



Benefits Open Enrollment 2024

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Health, Dental, and Vision (dental and vision are only available to COBRA eligible)

The purpose of this presentation is to provide the benefits available during the open enrollment period, share specific details on the health plans and how they work, and provide an overview of other benefits that are available during open enrollment.

- ▶ Health Insurance Plan Design Overview
 - ❖ Health Reimbursement Account (HRA)
 - ❖ Employee Clinics
 - Connecting Care Clinic / Menasha Partnership
- ▶ Dental Insurance (COBRA ONLY)
- ▶ Vision Insurance (COBRA ONLY)

AASD Presenters:

Julie King – *Chief Human Resources Officer*
Support: *Angie Pittman- Benefits Specialist*

Benefits Presenters:

MMA Benefits Consulting
Valerie Bougie

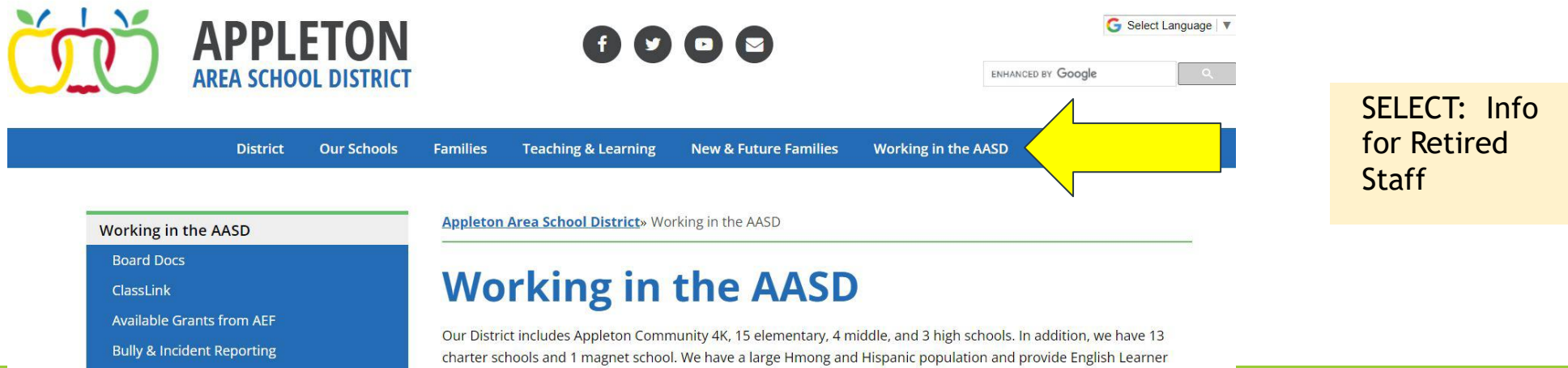
Open Enrollment

- ▶ **What is open enrollment?** The one time a year retirees may enroll in, discontinue or change their benefit options available through their employer.
- ▶ **What do I need to do?** All eligible retirees are required to complete paper enrollment indicating whether they are enrolling or declining coverage (enrollment materials were sent via US Mail).

Deadline to complete enrollment: Friday, November 3, 2023

Retiree Access to Information on the AASD Website

<https://www.aasd.k12.wi.us/>



The screenshot shows the Appleton Area School District website. The header includes the district logo, social media icons, a language selector, and a search bar. The navigation menu is highlighted in blue, with the 'Working in the AASD' link selected and pointed to by a large yellow arrow. A yellow callout box on the right contains the text 'SELECT: Info for Retired Staff'. The main content area shows the 'Working in the AASD' page with a sidebar menu containing 'Board Docs', 'ClassLink', 'Available Grants from AEF', and 'Bully & Incident Reporting'.

- ❖ Plan is unique
- ❖ Engaged in partners that provide transparency in health care costs
- ❖ Utilize collaborative care to analyze the best outcomes of care
- ❖ Contract with those providers – taking the work out of it for our employee
- ❖ Two clinics (*Medicare Primary not eligible*)
- ❖ Not all services have direct care
- ❖ Utilization of the High-Performance Services (accessed through Collaborative Care) and ScoutRx provide best care options at a significant cost saving to plan members
 - ❖ *2023 – 2.5 million savings in pharmacy and 1 million savings in high performance care. These savings mitigated a significantly higher premium increase.*

What is a high-performance Services and how are they accessed?

Health Insurance: Key Terms and Concepts

Key Terms:

- **Premium:** The monthly fee for your insurance. The premium in AASD is broken into two parts, the employee premium share (percent employees pay) and the employer premium share (percent AASD pays)
- **Copay:** A set fee employees pay for routine services (non-preventative) or prescriptions. In other plans the deductible may still apply after the co-pay. For this plan there is a set copay depending on which provider is seen (up until an out-of-pocket maximum / tiered co-pays for prescriptions). This means if you go to an office visit that is non-preventative, you will be asked to pay the designated copay.
- **Out-of-pocket maximum:** The absolute max you'll pay annually for medical expenses (\$3,000 single / \$6,000 family) and (\$2,000 single / \$4,000 family) for pharmacy expenses.

Key Concepts:

- ❖ **Family Plan** – No one family member can incur more than 1/2 of the out-of-pocket maximum.

The AASD plan is a unique district funded healthcare that does not have a deductible or co-insurance for in-network healthcare.

Health Insurance Plan Overview

Will review by most broad to most narrow services:

- High-Performance Services - \$0 options
- HPS Network/First Health
- Out-of-Network

Member pays lesser of the copay or actual charge.

\$0 options may be available for most care!

Reminder! \$0 Urgent Care option & the free care offered at the clinic

| Benefit Provisions | In-Network | Out-of-Network |
|--|--|-------------------------|
| Preventive Care | \$0 | \$100 |
| Teladoc Visit | N/A | N/A |
| Physical/Occupational/Speech Therapy per visit | \$50 | \$100 |
| Chiropractic Visit | \$25 | \$50 |
| Behavioral Health Visit | \$25 | \$50 |
| Primary Care Physician Visit | \$50 PCA/Mosaic/Kaukauna \$100 elsewhere | \$200 |
| Pediatric Primary Care Visit | \$50 | \$100 |
| Lab Test | \$50 | \$100 |
| Specialty Office Visit | \$150 | \$300 |
| Urgent Care Visit | \$200 | \$200 |
| Emergency Room Visit | \$500 | \$500 |
| Inpatient Facility per day | \$1,500 | \$3,000 |
| Outpatient Procedures | \$1,000 | \$2,000 |
| X-ray & other low-end imaging | \$100 | \$200 |
| Imaging (CT/MRI/PET, etc.) | \$500 | \$1,000 |
| DME/Prosthetics | \$100 | \$200 |
| Maximum Medical Out-of-Pocket | \$3,000/\$6,000 | \$6,000/\$12,000 |
| Pharmacy | Generic: \$5 Brand Preferred: \$35 Brand Non-Preferred: \$90 Brand w/ Generic Available: non-preferred copay+ difference in cost between generic and brand Specialty may be available at no cost to member through ScoutRx | |
| Maximum Pharmacy Out-of-Pocket | \$2,000/\$4,000 | |

Preventative
Care – No Cost
(in-network or
direct contract)

Routine preventive exams

Well-woman gynecological exams

Well-baby and child exams

Adult and Child immunizations

Routine vision exams

Routine hearing exams

Colonoscopies - Screening for adults over age 45, or for individuals under 45 with a family history of colon cancer

Breast Cancer Mammography – Annual screening for women over 40

*Must be coded as a **routine** primary care service*

HIGH PERFORMANCE SERVICES (FORMERLY TIER 1):

Why?

- BEST OUTCOMES
- Recommended by Collaborative Care
- Preselected high quality, lower cost services
- Future increases
- There is a HUGE Variation in cost for the exact same procedure+
 - X-rays: \$60-\$300
 - MRI: \$600-\$5,000
 - Urgent Care Visit: \$150-\$500
 - Knee Replacement: \$26,000 or \$56,000+
- There is no Correlation between cost and quality in health care+
- Doctors differ but there aren't many resources to assist consumers
- Ample Opportunities for Members to Make poor choices
- Your benefits may be enhanced by using Collaborative Care



*Services recommended
by Collaborative Care
may qualify for care at no
cost to you.*



*When you need care, call
FiveStar Health for
options!*

Immediate Care Choices

Colds, strep throats, the flu and other ailments are in the air. Here are the best choices for immediate care, both now and throughout the year:

- **Our Connecting Care Clinic (Non-Medicare Retirees/Spouses)** Schedule appointments either online at mythedacare.com or by calling (920) 225-1467.
- **Teladoc** is also available 24/7 for immediate but non-emergent situations. Contact them at **(800) 835-2362**. Teladoc also requires registration before they can assist you. If you haven't already registered, consider doing so. They're ready to help when you need care.
- **Urgent Care Physicians** **urgent care services** are also available at no cost to you when the Connecting Care Clinic and Teladoc are not good options. They are located at **3329 Express Court in Appleton** and can be reached at **(920) 733-5900**. Show your ID card and tell them you're an Appleton Area School District member; they should bill Prairie States directly.



