

Benefit Guide  
Full-Time  
Open Enrollment  
October 1, 2020  
through  
October 31, 2020

2021



This presentation provides a highlight of the plans offered by the employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents, the plan documents shall govern. We reserve the right to modify any of these plans at any time.

# Benefits For You and Your Family

Waukesha County is excited to announce our 2021 benefits program, which we designed to help you stay healthy, feel secure, and maintain a positive work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

## Enrollment Instructions

**All benefit eligible employees must elect or waive benefits during open enrollment.**

If you wish to have any of the following benefits in 2021, you must submit benefit elections for open enrollment.

- Health Insurance
- Dental Insurance
- Vision Insurance
- Voluntary Term Life Insurance
- Health Savings Account
- Dependent Care FSA
- Health Care FSA

### Important Instructions

Employees will complete open enrollment via paper election form due to an upgrade affecting Employee Self Service open enrollment functionality. You can still login and view current elections via

<https://selfservicewauk.waukeshacounty.gov>

**Please Note:** You must use either a laptop or PC when accessing this site. A tablet or smartphone will not work.

**User Name and Password:** Same as the username and password that you use to log into your PCs at work.

You do not need to be on the County network (intranet) to access the website. You can access the website from home as long as you use a laptop or PC.

All paper election forms must be return to Human Resources by October 31, 2020.

## Coverage Changes During the Year

**All new hire elections are final and open enrollment elections are final.** You can only make changes to your elections if you experience a qualifying life event, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage.

A qualifying event must be reported to Human Resources within 30 days of the event.

## Additional Education

### Virtual Open Enrollment Meetings

Due to COVID-19, group meetings are virtual this year. Employees may attend an optional virtual Open Enrollment webinar. The meetings should last approximately 1 hour. A recording of the webinar will also be available for on-demand viewing. For the meeting information and webinar links, please visit [www.waukeshacounty.gov/openenrollment](http://www.waukeshacounty.gov/openenrollment)

Virtual group sessions will be held at:

October 6, 2020	8:30 a.m. – 9:30 a.m.
October 8, 2020	1:00 p.m. – 2:00 p.m.
October 14, 2020	3:00 p.m. – 4:00 p.m.
On-Demand	24/7

## Open Enrollment Resources

For plan documents and information visit:

**Internet Site:**

<http://www.waukeshacounty.gov/openenrollment>

**Intranet Site:**

<https://connection.waukeshacounty.gov/> > HR > Benefits

# Health Plan Coverage

## Who is Eligible for the Health Plan?

All regular full-time employees are eligible to participate in the Waukesha County health plan. Eligible employees may also enroll their legal spouse and dependent children. A dependent child may be the natural child, stepchild, legally adopted child, child placed for adoption, or other children for whom the employee has permanent legal custody.

## What is changing for 2021?

- Medical premiums increasing for both plans
- In-Network plan design changes
  - Deductible/Out-of-Pocket Increase
  - Rx Copay Increase
- Significant changes to how out-of-network claims are processed, including changes to deductibles and out of pocket
- Incentive changes for those that do not participate in the wellness program (HRA)
- Normally new health insurance cards are only sent when changes are made to covered members. This year, every enrolled subscriber should receive a new insurance ID card by early January 2021. Please know your member ID and group number are not changing.

## How Do I Pay For My Benefits?

You will pay your portion of benefit costs through payroll deductions from your paycheck.

Payroll deductions for health insurance by default is pre-tax unless an employee notifies Human Resources otherwise. Employee health insurance contributions are deducted from the first two paychecks of the month (24 paychecks in the year).

## Important Terms to Know

**Deductible** - A specified amount of money that an insured must pay before the medical insurance plan will pay a claim. For example, if the individual deductible under the HDHP Plan is \$2,100. Once the employee has accumulated \$2,100 of medical expenses, the health plan will begin to pay at the coinsurance level of 80% of covered medical expenses and the employee would pay 20%.

**Coinsurance** - The percentage an insured must pay against a claim after the deductible is satisfied. For example, the HDHP medical plan pays 80% for in-network services and you would pay 20% once the deductible is satisfied.

**Copayment** - A fixed dollar amount paid by a patient to the provider of service, typically before receiving the service. For example, you would pay a copay for prescriptions drugs under the Choice Plus plan and a copay for prescription drugs after the deductible is satisfied under the HDHP.

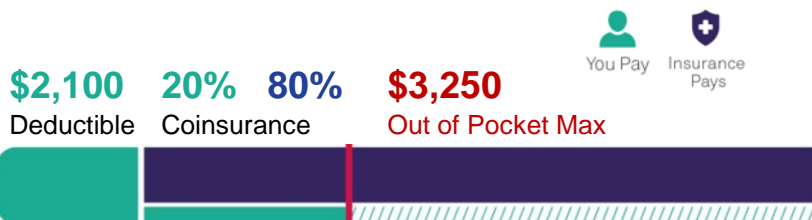
**Out-of-Pocket Maximum** - The most money you will pay during a policy period for covered health care services and prescription drugs. After you spend this amount on deductibles, copayments and coinsurance, the health plan pays 100% of the costs of covered benefits. For example, the HDHP plan has an individual \$3,250 out-of-pocket maximum - meaning that once you have paid \$3,250 for medical services, the plan will begin to pay 100%.

# How does a deductible, coinsurance and out of pocket maximum work?

## Knee Replacement

Expense under HDHP. How Insurance Works for you.

<b>You pay</b>	<b>\$3,250</b>
<b>Total cost</b>	<b>\$50,000</b>



You would owe \$11,680 if you had no out-of-pocket max.  
 Your Coinsurance is 20%. You pay 20% of the remaining balance after paying your deductible.  
 After you have reached your out of pocket maximum, insurance pays the remaining balance.

\*This scenario is for illustration purposes only and represents the average charges for a knee replacement. Actual charges may vary.

# Health Plan Coverage

Nothing is more important than your overall health and well-being. That’s why your benefits program provides medical insurance and access to our Health and Wellness Center to help keep you and your family healthy. Please note the deductible, out of pocket, and drug copay changes for the 2021 plan year for both in and out of network. Please see pages 16 & 17 for additional plan design details.

