

2020

MILWAUKEE COUNTY BENEFITS

MEDICAL PLAN

DENTAL PLAN

VISION PLAN

LIFE INSURANCE

LEGAL PLAN

**FLEXIBLE SPENDING
ACCOUNT**

**RETIREMENT
BENEFITS**

**SHORT-TERM
DISABILITY**

**DEFERRED
COMPENSATION**

**WELLNESS
PROGRAM**



Milwaukee County Department of Human Resources — Employee Benefits
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TOTAL REWARDS

2020 Benefit Plan Overview

Welcome to Milwaukee County! Milwaukee County recognizes that employees have different needs. That's why we offer a benefit program that allows you to choose among a number of benefit options. You can select from these options to design the benefit plan that's right for you.

You are encouraged to carefully consider your personal situation as you evaluate your benefit choices. Milwaukee County benefits include:

- Health Insurance.
- Dental Insurance.
- Vision Insurance.
- Group Life Insurance.
- Legal Plan.
- Flexible Spending Accounts (FSA).
- Employee Assistance Program (EAP).
- Deferred Compensation (457 Plan).
- Short-Term Disability Plan.
- Commuter Value Pass Program.

The information in this booklet provides a summary of your benefits under the County-offered benefit plans. For more detailed information along with notices of your legal rights, review each plan's Summary Plan Description (SPD) booklet. The booklets are available through the Milwaukee County website.

In the case of conflict between the information presented in this benefit booklet and the plan's SPD booklets, the plan's SPD booklets determine the coverage.

Employee Eligibility

All Milwaukee County employees appointed to a position with an authorized work week of 20 hours or more and not excluded by job code or ordinance are eligible to enroll in any benefit plan that is offered by Milwaukee County.

Dependent Eligibility

An eligible dependent is considered to be:

- Your legally married spouse (same or opposite-sex), you or your spouse's child who is under age 27, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian.
- An unmarried child of any age who is or becomes disabled and dependent upon you.
- A child of a dependent child (until the dependent who is the parent turns 18).

To be eligible for coverage under the plan, a dependent must reside within the United States.

PROOF OF ALL DEPENDENTS' ELIGIBILITY IS REQUIRED

If you elect to cover a dependent under Milwaukee County's health, dental or vision insurance, you will be contacted by a third party dependent verification service to provide documentation that you are covering an eligible dependent. Please mark/black out any personal financial information on the copies of your documents before you submit them for verification.

The definition of dependent is subject to the following conditions and limitations:

- A dependent includes any dependent child under 27 years of age who is not eligible for coverage under a group health benefit plan offered by their employer and for whom the amount of the dependent's premium contribution is no greater than the premium amount for his or her coverage as a dependent under the participant's plan.

A child who meets the requirements set forth above ceases to be eligible as a dependent on the last day of the month of the child's 27th birthday.

A dependent also includes a child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order.

Effective Date of Insurances

The following insurances become effective the **first of the month following your hire date**:

- Health Insurance.
- Dental Insurance.
- Vision Insurance.
- Legal Plan.
- Flexible Spending Accounts (FSA).
- Short-Term Disability.
- Employee Assistance Plan (EAP).
- Commuter Value Pass Program.

If elected, basic life insurance and optional term insurance will begin on the first of the month following six months of continuous employment.

For example, If you were hired on April 11, your insurance coverage begins on May 1 and the basic life insurance and optional term insurance coverage begins on November 1.

Employees must enroll within 30 days from their hire date. If an employee does not enroll during their 30-day window, he or she must wait until the following open enrollment period to enroll in benefits for the following year.

Premiums for your insurance coverage are deducted over 26 pay periods.

\$500 Opt-Out Award

Eligible employees can choose to waive medical coverage through Milwaukee County if they have group coverage through a spouse or other employment. Waiver elections can be completed online in the Benefit Enrollment System.

IMPORTANT INFORMATION

- You must enter the name of your other insurance in the Benefit Enrollment System in order to be eligible for the \$500 opt-out award.
- The lump-sum taxable \$500 opt-out award will be paid on a paycheck with a separate direct deposit issued just prior to April 1 of each year. Opt-outs after April 1 will be paid out quarterly.
- **To be eligible for the award, the employee must waive medical coverage for the entire plan year.**
- Re-entry for medical coverage between annual open enrollment periods is allowed with proof of involuntary loss

of coverage through the other group plan due to termination of employment, layoff, legal separation or divorce, death of spouse or retirement.

- **The full \$500 award must be returned in the event you terminate employment, retire or enroll in a Milwaukee County health plan.**

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after your or your dependents' other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Annual Open Enrollment

Each year in the fall, a two-week period is designated as the Open Enrollment period. Elections made during Open Enrollment are effective January 1 of the following year.

The following is a partial list of what you can do during the Open Enrollment period each year:

- Add or remove coverage.
- Add or remove dependents.
- Increase, decrease or request optional life insurance coverage.
- Participate in the Flexible Spending Account.

COBRA

COBRA, the Consolidated Omnibus Budget Reconciliation Act, is a federal law that permits eligible employees and dependents whose medical, dental and/or vision insurance would otherwise terminate to continue coverage for specific periods of time under certain conditions.

- Employees may continue single or family coverage through Milwaukee County for a maximum of 18 months if:
 - Employment is terminated (including lay-offs) for any reason other than the employee's gross misconduct.
 - Or, the employee's work hours are reduced or work status is changed such that the employee is no longer eligible for coverage.
- Dependents may continue their coverage through Milwaukee County for a maximum of 36 months if coverage is terminated:
 - Due to the death of the employee.
 - Or, due to divorce or legal separation of the dependent from the employee.
 - Or, with respect to a dependent child, the child is no longer eligible as a dependent under Milwaukee County's eligibility rules.

Summary of Common Change of Status Events and Mid-Year Enrollment

CHANGES ALLOWED FOR EMPLOYEES UNDER BENEFIT PLANS

If you experience the following life/family event:	You may make the following change(s) within 30 days of the event:	YOU MAY NOT make these types of changes:
Marriage	<ul style="list-style-type: none"> Enroll yourself, if applicable. Enroll your new spouse and other eligible dependents. Drop health coverage (to enroll in your spouse's plan). Change health plans. 	<ul style="list-style-type: none"> Drop health coverage and not enroll in spouse's plan.
Divorce	<ul style="list-style-type: none"> Drop your spouse from your health coverage. Enroll yourself and your dependent children if you were previously enrolled in your spouse's plan. 	<ul style="list-style-type: none"> Drop health coverage for yourself.
Gain a child due to birth or adoption (effective date of birth or adoption placement)	<ul style="list-style-type: none"> Enroll yourself, if applicable. Enroll the eligible child and any other eligible dependents. 	<ul style="list-style-type: none"> Drop health coverage for yourself or any other covered individuals.
Child requires coverage due to a QMCSO	<ul style="list-style-type: none"> Add child named on QMCSO to your health coverage (enroll yourself, if applicable and not already enrolled). 	<ul style="list-style-type: none"> Make any other changes, except as required by the QMCSO.
Loss of a child's eligibility (e.g., child reaches the maximum age for coverage)	<ul style="list-style-type: none"> Drop the child who lost eligibility from your health coverage. Child will be offered COBRA. 	<ul style="list-style-type: none"> Drop health coverage for yourself or any other covered individuals.
Covered person has become entitled to (or lost entitlement to) Medicare or Medicaid	<ul style="list-style-type: none"> Drop coverage for the person who became entitled to Medicare or Medicaid. Add the person who lost entitlement to Medicare or Medicaid. 	<ul style="list-style-type: none"> Drop health coverage for yourself or any other covered individuals who are not newly Medicare or Medicaid eligible.
Spouse obtains health benefits in another group health plan	<ul style="list-style-type: none"> Drop your spouse from your health coverage. Drop your dependent children from your health coverage. Drop coverage for yourself. 	<ul style="list-style-type: none"> Add any eligible dependents to your health coverage.
Spouse loses employment, experiences a termination of their employer's contribution, or otherwise loses coverage for health benefits in another group health plan	<ul style="list-style-type: none"> Enroll your spouse and eligible dependent children in your health plan. Enroll yourself if previously not enrolled because you were covered under your spouse's plan. 	<ul style="list-style-type: none"> Drop health coverage for yourself or any other covered dependents.
You return from military leave	<ul style="list-style-type: none"> Enroll yourself. Enroll your spouse and other eligible dependents. 	
You become newly eligible for benefits due to change in employment status	<ul style="list-style-type: none"> Enroll yourself. Enroll your spouse and other eligible dependents. 	

This chart is only a summary of some of the permitted changes and is not all inclusive.

2020 Medical Insurance

ADMINISTERED BY UNITEDHEALTHCARE

Choice Plus Plan (PPO Comparable)

As a Preferred Provider Organization (PPO) participant:

- You can choose which doctor or specialist to see and an in-network or out-of-network provider. **Note: you pay substantially less when you go to a doctor in the network.**
- You don't need to select a primary care physician and you don't need a referral to see a specialist.

Whether you choose an in-network or out-of-network provider, certain services require that you satisfy a copay, deductible, and/or coinsurance. If you receive care from an out-of-network provider, your coverage will be at a lower benefit level and you will have to pay a higher deductible and coinsurance.

FINDING A UNITEDHEALTHCARE NETWORK PROVIDER

To confirm if your physician, hospital or other provider is included in the UnitedHealthcare network, or to find a network physician, please contact UnitedHealthcare at the customer service number provided on the back cover of this booklet, or confirm online using the following steps:

1. Go to www.myuhc.com and select the "Find Medical and Mental Health Providers and Facilities" link located under the "Links and Tools" heading in the upper right corner.
2. Select the type of provider you are looking for (e.g., Medical Directory or Mental Health Directory).
3. Select the search criteria you want to search (e.g., Doctors, Clinics or Facilities).
4. Under the "Select a Plan" field, choose the "UnitedHealthcare Choice Plus" option for the PPO comparable plan.
5. You can narrow the search by entering the provider's name, but this step is optional.
6. Indicate the location where you would like to find providers (e.g., your zip code), and search by Health Care by Category.
7. You may also narrow your search by gender and/or languages spoken by the provider or staff.
8. When you are finished entering your search criteria, indicate if you are searching for a specific specialty on the next screen.
9. Click to view the results.

2020 Medical Plan Coverage At-A-Glance

	Network		Non-Network	
Annual Deductible	Single: EE+Child(ren): EE+Spouse: EE+Family:	\$1,250 \$1,500 \$2,250 \$2,500	Single: EE+Child(ren): EE+Spouse: EE+Family:	\$2,250 \$2,750 \$4,250 \$4,750
Office Visits	\$30 copay		\$60 copay	
Office Visits-Specialist	\$40 copay		\$80 copay	
Inpatient Hospital	80% of eligible charges		60% of eligible charges	
Outpatient Surgery	80% of eligible charges		60% of eligible charges	
Emergency Room	\$200 copay		\$200 copay	
Preventive Services	100% of eligible charges		60% of eligible charges	
Medical Out-of-Pocket Maximum	Individual: Aggregate Family:	\$3,000 \$6,000	Individual: Aggregate Family:	\$4,600 \$9,200
Pharmacy Copay—Retail (up to 30-day supply)	Tier One: Tier Two: Tier Three:	\$10 \$30 \$50	Tier One: Tier Two: Tier Three:	\$10 \$30 \$50
Pharmacy Copay—Mail Order (up to 90-day supply, required for maintenance medications)	Tier One: Tier Two: Tier Three:	\$25 \$75 \$125	Tier One: Tier Two: Tier Three:	N/A N/A N/A
Specialty Pharmacy—Mail Order (up to 30-day supply)	Tier Four:	\$75	Not covered	
Pharmacy Out-of-Pocket Maximum	Individual: Aggregate Family:	\$2,000 \$4,000	Individual: Aggregate Family:	\$2,000 \$4,000

*Note: this at-a-glance guide is intended as a summary only.
For specific terms, provisions, conditions, limitations or exclusions, please refer to the Summary Plan Description.*

BENEFIT PLAN DEFINITIONS

Understanding how our plans work is a critical first step in taking action to manage costs. Keep these key benefit terms in mind when comparing the plans and coverage available to you.

Coinsurance: This is the percentage of the cost you pay when you receive certain health care services. Example: For in-network services under the County's Choice Plus plan, plan participants pay 20% and the County pays 80% of covered expenses for most services. The 20% share is the employee's coinsurance.

Co-payment: This is the flat-dollar amount you pay when you receive certain medical care services. Co-pays are typically due at the time you receive the service. Example: Enrollees in the plan pay a \$30 primary care or \$40 specialty care co-pay for in-network doctor's office visits.

Deductible: This is the amount you are required to pay each year before the plan begins to pay benefits. You begin accumulating expenses toward the satisfaction of your deductible at the beginning of each benefit year (January 1). Example: With each new benefit year, employees who elect self only coverage under the Choice Plus Plan pay the first \$1,250 toward services subject to the plan's deductible. Employees who elect coverage for themselves, their spouse and dependent children pay the first \$1,250 per individual, up to a maximum of \$2,500 per family, toward services subject to the plan's deductible.

In-Network: This is care or services provided by doctors, hospitals, labs or other facilities that participate in the network of providers assembled by UnitedHealthcare. Generally, you pay less when you receive care in-network because the providers in the network agree to charge a pre-negotiated, lower fee. This reduces your out-of-pocket costs and the overall claims costs.

Out-of-Network: This is care or services furnished by doctors, hospitals, labs or other facilities that DO NOT participate in the UnitedHealthcare's provider network. If you are enrolled in the Choice Plus Plan and use an out-of-network provider, your share of the cost is based on the reasonable and customary charges allowed by the plan. Amounts charged over the reasonable and customary do not count toward annual deductibles and out-of-pocket maximums.

Be sure you understand the amount you will be required to pay out of your own pocket if you seek care out-of-network.

