

YOUR **BENEFITS** YOUR **CHOICES**



Green Bay Area
Public School District

Health. Wellness. Benefits.

2023-2024 Retiree Benefits Guide

INTRODUCTION

This booklet provides information regarding the various benefit plan options you have for the 2023-2024 plan year. We invite you to use this guide as well as other resources that are available to learn about the options you have so you can make the most informed decisions regarding the insurance coverage for you and your family. It is strongly encouraged that you read this benefit guide to learn important details about the plan offerings as well as to learn about additional opportunities to gain information to help you make informed decisions regarding your benefit elections.

The Green Bay Area Public School District insurance coverage for retirees is intended to provide coverage similar to the coverage offered to the active employees of the Green Bay Area Public School District. The Policy is not intended to be a Medicare Supplement policy.

Important Notes:

- Included with this packet is a summary of your current benefit elections. **If you do not want to make any changes, you do not need to do anything. However, if you are currently enrolled in the \$500 / \$1,000 Deductible Medical Plan and do not submit your enrollment change by 11:59 p.m. on Sunday, May 21, you will be enrolled in the \$1,500 / \$3,000 Deductible HRA Medical Plan beginning July 1, 2023.** Your plan elections will continue until you notify us in writing to cancel them or until you stop making timely premium payments.
- If you want to make changes to your election you can do so through our online enrollment system (more detail is available on page 5). The open enrollment system will be open Tuesday, May 2, 2023 through 11:59 p.m. on Sunday, May 21, 2023 to make any changes. **You only need to go online if you want to make changes.** Or, you can email your changes to the Benefits Department at benefits@gbaps.org.
- **Please retain this booklet for your records, as during tax season you may need to refer to the premiums you paid from July 1, 2023 – June 30, 2024. Please note that the booklet from last year provides the premiums from July 1, 2022 – June 30, 2023.**

Reminders:

- If you do not currently have a **medical, dental or vision plan** with the District, you are not able to enroll in them at this time.
- The dependents you cover can be reduced, however you are not able to add dependents to your plan(s).
- You can move from a low deductible medical plan to a higher deductible medical plan, however you cannot move from a high deductible medical plan to a lower deductible medical plan.

UNDERSTANDING THE PLANS

There are a number of tools available to help you understand the plan options:

- Short webinars are available on the District Internet page. To access these webinars, go to www.gbaps.org and select “Our District” from the top menu. Then select “Departments” from the menu on the left. Click on “Human Resources” and then click “District Retirees” from the menu on the left. Click on any of the topics with “Webinar” in the title and the webinar will display.
- Additional resources, such as the Summary Plan Descriptions and the Summary of Benefits and Coverage documents are available on that same Internet page. The Internet page is updated each year as soon as the documents for the new plan year are available.
- Additionally, there is a benefits hotline available from May 2nd to May 18th for you to call and leave a message with your question. When calling, please be sure to leave a detailed message about your question along with your name and phone number.
 - Benefits Hotline: (920) 455-7120
- If you need assistance with a password reset or technical questions, please call 1-888-604-5542 between the hours of 10:00 a.m. to 7:00 p.m. CST Monday through Friday. The company name is GBAPS for this site.
- If you are making plan changes and would like assistance, please call the Benefits Department at 920-448-2038 or 920-448-3582.

ELIGIBILITY & ENROLLMENT GUIDELINES

Eligible Retiree

You are an eligible retiree if you had an active medical, dental, or voluntary vision plan through the District at the time of your retirement. If you retired as of July 1, 2020 or later, when you or your dependent(s) are Medicare eligible, the Medicare eligible participant(s) will no longer be eligible for the District's medical plan. You must notify the District in writing of Medicare eligibility and the need to drop the District's medical plan.

Eligible Dependents

Dependents eligible for benefits include your legal spouse and your dependent child(ren). Dependent child(ren) include your biological children, legally adopted children or children placed for adoption, stepchildren, children for whom benefits must be provided through a Qualified Medical Child Support Order, and children for whom you are the legal guardian. Children are eligible for Medical, Dental and Voluntary Vision coverage from birth until age 26, regardless of student or marital status. The District reserves the right to conduct, at any time, an audit of dependent eligibility. More information is available from the Human Resources Department. You are not able to add dependents to the coverage you elected at the time of retirement.

Open Enrollment

Each year, the Green Bay Area Public School District offers the opportunity to all enrolled retirees to make qualified changes to their current benefit plans.

If you do not want any changes, you do not need to do anything. Your elections will continue. However, if you are currently enrolled in the \$500 / \$1,000 Deductible Medical Plan and do not submit your enrollment change by 11:59 p.m. on Sunday, May 21, you will be enrolled in the \$1,500 / \$3000 Deductible HRA Medical Plan beginning July 1, 2023.

To make changes, please complete the online enrollment process or email benefits@gbaps.org by 11:59 p.m. on Sunday, May 21, 2023.