**Please note: WDSLU Employees and Employees hired after 1/1/2017 are only eligible for the HDHP option.**

## Plan Design Comparison

In-Network Benefits Shown	Choice Plus		HDHP	
	Single	Family	Single	Family
Annual Deductible	\$800	\$2,400	\$2,100	\$4,200
Co-Insurance Percentage after deductible: Available Premium Designated Provider Used	80%/20%		80%/20%	
Co-Insurance Percentage after deductible: Available Premium Designated Provider Not Used	70%/30%		70%/30%	
Out of Pocket Maximum (Deductible+ Coins.+ Rx Copays)	\$2,600	\$6,600	\$3,250	\$6,500
<b>Waukesha Employee Health &amp; Wellness Center Clinic Visit</b>	Preventive: \$0 Non- Preventive \$0 Physical Therapy: \$0		Preventive: \$0 Non- Preventive \$30 Physical Therapy: \$25	
Preventive Care	100%		100%	
Telemedicine	Ded. Then Coins.		Ded. Then Coins.	
Primary Care Office Visits	Ded. Then Coins.		Ded. Then Coins.	
Specialist Office Visits / Physical Therapy	Ded. Then Coins.		Ded. Then Coins.	
Urgent Care	Ded. Then Coins.		Ded. Then Coins.	
Emergency Room	Ded. Then Coins.		Ded. Then Coins.	
Inpatient Hospital Services	Ded. Then Coins.		Ded. Then Coins.	
Outpatient Hospital Services	Ded. Then Coins.		Ded. Then Coins.	
Prescription Drugs	Copay: Tier 1: \$10 Tier 2: \$35 Tier 3: \$50 Tier 4: \$200		Ded. Then Copay: Tier 1: \$10 Tier 2: \$35 Tier 3: \$50 Tier 4: \$200	
<b>Prescription Drugs at the Clinic</b>	\$2.00/package for all dispensed medications  Dispensed available ACA preventative medications are \$0.		\$2.00/package for all dispensed medications  Dispensed available ACA preventative medications are \$0.	
HSA Compatible:	No		Yes	

This outline is intended to provide a brief overview of the health insurance plans available to you. It should not be considered a complete source of information. For a complete description of the benefits, limitations, exclusions, terms and conditions, please refer to the master plan documents, which are available for review in the Department of Administration, Human Resources. In a conflict between this outline and the master plan documents, the master plan documents control.

## Premium Cost Sharing & Rates

For the 2021 plan year, plan costs are increasing by 13% for both plan designs based upon the County's loss ratio experience.

### Wellness Premium Differential for Health Risk Assessment Participants

For those members that engage in the Health Risk Assessment, biometric screen, and coaching review for 3+ risk factors, you will pay the lower premium on the Choice Plus plan. There is no premium differential for the HDHP, however you will receive dollars into your HSA account for completing those wellness activities.

SINGLE PLAN	Choice Plus		HDHP High Deductible Health Plan
	Employee Pays 20% Completed HRA Program*	Employee Pays 30% Did Not Complete HRA Program*	Employee pays 15%
<b>2021 Cost Sharing</b>			
Monthly Premium	\$872.08	\$872.08	\$657.32
County Monthly Share	\$697.66	\$610.45	\$558.72
Employee Monthly Share	\$174.42	\$261.62	\$98.60
<b>Pay Period Deduction Amount</b>	<b>\$87.21</b>	<b>\$130.81</b>	<b>\$49.30</b>

Health Risk Assessment Program – Health Survey, Biometric Screen, and Health Coach Review for 3+ risk factors\*\*.

FAMILY PLAN	Choice Plus			HDHP High Deductible Health Plan
	Employee Pays 20% 2 HRAs* Completed	Employee Pays 25% 1 HRA* Completed	Employee Pays 30% 0 HRAs* Completed	Employee pays 15%
<b>2021 Cost Sharing</b>				
Monthly Premium	\$2352.83	\$2352.83	\$2352.83	\$1776.19
County Monthly Share	<u>\$1882.26</u>	<u>\$1764.62</u>	<u>\$1646.98</u>	<u>\$1509.76</u>
Employee Monthly Share	\$470.57	\$588.21	\$705.85	\$266.43
<b>Pay Period Deduction Amount</b>	<b>\$235.28</b>	<b>\$294.10</b>	<b>\$352.92</b>	<b>\$133.21</b>

Health Risk Assessment Program – Health Survey, Biometric Screen, and Health Coach Review for 3+ risk factors\*\*.

\*\* The 2021 incentive did not include the Health Coach Review for 3+ risk factors with the rescheduling of the HRA event due to COVID-19. This component will resume in 2021 for the 2022 incentive.

## Plan Cost Comparison

Health plans have three cost components.

1. **The Premium:** The amount that comes out of your paycheck to access the plan.
2. **The Plan Costs:** The amount you pay in deductibles, coinsurance and copays that total to an out-of-pocket maximum.
3. **The Pre-tax Savings Accounts:** The amount that both you and/or the County contribute to an account to help pay more Medical and Prescription expenses.



Everyone has a different scenario when it comes to health care.

And everyone when given choice selects a health plan for a variety of reasons. We encourage you to do the math using all three components to determine which plan best meets the needs of you and your family.

The chart below illustrates a year at differing claims levels.

1. You reach your total out of pocket maximum (worst case scenario in-network)
2. You have no claims in the year
3. You have \$500 of deductible claims

Total Out-of-Pocket (In-Network)	Choice Plus		HDHP	
	With Completion of HRA program		With Completion of HRA program	
	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
Annual Deductible	\$800	\$2,100	\$2,100	\$4,200
Total Out-of-Pocket Maximum (Variable)	\$2,600	\$6,600	\$3,250	\$6,500
Annual Employee Premium (decimal points dropped)	\$2,093	\$5,647	\$1,183	\$3,197
County Contribution to HSA	-0-	-0-	\$1,125	\$2,250

**Do the math... The premium + expected deductible, coinsurance, and copays – HSA contributions provided by the County.**

	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
1. Worst Case Scenario (Reach out of pocket max)	\$4,693	\$12,247	\$3,308	\$7,447
2. Best Case Scenario (No Claims)	\$2,093	\$5,647	\$58	\$947
3. \$500 in Deductible Claims	\$2,593	\$6,147	\$558	\$1,447

# Health Savings Accounts

## What is a Health Savings Account?

A Health Savings Account (HSA) is like a 403(b) for healthcare. It is a tax-advantaged personal savings or investment account that individuals can use to save and pay for qualified healthcare expenses, now or in the future. Paired with a qualified high deductible health plan (HDHP), an HSA is a powerful financial tool that empowers consumers.

The dollars roll over from year to year. If the dollars are not used for health care, they can be used in retirement for non-medical expenses and taxed like a 403(b).

However, unlike other financial savings vehicles (Roth IRA, Traditional IRA, 403(b), etc.), an HSA has the unique potential to offer triple tax savings through:

- Pre-tax or tax deductible contributions to the HSA
- Tax-free interest or investment earnings
- Tax-free distributions, when used for qualified medical expenses

## How is my HSA Funded?

The County will make contributions into accounts on the first pay date in January and June of the year. The January contribution will be for 75% of the annual contribution and the remaining 25% in June.

You have the option to contribute additional money into your Health Savings Account (HSA) through the convenience of payroll deductions. Your contributions are made on a pre-tax basis and are not subject to federal or state income taxes, nor social security (FICA) taxes as long as you do not exceed the annual IRS contribution limit. Deductions will be taken from every pay period.



