



FOCUS ON BENEFITS 2018

January 2018



QUESTIONS?

Kristie Grulke at 920-675-1000 or grulkek@sdoj.org

This piece is not a contract, but a summary of your benefits. Please refer to your contract (Summary Plan Description or Certificate of Coverage(s)) for more detailed information. In case of conflict, your contract will prevail for all claim adjudication.

FOCUS ON BENEFITS 2018

Jefferson School District

In this issue

- Health Plan Summary
- Premiums
- Network Access
- HRA – Health Reimbursement Arrangement
- Claims Process
- Required Notices

FOCUS ON BENEFITS 2018

Jefferson School District

What's new for 2018?

Elections you make during open enrollment will become effective on **January 1, 2018**.

This brochure includes the benefits and enrollment material offered at Jefferson School District for 2018. We encourage you to take the time to read through and explore your benefits options. At Jefferson School District, we value our employees and are committed to providing a comprehensive and competitive benefits package. To keep up with evolving trends, below are changes you will see in this year's benefit package:

- **New Carrier** – Coverage will be provided by WCA Group Health Trust.
- **Modified Plan Design** – True employee deductibles will remain the same. No more copays. Most prescriptions are subject to deductible.
- **Health Reimbursement Arrangement (HRA)** – Jefferson School District will fund all of the increased plan deductible through an HRA.

Required notices are located at the end of this packet and include:

- Notice of Healthcare Exchange
- Medicare Part D Coverage Notice
- CHIP Notice
- WHCRA Notice

FOCUS ON BENEFITS 2018

Jefferson School District

HEALTH PLAN SUMMARY

Effective January 1, 2018, we will begin to offer our health plan through WCA Group Health Trust for all benefit-eligible employees.

About the Health Plan: Preventive care is covered at 100% and no deductible applies. For other covered services, including prescription medications, this plan requires a deductible before eligible services are paid at 100%.

HRA will fund the final portion of the plan deductible: \$2,500 single / \$5,000 family

Features	In-Network ONLY
Network	United Healthcare Options PPO
Deductible <i>per calendar year (Embedded)</i>	\$3,000/single (w/HRA - \$500) \$6,000/family (w/HRA - \$1,000)
Out of Pocket Max <i>per calendar year (Embedded)</i>	\$3,000 /single (w/HRA - \$500) \$6,000/family (w/HRA - \$1,000)
Physician Services <i>Office visits, Urgent Care Clinic, Retail Health Clinics, Chiropractic Manipulation</i>	You pay 0% after deductible
Preventive Services <i>Well child, Immunizations, Screening</i>	You pay \$0
Mental/Behavioral/ Substance Use	You pay 0% after deductible
Chiropractic/Physical/ Occupational/Speech Therapies	You pay 0% after deductible
Ambulance	You pay 0% after deductible
Hospital	You pay 0% after deductible
Prescription Drugs <i>Retail (31 day supply) GenRx preferred drug list including preferred generic, preferred brand</i> <i>Specialty Drugs</i> <i>90 dayRx / Mail Order GenRx preferred drug list including preferred generic and preferred brand. Specialty drugs are in specialty networks.</i>	You pay 0% after deductible



Need a provider? As a member, www.umar.com offers a search function to help you find participating providers in your network. See following page for details.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

QUESTIONS?

Call customer service at **866-404-2700** or call the phone number on the back of your ID card or visit www.wcaght.org.

FOCUS ON BENEFITS 2018

Jefferson School District

HEALTH PLAN PREMIUMS

The company will continue to pay a portion of your premiums.

Premiums are shown per MONTH effective January 1, 2018:

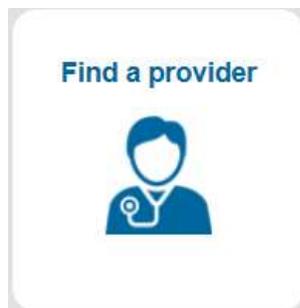
Employee Monthly Premium (based on hours)			
	10%	50%	75%
Employee	\$41.65	\$208.65	\$312.38
Family	\$108.60	\$543.00	\$814.50

Hours Requirements		
JSSF	JEA	Substitues
10% = 1302 and over	10% = 2/3rds time or more	75%
50% = 1044 – 1301	Proration = less than 2/3rds time	
75% = less than 1044		

LOCATING NETWORK PROVIDERS

Your coverage with WCA Group Health Trust (WCA GHT), provides Network Coverage ONLY. It is very important that you make sure you are using Network providers when seeking services. Your network under WCA GHT is **United Healthcare Options PPO Network** .

To look for a network provider, please visit www.umar.com and select "Find a provider"



Either enter **United Healthcare Options PPO Network** in the Search Box that appears or you can use the alphabet navigation below it.

For medical providers, choose **Search for a medical provider**. For behavioral health providers (including counseling and substance abuse) select **View directory of behavioral health providers**. Please remember that all behavioral health providers will pay as "In-Network" even if they aren't found in your online search.

