2012 Milwaukee County

Benefits Booklet

- Medical Plans
- Dental Plans
- Additional Life Insurance Plan
- Short-Term Disability Plan
- Deferred Compensation Plan
- Flexible Spending Accounts

DEPARTMENT of ADMINISTRATIVE SERVICES
DIVISION of EMPLOYEE BENEFITS

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October 2011

Dear Elected Officials, County Employees, and Other Participants:

Employee benefits are a large part of your total compensation from Milwaukee County and offer critical financial protection for you, your spouse and eligible dependent children. But understanding your benefit choices requires effort on your part. Employee benefit options have become increasingly more complex, so please review this booklet carefully.

Things to Consider

This year's benefits Open Enrollment/Transfer period will be October 31, 2011 through November 11, 2011. **This year eligible employees do not need to re-enroll for Medical, Dental, and Life Insurance benefits for 2011**. Please note: If no changes are made during the Open Enrollment period, you will be enrolled in the same benefits at the same levels you were enrolled in for 2011, except for the flexible spending accounts. If you would like to participate in a **Flexible Spending Account** for the 2012 plan**, you must enroll/re-enroll** during the open enrollment period. Instructions for enrolling online through the Ceridian Benefits System can be found on pages 5-9 of this guide.

Please be aware that the HMO Comparable medical plan and the Dental Maintenance Organizations (DMO) require the use of specific providers. Contracts between the plans and these providers can expire, renew or cancel at various times throughout the year. Please confirm that the physician you want is still in the plan. Also, please be advised that a change in provider contracts could require you to select another physician from your plan. Instructions for finding a UnitedHealthcare network provider are on page 10. Remember, your plan selections will be in effect for all of 2012 and cannot be changed until the next Open Enrollment/Transfer Period.

Plan Selection Options

Please review the Benefits Checklist on page 31 of this booklet to make sure you have considered all of your benefit options carefully. The following benefit plan elections must be made through the Ceridian Benefits System:

MEDICAL AND PRESCRIPTION DRUG COVERAGE:

- Milwaukee County Choice Plan (HMO Comparable)
- Milwaukee County Choice Plus Plan (PPO Comparable)
- Waive medical coverage for the 2012 plan year and receive a $500 award

DENTAL PLAN SELECTIONS:

- Conventional Dental Plan (Humana)
- CarePlus DMO

OPTIONAL LIFE INSURANCE:

- Employees with "Basic" Group Term Life can elect additional coverage for themselves. Employees can elect additional life insurance for themselves, their spouse and dependent children.

MCTS DISCOUNTED BUS PASS

- Ride the bus for only $10 per month, employee contribution

FLEXIBLE SPENDING ACCOUNTS (FSA):

Healthcare FSA

- Pay for up to $5,000 of eligible healthcare expenses with pre-tax dollars.

Dependent Care FSA

- Pay for up to $5,000 of eligible dependent care expenses with pre-tax dollars.

During Open Enrollment 2012, you are also eligible to enroll in voluntary short-term disability coverage by directly contacting Colonial Life. You can enroll in Deferred Compensation by directly contacting Great West. Contact information for obtaining this coverage is included in this booklet and in the Ceridian Benefits System.

Sincerely,

Matthew Hanchek
Interim Director of Employee Benefits

Benefits Meetings and Enrollment Training

The Ceridian Benefits System allows employees to access plan information and complete their annual benefits enrollment online (www.benefitenroll.com). **Not everyone needs to enroll this year.** You only need to enroll if you want to change your benefit elections, update your dependent information, **and/or participate in a flexible spending account (FSA)** in 2012. If you do not change your benefit elections in the Ceridian Benefits System, your 2012 benefits elections will reflect the information you provided and choices you made for your 2011 plan year elections **except for your flexible spending account.** You must enroll and choose a contribution amount each year to participate in a flexible spending account.

Detailed instructions for using the Ceridian Benefits System and an overview of your benefit plan options are included in this booklet. A schedule of informational meetings is listed below. Employees are welcome to attend any of the meetings; however, attendance is optional.

Benefit Information Sessions

Representatives from the medical plans, dental plans, and other benefits programs will be available to answer your questions during the Benefit Information Sessions. Benefits literature will be available to help you and your family select the plans that best meet your needs for 2012.

Tuesday, November 1
Parks – Training Room Basement
9480 W. Watertown Plank Rd.
1:00 p.m. – 4:00 p.m.

Thursday, November 3
Safety Building
821 W. State St.
Sheriff Gymnasium
9:00 a.m. –12:00 p.m.

Wednesday, November 9
821 W. State St.
Sheriff Gymnasium
1:00 p.m. – 4:00 p.m.

Wednesday, November 2
Sheriff's Training Academy
Room 4
9225 South 68th St.
9:00 a.m. – 12:00 p.m.

Tuesday, November 8
Washington Park Senior Center-
Main Hall
4420 W. Vliet Street
1:00 p.m. –4:00 p.m.

Thursday, November 10
Sheriff's Training Academy
Room 4
9225 South 68th St.
1:00 p.m. – 4:00 p.m.

Enrollment Assistance / Additional Access

The Marcia Coggs Center (1220 Vliet Street) is also reserved from October 31 through November 11 for Milwaukee County Employees (see schedule below). This will allow additional access to the benefits enrollment system, in addition to having staff available to assist with your enrollment. Come to the Lower Level Training facility for assistance enrolling.

Wednesday, Nov 2	3:00 p.m. – 6:00 p.m.	Tuesday, Nov 8	8:00 a.m. – 12:00 p.m.
Thursday, Nov 3	1:00 p.m. – 5:00 p.m.	Thursday, Nov 10	9:00 a.m. – 12:00 p.m.

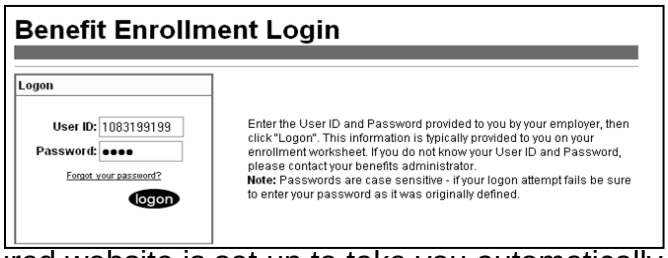
County Computer Kiosks

Airport Fleet Services/Lunch Room	**Community Corrections** North Cubicle #3	**DPW Airport** Hi-Way/Lunch Room	**Parks Administration** Room 108
Boerner Botanical 2nd Floor Education & Visitor Center	**Courthouse** Human Resources Room 210	**DPW Highway/Grounds** Lunch Room	**Safety Building** Roll Call Room
CCFS Training Room #3	**Criminal Justice** Roll Call Room	**DPW North Shop** Break Room	**Zoo Admin Building** Front of HR office

Milwaukee County – 2012 Open Enrollment System

Access your benefit information at

www.benefitenroll.com



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 last four digits of your Social Security Number, unless you changed it using the "Change Password" option on the home page.
- If your password does not work, call the Help Desk at 1-414-278-7819
- You will first be asked which year's benefits you are accessing. Select **Next Year's Benefits,** click **ok.** Then from the main menu select **Open Enrollment**

STEP 2

Check your Demographic Information

- ✓ Is your address correct? If not, inform your Departmental HR/Payroll Clerk.
- ✓ 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.

Click **Next** to save your entries. If you "back" out, your entries will not be saved.

STEP 3

Register / Update Your Dependents

The website will automatically take you to the "Dependent" screen. Please provide and verify the information for your dependents. You must **ADD** all dependents you wish to cover in your benefit plans. (You will enroll them in a different step.) Click **save** after adding each dependent. Click **next** to confirm 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 listed on your worksheet. 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 that ALL information is correct. If your intent is to cover dependents, check to be sure that each dependent is listed under the benefit plan.

