

Employee Benefits Guide



**TURTLE LAKE
SCHOOL DISTRICT**

Effective January 1 - December 31, 2026

Eligibility

Who is Eligible?

- An active full-time employee working 30 or more hours per week

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)* up to age 26 and your disabled children up to any age (if disabled prior to age 19*)
- Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship
- **May include non-children dependents required to be covered under state law

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year.

If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 31 days of the event. Proof of life events is subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year.

Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualified Life Event		
Change in Marital Status	Change in Dependents	Change in Employment
<ul style="list-style-type: none">• Marriage• Divorce• Death of your spouse	<ul style="list-style-type: none">• Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)• Death of your covered dependent• Gain or loss of Medicare or Medicaid during the year.	<ul style="list-style-type: none">• Change in you or your spouse’s work status that affects benefits eligibility• Your spouse’s Open Enrollment differs from yours• Relocation if the move impacts eligibility for the plan

Your Coverage

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Turtle Lake School District's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at www.healthcare.gov.

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first of the month following date of hire.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event



Enrollment

When Can I Enroll in Benefits?

You can enroll for benefits:

- Within 31 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan 2026 year, if you experience a Qualifying Life Event

How Do I Enroll?

You must actively enroll in the Flexible Spending Account (FSA) and Health Savings Account (HSA). The medical plan coverage will roll over into the upcoming renewal if you don't make any changes.

To enroll (or make changes) to your benefits, you must contact Jamie Hubbard at 715-986-4470 x2011 or jhubbard@turtlelake.k12.wi.us.

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect January 1.





Scan to view
[Glossary of Health
Coverage and
Medical Terms](#)

How a Health Plan Works

Balance Billing

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not balance bill you for covered services.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible.)

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Medical

Only In-Network benefits are shown as a summary of your medical plan benefits offered to you. For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

	\$2,500/\$5,000-0% Qualified High Deductible Health Plan w/HSA	\$3,400/\$6,800-0% Qualified High Deductible Health Plan w/HSA	\$5,000/\$10,000-0% Qualified High Deductible Health Plan w/HSA
You Pay In-Network	In-Network (Individual / Family)	In-Network (Individual / Family)	In-Network (Individual / Family)
Deductible	\$2,500 single \$5,000 family	\$3,400 single \$6,800 family	\$5,000 single \$10,000 family
Coinsurance	0%	0%	0%
Out-of-Pocket Maximums	\$4,000 single \$8,000 family	\$4,000 single \$8,000 family	\$6,650 single \$13,300 family
Coinsurance/Copays			
Preventive Care	\$0	\$0	\$0
Primary Care	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
Telemedicine	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
Specialist Care	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
Urgent Care	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
Emergency Room Care	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
Outpatient Surgery	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
Inpatient Hospitalization	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
Pharmacy Retail RX (only 30-day supply shown)			
Generic (Tier 1a)	Deductible, then \$0 copay	Deductible, then \$0 copay	Deductible, then \$0 copay
Generic (Tier 1b)	Deductible, then \$10 copay	Deductible, then \$10 copay	Deductible, then \$10 copay
Preferred Brand (Tier 2)	Deductible, then \$50 copay	Deductible, then \$50 copay	Deductible, then \$50 copay
Non-Preferred Brand (Tier 3)	Deductible, then \$80 copay	Deductible, then \$80 copay	Deductible, then \$80 copay
Specialty (Tier 4)	Deductible, then \$400 copay	Deductible, then \$400 copay	Deductible, then \$400 copay
Creditable Drug Coverage?	Yes	Yes	Yes

Prescription Drugs

Get the Most from Your Prescription Coverage.

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through IngenioRx. For a list of approved drugs, log onto www.anthem.com

If you take a maintenance medication, you can save money by enrolling in mail order Rx.

- Not all medications can be filled via mail order
- Specialty medications must be filled at the approved IngenioRx specialty pharmacy
- Ask your doctor if it is appropriate to use a generic drug rather than a brand name
- Compare Pharmacies for the best price
- Prescription Management may apply; such as prior authorization, step therapy, and quantity limits



Preventive Care

Preventive services help you stay healthy, detect health problems early, determine the most effective treatments, and prevent certain diseases.

