

Open Enrollment Guidebook



MONDAY, OCT. 27 – SATURDAY, NOV. 08



Waukesha County is excited to announce our 2026 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. This guidebook serves as a program overview and is not a certified document of the individual plan parameters. For full details about our plans, please refer to the summary plan descriptions. Please reach out to the Benefits Team with any questions you may have

HRBenefits@waukeshacounty.gov

Benefits

FOR YOU & YOUR FAMILY

2026

All benefit eligible employees must elect or waive benefits for 2026 in Workday.

All January 1, 2026, elections must be submitted in Workday by the Open Enrollment close date, which is Saturday, November 8 at 11:59 p.m. CST.

RESOURCES

(Contact Information & Benefit Guides)

- Call Human Resources **262-548-7044**
- Email **hrbenefits@waukeshacounty.gov**
- Intranet (Internal)
<https://waukeshacountywi.sharepoint.com/sites/workdayatwaukesha>
- Internet (External)

The Benefit Team will host Open Enrollment hours in ADM Room 355 on the following dates:

- Tuesday, October 21: **9 – 11 AM**
- Thursday, October 23: **1 – 3 PM**
- Thursday, October 30: **1 – 3 PM**
- Monday, November 3: **1:30- 4 PM**

Open ENROLLMENT

Eligibility & CHANGES



ELIGIBLE EMPLOYEES

All regular full-time employees are eligible to participate in the Waukesha County health plan. Eligible dependents generally include:

- Your legally married spouse
- Children up to age 26, including natural, adopted, stepchildren, or children obtained through court-appointed legal guardianship.
- Your unmarried child who is disabled, and unable to support themselves due to a mental or physical disability.

Dependent Verification - You must provide proof of eligibility for any dependent(s) you add to your benefit plans who **are not already covered** under your current elections.

WHAT'S CHANGING FOR 2026?

- Health insurance premiums are increasing for both health plans.
 - Choice Plus is increasing by 15.3%
 - A per paycheck increase of **\$13.36** for single employee premium and **\$36.04** for family premium.
 - HDHP is increasing by 4.8%
 - A per paycheck increase of **\$2.38** for single employee premium and **\$6.44** for family premium.
- Dental Delta Exclusive is increasing by 12%
 - A per paycheck increase of **\$3.77** for single employee premium and **\$11.68** for family premium.
- 2026 Health Savings Account, Flexible Spending and Dependent Care annual maximum limits are increasing.

QUALIFYING LIFE EVENTS

All new hire and open enrollment elections are final. You can only make changes to your election if you experience a qualifying event, such as marriage, divorce, birth of child, adoption & placement for adoption, change in employee employment status, change in spouses' employment status - loss/gain of coverage.

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

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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.

PREMIUMS / PLAN COST – FULL TIME

MEDICAL, DENTAL, VISION PRMEIUM				
PLAN	COVERAGE LEVEL	EMPLOYEE PER PAY PERIOD DEDUCTION (BI-WEEKLY)	EMPLOYEE PREMIUM (MONTHLY)	WAUK CO. PREMIUM (MONTHLY)
MEDICAL – HDHP	Single	\$51.73	\$112.08	\$635.15
	Family	\$139.80	\$302.90	\$1,716.44
MEDICAL – Choice Plus (HRA Completed)	Single	\$100.66	\$218.09	\$872.37
	Family	\$271.57	\$588.40	\$2,353.60
MEDICAL – Choice Plus (No HRA)	Single	\$150.98	\$327.14	\$763.32
	Family	\$407.35	\$882.60	\$2,059.40
MEDICAL – Choice Plus (1 of 2 HRA Completed)	Family	\$339.46	\$735.50	\$2,206.50
DENTAL – Standard	Single	\$1.37	\$2.98	\$26.82
	Family	\$4.78	\$10.36	\$93.25
DENTAL – Exclusive	Single	\$23.08	\$50.00	\$26.82
	Family	\$66.78	\$144.69	\$93.25
VISION	Single	\$1.84	\$3.98	\$3.98
	Employee + 1	\$3.12	\$6.76	\$6.76
	Family	\$4.73	\$10.24	\$10.24

HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION – MUST BE ON HDHP			
COVERAGE LEVEL	WAUK CO. HRA INCENTIVE APPLIED (BI-WEEKLY)	WAUK CO. HRA INCENTIVE APPLIED (ANNUALLY)	2026 IRS HSA LIMIT (ANNUALLY)
Single – HDHP	\$43.27	\$1,125	\$4,400
Family – HDHP (2 HRA Completed)	\$86.54	\$2,250	\$8,750
Family – HDHP (1 of 2 HRA Completed)	\$57.70	\$1,500	\$8,750

MEDICAL PLAN – COST COMPARISON OF CHOICE PLUS VS. HDH				
PLAN FEATURE	CHOICE PLUS – SINGLE	HDHP – SINGLE	CHOICE PLUS – FAMILY	HDHP – FAMILY
Annual Premium (A.Prem) - Employee	\$3,926	\$1,345	\$10,591	\$3,635
Deductible (DED)	\$800	\$2,100	\$2,100	\$4,200
Out-of-Pocket Max (OOPM)	\$2,600	\$3,250	\$6,600	\$6,500
County HSA Contribution	\$0	\$1,125	\$0	\$2,250

MEDICAL PLAN – REAL LIFE EXAMPLES						
SCENARIO	CHOICE PLUS – SINGLE	HDHP – SINGLE	DIFFERENCE (SAVINGS)	CHOICE PLUS – FAMILY	HDHP – FAMILY	DIFFERENCE (SAVINGS)
 Worst Case (Reach OOPM)	\$3,926 A.Prem + \$2,600 OOPM = \$6,526	\$1,345 A. Prem + \$3,250 OOPM = \$4,595	HDHP saves \$1,931	\$10,591 A.Prem + \$6,600 OOPM = \$17,191	\$3,695 A. Prem + \$6,500 OOPM = \$10,195	HDHP saves \$6,996
 Best Case (No Claims)	\$3,926 A.Prem	\$1,345 A. Prem	HDHP saves \$2,581	\$10,591 A.Prem	\$3,695 A. Prem	HDHP saves \$6,896
 Some Claims (\$500 in Deductible Claims)	\$3,926 A.Prem + \$500 Ded Clm = \$4,426	\$1,345 A. Prem + \$500 Ded Clm = \$1,845	HDHP saves \$2,581	\$10,591 A.Prem + \$500 Ded Clm = \$11,091	\$3,695 A. Prem + \$500 Ded Clm = \$4,195	HDHP saves \$6,896

