



WOOD COUNTY BENEFIT GUIDE 2024

HUMAN RESOURCES

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This guide provides detailed information on the insurance benefits offered to Wood County employees including eligibility, premiums, coverage, and third-party vendor contact information.

CONTACT INFORMATION

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MEDICAL – Anthem BCBS
1-833-639-1636 (Group: W12248)
www.anthem.com

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HSA – WoodTrust Bank
1-715-422-0222
www.woodtrust.com

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FSA – Employee Benefits Corp (EBC)
1-800-346-2126
www.ebcflex.com

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VISION – Delta Dental of WI
1-800-236-3712 (Group: 45417)
www.deltadentalwi.com

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DENTAL – Delta Dental of WI
1-800-236-3712 (Group: 01304)
www.deltadentalwi.com

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TERM LIFE – Mutual of Omaha
1-800-877-5176 (Group: G000B96R)
www.mutualofomaha.com

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DISABILITY – Mutual of Omaha
1-800-877-5176 (Group: G000B96R)
www.mutualofomaha.com

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WHOLE LIFE – Boston Mutual
1-844-441-5372 or 1-715-241-5372
www.bostonmutual.com

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PREMIUMS
Medical, Vision, Dental
Life, STD, LTD

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EAP – Ascension
1-800-540-3758
www.ascensionwieap.com

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WRS – WI Retirement System
1-877-533-5020 (Employer No.: 0958000)
etf.wi.gov

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DEFERRED COMP – Nationwide
1-888-401-5272 (Group: 3932-2001)
www.nrsforu.com

ELIGIBILITY

Medical, Health Savings Account, and Flexible Spending Account plans are offered to all employees except those in a Casual/Temporary status. Dental, Vision, Short-Term Disability, Long-Term Disability, and Life/AD&D are available to Full-Time and Part-Time (80-90%) employees.

EFFECTIVE DATES

Medical, Health Savings Account, Flexible Spending Accounts, Vision, and Dental begin the first of the month following date of hire. Benefits are available the first of the month following 180 days of employment for Basic Life, Supplemental Term Life, and Long-Term Disability coverages.

ANNUAL OPEN ENROLLMENT

Employees may make changes to benefit elections during the open enrollment period (October-December) for a January 1st effective date. Open enrollment is available for medical, dental, vision, short-term disability plan, health savings account, and flexible spending accounts.

QUALIFYING EVENT CHANGES

Employees must make benefit changes within 30 days of a qualified event. Qualified events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of dependent, termination/gain of other coverage, and change in spouse's benefits or employment status. (Birth or adoption changes must be made within 60 days.)

MEDICAL — ANTHEM BLUE CROSS BLUE SHIELD

Wood County has a self-funded health plan with Anthem as a third party administrator. **Full details are provided in the plan document available on the Human Resources intranet site.** Medical premiums (the employee-paid portion) are deducted, before taxes, from each bi-weekly paycheck. Contributions begin one month prior to the effective date. Proof of eligibility is required when enrolling any family members on the employee’s health plan.

- **Spouse** - Marriage certificate **OR** a copy of the front page of the employee’s most recent filed federal tax return confirming the dependent as a spouse, financial information may be removed.
- **Children** - A child’s birth certificate naming the employee or the employee’s spouse as the child’s parent, **OR** appropriate court order/adoption decree naming the employee or the employee’s spouse as the child’s legal guardian. If the employee has eligible foster children under the terms of legal guardianship, a copy of the agreement should be provided **OR** a child’s birth certificate naming the employee or the employee’s spouse as the child’s parent and the employee’s marriage certificate as proof of the dependent’s relation to the employee (stepchildren) **OR** a copy of the front page of the employee’s most recent filed federal tax return showing that the employee claimed this dependent, employee may remove financial information.

Key Medical Benefits	Traditional PPO		High Deductible Health Plan (HDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)				
Individual / Family	\$500 / \$1,500	\$1,000 / \$3,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Coinsurance				
	90%	70%	90%	70%
Out-of-Pocket Maximum – Deductible & Coinsurance (per calendar year)				
Individual / Family	\$1,150 / \$3,450	\$2,250 / \$6,750	\$4,000 / \$8,000	\$8,000 / \$16,000
Out-of-Pocket Maximum – Deductible, Coinsurance & Co-pays (per calendar year)				
Individual / Family	\$7,900 / \$15,800	NA	NA	NA
Health Savings Account (HSA) on behalf of Wood County				
Individual / Family	NA		\$40.00 / \$80.00 per paycheck	
Covered Services				
Preventive Care	100%	No Benefit	100%	No Benefit
Primary Care Office Visit	\$25 copay*	70% after Ded.	90% after Ded.	70% after Ded.
Specialist Office Visit	\$50 copay*	70% after Ded.	90% after Ded.	70% after Ded.
Outpatient Therapy	\$25 copay*	70% after Ded.	90% after Ded.	70% after Ded.
Chiropractic Care	\$25 copay*	70% after Ded.	90% after Ded.	70% after Ded.
Urgent Care	\$75 copay*	70% after Ded.	90% after Ded.	
Emergency Room	\$300 copay*		90% after Ded.	
LiveHealth Online – Medical	\$10 copay, No Deductible		100% after Deductible (\$59)	
LiveHealth Online – Psychiatry, Psychology, Dermatology)	\$25 copay, No Deductible		100% after Deductible (\$75-\$175)	
Prescription Drugs				
	Tier 1 / Tier 2 / Tier 3			
Retail Pharmacy (30 day supply)	Copay after Deductible for Tier 2 & 3 Deductible – Single: \$100, Family: \$200 \$10 / \$30 / \$50		90% after Ded.	
Mail Order (90 Day Supply)	\$20 / \$60 / \$100			

*Any charges other than the visit itself (office visit, therapy visit, urgent care visit, etc.) will be subject to deductible and coinsurance. This includes services such as x-ray, labs, etc.