2023-2024 HEALTH BENEFIT OPTIONS

Medical:

If you are not currently enrolled in Medical coverage through the District, you cannot add it.

The Medical Plan Administrator is UMR. To make changes, complete the online enrollment process.

Plan Options Include:

- A. \$500 Per Person PPO Plan (This is a grandfathered plan and only those who were enrolled in the plan can remain in the plan)
- B. \$1,500 Deductible Plan without Health Reimbursement Account (HRA)
- C. \$1,500 Deductible Plan with Health Reimbursement Account (HRA)
- D. Minimum Essential Coverage Plan (for Non-Medicare eligible retirees only)

To find an in-network provider, go to: www.umar.com, click on "Find a provider," Select "Medical," indicate "UnitedHealthcare Choice Plus" OR "UnitedHealthcare Options PPO Network" as your network and click "search." Under "Find a provider" click on the appropriate link and you will be able to search in-network facilities and providers. To see which network your plan is in, see Provider Network designation on the Medical Plan Options pages.

Prescription Drug:

If you are not currently enrolled in Prescription coverage through the District, you cannot add it.

Prescription coverage is administered through National CooperativeRx (CVS/Caremark). The prescription coverage information will be included on the medical ID card if you have medical coverage as well. If you only have prescription coverage, you will continue to only receive the CVS/Caremark ID card.

Dental:

If you are not currently enrolled in Dental coverage through the District, you cannot add it.

The Dental Plan Administrator is Delta Dental. To see if your dental provider is in network, please go to www.deltadentalwi.com before receiving services.

Voluntary Vision:

If you are not currently enrolled in the Vision coverage through the District, you cannot add it.

The Voluntary Vision plan is offered through UnitedHealthcare. To find an in network provider, go to www.myuhcvision.com.

ONLINE ENROLLMENT: OnlinEnroll Instructions

Open an internet browser such as Chrome (Chrome is recommended for this site).

Do not use your browser's back button if you wish to go to previous pages. Please navigate by using the buttons within OnlinEnroll.

1. Navigate to: <https://umr.workterra.net>
2. Enter the information below and click **Login**
 - a. Username: Your last name and the last 4 digits of your social security number (name1234)
 - b. Password: Your 9-digit employee ID number (the last 3 digits of social security number and 6-digit birthdate)
 - c. Company: GBAPS (must be all capital letters)

If you need assistance with a password reset or technical questions, please call 1-888-604-5542 between the hours of 10:00 am to 7:00 pm CST Monday through Friday. The company name is GBAPS for this site.

This packet contains important information which you may need to access during the 2023-2024 plan year. **Keep this booklet in a secure place for future reference.**

Website: <https://www.umar.workterra.net>

Username (last name + last 4 of SSN): _____

Password: _____

(For assistance with a password reset, please call 1-888-604-5542).

Company: GBAPS

MEDICAL PLAN OPTIONS

	\$500 Per Person Deductible <u>Non-Medicare</u>	\$500 Per Person Deductible <u>Medicare Primary</u>
Insurance Type	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)
Provider Network	UHC Options PPO	UHC Choice Plus
Deductible	Single Family	Single Family
In Network	\$500 per person	\$500 per person
Out of Network	\$500 per person	\$500 per person
Co-Insurance		
In Network	80% / 20%	90% / 10%
Out of Network	60% / 40%	80% / 20%
Out-of-Pocket Maximum	Single Family	Single Family
In Network	\$2,500 per person \$12,700 per family	\$2,500 per person \$12,700 per family
Out of Network	\$2,500 per person	\$2,500 per person
Lifetime Maximum	Unlimited	Unlimited
Office Visits		
In & Out of Network Primary Care	\$25 Copayment then Deductible & Coinsurance	\$25 Copayment then Deductible & Coinsurance
In & Out of Network Specialist	\$40 Copayment then Deductible & Coinsurance	\$40 Copayment then Deductible & Coinsurance
Teladoc	100% Covered by the District	100% Covered by the District
Bellin Nearsite Clinics and Prevea Partnered Health	Free Primary Care \$10 Copayment - Physical Therapy	N/A
Routine/Preventive Care		
In Network	Select Services Covered at 100%	Select Services Covered at 100%
Out of Network	\$25 Copayment then Deductible & Coinsurance	\$25 Copayment then Deductible & Coinsurance
Urgent Care	\$75 Copayment then Deductible & Coinsurance	\$75 Copayment then Deductible & Coinsurance
Emergency Room	\$250 Copayment then Deductible & Coinsurance	\$250 Copayment then Deductible & Coinsurance
Hospital Services	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs	\$15 Generic / \$30 Preferred Brand / \$50 Non-Preferred Brand / 30% Specialty	\$15 Generic / \$30 Preferred Brand / \$50 Non-Preferred Brand / 30% Specialty

