

# 2014 Milwaukee County

Benefits Booklet



- Medical Plan
- Dental Plans
- Life Insurance
- Flexible Spending Accounts
- Retirement Benefits
- Short-Term Disability
- Deferred Compensation
- Wellness Program

Department of Human Resources - Employee Benefits



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# 2014 Benefit Plan Overview

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

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

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

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

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

## Employee Eligibility

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

## Dependent Eligibility

An eligible Dependent is considered to be:

- your legally married spouse (same or opposite-sex), your same or opposite-sex domestic partner,
- your or your spouse's child who is under age 27, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your Spouse are the legal guardian;

- an unmarried child of any age who is or becomes disabled and dependent upon you;
- a child of a dependent child (until the Dependent who is the parent turns 18)

To be eligible for coverage under the Plan, a Dependent must reside within the United States.

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

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

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

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

**PROOF OF ALL DEPENDENT'S ELIGIBILITY IS REQUIRED.**

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

## **Effective Date of Insurances**

The following insurances become effective the **first of the month following 30 days after your hire date:**

- Health Insurance
- Dental Insurance
- Flexible Spending Accounts
- Short-term Disability (voluntary)
- Employee Assistance Plan (EAP)
- Commuter Value Pass Program

If elected, basic life insurance and optional term insurance will begin on the first of the month following 6 months of continuous employment.

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

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

Premiums for your insurance coverage are deducted on the first two paychecks you receive during the covered month.

## **\$500 Opt-Out Award**

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

### 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 of each year. Opt-outs after April 1, will be paid out quarterly.
- **To be eligible for the award, the employee must waive medical coverage for the entire plan year.**
- Re-entry for medical coverage between annual open enrollment periods is allowed with proof of involuntary loss of coverage through the other group plan due to termination of employment, layoff, legal separation or divorce, death of spouse or retirement.
- **The full \$500 award must be returned in the event you terminate employment, retire, or enroll in a Milwaukee County health plan**

## **Domestic Partner Benefit Coverage**

Milwaukee County provides 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 do-

mestic 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

### **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 of Covering a Domestic Partner**

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.

## Special Enrollment Notice

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

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

## Annual Open Enrollment

Each year in the fall, a 2-week period is designated as the Open Enrollment period. Elections made during Open Enrollment are effective January 1 of the following year. The following is a partial list of what you can do during the Open Enrollment period each year:

- Add or remove medical and/or dental coverage
- Add or remove dependents
- Increase, decrease or request Optional life insurance coverage
- Participate in the flexible spending account

## COBRA

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

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

## Summary of some of the more Common Change of Status Events and Mid-Year Enrollment Changes Allowed for Employees Under a Health Plan

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

If you experience the following Event...	You may make the following change(s) within 30 days of the Event...	YOU MAY NOT make these types of changes...
<b><i>Life / Family Events</i></b>		
Marriage	Enroll yourself, if applicable Enroll your new spouse and other eligible dependents Drop health coverage (to enroll in your spouse plan) Change health plans	Drop health coverage and not enroll in spouse's plan.
Divorce or Termination of Domestic Partnership	Drop your spouse/DP from your health coverage Enroll yourself and your dependent children if you were previously enrolled in your spouse/DP's plan	Drop health coverage for yourself
Gain a child due to birth or adoption (Effective date of birth or adoption placement)	Enroll yourself, if applicable Enroll the eligible child and any other eligible dependents	Drop health coverage for yourself or any other covered individuals
Child requires coverage due to a QMCSO	Add child named on QMCSO to your health coverage (enroll yourself, if applicable and not already enrolled)	Make any other changes, except as required by the QMCSO
Loss of a child's eligibility (e.g., child reaches the maximum age for coverage)	Drop the child who lost eligibility from your health coverage Child will be offered COBRA.	Drop health coverage for yourself or any other covered individuals
Covered person has become entitled to (or lost entitlement to) Medicare or Medicaid	Drop coverage for the person who became entitled to Medicare or Medicaid Add the person who lost entitlement to Medicare or Medicaid	Drop health coverage for yourself or any other covered individuals who are not newly Medicare or Medicaid eligible
Spouse/DP obtains health benefits in another group health plan	Drop your spouse/DP from your health coverage Drop your dependent children from your health coverage Drop coverage for yourself	Add any eligible dependents to your health coverage
Spouse loses employment, experiences a termination of their employer's contribution, or otherwise loses coverage for health benefits in another group health plan	Enroll your spouse and eligible dependent children in your health plan Enroll yourself if previously not enrolled because you were covered under your spouse's plan	Drop health coverage for yourself or any other covered dependents
You return from Military leave	Enroll yourself Enroll your spouse/DP and other eligible dependents	
You become newly eligible for benefits due to change in employment status	Enroll yourself Enroll your spouse/DP and other eligible dependents	