Maximum Visit Limits may apply on therapy/chiropractic care.



LIVEHEALTH ONLINE

Employees who are not feeling well can get the support they need easily using LiveHealth Online. Whether they have a cold, are feeling anxious, or need help managing medication, doctors and mental health professionals are right there, ready to help them feel their best. Using LiveHealth Online, employees can have a video visit with a board-certified doctor, psychiatrist, or licensed therapist from a smartphone, tablet, or computer.

LiveHealth Online Highlights:

- **Board-certified doctor 24/7.**
Employees don't need an appointment to see a doctor. They're always available to assess conditions and send a prescription to the pharmacy of choice, if needed. It's a great option when employees have pink eye, a cold, the flu, a fever, allergies, a sinus infection, or another common health issue.
- **Visit a licensed therapist in four days or less.**
Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks, and more. *
- **Consult a board-certified psychiatrist within two weeks.**
Employees over 18 years old can get medication support to help manage a mental health condition. *
- **Dermatology**
Consult with a Dermatologist regarding skin conditions or irritations. Get a treatment plan and prescription if needed all within 3 days.

*Schedule your appointment online or call 1-888-548-3432 from 8 a.m. to 8 p.m. CST, seven days a week.

Sign up for LiveHealth Online at livehealthonline.com or download the app and register on a phone or tablet.

Use Sydney Health, Anthem's Mobile App to find a doctor, view claims, virtual doctor visits, and much more!



LiveHealth[®]
O N L I N E

carelonSM
Rx

CARELONRX

Why wait in line at the drugstore if you don't have to? Employees who take prescribed medication on a regular basis can get up to a 90-day supply delivered to their door. The 90-day supply will only cost the same as filling a 30-day prescription twice, so employees get one month free! Standard shipping is free, and employees can even set up automatic refills and renewals, and get medicine sent to them automatically before their next refill date.

Go online to get started:

- Go to anthem.com, log in, and choose Pharmacy. On your personal pharmacy page, select View Your Prescriptions under Switch to a 90-Day Supply.
- Choose Switch to a 90-Day Supply and then Select Prescriber. Employees can also add or update your shipping address, shipping options, and payment method on this page.

Pay for your prescription

- Employees can pay by credit or debit card, flexible spending account (FSA), health savings account (HSA), or electronic funds transfer (EFT).
- To set up payments, select Complete your Profile and Communication Preferences from the personal pharmacy page, then View Pharmacy Payment Methods to choose the payment option, sign up to pay online or add/update a credit card on file.

Send in a prescription

- If an employee prefers to mail in their order, complete the Home Delivery Order Form found in the forms library on anthem.com, and submit it to the address shown. Be sure to include the prescription information and payment.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-free savings account that an individual owns and funds which can be used exclusively to pay for any “qualified medical expense” permitted under federal tax law. This includes most medical care, services, and expenses for the employee, spouse, and dependent children (even if they are not covered by the employee’s HDHP).

Eligibility

An eligible employee is any individual who:

- Is covered by a High Deductible Health Plan (HDHP)
- Is not covered under any other first-dollar medical coverage
- Is not entitled to Medicare (generally has not reached age 65)
- Must have a zero balance in any prior Medical Flexible Spending Account (FSA) through Wood County or funds will be moved to the Limited Purpose FSA
- May not be claimed as a dependent on another person’s tax return

HSA Contribution Limit	2024
Employee Only	\$4,150
Family	\$8,300
Catch-up (age 55+)	\$1,000

Includes both employee and employer contributions.

Wood County will contribute in to the HSA on the employees’ behalf.

Employees on the single plan will receive a contribution amount of **\$40.00** per pay period and family plan will receive **\$80.00** per pay period. Contributions will begin on the first payroll after the effective date of coverage. Employees are not required to contribute to receive the employer amounts. If at any time, the employee terminates coverage or changes to a different health plan, the employer contributions will end effective with the date of the change.

Employees are responsible for enrollment and providing the account and routing numbers for the HSA in order to receive the bi-weekly employer contribution. If information is not received prior to the first eligible payroll, no contribution will be made on behalf of Wood County. Wood County can provide enrollment paperwork for WoodTrust Bank to any employee interested in setting up an account.

Advantages of HSAs:

- Participants can use the funds in their HSA to pay for qualified expenses including those that the employees insurance may not cover, such as:
 - Deductibles
 - Coinsurance
- See IRS Publication 502 for more information on “Qualified Medical and Dental Expenses”
- Participants make all the decisions about:
 - How much money to put into the account
 - Whether to save the account for future expenses or pay current medical expenses
 - Which medical expenses to pay from the account
 - Whether to invest any of the money in the account and which investments to make
- Any unused funds at the end of the calendar year will be rolled over into the next calendar year and earn interest.
- Accounts are completely portable, meaning participants can keep their HSA even if they: change jobs, change medical coverage, become unemployed, move to another state, or change marital status.
- The owner of the HSA is responsible to keep records on all withdrawals. Keep all receipts for medical expenses paid for with HSA money in case of an audit.