Out-of-Pocket Maximum: When you meet the annual out-of-pocket maximum, the plan will pay the full cost of covered expenses for the remainder of the benefit year. Covered expenses (e.g. deductible and co-insurance amounts) apply towards the out-of-pocket maximum. Prescription drug co-payments are NOT applied toward the out-of-pocket maximum. In addition, out-of-pocket costs incurred for non-covered services or supplies in excess of the plan's covered expenses (e.g., expenses incurred for out-of-network services that exceed the reasonable and customary charges allowed by the plan) are NOT applied toward the out-of-pocket maximum; these non-covered charges are the plan participant's financial responsibility.

Employee Bi-Weekly Medical Premium Contributions

EFFECTIVE JANUARY 1, 2020

All Employees (except Deputy Sheriffs & Firefighters)

Milwaukee County Choice Plus Plan (PPO Comparable)		
	<i>Not Participating in Wellness Program</i>	<i>Participating in Wellness Program</i>
Employee Only	\$63.69	\$44.77
Employee + Child/Children	\$89.08	\$66.00
Employee + Spouse	\$127.38	\$104.31
Employee + Family	\$140.31	\$117.23

Deputy Sheriffs

Milwaukee County Choice Plus Plan (PPO Comparable)		
	<i>Not Participating in Wellness Program</i>	<i>Participating in Wellness Program</i>
Employee Only	\$64.62	\$45.69
Employee + Child/Children	\$76.62	\$53.54
Employee + Spouse	\$107.77	\$84.69
Employee + Family	\$120.00	\$96.92

Firefighters

Milwaukee County Choice Plus Plan (PPO Comparable)		
	<i>Not Participating in Wellness Program</i>	<i>Participating in Wellness Program</i>
Employee Only	\$67.85	\$47.49
Employee + Child/Children	\$80.54	\$57.46
Employee + Spouse	\$113.08	\$90.00
Employee + Family	\$126.00	\$102.92



UHC has valuable tools to help you live a healthier life.

The following resources may help you better understand your health benefits and provide ways for you to maintain and improve your health. These easy-to-use interactive tools are designed to help you in making more informed health decisions and provide access to the online programs and services to help you live the healthiest life possible.

1

myuhc.com

The tools and information at **myuhc.com**® are both practical and personalized so you can get the most out of your benefits. Learn about health conditions, treatments and costs. Find in-network providers, and order your mail order medications. See how myuhc.com can help you manage your health care coverage and make more informed decisions about medical treatments and overall wellness. Register at www.myuhc.com and get started today.

2

myHealthcare Cost Estimator

my Healthcare Cost Estimator (myHCE) helps you to research treatment options based on your specific situation. This tool is accessible thru myuhc.com and the Health4me App! Learn about the recommended care, estimated costs and time to treat your condition. The care path allows you to see the appointments, tests and follow up care involved, from your first consult to last follow up visit. You can also learn about estimated costs ahead of time to help you plan. Create a custom estimate based on your own plan details and selected provider and facilities.

3

Health4Me

If you are always on the go, the UnitedHealthcare Health4Me™ app provides instant access to your family's important health information — anytime/anywhere. Whether you want to find a physician near you, check the status of a claim or speak directly with a health care professional, Health4Me is your go-to resource. It is available for download now on the app store for iPhones® or Google® Play for Androids.



Health4Me

4

myNurseLinesm

One toll-free number connects you with a registered nurse who will take the time to understand what is going on with your health and provide personalized information that is right for you. And this is all available 24 hours a day, seven days a week, at no additional cost to you, as part of your benefit plan. To talk with a myNurseLine nurse, call the Customer Service number on your plan ID card, or visit myuhc.com or your Health4Me app.

5

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. And, it's part of your health benefits. Not all medical conditions can be treated on a Virtual Visit.

Register for Virtual Visits thru your myuhc.com site.





Virtual Visits

Get access to care online.
Anywhere. Any time.

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

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 to 15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/Urinary tract infection
- Diarrhea
- Rash
- Bronchitis
- Fever
- Sinus problems
- Cold/flu
- Migraine/headaches
- Sore throat
- Pink eye
- Stomachache

Access virtual visits

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 the **\$10.00 copay**, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones



To learn more, login to **myuhc.com**



Discover the convenience of OptumRx® Mail Service Saver Plus



Mail Service Saver Plus is a program that helps you better manage the medication you take on an ongoing basis. You can save both time and money by filling your prescriptions for maintenance medication through home delivery with OptumRx. Not only is home delivery safe and reliable, it also offers the following advantages:



Cost savings: You may pay less for your medication with a three-month supply through OptumRx.



Convenience: Get free standard shipping on medications delivered to your mailbox.



24/7 access and reminders: Speak to a pharmacist who can answer your questions any time, any day. Even set up text and email reminders to help you remember to take or refill your medications.*

How Mail Service Saver Plus works

If you are currently taking maintenance medication on a regular basis, your pharmacy benefit plan requires you to use home delivery.

Your plan only covers a limited number of maintenance medication refills from a retail pharmacy (call Customer Service at the member phone number on the back of your health plan ID card for the number of fills covered by your specific plan). After the allowed fills, **you must move to home delivery through OptumRx** or you will pay the entire cost for your medication at your retail pharmacy.

Whether you have a new prescription or need to transfer an existing prescription, it's easy to get started with OptumRx home delivery.

Here is how:



By online registration:

Visit myuhc.com, register and follow the simple step-by-step instructions. You can manage your medication online, including filling new prescriptions and transferring other prescriptions to home delivery. You can also set up text message reminders to help manage your medication schedule. Be sure to have your health plan ID card and medication bottles on hand.



By phone:

Just call the member phone number on the back of your plan ID card to talk with a customer service representative right now. It's helpful to have your plan ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription.



By mail:

Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to myuhc.com and download the new prescription order form. Mail it to the address provided on the bottom of the form.



By fax / ePrescribe:

Ask your doctor to call **1-800-791-7658** for instructions on how to fax your prescription directly to OptumRx. Or your doctor can send an electronic prescription to OptumRx.

*OptumRx provides this service at no cost. Standard message and data rates charged by your carrier may apply.



OPTUM™

optumrx.com

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum™ company — a leading provider of integrated health services. Learn more at optum.com.

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2020 Dental Insurance

ADMINISTERED BY DELTA DENTAL

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

2020 Dental Plan Coverage At-A-Glance

		Delta Dental PPO or Premier When you see a Delta Dental PPO or Premier dentist	Noncontracted When you see a noncontracted dentist
Individual Annual Maximum		\$3,000	\$1,000 per person
Deductible	individual	\$25	\$50
	family	\$75	\$150
Dependent Eligibility		Dependents are eligible through the end of the month in which they attain age 27	

DIAGNOSTIC & PREVENTIVE SERVICES

Exams	100%	80%
Cleanings	100%	80%
Fluoride Treatments	100%	80%
X-rays	100%	80%
Sealants	100%	80%
Space Maintainers	100%	80%
Deductible applies?	No	No

BASIC & MAJOR SERVICES

Emergency Treatments to Relieve Pain	100%	70%
Fillings	100%	70%
Endodontics — Nonsurgical	100%	70%
Endodontics — Surgical	100%	70%
Periodontics — Nonsurgical	100%	70%
Periodontics — Surgical	100%	70%
Extractions — Nonsurgical	100%	70%
Extractions — Surgical & Other Oral Surgery	100%	70%
Crowns, Inlays, Onlays	80%	50%
Bridges & Dentures	80%	50%
Repairs & Adjustments to Bridges & Dentures	80%	50%
Implants	80%	50%
Deductible applies?	Yes	Yes

CONTINUED

2020 Dental Plan Coverage At-A-Glance

CONTINUED FROM PREVIOUS PAGE

ORTHODONTIC SERVICES

Coverage Copayment	75%	0%
Individual Lifetime Maximum	\$5,000	0
Deductible applies?	Yes	

SPECIAL PLAN PROVISIONS

Evidence-Based Integrated Care Plan	Yes	Yes
Check Up Plus	Yes	Yes

Employee Bi-Weekly Dental Premium Contributions

EFFECTIVE JANUARY 1, 2020

All Employees (except Deputy Sheriffs & Firefighters)

Conventional Dental Plan (Delta Dental)	
Employee Only	\$11.54
Employee + Child/Children	\$23.08
Employee + Spouse	\$23.08
Employee + Family	\$23.08








Deputy Sheriffs

Conventional Dental Plan (Delta Dental)	
Employee Only	\$5.54
Employee + Child/Children	\$9.23
Employee + Spouse	\$9.23
Employee + Family	\$9.23

Firefighters

Conventional Dental Plan (Delta Dental)	
Employee Only	\$6.92
Employee + Child/Children	\$16.15
Employee + Spouse	\$16.15
Employee + Family	\$16.15

Example Savings for a Common Procedure

	 Estimated Charge	 Maximum Allowed Fees	 Percentage Paid by Delta Dental	 Amount Delta Dental Pays	 Amount Dentist can Balance Bill	 Total Amount You Pay	 Your Total Cost Savings
Delta Dental PPO Network	\$1,200	\$825	80%	\$660	\$0	\$165	\$375
Delta Dental Premier Network	\$1,200	\$985	80%	\$788	\$0	\$197	\$215
Out-of-Network	\$1,200	\$925	50%	\$462.50	\$275	\$737.50	\$0



Experience. A simpler web.

Delta Dental makes it easy for you to log on, find the information you need, and get on with your day. Discover the web-based services available at www.deltadentalwi.com.



Members can:

- Access extensive dental benefits and utilization information
- Check claims
- Request electronic EOBs
- Verify copays and deductibles
- Review claim history
- Print ID cards

Designed with you in mind.

2020 Vision Benefit

DELTAVISION BENEFIT PLAN ADMINISTERED THROUGH EYEMED VISION CARE

The DeltaVision benefit plan is administered through EyeMed Vision Care, one of the nation's leading vision providers. The plan includes coverage for important preventive eye care and discounts on laser vision correction.

The benefit summary below does not cover all plan details. Further information can be found in the Summary of Benefits within the DeltaVision Benefit Handbook. That document provides a thorough explanation of your vision plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Accessing Your DeltaVision Benefit

Receiving your vision benefit is as easy as visiting your nearest EyeMed Vision Care network provider. Inform your provider you are a DeltaVision member with EyeMed and give them your full name and date of birth. You may present your ID card, but it is not required to receive services.

2020 Vision Benefit Coverage At-A-Glance

	Network Benefit/Select Network	Non-Network Reimbursement
Frequency — Exams/Lenses or Contacts/Frames	12/12/24 months <i>Frequency based on date of service, not benefit plan year</i>	
Comprehensive Eye Exam (one every 12 months)	Member pays \$10, plan pays balance	\$40
Contact Lens Fit & Follow-Up Standard — Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only	Member pays up to \$40	\$0
Contact Lens Fit & Follow-Up Premium — Includes all lens powers and designs other than spherical powers (e.g., toric, multifocal, etc.), modes of wear that are extended or overnight schedules and rigid or gas permeable materials	10% discount off retail	\$0
Laser Vision Correction Lasik or PRK	15% off retail price or 5% off promotional price	none

GLASSES

Frames any available frame at provider location (one every 24 months)	\$125 allowance, then 20% off balance	\$90
Standard Plastic Lenses: (one every 12 months)		
Single Vision	Member pays \$25, plan pays balance	\$30
Bifocal		\$50
Trifocal		\$70
UV Coating	Member pays \$15	none
Tint (solid or gradient)	Member pays \$15	none
Standard Scratch Resistance	Member pays \$15	none

CONTINUED

2020 Vision Coverage At-A-Glance

CONTINUED FROM PREVIOUS PAGE

	Network Benefit/Select Network	Non-Network Reimbursement
Standard Polycarbonate	Member pays \$40	none
Standard Progressive (add-on to bifocal)	Member pays \$90, plan pays balance	none
Standard Anti-Reflective Coating	Member pays \$45	none
Other Add-Ons & Services	20% off retail price	none

CONTACT LENSES

(In lieu of eyeglass lenses; one every 12 months. Contact lens allowance covers materials only.)

Conventional	\$150 allowance, then 15% off balance	\$150
Disposable	\$150 allowance	\$150
Medically Necessary	Paid in full	\$210

Dependent Age Limitation — dependents covered to age 26

Employee Bi-Weekly Vision Premium Contributions

EFFECTIVE JANUARY 1, 2020

All Employees (except Deputy Sheriffs)

DeltaVision	
Employee Only	\$0.94
Employee + Child/Children	\$1.92
Employee + Spouse	\$1.88
Employee + Family	\$2.86

Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an Eye Med® provider's professional services (e.g. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at www.glasses.com.
- Members can purchase contact lenses online and apply their in-network contact lenses benefits at www.contactsdirect.com.
- Discounts do not apply for benefits provided by other group benefit plans.

How to Maximize Your DeltaVision Plan

- Use providers participating in your vision plan network; your benefit dollars will go further at participating providers. For an up-to-date listing of EyeMed providers in your area, visit www.deltadentalwi.com/visionproviders or call EyeMed's Customer Care Center at 844-848-7090.
- Use your full benefit allowance. Frames and lenses (plastic or contact) each have an annual benefit allowance; the benefit allowance must be used on a single purchase day.
- Frequency of benefits: your benefit frequency is based on the date of service. For example, you'll be covered for another eye exam 12 months after your last eye exam.
- Participating providers may offer promotional pricing on vision materials. You can partake in either the DeltaVision Network Benefit or the promotional price available, but not both. Your provider can help you to determine which is best for you. If you select the

promotional pricing you can submit your expenses for Non-Network Reimbursement.

- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on selected brands of non-prescription sunglasses from participating providers. Ask your vision provider.
- Your vision benefits include both a frame allowance and a lens allowance. The lens allowance will cover either eyeglass lenses or contact lenses. If you purchase both glasses and contacts, you will be responsible for the cost of either the eyeglass lens or the contacts, depending upon which was purchased first. Your provider can assist you with making the best choice to maximize your vision benefit.
- Premium progressive lenses are more costly than standard progressive lenses. Please discuss your costs for progressive lenses with your vision provider.