HIGH-PERFORMANCE SERVICES: FREE TO MEMBERS

Free High-Performance Services
offered thru - FiveStar

| Benefit Provisions | In-Network Network |
|--|---|
| Preventive Care | \$0 |
| Teladoc Visit | N/A |
| Physical/Occupational/Speech Therapy per visit | \$50 |
| Chiropractic Visit | \$25 |
| Behavioral Health Visit | \$25 |
| Primary Care Physician Visit | \$50 PCA/Mosaic/Kaukauna \$100 elsewhere |
| Pediatric Primary Care Visit | \$50 |
| Lab Test | \$50 |
| Specialty Office Visit | \$150 |
| Urgent Care Visit | \$200 |
| Emergency Room Visit | \$500 |
| Inpatient Facility per day | \$1,500 |
| Outpatient Procedures | \$1,000 |
| X-ray & other low-end imaging | \$100 |
| Imaging (CT/MRI/PET, etc.) | \$500 |
| DME/Prosthetics | \$100 |
| Maximum Medical Out-of-Pocket | \$3,000/\$6,000 |

In- Network

Collaborative Care may be able to enhance the benefit to reduce the member cost share.

HPS Network Hospital Systems

Ascension Wisconsin

Aurora Health Care

Bellin Health Partners

Children's Hospital and Health System

Aspirus Health Care - Divine Savior Healthcare

Froedtert & the Medical College of Wisconsin

Gundersen Lutheran Administrative Services

Holy Family Memorial

HSBS Eastern Region of Wisconsin

Mercy Health System

UnityPoint Health - Meriter

ProHealth Care

SSM Health - Agnesian HealthCare & Monroe Clinic

ThedaCare

UW Health



HPS offers statewide coverage

With 96 hospitals and over 23,800 individual providers contracted in Wisconsin, HPS offers statewide coverage with an effective independent provider network. Contact us today to learn how we can simplify the healthcare billing and payment experience, reduce confusion and cut costs!

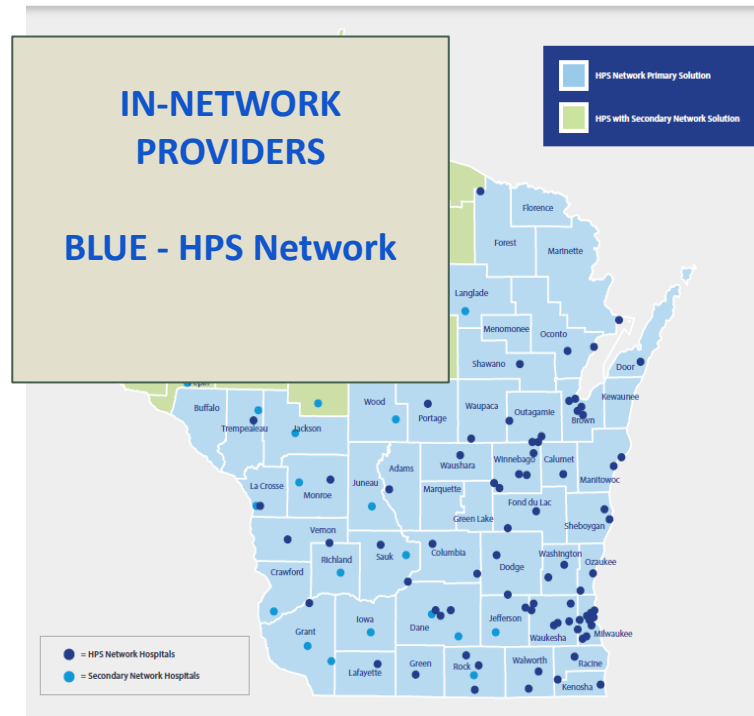
To inquire about a specific provider, please visit onlineaccess.hps.md.

HPS Wisconsin providers

HPS – Health Payment Systems

Out of HPS area providers

HPS Network Map



Tell us what network you would like to search :

WRAP NETWORK

Other Areas of WI and Nationwide

This is a separate network only for retirees, children living outside of the network, and for when employees or their families are traveling.

Phone: (800) 226-5116

Web: www.myfirsthealth.com

Network Options

* Network type First Health network Cofinity network First Choice of the Midwest network

ENHANCED BENEFITS (FORMERLY TIER 1):

Why?

- There is a HUGE Variation in cost for the exact same procedure+
 - X-rays: \$60-\$300
 - MRI: \$600-\$5,000
 - Urgent Care Visit: \$150-\$500
 - Knee Replacement: \$26,000 or \$56,000+
- There is no Correlation between cost and quality in health care+
- Doctors differ but there aren't many resources to assist consumers

Ample Opportunities for Members to Make poor choices

Your benefits may be enhanced by using Collaborative Care

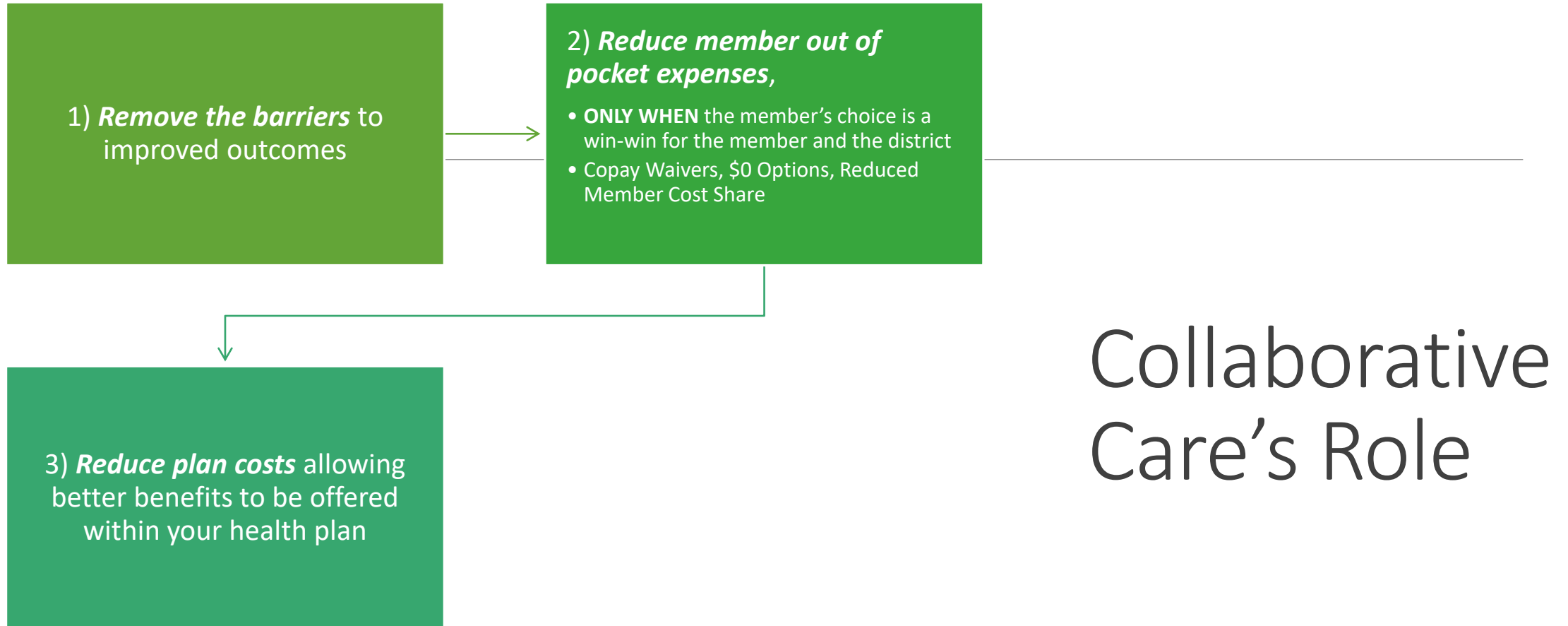


Services recommended by Collaborative Care may qualify for care at no cost to you.