## HSA Annual Employer Contribution

	<u>Single</u>	<u>Family</u>
0 HRAs Completed	\$0	\$0
Employee or Spouse Complete 1 HRA	\$1,125	\$1,500
Employee and Spouse Complete 2 HRAs	N/A	\$2,250

## Who is eligible to contribute to an HSA?

- You are not covered by any other non-high deductible health plan, such as a spouse’s plan, that provides any benefits covered by the County’s high deductible health plan.
- You are not enrolled in Medicare or TRICARE.
- You have not received Veterans Administration (VA) benefits within the past three months. Veterans enrolled in a high deductible health plan and who have a service-related disability only may make or receive an HSA contribution regardless of when they received VA benefits.
- You cannot be claimed as a dependent on another person’s tax return.
- You are not covered by a health care flexible spending account (FSA) or health reimbursement account (HRA).
- If you are not eligible to contribute to an HSA, you still may be able to contribute pretax dollars to the Flexible Spending Account. More information provided later in the guide book.

**If you are not eligible to contribute to an HSA or your circumstances change and you are no longer eligible, you are responsible for notifying Human Resources.** If you have questions about your own situation, please consult a tax or legal professional.

A change in eligibility is not a qualifying event to change health plans. If you enroll in the High Deductible Health Plan, Waukesha County will assume you are eligible to receive the annual employer contribution unless notified not to make the contribution. However, once you are no longer eligible to contribute to the HSA, you can keep the account as long as you like and use it to pay for qualified medical expenses income-tax-free.

**PRO Tip:** Did you know that if you had a qualified medical expense in the 2020 plan year while on the County HDHP plan, had an HSA account established, but didn’t use your HSA to pay for it, you can still go back and reimburse yourself for those expenses?

## How much can I contribute to my HSA?

Your total HSA contributions cannot exceed the IRS Contribution Limits (based on a calendar year) shown.

If you are age 55 or older, you are allowed to contribute an additional \$1,000 per year on top of the contribution limit. If your spouse is also 55 or older, they are also eligible to make a catch up contribution; however, it must be to an HSA in their name. Please note that for those who do not complete the HRA program, the County will no longer contribute to your Health Savings Account beginning January 1, 2021.

<b>Completed HRA Program (Health Survey, Biometrics, &amp; Health Coach Review*)</b>				
	<u>Waukesha County annual contribution</u>	<u>Employee maximum contribution</u>	<u>2021 maximum contribution</u>	<u>Age 55 Catch-up contribution</u>
Single Coverage	\$1,125	\$2,475	\$3,600	Additional \$1,000
Family Coverage	\$2,250	\$4,950	\$7,200	Additional \$1,000

\*Health Coach Review for those with 3+ risk factors only.

<b>Partial HRA Completion (Health Survey, Biometrics, &amp; Health Coach Review*)</b>				
	<u>Waukesha County annual contribution</u>	<u>Employee maximum contribution</u>	<u>2021 maximum contribution</u>	<u>Age 55 Catch-up contribution</u>
Single Coverage	NA	NA	NA	NA
Family Coverage	\$1,500	\$5,700	\$7,200	Additional \$1,000

\*Health Coach Review for those with 3+ risk factors only

<b>Did not Complete the HRA Program (Health Survey, Biometrics, &amp; Health Coach Review*)</b>				
	<u>Waukesha County annual contribution</u>	<u>Employee maximum contribution</u>	<u>2021 maximum contribution</u>	<u>Age 55 Catch-up contribution</u>
Single Coverage	\$0	\$3,600	\$3,600	Additional \$1,000
Family Coverage	\$0	\$7,200	\$7,200	Additional \$1,000

\*Health Coach Review for those with 3+ risk factors only

\* The 2021 incentive did not include the Health Coach Review for 3+ risk factors with the rescheduling of the HRA event due to COVID-19. This component will resume in 2021 for the 2022 incentive.

## What Can I Use the HSA Dollars for?

- All expenses covered under your health, prescription drug, dental or vision plans
- Deductible Expenses
- Coinsurance Expenses
- Dental and Vision out of pockets
- Out of Network benefits
- COBRA Premiums
- Chiropractor
- Acupuncture
- Braces
- Homeopathic
- Psychiatrist/Psychologist
- Lodging when away from home for medical treatment
- Vitamins (with prescription)



# Ways to Save on Care

## Employee Health & Wellness Center

The **Health & Wellness Center** is on-site health clinic for employees and family members enrolled in the Health Insurance. Employees and dependents (ages 2+) may use the Health & Wellness Center.



### Scheduling Options:

#### Waukesha Employee Health & Wellness Center

(262) 896-8420 Direct

(866) 959-9355 Scheduling Line

Online: [patientportal.yourhealthstat.com](http://patientportal.yourhealthstat.com)

### Information:

Website: <http://bit.ly/WEHWC3>

Facebook: @WaukeshaEmployeeHealthandWellness

### Hours

Monday, Wednesday	7:00 AM - 7:00 PM
Tuesday, Thursday, Friday	7:00 AM - 6:00 PM
Saturday	8:00 AM - 1:00 PM
Sunday	Closed

### Location

615 W Moreland Blvd  
Waukesha, WI 5318

## Services



### Disease Management

- Manage & Prevent Diabetes
- Cholesterol
- Blood Pressure

### Lifestyle Coaching / Health Coaching

- Weight Loss
- Tobacco Cessation

### Preventative Services

- Routine annual physical exam (ages 6+)
- Preventative Screenings

### Acute Illness

- Sore throat
- Ear & sinus infections
- Cold, Flu, etc.
- Mole Removal

### Physical Therapy

- Early morning to late afternoon appointments available

### Minor Injuries

- Muscle and Joint Pain
- Sprains and Strains
- Cuts and stitches

### Lab Work

- Administer shots / vaccinations
- Order, conduct, interpret and consult on routine diagnostic lab work
- Can complete lab draw with orders from outside provider

### Medication

- Dispense Pre-Packaged Medications
- Prescribe Medication

### Coordination with outside providers

### Referrals to Specialist

### Virtual Visits

## 2021 Costs

Choice Plus Plan:

\$0 (includes Preventative, Non-Preventative, & Physical Therapy).

HDHP Plan:

\$0 (Preventative); \$30.00 (Non-Preventative); \$25.00 (Physical Therapy).

Medication:

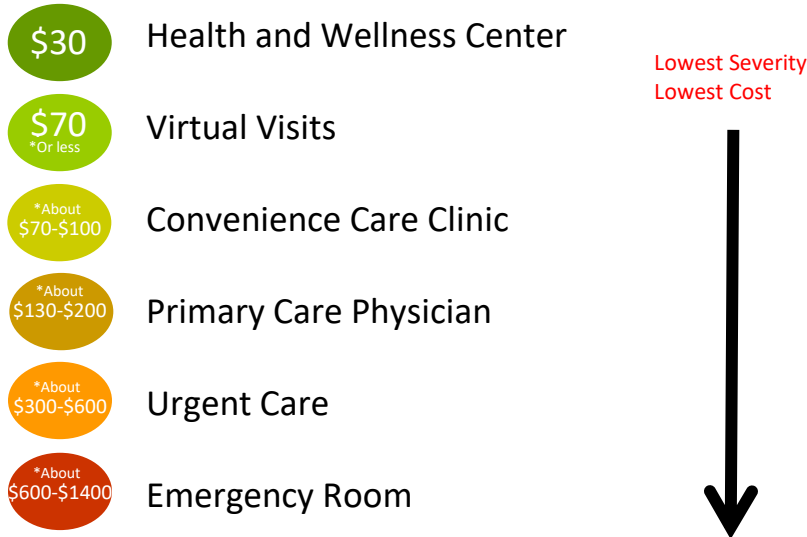
\$2.00/package for all dispensed medications for both health plan options.