# 2014 Medical Insurance

## Administered by UnitedHealthcare

### Choice Plus Plan (PPO Comparable)

As a Preferred Provider Organization (PPO) participant:

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

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

### Finding a UnitedHealthcare Network Provider

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

1. Go to [www.myuhc.com](http://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

## Benefit Plan Definitions

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

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

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

**Deductible:** This is the amount you are required to pay each year before the plan begins to pay benefits. You begin accumulating expenses toward the satisfaction of your deductible at the beginning of each benefit year (January 1). *Example:* With each new benefit year, employees who elect self only coverage under the Choice Plus Plan pay the first \$800 toward services subject to the plan's deductible. Employees who elect coverage for themselves, their spouse and dependent children pay the first \$800 per individual, up to a maximum of \$1850 per family, toward services subject to the plan's deductible.

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

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

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

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

**Milwaukee County Employee Medical Plans**  
**All Milwaukee County Employees**  
**Benefit Summary**

Benefit	Choice Plus Plan (PPO Comparable)		
Lifetime Maximum Benefit	Unlimited		
		Preferred providers:	All other providers:
Annual Deductible	Single	\$800	\$1,600
	Employee + Child(ren)	\$1,050	\$2,100
	Employee + Spouse	\$1,600	\$3,200
	Family	\$1,850	\$3,700
Annual Out-Of-Pocket Limit (Includes deductible and coinsurance)	Single	\$2,500	\$6,000
	Employee + Child(ren)	\$5,000	\$12,000
	Employee + Spouse	\$5,000	\$12,000
	Family	\$5,000	\$12,000
		Preferred providers:	All other providers:
Coinsurance		80%	60%
Inpatient Services <sup>(1)</sup>		80% after deductible	60% after deductible
Outpatient Services		80% after deductible	60% after deductible
Maternity Services <sup>(2)</sup>		80% after deductible <sup>(5)</sup>	60% after deductible
X-Ray and Lab Tests		80% after deductible	60% after deductible
Emergency Room <sup>(3)</sup>	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% <sup>(7)</sup>	Not Covered
Well-Baby Care		100%	Not Covered
Immunizations		100%	100% <sup>(4)</sup>
Routine Vision & Hearing Exams <sup>(5)</sup>		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: \$25 Copay Preferred Brand: \$75 Copayment Non-Preferred Brand: \$125 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

(7) Limited to one exam / year for patients 18 and older

(6) physician services for maternity covered at 100%

## Monthly Employee Medical Premium Contributions as of 1/1/2014

### All Employees (Except Firefighters and Deputy Sheriffs)

<i>Milwaukee County Choice Plus Plan (PPO Comparable)</i>		
	<i>Not Participating in Wellness</i>	<i>Participating in Wellness</i>
<b>Employee Only</b>	\$130.00	\$80.00
<b>Employee + Child/Children</b>	\$150.00	\$100.00
<b>Employee + Spouse/Partner</b>	\$210.00	\$160.00
<b>Employee + Family</b>	\$230.00	\$180.00