Plan Limitations/Exclusions

- Allowances are one-time use benefits; there is no remaining balance if entire allowance is not used after initial purchase.
- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan.
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Lost or broken materials are not covered.

Flexible Spending Accounts

There are two types of Flexible Spending Accounts (FSA). The first is a Health Care Flexible Spending Account and the second is a Dependent Care Flexible Spending Account. The plan year for the Health Care Flexible Spending Account runs from January 1 through March 15 of the following year and the Dependent Care Flexible Spending Account runs from January 1 through December 31.

Your participation in a FSA plan allows a portion of your salary to be redirected to provide reimbursement for these types of expenses.

- **Health Care:** To be eligible for reimbursement, the expense must be incurred for medical, dental, vision or pharmacy care that is not reimbursed from any other source.
- **Dependent Care:** Work-related day care expenses for a qualifying dependent.

At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate in.

- **Health Care:** \$2,750 maximum.
- **Dependent Care:** \$2,500 maximum if “married, filing separately” or \$5,000 maximum if single or “married, and filing jointly.”

Participation in one or both FSAs can save you money by reducing your taxable income because taxes will be calculated after the elected amount is deducted from your salary.

Your taxable income will also be reduced for Social Security calculation; therefore, there may be a corresponding reduction in Social Security benefits.

“Use It or Lose It” Rule

Money remaining in your FSA account(s) **will not** be returned to you at the end of the plan year. Any amount remaining after the end of the plan year will be forfeited. Because of the “use it or lose it” rule, it is important for you to carefully estimate your out-of-pocket expenses for the upcoming plan year.

MILWAUKEE COUNTY EMPLOYER CONTRIBUTION TO FSA

Per the 2020 adopted budget, all employees, *except those employees not contributing to ERS*, who elect to contribute their own funds into the Health Care Flexible Spending Account (FSA) will receive a dollar-for-dollar matching contribution up to a maximum of \$1,000 into their FSA plan from Milwaukee County.

What is a Health Care Flexible Spending Account (FSA)?

A Health Care Flexible Spending Account (FSA) is an employer-sponsored benefit that enables you to pay for eligible expenses on a pre-tax basis. Any contributions you make to your FSA are deducted from your check before any of your taxes are calculated, reducing the amount of your income that is taxed. Eligible employees also receive a contribution to the FSA paid by Milwaukee County.

The Health Care FSA can be used to reimburse you for out-of-pocket medical, dental, vision or other health care expenses.

How to Use Your FSA

Think of your flexible spending account as your own personal bank account that you can use periodically to reimburse yourself for qualified expenses. Each plan year, the total amount you designate from your paycheck and/or the Milwaukee County contribution is deposited into your account.

Claims for eligible expenses that are not covered by a health care plan can be submitted directly to the FSA for reimbursement. When you incur an eligible expense, you can use the Benefits Card, or you can complete a claim form. To complete a claim form, attach your itemized, third-party receipt or the insurance company's Explanation of Benefits and mail or fax the information to Employee Benefits Corporation.

Claim reimbursement is based on the date you receive services, not the date you pay the invoice or the date you are billed, which must be within January 1, 2020, and March 15, 2021. With the FSA, you can be reimbursed your entire claim up to your plan-year election, including your Milwaukee County contribution minus any previous claim, even if that amount has not yet been deducted from your pay.

Do not send claim forms to the Benefits Office.

WHAT EXPENSES CANNOT BE REIMBURSED THROUGH THE FSA?

This is a partial list of expenses that **do not** qualify:

- Cosmetic surgery, procedures and/or medications.
- Dental bleaching.
- Hair restoration (procedures, drugs or medications).
- Health club or gym memberships for general health.
- Marriage and family counseling.
- Over-the-counter drugs, or medications that are not prescribed by your physician.
- Weight loss programs for general health or appearance.
- Mail order prescriptions from another country.
- Premiums you or your spouse pay for insurance coverage.



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Debit your BESTflexSM Plan FSA directly instead of paying out-of-pocket.

With the BESTflexSM Plan, you set aside money from your paycheck and place it in a Health Care Flexible Spending Account (FSA) to pay for certain medical expenses before taxes are taken from your pay.

You use the Employee Benefits Corporation Benefits Card to pay for those expenses instead of using cash. The card debits your Health Care FSA and makes the BESTflex Plan even more convenient to use.

■ How the Benefits Card Works

The Benefits Card debits your Health Care FSA when you use the card to pay for eligible health care expenses. For example, if your total Health Care FSA election is \$1,000, the card can pay for up to \$1,000 worth of eligible health care expenses.

Remember to ask for and **SAVE** itemized expense documentation when you use your Benefits Card!

■ IRS Regulations that Dictate Benefits Card Use

There are several IRS regulations that dictate how the Benefits Card works. Taking some time today to understand the most important rules will help you use your card in the most convenient ways during the plan year.

Eligible Expenses

You can use your Benefits Card to pay for the same services and eligible health care expenses that qualify under the Health Care FSA instead of paying out-of-pocket.

Where You Can Use Your Benefits Card

When you enroll in a **standard health FSA**, you can use your Benefits Card at health care, dental, and vision provider offices, or at retailers and pharmacies that automatically substantiate the transaction (verify your expense is eligible) at the point of sale.

You may also use your Benefits Card to pay for eligible OTC items that are not considered a drug or medicine, such as bandages, contact lens solution, heating pads, ice packs, etc. Your card can only be used for OTC medication purchased with a doctor's prescription at a health provider's office, or at a retail pharmacy or merchant where a pharmacist assigns a prescription number and scannable bar code.

Refer to the Health Care FSA Eligible Expenses List for details.

When you enroll in a **limited health FSA**, you can use your Benefits Card at dental and vision provider offices. Your card can only be used for dental and vision OTC items purchased at a dental or vision provider's office (a doctor's prescription is necessary for any OTC medication).

Any other purchases from providers that are not dental or vision offices, including eligible expenses from approved retailers and pharmacies, must be submitted as claims for reimbursement from your limited health FSA.

What To Do With Benefits Card Expense Documentation

Save your Benefits Card expense documentation! If your purchase is not substantiated at the point of sale, you will receive a **Documentation Request** asking you to submit **itemized** expense documentation. The documentation allows us to verify that you used the card to pay for an eligible expense, as required by the IRS.

These are federal mandates and the IRS provides no exceptions.

You cannot use your Benefits Card to pay for an expense that is already covered by another plan such as health insurance, dental insurance, vision insurance or health reimbursement arrangement. Before you pay a doctor's bill or other such expense, check to be sure that another plan won't be covering that bill. You can use your card to pay for the portion of the expense that isn't covered.

■ How You Receive Your Benefits Card

Your employer has made the Benefits Card part of your Health Care FSA. You elect the card by electing the Health Care FSA or completing a special election form.

Once you enroll, the Benefits Card is mailed directly to your home. The envelope will contain your card, a cardholder agreement and an information flyer. Watch for it to arrive within 30 days after your plan start date.

■ New Plan Year, Same Benefits Card

If your employer has signed up for the Health Care FSA and you've used your card this year, your new Health Care FSA elections will be automatically available on your card at the beginning of your new plan year. As long as your employer continues the Health Care FSA, you'll receive a new card 30 days prior to your card expiration date.

■ Cut-Off Dates for Using the Benefits Card

Generally, you can only use your Benefits Card to pay for expenses that you incur throughout your plan year. You cannot use your Benefits Card for prior plan year expenses. To be reimbursed during your runout period for prior plan year expenses, submit those expenses as claims for reimbursement.

3 things you should understand *before* you use your Benefits Card:

1 You may be asked to document your Benefits Card purchases by providing itemized expense documentation.

2 ***Do not submit documentation until it is requested.*** We'll send you a list of card transactions that were not substantiated at the point of sale, which you return to us with a copy of your documentation.

3 You will be asked to and must repay the expense amount if you make a purchase with the card and, upon request, cannot provide itemized expense documentation for the expense for any reason.

If your employer's plan includes a grace period, which extends your plan year by 2 months and 15 days, the cutoff dates for using your Benefits Card are extended, allowing you to use your Benefits Card to pay for eligible expenses you incur from the very beginning of the plan year through the entire grace period. Once your grace period ends, you cannot use the Benefits Card for prior plan year expenses.

During your grace period, you may have expenses eligible for reimbursement from two plan years – the earlier plan year and the newly started plan year. Consider how you use your Benefits Card for new plan year expenses during the grace period if you have not yet submitted all of your earlier plan year's expenses. Payments and reimbursements are processed in the order they are received, and during the grace period, the Benefits Card applies all of your transactions against the earlier plan year balance. Submit expenses from the earlier plan year first before submitting any current plan year expenses to ensure you receive your maximum benefit payout.

Note: Please consult *My Company Plan* for the specific details defining your company's plan design.

■ When Your Expense Exceeds Your Available Balance

If your total eligible expense exceeds your Health Care FSA available balance, you can use your Benefits Card to pay for the amount remaining in your account, and pay for the rest of the expense with some other payment method.

To check your available balance, access your account at www.ebcflex.com or contact us.

■ Keeping Your Card Active When Your Address or Name Changes

Be sure to update your address with your employer and with Employee Benefits Corporation when you move or your card will be declined at any merchant that uses an address verification process. Address changes can be made online through My Account Assistant.

You should also be sure to update your employer and Employee Benefits Corporation if you have a name change. Changes to your last name will result in a new card being issued to you and a fee paid from your Health Care FSA.

■ Documentation Requests

Your Benefits Card tries to electronically verify your purchase is eligible for payment from your Health Care FSA at the point of sale.

Many retailers and pharmacies automatically substantiate the purchase at the point of sale using an inventory information approval system (IIAS). The IIAS determines whether expenses are eligible for payment from the Health Care FSA and only pays for those expenses with the Benefits Card. Your receipt from these retailers and pharmacies often denote eligible expenses.

If the provider cannot substantiate (automatically verify your expense is eligible) at the time of payment, one of the following happens.

- Your card will be accepted and you will receive a Documentation Request to verify the expense is eligible for payment from your Health Care FSA. We are required to request documentation to verify the entire expense is eligible.

-or-

- Your card will be declined. If you believe the purchase is eligible for reimbursement from your Health Care FSA, you can pay for the expense with another payment method and submit a claim for reimbursement.

■ Receiving Documentation Requests via Email

If you activated your account at our website (www.ebcflex.com) and currently view your account online, we have the email address you provided at that time. This is the email address we will use unless you change it using My Account Assistant or contact us and request that we change it. Log in to update your email preferences.

■ Benefits Card Deactivation

Deactivation usually occurs because of outstanding, unsubstantiated expenses made using the card. You can request any outstanding Documentation Request. If you cannot supply valid, itemized expense documentation, you must repay the plan.

If your card privileges have been deactivated and your employer renews your plan, your card will not be reinstated until you send in valid documentation for the outstanding expenses or repay the plan.

■ Terminating Employment and the Card

Your Benefits Card will be closed if you terminate employment with the employer that offers the card. To submit claims during your run-out period after termination, you must use a *Claim Form*.

■ Contact Employee Benefits Corporation

If you have any questions regarding the card or any aspect of your BESTflex Plan account, please email participantservices@ebcflex.com or contact the Participant Services Team at **800 346 2126**.

Quick Tips for Using the Benefits Card

The card may be declined for one of a few reasons:

1. The merchant does not accept the Benefits Card.
See “IRS regulations that dictate Benefits Card use.”
2. The expense is not eligible under the Health Care FSA.
3. Your card has been temporarily suspended due to an unsubstantiated or ineligible expense.

You may have to submit expense documentation for transactions from some merchants, and not from others.

Many eligible merchants can automatically substantiate – or verify that the expenses paid for with the card are Health Care FSA-eligible – your transaction at the point of sale, using an IIAS. Others, including most health care providers, may not have this capability.

You will receive Documentation Requests by email if you have an email address on file. These emails are not spam messages, so be sure to watch for them. See “Documentation Requests.”

Save your card, even after you use up your Health Care FSA funds or the BESTflex Plan plan year ends. You will receive a new card 30 days prior to your card expiration date. See “New plan year, same Benefits Card.”

Use the card to pay for out-of-pocket expenses eligible under your plan. If you have a standard health FSA, this would include things like prescription and health plan co-payments, deductibles and co-insurance; “Amount Due” on medical and dental statements; orthodontics; vision services and eyeglasses; eligible medical supplies (bandages, ointments, rubbing alcohol, sunburn cream, contact lens solutions/supplies, crutches, blood pressure and heart rate monitors, and braces); and insulin & diabetic supplies.

If you have a limited health FSA, this would include things like dental or vision deductibles and co-insurance; “Amount Due” on dental statements; orthodontics; vision services and eyeglasses; and eligible dental and vision supplies if purchased at a dental or vision provider such as contact lens solutions/supplies.

Online and Mobile Benefits Card Account Management



File claims, manage Benefits Card transactions, and upload documentation online or using an Android or Apple smartphone or tablet!

If a transaction needs documentation, you will receive an email. Simply take a photo of your documentation using your mobile device’s camera, attach an image from the device’s photo library or from your computer’s desktop and submit it to us.

**Employee
Benefits
Corporation**
We make it easy.

P: 800 346 2126 | 608 831 8445
F: 608 831 4790
P.O. Box 44347
Madison, WI 53744-4347
An employee-owned company
www.ebcflex.com



Employee Benefits Corporation

Employee Worksheet

Fax to: 608 831 4790
Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347
Phone support: 800 346 2126 | 608 831 8445
E-mail support: participantsservices@ebcflex.com

This worksheet will help you estimate the expenses for you, your spouse, and eligible dependents. Transfer the Deduction Per Pay Period for Health and Dependent Care FSAs to the Enrollment Form.

Group Insurance Premiums

If you participate in your employer's insurance plan(s), your premiums are deducted from your pay pre-tax unless you notify your employer otherwise.

My BESTflex Plan Accounts

If you establish a Health Savings Account (HSA), you may enroll in the limited health FSA, which can only reimburse you for eligible dental, vision and preventative expenses and the Dependent Care FSA. You can not contribute to your HSA in the same plan year that you participate in a standard health FSA.