Dispensed available ACA preventative medications are \$0-Cost.

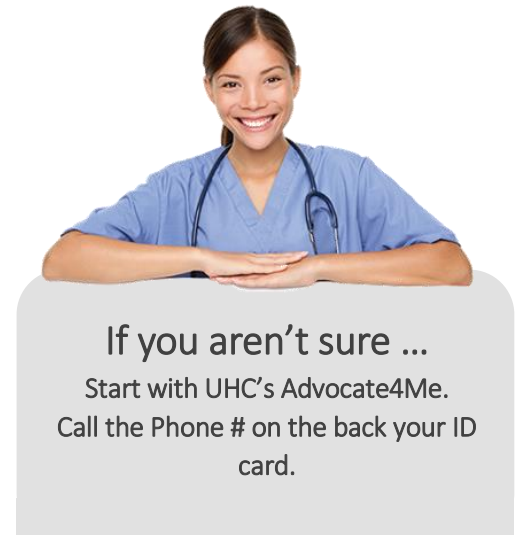
# Ways to Save on Care

## Where to Go For Care

Did you know that there is a large cost difference to receive health care based on where you go to receive it? With a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA), you pay the full cost for a visit prior to meeting the deductible. For those instances when you need to make a quick choice about where to get the medical attention you need, it is important to not only map out the closest medical location to you, but also be aware of the types of facilities nearby, their hours of operation, and the costs associated with them.



\*Please note: These dollars are for illustrative purposes only. Costs may vary based on where services are rendered.



## Radiology

MRIs and CT Scans can range anywhere from \$1,000 to \$3,500 in hospital facilities. Independent radiology centers cost on average 25-30% less than hospital based MRI services and can be as low as \$600.

**Smart Choice MRI** has locations in Appleton, Green Bay, Milwaukee, Richfield, La Crosse, Waukesha, Kenosha. Call 844-633-3674 to schedule an appointment.

**MH Imaging** has locations in Milwaukee, Kenosha and Racine.



## Colonoscopies

Outpatient surgery centers, also called ambulatory surgery centers (ASC) are often a lower cost than a hospital for procedures like colonoscopies.

**Did you know that Preventive Colonoscopies are covered at 100%?**

# Ways to Save on Care

## The Power of Pretax

Did you know that simply by adding dollars into your Health Savings Account through your paycheck and paying for your Medical, Dental and Vision expenses from the account, you can save meaningful dollars?

Did you also know that even if you don't have dollars in your HSA account at the time of an expense, you can always reimburse yourself from the account as long as you have the receipt?

	Without HSA	With HSA
Income set aside for family health expenses (before tax)	\$4,000	\$4,000
Minus 25% federal income tax	\$1,000	\$0
Money left to pay for family health expenses	\$3,000	\$4,000

Difference

\$1,000

## Low Cost Prescription Drugs

Did you know that the Health and Wellness Center has certain prescriptions available for \$2, and for \$0 if on the ACA preventive drug list? For a full list of these prescriptions, please see the Wellness Center website on page 9.

### Medication Refill Process at the Health & Wellness Center:

1. Schedule an initial visit with a provider. The provider needs to evaluate the medication before prescribing. In some cases, the provider will be able to dispense up to three (3) months of medication at this visit. The fee for dispensed medication is \$2.00 per bottle. Depending on your health plan, you may be charged a non-preventative fee for the initial visit.
2. If a refill is requested, the patient schedules a medication refill visit. This is a check-in with the provider so they can dispense the medication. Since it is not a pharmacy, patients need to see the provider, at least briefly so they can dispense the medication to the patient directly. There is no office visit fee for the medication refill appointment itself.
3. It is up to provider discretion if they are able to refill a prescription or if they need to evaluate a patient further to determine if medication is working or needs adjusting. This may require a follow-up visit (blood test, BP check, etc.,) and may require a more comprehensive visit in that instance. For some patients this could be 90 days, 6 months, or yearly, but would not be every refill.
4. If you are seen by one of our providers and your medication is not included in the list, the providers will be able to write you a script. It can be sent electronically to your preferred pharmacy for pick up. Regular pharmacy rates will apply.

# Ways to Engage in Your Health Care

## Accessing High Quality Care

Studies show that people who actively engage in their healthcare decisions have fewer hospitalizations, higher utilization of preventive care and overall lower medical costs. Premium designation makes it easy for you to find doctors who meet national standards for quality and local market benchmarks for efficiency.

Members that choose to utilize in-network providers who are Tier 1 Providers (indicated by TWO Blue Hearts) will pay 80% coinsurance once the deductible is met. Members that choose to use in-network providers that are not considered Tier 1 when otherwise available will pay a 70% coinsurance amount for those services.

**Only physicians (primary and specialty) are evaluated under this program.** In-network hospitals and facilities will be paid as a Tier 1 providers. Providers and their premium designation status is identified on the [myuhc.com](http://myuhc.com) member site.

### What do the Two Blue Hearts Mean?

The UnitedHealth Premium Program evaluates physicians in various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient providers. Not all *specialties* are

### Money Saving Tip

Did you know you could be paying up to 36% less for care by checking your costs on the [myuhc.com](http://myuhc.com) website?

## Choose smart. Look for blue hearts.

evaluated at this time. So, when searching for a provider, you must decipher whether it is the physician who is not evaluated or if it is the specialty which is not evaluated. The table below outlines the designations associated with the hearts. If a physician does not have two blue hearts, it does not mean that he or she provides a lower standard of care. It could mean that the data available for this physician was not sufficient to include the doctor in the program.



Premium Designation	Displayed Explanation
<b>Premium Care Physician</b>	The physician meets the UnitedHealth Premium program quality and cost-efficient care criteria.
<b>Quality Care Physician</b>	The physician meets the UnitedHealth Premium program quality care criteria but does not meet the program's cost-efficient care criteria.
<b>Not Evaluated For Premium Care</b>	The physician meets the UnitedHealth Premium program quality care criteria but is not evaluated for cost-efficient care.
<b>Does Not Meet Premium Quality Criteria</b>	The physician's specialty is not evaluated in the UnitedHealth Premium program.
	The physician does not have enough claims data for UnitedHealth Premium program evaluation, so the physician is not eligible for the Premium Care Physician designation.
	The physician's program evaluation is in process.
	The physician does not meet the UnitedHealth Premium program quality criteria, so the physician is not eligible for a Premium designation.

# Ways to Engage in Your Health Care

## Weight Management with Real Appeal

Real Appeal is a weight loss and healthy living program that can help you and your family take small steps that lead to big results.

Based on decades of clinical research, Real Appeal helps you lose weight and reduce your risk of developing diseases like diabetes and cardiovascular disease. Real Appeal members who attended 4 or more sessions during the program lost 10 pounds on average.