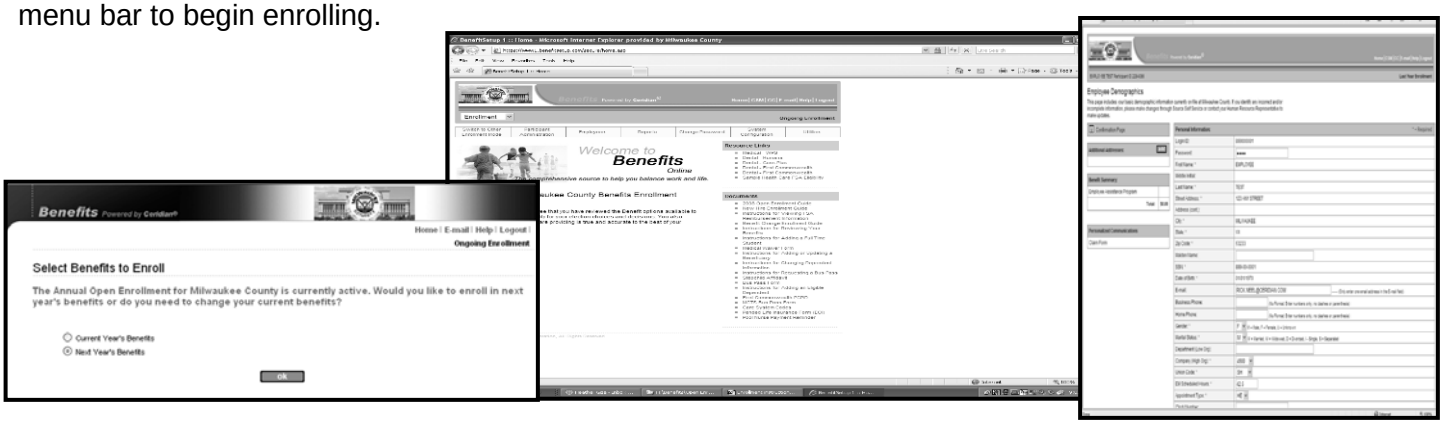
- If you need to change any information, simply click on the benefit link to go make changes to that benefit.
- You may print this document for your records.

Questions?
Need Help?

Contact your local HR/Payroll clerk for assistance enrolling

How To Enroll – A Screen-By-Screen Guide

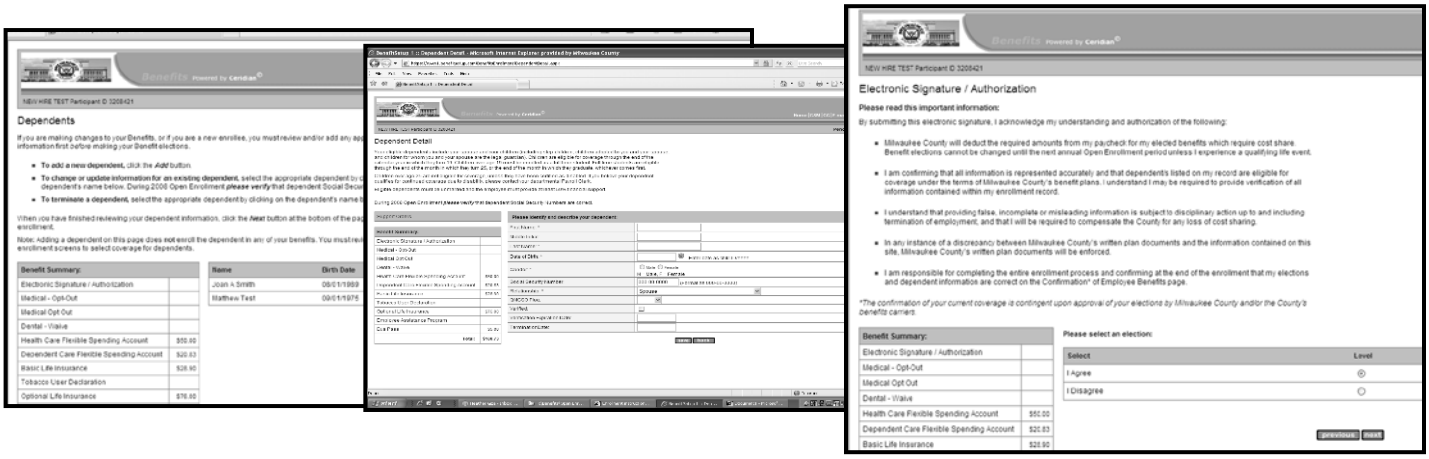
After logging in, you will be asked which year's benefits you are accessing. Select "***Next Year's Benefits***" and click "***OK***" to be directed to the enrollment system home page. Click "***Open Enrollment***" on the yellow menu bar to begin enrolling.



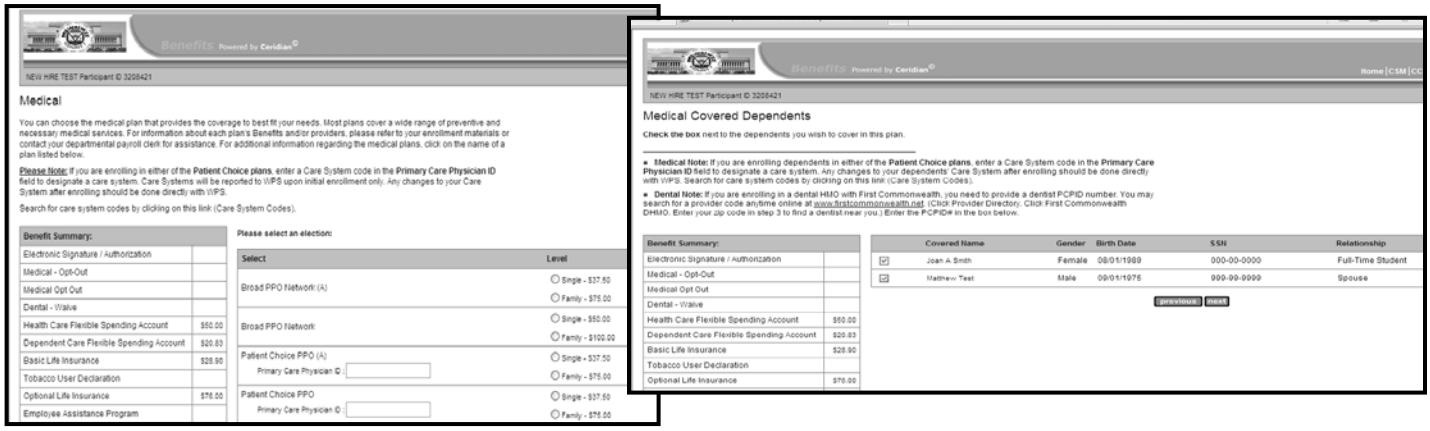
You will be taken to the Demographic page. Check to make sure your information is correct. Enter an email address so if you forget your password, one may be sent to you via email. Click "***next***" to continue.

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.

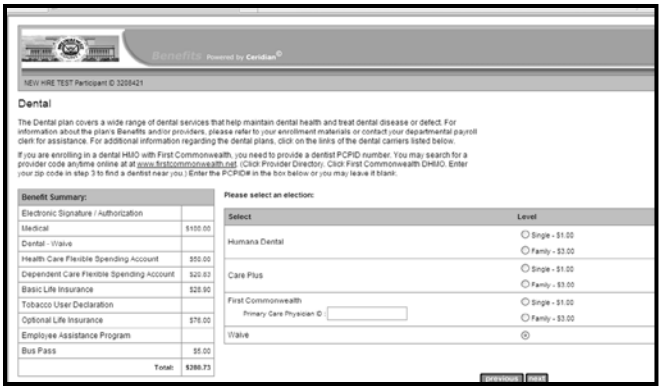
ELECTRONIC SIGNATURE: Accept this page to verify your truthfulness in enrolling.

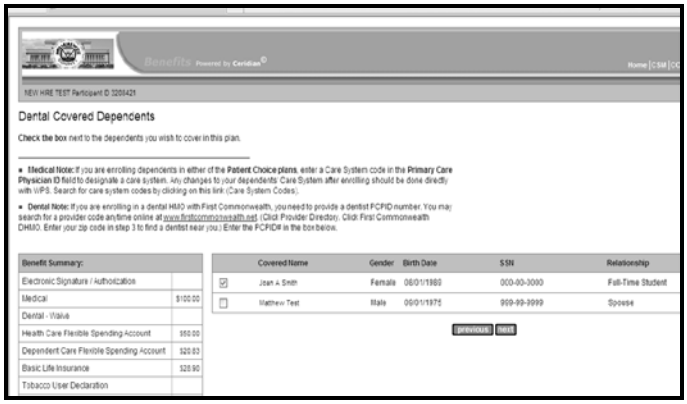


MEDICAL: Select the medical election and level you wish. Click "***next***." If you selected "family" and have more than one dependent, select which dependents you are enrolling. Click "next" to continue.