My Plan Dates (Refer to "My Company Plan" Eligibility section)

My Effective Start Date (mm-dd-yyyy) My Plan Year Start (mm-yyyy) to My Plan Year End (mm-yyyy) # Payroll Deductions

Examples of Eligible Health Care FSA Expenses:

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll free customer service line 800 346 2126.

DENTAL SERVICES

____ Crowns/Bridges
____ Dental X-Rays
____ Dentures
____ Exams/Teeth Cleanings
____ Extractions
____ Fillings
____ Gum Treatments
____ Oral Surgery
____ Orthodontia/Braces

INSURANCE-RELATED ITEMS

____ Copays
____ Coinsurance
____ Deductibles

LAB EXAMS / TESTS

____ Blood Tests
____ Cardiographs
____ Diagnostic Fees
____ Laboratory Fees
____ Spinal Fluid Tests
____ Urine/Stool Analyses
____ X-Rays

MEDICATION

____ Insulin
____ Prescribed Birth Control
____ Prescribed Vitamins*
____ Prescription Drugs (including co-pays)*

VISION EXPENSES

____ Contact Lenses
____ Contact Lens Solution & Cleaners
____ Eye Examinations
____ Eyeglasses
____ Laser Eye Surgeries
____ Prescription Sunglasses
____ Radial Keratotomy/LASIK
____ Reading Glasses

OTHER MEDICAL TREATMENTS/PROCEDURES

____ Acupuncture
____ Alcoholism (inpatient treatment)
____ Chiropractor Services
____ Drug Addiction (inpatient treatment)
____ Hearing Exams
____ Hospital Services
____ Patterning Exercises
____ Physical Examination (not employment related)
____ Physical Therapy
____ Speech Therapy
____ Sterilization
____ Vaccinations and Immunizations
____ Vasectomy and Vasectomy Reversals
____ Well Baby Care

OTHER MEDICAL SUPPLIES/SERVICES

____ Abdominal/Back Supports
____ Ambulance Services
____ Arch Supports/Orthotic Insoles (requires doctor's prescription)
____ Blood Pressure Monitors
____ Breast Pumps & Lactation Supplies
____ Compression Hosiery above 30 mmHg
____ Contraceptives
____ Counseling (except for Marriage and Family)
____ Crutches
____ Guide Dog (for visually/hearing impaired person)
____ Hearing Aids & Batteries
____ Hospital Bed
____ Ice Pack
____ Insulin Supplies
____ Learning Disability (special school/teacher)
____ Mastectomy Bras
____ Medic Alert Bracelet or Necklace
____ Medical Miles, Tolls, and Parking
____ Orthopedic Shoes**
____ Oxygen Equipment
____ Pregnancy Tests
____ Pre-Natal Vitamins
____ Prosthesis
____ Rubbing Alcohol
____ Splints/Casts

____ Sunscreen greater than SPF 14
____ Syringes
____ Transportation Expenses (essential to medical care)
____ Wheelchair
____ Wigs (hair loss due to disease)

OVER-THE-COUNTER (OTC) MEDICINE

Important note about OTC medicine reimbursement: The Health Care FSA only reimburses your OTC medicine expenses if you have a doctor's prescription for them.

Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Only OTC drugs and medicines with a prescription and filled by the pharmacy will be eligible for reimbursement. Make sure you plan your annual Health Care FSA election accordingly.

____ Allergy Medicines
____ Antihistamines
____ Analgesics
____ Antacids
____ Anti-Diarrhea Medications
____ Anti-Itch Medications
____ Anti-Nausea Medications
____ Aspirin
____ Athletes Foot Creams and Powders
____ Cold Sore Remedies
____ Cough Drops
____ Cough Syrups
____ Decongestants
____ Eye Drops
____ Fever Reducers
____ First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)
____ Digestive Tract Relief Medications
____ Flu and Cold Medications
____ Hemorrhoidal Medications
____ Laxatives
____ Lice and Scabies Treatments
____ Menstrual Cycle Products (for pain and cramp relief)
____ Motion Sickness Pills

____ Muscle / Joint Pain Relievers
____ Nasal Sinus Sprays
____ Nicotine Gum / Patches
____ Pain Relievers
____ Pedialyte
____ Retin A (non-cosmetic)
____ Rogaine***
____ Sinus Medications
____ Sleeping Aids
____ Smoking Cessation Products
____ Sore Throat Sprays
____ Special Ointments / Cream for Sunburns
____ Throat Lozenges
____ Vapor Rubs
____ Weight Loss Drugs (only to treat a specific disease)***
____ Yeast Infection Treatments

* Excludes drugs imported from Canada and other countries. Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

** Custom made shoes to treat or alleviate a specific medical condition. Included with the receipt should be a Letter of Medical Necessity from a physician. The excess cost above the normal cost of shoes is the eligible medical expense.

*** Requires documentation from the doctor or care provider indicating use to treat a medical condition. A Letter of Medical Necessity template is available.

____ Subtotal

____ Subtotal

____ Subtotal

Total Standard Health or Limited Health FSA Election

Divided by #Payrolls = Deduction per Pay Period

Total Dependent Care FSA Election

Divided by #Payrolls = Deduction per Pay Period

Milwaukee County Life Insurance Plans

ADMINISTERED BY METLIFE

Milwaukee County provides life insurance to help protect your family in the event of your death.

Basic Life Insurance

Milwaukee County Employees are eligible for up to 1 times their annual salary (on record as of the end of the previous calendar year), rounded up to the next \$1,000 in basic life insurance coverage. Milwaukee County provides the first \$25,000 (\$20,000 for select bargaining units) of that coverage. If basic life is elected, employees are responsible for the remainder of the coverage, at a rate of \$0.47 per thousand dollars of covered income.

Example: Salary: **\$50,000** » $\$50,000 - \$25,000 = \$25,000$
 $\$25,000 \div 1,000 = 25 \times \$0.47 = \$11.75$
 $\$11.75 \times 12 =$
 Cost: **\$141 annually / \$5.52 biweekly**

The amount of your Basic Life Insurance on and after age 65 will be determined by applying the percentage from the table below to the amount of your basic life insurance which would otherwise have been applicable had you not become age 65:

Age	Percentage
65 but younger than 66	92%
66 but younger than 67	84%
67 but younger than 68	76%
68 but younger than 69	68%
69 but younger than 70	60%
70 and older	25%

Enrollments after 30 days of employment will require evidence of insurability.

Additional Coverage

Employees may also elect additional life insurance coverage for themselves, their spouse, and dependent children.

Employee Optional Life Insurance

This optional life program offers seven different coverage choices in amounts from one times your annual salary up to seven times your annual salary at favorable group rates.

The amount you select for optional life coverage will be in addition to your basic life election of one times your annual salary of coverage.

If you meet the underwriting standards of MetLife* and are approved for coverage, premiums will be paid by you through the convenience of bi-weekly payroll deduction. **Optional life insurance is only available to active employees and is not a retirement benefit.**

The beneficiaries you designate for your basic life coverage will also apply to your optional life election.

Optional Life Insurance Premiums

To determine your bi-weekly premium, find the appropriate rate in the table below (broken down by age) and multiply it by the number of thousands of dollars of insurance. Then, multiply it by 12 months and divide by 26 pay periods to get the “per pay period” deduction.

Enrollments after 30 days of employment will require evidence of insurability and you will not be granted the guarantee issue amount of \$200,000.

Monthly Premium Rates

Age	Rate per \$1,000
younger than 30	\$0.08
30–34	\$0.10
35–39	\$0.12
40–44	\$0.17
45–49	\$0.25
50–54	\$0.36
55–59	\$0.57
60–64	\$0.82
65–69	\$1.27
70–74	\$2.11
75 and older	\$3.69

Spouse Life Insurance

Your spouse life insurance benefit provides a benefit to you and your family if your spouse should die while you are an active employee of Milwaukee County. The cost of this benefit is paid entirely by you on an after-tax basis.

Employees may elect coverage for their spouse in \$10,000 increments. The maximum amount of coverage is \$250,000. To determine your bi-weekly premium, find the appropriate rate in the table below and multiply it by the number of thousands of dollars of insurance. Then, multiply it by 12 months and divide by 26 pay periods to get the “per pay period” deduction.

In order for your dependent spouse to be covered for spousal life insurance greater than \$20,000, evidence of insurability must be submitted to MetLife.

Enrollments after 30 days of employment will require evidence of insurability, and you will not be granted the guarantee issue amount of \$20,000 for spouse life.

Monthly Premium Rates for Spouse Life Insurance

Spouse's Age	Rate per \$1,000
younger than 30	\$0.07
30–34	\$0.09
35–39	\$0.10
40–44	\$0.13
45–49	\$0.19
50–54	\$0.33
55–59	\$0.53
60–64	\$0.92
65–70	\$1.56

Dependent Child Life Insurance

Your dependent life insurance benefit provides a benefit to you and your family if your child(ren) should die while you are an active employee of Milwaukee County. The cost for this benefit is paid entirely by you on an after-tax basis.

Employees may elect \$5,000, \$10,000, or \$12,500 of coverage for their dependent children. The premiums for this coverage are listed in the table below.

Coverage Amount	Monthly
\$5,000	\$0.36
\$10,000	\$0.72
\$12,500	\$0.90

If you make a request during an annual open enrollment period, to increase your dependent life benefit to the next higher level, evidence of insurability is not required. If you make a request to increase to more than the next higher level of coverage, you must submit evidence of insurability for each of your dependents to MetLife.

“Dependent” for Purposes of Dependent Life Insurance means your unmarried child **except for**:

1. A person who is in the military or like forces of any country or of any subdivision of a country.
2. A person who is covered under this plan as an employee.
3. A person who lives outside the United States or Canada.
4. A child who:
 - a. Is 19 years of age or older and who is employed on a full-time basis.
 - b. Or, is 19 years of age or older and who is not a full-time student at an approved school.
 - c. Is 25 years of age or older.

If a dependent child is a covered person on the day before that child has reached the applicable age limit, that child will continue to be a dependent after the age limit as long as:

- a. That child is and remains unable to work in self-sustaining employment because of:
 - i. Physical handicap.
 - ii. Or, mental retardation.
- b. And that child is and remains chiefly dependent upon you for support.
- c. And that child is and remains a Dependent, as defined, except for the age limit.
- d. And you give MetLife proof, when they ask for it, that the child is and remains so unable to work and dependent upon you since the age limit. MetLife will not ask for proof more than once a year. The proof must be satisfactory to MetLife.

Important Considerations

This is “term” insurance only. You may not borrow against it and no cash value accrues. You pay the bi-weekly premium based on your age and coverage amount. Premiums will be deducted from all 26 paychecks.

Note: You **may not** apply for optional life coverage if you do not have “basic” coverage for any reason (for example, you did not apply or want coverage when hired, or you voluntarily canceled coverage or lost coverage due to nonpayment of premium while on leave of absence). You must first be approved for “basic” coverage through an insurability application.

Make the most of your workplace benefits

with MetLife Auto & Home®

Program description

MetLife Auto & Home's group insurance program is available to you as a voluntary benefit through your employer. This program is underwritten by MetLife Auto & Home and offers special discounts to employees of participating groups.



Maximize your company benefits today and start saving:

- Save up to an additional 10% right away with our Welcome Discount for NEW customers.
- Qualify for a group discount of up to 15% off your policy.
- Earn an additional discount when you pay your premium through automatic payroll deduction.
- Receive extra savings if you've been with your company for a long time.
- Save more with our superior driver discount.
- Earn multi-vehicle savings when you insure more than one vehicle with us.
- Make the most of our multi-policy discounts when you insure both your home and auto with MetLife Auto & Home.

Switch and save today!

Since everyone's insurance policies renew at different times during the year, you may apply for group auto and home insurance at any time. And coverage is 100% portable, so even if you change jobs you can take your policy with you. Take advantage of ALL your company benefits and start saving today. Call **1 800 GET-MET 8 (1-800-438-6388)** and see how MetLife Auto & Home makes it easier!

To make the most accurate comparisons, please have your current policies with you when you call, and provide your discount code: CZV

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates: Economy Fire & Casualty Company, Economy Premier Assurance Company, Economy Preferred Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Group Property and Casualty Insurance Company, and Metropolitan Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. Coverage, rates, discounts, and policy features vary by state and product, and are available in most states to those who qualify. Met P&C®, MetCasSM, and MetGenSM are licensed in the state of Minnesota.

MetLife Auto & Home | 700 Quaker Lane | Warwick, RI 02887

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Legal matters, both planned and unplanned, are part of life. Enrolling in a Hyatt Legal Plan gives you the financial and emotional peace of mind to know you will be covered for expected and unexpected legal events.

The Hyatt Legal Plan provides you, your spouse and dependents with fully covered legal services from attorneys experienced in estate planning documents, civil suits, adoption, identity theft issues and much more. Sign up for a convenient payroll deduction of just **\$19.50** a month, and save hundreds over typical attorney fees... with no deductibles, no co-pays, no claim forms or usage limits when using a Network Attorney. We'll automatically deduct the cost from your paychecks.

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It's easy to access the right attorney. Online. By Phone. In Person.

Once you're enrolled, simply go to members.legalplans.com or download our Mobile App. You can also call Hyatt Legal Plans toll-free at 1-800-821-6400 Monday through Friday from 8 a.m. to 8 p.m. EST.

A representative will confirm your plan eligibility and give you a case number and the address and phone number of the appropriate attorney(s) near you. Service is just a click or call away.

Questions? Call 1-800-821-6400
Monday–Friday 8:00 a.m.–8:00 p.m. (EST).

Peace of mind for you and your family.

