100 to $1,500 provided the amount selected does not exceed the monthly benefit corresponding to your contracted annual salary. (Contracted annual salary includes only basic earnings and does not include any compensation that is not referenced in your contract, such as bonuses or other part-time employment).

The amount of the monthly benefit will be offset by any remuneration from any annuity, retirement or pension plan, or life insurance plan because of disability from any employer. It will also be offset by Social Security benefits (including Social Security Retirement benefits), any salary, wages, commissions, or other periodic employer disability plan benefits or similar remuneration (i.e., workers' disability compensation).

Includes a pre-existing provision: Any condition for which you received advice or treatment, including prescription drugs, within 3 months prior to the effective date of insurance will not be covered until after expiration of the earlier of:

- A period of 3 consecutive months ending on or after the effective date of insurance during which time no medical treatment or service, including prescribed drugs or medicines, has been received for such injury or illness.
- A period of 12 consecutive months during which time the employee has been continuously insured.

Waiting Period: 52 consecutive weeks of disability.

Duration of Benefits: Two Options Available. Must be wholly and continuously unable to perform any and every duty pertaining to your regular occupation while you are under the regular care and attendance of a physician.

- Option 1: Benefits may be provided up to 5 years but not beyond the day before your 70th birthday.
- Option 2: Benefits may be provided, but not beyond the day before your 70th birthday.

  Benefits are payable for two years during any one period of disability due to a mental or nervous disorder, but not beyond the day before your 70th birthday.

Not Covered: No benefits are payable for disability due to:

- Self-inflicted injuries if intentional or while insane,
- War,
- Participation in, or in consequences of having participated in, the committing of a felony,
- Cosmetic surgery unless: occasioned by accidental bodily injury sustained while insured or an active illness contracted while insured, and you have been continuously insured under this program since such injury was sustained or such illness was contracted.

Coverage effective dates and increases in coverage may be delayed if you are disabled on the date coverage is scheduled to take effect. Review the carrier benefit booklet for details.

Optional Benefits

MESSA Long Term Disability Insurance (continued)

Important—If you are enrolled in an employer-sponsored long term disability plan, you should know that enrollment in this plan may be of limited value. If you have any questions or concerns, be sure to contact your MESSA field representative.

You may elect one $100 monthly benefit unit for each $2,000 of annual school salary up to $30,000. The monthly benefit elected can be less than the amount allowed based on your salary, but not more. You must also elect a Maximum Benefit Period. This plan has a 52 week waiting period.

- Option 1—Benefits may be provided up to five years but not beyond the day before your 70th birthday.
- Option 2– Benefit may be provided, but not beyond the day before your 70th birthday.

Benefits are payable for two years during any one period of disability due to a mental or nervous disorder, but not beyond the day before your 70th birthday.

Age as of July 1, 2017	Option 1— Monthly Rate / $100	Option 2— Monthly Rate / $100
< 40	$0.20	$0.30
40 – 49	$0.50	$0.80
50 +	$1.40	$2.10

Steps	Amount
1. Write your monthly benefit amount here	$
	÷ 100
2. Divide line 1 by 100, write amount here	=
3. Write your rate here (see chart at left)	X $
4. Multiply line 2 by line 3, your monthly cost	=

Employee Assistance Plan

Counseling Associates, Inc. provides Employee Assistance Services to our employees.

Helping individuals and families—Counseling Associates, Inc., includes staff social workers, marriage counselors, psychologists, and psychiatrists to provide an extensive range of services for children, adults and families. The comprehensive diagnostic and treatment services are specifically geared to meet the needs of individuals and families in the Metro Detroit area.

For children and adolescents—

- Individual psychotherapy for emotional and behavior problems, including depression, anxiety, anger management.
- Psychological testing and evaluation.
- Educational assessment and therapy related to learning problems and disabilities.
- Counseling for ADD/ADHD.
- Parenting concerns.

Growing up can be difficult and a child's problems require a special perspective and care. Staff members are trained to help children and adolescents understand bodily and emotional changes, changes in attitudes and striving for independence, as well as offering assistance with child-parent relationships, and anxieties related to school, family and community.

For adults and families—

- Marriage, premarital and family therapy.
- Individual and group therapy.
- Counseling for anxiety, depression, ADD/ADHD, anger management, and relationship issues.
- Grief and loss counseling.
- Counseling for sexual problems.
- Individual and group counseling for substance abuse.
- Psychological testing and evaluation.
- Career counseling.
- SAP for Department of Transportation.
- Counseling for senior and aging.

Professional staff is trained to help deal with any number of stresses and problems, related to school, employment, family and other interpersonal activities.

To better serve clients, Counseling Associates makes its services readily available with no waiting list. Appointments are also offered on evenings and weekends to accommodate work and school schedules.

Consultation services—

- Counseling Associates can provide speakers, consultation, staff development, and workshops for interested professional and community groups.