DEPENDENT LIFE INSURANCE			
PLAN COVERAGE	EMPLOYEE PAY PERIOD DEDUCTION (BI-WEEKLY)	CHLID COVERAGE	SPOUSE COVERAGE
\$5,000 / \$10,000	\$0.92	\$5,000	\$10,000
\$10,000 / \$20,000	\$1.85	\$10,000	\$20,000

VOLUNTARY LIFE - EMPLOYEE											
COVERAGE	PREMIUM (BI-WEEKLY) BASED ON AGE										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$25,000	\$1.15	\$1.15	\$1.38	\$1.73	\$2.19	\$3.12	\$5.08	\$8.19	\$12.46	\$23.54	\$38.08
\$50,000	\$2.31	\$2.31	\$2.77	\$3.46	\$4.38	\$6.23	\$10.15	\$16.38	\$24.92	\$47.08	\$76.15
\$75,000	\$3.46	\$3.46	\$4.15	\$5.19	\$6.58	\$9.35	\$15.23	\$24.58	\$37.38	\$70.62	\$114.23
\$100,000	\$4.62	\$4.62	\$5.54	\$6.92	\$8.77	\$12.46	\$20.31	\$32.77	\$49.85	\$94.15	\$152.31
\$125,000	\$5.77	\$5.77	\$6.92	\$8.65	\$10.96	\$15.58	\$25.38	\$40.96	\$62.31	\$117.69	\$190.38
\$150,000	\$6.92	\$6.92	\$8.31	\$10.38	\$13.15	\$18.69	\$30.46	\$49.15	\$74.77	\$141.23	\$228.46
\$175,000	\$8.08	\$8.08	\$9.69	\$12.12	\$15.35	\$21.81	\$35.54	\$57.35	\$87.23	\$164.77	\$266.54
\$200,000	\$9.23	\$9.23	\$11.08	\$13.85	\$17.54	\$24.92	\$40.62	\$65.54	\$99.69	\$188.31	\$304.62
\$225,000	\$10.38	\$10.38	\$12.46	\$15.58	\$19.73	\$28.04	\$45.69	\$73.73	\$112.15	\$211.85	\$342.69
\$250,000	\$11.54	\$11.54	\$13.85	\$17.31	\$21.92	\$31.15	\$50.77	\$81.92	\$124.62	\$235.38	\$380.77

VOLUNTARY LIFE - SPOUSE											
COVERAGE	PREMIUM (BI-WEEKLY) BASED ON AGE (SPOUSE'S AGE MATCHES EMPLOYEE'S AGE)										
	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	0.23	0.23	0.28	0.35	0.44	0.62	1.02	1.64	2.49	4.71	7.62
\$10,000	0.46	0.46	0.55	0.69	0.88	1.25	2.03	3.28	4.98	9.42	15.23
\$15,000	0.69	0.69	0.83	1.04	1.32	1.87	3.05	4.92	7.48	14.12	22.85
\$20,000	0.92	0.92	1.11	1.38	1.75	2.49	4.06	6.55	9.97	18.83	30.46
\$25,000	1.15	1.15	1.38	1.73	2.19	3.12	5.08	8.19	12.46	23.54	38.08
\$30,000	1.38	1.38	1.66	2.08	2.63	3.74	6.09	9.83	14.95	28.25	45.69
\$35,000	1.62	1.62	1.94	2.42	3.07	4.36	7.11	11.47	17.45	32.95	53.31
\$40,000	1.85	1.85	2.22	2.77	3.51	4.98	8.12	13.11	19.94	37.66	60.92
\$45,000	2.08	2.08	2.49	3.12	3.95	5.61	9.14	14.75	22.43	42.37	68.54
\$50,000	2.31	2.31	2.77	3.46	4.38	6.23	10.15	16.38	24.92	47.08	76.15

VOLUNTARY LIFE - CHILD(REN)	
COVERAGE	PREMIUM (BI-WEEKLY)
\$2,000	\$0.38
\$4,000	\$0.76
\$6,000	\$1.14
\$8,000	\$1.52
\$10,000	\$1.90
\$12,000	\$2.28
\$14,000	\$2.66
\$16,000	\$3.04
\$18,000	\$3.42
\$20,000	\$3.80

CRITICAL ILLNESS INSURANCE						
COVERAGE	EMPLOYEE AGE					
	18 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+
\$10,000	\$1.62	\$2.40	\$4.98	\$10.29	\$19.06	\$33.55
\$20,000	\$3.23	\$4.80	\$9.97	\$20.58	\$38.12	\$67.11
\$30,000	\$4.85	\$7.20	\$14.95	\$30.88	\$57.18	\$100.66

ACCIDENT INSURANCE	
COVERAGE	PREMIUM (BI-WEEKLY)
Employee	\$3.74
Employee + Spouse	\$5.97
Employee + Child(ren)	\$7.06
Family	\$11.06

HOSPITAL INDEMNITY INSURANCE	
COVERAGE	PREMIUM (BI-WEEKLY)
Employee	\$6.45
Employee + Spouse	\$11.04
Employee + Child(ren)	\$9.19
Family	\$16.31

Medical INSURANCE



HEALTH PLAN COMPARISON

Nothing is more important than your overall health and well-being! That's why your benefits program provides medical insurance and access to our Waukesha Employee Health and Wellness Center to help keep you and your family healthy. Waukesha County offers health insurance through UnitedHealthcare.

WDSL Employees & Employees hired after 1/1/2017 are only eligible for the HDHP option.