MEDICAL PLAN OPTIONS *continued*

\$1,500 Deductible without HRA Non-Medicare & Medicare			\$1,500 Deductible with HRA Non-Medicare & Medicare		Minimum Essential Coverage (for Non-Medicare eligible retirees)	
Insurance Type						
PPO			PPO		High Deductible Health Plan	
Provider Network						
UHC Choice Plus			UHC Choice Plus		UHC Choice Plus	
Deductible	Single	Family	Single	Family	Single	Family
In Network	\$1,500	\$3,000	\$1,500	\$3,000	\$6,350	\$12,700
HRA			\$1,000	\$2,000		
Out of Network	\$3,000	\$6,000	\$3,000	\$6,000	\$10,000	\$20,000
Co-Insurance						
In Network	90% / 10%		90% / 10%		100% / 0%	
Out of Network	70% / 30%		70% / 30%		70% / 30%	
Out-of-Pocket Maximum	Single	Family	Single	Family	Single	Family
In Network	\$3,000	\$6,000	\$3,000	\$6,000	\$6,350	\$12,700
Out of Network	\$7,500	\$12,000	\$7,500	\$12,000	\$12,000	\$24,000
Lifetime Maximum						
Unlimited			Unlimited		Unlimited	
Office Visits						
In & Out of Network Primary Care	\$25 Copayment then Deductible & Coinsurance		\$25 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
In & Out of Network Specialist	\$40 Copayment then Deductible & Coinsurance		\$40 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
Teladoc	100% Covered by the District		100% Covered by the District		Copays until Deductible is met; then covered 100% by the District: <ul style="list-style-type: none">• Standard: \$49 Copay• Dermatology: \$85 Copay• Behavioral Health: \$90 Copay for Therapists, \$220 Copay for 1st Psychiatrist visit; \$100 Copay for future visits	
Bellin Nearsite Clinics and Prevea Partnered Health*	Free Primary Care \$10 Copayment - Physical Therapy		Free Primary Care \$10 Copayment - Physical Therapy		N/A	
Routine/Preventive Care						
In Network	Select Services Covered at 100%		Select Services Covered at 100%		Select Services Covered at 100%	
Out of Network	\$25 Copayment then Deductible & Coinsurance		\$25 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
Urgent Care						
	\$75 Copayment then Deductible & Coinsurance		\$75 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
Emergency Room						
	\$250 Copayment then Deductible & Coinsurance		\$250 Copayment then Deductible & Coinsurance		Deductible & Coinsurance	
Hospital Services						
	Deductible & Coinsurance		Deductible & Coinsurance		Deductible & Coinsurance	
Prescription Drugs						
	\$15 Generic / \$30 Preferred Brand \$50 Non-Preferred Brand 30% Specialty		\$15 Generic / \$30 Preferred Brand \$50 Non-Preferred Brand 30% Specialty		Deductible & Coinsurance	

*Medicare Primary Retirees are not eligible for the Bellin Nearsite Clinics and Prevea Partnered Health

ADVANCED CONTROL FORMULARY

GBAPS adopted CVS/Caremark's Advanced Control Formulary. A formulary is a drug list that helps highlight lower cost options to members and serves as a guide to drug selection for health care providers. Some medications may be excluded from, or not covered by, the formulary. If you receive a medication that is not on the formulary, you may be responsible for the full cost of that drug. Your doctor may or may not check formulary coverage prior to prescribing. Your pharmacy may inform you and your doctor about formulary options. If you feel a pharmacy is asking you to pay more than you thought or expected to pay, ask about possible lower cost or covered alternatives before making the purchase and leaving the pharmacy. In order to help avoid these situations, ask your doctor to consult the plan's formulary prior to prescribing. You and your doctor can learn more about covered options at www.caremark.com/acdruglist. If your doctor feels a non-formulary drug is best for you, a formulary appeal exceptions request may be submitted to CVS/Caremark. Coverage may be provided if the request is determined to be medically necessary.

Prior Authorization for Specialty Drugs

Specialty drugs, including new to market specialty drugs, may require prior authorization. The prior authorization process helps ensure the safe and appropriate use of these medications by ensuring these medications are used in accordance with their Food & Drug Administration approved indications and current clinical guidelines. There is no industry standard definition for specialty drugs, but these medications often have some common features. They are usually high cost, require special handling, more intensive education and monitoring, or have limited distribution. CVS/Specialty is the plan's preferred provider for specialty drugs. If you or your doctor have questions regarding specialty drugs, call CVS/Specialty at 1-800-237-2767 or go to www.cvsspecialty.com (CVS/Caremark's specialty drug list may be accessed here).