When you need care, call FiveStar Health for options!

Goals:



This is NOT a referral service. Collaborative Care this there to ensure each member has resources to evaluate and act on your physician's treatment recommendations.

The services offered by Collaborative Care are considered the gold standard of Fortune 100 companies who recognize that traditional health plans lack the member advocacy necessary for improved health outcomes.



CALL US

1.800.835.2362



- Talk to a doctor via phone or video for **FREE**
- Available 24/7/365
- Doctors will
 - Diagnose
 - Treat
 - Write prescriptions
 - Refer to specialists or ER when appropriate

*REGISTRATION/HISTORY IS REQUIRED;
SIGN UP AT [TELADOC.COM](https://www.teladoc.com) OR DOWNLOAD THE APP*

Connecting Care clinic



The clinic will continue to offer all the services we have in the past such as acute care, disease diagnosis, labs, immunizations.



Effective January 1, 2024, we will be offering expanded services:

Establish care visits with one of our onsite providers

Onsite annual physical exams

Management of non-complex chronic medical conditions such as diabetes, high blood pressure, obesity, depression, etc.

Co-management of complex chronic conditions with primary care team and specialists as needed

Care Coordination

Education and assistance in scheduling preventative screenings (colonoscopy, mammogram and more)

****Medicare Primary not Eligible**

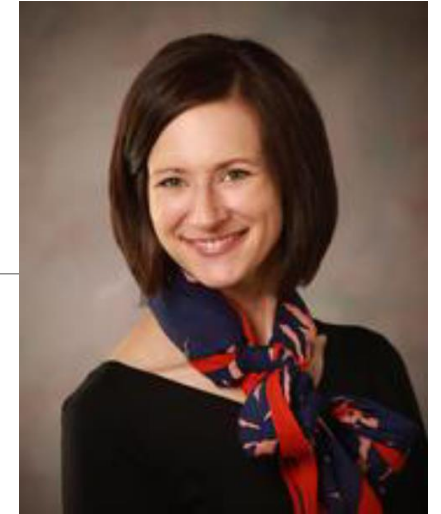


Heather Books, PA-C

Clinic Hours:

Mon: 7:00am to 5:30pm
Tues: 7:00am to 5:30pm
Weds: 7:00am to 6:00pm
Thurs: 7:00am to 6:00pm
Fri: 7:00am to 4:00pm

For more information and to see if this option may be a good fit for you, schedule an appointment to further discuss with Heather, Amber or Leah.



Amber Krueger, PA-C



Leah Lemke, PA-C

What the Clinic Can Do For You?

Primary Care

- ▶ Acute Care
 - Colds, flu, sore throat, seasonal allergies, or minor injuries
- ▶ Allergy Injections
- ▶ Office visits & wellness consultations
- ▶ Management of chronic conditions
- ▶ Blood pressure checks
- ▶ Labs

Physical Therapy

- ▶ Dedicated Onsite Lab - Orders, blood draws, strep tests, urine tests
- ▶ Some Immunizations

Review of your PHA Results / Connect to resources

- ▶ Lifestyle Medicine
- ▶ Smoking Cessation
- ▶ Basic Orthopedic Evaluation

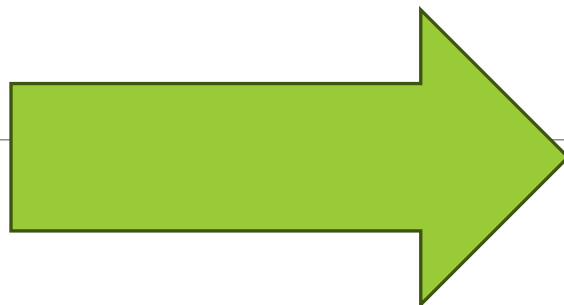
Wellness Coach



****Medicare Primary not Eligible**

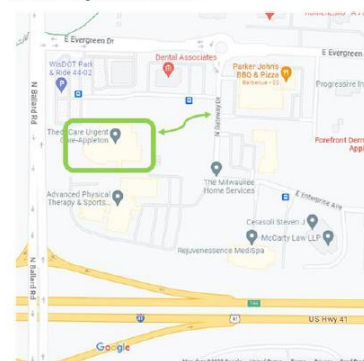


CURRENT LOCATION:
 ThedaCare Regional Medical Center
 1818 N. Meade St. Appleton, WI
 Medical Office Building – West
 Door 38, Suite 120



WE'RE MOVING!

In early December, the Connecting Care Clinic will move to a new location on the Northeast corner of Ballard Road and Interstate Hwy. 41 (3925 N. Gateway Drive, Appleton, WI 54913). The larger facility will offer easier parking, more accessibility, and expanded space for clinic operations.



Please note: to allow time for the move, **the clinic will be closed on December 7 & 8.** We will reopen on December 11 at our new location above.

Clinic Hours

Mondays: 7:00am to 5:30pm
 Tuesday: 7:00am to 5:30pm
 Wednesdays: 7:00am to 6:00pm
 Thursdays: 7:00am to 6:00pm
 Fridays: 7:00am to 4:00pm

Schedule appointments either online at mythedacare.com or by calling (920) 225-1467





Zach Koepke, DPT

Zach earned his bachelor's degree in health science at UW-Stevens Point and his doctorate degree in physical therapy at UW-LaCrosse. He belongs to the American Physical Therapy Association and the Wisconsin Physical Therapy Association. He is trained to understand how the body moves and helps patients return to their favorite activities without pain. He encourages them to be active participants in their recovery.



JP Larson, PT

JP earned his bachelor's degree in physical therapy from the Chicago-Medical School/Finch University 1999. He has been a Certified Orthopedic Clinical Specialist (OCS) since 2013 and became a Certified Myofascial Trigger Point Therapist (CMTPT) in 2018. He has special training and experience in video gait analysis for runners, treatment of running injuries, and multiple manual interventions for the treatment of cervical, thoracic, and lumbar spine; shoulder; knee; and hip dysfunction.

Check Out This Great Service Provided at No Cost to You!

Physical therapy is not just used after surgery. It is used to make daily tasks and activities easier. Physical therapy services available are convenient, confidential and free.

Meet with Zach and JP to:

- Decrease pain
- Complete pre or post-surgery rehabilitation
- Increase range of motion
- Improve flexibility
- Improve balance
- Improve posture/postural awareness
- Increase core strength
- Improve general mobility
- Improve body mechanics
- Improve walking or running gait
- Improve overall function

Available to assist you:

| | |
|------------|------------------|
| Monday: | 7:30am – 3:00pm |
| Tuesday: | 7:15am – 5:30pm |
| Wednesday: | 7:30am – 12:00pm |
| Thursday: | 7:15am – 5:30pm |
| Friday: | 7:30am – 12:00pm |

Address:

Connecting Care Clinic
ThedaCare Physicians - Appleton Gateway
3925 N. Gateway Drive, Appleton, WI 54911

Teresa L. Nelson, DTR, CD, CLS

Meet with Teresa *In Person, Telephone, and/or Virtual* Regarding:

- Nutrition coaching/education
- Individual exercise program
- Fitness assessment and plan
- Weight management
- Stress management
- HRA results review
- Nicotine cessation
- Health Screening (BMI, % Body Fat, Blood pressure)

Teresa is available Monday-Friday, with varying hours between 6 am-5 pm.

Schedule an appointment:

- **Call the clinic: 920-225-1467**
- **Call Teresa directly: 920-454-1877**
- **Schedule on: MyThedacare.org; noting virtual appointment**
- **Email Teresa directly:**

Teresa.Nelson@thedacare.org



Teresa's Education/Training:

- Dietetic Technician, Registered (DTR)
- Bachelor's Degree in Dietetics
- Certified Dietitian
- Certified Lactation Specialist

The Connecting Care Clinic

ThedaCare Physicians - Appleton Gateway

3925 N. Gateway Drive, Appleton, WI 54911



COMING SOON
STAY TUNED

**ACCESS TO
MENASHA
CLINIC COMING
SOON!**

\$0 Option for Primary Care! **Medicare Primary not Eligible

- Clinic will have M.D. Services
- Currently exploring dispensary for prescriptions
- Close connection with Care Navigator

Types of care:

- Common Cold
- Flu
- Earaches
- Diabetes
- Hypertension
- Allergies
- Medications
- Lab Work
- Well-health exams
- Manage chronic illness
- *And More!*

****Medicare Primary not Eligible**

Examples:

Collaborative Care/High-Performance



Direct-Contract Option

- Kate visits the Connecting Care Clinic who recommends she see a specialist
- Kate contacts FiveStar who transfers Kate to **Collaborative Care** for options:
 - She follows Collaborative Care's recommendation and chooses consultation/outpatient surgery through a Tier 1 Direct-Contracted Provider
 - Kate pays \$0 for her surgical episode
 - Kate may receive a \$150 stipend if she must travel more than 70 miles for the surgical procedure

HPS



HPS Network Option

- Kate visits a Theda specialist
- Kate has outpatient surgery at Theda
- Kate pays HPS,
 - \$150 for her Theda specialist visit, and
 - Her Tier 2 outpatient surgery copay of \$1,000

Your choice!