Medical Plan Details In-Network	Choice Plus	High Deductible Health Plan (HDHP)
Calendar Year Deductible		* Pay deductible first, then co-pay
Single	\$800	\$2,100
Family	\$2,400	\$4,200
Co-Insurance after Deductible		
Single / Family	Tier 1 Provider - 80%/20% Non-Tier 1 Provider - 70%/30%	
Out of Pocket Maximum (Deductible + Co-Insurance + Rx Co-Pays)		
Single	\$2,600	\$3,250
Family	\$6,600	\$6,500
Waukesha Employee Health & Wellness Center		
Preventive	\$0	\$0
Non-Preventive	\$0	\$28
Physical Therapy	\$0	\$28
Physician Office Visit (Co-Pays)		
Preventive Care	100%	
Primary Care	Tier 1 - \$35 / Non-Tier 1 - \$50	
Specialist Office	Tier 1 - \$70/ Non-Tier 1 - \$100	
UHC Approved Virtual Provider	\$10	
Urgent Care	\$150	
Hospital Services		
Emergency Room	Deductible then Co-Insurance	
Inpatient		
Outpatient		
Prescription Drugs / Mail Order *		
Generic	\$10	
Preferred Brand	\$35	
Non- Preferred Brand	\$50	
WEHWC Clinic	No Separate Charge	

* 1-31 Days' Supply - Retail | 32-90 Day Supply Mail Order 2.5x Retail

HSA

HEALTH SAVINGS ACCOUNT

OPTUM BANK

Health Savings Accounts (HSA) are like a 457 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. **Only those on the HDHP can participate in the HSA.**

The dollars roll over from year to year. If not used for health care, they can be used in retirement for non-medical expenses and taxed like a 457.

However, unlike other financial savings plans (Roth IRA, Traditional IRA, 457, 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

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 or your circumstances change and you are no longer eligible, you are responsible for notifying Human Resources. If you are not eligible to contribute to an HSA, you still may be able to contribute pre-tax dollars to the Flexible Spending Account. More information is provided later in the guidebook. 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.



WHAT CAN I USE HSA DOLLARS FOR?

- All expenses covered under your health plan
- 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)

HOW MUCH CAN YOU CONTRIBUTE TO AN HSA?

For those on the HDHP, who have completed the Health Risk Assessment (HRA) / Biometric Screen, will receive a health savings contribution from Waukesha County. The HRA consists of a biometric screening that includes a blood draw, height, weight, and blood pressure measuring. See charts below for HSA contribution amounts with the completion of the HRA.

2026 HSA CONTRIBUTION LIMITS

	Annual Maximum	
Single	\$4,440	If you plan to contribute to HSA and you completed the HRA; include Wauk Co. HRA contribution in the maximum. Changes can be made at any time in Workday <i>Reach out to the HR Benefits Team for instructions to make HSA Election Change.</i>
Family	\$8,750	

Value Added

PROGRAMS WITH MEDICAL INS.

Must be enrolled in the Waukesha County's Health Plan to use these programs.

[All these programs are free except for One Pass](#)



Noom is a modern weight loss program designed to help you achieve and maintain a healthy weight through behavior change and personalized support. Unlike traditional diets that often focus solely on food restrictions or exercise, Noom takes a holistic approach by addressing the psychological and emotional factors that influence eating habits and lifestyle choices.

Key Features: Personalized Coaching, Behavioral Psychology, Food and Activity Tracking, Educational Content, Community Support, and Focus on Sustainability.

Virta Health offers a revolutionary approach to managing and potentially reversing type 2 diabetes through a combination of personalized care, lifestyle changes, and medical supervision. Designed for individuals seeking long-term solutions to diabetes management, Virta's program focuses on achieving sustainable health improvements and reducing dependence on medications.

Key Features: Personalized Treatment Plan, Low-Carbohydrate Nutrition, Medical Supervision, Continuous Monitoring, and Educational Resources.



Hinge Health is the leading digital solution for musculoskeletal (MSK) care designed to help you manage and alleviate chronic pain, improve mobility, and enhance overall quality of life. Hinge Health combines cutting-edge technology with personalized care to provide a comprehensive and accessible approach to musculoskeletal health.

Key Features: Comprehensive MSK Programs, Personalized Exercise Therapy, Expert Guidance, Convenient and Accessible, and Data-Driven Insights.

Bend Health is a leading digital health platform dedicated to transforming your adolescent (ages 1 – 25) approach to wellness and self-care. Bend Health offers a range of innovative tools and personalized solutions designed to support your physical, mental, and emotional well-being.

Key Features: Personalized Wellness Plans, Holistic Health Approach, Expert Guidance and Support, Interactive Features, Progress Tracking, and Convenient Access.





Maven Maternity is your dedicated partner in navigating the journey of pregnancy with confidence and care. Maven Maternity offers a suite of personalized services and expert support to help you and your baby thrive from conception through postpartum.

Key Features: Expert Medical Guidance, 24/7 Access to Support, Personalized Care Plans, Educational Resources and Virtual Consultations.

True Genomics with TrueRx is a cutting-edge service that empowers you to understand your unique genetic makeup helping you to make informed health decisions about your medications. This can help lead to unwanted side effects, and long periods of trying different medicines. Supporting you with the most effective medication the first time.
(This is a voluntary program and not a requirement to receive pharmacy benefits.)

Key Features: Comprehensive Genetic Testing, Personalized Health Insights, Custom Wellness Recommendations, Advanced genetic Analysis, and Secure and Confidential.



One Pass Select is a subscription-based exclusive wellness benefit from UnitedHealthcare designed to enhance your health and fitness journey. One Pass Select provides you with flexible, convenient access to a wide range of fitness and wellness services, helping you achieve your health goals with ease.

Key Features: Extensive Network Access, Convenient and Flexible, No Long-Term Commitment, Integrate Wellness Solutions, Simple Enrollment and Access, and Exclusive Member Benefits.

Waukesha County has partnered with Curally to support you and your family members whose lives are impacted by major health issues and long-term chronic conditions like Diabetes, Hypertension, Respiratory, Gastrointestinal and Cardiac Disease.

The Curally model involves ongoing face to face management with a highly skilled nurse and a physician Medical Director. Dedicated Curally staff for Waukesha County include Ernie Vesta, MD and Norma Mercado, RN.

If you participate in the program, Curally will coordinate with your existing providers and develop a care plan that is designed specifically for you. The Curally program is voluntary and is provided at no cost to you. Additionally, Curally takes every step necessary to ensure complete confidentiality.