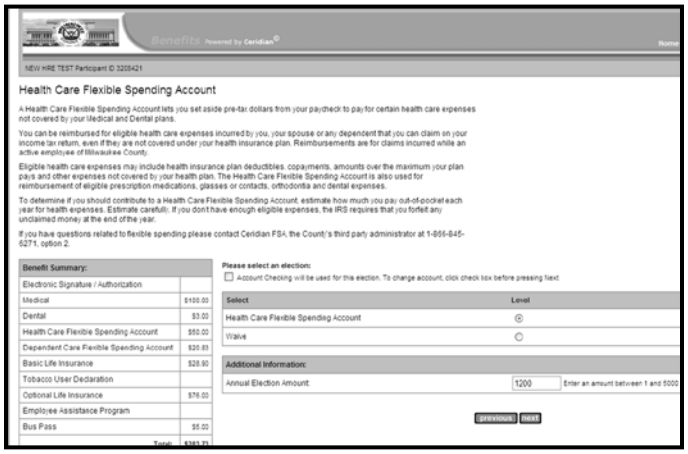


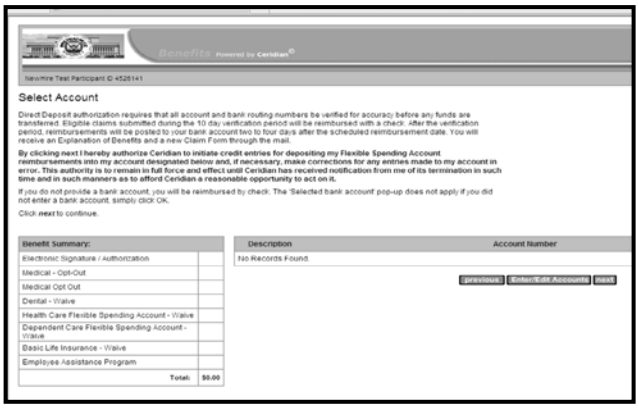
DENTAL: Select the dental election and level you wish. Click “next.” If you selected “family” and have more than one dependent, select which dependents you are enrolling. Click “next” to continue.

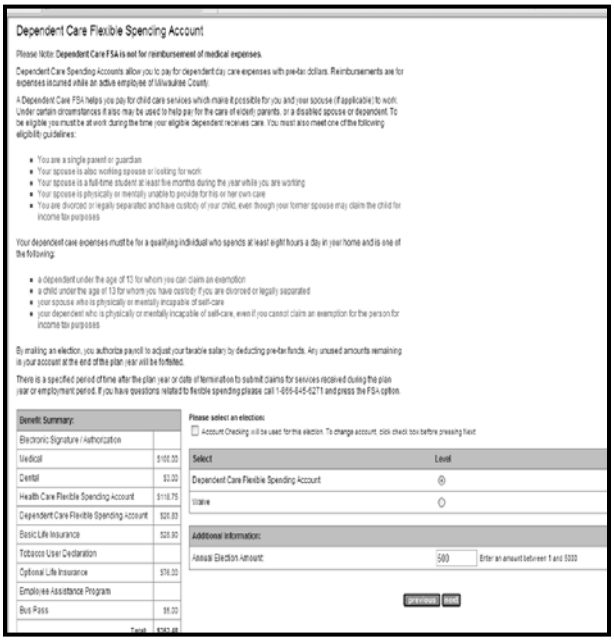


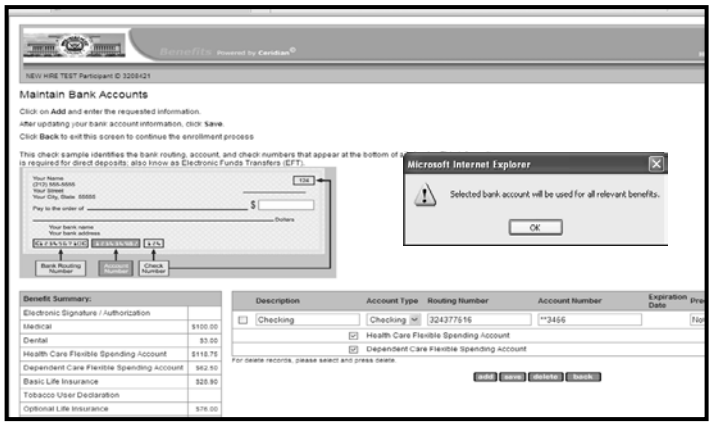


FLEXIBLE SPENDING ACCOUNTS: You can put aside pre-tax dollars to pay for medical reimbursements with a Health Care FSA. **You must enroll each year for this benefit**. You can indicate a bank account for direct deposit of these reimbursements. If you do not indicate an account, a reimbursement check will be mailed to you.





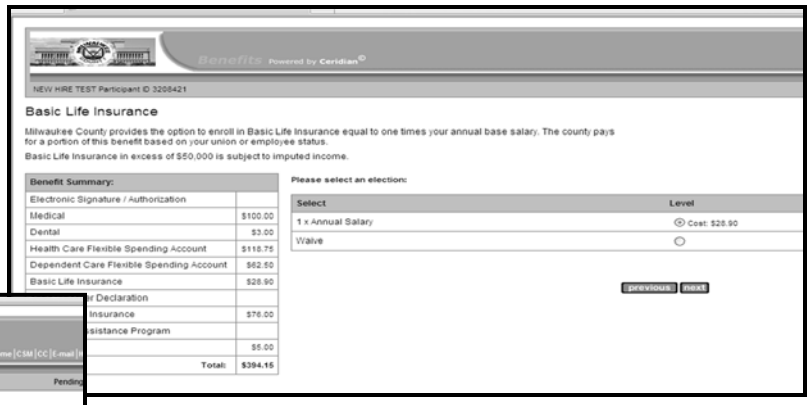


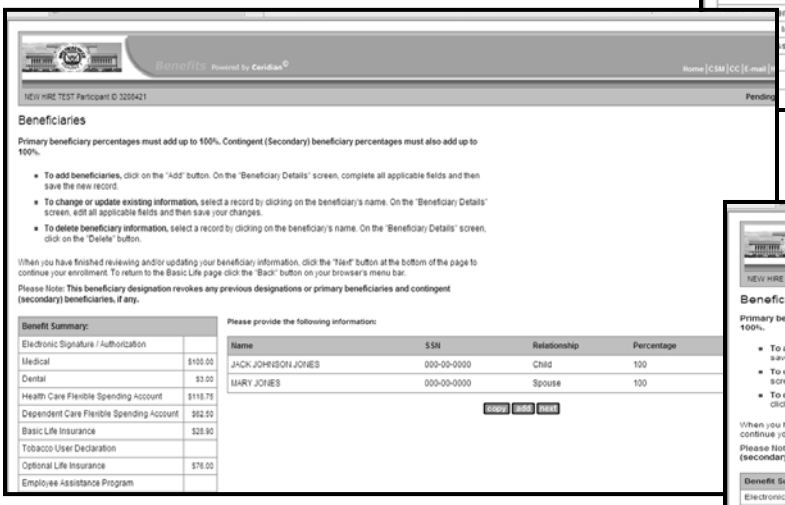


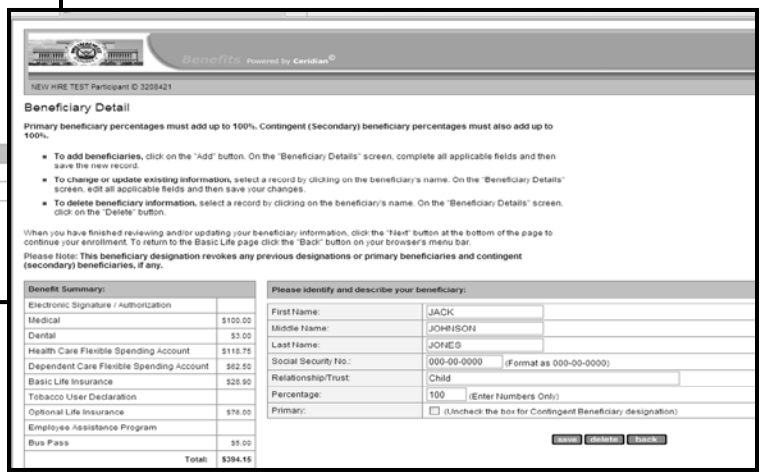
A Dependent Care FSA may only be used for **day care** for your eligible dependent/s.

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 6 months after enrollment.