Health plan participants at the County (employees and spouses) are invited to join the program voluntarily and at no cost.

### How does the program work?

Once participants enroll, they will meet with a personalization expert - from a smart phone, tablet or computer - who will customize a program that suits participants lifestyle and targets desired weight loss goals.



On average, participants lose 10 pounds after attending just 4 online classes!



Next, Real Appeal will give participants access to a transformation coach to meet with virtually for the next year to offer support and help participants stay on track.

### 24/7 Convenience

Helping you stay accountable to your goals

- Food, activity, weight and goal trackers
- Unlimited access to digital content
- Your online group class, which is designated to help you build camaraderie and accountability with others in the program.
- Weekly health tips from celebrities, athletes and health experts.

# Real people. Real Appeal.

**FREE!**

Everything you need to lose weight and keep it off — **FREE to eligible UnitedHealthcare® members.\***

Join today at [success.realappeal.com](http://success.realappeal.com).



Dave L.  
Age 47

*"I'm stronger. I have a lot more energy. Thank you, Real Appeal."*

Tashawna O.  
Age 37

*"This is no diet — this is not a gimmick. I feel great!"*

### Success Kit

Resources to help you kick-start your weight loss and keep yourself on the road to results. Your kit will be delivered after your first class.

It includes:

- Step by step Success Guides
- Workout DVDs
- Quick and simple recipes
- Nutrition guide
- And much more.



**Real Appeal®**

**UnitedHealthcare®**

# Ways to Engage in Your Health Care

## Cancer Support Program

If you are diagnosed with cancer, our partnership with UnitedHealthcare and The Cancer Support Program (CSP) offers you a source of information and guidance navigating the health care system.

Through dedicated assistance from oncology nurses and social workers, the program is intended to enhance your quality of care and quality of life.

### Dedicated assistance

Program nurses specializing in oncology serve as one contact for you in the program, helping you make informed decisions about your cancer care. Specialized cancer nurses are supported by an entire team of cancer specialists. Through comprehensive case management services, you can receive one-on-one help with a range of cancer-related issues. Additional support from specialized social workers offer your members and their loved ones help with family, work, financial and other needs.

97% of overall members are very satisfied/satisfied

## Cancer Centers of Excellence Network

UnitedHealthcare identifies top-quality cancer centers across the country to participate in the Cancer Centers of Excellence (COE) network. These centers provide high-quality, appropriate and cost-effective care, and are reviewed annually to ensure they continue to meet the high standards for which they were originally selected.

### Cancer COE locations.



## Your Claims Concierge

Navigating the health care system can be difficult. Our benefit consultants at HNI Risk Advisors have a dedicated advocate to help resolve issues on behalf of you or your family members.

In addition to the services provided by your insurance carriers, your dedicated claims concierge can provide help to you and your spouse for:

- Claim Issue Assistance
- Insurance Carrier or Provider Issues
- Insurance Product Education
- Insurance ID Cards
- Online Assistance
- General Questions
- Provider Directory Searches
- Plan Design Information
- COBRA/State Continuation
- Individual or Short-Term Policies

### MARGARITA LEWISON

CLAIMS CONCIERGE  
p: 262.641.5858

[mlewis@hni.com](mailto:mlewis@hni.com)

[Hablo Espanol](#)



# Ways to Engage in Your Health Care

## Other UnitedHealthcare Resources

### myuhc.com

Register on myuhc.com to find tools and information to help you manage and improve your health and save money.

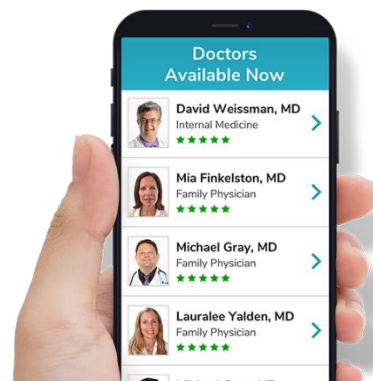
- Track Claims and expenses for your family
- Check the status of a claim
- Find Care and Costs
- Find providers
- See your account balance for your Optum HSA
- Print a temporary ID card

### UnitedHealthcare App™

Download the mobile app to take the features of myuhc.com on the go with your smartphone or tablet.

### Find Care and Cost

- Step 1: Visit myuhc.com or the UnitedHealthcare App. Once you are logged in, click “Find Care & Costs” on the main dash.
- Step 2: Search for a condition or treatment. Try phrases like colonoscopy or MRI. Then hit the search button.
- Step 3: Select a provider and/or facility.
- Step 4: Click View Full Estimate. You can see your Final Estimate, which includes estimated costs from the doctor or facility you have chosen, along with up-to-date out-of-pocket estimated costs, based on your benefits and current level of coverage.



### Virtual Visits

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Log in to myuhc.com® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs (approximately \$50), and then you will enter a virtual waiting room.



## High Deductible Health Plan Detail

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
1. <b>Lifetime Maximum</b>	Unlimited	Unlimited
2. <b>Annual Deductible (includes full cost Rx)</b>	\$2,100 single/\$4,200 family	\$4,200 single/\$8,400 family
3. <b>Coinsurance*</b>	80%/20% after deductible 70%/30% after deductible Tier 1 Provider Available but not used	60%/40% after deductible
4. <b>Coinsurance Out-of-Pocket Expense (includes Rx co-pay)</b>	\$1,150 single/\$2,300 family	\$5,800 single/\$11,600 family
5. <b>Total Out-of-Pocket Maximum (deductible + co-insurance +Rx)</b>	\$3,250/single/\$6,500 family	\$10,000 single/\$20,000 family
6. <b>Preventive Care</b>	100% for approved services	60%/40% of eligible expenses
7. <b>Prescription Drugs</b>	Co-pay applies after deductible satisfied \$10 copay – tier-1 \$35 copay – tier-2 \$50 copay – tier-3 \$200 copay – tier-4	NOT COVERED
8. <b>Hospitalization</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
9. <b>Surgical – Medical Care</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
10. <b>Physician Visits in Hospital</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
11. <b>Maternity</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
12. <b>X-Ray and Lab Tests</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
13. <b>Radiation Therapy</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
14. <b>Emergency Care</b>	80%/20% of eligible expenses*	80%/20% of eligible expenses, if authorized
15. <b>Physician Office</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
16. <b>Physical, Speech, and Occupational Therapy</b>	80%/20% of eligible expenses* (Maximum of 60 days/per calendar year)	60%/40% of eligible expenses (Maximum of 60 days/per calendar year)
17. <b>Immunizations and Injections</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
18. <b>Durable Medical Equipment</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
19. <b>Allergy Care</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
20. <b>Ambulance</b>	80%/20% of eligible expenses*	80%/20% of eligible expenses
21. <b>Oral Surgery</b>	Specific oral surgical procedures covered at 80% of eligible expenses*	Specific oral surgical procedures covered at 60% of eligible expenses
22. <b>Skilled Nursing Facility</b>	80%/20% of eligible expenses, 30 days per disability*	60%/40% of eligible expenses, 30 days per disability
23. <b>Hearing Exams</b>	80%/20% of eligible expenses*	NOT COVERED
<b>24. Mental Health and Chemical Dependency Services</b>		
<b>A. Outpatient Hospital</b>	80%/20%*	60%/40%
<b>B. Inpatient Hospital</b>	80%/20%*	60%/40%
<b>C. Transitional Treatment</b>	80%/20%*	60%/40%
25. <b>TMJ Syndrome</b>	80%/20% of eligible expenses for approved services. Limitations apply*	60%/40% of eligible expenses for approved services. Limitations apply
26. <b>Chiropractic Care</b>	80%/20% of eligible expenses. Limit 24 visits/year*	60%/40% of eligible expenses. Limit 24 visits/year
27. <b>Dependent Child Coverage</b>	A dependent child includes the employee or spouse's child who is under age 26, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom the employee or spouse are legal guardian. Coverage is terminated the day the child turns 26.	