Jeff visits the CCC 5 times throughout the year for care and lab tests. He sees a specialist twice (HPS) and has an outpatient surgery for which he uses a High-performance Plan provider. He also takes 2 generic medications each month and one specialty drug that he gets through ScoutRx.

- Jeff pays nothing to use the CCC or for his (because he used Collaborative Care & elected to go with the CC recommendation) surgery. He pays a \$150 copay each time he sees his specialist (HPS) and \$5 for each Generic medication. His total out-of-pocket (OOP) for the year is \$420.
- If Jeff follows Collaborative Care's recommendations, he may be able to avoid copays even when using HPS providers!
- If Jeff used HPS providers without recommendations from Collaborative Care, his total OOP would be at minimum \$1,720

All Options Require Pre-Certification for Surgeries. Always confirm your pre-certification on the portal or by calling for your pre-certification number.

Orchestra for Retail/ Mail Order scripts; ScoutRx for Specialty/ International scripts



Scan me to contact Scout directly!

Hometown and Smith Pharmacies are great local options!

Questions? Issues?

Contact ScoutRx directly!

| Prescriptions | Retail Prescription Drugs 30 day Supply | Domestic Mail Order 84–90 day supply, or 90- day Retail |
|--------------------------------|---|---|
| Certain Preventive Drugs | \$0 | |
| Generics | \$5 | \$12.50 |
| Preferred Brand | \$35 | \$87.50 |
| Non-Preferred Brand | \$90 | \$225 |
| Specialty Medications | Text/Call ScoutRx at 833.233.1818 or email atp@scoutrxconsulting.com | |
| International Mail Order | | \$0 for Qualifying Medications |
| Maximum Pharmacy Out-of-Pocket | \$2,000 Single/ \$4,000 Family | |

Orchestra/ScoutRx Overview

ScoutRx

If you are planning to begin treatment with a specialty medication, please reach out to ScoutRx to ensure that you receive the maximum savings and avoid any delay in therapy.

Specialty Medications include those to treat MS, HIV, Hepatitis C, Chron's Disease, and COPD to name a few.

HELPFUL HINTS

If you encounter any of the following issues, at the pharmacy, please confirm they are using the most updated billing information on your ScoutRx ID card.

- Your pharmacist says I am not covered under my pharmacy benefit
- Your pharmacist says my drug is not covered
- Your copay is higher than what your Summary Benefit Description says it will be



If you still experience these issues, please contact us with your name and DOB so we can investigate. Many times, there is a simple explanation, and the issue can be rectified quickly.

PHARMACY NETWORK



Appleton Area In Network Pharmacies

| PHARMACY | ADDRESS | CITY | STATE | ZIPCODE | PHONE |
|--|-------------------------|----------|-------|---------|----------------|
| APPLETON HOMETOWN PHARMACY | 1350 W COLLEGE AVE | APPLETON | WI | 54914 | (920) 739-9232 |
| APPLETON VA CLINIC PHARMACY | 10 TRI PARK WAY | APPLETON | WI | 54914 | (920) 831-0070 |
| CVS PHARMACY #05186 | 1485 ONEIDA ST | APPLETON | WI | 54915 | (920) 733-1194 |
| CVS PHARMACY #08525 | 700 WEST WISCONSIN AVE | APPLETON | WI | 54914 | (920) 991-1190 |
| CVS PHARMACY #16066 | 4301 W WISCONSIN AVE | APPLETON | WI | 54913 | (920) 243-7877 |
| CVS PHARMACY #16596 | 1800 S KENSINGTON DR | APPLETON | WI | 54915 | (920) 749-9775 |
| GENOA HEALTHCARE, LLC | 4635 W COLLEGE AVE | APPLETON | WI | 54914 | (920) 268-0975 |
| HEALTHDIRECT INSTITUTIONAL PHARMACY SERVICES INC | 3701 E EVERGREEN DR | APPLETON | WI | 54913 | (920) 739-5900 |
| KIMBERLY HOMETOWN PHARMACY | W2721 BROOKHAVEN DR | APPLETON | WI | 54915 | (920) 423-3438 |
| MEIJER PHARMACY #300 | 3801 N. RICHMOND STREET | APPLETON | WI | 54913 | (920) 350-6210 |
| NORTHLAND HOMETOWN PHARMACY | 420 E NORTHLAND AVE | APPLETON | WI | 54911 | (920) 840-6033 |
| ORTHOPEDIC AND SPORTS SURGERY CENTER | 2105 E ENTERPRISE AVE | APPLETON | WI | 54913 | (952) 653-2525 |
| PICK N SAVE PHARMACY #8123 | 2700 N BALLARD RD | APPLETON | WI | 54911 | (920) 996-0121 |
| PICK N SAVE PHARMACY #8187 | 511 W CALUMET ST. | APPLETON | WI | 54915 | (920) 734-3882 |
| SAM'S PHARMACY 10-6321 | 1000 NO WESTHILL BLVD | APPLETON | WI | 54914 | (920) 733-7410 |
| THEDACARE APOTHECARY-APPLETON | 1818 N MEADE ST | APPLETON | WI | 54913 | (920) 454-3200 |
| THEDACARE APOTHECARY-OSP | 2400 E CAPITOL DR | APPLETON | WI | 54911 | (920) 454-3400 |
| THEDACARE REGIONAL MEDICAL CENTER - APPLETON | 1818 N MEADE ST | APPLETON | WI | 54911 | (952) 653-2525 |
| UVANTA PHARMACY - FOX VALLEY | 1050 S GRIDER ST | APPLETON | WI | 54914 | (920) 257-2411 |
| WALGREENS #12019 | 2803 N MEADE ST | APPLETON | WI | 54911 | (920) 830-6985 |
| WALGREENS #12693 | 729 W NORTHLAND AVE | APPLETON | WI | 54914 | (920) 954-8100 |
| WALGREENS #2921 | 1901 SOUTH ONEIDA ST | APPLETON | WI | 54915 | (920) 739-7321 |
| WALGREENS #5102 | 700 W COLLEGE AVE | APPLETON | WI | 54914 | (920) 733-6599 |
| WALGREENS #7323 | 3330 E CALUMET ST | APPLETON | WI | 54915 | (920) 733-3016 |
| WALMART PHARMACY 10-1982 | 955 NORTH MUTUAL WAY | APPLETON | WI | 54913 | (920) 954-6400 |
| WALMART PHARMACY 10-2958 | 3701 EAST CALUMET ST. | APPLETON | WI | 54915 | (920) 996-0746 |

ScoutRx has over 75,000 participating pharmacies. Please visit our network providers website at <https://secure.proactrx.com/pharmacy-finder/> to search for other network pharmacies.



Scan for our virtual business card

833-233-1818

atp@scoutrxconsulting.com

THE HPS SUPER EOB



When you and your family receive care from one of our contracted providers, you should not receive any bills from them. Instead, you will receive one, single SuperEOB - a consolidated, credit card-like statement for medical bills.

HPS pays your medical out of pocket expenses to the providers, then sends you one monthly consolidated statement called The SuperEOB. You will pay HPS, not the provider.

If you're unable to make a payment in full by the due date, call HPS at 888.477.7968 to set up a payment plan.

- 0% interest
- Monthly payments determined by balance & duration
- Contact HPS to roll new charges into your payment plan

Once you receive a SuperEOB, you can register for an HPS Online Access account. You will need:

- Group number (from the HPS ID card you received by mail)
- Member's date of birth
- Last four digits of the member's Social Security Number
- Statement Number (in the upper-right hand corner of the SuperEOB)

Access the Member Portal anytime at <https://onlineaccess.hps.md/>

- ✓ Search for in-network providers
- ✓ Accessing the Help Center for FAQs, step-by-step instructions
- ✓ Make payments securely
- ✓ View statements and claim-level details



THE HPS SUPER EOB

Member incurs service



Prairie States processes claim



HPS Pays Provider



Member pays HPS

HPS 'fronts' the money to make paying bills easier.