### Deputy Sheriffs and Fire Fighters

<i>Milwaukee County Choice Plus Plan (PPO Comparable)</i>	
<b>Employee Only</b>	<b>\$100.00</b>
<b>Employee + Child/Children</b>	<b>\$125.00</b>
<b>Employee + Spouse/Partner</b>	<b>\$200.00</b>
<b>Employee + Family</b>	<b>\$225.00</b>

# Great reasons to use **myuhc.com**<sup>®</sup>



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](http://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<sup>®</sup> 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 A to Z*

## **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



# 2014 Dental Insurance

Milwaukee County offers the following two dental plans:

- **Care-Plus (DMO)** - Offered through Dental Associates. If you elect the Care-Plus dental plan, you are required to use a Dental Associates facility to coordinate all of your oral health needs.
- **Milwaukee County Conventional Plan** - Administered by Delta 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.

## Monthly Employee Dental Premium Contributions as of 1/1/2014

**All Employees (Except Firefighters and Deputy Sheriffs)**

### ***Conventional Dental Plan (Delta Dental) and Dental Associates (Care Plus) DMO***

<b>Employee Only</b>	<b>\$10.00</b>
<b>Employee + Child/Children</b>	<b>\$25.00</b>
<b>Employee + Spouse/Partner</b>	<b>\$25.00</b>
<b>Employee + Family</b>	<b>\$25.00</b>

**Firefighters and Deputy Sheriffs**

### ***Conventional Dental Plan (Delta Dental) and Dental Associates (Care Plus) DMO***

<b>Employee Only</b>	<b>\$2.00</b>
<b>Employee + Child/Children</b>	<b>\$6.00</b>
<b>Employee + Spouse/Partner</b>	<b>\$6.00</b>
<b>Employee + Family</b>	<b>\$6.00</b>

# Milwaukee County Employee Dental Plans

## Benefit Comparison *At-A-Glance*

Benefit	Milwaukee County Conventional Plan (Delta Dental)	Care-Plus (DMO)
<b>Network of providers</b>	Services may be performed by the dentist of your choice	Services must be performed at a Dental Associates, Ltd. Dental Center
<b>Annual Maximum Benefit</b>	\$2,500 per person	\$3,000 per person
<b>Annual Deductible</b>	\$25 per person (Maximum of 3 deductibles per family per year)	\$25 per person (Maximum of 3 deductibles per family per year)
<b>Diagnostic and Preventive:</b>		
- Dental exams and cleanings	100% of approved charges <sup>(1)</sup>	100% of approved charges
- Bitewing x-rays	100% of approved charges <sup>(1)</sup>	100% of approved charges
- Full mouth x-rays	100% of approved charges <sup>(2)</sup>	100% of approved charges
<b>Minor Restorations</b> (regular fillings: acrylics, amalgams, & composites)	80% of approved charges	100% of approved charges
<b>Major Restorations</b> (crowns, inlays, onlays)	50% of approved charges	80% of approved charges <sup>(3)</sup>
<b>Prosthetics</b> (dentures, bridges)	50% of approved charges	80% of approved charges <sup>(3)</sup>
<b>Simple Extractions</b>	80% of approved charges	80% of approved charges
<b>Endodontics</b> (root canal treatment)	80% of approved charges	100% of approved charges
<b>Periodontics</b>	80% of approved charges	100% of approved charges
<b>Orthodontics</b>	50% of approved charges (includes coverage for adults) with a \$2500 life time maximum benefit.	75% of approved charges (includes coverage for adults if approved by the plan)
<b>Ancillary Services</b>	80% of approved charges	100% of approved charges
<b>Oral Surgery</b>	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

# Smile inspired

## Because your smile means so much.

From "Hi there." to "I love you." and every "Thanks, Mom." and "You're so silly!" in between...a smile says a whole lot. When you choose Dental Associates, your smile will say it all. Whatever your dental health goals are, you and those you love will receive the very best care. Because our caring for you goes well beyond dental procedure, it will leave you more than satisfied. You'll be elated...and it will be written all over your face.



**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

[dentalassociates.com](http://dentalassociates.com)

**Dental Associates**  
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**DELTA DENTAL**

## Experience. A simpler web.

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



Members can:

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

Designed with you in mind.