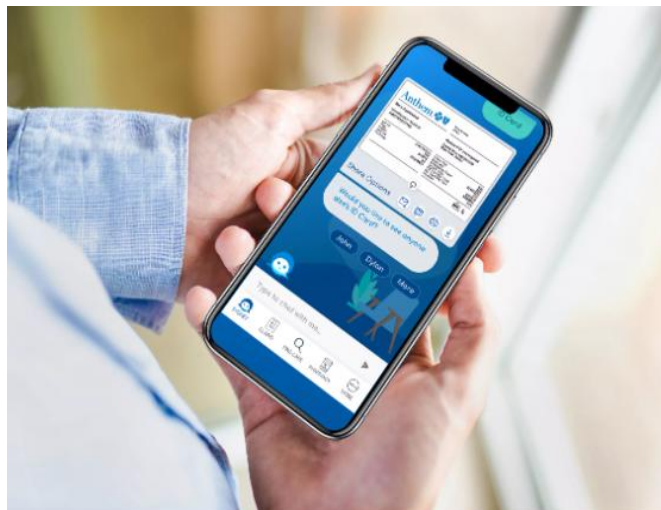
- Preventive services include exams, vaccines, lab tests, and screenings
- Routine visits will only be covered at 100% under preventive care when using an in-network provider
- Full list: healthcare.gov/what-are-my-preventive-care-benefits

Network Search

Searching for an In Network provider with Anthem can be found at www.anthem.com/find-care/ then choosing the

- Blue Preferred for Wisconsin Residents
- Blue Access plans for out of state employees

Sydney Health makes healthcare easier



Access personalized health and wellness information when you need it

With the Sydney Health mobile app, you can access your medical, pharmacy, dental, vision, life, and disability benefits details in one place. Our simple experience makes it easy to find what you need – with one-tap access to benefits information, Member Services, virtual care, and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

Find Care

Search for doctors, hospitals, and other health care professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

My Health Dashboard

Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

Virtual Care

You can now conveniently connect with care from the comfort of home. Assess your symptoms quickly with the Symptom Checker, and visit a doctor over text or video chat to receive care through Sydney Health.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code

Health Savings Account (HSA)

If you elect one of the qualified high deductible plans and you are not enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Savings Account through MidWestOne / Royal Credit Union. You can set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

How does an HSA work?

To enroll in an HSA, please open an account with MidWestOne Bank or Royal Credit Union, then complete an HSA Payroll Deduction portion of the enrollment process.

To view eligible purchases with your HSA account, please visit hsastore.com.

Advantages

- Balance rolls over each year
- Contributions are tax-free
- Account belongs to you; any money in the account is yours - no vesting

**Tax treatment of HSAs for state tax purposes may vary by state*

Limitations

- Can not be enrolled in Medicare or Tricare
- Can not be claimed as a dependent on someone’s tax return
- Can not be receiving Veterans Affairs (VA) benefits, or within the past 3 months
- Can not be contributing towards a Healthcare FSA

Distributions

- Money must be in the account to spend
- Use funds for any taxable dependents
- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses
- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply
 - You can also pay for Medicare Part B premiums with your HSA funds

Enrollment Tiers	2026 Maximum Contribution Allowed
Employee Only	\$4,400
Employee + Dependent(s)	\$8,750
Employee 55+ Over	Additional \$1,000 as catch-up
School District contribution for 2026 (Paid out in equal bi-monthly installments while employed with School District of Turtle Lake)	Single \$1,500 Family \$3,000

Employee Assistance Program

Service Summary

Available 24/7, 365 days a year
Everything you share is confidential*

Life can be full of challenges. Your Anthem Employee Assistance Program (EAP) is here to help you and your household members. EAP offers a wide range of **no-cost** support services and resources, including:



Counseling

- Up to 3 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



Emotional Well-being Resources

- Digital tools to improve emotional well-being
- Team up with an experienced clinical coach
- Practice mindfulness on the go



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Phone consultation with a work-life specialist
- Help with pet sitting, moving, and other common needs



Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



Other anthemEAP.com resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues



ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

We are ready to support you

You can call us at **800-999-7222**, or go to **anthemEAP.com** and enter your company code: Wisconsin EAP

When something unexpected happens, EAP can help you figure out your next steps. Contact us today.