When scheduling services with a new provider, always verify with that provider that they are still a part of the United Healthcare Options PPO network.



UNITED HEALTHCARE OPTIONS PPO:

United Healthcare provides the network of providers that are available to you under WCA-GHT. The United Healthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office

FOCUS ON BENEFITS 2018

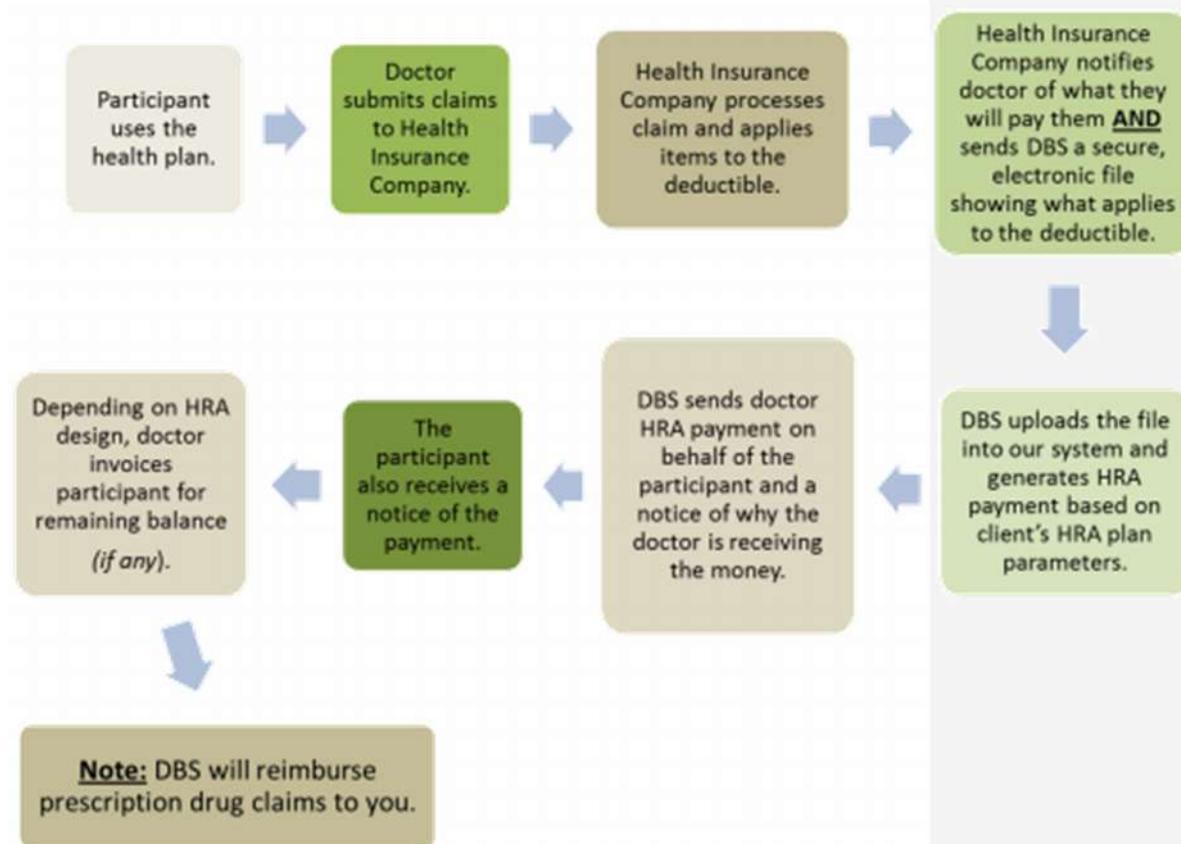
Jefferson School District

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Diversified Benefit Services, Inc. (DBS) partners with UMR, the claims processing company for your coverage under WCA Group Health Trust. The benefit to you is seamless claims processing.

A.S.A.P.® (Advanced Strategic Administration Program) is a proprietary system owned and developed by DBS. A.S.A.P.® allows for HRA eligible expense data to be securely transmitted from insurance carrier claim files. This eliminates the need for employees to submit paperwork for these expenses.

The process will work like this:



If you need assistance with claims, please call DBS at **800-234-1229** or visit www.DBsbenefits.com.

FOCUS ON BENEFITS 2018

Jefferson School District

WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

Following this page are several notices that the federal government requires us to give individuals who are covered under our group health plan(s). The purpose of these notices is to inform you of certain rights you and your family may have under federal law. In addition to rights under federal law, you may have rights under state law.

You may find it helpful to review this information as you make your benefit enrollment decisions. Please keep this information with your other written plan materials.

1. Notice of Exchange
2. Medicare Part D Coverage Notice
3. CHIP Notice
4. WHCRA Notice

This document provides information about some of the key employee benefit notice requirements. This document should not be construed as providing legal advice, and does not replace the need to discuss benefit notices and other matters with their benefit and compliance specialists.