HSAs may be established with WoodTrust Bank or any other financial institution. For 24/7 access visit www.woodtrust.com, download the mobile banking app, or call 715-422-0222. Locations are available in Wisconsin Rapids, Plover, and Wausau. WoodTrust offers online banking and billpay along with monthly e-statements.



FLEXIBLE SPENDING ACCOUNT (FSA)

Wood County provides the opportunity for employees to participate in three different flexible spending accounts (FSA). FSAs allow participants to set aside a portion of their income, before taxes, to pay for qualified health, dental, and vision care and/or dependent care expenses. Because that portion of income is not taxed, participants pay less in federal income, Social Security, and Medicare taxes.

The current annual maximum amount employees may contribute to the Health Care or Limited Purpose FSA is \$3,050 per calendar year. However, that amount is subject to change based on IRS guidelines set each year.

➔ HEALTH CARE FSA

These funds can be used to cover qualified expenses incurred by the employee, spouse, and children up to age 26. Some qualified expenses include:

Deductibles	Prescriptions	Eye exams
Coinsurance	Dental treatment	Lasik eye surgery
Copayments	Orthodontia	Eye Glasses

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

➔ LIMITED PURPOSE FSA

These funds can be used for dental and vision expenses only as the health expenses are covered under the HSA. Only employees on the HDHP can enroll. Examples of eligible expenses include: dental cleanings, fillings, x-rays, braces, etc. or vision expenses including exams, glasses, frames, and Lasik surgery.

➔ DEPENDENT CARE FSA

This account allows the employee to put aside funds for reimbursement of child or elder care expenses. These expenses must be incurred while the employee is actively employed with Wood County and must be for the care of a qualified dependent. Examples of eligible expenses include: pre-school or daycare charges, before or after school care, summer day camps, or summer school.

The annual maximum amount the employee may contribute to the Dependent Care FSA is \$5,000 per family per year.

Unlike the Health Care and Limited Purpose FSAs, Dependent Care funds must accumulate before the employee can receive reimbursement, and the employee can only get reimbursed up to the amount they have available in the account at any given time.

FSA RULES

Health Care/Limited Purpose FSA unused funds up to \$610 will carry over to the following year. Unused funds over \$610 will be forfeited.

Dependent Care FSA unused funds will NOT be returned to you or carried over to the following year.

2023 claims must be submitted no later than March 31, 2024.



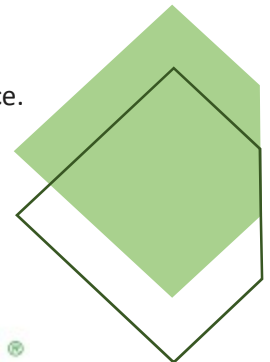
VISION —DELTA DENTAL OF WI

Wood County provides active full-time, part-time 90%, part-time 80% employees, and eligible elected officials the option to elect vision insurance. Vision benefits are administered by Delta Dental of Wisconsin. Vision contributions are deducted, before taxes, from each bi-weekly paycheck. Contributions begin one month prior to the effective date.

	Frequency	In-Network	Out-of-Network
Examination	12 Mos	\$20 copay	Reimbursement up to \$50
Standard Lenses	12 Mos		
Single / Vision	12 Mos	\$20 copay	Reimbursement up to \$25
Bifocal	12 Mos	\$20 copay	Reimbursement up to \$40
Trifocal	12 Mos	\$20 copay	Reimbursement up to \$55
Standard Progressive	12 Mos	\$20 copay	Reimbursement up to \$40
Frames	24 Mos	\$150 Allowance, then 20% off balance	Reimbursement up to \$75
Contact Lens - In lieu of eyeglasses			
Evaluation and fitting	12 Mos	100%	Reimbursement up to \$40
Conventional	12 Mos	\$150 allowance, then 15% off balance	Reimbursement up to \$120
Disposable	12 Mos	\$150 allowance	Reimbursement up to \$120
Medically Necessary	12 Mos	Paid in Full	Reimbursement up to \$200

Additional Benefits

Laser vision correction (Lasik or PRK) In-network 15% off retail price or 5% off promotional price.



See Certificate of Coverage for full policy details including limits and exclusions – for a copy contact Human Resources. To identify an in-network provider go to www.deltadentalwi.com/vision



DeltaVision®

DENTAL —DELTA DENTAL OF WI

Wood County provides active full-time, part-time 90%, part-time 80% employees, and eligible elected officials the option to elect dental insurance. Dental benefits are administered by Delta Dental of Wisconsin. Dental contributions are deducted, before taxes, from each bi-weekly paycheck. Contributions begin one month prior to the effective date.

Coverage	PPO	Premier	Non-Contracted
Network	In-Network	In-Network	Out-of-Network
Annual Deductible—Does Not Apply To Preventive Services			
Individual	\$25	\$50	\$50
Annual Maximum	\$1,000 per person	\$1,000 per person	\$1,000 per person
Preventive Care Services			
Oral Exams	100%	100%	80%
Cleanings	100%	100%	80%
Sealants	100%	100%	80%
X-Rays	100%	100%	80%
Basic Services Deductible Applies			
Periodontics	50%	50%	50%
Endodontics	50%	50%	50%
Emergency Treatment To Relieve Pain	80%	80%	50%
Simple Extractions	50%	50%	50%
Fillings	80%	80%	50%
Major Services Deductible Applies			
Inlays/Onlays/Crowns	50%	50%	Not Covered
Dentures & Bridges	50%	50%	Not Covered
Implants	50%	50%	Not Covered
Orthodontics Lifetime Maximum (dependents up to age 19)	50% up to a Lifetime Maximum of \$1,000		Not Covered

See Certificate of Coverage for full policy details including limits and exclusions – for a copy contact Human Resources. To identify an in-network provider go to www.deltadentalwi.com. Out-of-network charges are subject to reasonable and customary charges.



