

**MEMORANDUM**

**Date:** November 13, 2015  
**To:** Employees Eligible for Health Insurance  
**From:** Karen Dvornik, Director of Business Services  
**Subject:** **Health Insurance Information and Annual Open Enrollment Notification**

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Your health insurance will remain with WCA Group Health Trust (WCA) for the period of 01/01/2016 – 12/31/2016. In a continued effort to provide a quality and affordable health program, the School Board approved renewing WCA as the district health insurance provider with no change to plan design unless required by mandates or the Affordable Care Act.

The district was fortunate to receive a -1% decrease so your current premium share amount will decrease effective with the deduction in December for the January premium payment. For the second year in a row the renewal is great news for both the district and its employees. Thank you for your part in keeping these renewals favorable.

WCA is adding two additional benefits for eligible employees enrolled on the district health insurance plan for 2016. **The benefits are as follows and reimbursement forms have been attached and can be forwarded directly to WCA for reimbursement.**

- Health Club Reimbursement
  - ✓ \$120 – Single Annual Maximum
  - ✓ \$240 – Family Annual Maximum
  
- Annual Exam Incentive Program
  - ✓ Available to employee and their spouse
  - ✓ \$50 Debit Gift Card

**Open enrollment for 2016 health benefits will be held from 11/13/15 – 12/07/15.** Health Insurance elections made during Open Enrollment will become effective 01/01/2016 and will remain in effect for the entire 2016 year. You cannot change your benefit selection again until the next Open Enrollment unless you experience a “qualifying status change”. Qualifying status changes are included at the end of this document. **It is important that all employees**

**remember they must notify the payroll department and complete enrollment forms within 30 days of the qualifying event.**

**NOTE: If you are currently on our plan and do not report a change in status we will keep you enrolled at your current status.**

Employees are eligible to receive insurance coverage effective with their hire date and are covered through the month they resign. Employee premium share deductions are taken from each check for the next month's coverage.

**Premium Information 01/01/16 – 12/31/16**

- The current employee premium share is 12.6%.
- The premium share amounts are included in the chart below.

<b>Plan Type</b>	<b>Total Monthly Premium</b>	<b>Employee Share per Pay Period</b>
Single	\$705.48	\$44.44
Family	\$1,591.08	\$100.24

**Summary of Benefits and Coverage (SBC)**

The Affordable Care Act requires that we provide you with the attached Summary of Benefits and Coverage (SBC). The SBC is a standardized summary about your health plan's benefits and coverage. This is designed to help you better understand and evaluate your health insurance choices. Please note that this is only a summary. If you want more detail about your coverage, you can get the complete terms in the policy or plan document at [www.umar.com](http://www.umar.com) or by calling 1-800-826-9781 (have your insurance card available). This SBC covers the period of 01/01/2016 – 12/31/2016.

**Qualifying Status Changes**

Following IRS regulations, you can make changes consistent with your status change within 30 days of the date the status change occurred. In most circumstances, you cannot change the type of coverage (e.g. your plan) but you may modify the level of coverage (e.g. add a child following a birth or adoption).

**As Detailed in Cafeteria Plan Document:**

- (a) By Participant.
  - (1) HIPAA Special Enrollment Rights.
  - (2) Change in Status.
    - (A) Legal Marital Status.
    - (B) Number of Dependents.

- (C) Employment Status.
- (D) Dependent Satisfies or Ceases to Satisfy Eligibility Requirements.
- (E) Residence.
- (F) Adoption Assistance.

(3) Judgment, Decree, or Order. A Participant may modify an election pursuant to a judgment, decree, or order resulting from a divorce, legal separation, annulment, or change in legal custody (including a qualified medical child support order as defined in ERISA section 609) that requires accident or health coverage for a Participant's child or for a foster child who is a dependent of the Participant; provided that the modification:

- (A) changes the Participant's election to provide coverage for the child if the order requires coverage for the child under the Plan; or
- (B) cancels coverage for the child if the order requires the spouse, former spouse, or other individual to provide coverage for the child; and that coverage is, in fact, provided.

(4) Entitlement to Medicare or Medicaid.

(5) Significant Cost or Coverage Changes.

(6) FMLA.

If you have any questions regarding health insurance, please contact Amy Matter, Payroll/Benefits Coordinator or me as follows:

Amy Matter at [amatter@cedarburg.k12.wi.us](mailto:amatter@cedarburg.k12.wi.us) or (262) 376-6113

Karen Dvornik at [kdvornik@cedarburg.k12.wi.us](mailto:kdvornik@cedarburg.k12.wi.us) or (262) 376-6114

**Attachment:** Summary of Benefits and Coverage (SBC)  
Health Club Reimbursement Form  
Annual Exam Incentive Request Form