Generic Incentive

Generics should be considered the first line of prescribing whenever possible. Generics cost you the least and help keep healthcare affordable so be sure to ask your doctor if a generic drug is available to treat your condition. If you or your doctor request a brand name medication when a generic is readily available, you may be responsible for your brand copay plus the cost difference between the generic and brand. Any applicable penalty amount will not be counted toward the plan's out-of-pocket limits. Medical necessity requests from your doctor may be submitted to CVS/Caremark for review.

PrudentRx

As part of your prescription plan with CVS/Caremark, the PrudentRx Copay program allows you to get any of your covered specialty medications that are on our Plan's Exclusive Specialty Drug List for \$0 out-of-pocket when you fill at CVS Specialty. PrudentRx will work with you and the drug manufacturers to get copay card assistance and will manage enrollment and renewals for those copay cards on your behalf. Even if there is no copay card program for your medication, your out-of-pocket cost will be \$0 for your covered specialty medications under the PrudentRx program. PrudentRx will contact you directly with further information if you are eligible for this program.







If you have any questions about your pharmacy benefit, register and log-on to www.caremark.com, the CVS/Caremark smart phone app or call CVS/Caremark Customer Care at 1-866-818-6911.

MEDICAL INSURANCE RATES PER MONTH

\$500 Per Person Deductible PPO Plan - Non-Medicare	
Retiree	\$1,045.76
Retiree & Spouse	\$2,143.90
Retiree & Child(ren)	\$1,934.70
Family	\$2,719.06
\$500 Per Person Deductible PPO Plan - Medicare Primary Health Coverage Only	
Single Medicare Primary	\$ 493.88
Family	\$ 987.78
\$1,500 / \$3,000 Deductible PPO Plan - Without HRA - Non-Medicare	
Retiree	\$ 950.84
Retiree & Spouse	\$1,948.74
Retiree & Child(ren)	\$1,758.59
Family	\$2,471.54
\$1,500 / \$3,000 Deductible PPO Plan - Without HRA - Medicare Primary - Health Coverage Only	
Single Medicare Primary	\$ 468.38
Two Medicare Primary	\$ 936.78
\$1,500 / \$3,000 Deductible PPO Plan - With HRA - Non-Medicare	
Retiree	\$1,035.20
Retiree & Spouse	\$2,100.63
Retiree & Child(ren)	\$1,842.96
Family	\$2,623.41
\$1,500 / \$3,000 Deductible PPO Plan - With HRA - Medicare Primary - Health Coverage Only	
Single Medicare Primary	\$ 497.60
Two Medicare Primary	\$ 995.21
Minimum Essential Plan - Non-Medicare Only	
Retiree	\$ 624.97
Retiree & Spouse	\$1,280.85
Retiree & Child(ren)	\$1,155.88
Family	\$1,624.47
Prescription Only Coverage - Medicare Primary	
Single Medicare Primary	\$ 977.68
Two Medicare Primary	\$1,955.36

UNDERSTANDING YOUR CARE OPTIONS

Proactively understanding your care options can have a big impact in the amount you pay out-of-pocket when seeking care. The chart below is intended to help you identify the right setting for your specific needs.

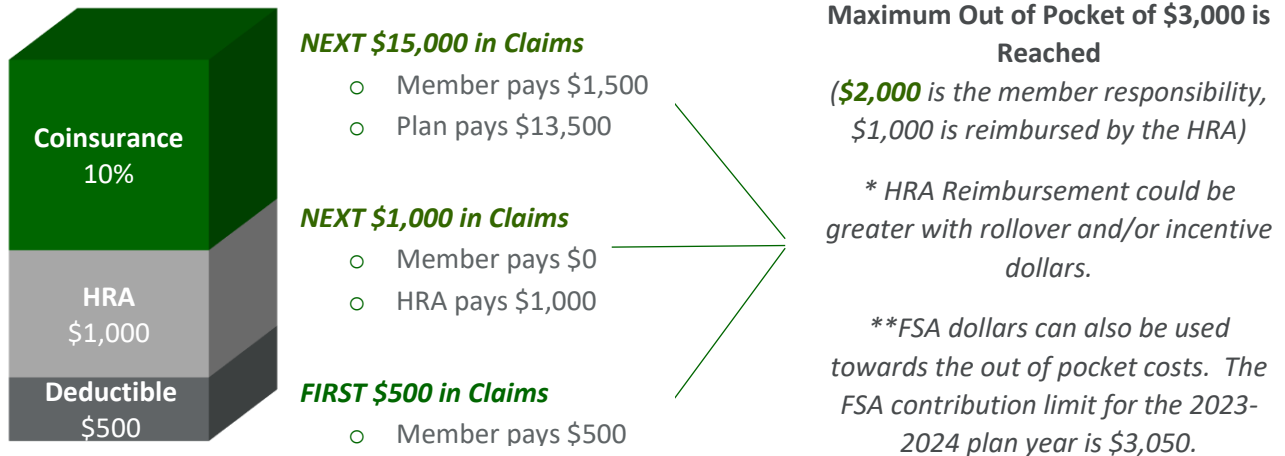
Type of Care	Common Services	
Teladoc Virtual Care 	<ul style="list-style-type: none"> ○ Dermatology ○ Behavioral Health ○ Poison Ivy ○ Pink eye 	<ul style="list-style-type: none"> ○ Sinus problems ○ Allergies ○ Colds or flu ○ Bronchitis
Bellin Nearsite Clinics & Prevea Partnered Health* 	<u>Primary Care</u> <ul style="list-style-type: none"> ○ Physicals ○ Lab Services ○ Minor Treatments 	<u>Physical Therapy</u> <ul style="list-style-type: none"> ○ Acute Injury Consultation ○ Post-Surgical Therapy ○ Muscle/Joint Discomfort
<i>*Not available for Medicare Primary Retirees</i>		
Retail Clinic 	<ul style="list-style-type: none"> ○ Colds or flu ○ Sinus Infection ○ Allergies ○ Minor cut 	<ul style="list-style-type: none"> ○ Vaccinations ○ Screenings ○ Minor sprain ○ Minor burn
Your Doctor's Office 	<ul style="list-style-type: none"> ○ Preventative services ○ Vaccinations 	<ul style="list-style-type: none"> ○ Medical problems that are not an immediate, serious threat to your health or life
Urgent Care 	<ul style="list-style-type: none"> ○ Sprains or strains ○ Mild asthma attack ○ Sore throat ○ Earaches 	<ul style="list-style-type: none"> ○ Minor broken bone ○ Minor cut ○ Minor infection ○ Minor rash
Emergency Room 	<ul style="list-style-type: none"> ○ Sudden change in vision ○ Sudden trouble talking ○ Large open wounds ○ Major burn 	<ul style="list-style-type: none"> ○ Severe head injury ○ Heavy bleeding ○ Chest pain ○ Major broken bone