TERM LIFE, ACCIDENTAL DEATH & DISMEMBERMENT — MUTUAL OF OMAHA

Wood County provides active full-time, part-time 90%, part-time 80% employees, and eligible elected officials the option to elect a flat \$10,000 of Basic Life and AD&D Insurance. This coverage is offered on a guarantee issue basis (no health questions) for those who enroll when initially eligible. The designated beneficiary will receive the Life Insurance benefit. Please contact Human Resources to update any beneficiary information. Life and AD&D contributions are deducted, after taxes, from each bi-weekly paycheck.

Life insurance is a contract between an insurer and a policyholder. A life insurance policy guarantees the insurer pays a sum of money to named beneficiaries when the insured policyholder dies, in exchange for the premiums paid by the policyholder during their lifetime.

**BASIC
PREMIUM**
\$1.16 per pay period
Employer pays ½
\$0.58

Basic Employee Life Insurance	
Amount	\$10,000

Basic Employee Accidental Death & Dismemberment Insurance	
Amount	\$10,000

Supplemental Employee, Spouse & Dependent Life	
Supplemental Employee Life, A&D	<p>Employees with Basic Life/AD&D coverage may elect additional employee life insurance at the following levels: \$10,000 increments up to 5 times annual base salary or \$300,000, whichever is lower.</p> <p>Guarantee Issue Amount: \$100,000 (Requests over this amount require underwriting approval by completing the Evidence of Insurability form.)</p>
Supplemental Spouse Life, A&D	<p>Employees with Supplemental Life AD&D coverage may elect additional spouse life insurance at the following levels: \$5,000 increments up to \$150,000, but not to exceed 50% of amount of Supplemental Life/AD&D elected by employee</p> <p>Guarantee Issue Amount: \$50,000 (Requests over this amount require underwriting approval by completing the Evidence of Insurability form.)</p>
Supplemental Dependent Life, A&D	<p>Employees with Supplemental Life/AD&D coverage may elect additional child life insurance at the following levels but not to exceed 50% of amount of Supplemental Life/AD&D elected by employee:</p> <p>\$5,000 Child (ren): Newborn to 26 years \$10,000 Child (ren): Newborn to 26 years</p>

See page 13 for Supplemental Life premiums and bi-weekly calculation.

**BENEFIT
REDUCTION**

50% at age 70

Benefits will terminate upon retirement



Mutual of Omaha

PORTABILITY

Benefits can be converted to an individual plan upon termination of employment. Form is available through Human Resources.

DISABILITY — MUTUAL OF OMAHA

Wood County provides active full-time, part-time 90%, and part-time 80% employees the option to elect short and/or long term disability insurance. In the event the employee becomes disabled from a non-work related injury or sickness, disability benefits are provided as a source of income. Short-Term Disability contributions are deducted, after taxes, from each bi-weekly paycheck.

Short-Term Disability	
Elimination Period	The employee must be disabled for 14 calendar days before they are eligible to receive a Short-Term Disability benefit.
Benefit Duration	11 weeks
Percentage of Income Replaced	66 2/3% of weekly earnings
Minimum Weekly Benefit	\$25
Maximum Weekly Benefit	\$1,500
Pre-Existing Condition (3/6)	The employee may not be eligible for benefits if they have been diagnosed, received treatment, or took prescribed drugs or medicines within 3 months just prior to the effective date of coverage. If the disability is due to, caused by, or contributed to, a pre-existing condition, the employee will not have coverage for this condition until 6 months after the effective date of coverage.

STD

Bi-Weekly Premium Calculation: Weekly Salary x 66 2/3% x \$0.65 / 10 x 12 / 26

\$0.65 per
\$10.00 of
weekly
coverage



Long-Term Disability	
Waiting Period	First of the month following 180 days of employment
Benefit Begins	91 calendar days of Disability caused by Sickness or Injury
Benefit Duration	Maximum Benefit shown below
Percentage of Income Replaced	50% of basic monthly earnings
Minimum Monthly Benefit	\$50
Maximum Benefit	The maximum monthly benefit is \$3,000
Pre-Existing Condition (3/12)	The employee may not be eligible for benefits if they have been diagnosed, received treatment, or took prescribed drugs or medicines within 3 months just prior to the effective date of coverage. If the disability is due to, caused by, or contributed to, a pre-existing condition and it begins in the first 12 months after the effective date or coverage, no benefits will be paid unless the employee has NOT received medical treatment, consultation, care or services, or taken prescribed drugs or medicines for 12 months after the effective date of

Maximum Benefit Duration

Age at Disability	Maximum Benefit Period
61 or less	To age 65, your Social Security Normal Retirement Age (SSNRA) or 42 months, whichever is longest
62	Employees SSNRA, or 42 months, whichever is longest
63	Employees SSNRA, or 36 months, whichever is longest
64	Employees SSNRA, or 30 months, whichever is longest
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

LTD

See page 13
for premium
and bi-weekly
calculation.