For more information and to Enroll, visit <http://www.benefit enroll.com>

COVERED SERVICES

- Administrative Hearings
- Adoption
- Affidavits, Deeds
- Boundary or Title Disputes
- Civil Litigation Defense
- Consumer Protection Matters
- Debt Collection Defense
- Demand Letters
- Divorce (20 hours)
- Document Review
- Domestic Violence Protection
- Elder Law Matters
- Eviction and Tenant Problems (for tenants)
- Guardianship
- Home Equity Loans (primary, secondary or vacation home)
- Identity Theft Defense
- Immigration Assistance
- Incompetency Defense
- Juvenile Court Defense
- ***LifeStages - Identity Management Services
- Living Wills
- Mortgages
- Name Change
- Personal Bankruptcy
- Personal Property Protection
- Powers of Attorney
- Prenuptial Agreement
- Promissory Notes
- Property Tax Assessment
- Restoration of Driving Privileges
- Sale, Purchase or Refinancing (primary, secondary or vacation home)
- Security Deposit Assistance (for tenants)
- Small Claims Assistance
- Tax Audits
- Traffic Ticket Defense (excludes DUI)
- ***Triple Bureau Credit Monitoring
- Trusts
- Wills, Codicils
- Zoning Applications

Smart. Simple. Affordable.®

Hyatt Legal Plans

A MetLife Company

*Exclusions and limitations apply. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services. Please see your plan description for complete details. **These benefits provide the Participant with access to LifeStages Identity Management Services and FraudScout Triple Bureau Credit Monitoring Services provided by CyberScout, LLC, formerly known as IDT911, LLC. CyberScout is not a corporate affiliate of Hyatt Legal Plans. Group Legal Plans are provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island.



Milwaukee County Benefit Enrollment System

Using the internet to enroll is easy and safe! Our secured website is set up to take you automatically through each of the following steps:

STEP 1 — Log On to Main Menu

- The website will prompt you to enter your User ID and your password.
- Your personal User ID is 1083+your clock number.
- Your password is the first five digits of your Social Security Number. This will be your password unless you change it using the "Change Password" option on the home page.
- If your password does not work, call the Help Desk at (414) 278-7888. An operator will reset your password.
- From the main menu, select "New Hire Enrollment."

Enroll Online
www.benefitenroll.com

STEP 2 — Check Your Demographic Information

- Is your address correct? If not, update your address in Ceridian Self Service.
- Enter your email address. If you forget your password, you can click "Forgot your password?" on the login screen and a new one will be sent to your email address.
- If you have a maiden name you'd like to have on file, you may enter it here.
- Click Next to save your entries. If you "back" out, your entries will not be saved.

STEP 3 — Add / Update Your Dependents

- After reviewing your demographic information, the website will automatically take you to the "Dependent" screen. Please provide your dependents' information. You must ADD all dependents that you wish to cover in your benefit plans. Click save after adding each dependent. Click "next" to confirm that your changes are accurate and continue.

STEP 4 — Enroll in Benefits

- Beginning with Medical coverage, select your medical plan. Once you have selected your plan, choose which level of coverage you would like. The website will prompt you to repeat this election process for each benefit type. You will only be shown benefits for which you are eligible.

STEP 5 — Review Your Confirmation Statement

- When you have completed your Benefit Enrollment, review your "Confirmation of Benefits" and be sure ALL information is correct. If your intent is to cover dependents, check to be sure that each dependent is listed under the benefit plan.
- If you need to change any information, simply click on the benefit link to go make changes to that benefit.
- You may print this document for your records.

QUESTIONS? NEED HELP?

Contact the Benefits Division
at (414) 278-4198.

HOW TO ENROLL ONLINE

A SCREEN-BY-SCREEN GUIDE

LOG IN

Upon logging in, click on "New Hire Enrollment" or "Change Benefits." You will be taken to the Demographic page. Check to make sure your information is correct. Enter an email address so if you forget your password, one may be sent to you via email. Click "next" to continue.

Login

User ID:
 Password:
 Forget your password?

Enter the User ID and Password provided to you by your employer, then click "Login". This information is typically provided to you on your enrollment worksheet. If you do not know your User ID and Password, please contact your benefits administrator. **Note:** Passwords are case sensitive - if your login attempt fails be sure to enter your password as it was originally defined.

Welcome to Benefits Online
 The comprehensive source to help you balance your work and life.

Resource Links

Links to helpful information & resources

Model - IBC
 Dental - Opt-Out
 Single Health Care RA Eligibility
 Prescriptions - Info

Documents

Quick access to frequently used documents & forms

Demographic Form:

First Name: Heather
 Middle Initial: J
 Last Name: Giza
 Street Address: 3480 W Villa Dr
 Address (cont.):
 City: Franklin
 State: WI
 Zip Code: 53132
 Maiden Name:
 Date of Birth: 11/17/1978
 E-mail: heather.giza@milwcnty.com
 Work Phone: 4142784197
 Home Phone: 2624240794
 Gender: F
 Marital Status: M
 Department (Low Org): 1148
 Company (High Org): 1140
 Union Code: NR
 EM Scheduled Hours: 60
 Appointment Type: RA
 Clock Number: 142374
 Job Title: BUSINESS MANAGER

DEPENDENTS

You must first make sure your dependents are listed accurately; later you will enroll them. Click the blue name to update a dependent. Click "add" to list a new dependent.

ELECTRONIC SIGNATURE: Accept this page to attest to the accuracy of this information.

Dependents

If you are making changes to your Benefits, or if you are a new enrollee, you must review and/or add any new information that applies to your enrollment.

- To add a new dependent, click the **Add** button.
- To change or update information for an existing dependent, select the appropriate dependent and click the **Update** button.
- To remove a dependent, select the appropriate dependent by clicking on the dependent's name.

When you have finished reviewing your dependent information, click the **Next** button at the bottom of the page.

Benefit Summary:

Benefit	Amount
Electronic Signature / Authorization	
Medical - Opt-Out	
Dental - Value	
Health Care Flexible Spending Account	\$10.00
Dependent Care Flexible Spending Account	\$20.00
Basic Life Insurance	\$20.00
Optional Life Insurance	\$10.00

Electronic Signature / Authorization

Please read this important information:

- By submitting this electronic signature, I acknowledge my understanding and authorization of the following:
- Milwaukee County will deduct the required amounts from my paycheck for my elected benefits which require cost share. Benefit elections cannot be changed until the next annual Open Enrollment period unless I experience a qualifying life event.
- I am confirming that all information is represented accurately, and that dependents listed on my record are eligible for coverage under the terms of Milwaukee County's benefit plans. I understand I may be required to provide verification of all information contained within my enrollment record.
- I understand that providing false, incomplete or misleading information is subject to disciplinary action up to and including termination of employment, and that I will be required to compensate the County for any loss of cost sharing.
- In any instance of a discrepancy between Milwaukee County's written plan documents and the information contained on this site, Milwaukee County's written plan documents will be enforced.
- I am responsible for completing the entire enrollment process and confirming at the end of the enrollment that my elections and dependent information are correct on the Confirmation of Employee Benefits page.

The confirmation of your current coverage is contingent upon approval of your elections by Milwaukee County and/or the County's Benefits carrier.

Benefit Summary:

Benefit	Amount
Electronic Signature / Authorization	
Medical - Opt-Out	
Dental - Value	
Health Care Flexible Spending Account	\$10.00
Dependent Care Flexible Spending Account	\$20.00
Basic Life Insurance	\$20.00

Please select an election:

Election	Level
I Agree	<input checked="" type="radio"/>
I Disagree	<input type="radio"/>

MEDICAL

Select the medical election and level you wish. Click "next." If you selected "Employee + Child(ren)" and have more than one dependent, select which dependents you are enrolling. Click "next" to continue.

Medical

You can choose the medical plan that provides the coverage to best fit your needs. Milwaukee County's medical plan covers a wide range of preventive and about the benefits and/or providers, please refer to your enrollment materials or contact your departmental payroll clerk for assistance.

Benefit Summary:

Benefit	Amount
Electronic Signature / Authorization	
Medical	\$62.50
Dental	\$3.00
Health Care Flexible Spending Account	
Dependent Care Flexible Spending Account	\$200.00
Basic Life Insurance	\$0.36
Optional Life Insurance	\$10.00

Please Select:

Single - \$50.00
 Employee + Spouse - \$100.00
 Employee + Child(ren) - \$112.50
 Family - \$112.50
 Opt-Out

Table of Dependents:

Covered Name	Gender	Birth Date	SSN	Relationship
<input type="checkbox"/> Child Test	Female	05/14/2006	845-85-9898	Child
<input type="checkbox"/> Boy Test	Male	04/07/2011	874-89-8998	Child

TOTAL REWARDS

DENTAL

Select the level you wish. Click “next.” If you selected “family” and have more than one dependent, select which dependents you are enrolling. Click “next” to continue.

Dental

The Dental plan covers a wide range of dental services that help maintain dental health and treat dental disease or defect. For information about the plan's benefits and/or providers, please refer to your enrollment materials or contact your departmental payroll clerk for assistance.

Please Select:

Care Plus

- ☐ Single - \$1.00
- ☐ Employee + Spouse - \$3.00
- ☐ Employee + Child(ren) - \$3.00
- ☐ Family - \$3.00

Conventional Plan

- ☐ Single - \$1.00
- ☐ Employee + Spouse - \$3.00
- ☐ Employee + Child(ren) - \$3.00
- ☐ Family - \$3.00

Waive

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Dental Covered Dependents

Check the box next to the Dependents you wish to cover in this plan.

Medical Note: If you are enrolling dependents in either of the Patient Choice plans, enter a Care System code in the Primary Care Physician ID field. Designate a care system. No changes to your dependent's Care System after enrolling should be done directly with UFS. Search for care system codes by clicking on this link (Care System Codes).

Dental Note: If you are enrolling in a dental HMO with First Commonwealth, you need to provide a dentist PCPID number. You may search for a provider code anytime online at www.firstcommonwealth.net (Click Provider-Creation). Click First Commonwealth OHMO. Enter your zip code in step 3 to find a dentist near you. Enter the PCPID in the box below.

Benefit Summary:	Covered Name	Gender	Birth Date	SSN	Relationship
Electronic Signature / Authorization	<input checked="" type="checkbox"/> Jean A. Smith	Female	06/01/1980	000-00-0000	Full-Time Student
Medical	<input type="checkbox"/> Matthew Test	Male	06/01/1975	999-99-9999	Spouse
Dental - HMO					
Health Care Flexible Spending Account					
Dependent Care Flexible Spending Account					
Basic Life Insurance					
Tobacco Use Declaration					

VISION

Select the level you wish. Click “next.” If you selected “Employee + Child(ren)” and have more than one dependent, select which dependents you are enrolling. Click “next” to continue.

Vision

Your DeltaVision benefits plan is administered through EyeMed Vision Care, one of the nation's leading vision providers. This plan includes coverage for important preventive eye care, and discounts on laser vision correction. For information about the plan's Benefits and/or providers, please refer to your enrollment materials or contact your [HR Partner](#) for assistance.

Benefit Summary:

Benefit Summary:	Cost
Electronic Signature / Authorization	
Medical	\$110.00
Dental	\$22.50
Vision	\$3.10
Health Care Flexible	\$62.50

Please Select:

Delta Vision

- ☐ Single - \$1.02
- ☐ Employee + Spouse - \$2.04
- ☐ Employee + Child(ren) - \$2.08
- ☒ Family - \$3.10

Waive

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FLEXIBLE SPENDING ACCOUNTS

You can set aside pre-tax dollars to pay for medical reimbursements with a Health Care FSA. **You must enroll each year for this benefit.**

Dependent Care Flexible Spending Account

Please select an election:

☐ Account Checking will be used for this election. To change account, click check box before pressing next.

Health Care Flexible Spending Account

A Health Care Flexible Spending Account lets you set aside pre-tax dollars from your paycheck to pay for certain health care expenses not covered by your Medical and Dental plans.

You can be reimbursed for eligible health care expenses incurred by you, your spouse or any dependent that you can claim on your income tax return, even if they are not covered under your health insurance plan. Reimbursements are for claims incurred while an active employee of Milwaukee County.

Eligible health care expenses may include health insurance plan deductibles, copayments, amounts over the maximum your plan pays and other expenses not covered by your health plan. The Health Care Flexible Spending Account is also used for reimbursement of eligible prescription medications, glasses or contacts, orthodontia and dental expenses.

To determine if you should contribute to a Health Care Flexible Spending Account, estimate how much you pay out-of-pocket each year for health expenses. Estimate carefully: If you don't have enough eligible expenses, the IRS requires that you forfeit any unclaimed money at the end of the year.

If you have questions related to flexible spending please contact Ceridian FSA, the County's third party administrator at 1-855-845-6271, option 2.

Benefit Summary:

Benefit Summary:	Cost
Electronic Signature / Authorization	
Medical	\$110.00
Dental	\$22.50
Health Care Flexible Spending Account	\$62.50
Dependent Care Flexible Spending Account	\$20.00
Basic Life Insurance	\$25.00
Tobacco Use Declaration	
Optional Life Insurance	\$75.00
Employee Assistance Program	
Bus Pass	\$5.00
Total	\$300.00

Annual Election Amount

Enter an amount between 1 and 5000

1200

A Dependent Care FSA may only be used for day care expenses for your eligible dependent(s).

LIFE INSURANCE/BENEFICIARIES

The county provides the option to enroll in Basic Life Insurance. You must be enrolled in Basic Life to be able to enroll in other types of life insurance. Basic life insurance becomes effective six months plus the first day of the following month after your date of hire.

Basic Life Insurance

Milwaukee County provides the option to enroll in Basic Life Insurance equal to one times your annual base salary. The county pays for a portion of this benefit based on your union or employee status.

Basic Life Insurance in excess of \$50,000 is subject to imputed income.

Benefit Summary:	
Dental	\$1.00
TOTAL:	\$1.00

Please Select:

1 x Annual Salary ☒ Cost: \$32.30

Waive ☐

PREVIOUS NEXT

Beneficiaries

Primary beneficiary percentages must add up to 100%. Contingent (Secondary) beneficiary percentages must also add up to 100%.