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Green Bay Area Public School District will be funding the Health Reimbursement Arrangement (HRA), administered by Diversified Benefits Services (DBS), if you are enrolled in the \$1,500 Deductible with HRA Plan.

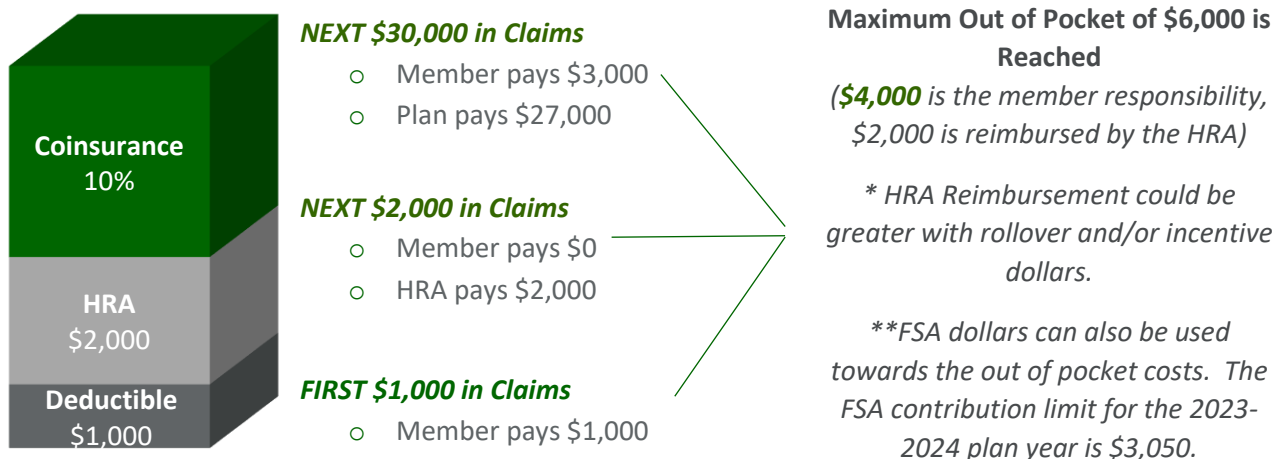
\$1,500 Deductible with HRA Plan – Single Plan Illustration

- \$1,000 HRA Reimbursement | 10% Coinsurance after Deductible | Maximum Out of Pocket of \$3,000



\$1,500 Deductible with HRA Plan – Family Plan Illustration

- \$2,000 HRA Reimbursement | 10% Coinsurance after Deductible | Maximum Out of Pocket of \$6,000



These illustrations do not include copays which vary based on the type of service and prescription medication received and which count towards your maximum out of pocket.

HRA ROLLOVER

The deadline for submitting HRA claims for reimbursement for the 2022–2023 plan year is September 30, 2023.