WHOLE LIFE, ACCIDENT, AND/OR CRITICAL ILLNESS — BOSTON MUTUAL

Wood County provides employees working a minimum of 20 hours per week (Excludes Casual/Temporary) the option to elect Whole Life, Accident, or Critical Illness Insurance through Boston Mutual. Newly eligible employees will have a one-time opportunity to enroll with no medical questions. A representative from The Advantage Group will reach out to newly hired employees within the first couple of weeks after hire to discuss the options available and assist with enrollment or obtain a waiver.

Whole Life - Plan Highlights

Additional coverage available for employees, their spouse, children, and grandchildren to provide financial peace of mind.

Guaranteed Issue	Benefit eligible employees who are actively working can purchase coverage up to the plan limits despite past or present health problems.
Guaranteed Premium	As long as premiums are paid, the cost of the Life Insurance policy will never go up.
Guaranteed Cash Value	The cash value illustrated at the time of purchase is guaranteed as long as the employee coverage stays in force.
Guaranteed Additional Purchase	If the employee buys a policy, this guarantees the employee the right to purchase any remaining portion of the guarantee issue limit at future approved enrollments (subject to product and payroll deduction availability).
Portability	The employee is able to take the coverage with them and pay the premiums directly to Boston Mutual Life if they terminate employment or retire.
Family Coverage	The employee may cover eligible family members without coverage for the employee. Eligible family is defined as: children (natural, step, adopted w/documents) to age 26, grand-children, and great-grandchildren to age 15.
Spouse Modified Issue	Spouse subject to a qualifying medical question: "During the past six months, if your spouse has been seen or treated, including testing, in a hospital or any other medical family, excluding physician's office for routine medical care, he/she will be subject to medical underwriting and home office approval before spouse coverage can become effective."

Bi-Weekly Cost Per Paycheck

Based on Age and Coverage Amount Chosen



Health Screening Test is defined as:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Stress test on a bicycle or treadmill 2. Fasting blood glucose test 3. Blood test for triglycerides 4. Lipid Panel 5. Bone marrow testing 6. CA 15-3 (blood test for breast cancer) 7. CA 125 (blood test for ovarian cancer) 8. CEA (blood test for colon cancer) 9. Chest X-ray 10. Electrocardiogram (EKG) | <ol style="list-style-type: none"> 11. Colonoscopy 12. Flexible sigmoidoscopy 13. Hemocult stool analysis 14. Mammography/Breast Ultrasound 15. Pap smear 16. PSA (blood test for prostate cancer) 17. Serum Protein Electrophoresis (blood test for myeloma) 18. Thermography 19. Oral Cancer screening 20. Biopsy for Skin Cancer |
|---|---|

Accident - Plan Highlights			
Offers coverage for the employee and their family in the event of an off-the-job accident. The plan pays the employee cash and they can use that money for whatever they want – rent, mortgage, cell phone bill, groceries, etc. It helps with the things health insurance does not cover. This also includes a \$100 wellness benefit per insured, paid out annually. It even covers children while playing sports.			
Guaranteed Issue	Benefit eligible employees who are actively working can purchase coverage up to the plan limits despite past or present health problems.		
Guaranteed Premium	Rates are not individually increased due to a change in age, health, or individual claim history.		
Portability	The employee is able to take the coverage with them and pay the premiums directly to Boston Mutual Life if they terminate employment or retire.		
Family Coverage	Available for the employee, spouse, and children up to age 26.		
Health Screening	Participants will receive \$100 when completing one of the covered screening tests more than 30 days after the effective date. This benefit is paid only once per calendar year, regardless of the number of tests. This benefit is paid regardless of the results of the test. <i>See list of Health Screenings on previous page.</i>		
Bi-Weekly Cost Per Paycheck			
Employee	Employee & Spouse	Employee & Children	Employee, Spouse & Children
\$5.02	\$9.24	\$12.04	\$16.26

Critical Illness - Plan Highlights	
This program pays the employee cash in the event of a critical illness (including Heart Attack, Stroke, Cancer, and several other diseases). It is designed to help alleviate the financial burden that can come when one of these diseases happens.	
Guaranteed Issue	Benefit eligible employees who are actively working can purchase coverage up to the plan limits despite past or present health problems.
Guaranteed Premium	As long as premiums are paid, the cost of the Critical Illness Insurance policy will never go up.
Portability	The employee is able to take the coverage with them and pay the premiums directly to Boston Mutual Life if they terminate employment or retire.
Dependent Coverage	Each eligible child is covered at 25% of the primary insured amount at no additional charge.
Spouse Coverage	The employee may elect to apply for spouse coverage. Benefit amounts for the spouse are up to 50% of the employee amount. If the employee does not meet the underwriting requirements, the spouse may still be eligible for coverage.
Health Screening	Participants will receive \$50 when completing one of the covered screening tests after the 30-day waiting period. This benefit is paid only once per calendar year, regardless of the number of tests. This benefit is paid regardless of the results of the test. <i>See list of Health Screenings on previous page.</i>
Bi-Weekly Cost Per Paycheck	
Based on Age and Coverage Amount Chosen	

PREMIUMS

Medical Option 1 – Traditional PPO Plan

PPO	Full-Time	Part-Time 90%	Part-Time 80%	Part-Time 70%	Part-Time 60%	Part-Time 50%
Single	\$90.51	\$94.59	\$139.39	\$184.19	\$229.00	\$273.80
Family	\$207.64	\$216.99	\$319.77	\$422.56	\$525.34	\$628.12
↓ Discounted premium rates with participation in the Wellness Program ↓						
PPO	Full-Time	Part-Time 90%	Part-Time 80%	Part-Time 70%	Part-Time 60%	Part-Time 50%
Single	\$45.26	\$85.99	\$126.72	\$167.45	208.18	\$248.91
Family	\$103.82	\$197.26	\$290.70	\$384.14	\$477.58	\$571.02