# Flexible Spending Accounts

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

- Your participation in a FSA plan allows a portion of your salary to be redirected to provide reimbursement for these types of expenses.
  - **Health Care:** To be eligible for reimbursement, the expense must be incurred for medical care that is not reimbursed from any other source. Medical care means the drug or service is needed to treat a medical condition.
  - **Dependent Care:** Work-related **day care expenses** for a qualifying dependent.
- At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate in.
  - **Health Care** - \$2,500 maximum.
  - **Dependent Care** - \$2,500 maximum if “married, filing separately” or \$5,000 maximum if single or “married, and filing jointly”
- Participation in one or both FSAs can save you money by reducing your taxable income because taxes will be calculated after the elected amount is deducted from your salary.
- Your taxable income will also be reduced for Social Security calculation; therefore, there may be a corresponding reduction in Social Security benefits.

## “Use It or Lose It” Rule

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

## Milwaukee County FSA Employer Contribution

Per the 2014 adopted budget, all employees, *except those employees not contributing to ERS*, who elect to contribute their own funds into the Health Care Flexible Spending Account (FSA), will receive a matching contribution up to a maximum of \$1200 into their FSA plan, from Milwaukee County.

# Flexible Spending Accounts

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

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

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

## **How to Use Your FSA**

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

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

Claim reimbursement is based on the date you receive health care services, not the date you pay the invoice or the date you are billed, which must be within January 1, 2014 and March 15, 2015. With the FSA, you can be reimbursed for your entire claim up to your plan-year election, including your Milwaukee County contribution minus any previous claim reimbursements, even if that amount has not yet been deducted from your pay.

## **What expenses can be reimbursed through the FSA?**

This is a partial list of expenses that qualify:

- Acupuncture
- Ambulance
- Chiropractors
- Coinsurance amounts and deductibles
- Contact lenses, solutions and cleaners
- Copays
- Dental treatment
- Eyeglasses (prescription); vision exams
- Hearing devices and batteries
- Infertility treatments
- Laboratory fees
- Laser eye surgery
- Orthodontic fees
- Orthopedic devices
- Over-the-counter drugs (requires a prescription)
- Prescription drug copays
- X-rays & MRI

## **What expenses cannot be reimbursed through the FSA?**

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

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

Log on to [www.benefitenroll.com](http://www.benefitenroll.com) for a complete listing of eligible and ineligible expenses.

### **Filing a Manual Reimbursement Claim**

To request reimbursement from your FSA, take the following steps:

1. Complete an online claim form at [www.benefitenroll.com](http://www.benefitenroll.com) – Reimbursement – My Reimbursement Accounts – Accounts – File Claims – File Claim. Include the following items with your claim:
  - **Receipt, invoice, or bill** from your healthcare provider listing the date you received the service, the cost of the service, the type of service, and the person for whom the service was provided
  - **Explanation of Benefits (EOB)** from your health insurance provider showing the type of service you received, the date and cost of the service, any uninsured portion of the cost.

**OR**

2. Download and complete a FSA Claim Form ([www.benefitenroll.com](http://www.benefitenroll.com) – Reimbursement – My Reimbursement Accounts – Forms - Health Care Flexible Spending (FSA) Reimbursement Form) including the following items with your claim:
  - **Receipt, invoice, or bill** from your healthcare provider listing the date you received the service, the cost of the service, the type of service, and the person for whom the service was provided
  - **Explanation of Benefits (EOB)** from your health insurance provider showing the type of service you received, the date and cost of the service, any uninsured portion of the cost.
3. Submit the form by fax (1-866-717-3820) or mail to Reimbursement Administration, PO Box 534451, St. Petersburg, Florida, 33747.

**DO NOT** send claim forms to the Benefits Office.

# Flexible Spending Account Annual Expense Worksheet



Estimating your annual out-of-pocket health care and dependent care expense will help you to determine your contribution amount(s).