- To add beneficiaries, click on the "Add" button. On the "Beneficiary Details" screen, complete all applicable fields and then save the new record.
- To change or update existing information, select a record by clicking on the beneficiary's name. On the "Beneficiary Details" screen, edit all applicable fields and then save your changes.
- To delete beneficiary information, select a record by clicking on the beneficiary's name. On the "Beneficiary Details" screen, click on the "Delete" button.

When you have finished reviewing and/or updating your beneficiary information, click the "Next" button at the bottom of the page to continue your enrollment.

Please Note: This beneficiary designation revokes any previous designations or primary beneficiaries and contingent (secondary) beneficiaries, if any.

Benefit Summary:	
Dental	\$1.00
Basic Life Insurance	\$32.30
TOTAL:	\$33.30

Please provide the following information:

Name	SSN	Relationship	Percentage	Type
JACK JOHNSON JONES	000-00-0000	Child	100	Secondary
MARY JONES	000-00-0000	Spouse	100	Primary

BACK COPY ADD NEXT

Please identify and describe your beneficiary: * = Required

First Name: MARY

Middle Name:

Last Name: JONES

Social Security No.: 000-00-0000 (format as 000-00-0000)

Relationship/Trust: Spouse

Percentage: 100 (Enter Numbers Only)

Type: (Uncheck the box for Contingent Beneficiary designation)
☒ Primary ☐ Secondary

OPTIONAL LIFE

Optional Life Insurance rates are based on age.

You can choose how many times your salary by clicking the button next to your choice. Click "next" to continue.

Optional Life Insurance

Optional life insurance provides additional financial protection for your survivors if you or the employee of Milwaukee County and elected under this plan. The cost of this benefit is paid entirely by you on an after-tax basis.

You may elect Optional Life Insurance for one level during your enrollment period having to provide Evidence of Insurability (EOI). If you are electing this benefit for the first time, you may select coverage in the amount of \$5,000 without having to provide EOI. Complete your enrollment in the amount of \$5,000 or more and you will need to provide EOI. If you are electing this benefit for the first time, you may select coverage in the amount of \$5,000 without having to provide EOI. Complete your enrollment in the amount of \$5,000 or more and you will need to provide EOI. If you are electing this benefit for the first time, you may select coverage in the amount of \$5,000 without having to provide EOI. Complete your enrollment in the amount of \$5,000 or more and you will need to provide EOI.

Benefit Summary:	
Optional Life Insurance	\$100.00
TOTAL:	\$100.00

Please select an amount:

1 x Annual Salary ☒ Cost: \$100.00

2 x Annual Salary ☐ Cost: \$200.00

3 x Annual Salary ☐ Cost: \$300.00

4 x Annual Salary ☐ Cost: \$400.00

5 x Annual Salary ☐ Cost: \$500.00

6 x Annual Salary ☐ Cost: \$600.00

7 x Annual Salary ☐ Cost: \$700.00

8 x Annual Salary ☐ Cost: \$800.00

9 x Annual Salary ☐ Cost: \$900.00

10 x Annual Salary ☐ Cost: \$1,000.00

11 x Annual Salary ☐ Cost: \$1,100.00

12 x Annual Salary ☐ Cost: \$1,200.00

13 x Annual Salary ☐ Cost: \$1,300.00

14 x Annual Salary ☐ Cost: \$1,400.00

15 x Annual Salary ☐ Cost: \$1,500.00

16 x Annual Salary ☐ Cost: \$1,600.00

17 x Annual Salary ☐ Cost: \$1,700.00

18 x Annual Salary ☐ Cost: \$1,800.00

19 x Annual Salary ☐ Cost: \$1,900.00

20 x Annual Salary ☐ Cost: \$2,000.00

21 x Annual Salary ☐ Cost: \$2,100.00

22 x Annual Salary ☐ Cost: \$2,200.00

23 x Annual Salary ☐ Cost: \$2,300.00

24 x Annual Salary ☐ Cost: \$2,400.00

25 x Annual Salary ☐ Cost: \$2,500.00

26 x Annual Salary ☐ Cost: \$2,600.00

27 x Annual Salary ☐ Cost: \$2,700.00

28 x Annual Salary ☐ Cost: \$2,800.00

29 x Annual Salary ☐ Cost: \$2,900.00

30 x Annual Salary ☐ Cost: \$3,000.00

31 x Annual Salary ☐ Cost: \$3,100.00

32 x Annual Salary ☐ Cost: \$3,200.00

33 x Annual Salary ☐ Cost: \$3,300.00

34 x Annual Salary ☐ Cost: \$3,400.00

35 x Annual Salary ☐ Cost: \$3,500.00

36 x Annual Salary ☐ Cost: \$3,600.00

37 x Annual Salary ☐ Cost: \$3,700.00

38 x Annual Salary ☐ Cost: \$3,800.00

39 x Annual Salary ☐ Cost: \$3,900.00

40 x Annual Salary ☐ Cost: \$4,000.00

41 x Annual Salary ☐ Cost: \$4,100.00

42 x Annual Salary ☐ Cost: \$4,200.00

43 x Annual Salary ☐ Cost: \$4,300.00

44 x Annual Salary ☐ Cost: \$4,400.00

45 x Annual Salary ☐ Cost: \$4,500.00

46 x Annual Salary ☐ Cost: \$4,600.00

47 x Annual Salary ☐ Cost: \$4,700.00

48 x Annual Salary ☐ Cost: \$4,800.00

49 x Annual Salary ☐ Cost: \$4,900.00

50 x Annual Salary ☐ Cost: \$5,000.00

51 x Annual Salary ☐ Cost: \$5,100.00

52 x Annual Salary ☐ Cost: \$5,200.00

53 x Annual Salary ☐ Cost: \$5,300.00

54 x Annual Salary ☐ Cost: \$5,400.00

55 x Annual Salary ☐ Cost: \$5,500.00

56 x Annual Salary ☐ Cost: \$5,600.00

57 x Annual Salary ☐ Cost: \$5,700.00

58 x Annual Salary ☐ Cost: \$5,800.00

59 x Annual Salary ☐ Cost: \$5,900.00

60 x Annual Salary ☐ Cost: \$6,000.00

61 x Annual Salary ☐ Cost: \$6,100.00

62 x Annual Salary ☐ Cost: \$6,200.00

63 x Annual Salary ☐ Cost: \$6,300.00

64 x Annual Salary ☐ Cost: \$6,400.00

65 x Annual Salary ☐ Cost: \$6,500.00

66 x Annual Salary ☐ Cost: \$6,600.00

67 x Annual Salary ☐ Cost: \$6,700.00

68 x Annual Salary ☐ Cost: \$6,800.00

69 x Annual Salary ☐ Cost: \$6,900.00

70 x Annual Salary ☐ Cost: \$7,000.00

71 x Annual Salary ☐ Cost: \$7,100.00

72 x Annual Salary ☐ Cost: \$7,200.00

73 x Annual Salary ☐ Cost: \$7,300.00

74 x Annual Salary ☐ Cost: \$7,400.00

75 x Annual Salary ☐ Cost: \$7,500.00

76 x Annual Salary ☐ Cost: \$7,600.00

77 x Annual Salary ☐ Cost: \$7,700.00

78 x Annual Salary ☐ Cost: \$7,800.00

79 x Annual Salary ☐ Cost: \$7,900.00

80 x Annual Salary ☐ Cost: \$8,000.00

81 x Annual Salary ☐ Cost: \$8,100.00

82 x Annual Salary ☐ Cost: \$8,200.00

83 x Annual Salary ☐ Cost: \$8,300.00

84 x Annual Salary ☐ Cost: \$8,400.00

85 x Annual Salary ☐ Cost: \$8,500.00

86 x Annual Salary ☐ Cost: \$8,600.00

87 x Annual Salary ☐ Cost: \$8,700.00

88 x Annual Salary ☐ Cost: \$8,800.00

89 x Annual Salary ☐ Cost: \$8,900.00

90 x Annual Salary ☐ Cost: \$9,000.00

91 x Annual Salary ☐ Cost: \$9,100.00

92 x Annual Salary ☐ Cost: \$9,200.00

93 x Annual Salary ☐ Cost: \$9,300.00

94 x Annual Salary ☐ Cost: \$9,400.00

95 x Annual Salary ☐ Cost: \$9,500.00

96 x Annual Salary ☐ Cost: \$9,600.00

97 x Annual Salary ☐ Cost: \$9,700.00

98 x Annual Salary ☐ Cost: \$9,800.00

99 x Annual Salary ☐ Cost: \$9,900.00

100 x Annual Salary ☐ Cost: \$10,000.00

101 x Annual Salary ☐ Cost: \$10,100.00

102 x Annual Salary ☐ Cost: \$10,200.00

103 x Annual Salary ☐ Cost: \$10,300.00

104 x Annual Salary ☐ Cost: \$10,400.00

105 x Annual Salary ☐ Cost: \$10,500.00

106 x Annual Salary ☐ Cost: \$10,600.00

107 x Annual Salary ☐ Cost: \$10,700.00

108 x Annual Salary ☐ Cost: \$10,800.00

109 x Annual Salary ☐ Cost: \$10,900.00

110 x Annual Salary ☐ Cost: \$11,000.00

111 x Annual Salary ☐ Cost: \$11,100.00

112 x Annual Salary ☐ Cost: \$11,200.00

113 x Annual Salary ☐ Cost: \$11,300.00

114 x Annual Salary ☐ Cost: \$11,400.00

115 x Annual Salary ☐ Cost: \$11,500.00

116 x Annual Salary ☐ Cost: \$11,600.00

117 x Annual Salary ☐ Cost: \$11,700.00

118 x Annual Salary ☐ Cost: \$11,800.00

119 x Annual Salary ☐ Cost: \$11,900.00

120 x Annual Salary ☐ Cost: \$12,000.00

121 x Annual Salary ☐ Cost: \$12,100.00

122 x Annual Salary ☐ Cost: \$12,200.00

123 x Annual Salary ☐ Cost: \$12,300.00

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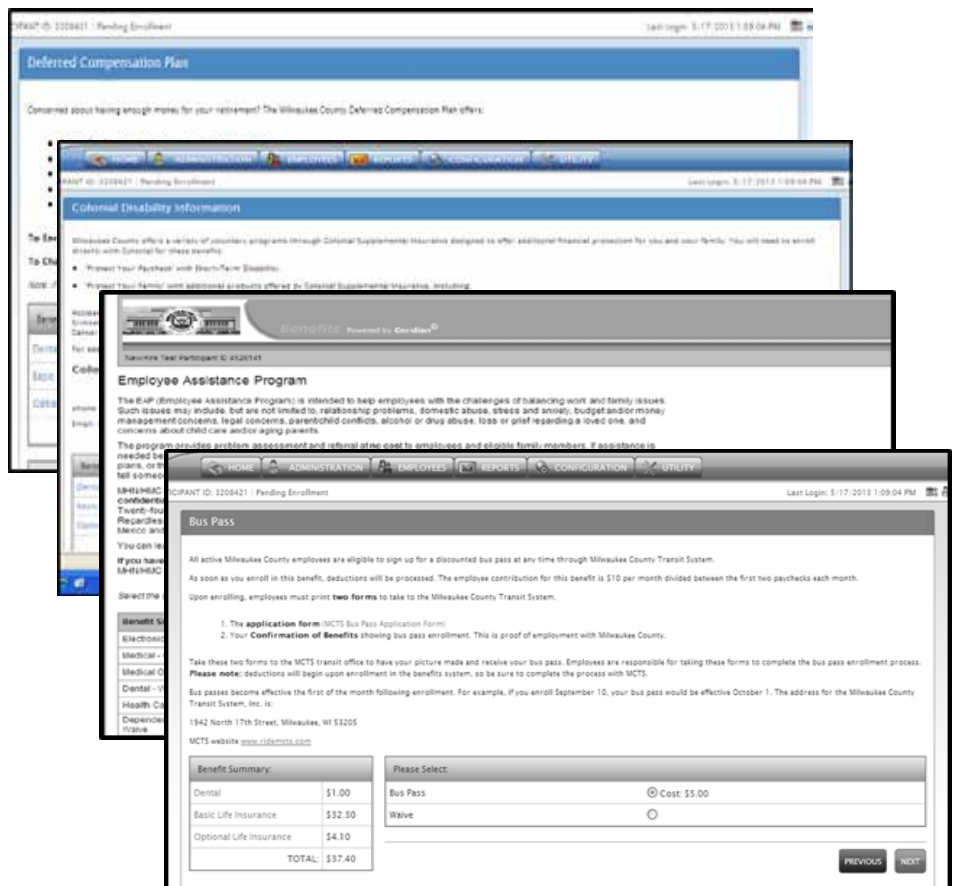
OTHER BENEFITS

Colonial Short Term Disability, MetLife Home and Auto and Empower Retirement Deferred Compensation are three benefits available to eligible employees. Employees who wish to enroll in these benefits need to enroll directly with the carrier.

The **Employee Assistance Program** is provided to all active employees of Milwaukee County. The EAP offers local resources for financial planning, legal advice, relationship counseling and many other programs for managing life's challenges.

All Milwaukee County employees are eligible for a discounted **Commuter Value Bus Pass**. Instructions for signing up for this benefit can be found on the Bus Pass enrollment screen.

The informational screens in the enrollment system have instructions for contacting these carriers.



CONFIRMATION OF BENEFITS

After completing the enrollment process, verify your elections and dependent information.

If any section of your enrollment is incorrect or incomplete, return to that section by clicking on the name of the benefit. The system will return to the Confirmation of Benefits screen after updates/corrections have been made.

Click "save" when you have finished reviewing your elections. You will be returned to the home page.



QUESTIONS? NEED HELP?

Contact the Benefits Division
at (414) 278-4198.

Make your benefits count!



Milwaukee County Voluntary Benefits

As an employee of Milwaukee County you have the opportunity to apply for personal insurance products from Colonial Life! These benefits enhance your current benefits portfolio and can be customized to fit your individual needs.