Medical Option 2 – High Deductible Health Plan

HDHP	Full-Time	Part-Time 90%	Part-Time 80%	Part-Time 70%	Part-Time 60%	Part-Time 50%
Single	\$69.39	\$72.51	\$106.86	\$141.21	\$175.56	\$209.91
Family	\$159.19	\$166.36	\$245.16	\$323.96	\$402.76	\$481.56
↓ Discounted premium rates with participation in the Wellness Program ↓						
HDHP	Full-Time	Part-Time 90%	Part-Time 80%	Part-Time 70%	Part-Time 60%	Part-Time 50%
Single	\$34.70	\$65.92	\$97.15	\$128.38	\$159.60	\$190.83
Family	\$79.60	\$151.23	\$222.87	\$294.51	\$366.14	\$437.78

Discounted premium rates with participation in the Wellness Program involve completion of the following three (3) core activities:

1. Biometric Screening (height, weight, blood pressure, fasting lab work for lipid panel and glucose, etc.)
2. Health Risk Assessment (HRA) Questionnaire
3. Health Coaching Session

Please note, the employee will need to complete the three core activities listed above every year by the appropriate deadlines to be eligible for the incentive the following year. Additional information regarding the Wellness Program, including deadlines, are available on the Employee Wellness intranet site or by contacting the Wellness Coordinator.

Vision Premiums – Employee Cost (Bi-Weekly)

	Single	Employee & Spouse	Employee & Child(ren)	Family
Vision Coverage	\$1.48	\$2.96	\$3.02	\$4.50

Dental Premiums – Employee Cost (Bi-Weekly)

	Employee Only	Family
Dental Plan	\$18.81	\$52.30

BENEFIT ELECTION

The Benefit Election form is available to complete through the Employee Self Service (ESS) portal.

Supplemental Life Premiums – Employee Cost (Monthly Rates)

Employee Supplemental Life & AD&D Rates	
Age	Rate/\$1,000
< 35	0.12
35-39	0.13
40-44	0.20
45-49	0.28
50-54	0.49
55-59	0.76
60-64	1.31
65-69	2.39
70-74	3.32
75 +	5.29

Spouse Supplemental Life & AD&D Rates	
Age	Rate/\$1,000
< 35	0.08
35-39	0.09
40-44	0.16
45-49	0.24
50-54	0.45
55-59	0.72
60-64	1.27
65-69	2.35
70-74	3.28
75 +	5.25

Supplemental Employee and Spouse Life Insurance (Bi-weekly Rate Calculation):

$$\frac{\text{Amount Elected}}{1,000} = \text{Monthly Rate} \times 12 / 26 = \text{Bi-Weekly Cost}$$

Dependent Life Premiums – Employee Cost (Bi-Weekly)

	Coverage Amount	Premium
Plan A	\$5,000	\$0.46
Plan B	\$10,000	\$0.92

Short Term Disability Premiums – Employee Cost (Weekly Rates)

Age	Rates/\$100
All Ages	0.65

STD Cost Calculation – To calculate the per-paycheck cost, complete the calculations below.

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times 66 \frac{2}{3}\% = \text{Weekly Benefit} \times \frac{\text{Rate per } \$10}{10} = \text{Monthly Cost} \times 12 / 26 = \text{Bi-Weekly Cost}$$

Long Term Disability Premiums – Employee Cost (Monthly Rates)

Age	Rates/\$100
< 30 years	0.171
30-39	0.30
40-44	0.577
45-49	0.90
50-54	1.237
55 +	1.555

LTD Cost Calculation – To calculate the per-paycheck cost complete the calculations below. If your annual salary exceeds \$72,000 use \$72,000 as your annual salary in the calculation

$$\frac{\text{Annual Salary}}{12} = \text{Monthly Salary} \times 50\% = \text{Monthly Benefit} \times \frac{\text{Rate per } \$100}{100} = \text{Bi-Weekly Cost}$$

OTHER BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

All employees, their spouse or partner, and dependent children are eligible for this benefit.

Offered through Ascension Employer Solutions, the EAP offers free and confidential short term counseling and resource referral to employees, their spouse or partner, and dependent children. The counseling is provided by state licensed EAP counselors for up to eight sessions per issue or problem at no cost to employees. Things EAP can help with include: marital issues, stress, addiction, emotional problems, financial or legal difficulties, alcohol or drug problems, parenting questions, communication difficulties, co-worker conflict, or any other concern that affects the employee's well-being. (Contact Information: www.ascensionwieap.com, 1-800-540-3758, or eap@ascension.org)

WISCONSIN RETIREMENT SYSTEM (WRS)/EMPLOYEE TRUST FUNDS (ETF)

All employees are eligible for this plan if they meet the requirements.

Wood County participates in the Wisconsin Retirement System. Employees who are expected to be employed for at least one (1) year, and are expected to work a minimum of 1,200 hours during the year, are automatically enrolled in the WRS (excludes Part-Time 50% and Casual/Temporary). Employees whose original WRS enrollment dates are prior to July 1, 2011 and who did not take out a separation or lump sum benefit, will be grandfathered into the WRS eligibility with 600 hours. General employees contribute one-half (1/2) towards their State retirement plan (6.9% for 2024) and the County also contributes one-half (1/2) towards their State retirement plan (6.9% for 2024) for a total of 13.8%. Protective employees contribute at the same retirement rate. However, the employer contribution is 14.3% for 2024 for a total of 21.2%. Act 4 Protective employees contribute 14.3% for 2024 and the County contributes 6.9% for 2024 for a total of 21.2%.

