



MENASHA JOINT SCHOOL DISTRICT BENEFITS QUICK LINKS 7.22.24

2024-2025 BENEFIT GUIDES

[2024-2025 PARA Employee Benefits Guide](#)

[2024-2025 Employee Benefits Guide \(Full-Time\)](#)

EMPLOYEE ASSISTANCE PROGRAM - EAP - Ascension **Ascension EAP Contacts**

WELLNESS - Through **MOBILE HEALTH TEAM**

[2024-2025 Wellness Program Plan Agreement and Enrollment](#)

[2024-2025 Insurance Premium Levels](#)

Email: wellnesscoach@mjsd.k12.wi.us

Phone: (920) 967-1824 or (844) 547-0099

Fax: (844) 885-9574

Secure text message (HIPAA-compliant): (920) 289-8773 or patient.klara.com

Interoffice mailbox location: MJSD District Office

HEALTH INSURANCE

ADMINISTERED BY **PRAIRIE STATES**

Customer Service Through **FIVESTAR 1-844-993-9163**

**REMEMBER to PRE-AUTHORIZE your care by calling Prairie States at
1-844-993-9163**

TIER 1 PROVIDERS -

DISTRICT HEALTH Bios

ON-LINE PORTAL

PORTAL APP

NEW PATIENT HEALTH HISTORY

TELEVISIT GUIDE

WALLET CARD - For Lab and Radiology Referrals

[IMMEDIATE CARE CHOICES](#)
[DOCTOR ON DEMAND](#)

[COLLABORATIVE CARE](#)
[PROCESS UPDATE 12.8.23](#)
[Expert Medical Opinion](#)
[Frequently Asked Questions](#)

Out of the Area Care - 7/1/2023 FIRST HEALTH

TIER 2 PROVIDERS - [HPS](#)
[SUPER EOB INFORMATION](#)

[HEALTH PAYMENT SYSTEMS or HPS](#) - processes our claims and is the site you would go to for your Explanation of Benefits / Super EOBs

PRESCRIPTION COVERAGE -

TruDataRx Clinical Pharmacy number 855-878-3282 Ext 3

Specialty and Non-Insulin Injectables CALL Rescribe 1-866-401-1883

[LIFE TRANSITIONS](#) - OTHER COVERAGE OPTIONS:

- Retirement or Medicare Age
- Not eligible for District coverage
- Children/Adults transitioning off parent's plan
- Children 18 & under (eligibility due to income guidelines)

[Life Transitions \(vimeo.com\)](#)

[SAMARITAN HEALTH PLAN](#)

- [SAMARITAN FUND VIDEO](#)
- [HIPAA FILLABLE.PDF](#)
- [SAMARITAN FUND LETTER](#)

[DIVERSIFIED BENEFIT SERVICES](#) - [ONLINE SET-UP](#)

[HRA](#) (health reimbursement account)

[DIRECT DEPOSIT ACH APPLICATION](#)

[FSA/DCA](#) (flexible spending account medical and dependent care accounts)

[OTC ITEMS](#)

DENTAL INSURANCE

[DELTA DENTAL](#) - [SUMMARY PLAN DESCRIPTION](#)
[DENTAL ASSOCIATES - CARE PLUS](#)

VISION INSURANCE -

As of 7/1/2024: [GUARDIAN](#)
[Summary of Benefits - Guardian](#)

Through 6/30/2024: [SUPERIOR VISION](#) - VERSANT HEALTH

DISABILITY COVERAGE

As of 7/1/2024: [GUARDIAN](#)
[Short Term Disability](#)

Long Term Disability

Through 6/30/2024:
SHORT TERM DISABILITY [COVERAGE](#) - [MUTUAL OF OMAHA](#)

VOLUNTARY COVERAGES -

NEW: As of 7/1/2024: [GUARDIAN](#)
[Guardian Open Enrollment Kick-off](#)

OLD: Through 6/30/2024: [VOYA](#)
[ACCIDENT INSURANCE](#)
[CRITICAL ILLNESS INSURANCE](#)
[HOSPITAL INDEMNITY INSURANCE](#)
[Hospital Indemnity Claim Form](#)
[VOYA WELLNESS CLAIM FORM](#)

RETIREMENT INFORMATION

[WRS](#) - WISCONSIN RETIREMENT BENEFIT

AIG - [403\(B\) & 457\(B\) OPTIONS](#) - [Schedule an appointment](#)

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LIFE INSURANCE - THROUGH [EMPLOYEE TRUST FUNDS](#) (ETF)

[BENEFICIARY FORM](#) (MUST BE SENT TO ETF) [Download PDF](#)

[APPLICATION](#)

[CERTIFICATE OF COVERAGE](#)

[RATE SHEET](#)