OUT-OF-NETWORK: BEWARE OF BALANCE DUE BILLS



Experience the Prairie States Difference



Our **FiveStar Health concierge service** is your single point of contact to answer healthcare questions, simplify communication, and ensure you get the most out of your benefits plan.



We keep all of our **health management and administration services in-house** to provide seamless care and integration throughout every step of your personal health experience.



Call us at **1-888-593-9163**, 8:00 AM to 5:00 PM CST, Monday through Friday, and your FiveStar Health Navigator will work with your dedicated Prairie States team to provide the answers you need.

FiveStar Health

One Call for All the Answers

Your FiveStar Health Navigator is your single point of contact to help you with:

- Understanding medical coverage and benefits
- Assistance with billing and claim issues
- Member support for Tier 3 claims/negotiations
- Pre-certification
- Choosing the right health care provider
- Secure member portal

Transfers to Collaborative Care when appropriate



FiveStar Health

1-888-593-9163
8 AM – 5 PM CST
Monday – Friday

PRE-CERTIFICATION

Pre-certification Required for Non-Emergency Procedures

7 business days in advance of procedure

\$250 for failure to pre-certify

Examples

- Inpatient/outpatient hospital
- Therapies
- Infusions
- Scans
- Dialysis
- Durable medical equipment

Contact FiveStar Health

- Phone:
 - 1-888-593-9163
 - 8 AM – 5 PM CST, Monday – Friday
- Online:
 - Contact us through your secure member portal

Care Navigation & Concierge Services

FIVESTAR

- Benefits Questions
- Claims Issues
- Pre-certification
- Nurse Case Management for large case members
- Finding HPS/FiveStar in-network providers
- Will transfer you to CC when appropriate

COLLABORATIVE CARE

- Finding High Performance & Best Price healthcare
- 2nd medical opinions
- Nurse-led care coordination
- Chronic Disease Management
- High-cost medication, surgery & imaging review
- Alternative Therapies
- Potential waived copays



APPLETON
AREA SCHOOL
DISTRICT

WHY
use it?





APPLETON
AREA SCHOOL
DISTRICT



WHAT is it?

We are a nurse concierge team with access to 4,000+ specialist physicians across the nation, including pharmacists, here to help you get to the right care.

- No Cost Expert Medical Opinion
- Complex Care research and coordination
- Chronic Disease management
- High-cost medication review
- Surgery & Imaging review and navigation
- Alternative therapies
- Potential of waived copays
- and more....



APPLETON
AREA SCHOOL
DISTRICT



HOW to contact?

- Call FiveStar at 1 (888) 593-1963
- FiveStar determines benefits, including Pre-Certification requirements, Nurse Case Management for large case members
- Referred to a Coordinator to direct to Nurse
- Response time is typically 24-48 hours
- Receive a Care Options report

Key Points To Remember


This plan is very different from traditional plans. If you don't understand something, contact FiveStar Health and ASK QUESTIONS!

FiveStar Health is your best resource for all questions and information about our **plan and benefits**. You can call them at (888) 593-9163 from 8:00 a.m. to 5:00 p.m. Monday through Friday or through your secure Prairie States member portal.


You will get a new ID card from Prairie States around January 1st. This is your new card for both Health and Prescription coverage.

Key Points To Remember (continued)

Do not use the ER for non-emergent care that can be treated elsewhere. If you're not sure, call the CCC, your doctor, the Menasha Clinic FiveStar Health or Teladoc for guidance.



Emergency care is covered at all hospitals but ER care at non-network hospitals, will get repriced. If you get a balance-due bill, call Prairie States.



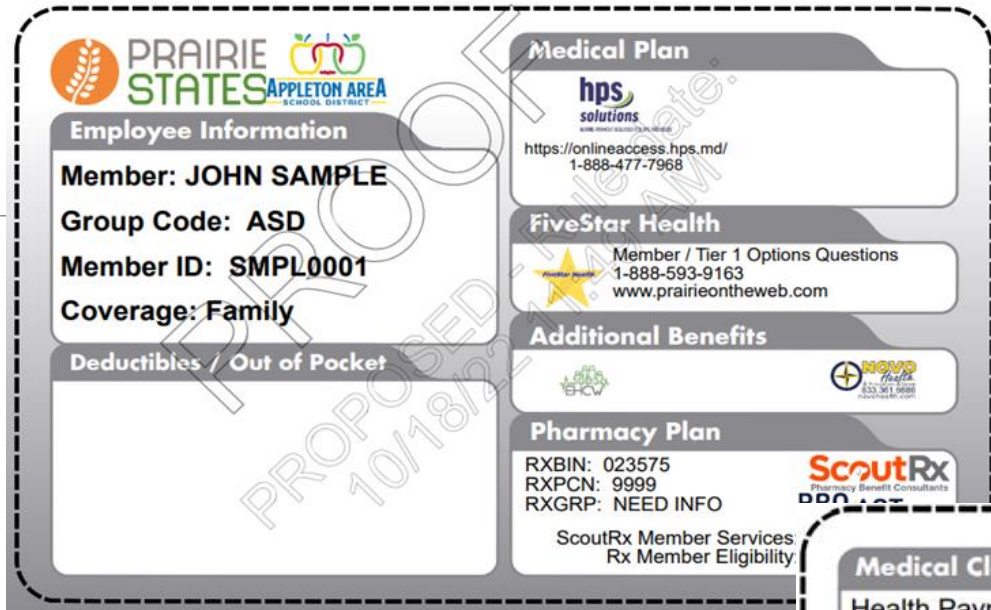
A national 'wrap' network is available for students, retirees, travelers, etc. These providers will be considered in network. Find providers at www.myfirsthealth.com

Key Points To Remember (Continued)

Pre-certify elective procedures/surgeries as soon as possible.

Understand that copays are different depending on the provider you elect to receive care from.

Collaborative Care can direct you to the best providers for your personal situation. **When you choose the best option,** your copay may be waived.



PRAIRIE STATES APPLETON AREA SCHOOL DISTRICT

Employee Information
 Member: JOHN SAMPLE
 Group Code: ASD
 Member ID: SMPL0001
 Coverage: Family

Deductibles / Out of Pocket

Medical Plan
 hps solutions
<https://onlineaccess.hps.md/>
 1-888-477-7968

FiveStar Health
 Member / Tier 1 Options Questions
 1-888-593-9163
www.prairieontheweb.com

Additional Benefits
 NCVS Health 833-911-9988
 BCW

Pharmacy Plan
 RXBIN: 023575
 RXPCN: 9999
 RXGRP: NEED INFO
 ScoutRx Pharmacy Benefit Consultants
 ScoutRx Member Services
 Rx Member Eligibility

Make sure to present at any doctor or pharmacy visits after January 1.

ID Card in December!

ProAct will be replaced with Orchestra



Medical Claims Submission
 Health Payment Systems
 P.O. Box 510620
 Milwaukee, WI 53203
 1-888-477-7968
www.hps.md
 Electronic Claims Submission: 20270

Pre-Authorization Required
 Pre-authorization is required 7 days in advance for scheduled services, or 48 hours after emergency procedures/admissions.
Members: For pre-authorization requirements and questions, call Prairie States customer service at 1-888-593-9163, or check electronically at www.prairieontheweb.com.
 A penalty may apply for failure to pre-certify according to the requirements of your employer's health plan.

Provider Contact Information
 To confirm eligibility, verify benefits or check claims status:
 • www.prairieontheweb.com
 • 1-855-993-9163
 For all other assistance: 1-800-615-7020
This card does not guarantee eligibility or payment.