You can rollover up to:

- \$1,000 single and \$2,000 family of unused HRA dollars into the next plan year
 - These dollars can be used for any medical out of pocket expenses (deductibles, copays, and prescriptions drugs) incurred under the \$1,500 Deductible with HRA Plan
- The maximum total balance that can be carried over from year to year is:
 - \$3,000 single and \$6,000 family
 - Not including the wellness incentive dollars below

HRA & Wellness

We value the health of our retirees, and offer you the opportunity to earn additional money into your HRA by partaking in wellness activities. The opportunities below are made available on your own time, at no cost to you, to earn additional dollars into your HRA account. Retirees and spouses, if enrolled in the \$1,500 Deductible with HRA Plan, are eligible to earn these additional incentive dollars. Each incentive will put \$25 into your HRA.

The retiree and the spouse can each earn a maximum of \$100 in HRA incentives for a total of \$200.

Note: Incentive dollars are added to your HRA account quarterly.

- A. **WELLNESS COACHING:** Maximum incentive of \$25 for retiree and \$25 for spouse
3 sessions must be completed to earn incentive (can be completed by Bellin Health)
- B. **TOBACCO CESSATION:** Maximum incentive of \$25 for retiree and \$25 for spouse
Completion of a Tobacco Cessation program (can be completed by Bellin Health)
- C. **ORAL HEALTH ASSESSMENT:** Maximum incentive of \$25 for retiree and \$25 for spouse
Online at <https://emds.previser.com/greenbayschools-qcjbuk>
- D. **PHYSICAL EXAM:** Maximum incentive of \$25 for retiree and \$25 for spouse
Age appropriate annual physical exam
- E. **DENTAL CLEANINGS:** Maximum incentive of \$50 for retiree and \$50 for spouse (\$25 per cleaning, max 2 per person per year)

FILING A CLAIM TO GET YOUR HRA DOLLARS



Why file online?

- **Fast**
There's no quicker way to get reimbursed for your FSA or HRA claims.
- **Convenient**
Day or night, on your favorite device, go online and get account information.
- **Safe**
You have encrypted Internet access to the site, which is protected and Verisign secured.
- **Comprehensive**
View account balance and activity.

DBSbenefits.com

Diversified Benefit Services, Inc.
P.O. Box 260
Hartland, WI 53029
(800) 234-1229



Claims Filing Options that meet your needs.

File Online—it's fast, convenient and secure

Using your laptop or PC, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.® (Advanced Strategic Administration Program) is a safe and quick way to see claim information and get reimbursed from your Health Care FSA (HCFSA), Dependent Care FSA (DCFSA), Limited Purpose FSA (LPFSA), or Health Reimbursement Arrangement (HRA).

1. Login to your online account at DBSbenefits.com
2. Select the Benefit Plan Type (FSA, HRA)
3. Select "Claims > Claims View/Submit > Submit"
4. Complete the required information
5. Attach an image with supporting documentation (.pdf or .jpg)
6. Submit

File on the go—use our Mobile Phone App

Filing using your smartphone or tablet is simple.

1. Login using your A.S.A.P.® name and password, click "File a Claim"
2. Take a picture or use an existing photo, click "Attach Image"
3. Select the Benefit Plan Type
4. Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store to download.



File via mail or fax

More traditional filing is available, too.

1. Download a claim form at DBSbenefits.com
2. Select the "Participant Resources Tab > Forms"
3. Complete the form and attach copies of your documentation
4. Mail to Diversified Benefit Services, P.O. Box 260, Hartland, WI 53029
5. Or fax to 262-367-5938

For assistance, please call DBS at **(800) 234-1229**
or visit **DBSbenefits.com**

DENTAL PLAN HIGHLIGHTS

Healthy teeth and gums are an important part of maintaining your overall health. That's why Green Bay Area Public Schools offers a dental plan administered by Delta Dental.

DELTA DENTAL

Individual Annual Maximum		\$2,500
Deductible		
Single		\$25
Family		\$75
Preventive Care Services		<i>Deductible Does NOT Apply</i>
Exams		100%
Cleanings		100%
Fluoride Treatments		100%
X-Rays		100%
Space Maintainers		100%
Sealants		100%
Basic & Major Services		<i>Deductible Applies</i>
Emergency Treatment to Relieve Pain		80%
Fillings		80%
Endodontics – Surgical / Non-Surgical		80%
Periodontics – Surgical / Non-Surgical		80%
*Extractions – Surgical / Non-Surgical and other Oral Surgery		80%
Crowns, Inlays, Onlays		80%
Bridges and Dentures		80%
Repairs and Adjustments to Bridges and Dentures		80%
Implants		80%
Orthodontic Services		<i>Deductible Applies</i>
Coinsurance		50%
Individual Lifetime Maximum		\$1,500
Monthly Premiums		
Employee	\$45.32	
Family	\$133.71	

***PLEASE NOTE:** certain extractions and oral surgeries are not covered under the dental plan. It is recommended a pre-determination is obtained to determine benefit eligibility.