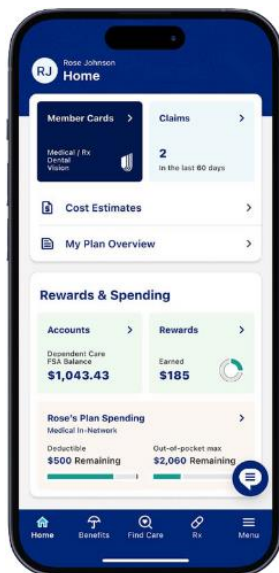
Find out more by visiting this link <https://curally.com/waukesha>



HEALTHCARE MEMBER PORTAL & UHC APP

View your member ID card, review medical claims, and find providers in your area! Download the mobile app to take the features of www.myuhc.com on the go with your smartphone or tablet. Find tools and information to help you manage and improve your health and save money.

- Track Claims and expenses
- 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



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.



YOUR CLAIMS CONCIERGE

Navigating the health care system can be difficult. Our benefit consultants at Acrisure Risk Advisors have a dedicated advocate to help resolve issues on behalf of you and 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:

- Claims 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
- Print a temporary ID card

MARGARITA LEWISON

CLAIMS CONCIERGE

p: 262.641.5858

mlewison@acrisure.com

Hablo Espanol



HERO

HEALTH EXPENSE REIMBURSEMENT

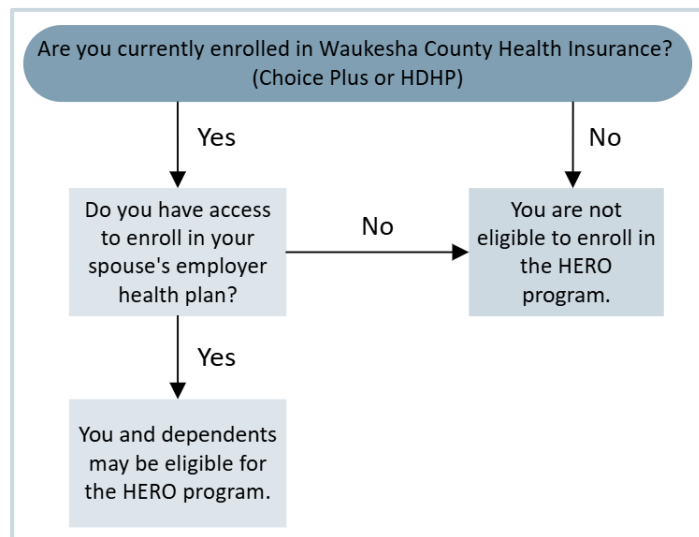
HERO PLAN

If you are on the Waukesha County Health Plan, and if you or your family have access to and select coverage through your spouse or other employer sponsored coverage, Waukesha County will reimburse you, and any other family member currently on the Waukesha County Plan up to 100% of your in-network medical and prescription claims on that plan. Reimbursement is limited to ACA out of pocket maximum of **\$10,600** for an individual and **\$21,200** for a family (2026 limits).

WHAT DOES HERO REIMBURSE?

With a typical employer health insurance plan, an employee and their family will have coverage for doctor and hospital visits, prescription drugs, wellness care and surgical procedures. However, while the plan covers these expenses, the employee and their family generally have out-of-pocket expenses, like deductibles, copays and coinsurance. HERO is designed to cover all in-network costs incurred by the employee and their family by reimbursing you directly for these expenses. The HERO plan will not reimburse claims for plan exclusions, out-of-network expenses, employee premiums, or spousal surcharge costs.

WHO IS ELIGIBLE FOR HERO PLAN?



WHAT IS THE COST TO PARTICIPATE IN THE HERO PLAN?

You will need to pay the health insurance premiums through your spouse's employer health insurance program.

CAN I ACCESS THE WAUKESHA EMPLOYEE HEALTH & WELLNESS CENTER?

Yes, individuals who enroll in the HERO program may still utilize the Health & Wellness Center. Payments made within the Waukesha Employee Health & Wellness Center would be out-of-network for your other coverage and claims will not be submitted to another carrier besides the County's health plan carrier. The office visit fee schedule will be similar to the High-Deductible Health Plan (HDHP).

CAN I ENROLL IN HERO AND FUND MY HEALTH SAVINGS ACCOUNT?

If you intend to receive reimbursement under the HERO Plan with first-dollar coverage, you may not enroll in HERO and fund your Health Savings Account (HSA); you would be required to suspend contributions into your HSA plan. However, you can use any previously deposited HSA funds to pay for any initial expenses until the reimbursement is processed. If you wish to continue contributions to an HSA during the year, you must speak with a HERO representative on what your HERO deductible responsibility must look like under IRS rules, before the HERO plan would reimburse you.

HOW DO I GET REIMBURSED ON HERO PLAN?

After incurring an eligible medical or prescription expense that was incurred on or after January 1, 2026, you must submit your claim for reimbursement by email, mail or fax to 44North. You will need to include a claim form and IRS- required documentation of the expense, e.g. Explanation of Benefits. During your initial welcome call with your Patient Advocate, you will receive a claim form and instructions on how to submit a claim and what documentation is needed.

WHAT IF I HAVE QUESTIONS?

For questions regarding eligibility or HERO plan benefits, contact 44North at [855-306-1099](tel:855-306-1099).



Health & Wellness

MARATHON HEALTH



WAUKESHA EMPLOYEE HEALTH AND WELLNESS CENTER

Employees of Waukesha County and their dependents (ages 2+) who are enrolled in the County's health insurance plan or HERO program have access to an onsite medical clinic operated by Marathon Health. The clinic is located at 615 W. Moreland Blvd in Waukesha. Patient confidentiality is of the utmost importance as all staff are employees of Marathon Health. Providers of the clinic include a Board-Certified Physician, two Physician Assistants, and one Physical Therapist.

Patients should be able to schedule same day or next day appointments for service. Virtual visits are also available.

Office visit fees are applied towards health plan deductible and out-of-pocket maximums for County health plans. Office visit fees for those enrolling in the HERO Plan are similar to the High Deductible Health Plan. HERO Plan office visits are considered out-of-network and will not be reimbursed under the HERO Plan.

HOW DO I CONTACT WEH&WC?

- Direct Line **262-896-8420**
- WEH&WC Website: <https://my.marathon-health.com/login>

HOURS OF OPERATION

- Monday, Wednesday **7 AM – 7 PM**
- Tuesday, Thursday, Friday **7 AM – 6 PM**

HOW MUCH WILL IT COST TO VISIT WEH&WC?