Please refer to your enrollment material to determine the Health Care Flexible Spending Account (FSA) maximum amount that you can contribute to your Health Care FSA. For Dependent Care (Daycare) FSA, you may elect any amount up to an annual maximum of \$5,000 per family (if you are head of household or married and file a joint tax return) or \$2,500 (if you are married and file a separate tax return).

<b>Health Care Flexible Spending Account</b>	<b>Dependent Care (Daycare) Flexible Spending Account</b>
<p>Please refer to the enrollment material for:</p> <p>1) A summary list of qualified medical expenses</p> <p>2) A definition of your eligible dependents(s) for whose expenses may be reimbursable under the plan</p> <p><b>Annual Medical Expenses</b>, such as:</p> <p>Deductibles, coinsurance and co-payments      \$ _____</p> <p>Routine physical exams      \$ _____</p> <p>Well-baby care      \$ _____</p> <p>Hearing exams, hearing aids      \$ _____</p> <p>Prescription drugs      \$ _____</p> <p>Other eligible expenses      \$ _____</p> <p><b>Dental expenses</b>, such as:</p> <p>Gold fillings, crowns, fixed bridge or other restorative expenses      \$ _____</p> <p>Treatment exceeding your plan's limits      \$ _____</p> <p><b>Vision care expenses</b>, such as:</p> <p>Exams      \$ _____</p> <p>Eyeglasses, contact lenses      \$ _____</p> <p><b>Other estimated health-related expenses</b></p> <p>Outpatient psychiatric care      \$ _____</p> <p>Therapy      \$ _____</p> <p><i>Minus Employer Contribution (if any)</i>      \$ _____</p> <p><i>Estimated Annual Expenses Subtotal</i>      \$ _____</p>	<p>You can use the Dependent Care FSA to help pay your expenses for nursery school or daycare for younger children, disable older children, a spouse, an elderly parent or a disabled parent who lives with you full-time.</p> <p>Each person must meet the definition of a "qualifying" child or dependent under the IRS Child and Dependent Care Credit guideline when care was provided and claimed</p> <p><b>Annual Dependent Daycare Expenses</b> for:</p> <p>Day Care Center (s) for Child Care      \$ _____</p> <p>In-home Care for Child Care      \$ _____</p> <p>Nursery and Pre-school      \$ _____</p> <p>Before/After School Care      \$ _____</p> <p>Au Pair Services      \$ _____</p> <p>Summer Day Camps      \$ _____</p> <p>Day Care Center for Elder Care      \$ _____</p> <p>In-home Care for Elder Care      \$ _____</p> <p><i>Estimated Annual Expenses Subtotal</i>      \$ _____</p>

<p><b>Estimated Health Care FSA Contribution</b> This is the estimated amount you may want to contribute to your health care FSA. This amount cannot exceed the annual Health Care FSA maximum amount.</p>	\$	<p><b>Estimated Dependent Care FSA Contribution</b> This is the estimated amount you may want to contribute to your Dependent Care FSA. This amount cannot exceed the annual Dependent Care FSA maximum amount.</p>	\$
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# Ceridian Benefits Card Fact Sheet

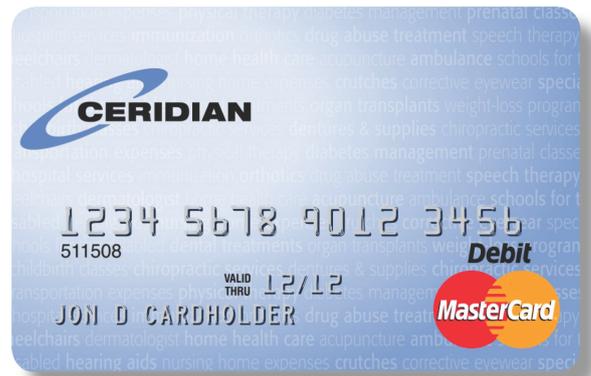


## Everything you need to know to ensure a smooth, convenient reimbursement with every benefits card transaction.

Your Ceridian Benefits Card makes using your tax-advantaged health account easier by eliminating out-of-pocket spending and claims through point-of-purchase reimbursement. However, there are a few things you should know about your benefits card to ensure that you can make the most of your tax-advantaged benefit and enjoy a smooth reimbursement process with each transaction.