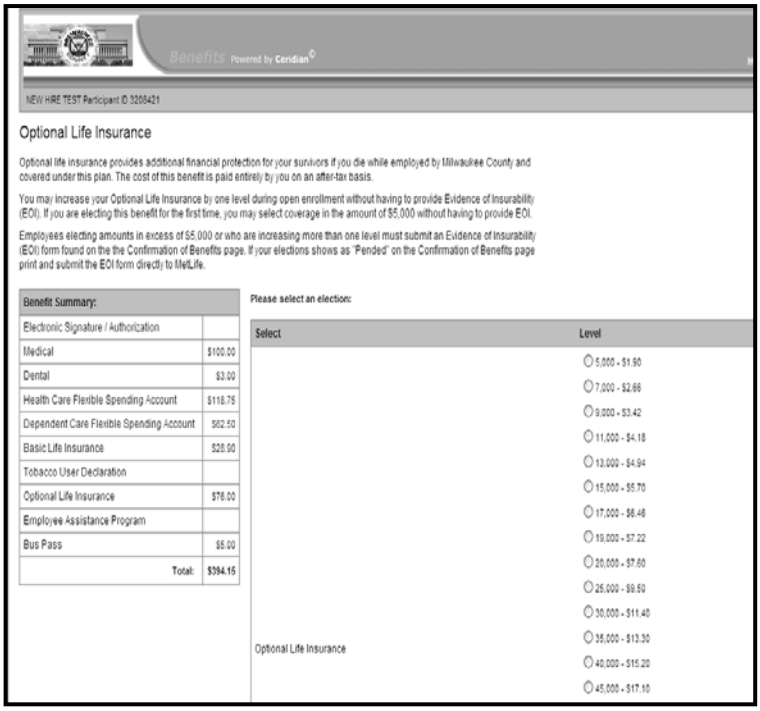


OPTIONAL LIFE

Optional Life Insurance rates are based on age.

You can choose how much life insurance you want by clicking the button next to your choice. Click "next" to continue.

If you are eligible for additional types of Life Insurance, the system will prompt you to enroll and select the desired volume.



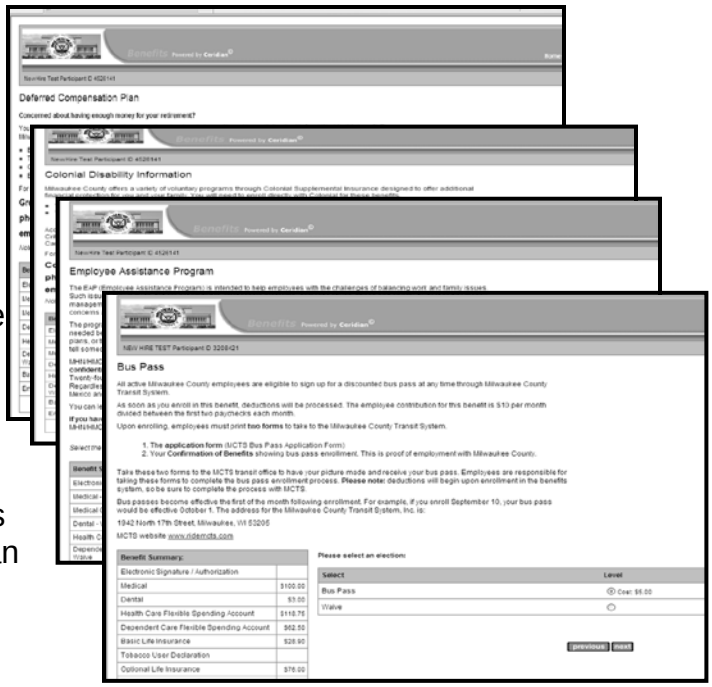
OTHER BENEFITS:

Colonial Short Term Disability and **Great West** Deferred Compensation are two 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.

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

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



Confirmation of Benefits:

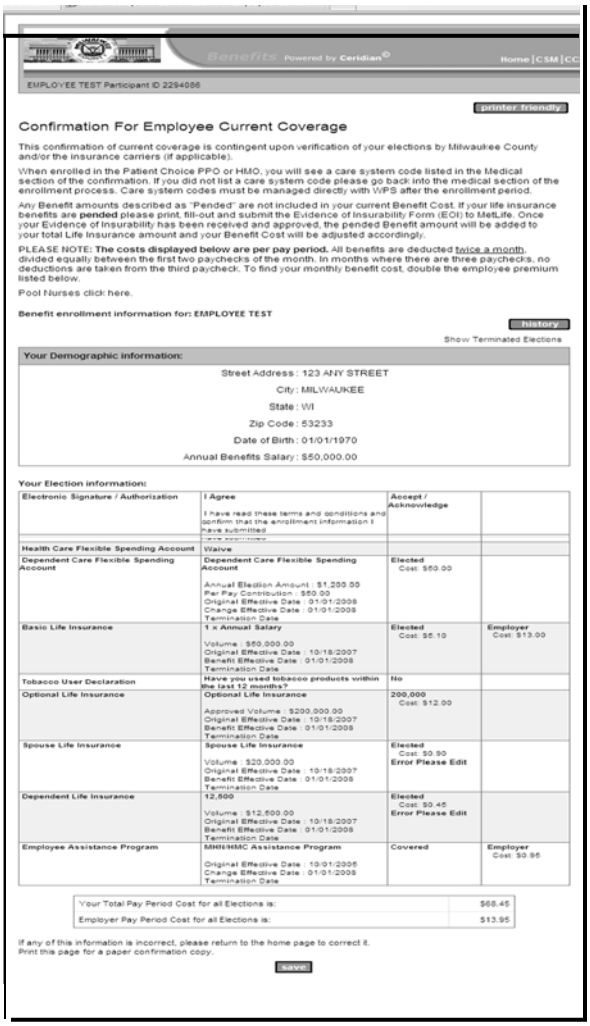
After completing the enrollment process, verify your elections and dependent information.

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.

Watch for an official **Confirmation of Benefits** to be mailed to your home after Open Enrollment ends. Verify your elections and dependent information at that time.

REMEMBER: You only need to enroll this year if you are making changes or enrolling in the Flexible Spending Accounts.



Questions? Need Help?

Call the Ceridian Help Desk during Open Enrollment

7:00 a.m. to 7:00 p.m. CST

1-866-845-6271

or contact your local HR/Payroll clerk

Enrollment Reminders and Tips

1. **Active employees are <u>not</u> required to re-enroll in order to have benefits for 2012.**

2. **Enroll online at www.benefitenroll.com. Detailed instructions for enrolling are included on pages 5-9.**

3. **Enrollment assistance and computer access is available at the Marcia Coggs Center Training rooms, lower level (a schedule is included page 4). Computer kiosks are available at various county locations for additional access.**

4. **For additional assistance, the Ceridian Help Desk is available throughout Open Enrollment from 7:00 a.m. to 7:00 p.m. CST. Call 1-866-845-6271.**

To make the enrollment process easier, please remember to have all of your dependent information (dates of birth, Social Security numbers, etc.) available. Social Security numbers are required for all dependents over 1 year of age. You will be asked to verify this information as you enroll.

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 Physician or Facility" link located under the links and tools heading in the upper right corner.
2. Select the type of provider that you are looking for (e.g., physician, hospital, facility, or medical equipment supplier) and click on "continue".
3. Select the search criteria that you want to use (e.g., name, location, and specialty).
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 address), and the distance from that location that you are willing to travel
7. You may also narrow your search by gender, languages spoken by the provider or staff
8. When you are finished entering your search criteria, click continue, and indicate if you are searching for a specific specialty on the next screen.
9. Click "Continue" to view the results

Eligibility Update – Social Security Numbers for Dependent Spouses and Children

The Centers for Medicare & Medicaid Services (CMS), a federal government agency, requires eligibility data sent to our insurance carriers to include social security numbers of all individuals covered under any Milwaukee County insurance plan.