Visit Type	Choice Plus	HDHP	HERO
Preventative Care	\$0	\$0	\$0
Non-Preventative Care	\$0	\$28 / visit	\$28 / visit
Physical Therapy	\$0	\$28 / visit	\$28 / visit
Medication	\$28 / visit, no separate charge		

WHAT CAN I BE SEEN FOR?

Disease Management	Preventative Services	Minor Injuries/Illness	Physical Therapy	Lab Work	Medication
Cholesterol	Routine Annual Physical Exam (age 6+)	Sore Throat	Muscle & Joint Pain	Order, conduct, interpret & consult on routine diagnostic lab work	Prescribe Medication(s)
Blood Pressure	Preventative Screenings	Ear & Sinus Infections	Sprains & Strains	Can complete lab draw with orders from outside provider.	Dispense Pre-Packaged Medications
Manage & Prevent Diabetes	Administer Shots / Vaccinations	Mole or Wart Removal			
		Cold, Flu, etc.			

Pharmacy INSURANCE

TRUERX

You're more than a number to True Rx Health Strategists, you become our patient. Our motivation is your health and quality of life. Smart medication choices are made by ethical health care providers. Our formularies are designed to keep you healthy and productive.

TrueRx offers affordable specialty. If you take specialty medication, your dedicated case manager will reach out and share potential savings for your medication.

The TrueRx mobile app lets you compare your medication price at different pharmacies and access your medication history.

WHAT PHARMACIES ARE IN-NETWORK?

Please note that CVS pharmacies remain excluded. The TrueRx standard network includes over 65,000 pharmacies nationwide. Please visit www.truerx.com/members and scroll down the page to click the link to check the list of pharmacies.

HOW DO I RECEIVE MAIL ORDER RX SERVICE?

To contact WB Express, please call **812-642-1044** or toll free via **833-391-0126**.
Online visit: <https://wbrxexpress.com>



IS TRUE RX HEALTH STRATEGIST A PHARMACY?

No, we're not a pharmacy. We're your pharmacy insurance provider. You will continue to receive medications at your local pharmacy while we work in the background to make sure you're getting prescriptions with ease and accuracy.

HOW MUCH WILL MY MEDICATION COST?

You can find the cost of your medication on the TrueRX app and compare prices at different pharmacies in your area. You will also see your deductible and other specific information based on your insurance plan.

WHAT SHOULD I DO IF MY RX CLAIM IS DENIED OR DELAYED?

The first thing you should do is take your new insurance card to the pharmacy to make sure they have your new insurance information. If you're still having difficulties, please give us a call. Our customer service representatives are experts in your pharmacy benefits plan.

HOW DO I REGISTER FOR A TRUERX ACCOUNT?

Visit website at
www.truerx.com/members or
download the
TrueRx app.

HOW CAN I REACH TRUERX?

Reach out at **hello@truerx.com** or
call **866-921-4047**

Pharmacy ADVOCATE

WHO IS ELIGIBLE FOR SHARX?

If you are enrolled in a Waukesha County health plan and you currently are on any high-cost prescription medication (\$350 or more), ShaRx may provide potential cost savings. There are considerations for eligibility, and you should follow the instructions in the welcome email or call 314-451-3555.

WHAT HAPPENS IF I DON'T ENROLL IN THE SHARX PROGRAM?

High-cost medications will no longer be covered by the pharmacy benefit plan. Without SHARx, you will be required to pay the full price of the medication. If you are in the advocacy process with SHARx, you may be eligible for a short supply of your urgent medications at your local pharmacy while the advocacy is in process. Certain manufacturers will require additional information to verify your income. Please respond right away to these requests for additional information to ensure there is no delay with your advocacy. Our goal is for everyone to receive the medications they need as quick as possible at the lowest price and this is only accomplished with your help.

WHAT CAN I EXPECT FROM SHARX PROCESS?

It is important to note that this is NOT an overnight solution and usually takes two to four weeks on average to implement your cost savings, depending on outside circumstances such as doctor cooperation, ease of communication and understanding. You may also be asked to verify your income, so please respond right away. Be patient with this process and realize that SHARx advocates want to help you.

HOW DOES SHARX WORK?

Members will provide SHARx with a HIPAA authorization, allowing the SHARx advocate to communicate with your doctor and drug manufacturer to gather information and apply for discount programs. Financial details needed for assistance programs will only be shared with the manufacturer.

Step 1: SHARx will explore income-based patient assistance programs, which could provide your medication at no cost.

Step 2: If ineligible, SHARx will pursue copay cards from the manufacturer, which may reduce or eliminate costs. These programs aren't income-based but may require meeting an IRS minimum deductible.

Step 3: If copay cards are unavailable or exhausted, international mail order may provide medication for free. Medications are sourced from FDA-approved Tier 1 countries.

The process is repeated annually or when prescribed a new eligible medication.



INSTRUCTIONS TO CREATE YOUR SHARx ADVOCACY REQUEST

During onboarding, if you have been identified as having a high-cost drug, you will receive a welcome email from SHARx. After receiving the email, please follow the instructions in the email:

1. Click on the custom link in the email to create an account on the SHARx platform.
2. Validate your identity and set up a user account for the website.
3. After logging in, you can verify the prescription information we have on file for you and your dependents.
4. Complete a "Request for Advocacy" and we'll work on saving money for you and your family.

If you do not receive a welcome email or are prescribed a high-cost medicine in the future, please email sharx@sharxplan.com or call 314-451-3555 option 1.

Dental INSURANCE



DENTAL PLAN OVERVIEW

Dental insurance is provided through Delta Dental of Wisconsin. 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 choices 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.