Cost of Coverage

Contributions are made from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary.

Medical Contributions

Per Month	\$2,500/\$5,000-0% Qualified High Deductible Health Plan w/HSA	\$3,400/\$6,800-0% Qualified High Deductible Health Plan w/HSA	\$5,000/\$10,000-0% Qualified High Deductible Health Plan w/HSA
Employee Only	\$ 98.52	\$56.45	\$14.77
Employee + Family	\$ 222.56	\$127.51	\$33.38

Contact Information

Benefit	Partner	Website / Phone
Accident, Hospital, Critical Illness	Colonial Life	login.coloniallife.com 800-325-4368
Dental	Delta Dental	www.deltadentalwi.com 800-236-3712
Disability	NIS	www.nisbenefits.com 800-627-3660
Flexible Spending Accounts (FSA)	Employee Benefits Corporation (EBC)	www.ebcflex.com 800-346-2126
Health Savings Account (HSA)	MidWestOne or Royal Credit Union	www.midwestone.bank 800-247-4418 www.rcu.org 800-341-9911
Human Resources	Jamie Hubbard and Kent Kindschy	jhubbard@turtlelake.k12.wi.us kkindschy@turtlelake.k12.wi.us 715-986-4470
Identity Theft Protection	LifeLock	www.lifelock.com 800-607-9174
Life Insurance	NIS	www.nisbenefits.com 800-627-3660
Medical	Anthem	www.anthem.com 855-612-1450
Pet Insurance	Pets Best	www.petsbest.com/sdtlpet 888-984-8700
Vision	Delta Dental of WI/EyeMed	www.deltadentalwi.com 866-732-0513

Benefit Counselors

Alera Group is pleased to offer an extra level of care and customer service as part of your benefits package!

The Benefit Counselor team is your resource for assistance with benefit questions and more!

When do I call a Benefit Counselor?

- Support making benefit choices
- Understanding how your benefits work
- Locating in-network medical providers
- Understanding carrier Explanation of Benefit (EOB) statements
- Assistance with resolving insurance claims
- Assistance with connecting with your insurance carrier
- Assistance with qualifying life events



Benefit Counselors are here to support you.

Call or submit a question today!



833-488-1245

Hablamos Español

Contact the Benefit Counselor team:

Monday - Friday, 7:00 AM - 5:00 PM CST

[Submit a question here](#)



Transition Program

- Marketplace Health insurance
- Short Term Medical insurance
- Medicare plans
- Life and Disability insurance
- Dental and Vision insurance
- Travel insurance
- Retirement Plan options
- Financial Planning
- Final Expense insurance
- Long Term Care insurance

Call **800-334-9252** or email [**insurance@aleragroup.com**](mailto:insurance@aleragroup.com) and our team will help guide you to the best solution for your personal situation.



*Investment advisory services offered through Alera Investment Advisors, LLC. Securities offered through **Osaic Wealth, Inc.** member FINRA/SIPC. **Osaic Wealth** is separately owned and other entities and/or marketing names, products or services referenced here are independent of **Osaic Wealth**.

**We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.



Benefits Effective January 2026– December 2026

(*) **DISCLAIMER:** This document has been prepared by Alera Group, Inc. (collectively with its parent, subsidiaries and affiliates, “Alera Group”) to provide an overview of your employer’s benefits program. Alera Group, its directors, officers, managers, employees, representatives and affiliates, make no representation or warranty, express or implied, as to the accuracy or completeness of the information contained herein regarding those lines of coverage for which Alera Group is not the exclusive broker of record. This document is not a contract and confers no contractual rights between you and Alera Group. The terms of your benefits are governed by the legal plan documents and insurance contracts (“Plan Documents”) between your employer and one or more insurance carriers. This document is not a certificate of coverage, and the benefit descriptions in this document are not a guarantee of current or future claim coverage, nor does it replace or amend the underlying Plan Documents. If there is any difference between the benefit descriptions in this document and the Plan Documents, the terms of the Plan Documents will control. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.