Please take this opportunity to update your records by adding your dependent(s) social security number. **Dependents over one year of age without a social security number in the Benefit enrollment system will be excluded from insurance coverage effective 01/01/2012.** Please take the time to verify that social security numbers have been provided for all of your covered dependents. Absent a qualifying life event, your next opportunity to add coverage for dependents will be during the 2013 open enrollment period**.**

$500 Opt-Out Award – Medical Coverage:

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

IMPORTANT INFORMATION

- You must enter the name of your other insurance in the Ceridian Benefits 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 issued just prior to April 1, 2012.
- **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**

Milwaukee County Employee Medical Plans

All Milwaukee County Employees

Benefit Summary

Benefit	Choice Plus Plan (PPO Comparable)		
Lifetime Maximum	Unlimited		
		Preferred providers:	**All other providers:**
Annual Deductible	**Single**	$500	$1,000
	Family	$1,500	$3,000
Annual Out-Of-Pocket Limit (Includes deductible and coinsurance)	**Single**	$2,500	$6,000
	Family	$5,000	$12,000

	Preferred providers:	**All other providers:**
Coinsurance	80%	60%
Inpatient Services(1)	80% after deductible	60% after deductible
Outpatient Services	80% after deductible	60% after deductible
Maternity Services(2)	80% after deductible(6)	60% after deductible
X-Ray and Lab Tests	80% after deductible	60% after deductible
Emergency Room(3)	100% after $200 copay (waived if admitted)	100% after $200 copay (waived if admitted)
Physician Office Visits	$30 copay	$60 copay
Routine Physical Exams (Physician Charges)	100%(7)	Not Covered
Well-Baby Care	100%	Not Covered
Immunizations	100%	100%(4)
Routine Vision & Hearing Exams(5)	100%	Not Covered
Chiropractic Care	$30 copay	$60 copay
Mental Health / Substance Abuse	See Summary Plan Description (located on the Milwaukee County Internet)	
Physical, Occupational, Speech, & Respiratory Therapy	80% after deductible	60% after deductible
Prescription Drugs - Retail Pharmacy (Up to 30-day supply)	Generic: $10 Copay Preferred Brand: $30 Copayment Non-Preferred Brand: $50 Copayment **Prescriptions for maintenance medications are required to be filled through Medco Mail Order pharmacy.**	
Prescription Drugs - Mail Order Pharmacy (Up to 90-day supply)	Generic: $20 Copay Preferred Brand: $60 Copayment Non-Preferred Brand: $100 Copayment	

Notes: This at-a-glance guide is intended as a summary only. For specific terms, provisions, conditions, limitations, or exclusions, please refer to your Summary Plan Description.

(1) Inpatient coverage limited to 365 days per confinement	(2) Includes coverage for dependent daughters
(3) Ancillary services in ER subject to deductible & coinsurance	(4) Immunizations covered up to age 6
(5) Frames, lenses, contact lenses, contact lenses fittings, and hearing aids are not covered	
(6) physician services for maternity covered at 100%	(7) Limited to one exam / year for patients 18 and older

Domestic Partner Benefit Coverage

Milwaukee County is pleased to provide benefits coverage to same and opposite-sex domestic partners of Milwaukee County employees. This coverage will also be available to the eligible child(ren) of an employee's domestic partner. The benefit plans available to a domestic partner and the partner's eligible child(ren) include:

- Health
- Dental
- Employee Assistance Program (EAP)

A qualified domestic partnership is one in which two people are registered with the Milwaukee County Clerk of Courts and meet the following criteria:

- Both persons share a common residence
- Both persons are at least eighteen years of age and mentally competent to consent to the declaration of domestic partnership
- Neither person may be married or legally separated from anyone else, or in another domestic partnership with someone else that has not been terminated or dissolved
- Both persons must be jointly responsible for basic living expenses incurred during the domestic partnership

2012 Employee Cost of Coverage for Domestic Partners and/or child(ren) of Domestic Partner
Your out-of-pocket costs for the premiums are paid as follows: Payroll deductions for health plan coverage and/or dental plan coverage associated with your domestic partner and your domestic partner's child(ren) are taken on a post-tax basis. Payroll deductions associated with your coverage are taken on a pre-tax basis.

Further, you will have an additional tax consequence when you elect to cover your domestic partner and/or your domestic partner's child(ren) if they are not your tax dependent.

Tax Consequences
The Internal Revenue Service (IRS) has determined that the actual cost of the domestic partner benefit is taxable income to the employee, unless the domestic partner qualifies under the dependency criteria of Internal Revenue Code § 152(a) as modified for purposes of Internal Revenue Code §§ 105 and 106.

The value of Milwaukee County's paid coverage that relates to a domestic partner and/or a domestic partner's child(ren) who is not a dependent under tax law will generally be considered imputed income. Imputed income is calculated as the value of the coverage provided to the domestic partner and/or the domestic partner's child(ren). Please note:

- Taxes paid on imputed income are in addition to the employee's monthly plan cost.
- The amount of imputed income depends on the plan in which the employee is enrolled.
- Imputed income is taxable and will be added to the employee's gross income each pay period for the purposes of calculating federal and state income taxes and for Social Security and Medicare taxes.
- Imputed income will be reported on the employee's annual Form W–2.
- The employee's personal income tax bracket will determine the actual tax consequences.

Since there may be tax consequences to employees who enroll a domestic partner, employees may wish to consult a tax advisor before electing this coverage.

Benefit Eligibility and Tax Implications for Adult Children Up to Age Twenty-Seven

Effective March 30, 2010, federal tax law was amended by the Affordable Care Act to allow employees to cover their adult child on family health insurance through the end of the calendar year in which the child turns 26 without any federal tax consequences. Milwaukee County health insurance is available for dependents up to age 27; however, the tax code in the State of Wisconsin has not been updated to match the federal provision or state statues allowing coverage for dependents covered in the calendar year they turn 27, therefore you may have tax consequences for these dependents.

Federal and state tax consequences occur when you provide health insurance coverage for dependents who are considered "non-tax dependents." If you cover dependents on your health insurance that are considered non-tax dependents under federal tax law, the fair market value of the health insurance benefits provided to those dependents will be included in both your state and federal gross income. This amount is referred to as "imputed income." This will increase both your taxable income and your tax liability.

Who is considered a Tax Dependent for Milwaukee County Health Insurance Purposes?

A legal spouse and a dependent child under age 19 as of the end of the calendar year are automatically considered tax dependents under both federal and state tax law. An adult child is also considered a tax dependent under **federal tax law** until the end of the calendar year in which the child turns 26. If an adult child meets all the qualifications of a "qualifying child or relative," except for the income requirements, the adult child is considered a tax dependent for health insurance purposes under both state and federal tax law. If the adult child is considered a "qualifying child or relative," the fair market value of the health insurance coverage provided to the child is **NOT** considered taxable income for the employee

In general, the IRS requires that a **"qualifying child"** meet five tests:

- The child must be your son, daughter or stepchild
- The child must be
  - under age 19 at the end of the year,
  - under age 24 at the end of the year and a full-time student, or
  - any age if permanently and totally disabled.
- The child must have lived with you for more than half of the year
- The child must not have provided more than half of his/her own support for the year
- If the child meets the rules to be a qualifying child of more than one person, you must be the person entitled to claim the child as a qualifying child.

If an adult dependent child does not qualify as a tax dependent as a "qualifying child", the child may qualify as a "qualifying relative."

In general, the IRS requires that a **"qualifying relative"** for health insurance purposes meet three tests:

- The person does not meet the "qualifying child" tests (see above);
- The person must live with you all year as a member of your household
- You must provide more than half of the person's support for the year.

Note: Any individual, who meets the criteria of a "qualifying child" or "qualifying relative", must also meet the definition of "dependent" under Milwaukee County's Health Insurance.

You are responsible for determining the tax dependent status of dependents when you add them to your health insurance coverage. The information above should not be used as the sole source of information for determining the tax status of your adult child. Milwaukee County cannot provide you with tax advice. You should review all related IRS information and/or consult with a tax advisor if you have questions regarding how the federal and state rules apply to your situation.

Questions and Answers About Benefit Eligibility and Tax Implications for Adult Children Up to Age Twenty-Seven

Q. How does the addition of my adult child to my insurance affect my income taxes?

A. *Under federal tax law, employer contributions for health insurance are excluded from an employee's gross income. However, federal law permits the exclusion only for coverage of the employee, the employee's spouse and the employee's dependents. If your adult child is not considered a "tax dependent" under federal law, Milwaukee County must include in your gross income the fair market value of the health insurance benefits provided to the adult child. This is known as "imputed income" and it will likely affect your taxable income and increase your tax liability.*

Q. I reviewed the information and determined that my adult child is not my tax dependent. Can I still cover him/her on my insurance?

A. *Yes, as long as your adult child is less than 27 years of age, is not married and if employed, is not eligible for health insurance through his/her current employer where the premium contribution is less than the additional premium amount you are required to pay to insure your adult child on your policy. However, the fair market value of the benefit for that insured dependent may be considered imputed taxable income to you.*

Q. If my adult child is eligible but is a non-tax dependent, I will be subject to imputed income. I do not want to pay the taxes. Do I have to cover him/her on my family policy?