Dental Plan Details	Delta Dental Standard	Delta Dental Exclusive
Network / Provider	PPO, Premier, or Choice of Provider Claim Benefit payments are calculated using the Max Plan Allowance	PPO Provider's Only Claim Benefits payments are calculated using the PPO Fee Allowance
Maximum Allowance	\$1,250 per person per calendar year	Unlimited Maximum per person per calendar year
Calendar Year Deductible		
Single	\$25	No Deductible
Family	\$75 (Per Family Max)	
Services		
Preventive Care; Oral Examinations; Diagnostics	No Deductible Applied 100%	100%
Ancillary	*Deductible Applies	
Local & General Anesthetics	100%	100%
Injection of Antibiotics	100%	100%
Nitrous Oxide-Oxygen Sedation	Not Covered	Not Covered
Emergency Treatment of Pain	100%	100%
Denture Repairs & Adjustments, Recementing of Crowns or Bridges	50%	100%
Restorations	*Deductible Applies	
Amalgam Fillings & Composite Fillings on Anterior Teeth	100%	100%
Cast Metal (gold or non-precious metal) Inlays & Crowns	50%	70%
Other Services	*Deductible Applies	
Endodontics (root canal treatment & pulpal therapy)	80%	100%
Periodontics (treatment for diseases of gums & tissues of the mouth)	80%	100%
Oral Surgery (including simple extractions)	80%	100%
Prosthetics (Bridges, partials, dentures, implants)	50%	70%
Orthodontics	*No Deductible applies	*\$650 Deductible
Braces	50%	100%
Coverage	Limited to dependent children under the age 19	No Age Limit
Lifetime Maximum	\$1,500	No Lifetime Maximum
* Pre-Certification of Benefits: Delta Dental of WI recommends a pretermination of benefits for treatment plans that include crowns, fixed bridges work, implants, or dentures.		

Vision INSURANCE



VISION OVERVIEW

Waukesha County offers vision insurance through National Vision Administrators (NVA)

Vision Plan Details	Participating Provider	Non - Participating Provider
Examination (one every calendar year)	100%	Reimbursed up to \$35
Lenses (once every calendar year)		
Single Vision	100%	Up to \$25
Bifocal	100%	Up to \$40
Trifocal	100%	Up to \$45
Lenticular		Up to \$80
Polycarbonate		Up to \$25
Progressive - Tier 1		Up to \$50
Frame (once every two calendar years)		
	Retail Allow Up to \$180	Up to \$75
Contact Lenses (once every calendar year – in lieu of lenses)		
Elective Contact Lenses	Up to \$180 Retail	Up to \$150
Fit/Follow up		
Standard Daily Wear	100% after \$20 Co-Pay	Up to \$20
Standard Extended Wear	100% after \$30 Co-Pay	Up to \$30
Specialty Wear	100% after \$50 Co-Pay	Up to \$50
Medically Necessary	100%	Up to \$150
Lasik (once per lifetime)	Up to \$200	Up to \$200

FIXED PRICING & COURTESY DISCOUNTS

These discounts DO NOT apply at Wal-Mart/Sam's Club & LensCrafters locations. Lense options purchased from participating NVA provider will be provided will be provided to member at the amounts listed in the fix options below.

- **\$75** Polarized
- **\$30** Blended Bifocal (segment)
- **\$40** Blue Light Blocker (standard)
- **\$60** Blue Light Blocker (premium)
- **\$150** Blue Light Blocker (ultra)
- **\$12** Fashion Gradient
- **\$20** Glass Photogrey (single vision)
- **\$30** Glass Photogrey (multifocal)
- **\$55** High Index
- **\$12** Ultraviolet Coating
- **\$10** Solid Tint
- **\$10** Scratch-Resistant Coating (standard)
- **\$65** Transitions Single Vision (standard)
- **\$70** Transitions Multi-Focal (standard)
- **\$40** AR Coating – Tier 1
- **\$50** AR Coating – Tier 2
- **\$65** AR Coating – Tier 3
- **\$80** AR Coating – Tier 4
- **20%** discount AR Coating – Tier 5
- **\$39** Retinal Screening
- **\$80** Progressive – Tier 2
- **\$100** Progressive – Tier 3
- **\$120** Progressive – Tier 4
- **\$140** Progressive – Tier 5
- **\$165** Progressive – Tier 5
- **\$190** Progressive – Tier 5
- **20%** discount progressive – Tier 8

FIX PRICING & COURTESY DISCOUNTS

EXAMINATIONS: The comprehensive exam covers case history, pathology or anomalies, visual acuity, refraction, glaucoma tests (tonometry), and dilation (if needed).

LENSES: NVA provides full coverage for standard glass or plastics eyeglass lenses

FRAMES: Choose any frame from participating providers. Costs exceeding your plan allowance are your responsibility. Frame options vary by office. Visit the NVA website for the Benefit Maximizer Program.

CONTACT LENSES: Coverage includes all types of contact lenses (hard, soft, gas permeable, disposable). Medically necessary lenses and follow-up may be covered with prior authorization for specific conditions like post-cataract surgery, extreme vision issues, anisometropia, or keratoconus.



VISION VALUE ADD PROGRAMS WITH NVA

	Laser refractive surgery discount program - Over 600 provider locations nationwide; free consultation with in-network providers \$800 savings at featured providers
	Contact Fill® – mail order contact lens replacement program - Low prices, dependable service, brand names shipped to members' homes - In-network benefit – no claim form required
	Hearing discount program – NationsHearing® - Up to 60% savings on brand name hearing aids/related professional services - Largest accredited network – providers in all 50 states
	Additional pairs discount program – EyeEssential® - Significant savings on additional materials purchase - Unlimited usage throughout the plan year at participating providers

Life Insurance

BASIC & VOLUNTARY LIFE

BASIC LIFE & AD&D PAID LIFE

All active regular Full-Time and Part Time employees are auto enrolled in Basic Life Insurance and Accidental Death & Dismemberment. Basic Life and AD&D Insurance is paid for by Waukesha County. Coverage for non-exempt employees is one-times annual salary (up to \$185k) and for exempt employees two-times annual salary (up to \$250k). If you are interested in additional coverage, you can choose to elect Voluntary Life Insurance.

VOLUNTARY LIFE & AD&D INSURANCE

Voluntary Life & AD&D is in addition to Waukesha County's Basic Life & AD&D. It is 100% paid for by you and voluntary. If you elect Voluntary Life & AD&D coverage for yourself, you then have the option to elect Voluntary Life & AD&D for your eligible dependents (spouse and child(ren)) as well. **If you do not elect Voluntary Life & AD&D for yourself, you cannot cover eligible dependents.**

DEPENDENT LIFE INSURANCE

Dependent Life insurance is in addition to both Waukesha County's Basic Life & AD&D and Voluntary Life & AD&D. It is 100% paid for by you and voluntary. You do not need to elect Voluntary Life & AD&D to elect Dependent Life insurance. This policy stands alone and is for your eligible dependent(s) (spouse and child(ren)).