This is a summary of benefits and features offered by the District and Delta Dental. All benefits are subject to the limitations and exclusions set forth in the Summary Plan Description.

VISION PLAN HIGHLIGHTS

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That's why Green Bay Area Public Schools provides vision care administered by UnitedHealthcare.

UnitedHealthcare	In-Network	Out-of-Network
Frequency		
Vision Exam	Once per 12 months	
Frame	Once per 24 months	
Lenses	Once per 12 months	
Contact Lenses	Once per 12 months	
Annual Vision Exam	\$10 Copay	Reimbursement up to \$40
Standard Plastic Lenses		Reimbursement Up To
Single	\$10 Copay	\$40
Bifocal	\$10 Copay	\$60
Trifocal	\$10 Copay	\$80
Lenticular	\$10 Copay	\$80
Frames	\$130 Allowance	Reimbursement up to \$45
Contact Lenses <i>(in lieu of eyeglasses)</i>		Reimbursement Up To
Selection/Formulary	Up to 6 Boxes	\$150
Non-Selection/Non-Formulary	Up to \$150	\$150
Medically Necessary	Covered in Full	\$210
Notes	<ul style="list-style-type: none"> ○ Lens options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount at participating providers ○ Lens coverage includes standard scratch-resistant coating for dependent children, up to age 26 ○ You may receive an additional 30% discount over the frame allowance at participating providers. Certain frame manufacturers may be excluded. ○ Please see plan documents for further coverage details, including any limitations or exclusions that may apply 	

Monthly Premiums

Employee	\$7.25
Family	\$18.38

Prevea *Partnered Health*

Green Bay Area Public School District has partnered with Prevea Health for various health care services available to you for a minimal fee. Appointments for urgent care, primary care (family medicine, internal medicine and pediatrics) and physical and occupational therapy are available at all Prevea Health locations where those services are offered.*

The Prevea Partnered Health access card must be presented at time of check-in. Otherwise, the service will be billed to your personal health insurance.

<i>\$0 co-pay per visit</i> PRIMARY CARE SERVICES FOR:	<i>\$10 co-pay per visit</i> PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR:	
<ul style="list-style-type: none">• Preventive care such as physical exams, well-child exams, health screenings and sports physicals• Acute care such as allergies, bites and stings, burns and sunburn, coughs and colds, ear pain, flu, headache, injuries/non-surgical fracture and musculoskeletal care, laceration evaluations, pink eye/stye, sinus infections, skin infections, sore throats, UTI/bladder infection• Routine medical care for children, adults and elderly including medication management• Chronic disease management for high blood pressure and cholesterol, hyperlipidemia, diabetes, dyslipidemia, COPD, asthma, thyroid problems• Minor office procedures such as skin lesion removal/biopsy, stitches• Cardiovascular disease prevention• Nicotine cessation• Basic mental health including anxiety and depression• Immunizations including flu shots (see back page)• Labs (see back page)	<ul style="list-style-type: none">• Blood flow restriction therapy• Dry needling• Ergonomic assessments• Gait assessment• Injury assessment and consultation• Injury prevention• Manual therapy• Muscle, bone or joint pain• Pre- and post-surgical therapy• Posture and body mechanics training• Range-of-motion, flexibility, balance and strength training• Spinal stabilization instruction	
<i>\$0 co-pay per visit</i> URGENT CARE SERVICES FOR:		
<ul style="list-style-type: none">• Allergies• Bites and stings• Burns and sunburn• Coughs and colds• Ear pain	<ul style="list-style-type: none">• Flu• Headache• Injuries and musculoskeletal care• Minor lacerations and repair• Pink eye/stye	<ul style="list-style-type: none">• Sinus infections• Skin infections• Sore throats• UTI/bladder infection



LABS The following labs are available at no additional cost to you as the patient with a Prevea provider order. Labs not listed or ordered by a non-Prevea provider will be billed to your personal health insurance.	IMMUNIZATIONS The following immunizations are available at no additional cost to you as the patient. Immunizations not listed will be billed to your personal health insurance.
<ul style="list-style-type: none"> • ALT/SGPT • Antibiotic sensitivity • AST/SGOT • BMP • CBC, Auto, No diff • CBC w/ diff • CMP • Creatinine • Complete UA • C. Trachomatis RNA • Hbg A1c • General health panel • Glucose blood draw • Glucose (fingerstick) • Group A strep culture • Hepatic function panel • Influenza A/B • Lipid panel • N. Gonorrhoeae RNA • Occult blood (feces) • Potassium • Prothrombin time (fingerstick) • Rapid strep • TSH • Urine culture • Urine dip • Urine microalbumin • Urine pregnancy test 	<ul style="list-style-type: none"> • Hepatitis A & B, adult and pediatric • Hib (haemophilus influenzae type B) • Human Papilloma Virus (HPV) • Influenza • Measles, mumps and rubella • Meningococcal • Pneumococcal • Poliovirus • Rotavirus • Shingles • Tetanus, diphtheria and pertussis, adult and pediatric • Varicella

No referral needed. Visit prevea.com/PartneredHealth to schedule an appointment.