The WRS provides members the following four types of benefits:

Retirement Benefit

At age 55 (age 50 if protective) an individual may receive a monthly retirement annuity. If termination takes place before age 55, and the separation benefit is not withdrawn, the employee becomes eligible for a retirement benefit at age 55 (age 50 if protective). Contact WRS at 877-533-5020, Option 1 for any additional questions.

Disability Benefit

To be eligible for a disability benefit the employee must be totally disabled by either a mental or physical impairment, which is likely to be permanent. Employees must be below the normal retirement age for their employment category and must meet the service requirements to be eligible for this benefit. An employee does not need to meet the service requirements if the disability is work related. Contact WRS at 877-533-5020, Option 1 for any additional questions regarding this benefit.

Survivor Benefit

If an employee dies before becoming eligible to receive a retirement or disability benefit from the WRS, their beneficiary will receive a survivor benefit. The benefit will vary depending upon the employee's age at the time of death, their creditable service, the amount of contributions to their account, and the relationship of the beneficiary. Please refer to the Employee Trust Funds benefit handbook for additional benefit information. Contact WRS at 877-533-5020, Option 1 for any additional questions regarding this benefit.

Separation Benefit

If employment is terminated under the WRS, an employee may apply for a separation benefit. A separation benefit is not a retirement annuity; it is a withdrawal. A separation benefit will include all mandatory employee contributions made to the individual's account, and accumulated interest. Employees are eligible for the employer contributions if:

1. Vested in the WRS (5 years of creditable service)
2. Minimum retirement age (55 for general or 50 for protective category)
3. Apply for a monthly Annuity which is only available once the employee retires and terminates from all WRS employment

DEFERRED COMPENSATION PLAN-457b

All employees are eligible for this plan.

Wood County offers a voluntary retirement plan. Deductions are taken before federal and state taxes are computed. Interest earned on the deferral also accumulates on a tax-free basis, until withdrawn upon retirement or termination of employment. An after tax, Roth 457 is also available. Employees are eligible to participate immediately upon employment with Wood County. Employees may contact Nationwide at 1-877-677-3678 or online at www.nrsforu.com to receive information or enroll any other time of the year. Deferrals are made on a bi-weekly basis. Once enrolled, employees may change deferral contributions by completing a form available on the Human Resources Intranet, or by contacting the Human Resources Department. Employees may also change the allocation of their deferral by contacting Nationwide Retirement Solutions at 877-677-3678, or on the website. Allocation changes will be effective the first payroll following receipt of the completed form.

OTHER EMPLOYEE BENEFITS

The following employee benefits are available for review in the Wood County Employee Policy Handbook:

- *Vacation*
- *Holidays*
- *Sick Time*
- *Bereavement Leave/Pay*

IMPORTANT NOTICES

SPECIAL ENROLLMENT NOTICE

Qualifying Life Event

If an employee has declined enrollment for themselves and/or dependents because of other health insurance or group health plan coverage, the employee may be able to enroll themselves and their dependents in this plan if the employee or their dependents lose eligibility for that other coverage (or if the employer stops contributing toward the employee or dependents' other coverage). However, the employee must request enrollment within 30 days after the employee or dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if the employee has a new dependent as a result of marriage, birth, adoption, or placement for adoption, the employee may be able to enroll in coverage. However, the employee must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, the employee and/or dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when the employee and/or dependents gain eligibility for state premium assistance. The employee has 60 days from the occurrence of one of these events to notify Wood County and enroll in the plan.

To request special enrollment or obtain more information, contact the Human Resources Department. The Qualifying Event Form is available to download from the Human Resources intranet site.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

Health Insurance Premiums in the Marketplace

An employee may qualify to save money and lower their monthly premium, but only if the employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on the premium that the employee is eligible for depends on the employee's household income.

Employer Health Coverage Affecting Eligibility for Premium Savings through the Marketplace

If the employee has an offer of health coverage from their employer that meets certain standards, the employee will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, the employee may be eligible for a tax credit that lowers their monthly premium or a reduction in certain cost-sharing if their employer does not offer coverage to the employee at all or does not offer coverage that meets certain standards. If the cost of a plan from the employer that would cover the employee (and not any other members of the employee's family) is more than 9.61% of the employee's household income for the year, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act (ACA), the employee may be eligible for a tax credit.

The Marketplace can help evaluate the employee's coverage options, including eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace.

HEALTH CARE REFORM

Congress passed the Affordable Care Act (ACA), a significant health care reform law, in March 2010. The ACA is a far-reaching law that affects all aspects of the health care system. Consumers, health care providers, insurance companies and employers are all impacted. The parts of the law that most affect you are described below.

Health Insurance Marketplaces

The Affordable Care Act (ACA) calls for the creation of health insurance marketplaces, also known as Affordable Health Insurance Exchanges, for individuals and small businesses to purchase private health insurance. The Exchanges will allow

for direct comparisons of private health insurance options on the basis of price, quality and other factors, and will coordinate eligibility for premium tax credits and other affordability programs. The ACA requires the Exchanges to become operational in 2014, with open enrollment set to begin on Oct. 1, 2013. If an individual can purchase coverage through their employer, they may not need to use the Exchanges. However, uninsured people who want to comply with the individual mandate will be able to use the Exchanges to fulfill their requirement.