A. *You are not required to cover your eligible adult child. However, if you do not request coverage for your eligible adult child and later wish to add him/her to your policy, you can only do so during the annual open enrollment period for coverage effective the following January 1 or within 30 days of a qualifying event.*

Questions and Answers About Medical Benefits

Answers to the most commonly asked questions about medical benefits are listed below to assist you in making a decision about which medical plan is best for you and your family.

Q. Have my health benefits changed?

A. *Yes. Milwaukee County will only offer the PPO Comparable plan design for the 2012 plan year.*

Q. Has the health insurance company changed?

A. *No. UnitedHealthcare will administer your health plan for 2012. Medco will be the administrator for prescription drug coverage.*

Q. Have my provider options changed?

A. *UnitedHealthcare offers a nationwide network of providers that is particularly strong in Southeast Wisconsin. The overwhelming majority of physicians and facilities that were available for 2011 are available for 2012. While it is very likely that the providers you utilized in 2011 will be in the network for2012, the only way to be absolutely certain is to confirm with UnitedHealthcare. Instructions are provided on page 10.*

Q. Will I receive new ID cards?

A. *If you make changes during the Open Enrollment period (add/delete dependents, etc.) you will receive new medical ID cards prior to January 1, 2012. Also, if you were moved from the HMO plan to the PPO plan, you will receive new medical ID cards.*

Q. How is emergency care handled in and out of the Milwaukee area?

A. *Emergency care may be obtained anywhere without prior authorization, subject to notification of the plan within 24 hours of receiving emergency services requiring inpatient hospitalization. (Review your summary plan description for specific procedures you must follow to obtain emergency and follow-up health care coverage.)*

Great Reasons To Use myuhc.com®

The tools and information at myuhc.com are both practical and personalized so you can get the most out of your benefits. Register at myuhc.com and connect to current information about your plan benefits and health care interests.

1. Compare costs for different health plans.
Choose a plan that's right for you and your family needs.
Select Plan Cost Estimator located under Links and Tools

2. Organize your medical claims online.
View processed claims, remaining balances for deductibles and out-of-pocket expenses via your Health Statements. Download claims to a spreadsheet, set up automatic payments, direct deposits and more.

Select Claims & Accounts

3. Get information about hospitals and physicians. Find information on network doctors and health care professionals. You can even find out what physicians are recognized in the UnitedHealth Premium® designation program, a free informational tool that evaluates physicians and facilities using national quality and cost efficiency standards in their specialty.

Select Physicians & Facilities

4. Receive health care alerts.
Check for personalized messages that are specific to you and your myuhc.com account. Messages may include:

- Health and cost savings information
- Advantages of staying in network
- Preventive care reminders

You can check these messages directly from your home page whenever it's convenient for you.

Select Message Center

5. Learn more about your coverage. Check your current eligibility, deductibles and out-of- pocket costs; confirm what's covered and what's not covered.

Select Benefits & Coverage

6. Organize and store all of your health data in one convenient, confidential place. Record your family health history, allergies and immunizations, and personal contacts. Review medical claims information, as well as lab results. Track your progress with important Health Trackers such as blood pressure, cholesterol, and weight. Print or download a historical claims summary known as the Personal Health Summary.

Select Personal Health Record

7. Improve your health habits. Participate in Health Coaching Programs that help set goals to achieve health objectives. Find out the best way to improve your health by taking the online Health Assessment.

Select Health & Wellness or click on the Health Assessment from the Home page

8. Learn about health conditions and treatment options. Medical information from reliable resources recognized by physicians.

Select Health & Wellness > Conditions AtoZ

9. Request a medical ID card. Print a temporary ID card or request a replacement card.

Select Account Settings

Register at myuhc.com today.

1 Click "Register Now"
2 Enter the requested information
3 Begin using the site

UnitedHealthcare®

Milwaukee County Employee Dental Plans

Benefit Comparison *At-A-Glance*

Benefit	Milwaukee County Conventional Plan (Humana Dental)	Care-Plus (DMO)
Network of providers	Services may be performed by the dentist of your choice	Services must be performed at a Dental Associates, Ltd. Dental Center
Annual Maximum Benefit	$1,000 per person	No Maximum
Annual Deductible	$25 per person (Maximum of 3 deductibles per family per year)	None
Diagnositc and Preventive:		
- Dental exams and cleanings	100% of approved charges (1)	100% of approved charges
- Bitewing x-rays	100% of approved charges (1)	100% of approved charges
- Full mouth x-rays	100% of approved charges (2)	100% of approved charges
Minor Restorations (regular fillings: acrylics, amalgams, & composites)	80% of approved charges	100% of approved charges
Major Restorations (crowns, inlays, onlays)	50% of approved charges	100% of approved charges(3)
Prosthetics (dentures, bridges)	50% of approved charges	100% of approved charges(3)
Simple Extractions	80% of approved charges	100% of approved charges
Endodontics (root canal treatment)	80% of approved charges	100% of approved charges
Periodontics	80% of approved charges	100% of approved charges
Orthodontics	50% of approved charges with a $1500 life time maximum benefit. Coverage is limited to dependents under age 18	100% of approved charges (includes coverage for adults if approved by the plan) after $450 maximum patient payment
Emergency Treatment	80% of approved charges	100% of approved charges at network provider. All other providers limited to a $50.00 benefit maximum
Ancillary Services	80% of approved charges	100% of approved charges
Oral Surgery	80% of approved charges	100% of approved charges (surgeon fee only)

Notes: This at-a-glance guide is intended as a summary only. For specific terms, provisions, conditions, limitations, or exclusions, please refer to your Summary Plan Description.

(1) limited to one service per 6 months

(2) limited to 1 service per 36 months

(3) Precious metal (Noble/High Noble) costs are extra and are the responsibility of the patient/insured

*****Note:*** *Dental plans are only for active employees and their dependents.*

Questions and Answers About Dental Benefits

To assist you in making a decision about which dental plan is best for you and your family answers to the most commonly asked questions about dental benefits are listed below.

Q. What is the difference between the County's Conventional Dental Plan and the DMO (Dental Maintenance Organization) plan being offered?

A. *The County Conventional Plan (administered by Humana Dental) allows you to obtain dental care from any dentist you choose. There is an annual maximum benefit limit, an annual deductible, and most services have a patient coinsurance requirement. The DMO prepaid dental plan works like an HMO. You must select your dental clinic from among those affiliated with that plan. There is no annual maximum limit on benefits and no annual deductible.*

Q. If I change to a different dental plan, when will the new coverage start?

A. *Your new dental plan will take effect January 1, 2012. There will be no lapse in coverage because your current plan will be in effect through December 31, 2011. Your commitment to the plan you choose is for one enrollment period. If your dentist leaves the DMO, you must remain in the plan and choose another dentist for the balance of the enrollment period.*

Q. May I get emergency dental care outside of the Milwaukee area?

A. *Yes. See the dental benefit comparison chart or your Summary Plan Description for limitations.*

Q. What happens if I need oral surgery?

A. *Oral surgery must be provided under your medical plan if it is a covered benefit. The dental plans will only provide oral surgery services if the procedure is not a benefit under your medical plan, and then only if it is a covered surgery under your dental plan. (Check with your medical plan before proceeding with oral surgery.)*

Q. Does changing dental plans affect my medical plan?

A. *No, except for oral surgery provisions as described in the question above. The medical and dental plans available to Milwaukee County employees are independent of each other and require a separate choice. Each period you will have the opportunity to select any medical plan and any dental plan for which you are eligible. If you do not change medical or dental plans during the enrollment period, you will remain in your current plan for another enrollment period.*

Note: Since the dental plans differ in certain benefits and procedures, you are encouraged to review their literature and talk to the representatives at any of the benefit information sessions listed in this booklet.

BEFORE YOU DECIDE TO ENROLL IN A PLAN, YOU SHOULD SEEK ANSWERS TO SUCH QUESTIONS AS:

- Which dentists or dental clinics are available to me?
- Under what conditions does the plan make referrals to dental specialists, and who chooses the specialist?
- May I change dentists or clinics at any time?
- Are there any restrictions as to the type of dental materials used in treatment (e.g., fillings, crowns, bridges, dentures, etc.)?
- What out-of-pocket expenses might I incur?
- How does the DMO handle coverage for a dependent child attending school out of the plan's Milwaukee service area?

Now you can smile with peace of mind.