* HSHS St. Clare Memorial Hospital Prevea Health Centers are excluded.





IN-PERSON AND VIDEO VISITS

NEARSITE PRIMARY CARE

Free, Confidential appointments to all Green Bay Area Public School District (GBAPS) Health Plan Participants (Cost covered by GBAPS)

- Patients are required to wear a cloth mask or facial covering to appointments.
- To assure everyone's safety, please allow 30-minutes for appointments.

***FREE, confidential appointments for:**

- Respiratory symptoms (i.e. fever, sore throat, cough)
- COVID-19 vaccines
- Physicals for both sports and well-exams
- Chronic disease management
- Acute symptoms (i.e. ear infections, headache, migraine, urinary tract and yeast infection, burns; X-rays not included)
- Minor treatments (i.e. wart treatment, staple removal)
- Immunizations and laboratory services
- Electronic medication prescriptions and refills

bellinhealth



*Services not listed will be billed to personal insurance and incur normal charges.

YOU DO **NOT
NEED TO BE
A BELLIN PATIENT**

LOCATIONS:

- | | |
|---------------------------|-----------------|
| • Algoma | • Howard |
| • Ashwaubenon | • Iron Mountain |
| • Ashwaubenon Internal | • Kewaunee |
| • Medicine and Pediatrics | • Lakewood |
| • Bellevue | • Luxemburg |
| • Bonduel | • Manitowoc |
| • Brillion | • Marinette |
| • Crivitz | • Menominee |
| • Daggett | • Oconto |
| • Denmark | • Oconto Falls |
| • De Pere East | • Peshtigo |
| • De Pere West | • Pulaski |
| • Escanaba | • Seymour |
| • Green Bay | • Sturgeon Bay |
| | • Suring |
| | • Wrightstown |

24/7 SCHEDULING:
bellin.org/gbaps
800.528.7883



bellin.org/gbaps

02/07/22



IN-PERSON AND VIDEO VISITS

NEARSITE PHYSICAL THERAPY

\$10 Copay*, Confidential appointments to
all Green Bay Area Public School District
(GBAPS) Health Plan Participants

- Patients are *required* to wear a cloth mask or facial covering to appointments.

Customized treatment plans including:

- ✓ Acute injury consultation
- ✓ Options for chronic pain and muscle or joint discomfort throughout the body
- ✓ Therapy for back pain, dizziness, headaches, and jaw pain
- ✓ Postsurgical therapy

bellinhealth



* Co-pay due at the time of service via credit, debit, or benefit card only, no cash or check.
Services not listed will be billed to personal insurance and incur normal charges.

**NO REFERRAL
NECESSARY**

LOCATIONS:

- Algoma
- Ashwaubenon
- Bellevue
- Brillion
- Crivitz
- Daggett
- Denmark
- De Pere East
- De Pere West
- Escanaba
- Howard
- Iron Mountain
- Kewaunee
- Luxemburg
- Manitowoc
- Marinette
- Oconto Falls
- Oconto Hospital
- Pulaski
- Seymour
- Sturgeon Bay
- Tittletown Sports Medicine & Orthopedics
- Wrightstown

24/7 SCHEDULING:

**bellin.org/gbaps
800.528.7883**



bellin.org/gbaps

02/23/22

FEDERAL NOTICES

Review the following notices here: https://www.gbaps.org/our_district/departments/human_resources/district_retirees

- HIPAA Notice of Special Enrollment Rights
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Right Act (WHCRA Enrollment Notice)
- Medicare Part D: Creditable/Non-Creditable Coverage Notice
- Marketplace Coverage Notice
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Wellness Program Disclosure

CARRIER CONTACTS

Coverage	Carrier	Contact
Medical	UMR	1.800.207.3172 www.umar.com Group Number: 76-411738
Prevea Partnered Health	Prevea Health	Prevea.com/PartneredHealth
Bellin Nearsite Services	Bellin Health	1.800.528.7883 Bellin.org/gbaps
Virtual Visits	Teladoc (UMR)	1.800.835.2362 www.teladoc.com or Mobile App
Dental	Delta Dental of WI	1.800.236.3712 www.deltadentalwi.com Group Number: 96814
Voluntary Vision	UnitedHealthcare	1.800.638.3120 www.myuhcvision.com Group Number: 902170
Health Reimbursement Arrangement	Diversified Benefit Services, Inc. (DBS)	1.800.234.1229 Fax: 262.367.5938 www.dbsbenefits.com PIN: GBAPS
Benefit Enrollment Site (password resets)	OnlinEnroll/Workterra	1.888.604.5542 www.umar.workterra.net