This outline is intended to provide a brief overview of the health insurance plans available to you. It should not be considered a complete source of information. For a complete description of the benefits, limitations, exclusions, terms and conditions, please refer to the master plan documents, which are available for review in the Department of Administration, Human Resources. In a conflict between this outline and the master plan documents, the master plan documents control.



## Choice Plus Health Plan

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
1. <b>Lifetime Maximum</b>	Unlimited	Unlimited
2. <b>Annual Deductible</b> (Does not include Rx co-pay)	\$800 person / \$2,400 family	\$1,600 person / \$4,800 family
3. <b>Coinsurance*</b>	80%/20% after deductible 70%/30% after deductible when Tier 1 Provider Available but not used	60%/40% after deductible
4. <b>Coinsurance Out-of-Pocket Expense</b> (Does not include Rx co-pay)	\$1,800 single / \$4,200 family	\$8,400 single / \$15,200 family
5. <b>Total Out-of-Pocket Maximum</b> (deductible + co-insurance +Rx co-pay)	\$2,600 single / \$6,600 family	\$10,000 single / \$20,000 family
6. <b>Preventive Care</b>	100% for approved services	60%/40% of eligible expenses
7. <b>Prescription Drugs</b>	\$10 – Tier-1 / \$35 – Tier-2 / \$50 – Tier-3 / \$200 – Tier-4	NOT COVERED
8. <b>Hospitalization</b>	80%/20% of eligible services*	60%/40% of eligible expenses
9. <b>Surgical – Medical Care</b>	80%/20% of eligible services*	60%/40% of eligible expenses
10. <b>Physician Visits in Hospital</b>	80%/20% of eligible services*	60%/40% of eligible expenses
11. <b>Maternity</b>	80%/20% of eligible services*	60%/40% of eligible expenses
12. <b>X-Ray and Lab Tests</b>	80%/20% of eligible services*	60%/40% of eligible expenses
13. <b>Radiation Therapy</b>	80%/20% of eligible services*	60%/40% of eligible expenses
14. <b>Emergency Care</b>	80% of eligible expenses, if authorized*	80% of eligible expenses, if authorized
15. <b>Physician Office</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
16. <b>Physical, Speech, and Occupational Therapy</b>	80%/20% of eligible expenses (Maximum of 60 days/calendar year)*	60%/40% of eligible expenses (Maximum of 60 days/calendar year)
17. <b>Immunizations and Injections</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
18. <b>Durable Medical Equipment</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
19. <b>Allergy Care</b>	80%/20% of eligible expenses*	60%/40% of eligible expenses
20. <b>Ambulance</b>	80%/20% of eligible expenses*	80%/20% of eligible expenses
21. <b>Oral Surgery</b>	Specific oral surgical procedures covered at 80% of eligible expenses*	Specific oral surgical procedures covered at 60% of eligible expenses
22. <b>Skilled Nursing Facility</b>	80%/20% of eligible expenses, 30 days/disability*	60%/40% of eligible expenses, 30 days/disability
23. <b>Hearing Exams</b>	80%/20% of eligible expenses*	NOT COVERED
<b>24. Mental Health and Chemical Dependency Services</b>		
<b>A. Outpatient Hospital</b>	80%/20%*	60%/40%
<b>B. Inpatient Hospital</b>	80%/20%*	60%/40%
<b>C. Transitional Treatment</b>	80%/20%*	60%/40%
25. <b>TMJ Syndrome</b>	80%/20% of eligible expenses for approved services. Certain limitations apply*	60%/40% of eligible expenses for approved services. Certain limitations apply.
26. <b>Chiropractic Care</b>	80%/20% of eligible expenses. Limit 24 visits/year*	60%/40% of eligible expenses. Limit 24 visits/year
27. <b>Dependent Child Coverage</b>	A dependent child includes the employee or spouse's child who is under age 26, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom the employee or spouse are legal guardian. Coverage is terminated the day the child turns 26.	

This outline is intended to provide a brief overview of the health insurance plans available to you. It should not be considered a complete source of information. For a complete description of the benefits, limitations, exclusions, terms and conditions, please refer to the master plan documents, which are available for review in the Department of Administration, Human Resources. In a conflict between this outline and the master plan documents, the master plan documents control.

# Dental Coverage

Dental insurance is provided through Delta Dental of Wisconsin. Regular Full-Time Employees — Non-Represented and WDSLUs are eligible. You have two choices of Dental Plans:

- **The Standard Plan:** This plan has more provider choices, costs less, but has a lesser benefit.
- **The Exclusive Plan:** This plan has limited coverage choice to Delta’s PPO providers only, has a better benefit, but costs more. If the provider is not in the PPO network, you will not have coverage. The cost for this plan is increasing 4% for 2021.

**Delta Dental PPO:** These providers have signed a contract agreeing to accept reduced fees for the dental procedures they provide. This reduces your out-of-pocket costs, because you will be responsible only for applicable deductible amounts, copayments and coinsurance for benefits. And because these providers agree to fees approved by Delta Dental, they receive payment directly from Delta Dental. You will receive the greatest discount from PPO providers.

**Delta Dental Premier:** These providers have signed a contract agreeing to capped fees. The capped fees tend to be higher than what a PPO network dentist might charge.

If you see an out-of-network provider, you will have the highest out-of-pocket expense. Whenever possible, see an in-network provider to lower your out-of-pocket costs.



[www.deltadentalwi.com](http://www.deltadentalwi.com)

## Premium Cost Sharing

Payroll deductions for dental insurance by default is pre-tax unless an employee notifies Human Resources otherwise. Employee dental insurance contributions are deducted from the first two paychecks of the month or from 24 paychecks in the year.

	Delta Dental Standard		Delta Dental Exclusive	
	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
Total Monthly Premium	\$29.80	\$103.61	\$54.52	\$168.85
County Contribution	\$26.82	\$93.25	\$26.82	\$93.25
Employee Monthly Contribution	\$2.98	\$10.36	\$27.70	\$75.60
<b>Pay Period Deduction Amount</b>	<b>\$1.49</b>	<b>\$5.18</b>	<b>\$13.85</b>	<b>\$37.80</b>

## Comparison of Benefits for Dental Plans

For a complete description of benefits, refer to each plan's summary plan description or certificate of coverage.