For more information contact:

Linda Synor

Phone: 414-446-8494

Email: linda.synor@coloniallife.com

or

Colonial Life Customer Service:

800-325-4368

The following voluntary benefits will be offered during the enrollment:

Accident insurance helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

Critical illness insurance supplements your major medical coverage by providing a lump-sum benefit you can use to help pay for the direct and indirect costs related to a covered critical illness, such as heart attack, end-stage renal failure, coronary artery bypass surgery, stroke or major organ transplant.

Disability insurance replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness. *Guaranteed Issue is available within a certain limits basis for NEW employees only!*

With most Colonial Life insurance products:

- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage with no increase in premium when you retire or change jobs.
- You're paid regardless of any other insurance you may have with other insurance companies
- Coverage is available for your spouse and dependent children.

ADDITIONAL OFFERING

KOFE provides a comprehensive corporate financial wellness program to help individuals live within their means and stay financially fit.

ColonialLife.com

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your Colonial Life benefits counselor for complete details.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
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Commuter Value Pass Program

All active Milwaukee County Employees are eligible to participate in the Commuter Value Pass (CVP) program through the Milwaukee County Transit System (MCTS). As a CVP participant, you will enjoy unlimited MCTS transit, including Freeway Flyer and trolley service as well as all special event shuttles (Summerfest, State Fair, etc.) for only \$10 per month (deducted equally over 26 pay periods)!

QUESTIONS?

Call Milwaukee County Transit System at (414) 343-1777 and ask about the CVP for Milwaukee County, or contact the Benefits Division at (414) 278-4198.

Enrollment Process

Employees must apply for the CVP program using the Benefit Enrollment System, print a copy of the enrollment confirmation and bring it to the main transit office. Employees will have a photo taken and will be issued a bus pass on site. The transit office is located at:

1942 North 17th Street
(Open Monday through Friday from 8 a.m. to 4 p.m.)

Enrollment will become effective on the first day of the following month.



Employee Assistance Program

ADMINISTERED BY UNITED BEHAVIORAL HEALTH

What is an Employee Assistance Program (EAP)?

An EAP is a service designed to help you manage life's challenges. Everyone needs a helping hand once in a while, and your EAP can provide it. EAP can refer you to professional counselors and services that can help you resolve emotional health, family and work issues. The following services, paid for by Milwaukee County, are available.

IF YOU NEED HELP

Call this toll-free number
24 hours/day, 7 days/week:
(800) 622-7276
or log on to **www.liveandworkwell.com**
access code: **milwaukee**

Clinical Counseling

EAP can provide an assessment, assistance and referral to additional services when needed. Both face-to-face and telephonic consultations are available. Eligible members are entitled to up to three counseling sessions per incident per calendar year, for a wide range of emotional health issues, including:

- Marital, relationship, and family problems.
- Alcohol and drug dependency.
- Stress and anxiety.
- Depression.
- Grief and loss.

Work & Life Services

Telephonic consultations are available for:

- Financial issues and Federal tax assistance.
- Pre-retirement planning.
- Organizing life's affairs.
- Concierge services.
- Legal services (telephonic or face-to-face).

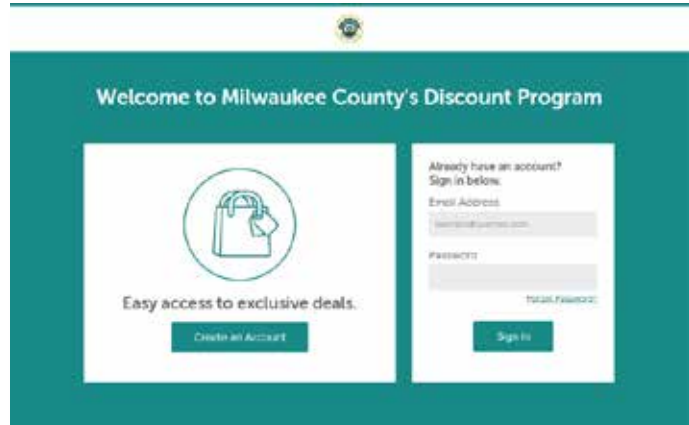
Online Member Services

Access EAP information and tools online. With the click of a mouse you can:

- Search for an UnitedHealthcare counselor and get a referral.
- Manage your stress with interactive tools.
- Ask about an emotional health question.
- Obtain information on a wide variety of EAP-related topics.

Employee Discount Program

Milwaukee County Human Resources has partnered with Perkspot.com to provide discounts to Milwaukee County employees for a wide range of retailers and service providers, including electronics, clothing, vehicles, travel, movie and sporting event tickets, and many more. You can also request Perkspot to negotiate new discounts for Milwaukee County employees by clicking on the “suggest a merchant” feature at the top of the page. Discount offers are updated frequently, and any new discounts that either Perkspot or Milwaukee County Human Resources secures for County employees will be made available on the site.



To register, please visit mkecounty.perkspot.com. Registration is easy. All you need to provide is your zip code and an e-mail address.

Tuition Reimbursement Program

Milwaukee County encourages all employees to seek out learning opportunities that enhance their skills and provide career development. The Tuition Reimbursement Program was established to provide an opportunity for employees to obtain additional education in order to increase their knowledge and abilities and prepare for future opportunities within the County.

Eligibility

All benefit-eligible, regular appointment employees who are in good standing are eligible for this program upon completion of one year of service to Milwaukee County. For the purpose of this program, an employee in good standing is defined as an employee who at the time of submitting a pre-approval request has had no corrective action in the past 12 months, and who meets the performance expectations of his or her current position.

All other employees, including temporary, seasonal, hourly, interns and contract employees are ineligible.

Plan Reimbursement Level

Tuition reimbursement will be provided up to an annual maximum of \$2,500 for employees with annual earnings less than \$75,000. Employees who earn \$75,000 per year or more are limited to \$1,500 per year. For this program, annual earnings are defined as the employee's base hourly pay rate multiplied by the full-time standard of 2,080 hours. Overtime, bonuses, or other compensation will not be considered when applying this limit.

Reimbursement is limited to tuition only. Other expenses, such as textbooks and lab fees are not eligible.

The annual maximum is based on the calendar year, from January through December. Reimbursement will be applied to the calendar year in which the class was successfully completed. For example, if a class is successfully completed in December, but the reimbursement is not paid until January, the reimbursement is considered part of the prior year annual maximum allowable amount.

Please see the full policy and request form on CountyConnect, the Milwaukee County intranet:

<https://countyconnect.milwaukeecountywi.gov/MCINT/Human-Resources/Benefits/Tuition-Reimbursement>.

Milwaukee County Wellness Program

The Milwaukee County Health Matters Wellness Program is a voluntary benefit for employees. We strive to improve the health of employees and their families.

All Milwaukee County employees are welcome to participate in the Health Matters Wellness Program. If you are enrolled in the medical plan and choose to participate in the program, you can earn a 30% reduction to your monthly insurance premium contribution, up to a maximum of \$50.

Participate in the following program activities:

- Online Health Questionnaire.
- Health Assessment/Population Health Risk Score (PHRS).
- Telephonic Health Coaching/Wellness Portal Challenges.



Online Health Questionnaire

Take a snapshot of your health! Login to the Wellness Portal and complete your 15-minute online health questionnaire.

Health Assessment/Population Health Risk Score (PHRS)

Gain insight to your health by completing your health assessment, which includes a biometric screening, obtaining your Population Health Risk Score (PHRS) and health education session. Annual health assessments are conducted in the first quarter (Q1) of the calendar year by Froedtert Workforce Health. Health Assessments take place over the course of several weeks at all shift times and at a variety of Milwaukee County locations between January 6, 2020, through March 5, 2020. Schedule your 30-minute appointment on the Wellness Portal: www.workforcehealth.org/mkecounty.

- Once you completed the health assessment and achieved a Population Health Risk score (PHRS) of 70 or higher, you have earned a 30% reduction to your monthly insurance premium contribution, up to a maximum of \$50.
- Once you completed the health assessment and achieved a Population Health Risk Score (PHRS) of 69 or below, schedule a quarterly coaching session to continue earning the monthly insurance premium reduction. Visit the Wellness Portal to complete telephonic health coaching sessions and/or wellness portal challenges quarterly to continue to earn the monthly insurance premium reduction for 2020.

	Complete Online Questionnaire & Health Assessment Between:	Begin Receiving Monthly Insurance Reduction On:
Q1	January 2 to March 15, 2020	April 10, 2020
Q2	March 15 to June 15, 2020	July 17, 2020
Q3	June 15 to September 15, 2020	October 9, 2020
Q4	September 15 to November 30, 2020	December 18, 2020

Your Population Health Risk Score (PHRS): Your PHRS is calculated by assigning a point value to each of your health assessment test results. This helps to identify areas where you are doing well and areas that may need improvement. Identifying these risk areas will help you to improve your overall health and well-being.

- **Achieve a PHRS of 70 or higher:** you have earned up to a 30% reduction to your monthly insurance premium contribution up to a maximum of \$50 for 2020.
- **Achieve a PHRS of 69 or less:** complete telephonic health coaching sessions and/or wellness portal challenges quarterly to continue to earn the monthly insurance premium reduction for 2020.

Health Coaching/Wellness Portal Challenges

All employees are welcome to participate in a 15-minute telephonic health coaching session or complete a wellness portal challenge. Visit the Wellness Portal to schedule your telephonic health coaching appointment or complete a wellness portal challenge.

Biometric Verification Form

Have labs from your physician that include a fasting glucose test and lipid panel? Complete the Online Health Questionnaire and submit your Biometric Verification Forms on the Wellness Portal during any of the quarter dates to earn up to a 30% reduction to your monthly insurance premium contribution up to a maximum of \$50 based on your Population Health Risk Score (PHRS). *(Note: If you submit Biometric Verification Forms, you do not need to attend a Health Assessment session. Biometrics must be completed between January 2 and November 30, 2020.)*

Pregnant Employees

Pregnant employees are welcome participate in the Health Matters Wellness Program. Complete the Online Health Questionnaire and Pregnancy Waiver forms; submit forms on the Wellness Portal during any of the quarter dates and earn up to a 30% reduction to your monthly insurance premium contribution up to a maximum of \$50.

Newly Hired/Newly Eligible

New hires and staff who are newly eligible for benefits can participate in the Health Matters Wellness Program.

Within 60 days of hire or eligibility, complete the Online Health Questionnaire on the Wellness Portal at www.workforcehealth.org/mkecounty and earn your 30% reduction to your monthly insurance premium contribution, up to a maximum of \$50.

To get started, access the Wellness Portal at www.workforcehealth.org/mkecounty.

New to the Wellness Portal? Follow these instructions to register:

1. Visit the wellness portal at www.workforcehealth.org/mkecounty.
2. Locate "New Users" box and click "Register."
3. In the "New User Registration" box, please complete all fields. Company Code is 0045.
4. User ID is your 6-digit Clock Number.
5. Create and record your username and password to return to the Wellness Portal.

Returning user to the Wellness Portal?

Log into the Wellness Portal with the username and password you created.

Forgot username?

1. Click "Forgot Username" link on the Wellness Portal.
2. Enter company code: 0045 and User ID: 6-digit clock number.

You will receive an e-mail with the username you created *(Note: The link expires after 30 minutes).*

Forgot password?

1. Click "Forgot Password" on the Wellness Portal.

You will receive an e-mail with the username you created *(Note: The link expires after 30 minutes).*

If you still have troubles logging into the Wellness Portal, please contact Froedtert Workforce Health at 414-777-3446.

Other Wellness Program Offerings for Milwaukee County Employees

There will be many opportunities to participate in wellness programs, separate from the annual health assessment. These programs include:

Tobacco Cessation: We have resources to help you quit tobacco today! Visit the Wellness Portal to complete the Quitting Smoking Action Plan, schedule a telephonic health coaching session and learn more about medication available to you.

Blood Pressure Checks: Know your numbers and where you stand by being aware of your health. There are no warning signs if you have high blood pressure. Regular checkups can help reduce your risk of developing high blood pressure or any cardiovascular events such as a stroke or heart attack. Visit the Wellness Portal to view the schedule of when and where you can get your blood pressure checked, for free!

HEALTH ASSESSMENT FREQUENTLY ASKED QUESTIONS

What is a health assessment?

A health assessment will give you a snapshot of your current health and help you identify your health-related risks. The health assessment takes about 30 minutes and includes a biometric screening and health education session.

What is a biometric screening?

A biometric screening provides a clinical assessment of key health measures and may be used to identify certain health conditions or areas of concern. A screening includes the following and is completed by healthcare professionals from Froedtert Workforce Health.

- Blood pressure.
- Lipid profile (total cholesterol HDL, LDL, triglycerides).
- Blood glucose.
- Height, weight, waist circumference and body mass index (BMI).
- Nicotine use.

For accurate results, please fast (no food or liquids other than water; take medications as prescribed) for 8 hours before your health assessment appointment.

Why should I participate in the annual health assessment process?

Approximately 70% of health conditions can be attributed directly to our lifestyle choices. Taking part in a health assessment is a way to become aware of your current health status and help you identify areas that need improvement for achieving optimal health.

By participating in the annual health assessment, you are able to:

- Measure your current health status and highlight any areas that need medical follow-up.
- Help you become aware of your health needs and lifestyle practices.
- Provide you with individualized feedback and guide you in achieving and maintaining good health.

What if I missed the annual health assessments at the beginning of the year?

If you have lab work from your physician dated January 2, 2020, or later, please submit your Biometric Verification Form during Q2, Q3 or Q4 and begin earning your monthly insurance premium reduction based on your Population Health Risk Score (PHRS).

What information will my employer receive?

Your employer will receive a summary report that provides a statistical picture of the health status of the company as a whole. There are no names used in this report, only the total for the categories of questions (aggregate data). This information will be used to plan appropriate wellness opportunities for the company.

Milwaukee County works with experts from Froedtert Workforce Health to administer the health assessments. Froedtert Workforce Health must follow the same laws and regulations as your personal physician and will not share your personal health information with Milwaukee County, its agencies, or any other organization. Froedtert Workforce Health will only provide Milwaukee County with aggregate data and general population health reports for future planning purposes. Your individual private health information cannot be determined from the aggregate data.