MultiPlan Complementary Network
 Outside Primary Network
multiplan.com
 1-800-279-9776

To Talk to a Doctor
www.teladoc.com
 1-800-Teladoc (835-2362)
 TELADOC

| | PPO Network or Premier Network | Out-of-Network |
|--|-----------------------------------|----------------|
| | Benefit | Benefit |
| Individual Annual Maximum | \$1,500 | \$1,500 |
| Individual Oral Surgery Maximum* | \$2,000 | \$2,000 |
| Deductible: Individual | \$0 | \$0 |
| Family | \$0 | \$0 |
| Diagnostic and Preventive Services | | |
| Exams & Cleanings 2 per year | 100% | 100% |
| Sealants & Fluoride | 100% | 100% |
| X-Rays | 100% | 100% |
| Space maintainers | 100% | 100% |
| Basic & Major Restorative Services | | |
| Fillings | 80% | 80% |
| Endodontics & Periodontics | 80% | 80% |
| Crowns, inlays, onlays | 80% | 80% |
| Bridges, dentures | 80% | 80% |
| Repairs and adjustments to bridges and denture | 80% | 80% |
| Applies to Oral Surgery Maximum* | | |
| Implants & Extractions | 80% | 80% |
| Orthodontic Services | | |
| Coverage coinsurance | 50% | 50% |
| Individual lifetime maximum | \$3,500 | \$3,500 |
| Dependents eligible to age | 26 | 26 |
| Adult Orthodontia included | Yes | Yes |

DENTAL INSURANCE: *PLAN DESIGN & PREMIUMS*

Monthly Dental Premiums

Single: \$53.23

Family: \$137.34

- ➔ Allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum
- ➔ You get to keep your annual maximum for other services
- ➔ Preventive dental care saves money over the long-term by reducing the need for more expensive services

| CheckUp Plus | | |
|-------------------|---------------|-------------------|
| Delta Dental Pays | Enrollee Pays | Maximum Remaining |
| \$300 | \$0 | \$1,500 |

| Traditional Dental Plan | | |
|-------------------------|---------------|-------------------|
| Delta Dental Pays | Enrollee Pays | Maximum Remaining |
| \$300 | \$0 | \$1,200 |

DENTAL INSURANCE: *CHECK-UP PLUS BENEFIT*

- Sealants for primary and permanent molars will be covered for dependent children ages 6-19
- Bitewing X-rays will be limited to one time per 12-month period
- Full-mouth X-rays will be limited to once every five years

Vision – Delta

- \$10 Eye Exam Deductible (in-network)
- \$25 Materials Deductible (in-network)
 - Either Frames & Lenses or Contacts
 - See information for benefit maximum amounts
 - Lasik discounts
- Exams, materials, & discounts are covered once every 12 months
- Applies to first service used per person per year

Monthly premiums will be deducted ½ from each pay period (pre-tax):

Single (employee only): \$6.42/month OR Family: \$15.96/month

- Your election will be deducted on a full calendar year (1/1/24-12/31/24) unless you have a Qualifying Event (birth, marriage, etc.)

EyeMed Customer
Service:

(844) 848-7090

Find a Provider:

www.deltadentalwi.com

EyeMed Insight Network



REMINDERS

- ▶ Health Insurance - Preventative care does not require a copay
- ▶ Connecting Care Clinic (Employee Clinic) – no copay
- ▶ Information has been updated on the district website
- ▶ If you have questions as to whether a specific provider is in network, please use the online tools or call the carrier directly.

Complete your registration by: **November 3, 2023**

Questions: Angie Pittman pittmanangela@aasd.k12.wi.us
or (920) 852-5300 ext. 60084

Individual 🛡️ Family 🛡️ Small Groups 🛡️ Supplement Plans 🛡️ Part D 🛡️ Medicare Advantage

Helping with Medicare & Marketplace Enrollments Year Round!



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Licensed Health Insurance Advisors**



**52 W. Main St. • Chilton, WI 53014
920-418-LIVE (5483)
Fax: 888-464-5385**

HISB is not captive with any one insurance company nor affiliated with the CMS government; we are an independently owned and operated agency.

www.healthinsurancesb.com

Agenda

- Medicare
 - Who is eligible for Medicare?
 - Coverage Options
 - Where can I enroll?
 - Next Steps
 - Questions about Medicare?
- Marketplace
 - Coverage types and options
 - Who is eligible?
 - Enrolling
 - Questions about Marketplace?



Medicare 101

A Medicare Scholar Presentation

Who is eligible for Medicare?

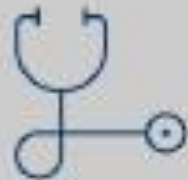
Must be a U.S. citizen or legal resident for at least 5 consecutive years **AND** one of the following:

- Age 65 or older
- Under 65 with a qualifying disability
- Any person diagnosed with end-stage renal disease or ALS (Lou Gehrig's Disease)

Coverage Options



PART A



PART B



PART C

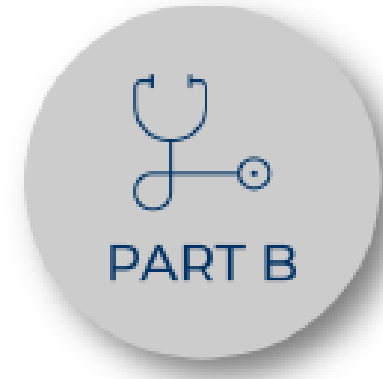


PART D



MED SUPP

Original Medicare



Hospital Insurance

- Inpatient hospital care
- Inpatient mental health care
- Skilled nursing services
- Hospice Care
- Some blood transfusions

Doctors and Outpatient Visits

- Physician services
- Outpatient hospital services
- Ambulance
- Outpatient mental health
- Laboratory services
- Durable medical equipment (wheelchairs, oxygen, etc.)
- Outpatient physical, occupational and speech-language therapy
- Some preventive care

Original Medicare

Part A

Costs

- Premium-free if you have worked 40 quarters
- \$1,600 deductible in 2023

Coverage

- Stays of more than 60 days have daily copays
- You can utilize any hospital that accepts Medicare
- Hospital coverage outside of the U.S. usually isn't covered

Part B

Costs

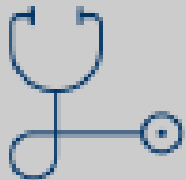
- No out-of-pocket maximum
- You pay 20% of Medicare-approved costs
- Annual deductible - \$226 in 2023
- Monthly premium - \$164.90 in 2023
 - adjusted based on your income and may be higher if you sign up after your initial enrollment period

Coverage

- Physicians who accept Medicare
- Some preventive healthcare is provided



PART A



PART B

Original Medicare

What's not covered?

- Part A and Part B deductibles, coinsurance, and premiums
- Part B excess charges
- Outpatient prescription drugs
- Additional benefits such as hearing, vision, and most dental
- Long-term care or custodial care

Plan Choices

STEP 1

Enroll in Original Medicare.

STEP 2

Decide if you need additional coverage. You have two ways to get it.

OPTION 1

OR

OPTION 2

Add one or both of the following to Original Medicare

Choose a Medicare Advantage plan

Original Medicare Provided by the government



Part A
covers hospital
stays



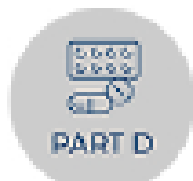
Part B
covers doctor
and outpatient
visits

Medicare Supplement Offered by private companies



Covers some of the
costs not paid by
Original Medicare
Parts A and B

Medicare Part D Offered by private companies

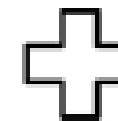


Covers prescription
drugs

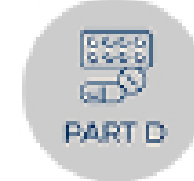
Medicare Advantage Offered by private companies



Part C
combines Part A
(hospital) and Part
B(doctor)



Provides additional
benefits



Part D
covers prescription
drugs

Medicare Supplement Insurance

- Helps cover gaps in Original Medicare
 - Formal name is “Medigap”
- Sold by private insurance companies
- Plans are named
 - A, B, C, D, F, G, K, L, M, N, High-Deductible Plan F and High-Deductible Plan G
- Massachusetts, Minnesota and Wisconsin have different standardized plans
- Benefits can vary by plan and when your Medicare coverage began



MED SUPP

Medicare Supplement Insurance

Eligibility

- Must be enrolled in Medicare Part A and Part B
- Resident of the state in which you are applying for coverage
- Age 65+ (or under 65 in WI)

Costs

- Helps with some of the out-of-pocket costs not paid by Original Medicare
- Premiums may vary based on age, sex, tobacco status, zip code, plan and carrier



MED SUPP

Medicare Supplement Insurance

Enrollment

- Generally, you have a six-month Open Enrollment Period
 - following your 65th birthday month
 - Part B effective date (if later)
- There may be other situations in which your acceptance may be guaranteed



Medicare Supplement Open Enrollment

Your eligibility begins



65

This period lasts for 6 months and begins on the first day of the month in which you're both 65 or older and enrolled in Medicare Part B.