BENEFITS HIGHLIGHTS	DELTA DENTAL STANDARD PLAN	DELTA DENTAL EXCLUSIVE PLAN
<b>A. DELTA DENTAL NETWORK</b>	Delta Dental PPO, Delta Dental Premier or choice of provider. Claim benefit payments are calculated using the Maximum Plan allowance.	Delta Dental PPO only  Claim benefit payments are calculated using the PPO Fee Allowance.
<b>B. MAXIMUM ALLOWANCE</b>	\$1,250 per person per calendar year.	Unlimited maximum per person per calendar year.
<b>C. DEDUCTIBLE</b>	\$25.00 individual deductible – Maximum of \$75.00 per family	No deductible
<b>D. PRE-CERTIFICATION OF BENEFITS</b>	Delta Dental of Wisconsin recommends a predetermination of benefits for treatment plans that include crowns, fixed bridgework, implants, or dentures.	Delta Dental of Wisconsin recommends a predetermination of benefits for treatment plans that include crowns, fixed bridgework, implants, or dentures.
<b>E. DIAGNOSTIC</b> 1. Bitewing x-rays 2. Full mouth x-rays	No deductible applied. 100% Limited to once in a benefit year. 100% Limited to once every 60-months.	100% Limited to once in a benefit year. 100% Limited to once every 60-months.
<b>F. ORAL EXAMINATIONS</b>	No deductible applied. 100% Limited to twice per benefit year.	100% Limited to twice per benefit year.
<b>G. PREVENTIVE</b> 1. Application of topical fluoride 2. Prophylaxis-cleaning of teeth 3. Space maintainers 4. Topical Sealants	No deductible applied. 100% Limited to twice per benefit year under age 19. 100% Limited to twice per benefit year. 100% Limited to covered persons under age 16. 100% Covered on permanent molars under age 18. Once application per tooth per lifetime.	100% Limited to twice per benefit year under age 19. 100% Limited to twice per benefit year. 100% Limited to covered persons under age 16. 100% Covered on permanent molars under age 18. Once application per tooth per lifetime.
<b>H. ANCILLARY</b> 1. Local anesthetics and general anesthetics, if medically necessary. 2. Injection of antibiotics 3. Nitrous oxide-oxygen sedation 4. Emergency treatment of pain 5. Denture repairs and adjustments, recementing of crowns or bridges	Deductible Applies 100%  100% Not covered 100% 50%	100%  100% Not covered. 100% 100%
<b>I. RESTORATIONS</b> 1. Amalgam fillings and composite fillings on anterior teeth. 2. Cast metal (gold or non-precious metal) onlays, inlays, crowns	Deductible Applies 100%  50%	100%  70%
<b>J. ENDODONTICS— Root canal treatment and pulpal therapy</b>	Deductible Applies 80%	100%
<b>K. PERIODONTICS— Treatment for diseases of gums and tissues of the mouth</b>	Deductible Applies 80%	100%
<b>L. ORAL SURGERY</b> Including simple extraction	Deductible Applies 80% Will not duplicate regular health insurance surgical-medical benefits.	100% Will not duplicate regular health insurance surgical-medical benefits.
<b>M. PROSTHETICS— Bridges, partials, dentures, implants</b>	Deductible Applies 50%	70%
<b>N. ORTHODONTICS— Braces</b>	No Deductible Applies 50% Limited to dependent children under age 19 and lifetime maximum of \$1,500.	\$650 Deductible 100% No age limits. No lifetime maximum.
<b>O. Evidence-Based Integrated Care Program</b>	Additional cleanings and/or topical fluoride applications for certain medical conditions.	Additional cleanings and/or topical fluoride applications for certain medical conditions.

\*THE STATEMENTS IN THIS COMPARISON ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE DENTAL MASTER CONTRACTS.

# Vision Coverage

## Premium Cost Sharing

Payroll deductions for vision insurance by default is pre-tax unless an employee notifies Human Resources otherwise. Employee vision insurance contributions are deducted from the first two paychecks of the month or from 24 paychecks in the year.



**SUPERIOR VISION**



Superior Vision	<u>Single</u>	<u>Employee +1</u>	<u>Family</u>
Total Monthly Premium	\$7.96	\$13.52	\$20.28
County Contribution	\$3.98	\$6.76	\$10.14
Employee Contribution	\$3.98	\$6.76	\$10.14
Pay Period Deduction Amount	\$1.99	\$3.38	\$5.07

## Vision Insurance Outline

SERVICE/MATERIAL	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER	FREQUENCY
Exam	Paid in Full	Up to: \$35 Retail Value	Once Every 12 Months
Frames	Retail Allowance of: \$150	Up to: \$75 Retail Value	Once Every 24 Months
<b>Lenses</b> <i>(clear glass or plastic standard)</i>			
Single Vision	Paid in Full	Up to: \$25 Retail Value	Once Every 12 Months
Bifocal	Paid in Full	Up to: \$40 Retail Value	
Trifocal	Paid in Full	Up to: \$45 Retail Value	
Progressive	The Trifocal Benefit is applied to the purchase of Progressive Lenses <i>(Insured pays difference in retail price between standard trifocal lens and progressive lens.)</i>		
<b>Contact Lenses</b> <i>(Including related diagnostic, fitting and evaluation services)</i>			
Elective	Retail Allowance of: \$175	Up to: \$150 Retail Value	Once Every 12 Months <i>In lieu of frame and eyeglass lens benefit.</i>
Medically Necessary *	<b>Paid in Full</b>	<b>Up to: \$150 Retail Value</b>	

\*Most contact lenses are considered to be elective. Less than 1% of the population requires medically necessary contact lenses. If you have a medical condition such as keratoconus or believe you may require medically necessary contacts, please have our provider contact Superior Vision for review and authorization prior to submitting a claim. Contact lens fitting fees included in Contact Lens benefit, not vision exam benefit. LASIK - Members may elect to receive laser vision correction services ("LASIK Services") in lieu of the prescription eyewear described above (frame/spectacle lenses or contact lenses) during a single benefit period. Members electing to receive LASIK Services are entitled to an allowance of \$200 if received from a participating provider OR an allowance of \$200 if received from a non-participating provider. When LASIK Services are received from a participating provider, the Member is also entitled to receive the participating provider's program pricing. The LASIK Services allowance will be paid only one time per Member.

# Voluntary Term Life Insurance

## Employer Paid Life Benefit

The County provides full-time employees with a term life insurance benefit that is based on your salary. There is no cost to employees for that basic life insurance benefit because the County pays this premium.

## Employee Paid Life Benefit

We recognize that employees may want to have access to and purchase additional term life insurance as part of their overall financial plan.

If you previously enrolled in this Supplemental Term Life Insurance when you were first eligible to enroll—as a new hire or during the 2020 open enrollment, you may increase one level of coverage without medical underwriting. If you are a late enrollment, you will be subject to medical underwriting before coverage takes effect.



Premiums are deducted from the first paycheck of the month.