### Retain your receipts and records

Despite the Ceridian Benefits Card's claim-free reimbursement process, you are still required to retain your receipts and other expense documentation such as the Explanation of Benefits. In some instances, you will need to submit this documentation to Ceridian to verify that your expense meets IRS requirements for tax-free status.



### Understand the substantiation process

Just like a reimbursement claim, all benefits card transactions need to be reviewed or "substantiated" to determine if the expense is eligible for tax-free status under IRS regulations. When using your benefits card there are two types of substantiation:

#### **Auto-substantiation**

Your card verifies eligibility and provides automated reimbursement for the majority of purchases through a process called "auto-substantiation." This process allows our card system to verify the eligibility of your expense automatically when you use your card at a merchant with the Inventory Information Approval System (IIAS) in place or in certain other situations. When an expense is auto-substantiated, you do not need to submit a receipt or any other form of documentation to Ceridian for processing.

#### **Manual substantiation**

When an expense cannot be auto-substantiated, Ceridian must request additional documentation such as a copy of your receipt to verify the tax-free status of your purchase in compliance with federal regulations. This typically occurs with dental and vision expenses, or when you purchase products or services from smaller vendors.

If you do not provide documentation within the required timeframe, Ceridian will deem the expense ineligible and require you to repay your account.

### More on substantiation

There are several methods used by Ceridian to auto-substantiate your benefits card transaction. Each participant's benefits card experience will differ based on several factors:

#### **Your health plan design**

*Plans without defined co-payments have lower auto-substantiation rates.*

Ceridian's system uses co-pay matching in addition to IIAS to auto-substantiate card transactions.



## Ceridian Benefits Card Fact Sheet



Plans with defined co-payments will yield a high auto-substantiation rate at your medical, dental and vision providers when your bill does not include expenses other than your co-payment. However, if your health plan does not have co-pays or involves co-insurance, your auto-substantiation rate will be lower.

### **Where you shop**

*The larger the retailer, the higher the auto-substantiation rate.*

The largest single source for auto-substantiation is through IAS validation. Large regional and national retailers often have IAS in place, whereas smaller stores may not. Approximately 5,000 mostly smaller drug stores operate under a separate benefits card program in which they certify that at least 90 percent of their sales consist of eligible medical expenses, however, transactions at these merchants are not substantiated automatically at the point of sale as with IAS. Purchases of items other than prescription drugs at 90 percent merchants are likely to trigger a receipt request from Ceridian.

Therefore, purchasing your health care goods and services from a large retailer will likely result in a higher auto-substantiation rate and keep you from having to submit additional documentation to validate your benefits card expenses. For up-to-date lists of retailers with IAS validation and 90 percent merchants, please visit [www.sig-is.org/card-holders/store-locator](http://www.sig-is.org/card-holders/store-locator).

### **What you buy**

*Dental and vision supplies are less likely to be auto-substantiated.*

If you use your Ceridian Benefits Card to pay a medical provider co-pay or purchase prescription drugs, you will experience a very high auto-substantiation rate. Conversely, using your benefits card to buy dental or vision goods or services may result in a significantly lower auto-substantiation rate, as there is no central validation system like IAS for dental and vision expenses, and most of these plans do not have defined co-pays.

## **Keep track of your account balance**

Your Ceridian Benefits Card will only be accepted for expenses at the point of purchase if your account balance covers the amount of your purchase. Always check your account balance before attempting to use your Ceridian Benefits Card by logging into your self-service website.

## **Submit claims for non-card purchases**

Just because you didn't use your Ceridian Benefits Card for an eligible health care purchase doesn't mean you can't receive the same tax savings for that expense. Simply submit your receipt and a Ceridian claim form, available on your self-service website, within the same plan year of the expense and we will promptly verify and process your claim. You will then be reimbursed via direct deposit or check depending on your account preferences.