Prescription Drug Plans

Helps with the cost of prescription drugs:

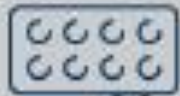
- Only offered through private insurance companies
- You must continue to pay your Part B premiums
- For medications you receive from a retail or mail-order pharmacy

Costs

- Coverage varies from plan to plan
- Catastrophic coverage protects you from high drug costs
- Benefits can change year-to-year

Enrollment

- Coverage is not automatic
- Penalties may apply if you enroll late



PART D

Prescription Drug Plans

Coverage

Formulary Tiers

| | |
|--------|------------|
| Tier 1 | \$ |
| Tier 2 | \$\$ |
| Tier 3 | \$\$\$ |
| Tier 4 | \$\$\$\$ |
| Tier 5 | \$\$\$\$\$ |

- Each plan has a list of drugs it covers called a formulary
 - All plans have a tiered formulary
 - Generally, the lower the tier, the lower the out-of-pocket cost
- List of drugs can change throughout the year

Prescription Drug Plans

Coverage Stages & 2023 Cost Sharing



- Annual Deductible –up to \$505 (not all plans have a deductible)
- Initial Coverage Limit -\$4,660
- Coverage Gap or Donut Hole –You pay 25% for covered drugs
- Catastrophic Coverage -\$7,400 and above. Drug copays are reduced to:
 - Generics -\$4.15 or 5%, whichever is greater
 - Brands -\$10.35 or 5%, whichever is greater

Plan Choices

STEP 1

Enroll in Original Medicare.

STEP 2

Decide if you need additional coverage. You have two ways to get it.

OPTION 1

OR

OPTION 2

Add one or both of the following to Original Medicare

Choose a Medicare Advantage plan

Original Medicare Provided by the government



Part A
covers hospital
stays



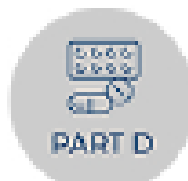
Part B
covers doctor
and outpatient
visits

Medicare Supplement Offered by private companies



Covers some of the
costs not paid by
Original Medicare
Parts A and B

Medicare Part D Offered by private companies

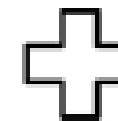


Covers prescription
drugs

Medicare Advantage Offered by private companies



Part C
combines Part A
(hospital) and Part
B(doctor)



Provides additional
benefits



Part D
covers prescription
drugs

Medicare Advantage Plans



Combines both Medicare Part A and Part B,
may also include prescription drug coverage

Medicare Advantage Plans

Eligibility for Part C

- Must be enrolled in Medicare Part A and Medicare Part B
- Must live in the plan's service area (county based)
- Must be able to make an informed decision
- Offered by private insurance companies
- Often include additional benefits above and beyond Original Medicare –varies by plan



PART C

Medicare Advantage Plans

Costs

- Plan premiums and benefits can change year-to-year
- Must continue to pay your Part B premium

Coverage

- Many plans include prescription drug coverage (Part D)
- Coverage can be limited to a service area –unless it's an emergency
- May be required to use a network of doctors and hospitals
- May include additional benefits above Original Medicare (varies by plan)



PART C

Medicare Advantage Plans

Types of Part C Plans

Coordinated Care Plans

- Health Maintenance Organization (HMO)
- Health Maintenance Organization Point-of-Service (HMO-POS)
- Preferred Provider Organization (PPO)
- Special needs Plans (SNP)

Other Plans

- Private Fee-for-Service (PFFS)
- Medicare Savings Accounts (MSA)
- Medicare Cost Plans



PART C

Plan Choices

STEP 1

Enroll in Original Medicare.

STEP 2

Decide if you need additional coverage. You have two ways to get it.

OPTION 1

OR

OPTION 2

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Original Medicare Provided by the government



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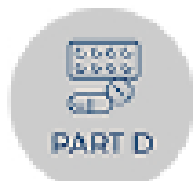
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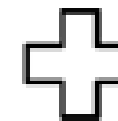


Covers prescription
drugs

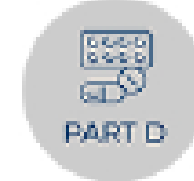
Medicare Advantage Offered by private companies



Part C
combines Part A
(hospital) and Part
B(doctor)



Provides additional
benefits



Part D
covers prescription
drugs

When can I enroll?

Medicare Initial Enrollment Period

The month you turn 65 years old



3 months before

3 months after

What if I work past age 65?

If working past age 65

- You may enroll in Parts A and B
- Recommended that you speak with your benefits administrator
- Keep records of your health insurance coverage

Enrollment after age 65

- When retiring, you may be eligible for a Special Enrollment Period (SEP) that may allow you to:
 - Enroll in Original Medicare for up to eight months after the loss of employment or employer coverage, whichever happens first
 - Enroll in a Medicare Advantage or Prescription drug Plan for up to two full months after loss of employer health benefits

Additional Elections

- Annual Enrollment Period
 - October 15th through December 7th
 - plans begin January 1st
- Open Enrollment Period
 - January 1st through March 31st.
 - May change from one Medicare Advantage to another, or back to Original Medicare with or without Part D coverage
- Special Enrollment Periods
 - examples include moving into a new area, discontinuation of your current plan, receiving skilled nursing care, or low income/Medicaid



Next Steps

1. Review enrollment periods
2. Research your options
3. Ask questions/seek help
4. Enroll
5. Yearly review

Individual + Family + Small Groups + Supplement Plans + Part D + Medicare Advantage

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www.healthinsurancesb.com



Marketplace Insurance



- The Affordable Care Act (ACA) was signed into law in 2010
- Also known as:
 - The Exchange
 - Obamacare
 - Health Care Reform
 - Patient Protection and Affordable Care Act (PPACA)

Health Insurance Reforms

(Since 2010)

- No lifetime dollar limits or annual dollar limits on essential health benefits (EHBs)
- Specific preventive services are covered free of charge to insured
- Dependent coverage until a child's 26 birthday
- Pre-existing conditions must be covered for eligible individuals
- Guarantee issue of health insurance policies
- No discrimination based on gender, health status, or pre-existing conditions
- Community rating rules for premiums
- Health insurance exchanges or marketplaces
- Qualified Health Plans (QHPs)
- Premium tax credits and cost-sharing subsidies

Minimum Essential Coverage

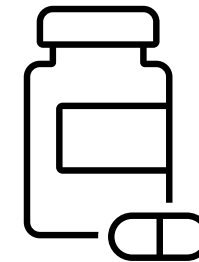
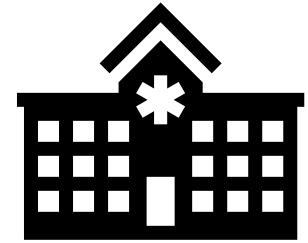
- US Citizens & Legal Residents are required to have qualifying health care coverage (minimum essential coverage).
 - Employer based insurance plans
 - Government-sponsored programs
 - Medicare, Medicaid, CHIP, TRICARE, COBRA
 - Plans in Individual Market
 - Some other types of plans
- These plans can also be referred to as Major Medical Plans
- Previously individuals who choose not to participate or purchase a qualifying coverage had to pay a tax penalty.
 - Ended in 2018

Qualified Health Plans (QHPs)

- Health Plans offered in individual and small group markets must be qualified according to ACA standards.
- Qualified Health Plans, Medicaid State Plans, and Policies on the Exchange must cover (or offer) Essential Health Benefits (EHBs)
- Individual and Group plans are prohibited from putting annual and lifetime dollar limits on EHBs.