### 2021 Voluntary Term Life Insurance Monthly Premiums

<b>Age</b>	<b>Rate per thousand</b>	<b>\$25,000</b>	<b>\$50,000</b>	<b>\$75,000</b>	<b>\$100,000</b>	<b>\$125,000</b>	<b>\$150,000</b>
20-29	\$0.07	\$1.75	\$3.50	\$5.25	\$7.00	\$8.75	\$10.50
30-34	\$0.09	\$2.25	\$4.50	\$6.75	\$9.00	\$11.25	\$13.50
35-39	\$0.12	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00
40-44	\$0.16	\$4.00	\$8.00	\$12.00	\$16.00	\$20.00	\$24.00
45-49	\$0.24	\$6.00	\$12.00	\$18.00	\$24.00	\$30.00	\$36.00
50-54	\$0.41	\$10.25	\$20.50	\$30.75	\$41.00	\$51.25	\$61.50
55-59	\$0.68	\$17.00	\$34.00	\$51.00	\$68.00	\$85.00	\$102.00
60-64	\$1.05	\$26.25	\$52.50	\$78.75	\$105.00	\$131.25	\$157.50
65-69	\$2.01	\$50.25	\$100.50	\$150.75	\$201.00	\$251.25	\$301.50
70+	\$3.27	\$81.75	\$163.50	\$245.25	\$327.00	\$408.75	\$490.50

# The Healthcare FSA

The Healthcare FSA is a flexible spending account (FSA) authorized under Section 125 of the Internal Revenue Code. This plan allows you to set aside money through pre-tax payroll deductions to pay for health care expenses that are not covered under your group health, dental, or vision plans such as deductibles, co-insurance, co-pays, certain over-the-counter medications, and other uncovered expenses. The minimum annual election is \$260, and the maximum annual election is \$2,750 for 2021 (at time of guidebook publication).

**If you are enrolled in the High Deductible Health Plan, you may not enroll in the Healthcare FSA.**

When making your election, keep in mind that preventive services are covered at 100%.

1. **Plan Year** — The plan year begins January 1 and ends December 31. You will be required to re-enroll in the plan each year during the annual open enrollment period if you wish to make pre-tax payroll contributions into your account.
2. **Forfeiture** — Employees have up to ninety (90) days following the end of each plan year to request reimbursement for qualified health care claims. In order to qualify, the covered service or expense must be incurred during the plan year (January 1 – December 31). The employee will forfeit any unreimbursed fund balances following this period. Therefore, it is very important that employees carefully evaluate the amount of contributions they elect under this plan.
3. **Administrative Expenses** — The plan administrator charges a fee to administer this program. Waukesha County will pay this fee on your behalf.
4. **Eligible Expenses** — Eligible health care reimbursement expenses are those qualified medical or dental expenses that are not covered, or only partially covered under your insurance plans. For more information, refer to IRS Publication 502 (Medical and Dental Expenses) located on the Intranet.

*If you choose not to enroll and participate in either of these plans for 2021, you will be required to wait until the next annual open enrollment period, unless you experience a qualifying event.*

Employee  
Benefits  
Corporation

[www.ebcflex.com/](http://www.ebcflex.com/)



## Dependent Care FSA

Dependent Care FSA is an IRS-approved plan that allows you to deduct up to a maximum of \$5,000 (or \$2,500 per year if married and filing separate federal income tax returns) per year from your earnings for employment related child and/or elder care expenses before taxes are taken out. The minimum annual deduction is \$260. The tax savings in this plan may be greater than the savings on the standard Federal Tax Credit. The County pays the administrative fees for every employee in the plan.

**How does it work?** — The following illustrates how this program works. Keep in mind that the Internal Revenue Code governs many of the requirements.

1. Employees must enroll during Open Enrollment prior to the plan year effective date (January 1, 2021). Current participants are required to complete a new form to re-enroll each year. You must list the total dollar amount of your dependent care expenses for each pay period in 2021. Please note that if you do not use the total amount you have allocated by the end of the calendar year, the unused dollars will be forfeited.
2. Just prior to the beginning of the year, you will receive a welcome packet including your first claim form. You will complete your claim forms, listing the dependent care expense and service period, and submit them throughout the year for reimbursement. Claim forms may be submitted as often as daily. However, they may not be submitted until after the dependent care services have been rendered.
3. You pay your dependent care provider and then submit the claim form for reimbursement.
4. The amount of your dependent care expense will be deducted from each of your paychecks on a pre-tax basis.
5. Other features of this program include direct deposit where your reimbursement will be electronically deposited to your bank account. Also, your claim forms can be faxed, mailed, or E-claims for reimbursement.

## Compliance Notifications

Summary Benefit Comparison and Summary Plan documents are available on the Waukesha County Intranet and Open Enrollment internet page. If you wish to receive a paper copy, you may contact Human Resources at 262-548-7044.

Waukesha County is providing you with the following information to ensure you are aware of federal notice regulations as they relate to your group health plan. We have posted on the intranet the health care reform notices, the initial benefits notices that are typically sent upon new employment, as well as, the required annual notices. These notices are intended to notify you of your rights and may not address all regulations in detail.

If you would like a hard copy of the documents, please contact Human Resources at 262-548-7044. Please share this information with your dependents and/or plan beneficiaries. Included below is a listing of the notices with a brief description of each:

- **CHIP/CHIPRA** – two required notices. Notice that outlines when eligible employees or dependents that are eligible but not enrolled, will be permitted to enroll if they lose eligibility for Medicaid or CHIP coverage or become eligible for a premium assistance subsidy under Medicaid or CHIP. Second notice outlines the contact information where employees may inquire about CHIP.
- **General Notice of COBRA Continuation Coverage Rights** - Notice to covered employees, covered spouses, and covered dependents of the right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event.
- **FMLA** - Notice explaining the Family and Medical Leave Act.
- **Health Insurance Marketplace Coverage Options** - Notice explaining the availability of insurance coverage through the Health Insurance Marketplace (Exchange).
- **HIPAA Privacy Notice** - Notice of Privacy Practices and an explanation of your privacy rights.
- **HIPAA Portability Rights and Special Enrollment Rights** - The Notice of Special Enrollment Rights outlines your right to join the plan at a future date if you should lose coverage due to a qualifying event.
- **Medicare Part D Notice** (Individual Creditable Coverage Disclosure Notice Language) – by October 15th each year. Provided to active and retired employees and to Medicare Part D eligible individuals. This creditable coverage notice alerts you as to whether or not your prescription drug coverage is comparable to the Medicare Part D coverage.
- **Newborns' and Mothers' Health Protection Act** - Notice regarding hospital stays in conjunction with maternity.
- **USERRA** - Notice of rights, benefits, and obligations of persons entitled to USERRA.
- **Women's Health and Cancer Rights Act** - Notice of the availability of benefits for the required coverage and information on how to obtain a detailed description.

## Open Enrollment: October 1 – 31, 2020



## Employee Action Required!

This presentation provides a highlight of the plans offered by the employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents, the plan documents shall govern. We reserve the right to modify any of these plans at any time.