Counseling Associates, Inc. is approved as an outpatient psychiatric clinic by Blue Cross Blue Shield of Michigan and Medicare. Additionally, Counseling Associates, Inc. is licensed by the Michigan Department of Substance Abuse Services and is accredited by the Commission on Accreditation of Rehabilitation Facilities (C.A.R.F.) as a mental health and substance abuse clinic.

Contacts

Provider	Benefit	Contact Information	
Michigan Education Special Services Association (MESSA)	Medical Prescription Drugs Optional Benefits	800-336-0013	www.messa.org
HealthEquity	Health Savings Account Flexible Spending Accounts	866-346-5800	www.healthequity.com
ADN Administrators, Inc.	Dental	248-901-3705	www.adndental.com
NVA Vision	Vision	800-672-7723	www.e-nva.com
Counseling Associates, Inc.	Employee Assistance Program	248-626-1500	www.counselingassociates.com 6960 Orchard Lake Rd. Suite 100 West Bloomfield, MI 48332

Summary of Material Modification

The information in this document and in the benefit guide applies to the Waterford School District . This information meets the requirements for a Summary of Material Modification as required by the Employee Retirement Income Security Act (ERISA).

Disclosure About the Benefit Enrollment Communications

The benefit enrollment communications (the Benefit Guide, etc.), the Health and Welfare Benefits Notices, etc.) contain a general outline of covered benefits and do not include all the benefits, limitations and exclusions of the benefit programs. If there are any discrepancies between the illustrations contained herein and the benefit proposals or official benefit plan documents, the benefit proposals or official benefit plan documents prevail. See the official benefit plan documents for a full list of exclusions. Waterford School District reserves the right to amend, modify or terminate any plan at any time and in any manner.
In addition, please be aware that the information contained in these materials is based on our current understanding of the federal health care reform legislation, signed into law in March 2010. Our interpretation of this complex legislation continues to evolve, as additional regulatory guidance is provided by the U.S. government. Therefore, we defer to the actual carrier contracts, processes and the law itself as the governing documents.

Midyear Election Changes to Pre-Tax Benefits

We sponsor a program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation. These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the plan year January 1 - December 31. The IRS permits you to change your pre-tax contribution amount mid-year only if you experience a change in status, which includes the following:

- Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child.
- Marriage, legal separation, annulment or divorce.
- Death of a dependent.
- A change in employment status that affects eligibility under the plan.
- A change in election that is on account of, and corresponds with, a change made under another employer plan.
- A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan.

The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 30 days of the change in status. If you do not notify [Human Resources] within 30 days, you must wait until the next annual enrollment period to make a change.

These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars. Please review the medical booklet and other vendor documents for information about when those programs allow you to elect or cancel coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.

Legal Notices

HIPAA Special Enrollment Rights Notice

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

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.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Human Resources.

Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 248-682-0372 for more information.

Newborns' And Mothers' Health Protection Act (NMHPA) Notice

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 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).

HIPAA Notice of Availability of Notice of Privacy Practices

The Waterford School District maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources.

Legal Notices

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility:

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
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
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: http://dhcs.ca.gov/hipp
Phone: 1-916-445-8322
Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 1-678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 1-678-564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

KENTUCKY – 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.com
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
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
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711

Legal Notices

Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 1-617-886-8102

MINNESOTA – Medicaid
Website: 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

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 1-402-473-7000
Omaha: 1-402-595-1178

NEVADA – Medicaid
Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 1-603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 1-609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 1-401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select
https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: 1-304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, 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. Dept. of Health and Human Services
Centers for Medicare & Medicaid Services

Medicare Part D
Creditable Coverage Notice

Important Notice from Waterford 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 Waterford 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. **Waterford School District has determined that the prescription drug coverage offered by the Waterford School District 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.

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

If you decide to join a Medicare drug plan while enrolled in Waterford School District coverage as an active employee, please note that your Waterford School District coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Waterford School District coverage as a former employee.

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

Legal Notices

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 Waterford 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 Waterford School District changes. You also may request a copy of this notice at any time.

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:	October, 2022
Name of Entity/Sender:	Waterford School District
Contact—Position/Office:	Benefits Department
Address:	501 N. Cass Lake Road, Waterford, MI 48328
Phone Number:	248-682-0372

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No. 1210-0149

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 benefit summaries or contact the Benefits Department.

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.

Legal Notices

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)
Waterford School District	38-6003100
5. Employer address	6. Employer phone number
501 N Cass Lake Rd	(248) 682-0372
7. City	8. State / 9. ZIP code
Waterford	MI / 48328
10. Who can we contact about employee health coverage at this job?	
Benefits Department	
11. Phone number (if different from above)	12. Email address
	turneS01@wsdmi.org

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:

WEA, MESPA I, MESPA II and MESPA III employees. Non affiliated employees meeting full time, 30 hours or more per week status.

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Married spouse and dependent children

☐ 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.

WATERFORD SCHOOL DISTRICT

2023 EMPLOYEE BENEFITS GUIDE


"The only
person you
are destined
to become is
the person
you
to be."