**Make the most of your money-saving benefit and ensure a smooth reimbursement process by keeping all receipts and health care documents, responding to Ceridian documentation requests promptly, and checking your account balance frequently.**

**If you have additional questions about the Ceridian Benefits Card, please contact your Ceridian customer service representative.**

# Milwaukee County Life Insurance Plans

Administered by MetLife

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

## Basic Life Insurance:

Milwaukee County Employees are eligible for up to 1 times their annual salary (on record as of the end of the previous calendar year), rounded up to the next \$1,000 in basic life insurance coverage. Milwaukee County provides the first \$25,000 (\$20,000 for select bargaining units) of that coverage. If basic life is elected, employees are responsible for the remainder of the coverage, at a rate of \$0.38 per thousand dollars of covered income.

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

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

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

## Additional Coverage:

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

## Employee Optional/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:

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

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

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

During the annual open enrollment period, you may elect to increase your optional life coverage to the next higher level of benefit without completing the evidence of insurability form. If you elect to increase your coverage more than the next higher level, you must complete the evidence of insurability form and submit it to MetLife for approval.

### 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

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

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

## 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

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

## Important Considerations:

This is “**Term**” insurance only. You may not borrow against it and no cash value accrues. 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.

Your beneficiaries are the same that you designate for your “Basic Coverage.”

**Note:** You may not apply for optional life coverage if you do not have “basic” coverage for any reason, for example, you did not apply or want coverage when hired, 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.

# **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

## **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)

If you need help,  
call this toll-free number  
24 hours/day, 7 days/week:

**(800) 622-7276**

or log on to

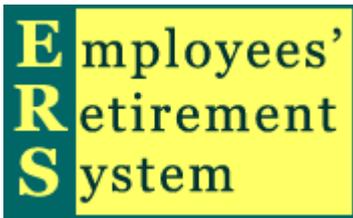
[www.liveandworkwell.com](http://www.liveandworkwell.com)

**access code: milwaukee**

## **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



# Retirement Benefits



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

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

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

## Benefits

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

- Monthly Pension Benefit
- Disability Benefit
- Death Benefit

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

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

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

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

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

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

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

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

### **Deferred Compensation**

In today's economy retirement income typically comes from four sources: Social Security, employer provided retirement plans, personal savings, and work continuation. Milwaukee County has established a Deferred Compensation plan to help you meet your retirement income needs. All current Milwaukee County employees are eligible to participate in the Deferred Compensation Plan. Enrollments in the plan can occur at any time throughout the year. Once you've decided to enroll, a plan representative will explain the plan, provide the necessary paperwork and help you complete the appropriate forms.

Deferred compensation is an Internal Revenue Service (IRS) term. It refers to the employee's ability to save money through regular payroll deductions on a pre-tax basis. Pre-tax means that neither the money saved nor the earnings on the invested funds is subject to federal or state income taxes until withdrawn. Because of this tax break, dollars set aside under this program provide greater benefits than dollars saved under ordinary savings plans. This program is designed to enable you to supplement your retirement income. For that reason there are very stringent rules regarding when and under what circumstances you can withdraw your money before retirement. This program should not be thought of as a passbook savings vehicle. You'll want this money to grow into a nice retirement fund.

Your Deferred Compensation is payable to you upon one of these five events – termination of employment, retirement, disability, death or severe financial hardship.

If you would like additional information on the Deferred Compensation plan or would like to enroll, please contact our current plan administrator, Great West, at 414-223-1921.

# **Milwaukee County's Deferred Compensation Plan**

*Administered by Great-West Financial*

## **What is a deferred compensation plan?**

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

## **Why should I participate in the Plan?**

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

You may also qualify for federal income tax credit by participating in this Plan. For more information about this tax credit, please contact your Great-West Retirement Services representative.



## **Who is eligible to enroll?**

All current employees of Milwaukee County are immediately eligible to participate in the Plan. Please contact your Great-West Retirement Services representative if you have any questions and to enroll in the Plan. Individuals who have separated from service or have retired are eligible to keep their balance in the Plan.