Essential Health Benefits (EHBs)

- Ambulatory services
- Emergency Services
- Hospitalization
- Maternity & Newborn Care
- Mental Health & Substance Abuse services
- Prescription Drug Coverage
- Rehab services & Devices
- Lab services
- Preventive & Wellness Services
- Chronic Disease Management services
- Pediatric services (including Oral and Vision care)



Marketplace Insurance



- ACA standardized the types of benefits & cost sharing allowed in health plans through the Marketplace with Metal Tiers (Categories)
 - Bronze plans – 60%
 - Silver plans – 70%
 - Gold plans – 80%
 - Platinum plans – 90%
- Each level of coverage must cover minimum EHBs
- The higher amount of coverage the higher the premiums

Marketplace Coverage

- Free Preventive Care
- Pre-Existing Conditions
 - Health plans may no longer limit or exclude coverage for individuals based on pre-existing conditions.
- Coverage of Children to Age 26
 - Marketplace requires children to be claimed as a dependent
- Guarantee Issue
 - Requires health plans permit you to enroll, regardless of health status, age, gender or other factors that might predict the use of health services
 - Subject to rules regarding Enrollment Periods

Marketplace Eligibility

- Income (for the household)
- County you live in
- Age
- Employment status & coverage
- Medicaid eligibility
- Individual tax credits & cost-sharing subsidies are only available through the health insurance exchange plans

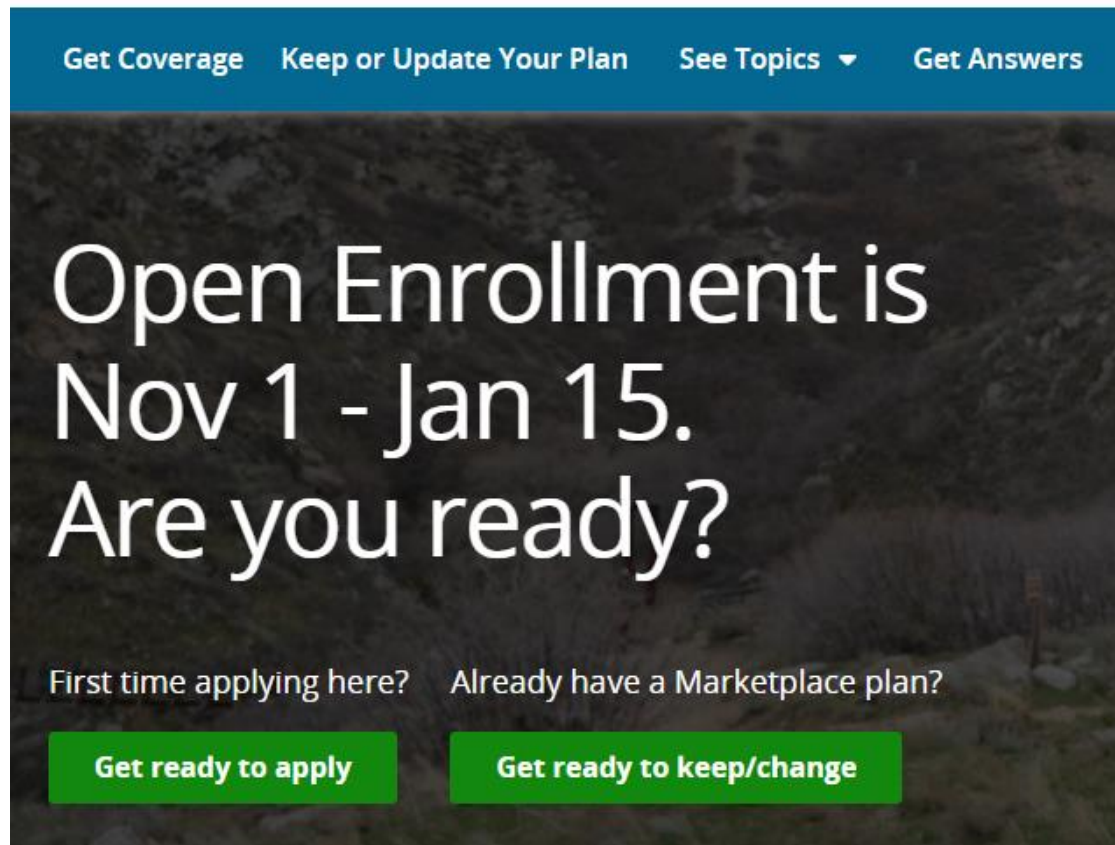
Marketplace Subsidies

- Advanced Premium Tax Credits (APTCs)
 - Can help lower the insured monthly premiums
- Cost-sharing reduction - only available on Silver tier plans
 - Lower copays, coinsurance, out-of-pocket limits
 - Based on Federal Poverty Levels (FPL)



Marketplace Enrollment

HealthCare.gov



Get Coverage Keep or Update Your Plan See Topics ▾ Get Answers

Open Enrollment is Nov 1 - Jan 15. Are you ready?

First time applying here? Already have a Marketplace plan?

[Get ready to apply](#) [Get ready to keep/change](#)

- Open Enrollment
 - November 1st – December 15th
 - January 1st effective date
 - December 16th – January 15th
 - February 1st effective date

Marketplace Enrollment

- Qualifying Events
 - Special Enrollment Periods that allow an individual to sign up for health insurance through the marketplace outside of annual enrollment
 - Marriage, birth or adoption of a child, permanently moving to an area that offer different health plans, loss of health coverage due to divorce, job loss, or loss of eligibility for coverage

Enrollment Process

- When enrolling into a marketplace plan you will want:
 - Household estimated income
 - Doctors & Hospitals you want in-network
 - In Wisconsin, many marketplace health insurance plans are HMOs
 - Prescription List
- Information that can be useful:
 - Current monthly premium
 - Your most current plan's deductible and max-out-of-pocket (MOOP)
 - What kind of plan & benefits
 - HSA, Copay plan, PPO, HMO

Enrollment Process

Your details

Zip code

54913

Household members

1

Who is applying for coverage?

Age DOB

61

Sex

M

F

- Tobacco user
- Parent of child under 19
- Pregnant
- Eligible for other coverage

Delete

Close

Add spouse applicant



Add dependent applicant

Household income

\$ 50000

Eligibility

Savings

\$568/mo



| | | | | | |
|--|---|--|--|--|--|
| | <p>Chorus Community Health Plan Chorus Core Bronze</p> <p>Add to cart</p> | <p>Network Health Signature Prestige Bronze Copay + Dental + Vision + Fitness</p> <p>Add to cart</p> | <p>Common Ground Healthcare Cooperative CGHC Silver \$5000 - Envision Network</p> <p>Add to cart</p> | <p>Compcare Health Serv Ins Co(Anthem BCBS) Anthem Gold Pathway/Lean 1000 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)</p> <p>Add to cart</p> | <p>Quartz QUARTZ ONE WITH AURORA HEALTH CARE GOLD 1403-01 HSA</p> <p>Add to cart</p> |
|--|---|--|--|--|--|

Summary

| | | | | | |
|------------------------|---|---|---|---|---|
| Monthly Premium | \$197.55 <small>was \$765.55</small> | \$223.08 <small>was \$791.08</small> | \$321.07 <small>was \$889.07</small> | \$399.26 <small>was \$967.26</small> | \$588.05 <small>was \$1,156.05</small> |
| Deductible | \$9,100 per person | \$0 per person | \$5,000 per person | \$1,000 per person | \$3,500 per person |
| Max OOP | \$9,100 per person | \$9,100 per person | \$9,100 per person | \$6,900 per person | \$3,500 per person |
| Overall Rating | ★★★★☆ | ★★★★☆ | ★★★★☆ | Not Rated | ★★★★☆ |
| Network | EPO | HMO | EPO | HMO | HMO |
| Primary Care | No charge after deductible | \$55 | \$70 | \$30 | No charge after deductible |

Individual 🛡️ Family 🛡️ Small Groups 🛡️ Supplement Plans 🛡️ Part D 🛡️ Medicare Advantage

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**Independent Registered
Licensed Health Insurance Advisors**



**52 W. Main St. • Chilton, WI 53014
920-418-LIVE (5483)
Fax: 888-464-5385**

HISB is not captive with any one insurance company nor affiliated with the CMS government; we are an independently owned and operated agency.

www.healthinsurancesb.com

Sources

- Valerie@Healthinsurancesb.com
- <https://www.ssa.gov/>
- <https://www.ssa.gov/locator/>
- <https://www.medicare.gov/>
- <https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance>
- <https://www.medicare.gov/supplements-other-insurance/how-to-compare-medigap-policies>
- Healthcare.gov
- Healthinsurancesb.com

BENEFITS CONTACT INFORMATION

Health Insurance: FiveStar (Prairie States) Customer Service

Toll Free Customer Service: (888) 593-9163 / Website: www.prairieontheweb.com

Dental Insurance: Delta Dental

Toll Free Customer Service: (800) 236-3712 / Website: www.deltadentalwi.com

Vision Insurance: Delta Vision (EyeMed Insight Network)

Toll Free Customer Service: (844) 848-7090 (EyeMed)/ Website: www.eyemed.com

Health Reimbursement Accounts (HRA) : Diversified Benefits Services (DBS)

Toll Free Customer Service: (800) 234-1229 / Website: www.dbsbenefits.com

AASD Contact: **Angie Pittman, Employee Benefits Specialist** - (920) 852-5300 ext. 60084

Email: pittmanangela@aasd.k12.wi.us

Questions?