Employer Provided Insurance Coverage

Under healthcare reform, most large employers are providing coverage that is both meets the minimum value requirements (Bronze or better) and is affordable (single coverage costing less than 9.61% of an employee's W-2 income). Wood County's plan is likely better and less costly than what the law requires, and employee premiums are paid through pre-tax deductions, which save 25-35% or more of the cost. As a result, employees are not likely to find they qualify for subsidized coverage in the Exchange marketplaces unless unusual circumstances exist.

Annual Limits and Pre-existing Conditions

As noted earlier, annual dollar limits cannot be placed on coverage for essential health benefits beginning in 2014. Additionally, the ACA compels insurers to cover individuals with pre-existing conditions. Insurance companies cannot turn employees down or charge the employee more because of a condition, nor can they refuse to cover treatment for pre-existing conditions. The only exception is for grandfathered individual health insurance plans—which are independently purchased, not through an employer. If an employee has one of these plans, the employee can switch to an Exchange plan during open enrollment and get coverage for a condition.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If an employee has had or are going to have a mastectomy, the employee 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 has been performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance;
- Prostheses and
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

These benefits may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

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 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 insurance carrier for prescribing a length of stay not in excess of 48 hours (or 96 hours).

FAMILY AND MEDICAL LEAVE ACT (FMLA)

If an employee is granted a leave of absence (Leave) by the employer as required by the Federal Family and Medical Leave Act, s/he may continue to be covered under the plan for the duration of the Leave under the same conditions as other employees who are currently employed and covered by the plan. If the employee chooses to terminate coverage during the Leave, or if coverage terminates because of nonpayment of any required contribution, coverage may be reinstated on the date the employee returns to work immediately following the end of the Leave. Charges incurred after the date of reinstatement will be paid as if the employee had been continuously covered.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009 (CHIP)

Effective April 1, 2009, employees and dependents that are eligible for healthcare coverage under the health plan, but are not enrolled, will be permitted to enroll in the plan if they lose eligibility for Medicaid or CHIP coverage or become eligible for a premium assistance subsidy under Medicaid or CHIP.

Individuals must request coverage under the plan within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

CHIPRA allows states to offer eligible low-income children and their families a premium assistance subsidy to help pay for employer-sponsored coverage. If this State offers a premium assistance subsidy, individuals will be notified in writing of the potential opportunities available for premium assistance in the plan year after model notices are issued.

WELLNESS NOTICE

The wellness program is voluntary and available to all eligible employees, elected officials, and/or spouses. 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 an employee chooses to participate in the wellness program, they may be asked to complete a health risk assessment or "HRA" that asks a series of questions about the health-related activities and behaviors and whether the employee has or had certain medical conditions (e.g., cancer, diabetes, or heart disease). The employee may also be asked to complete a biometric screening, which may include a blood test for blood lipids (cholesterol and triglycerides) as well as blood sugar. The employee is not required to complete the HRA or to participate in the blood test or other medical examinations.

However, eligible employees who choose to participate in the wellness program might receive an incentive from their employer. Although the employee is not required to complete the HRA or participate in a biometric screening, only eligible employees who do so will receive an incentive if offered.

Additional incentives may be available for eligible employees who participate in certain health-related activities or achieve certain health outcomes. If employees are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, the employee may be entitled to a reasonable accommodation or an alternative standard. The employee may request a reasonable accommodation or an alternative standard by contacting the Human Resources Department or the Wellness Coordinator.

The information from the HRA or the results from a biometric screening will be used to provide the employee with information to help them understand the current health and potential risks, and may also be used to offer services through the wellness program such as physical activity and nutritional activities. The employee is also encouraged to share their results or concerns with their own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

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

The employee's 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 the employee will not be asked or required to waive the confidentiality of health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives the employee information for purposes of providing services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive

the employee's personal identifiable health information are the applicable employees of the program provider in order to provide the employee with services under the wellness program and to aid in any continuation of care.

In addition, all medical information obtained through the wellness program will be maintained separate from the employees personnel records, information stored electronically will be encrypted, and no information the employee provides 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 the employee provides in connection with the wellness program, we will notify the employee immediately.

The employee may not be discriminated against in employment because of the medical information they provide as part of participating in the wellness program, nor may the employee be subjected to retaliation if choosing not to participate.

If an employee has questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at hr@woodcountywi.gov.

RIGHTS UNDER USERRA

If an employee leaves their job to perform military service, the employee has the right to elect to continue their existing employer-based health plan coverage for themselves and dependents for up to 24 months while in the military. Even if the employee doesn't elect to continue coverage during the military service, the employee have the right to be reinstated in the employer's health plan when the employee is reemployed, generally without any waiting periods or exclusions (such as pre-existing condition exclusions) except for service-connected illnesses or injuries.

Enforcement

The U.S. Department of Labor Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>



While every effort was taken to accurately report benefits, discrepancies or errors are always possible. In case of discrepancy between this Guide and the actual plan documents, the actual plan documents will prevail.

Horton is not providing legal advice or creating an attorney-client relationship by providing the sample notices. Horton is not undertaking to identify all potential liabilities that may arise out of the use of the sample notices. While every effort has been made to provide a complete summary and sampling of required notices, the sample notices are to be used to provide a basic understanding of the subject matter and should not be considered exhaustive. Horton strongly encourages you to seek independent legal counsel regarding the reliability and accuracy of information provided in the sample forms.



Additionally, please note that the enclosed information is Federal-specific. State mandates may also apply.