With our affordable dental plans you can have a smile, and an investment, to feel good about. CarePlus Dental Plans mean you and your family will always have access to high-quality dental care. Worrying about the out-of-pocket expense is a thing of the past. CarePlus is available at each of the convenient Dental Associates centers.

Call **800.318.7007** or visit **careplusdentalplans.com** and learn more about CarePlus and *smiles made easy*.

Dental Associates, the exclusive provider to CarePlus, is conveniently located in:

Green Bay
430 Main St.
Green Bay, WI 54301
920.431.0345
800.414.0274

Appleton
4660 W. College Ave.
Appleton, WI 54913
920.730.0345
866.428.2345

Fond du Lac
545 E. Johnson St.
Fond du Lac, WI 54935
920.924.9090
800.398.0672

Milwaukee
1135 S. Cesar Chavez Dr.
Milwaukee, WI 53204
414.645.4540
866.346.8098

Sturtevant
10155 Washington Ave.
Sturtevant, WI 53177
262.884.3011
877.251.0240

North Appleton
2115 E. Evergreen Dr.
Appleton, WI 54913
920.734.2345
866.602.0111

Greenville
N1737 Lily of the Valley Dr.
Greenville, WI 54942
920.757.0100
866.602.0083

Wauwatosa
11711 W. Burleigh St.
Wauwatosa, WI 53222
414.771.2345
800.398.0687

Franklin
6855 S. 27th St.
Franklin, WI 53132
414.435.0787
866.824.3220

Kenosha
7117 Green Bay Rd.
Kenosha, WI 53142
262.942.7000
866.811.4619

Care-Plus Dental Plans, Inc. is a non-profit Limited Service Health Organization licensed and regulated by the State of Wisconsin Office of the Commissioner of Insurance. Dental Associates is the exclusive provider to Care-Plus Dental Plans, Inc.

CTYMIL1011

CarePlus

Milwaukee County Employees
Monthly Medical Plan Rates as of 1/1/2012

Firefighters

Milwaukee County Choice Plus Plan (PPO Comparable)	
Single Coverage	**$75.00**
Family Coverage	**$150.00**

Federation of Nurses & Health Professionals, TEAMCO, Building Trades, Attorneys, Machinists, AFSCME DC48, Sheriffs and Non-Represented Employees

Milwaukee County Choice Plus Plan (PPO Comparable)	
Single Coverage	**$85.00**
Family Coverage	**$170.00**

Monthly Dental Plan Rates as of 1/1/2012

All Employees

Milwaukee County Conventional Dental Plan (Humana)	
Single Coverage	**$2.00**
Family Coverage	**$6.00**
Care Plus (DMO)	
Single Coverage	**$2.00**
Family Coverage	**$6.00**

Milwaukee County
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:

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 3 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**

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

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**

Milwaukee County Life Insurance Plans

Milwaukee County offers a variety of term life insurance plan options to its employees. MetLife is the current administrator for all of Milwaukee County's life insurance plans.

Basic Life Insurance:
Milwaukee County Employees are eligible for up to 1 times their annual salary 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 $0.34 per thousand dollars of covered income.

Note: A benefit reduction schedule begins at age 65 for basic life coverage

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

Employee Optional/Supplemental Life Insurance:
This "optional" program offers 14 coverage choices in amounts from $10,000 to $200,000 at favorable group rates. The amount you select will be in addition to your "basic" (annual salary) 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.**

Optional/Supplemental Life Insurance Premiums:

Monthly Premium Rates	
Your Age	**Rate Per $1,000**
<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 +	$3.69

To determine your monthly premium, find the appropriate rate in the table above (broken down by age) and multiply it by the number of thousands of dollars of insurance.

Spouse Life Insurance:

Employees may elect coverage for their spouse in $10,000 increments. The maximum amount of coverage is the lesser of 50% of your combined basic and optional coverage or $100,000. To determine your monthly premium, find the appropriate rate in the table below and multiply it by the number of thousands of dollars of insurance.

Age:	**<30**	**30-34**	**35–39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-70**
Spouse	$0.07	$0.09	$0.10	$0.13	$0.19	$0.33	$0.53	$0.92	$1.56

Dependent Child Life Insurance:

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 Rate**
$5,000	$0.36
$10,000	$0.72
$12,500	$0.90

Important Considerations

This is "***Term***" insurance only. You may not borrow against it and no cash value accrues. Acceptance is not guaranteed. You must meet the current medical underwriting standards for your age and risk for the amount of coverage you want. You pay the full monthly premium based on your age and coverage amount. Premiums will be deducted from the first two paychecks of each month. If you have "Optional" coverage now, you will not lose it if your application for a higher amount is not approved.

Your beneficiaries are the same that you designated for your "Basic Coverage."

Note*: You* ***may not*** *apply for this additional coverage program if you do not have "basic" coverage for any reason, for example, you did not apply or want coverage when hired, 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.*

Milwaukee County
Voluntary Benefit Plans

Milwaukee County offers a variety of voluntary programs through Colonial Supplemental Insurance designed to offer additional financial protection for you and your family. You will see an informational screen in the enrollment system, but you will need to enroll directly with Colonial for these benefits.

- **"Protect Your Paycheck"** with Short-Term Disability
- **"Protect Your Family"** with additional products offered by Colonial Supplemental Insurance, including:
  - **Accident Insurance**
  - **Critical Illness** – pays in addition to major medical insurance.
  - **Cancer Insurance –** Offsets direct and indirect expenses related to cancer including specified cancer screening tests.

For additional information, or to enroll in a voluntary benefit plan, please call (414) 446-4268 or email Harold.Gee@coloniallife.com

Milwaukee County
Deferred Compensation Plan

Concerned about having *enough* money for your retirement?

You will see an informational screen in the enrollment system, but you will need to enroll directly with Great West for this benefit. The Milwaukee County Deferred Compensation Plan offers:

- **Before-Tax Savings** – *reduces your current income tax*
- **Tax Deferral** *on your contributions and potential earnings*
- **Convenient Payroll Deduction**
- **Enrollment Minimum of only 1% per month**

For additional information, or to schedule an individual appointment, please call the Deferred Compensation office at (414) 223 -1921

Please bring your paycheck stub and most recent individual statement

Milwaukee County
Flexible Spending Accounts

Maximize your benefits. Minimize your costs.

Now you can stretch your income, reduce costs, and pay less in taxes. How? By using your Flexible Spending Account (FSA). As a valuable benefit provided by Milwaukee County, your FSA allows you to contribute pre-tax dollars to pay for eligible health care and dependent care expenses.

Why Use FSA? - Paycheck Comparison		
	Employee with a Flexible Spending Account	**Employee without a Flexible Spending Account**
Gross Pay:	$1,500.00	$1,500.00
Per Pay Period FSA Contribution	- $100.00	-$0.00
Pay subject to taxes	**$1400.00**	**$1500.00**
Projected Federal, State, & FICA Taxes (approximately 30%)	-$420.00	-$450.00
Income After Taxes	**$980.00**	**$1050.00**
After-tax dollars spent on FSA eligible expenses	-$0.00	-$100
Available income after taxes and paying for FSA eligible expenses	**$980.00**	**$950.00**
Potential savings by using a Flexible Spending Account	**$30.00 ($720.00 annually)**	

Steps for enrolling:

1. **Determine your FSA eligible expenses:**
   To assist, a worksheet is included in the following pages. You may also use the online FSA calculator located at **www.ceridian.com/myceridian/fsacalculator**.

2. **Determine your contributions:**
   Contributions will be deducted from your paycheck in equal amounts 24 times throughout the year
   For 2012, the maximum annual contributions are:

Health Care FSA	$5,000.00
Dependent Care FSA	$5,000.00 single or married and filing jointly $2,500.00 married and filing separately

3. **Enroll:**
   Follow the instructions on pages 5-9 of this guide to enroll via the Ceridian Benefits System

Additional information about FSA plans, including a listing of eligible and ineligible expenses, can be found at www.benefitenroll.com. After logging in, click "Sample HealthCare FSA Eligibility."

Over-the-Counter (OTC) Medications and the Flexible Spending Account

Effective January 1, 2011, over-the-counter (OTC) medications must be accompanied by a doctor's prescription and a reimbursement request to be covered under the FSA. This new legislation affects OTC medications only; all other medical supplies (e.g. band-aids, first-aid supplies, etc.) are still eligible for reimbursement.