FSA

FLEXIBLE SPENDING ACCOUNT

HEALTHCARE FSA

If you are enrolled in the High-Deductible Health Plan, you may not enroll in 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, copays, certain over-the-counter medications, and other uncovered expenses. The minimum annual election is **\$260**, and the maximum annual election is **\$3,400** for 2026.

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.

FORFEITURE: Employees have up to ninety (90) days following the end of each plan year to request reimbursement for qualified health care claims. 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 contributions they elect under this plan.

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.



DEPENDENT CARE FSA

Dependent Care FSA is an IRS-approved plan that allows you to deduct up to a maximum of \$7,500 or (\$3,750 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 County pays the administrative fees for every employee in the plan.

HOW DO I MANAGE MY FSA ACCOUNT?

Participants can file claims, manage benefits card transactions, and upload documentation online or using Android or Apple Mobile.

- Phone 608-831-8445 or 800-346-2126
- Website www.ebcflex.com

HOW ARE DEPENDENT CARE EXPENSES REIMBURSED?

Reimbursements are paid out as funds which are available in your Employee Benefits Corporation account through your payroll direct deposits.

EXPENSES FOR DEPENDENT CARE FSA REIMBURSEMENT

ELIGIBLE FOR REIMBURSEMENT	INELIGIBLE FOR REIMBURSEMENT
• Charges for daycare services outside your home for a “qualified child” who is under the age of 13 and who depends on you (and your spouse, if you are married) for at least half their support, does not have their own dependents, and is not a “qualified child” of any other taxpayer during the year. • Charges for care outside your home for your spouse, dependent adult or child who is mentally or physically incapable of caring for themselves and has the same principal place of abode; the spouse or dependent must spend at least 8 hours of each day in your house. • You may be reimbursed for expenses to provide care to the individual(s) described above in your home if the services are, at least in part, so you (and your spouse, if you are married) may work; the expenses include wages paid to the service provider but not expenses such as food or clothing.	• Schooling (preschool is generally not schooling) • Overnight camps • Health care expenses • Services provided by a person whom you or your spouse could claim as a deduction on your tax return or any of your children who are under age 19 • Meals, supplies, and materials

Worksite Benefits

VOLUNTARY OPTION

SUPPORTIVE BENEFITS

Supportive Voluntary Benefit Options offered through The Standard for your Personal Financial Protection include:

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

Supportive health plans help pay for unexpected medical costs and other expenses. You can select the plan(s) that are right for you and your family. All plans have the option to include your spouse and dependent children if you wish.

WHAT DO WORKSITE BENEFITS DO FOR ME?

- **Pay you directly**, so you can choose how to spend the money
- **Pay you for what happens**, regardless of your other coverage
- **You can take coverage with you** if you leave your employment
- **Guaranteed coverage** without any medical questions

HOW DO VOLUNTARY WORKSITE BENEFITS WORK?

1. Submit your claim if you have a life event like a serious illness diagnosis, accident, or hospital stay etc.
2. The Standard sends you a check. When the claim is approved, The Standard will send a check directly to you, not to your medical providers. You can spend it on whatever is needed during recovery.
3. You focus on getting better. With The Standard helping you handle the unexpected expenses; you can focus on what matters most – your health.

ANNUAL HEALTH MAINTENANCE SCREEN - EARN MONEY!

Upon completion of the voluntary Annual Health Maintenance Screening, you can earn \$50 per plan (Accidental, Critical, Hospital Indemnity insurance) for yourself and each covered family member. Health screenings include (COVID-19) lipid panel, mammography, colonoscopy, and health risk assessment. You can complete the screening online at www.standard.com



ACCIDENT INSURANCE EXAMPLE

While cleaning the gutters, Jim lost his footing and fell. He tried ice for the pain, but it worsened the next day. An urgent care facility determined he had a fractured arm and dislocated elbow. After treatment, he would need physical therapy to regain mobility. Accident insurance benefits helped protect his savings from the out-of-pocket costs he faced.

Accident insurance benefits helped pay for:

- Urgent care
- X-rays
- Dislocated elbow and arm fracture treatment
- Physician follow-up

CRITICAL ILLNESS INSURANCE EXAMPLE

When Meghan's husband had a heart attack, he was hospitalized and out of work for months. Thankfully, Meghan's Critical Illness insurance for her spouse helped them to pay the deductible, copays, out-of-pocket medical expenses and even regular monthly bills while he recovered. It even paid for specialists that helped her husband improve his overall health and manage his stress.

Critical Illness insurance benefits helped pay for:

- Medical insurance deductibles
- Prescription copays and coinsurance
- Sessions with a wellness specialist
- Lost wages
- 2 sessions of physical therapy

HOSPITAL INDEMNITY INSURANCE EXAMPLE

Brooke's pregnancy took an unexpected turn when the baby had to be delivered via C-section. Both she and her baby were in good health, but Brooke needed extra time in the hospital to recover from the surgery. Thankfully, her benefits helped her to pay the unexpected bills without affecting her ability to pay for diapers, clothing and other newborn needs.

Hospital Indemnity insurance benefit helped pay for:

- Hospital admission
- Three-day hospital stay
- C-section surgery
- Anesthesia

For a detail list of what is covered under the insurance plans, email HRBenefits@WaukeshaCounty.gov for the Benefit Summary or visit the HR Benefits Intranet page. https://connection.waukeshaCounty.gov/hr_info/benefits/

Pet

INSURANCE



WHAT IS PET INSURANCE?

Pet insurance is health insurance for dogs and cats. Get reimbursed for costly veterinary bills and focus more on the health of your pets and less on how you're going to pay for it. Plans feature coverage for accidents, illnesses and injuries including cancer coverage.

HOW IT WORKS

- **Enroll** in pet insurance.
- **Pay** your vet.
- **Submit** a claim with your vet bill.
- **Get reimbursed** for eligible expenses.

**This benefit is not managed through payroll deductions.*

ENROLL ONLINE TODAY!

<https://www.petpartners.com/enroll?p=WaukeshaCounty>

Pet Partners = **10%** discount for dog or cat!

WHAT'S COVERED?