FOCUS ON BENEFITS 2018

Jefferson School District

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A: General information

Since 2014, individuals can purchase health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the 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 November for coverage starting as early as January 1st.

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 credit¹.

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

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Kristie Grulke, 920-675-1000, grulkek@sdoj.org](mailto:grulkek@sdoj.org).

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.

FOCUS ON BENEFITS 2018

Jefferson School District

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: **School District of Jefferson**
4. Employer Identification Number (EIN): **39-1207754**
5. Employer address: **206 South Taft Avenue**
6. Employer phone number: **(920) 675-1000**
7. City: **Jefferson**
8. State: **Wisconsin**
9. ZIP code: **53549**
10. Who can we contact about employee health coverage at this job? **Kristie Grulke**
11. Phone number (if different from above): **same as above**
12. Email address: **grulkek@sdoj.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: Active employees working at least 20 hours per week.
- Some employees: Eligible employees are:

With respect to dependents:

- We do offer coverage. Eligible employees are: Active employees working at least 20 hours per week.
- 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

FOCUS ON BENEFITS 2018

Jefferson School District

MEDICARE PART D CREDITABLE/NON-CREDITABLE COVERAGE NOTICE

Important notice from Jefferson 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 Jefferson 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. Jefferson School District has determined that the prescription drug coverage offered by the WCA Group Health Trust, with additional reimbursement through Diversified Benefit Services Health Reimbursement Arrangement, 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 through 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.

FOCUS ON BENEFITS 2018

Jefferson School District

What happens to your current coverage if you decide to join a Medicare drug plan?

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

If you do decide to join a Medicare drug plan and drop your current Jefferson School District coverage, be aware that you and your dependents may not be able to get this coverage back right away or at all. Please review the Jefferson School District health plan documents for details regarding eligibility and enrollment rights.

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 Jefferson 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 if this coverage through Jefferson 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.

FOCUS ON BENEFITS 2018

Jefferson School District

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 800-MEDICARE (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 800-772-1213 (TTY 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: January 1, 2018

Name of Entity/Sender: Jefferson School District

Contact--Position/Office: Kristie Grulke – Payroll & Benefits Specialist

Address: 206 South Taft Avenue, Jefferson, WI 53549

Phone Number: (920) 675-1000

FOCUS ON BENEFITS 2018

Jefferson School District

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 **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 **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 August 10, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

FOCUS ON BENEFITS 2018

Jefferson School District

<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 855-MyARHIPP (855-692-7447)</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 800-403-0864</p>
<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 800-359-1991/ State Relay 711</p>	<p>IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 888-346-9562</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 785-296-3512</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p>Website: http://chfs.ky.gov/dms/default.htm Phone: 800-635-2570</p>	<p>NEW JERSEY – Medicaid</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 800-701-0710</p>
<p>LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 888-695-2447</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 800-541-2831</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 800-442-6003 TTY: Maine relay 711</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>

FOCUS ON BENEFITS 2018

Jefferson School District

<p>MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 800-657-3739</p>	<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 888-365-3742</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 800-699-9075</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800-694-3084</p>	<p>PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 800-692-7462</p>
<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>	<p>RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 800-992-0900</p>	<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 888-549-0820</p>
<p>SOUTH DAKOTA – Medicaid</p> <p>Website: http://dss.sd.gov Phone: 888-828-0059</p>	<p>WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 800-562-3022 ext. 15473</p>
<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 800-440-0493</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 855-MyWVHIPP (855-699-8447)</p>
<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 877-543-7669</p>	<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 800-362-3002</p>

FOCUS ON BENEFITS 2018

Jefferson School District

VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 855-242-8282	

To see if any other states have added a premium assistance program since **August 10, 2017**, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866-444-EBSA (3272)

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

FOCUS ON BENEFITS 2018

Jefferson School District

NOTICE OF RIGHTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

On October 21, 1998, the federal government enacted the Women's Health and Cancer Rights Act. This law requires that all group health plans that provide coverage for mastectomies must also provide coverage for breast reconstruction surgery in connection with that mastectomy. This memo is intended to provide participants and beneficiaries with notice of their rights under the Women's Health and Cancer Rights Act.

Participants and beneficiaries who receive benefits under the group health plan in connection with a mastectomy and elect breast reconstruction surgery in connection with that mastectomy are entitled to coverage for that reconstruction in a manner determined in consultation with the attending physician and the patient. Such coverage includes:

1. Reconstruction of the breast on which the mastectomy was performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance
3. Prostheses and physical complications at all stages of the mastectomy, including lymphedemas.

These benefits may be subject to deductibles and coinsurance limitations consistent with those established for similar benefits under the group health plan.

Please contact the Human Resources Department or the company's health insurance carrier directly for more information on your rights under the Women's Health and Cancer Rights Act.

This Focus on Benefits provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.

Jefferson School District reserves the right to change, amend, suspend, or terminate any or all of the plans described in the guide at any time and for any reason. This Focus on Benefits is not a contract, and participation in any of the plans does not guarantee employment.

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