Categories include:

Acid Controllers	Allergy & Sinus	Antibiotic Products	Anti-Diarrheals
Anti-Gas	Anti-itch & Insect Bite	Anti-Parasitic Treatments	Baby Rash
Ointments/Creams	Cold Sore Remedies	Cough, Cold & Flu	Digestive Aids
Feminine Anti-Fungal	Hemorrhoidal Preps	Laxatives	Motion Sickness
Pain Relief	Respirator Treatments	Sleep Aids	Stomach Remedies

Medical FSA Expense Planning Worksheet

This worksheet will help you determine the dollar amount you will spend for medical expenses during the Plan Year, which begins January 1, 2012 and ends on December 31, 2012

UNREIMBURSED MEDICAL COSTS – Annual Estimate

Medical expenses not covered by insurance

Deductibles, Copays & Coinsurance	$_____
Physician visits & routine exams	$_____
Prescription drugs	$_____
Insulin / Syringes	$_____
Annual physicals	$_____
Chiropractic treatments	$_____
Other: _____	$_____
Subtotal Medical Expenses	$_____

Dental expenses not covered by insurance

Checkups & Cleanings	$_____
Fillings	$_____
Root Canals	$_____
Crowns/Bridges/Dentures	$_____
Oral Surgery	$_____
Orthodontia	$_____
Other: _____	$_____
Subtotal Dental Expenses	$_____

Vision/Hearing expenses not covered by insurance

Exams	$_____
Eyeglasses	$_____
Prescription sunglasses	$_____
Contact lenses & cleaning solutions	$_____
Corrective eye surgery (e.g. Lasik)	$_____
Hearing aids & batteries	$_____
Other: _____	$_____
Subtotal Vision/Hearing Expenses	$_____

Total Medical Expense **$_____**

Commuter Value Pass Program

Did You Know?

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 $10.00 per month! (deducted equally over 24 pay periods) Additionally, the CVP is good for 90 days at a time so you can eliminate the hassle of purchasing weekly MCTS fares.

Enrollment Process:

Employees must apply for the CVP program using the Ceridian Benefits System, print a copy of the enrollment confirmation and the MCTS Form, and bring both 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 N. 17th Street
(Open Monday –Friday from 8:00 a.m. – 4:00 p.m.).

Employees who enroll will become effective on the first day of the following month *(or for newly hired employee, when your other benefits become effective)*. Bus pass renewal stickers will be forwarded directly to the employee's home by MCTS, via US mail before the first of each quarter the pass is effective.

Questions?

Call Milwaukee County Transit System at
343-1777 and ask about the CVP for Milwaukee County, or contact your Departmental Payroll/HR Clerk

Mandatory Direct Deposit of Payroll Checks

Milwaukee County is going paperless.

Mandatory Direct Deposit is one avenue we are taking to get there. Direct Deposit of payroll checks is mandatory for all Non Represented Employees and certain Represented Staff (Attorneys, Building Trades, AFSCME DC 48, Machinist, Nurses and TEAMCO). If you belong to a union, who is currently not required to be on direct deposit, you may still use any of the methods discussed here in order to move from paper checks to direct deposit.

Direct Deposit to Your Bank or Credit Union: If you currently are using direct deposit, thank you for helping us in our goal of going paperless. If you still receive your payment by check, and wish to use direct deposit, 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 AccelaPay Debit Card: Employees who need another alternative to direct deposit should consider the U. S. Bank AccelaPay Card. The AccelaPay Card does not require that you have a bank account, nor does it require any pre-approval. The AccelaPay Card is instead a debit card, where your net pay is deposited.

What is the AccelaPay Card?
The AccelaPay Card is a Visa prepaid debit card. Your payroll funds will be automatically deposited to your card the morning of each payday. Purchases or cash withdrawals are deducted from the available balance on the card.

Using the AccelaPay card –

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

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

2012 Benefits Reminder Checklist for Employees

☐ **Online Enrollment (10/31 – 11/11) (see pages 5-9 for step by step instructions)**

- Have you completed the online enrollment through the Ceridian Benefits System at www.benefitenroll.com?
- Have you verified that all dependent information in the Ceridian Benefits System is up to date and accurate? Please pay particular attention to dependent names, dates of birth, and social security numbers.

☐ **Medical / Dental Insurance (see pages 12-17 for medical plan information and pages 19-20 for dental plan information)**

- Have you enrolled in the medical and dental plans that will best fit the needs of your family for 2012 (e.g. benefit level, employee costs, provider networks selections, family medical and dental health status)?
- Have you applied for the 2012 medical plan "opt-out" (waiver) award if you have the coverage you need in 2012 through another current or previous employer or through your spouse's employer's medical plan?

☐ **Life Insurance (see pages 23-24 for life insurance information)**

- Be sure to keep your life insurance beneficiary designations up to date and that you are in compliance with marital property laws and any related divorce decree provisions. Remember, you may change your beneficiary designation at any time.
- Review your "optional life" coverage needs (even if you are currently participating).

☐ **Deferred Compensation (IRC "457" Plan) (see page 25 for information)**

- Review your retirement savings objectives (even if you are currently participating in this tax-deferred compensation program).

☐ **Short-Term Disability Insurance (Accident/Sickness Policy) (see page 25 for information)**

- Review your income protection needs concerning this optional benefit.

☐ **Flexible Spending Accounts (HealthCare and Dependent Care FSA) (see page 26-27 for information)**

- Be sure to apply for 2012 even if you are currently participating or will need the program for the first time in 2012.

☐ **Commuter Value Pass (see page 28 for information)**

- Do you ride the bus to work each day or have you considered riding the bus to work?

☐ **Dependent Social Security Numbers**

- Be sure to verify that social security numbers have been provided for all of your covered dependents.

☐ **Confirmation of Enrollment**

- It is recommended that you print and keep a copy of the enrollment confirmation page for your records.

☐ **Family Status Change**

- Throughout the year, be sure to report any family status changes through Ceridian Benefit System or your payroll clerk within 30 days of any family status change (e.g. marriage, birth, adoption, etc.) to ensure timely changes to your plan enrollments. **Please be advised that change requests received more than 30 days after the event may not be approved.**

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. Cambridge Advisory Group, 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 15th through December 31st. 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.

-- CONTINUED ON NEXT PAGE --

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 nineteen 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 1, 2011
Name of Entity/Sender:	Milwaukee County
Contact--Position/Office:	Marco Gruchalski, Benefits Specialist
Address:	901 N. 9th Street, Room 210, Milwaukee, WI 53233
Phone Number:	414-278-4198

Notice to Enrollees in a Self-Funded Nonfederal Governmental Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirement listed below. However, the law also permits State and local government employers that sponsor health plans to elect to exempt a plan from these requirements for 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 the Milwaukee County Choice Plan and the Milwaukee County Choice Plus Plan from the following requirement:

> **Parity in the application of certain limits to mental health benefits.**
> Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance abuse benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will be in effect for the 2012 plan year beginning January 1, 2012 and ending December 31, 2012. 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.**

Customer Service Information

Division of Employee Benefits 278-4198

Medical Plans – *Administered by UnitedHealthcare*

• **MILWAUKEE COUNTY CHOICE PLUS PLAN (PPO Comparable)**

UnitedHealthcare Customer Service Center 1-800-603-3941
For information regarding providers, benefit levels, and claims processing:
UnitedHealthcare Customer Service Hours: 7:00 a.m. to 7:00 p.m. Monday through Friday

Prescription Drug Coverage – *Administered by Medco*

Medco Customer Service Center 1-866-544-2989
For information regarding covered medications, benefit levels, and claims processing)
Medco Customer Service Hours: 24 hours/day, 7 days/week

Dental Plans

Humana Dental (Conventional plan administrator)..... 1-800-233-4013
(Phone information about benefit levels and claims processing)

CARE-PLUS DENTAL PLANS..... 414-771-1711
9:00 a.m. and 4:00 p.m. Monday through Friday.

Flexible Spending Accounts (FSA) – Health Care and Dependent Care

Ceridian FSA Participant Service ..... 1-866-845-6271 (select option 2)

THIS BROCHURE DESCRIBES THE MEDICAL AND DENTAL BENEFIT PROGRAMS IN GENERAL TERMS ONLY AS OF THE DATE OF THIS PRINTING. IT IS NOT INTENDED TO BE A COMPLETE DESCRIPTION OF COVERAGE AND ANY STATEMENTS IN THIS BROCHURE ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER CONTRACT OF EACH PLAN AND THE RELEVANT COUNTY ORDINANCES AND BARGAINING UNIT AGREEMENTS.