- Common Illness
- Prescriptions Medication
- Toxin Ingestion
- Alternative Treatments
- Behavioral Issues
- Preventative Care
- Digestive Issues
- Diagnostics
- Cancer
- Broken Bones
- Hospitalization
- Surgery

EAP

EMPLOYEE ASSISTANCE PROGRAM

WORK/LIFE SERVICES OFFERED THROUGH EAP

The EAP is a free benefit provided to all employees and their family members who reside in their household (college students outside of the home also). The EAP is 100% confidential as specified by both state and federal law. There is no cost to the employee or family member for any services provided by the EAP.

- Legal Consultation (free ½ hour consult per issue)
- Eldercare Assessment
- Financial Counseling (free ½ hour consult per issue)
- Childcare Search
- School & College Planning
- Adoption Assistance
- Mediation (free ½ hour consult per issue)
- Discounted rates on CPAs, Financial Coaches, Attorneys and professional Mediators

EAP ADDITIONAL SERVICES

Advocate Aurora EAP offers face to face, virtual or phone sessions with Masters' level counselors where employees/family members can reach out regarding stress, relationship or family matters, drug or alcohol issues or anything else they desire to discuss. The EAP counselor may then refer to:

- Additional EAP sessions (up to 8 total per clinical issue)
- Insurance based provider
- Community Resources

HOW TO CONTACT THE EAP?

Can call 24/7 to talk to an EAP Counselor. Monday-Friday, 8:00 am to 5:00 pm to schedule appointments.

- Phone [1-800-236-3231](tel:1-800-236-3231)
- Website www.aah.org/eap

FIRST RESPONDERS PSYCHOLOGICAL SERVICES (FRPS)

Eligible for Waukesha County Sheriff's & Emergency Preparedness Department

- Phone [715-401-3322](tel:715-401-3322)
- Email FRPS911@gmail.com
- Website www.frps911.com

Retirement

PENSION, 457B & ROTH IRA

PENSION – WISCONSIN RETIREMENT SYSTEM

Covers Wisconsin state employees of local government employers. Employees are auto enrolled. Vesting is 5 years of WRS creditable services. This is an employee paid and employer paid benefit.

www.etf.wi.gov
1.877.533.5020

MISSION SQUARE – 457B

MissionSquare is committed to helping build retirement security. The 457B and Roth IRA are employee paid benefits.

457B – Pre-Tax and/or Roth

Both options are a defined contribution based entirely on how much you invested into the account.

ROTH IRA

An individual retirement account you fund with after-tax dollars.

RHS – Retirement Health Savings Account

Designed to help you pay for future health care cost when you retire from or separate employment with Waukesha County. This is an employer paid benefit.

www.missionsq.org

MissionSquare representative, Brad Smith
JBsmith@missionsq.org

FRANCIS INVESTMENTS

Francis Investments is a nationally recognized expert advisor that offers financial wellness advice through education sessions, tools and calculators, and representatives. This is a company-paid benefit.

www.francisway.com

Francis Investments representative, Tim Shirk
Timothy.shirk@francisway.com
262.781.8950

Compliance

NOTIFICATIONS

Summary Benefit Comparison and Summary Plan documents are available on the Waukesha County Intranet and the Open Enrollment internet page.

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](tel: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).

HEALTH SAVINGS ACCOUNT (HSA): Notice to Employees Regarding Employer Contributions to HSAs.

HIPAA PRIVACY NOTICE: Notice of Privacy Practices and an explanation of your privacy rights.

HIPAA PORTABILITY RIGHTS AND SPECIAL ENROLLMENT RIGHTS: 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.

Contact List

VENDORS



**MEDICAL
UHC**

www.myuhc.com

866.801.4409



**HERO
44 NORTH**

www.claims@44n.com

855.306.1099



**PHARMACY
TRUE RX**

www.truerx.com

833.391.0126



**PHARMACY
ADVOCATE**

Sharx@sharxplan.com

314.451.3555



**DENTAL
DELTA**

www.deltadentalwi.com

800.236.3712



**VISION
NVA**

www.e-nva.com

800.672.7723



**HSA
OPTUM**

www.optum.com

866.234.8913



**LIFE INS. & LTD
RELIANCE MATRIX**

www.reliancematrix.com

800.351.7500



**VOLUNTARY
WORKSITE
BENEFITS
THE STANDARD**

www.standard.com



**ON-SITE CLINIC
WEH&WC**

www.wehwc.com

262.896.8420



**FSA
EMPLOYEE
BENEFITS CORP.**

www.ebcflex.com

608.831.8445



**EAP
ARUORA HEALTH**

www.aah.org/eap

1.800.236.3231

**FRPS
FIRST RESPONDERS
PSYCHOLOGICAL
SERVICES**

715.401.3322

www.frps911.com

FRPS911@gmail.com



**PET INSURANCE
PET PARTNERS**

Petpartners.com

866.774.1113



**457 & ROTH IRA
MISSIONSQUARE**

www.missionsq.org

800.669.7400



**NOOM
ON MEDICAL PLAN**

www.noom.com



**virta
ON MEDICAL PLAN**

www.virtahealth.com



**BEND HEALTH
ON MEDICAL PLAN**

www.bendhealth.com/coaching



**MAVEN
ON MEDICAL PLAN**

www.mavenclinic.com



**TRUE GENOMICS
ON MEDICAL PLAN**

www.truerx.com/solutions/true-genomics



**HINGE
ON MEDICAL PLAN**

www.hingehealth.com



Important Reminders!

- | | |
|--------------------------|---|
| ☐ | Final Date to Make Enrollment Changes is:
November 8, 2026 11:59 CST
<u>NO</u> Exceptions! |
| ☐ | Add or remove eligible dependents. Adding a <u>NEW</u> dependent to coverage?
Must attach supporting document(s). I.e. Marriage certificate for a spouse,
birth certificate for a child. |
| ☐ | Don't forget to add, change or waive coverage for 2026.
Great time to add a Worksite Benefit or Voluntary Life |
| ☐ | Confirm or update your beneficiaries in Workday for Basic and Voluntary life insurance.
Pension (WRS) beneficiaries are updated with the Wisconsin Department of Employee Trust Funds (ETF) and 457 are updated with Mission Square. |
| ☐ | Need to make a contribution change to 457B or ROTH IRA?
Visit Mission Square <u>Website</u> :
https://retirement.financialtrans.com/msq |