Will I be able to complete my health assessment during work time?

It is recommended to be done on work time, but please discuss this with your manager or supervisor.

IMPORTANT INFORMATION

- Spouses and dependents are not required to participate in order for the employee to receive the incentive.
- For accurate results, please fast (no food or liquids other than water; take medications as prescribed) for 8 hours before your health assessment appointment.
- Health coaching is a one-on-one interaction with a certified health coach who is there to help you achieve your health-related goals and keep you accountable.
- Communication with your health coach during your coaching session is confidential and not reported back to Milwaukee County.
- If you think you might be unable to participate or meet a standard for a reward under this program, you may qualify for an opportunity to earn the same reward by different means. Contact the Milwaukee County Wellness Coordinator at (414) 278-4938 to find a program with the same reward that is right for you in light of your health status.
- The Workforce Health Wellness Portal is accessible from work or home on a desktop computer, tablet or smartphone at www.workforcehealth.org/mkecounty.

CONTACT INFORMATION

Milwaukee County Wellness Coordinator: (414) 278-4938

Milwaukee County Benefits Division: (414) 278-4198

Froedtert Workforce Health: (414) 777-3446

Mandatory Direct Deposit of Payroll Checks

Mandatory Direct Deposit

Direct Deposit of payroll checks is mandatory for all Milwaukee County employees.

- **Direct Deposit to Your Bank or Credit Union:** Ceridian Self Service provides all the necessary tools to get you started on direct deposit with your bank or credit union. Ask your payroll clerk what you need to do to begin the direct deposit of your check.
- **U.S. Bank Focus Debit Card:** Employees who need another alternative to direct deposit should consider the U. S. Bank Focus Card. The Focus Card does not require that you have a bank account, nor does it require any pre-approval. The Focus Card is instead a debit card, where your net pay is deposited.

What is the Focus Card?

- A Visa prepaid card issued by U.S. Bank.
- Payroll is automatically loaded to the card just like direct deposit to a bank.
- Works like other Visa debit cards to make purchases, pay bills or get cash.



Why Use a Prepaid Card?

- **Convenient:** Allows employees to payroll electronically without needing a bank.
- **Fast:** Funds available the morning of payroll. No waiting for a check.
- **Safe:** Safer than carrying cash. Visa protection if lost or stolen.
- **Ideal for employees who** don't have or want a bank or want a separate account to help with budgeting.

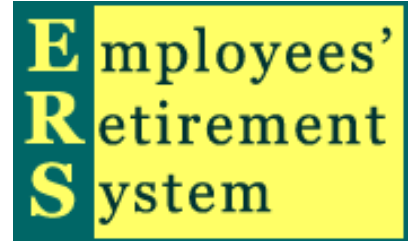
Using the Focus Card

- Use at millions of places that accept debit cards.
- Make purchases in stores, over the phone or online, or pay bills.
- Get cash at over 1.3 million Visa/Plus® ATMs.
- Use the cash-back option at participating merchants, such as grocery stores.

Go to Ceridian Self Service to sign up for a U.S. Bank Focus Card, or see your payroll clerk for more information. Fees are minimal if card is lost or you exceed the card balance.

Retirement Benefits

The Employees' Retirement System (ERS) is a single-employer plan that was created to encourage qualified personnel to enter and remain in the service of Milwaukee County by providing a system of retirement, disability and death benefits to or on behalf of its employees. The County was mandated to create the ERS as a separate legal entity with the passage of Chapter 201 of the Wisconsin State Statutes in 1937.



The authority to manage and administer the ERS is vested in the Pension Board. The Pension Board consists of 10 members – three members appointed by the County Executive (subject to confirmation by the County Board of Supervisors), two members appointed by the County Board Chairman (subject to confirmation of the County Board and County Executive), four elected members consisting of three employee-members and one retired member, and one member appointed by the Deputy Sheriff Association.

The County and ERS members make contributions to ERS based on actuarially determined contribution requirements, as well as additional contributions made at the discretion of the County Board. Actuarially determined contribution requirements are set during the County's budget process.

Benefits

Participation in ERS is automatic with the exception of excluded employees (i.e., Pension Board and Commission members and employees covered under the OBRA Plan). Benefits available include:

- Monthly Pension Benefit.
- Disability Benefit.
- Death Benefit.

The normal retirement benefit is a monthly pension for the life of the participant. For most employees, the formula used to determine the monthly pension benefit is based on a multiplier (the multiplier is determined by ordinance, union contract and ERS enrollment date) times service credits times the final average salary. Service credits, in general, are based on the years of employment history with the County. Final average salary for most members is a calculation based on the three highest consecutive years of earnings. The formula includes various dates, union contracts, Milwaukee County Ordinances, State Statutes and other qualifying factors.

To receive a pension benefit from Milwaukee County, you must satisfy age and vesting requirements. To receive a normal retirement pension you must be 55 with 30 service credits, age 60 and vested or age 64 and vested. If you are at or beyond your normal retirement age when joining Milwaukee County, you are automatically vested. You could also be eligible for an early retirement pension at age 55 with 15 service credits.

If you leave Milwaukee County employment prior to attaining your normal retirement age and are vested, you may be eligible to receive a deferred retirement pension when you reach your normal retirement age.

If you have service credit from one of the other public retirement systems (State of Wisconsin Retirement System or City of Milwaukee Employees Retirement System), there may be special provisions available. This information should be provided to ERS at the time of your employment.

A member is considered vested to receive a pension benefit with:

- Five service credits.
- Military Service Credit (add-on).
- Reciprocity Service Credit (vesting and pension enhancement in other systems).

Deputy sheriffs are required to have 10 service credits for vesting.

For additional information regarding the Employees' Retirement System, please call (414) 278-4207.

Milwaukee County's Deferred Compensation Plan

ADMINISTERED BY EMPOWER RETIREMENT

What is a deferred compensation plan?

The Milwaukee County Deferred Compensation Plan (Plan) is a governmental 457(b) deferred compensation plan that allows employees to supplement any existing retirement and pension benefits by saving and investing traditional before-tax dollars and/or ROTH after-tax dollars as 457(b) elective contributions.

Why should I participate in the Plan?

You may want to participate if you are interested in saving and investing additional money for retirement and/or in the case of before-tax contributions, reducing the amount of current state and federal income tax you pay each year. Your Milwaukee County Deferred Compensation Plan can be an excellent tool to help reach your retirement goals.

You may also qualify for federal income tax credit by participating in this Plan. For more information about this tax credit, please contact the Milwaukee County 457 service center at (877) 457-6459 or (414) 223-1921.¹

Who is eligible to enroll?

All full-time, part-time, and hourly employees of Milwaukee County are immediately eligible to participate in the Plan. Please contact the Milwaukee County 457 staff at (414) 223-1921 if you have any questions and to enroll in the Plan. Individuals who have separated from service or have retired are eligible to keep their balance in the Plan.

What are the contribution limits?

In 2019, the maximum amount you may defer from your salary is 100% or your includible compensation (as defined by the Internal Revenue Code) or \$19,000, whichever is less. This is the total amount you may contribute with before- and after-tax contributions combined.

Those participants who are age 50 and older may contribute an additional \$6,000 to the Plan in 2019. This means that participants age 50 and older can contribute a maximum of \$25,000 or 100% of includible compensation, whichever is less, for the 2019 calendar year.

For more information, you may contact the local office located in the Milwaukee County Courthouse, 901 North 9th Street, Room 212C, or call (414) 223-1921 or (877) 457-6459.

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker-dealers. Great-West Financial®, Empower Retirement and Great-West Investments™ are the marketing names of Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC. AM677133-1118

¹ This material has been prepared for informational and educational purposes only and is not intended to provide investment, legal or tax advice.



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Important Notice From Milwaukee County About Your Prescription Drug Coverage And Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Milwaukee County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Willis of Wisconsin, Inc., on behalf of Milwaukee County, has determined that the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.**

Because the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays, it is considered Creditable Coverage. It is not necessary for you to join a Medicare prescription drug plan at this time.

Your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15 through December 31. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

If you decide to join a Medicare drug plan, your Milwaukee County coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits and the Medicare prescription drug plan will coordinate benefits with your Milwaukee County prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Milwaukee County coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your coverage with Milwaukee County and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.



If you go 63 continuous days or longer without prescription drug coverage that was at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For more information about this notice or your current prescription drug coverage:

- Contact the person listed below for further information.
- Note: You will get this notice each year. You will also get this notice before the next period you can join a Medicare drug plan, and/or if this coverage through Milwaukee County changes. You also may request a copy.

For more information about your options under Medicare prescription drug coverage:

- More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare Drug Plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	October 31, 2019
Name of Entity/Sender:	Milwaukee County
Contact—Position/Office:	Division of Employee Benefits
Address:	901 North 9th Street, Room 210; Milwaukee, WI 53233
Phone Number:	(414) 278-4198

2020 ANNUAL NOTICES

Notice to Enrollees In A Self-Funded Nonfederal Governmental Group Health Plan For Plan Years Beginning On Or After September 23, 2010

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. Milwaukee County has elected to exempt Milwaukee County Choice Plus Plan from the following requirements:

1. Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.
2. Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.
3. Certain requirements to provide benefits for breast reconstruction after a mastectomy.

The exemption from these Federal requirements will be in effect for the 2019 plan year beginning January 1, 2019, and ending December 31, 2019. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a “certificate of creditable coverage” when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer’s health plan, or if you wish to purchase an individual health insurance policy.

Inquiries regarding this notice can be directed to the Milwaukee County Division of Employee Benefits, Courthouse Rm. 210, 901 N. 9th St., Milwaukee, WI 53233.



2020 ANNUAL NOTICES

Women's Health And Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurance apply.

If you would like more information on WHCRA benefits, call the Employee Benefits Division at (414) 278-4198.

2020 ANNUAL NOTICES

Notice Of Coverage For Newborns And Mothers

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

2020 ANNUAL NOTICES

Notice Regarding Wellness Program

Health Matters Milwaukee County is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include measuring your blood pressure, weight, height, waist circumference, and a finger stick blood test to measure cholesterol and glucose. You are not required to complete the HRA or to participate in the biometric screening.

However, employees who choose to participate in the wellness program will receive an incentive of a 30% reduction to their monthly medical insurance premium contribution (up to a maximum reduction of \$50/month) for completing the health risk assessment questionnaire and biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive a 30% reduction to their monthly medical insurance premium contribution (up to a maximum reduction of \$50/month).

Employees who are identified as being high risk through the biometric screening will be asked to complete a telephonic health coaching session once a quarter during a calendar year in order to continue receiving the 30% reduction to their monthly medical insurance premium contribution (up to a maximum reduction of \$50/month). Additional incentives may be available for employees who voluntarily participate in certain health related challenges and events that are offered throughout the program year. If you are unable to participate in any of the health-related activities or achieve the health coaching requirement to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Division at (414) 278-4198.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Milwaukee County may use aggregate information it collects to design a program based on identified health risks in the workplace, Health Matters Milwaukee County will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Wellness Coordinator Laura Kuglitsch at (414) 278-4938.

Protections From Disclosure Of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Froedtert Workforce Health and Milwaukee County may use aggregate information it collects to design a program based on identified health risks in the workplace, Froedtert Workforce Health will never disclose any of your personal information either publicly or to Milwaukee County, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health coaches from Froedtert Workforce Health in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Benefits Division at (414) 278-4198.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November each year for coverage starting as early as the immediately following January 1.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description on the Milwaukee County Benefits Website or contact Benefits at 414-278-4198.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

As that percentage is adjusted by inflation from time to time.

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Milwaukee County		4. Employer Identification Number (EIN) 39-6005720	
5. Employer address 901 N. 9th Street		6. Employer phone number 414-278-4198	
7. City Milwaukee	8. State WI	9. ZIP code 53233	
10. Who can we contact about employee health coverage at this job? Department of Human Resources, Employee Benefits Division			
11. Phone number (if different from above)		12. Email address benefits@milwaukeecountywi.gov	

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Regular appointed employees with scheduled (budgeted) hours in excess of 20 hours per week (as defined in County Ordinance)

• With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Your spouse, your domestic partner, your or your spouse's child who is under age 27, an unmarried child of any age who is or becomes disabled and dependent upon you, a child of a dependent (until the dependent who is the parent turns 18). See SPD for conditions, limitations and additional details.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oji/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/pi/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue,

2020 PROVIDERS

Insurance Type	Provider	Group	Contact Number	Website
Commuter Value Pass	Milwaukee County Transit System		(414) 343-1777	www.ridemcts.com
Deferred Compensation	Empower Retirement		Enrollment: (414) 223-1921 Customer Service: 877-457-6459	www.milwaukeecounty457.com
Dental Insurance	Delta Dental	90813	Customer Service: 800-236-3712	www.deltadentalwi.com
Employee Assistance Program	United Behavioral Health		Customer Service: 800-622-7276	www.liveandworkwell.com
Flexible Spending Account	Employee Benefits Corporation		Customer Service: 800-346-2126	www.ebcflex.com
Home & Auto Insurance	Metlife		844-569-3607	www.metlife.com/insurance
Legal Plan	MetLife		1-800-821-6400	www.legalplans.com/metlaw
Life Insurance	Metlife	104177	Customer Service: 800-638-6420	www.metlife.com
Medical Insurance	UnitedHealthcare	714852	Customer Service: 800-603-3941	www.myuhc.com
Prescription Plan	OptumRx	Milwcnty	Customer Service: 800-603-3941	www.myuhc.com
Supplemental Insurance Policies	Colonial Life & Accident Insurance Co.		Enrollment: (414) 446-8494 Customer Service: 800-845-7330	www.coloniallife.com
Vision Insurance	DeltaVision		844-848-7090	www.eyemedvisioncare.com
Wellness Program	Froedtert Workforce Health		(414) 777-3446	https://countyconnect.milwaukeecountywi.gov/Employee-Wellness



MILWAUKEE COUNTY
Department of Human Resources

Milwaukee County Courthouse • 901 N. 9th St. • Milwaukee, WI 53233 • (414) 278-4198