## **What are the contribution limits?**

In 2013, the maximum amount you may defer from your salary is 80% of your includible compensation (as defined by the Internal Revenue Code) or \$17,500, whichever is less. This is the total amount you may contribute with before- and after-tax contributions combined.

Those participants who are age 50 and older may contribute an additional \$5,500 to the Plan in 2013. This means that participants age 50 and older can contribute a maximum of \$23,000 or 80% of includible compensation, whichever is less, for the 2013 calendar year.

For more information, you may contact the local office located in the Milwaukee County Courthouse, 901 N 9<sup>th</sup> Street, Room 212-C by calling (414) 223-1921 or email [Charmaine.Martin@greatwest.com](mailto:Charmaine.Martin@greatwest.com) or [Kathy.Croak@greatwest.com](mailto:Kathy.Croak@greatwest.com)

Make your benefits count!



## *Milwaukee County Voluntary Benefits*

### *Have we got news for you!*

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

- \* You will enjoy the convenience of premium payment through payroll deduction
- \* You will have the ability to take most benefits with you if you change jobs or retire
- \* Benefits are available for you and your family, with most products.
- \* Payments are made directly to you

### Benefit Choices

#### Short Term Disability

Provides income to you if you are unable to work due to a covered accident or illness. If you can't work your paycheck stops but your bills don't.

#### Accident

Great for individuals and families - even if working this coverage pays you according to how badly you are hurt in an accident. Use your payments for deductibles, co-pays, misc expenses or whatever you choose.

#### Critical Illness/Cancer

Receive a lump-sum payment to help ease money worries if you experience a serious event such as a heart attack, stroke, cancer, etc

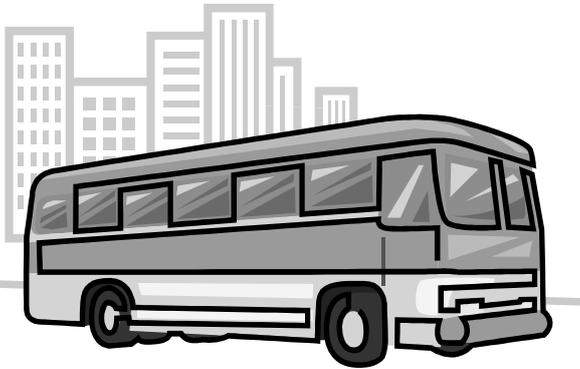
FOR MORE INFORMATION OR A NO-OBLIGATION QUOTE CONTACT  
Harold Gee Phone 414-446-8212 or Email [harold.gee@coloniallife.com](mailto:harold.gee@coloniallife.com)

FILING A CLAIM OR HAVE A QUESTION ABOUT YOUR POLICY  
Call Customer Service at 1-800-325-4368

*Don't miss this opportunity to make the most of your benefits package!*

# Commuter Value Pass Program

## 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 bring it to the main transit office. Employees will have a photo taken and will be issued a bus pass on site. The transit office is located at:

1942 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 414-343-1777 and ask about the CVP for Milwaukee County, or contact your Departmental Human Resources Partner.





# Milwaukee County Wellness Program

The Milwaukee County wellness program, Health Matters, is participation-based. If an employee chooses not to take part in the required steps, they will not receive the incentive. The incentive for the employee is a monthly \$50 medical insurance premium reduction. To receive the incentive an employee must go through a health screening and complete a health assessment questionnaire. Any employee is welcome to participate in the health screenings, but only those on the medical plan can receive the \$50 insurance reduction.

## Health Screening Process

The County works through Froedtert Workforce Health to administer the health screening process. Typically, there are scheduled dates and times at various locations throughout the County for employees to receive their health screening. New hires will not have that option until the next round of health screenings. Thus, to participate and be eligible for the incentive you must choose one of two options for completing your health screening:

### Option 1:

1. Schedule an appointment with your primary care physician for an annual physical.
2. Contact Froedtert Workforce Health at 414-777-3446 to obtain a physician results form. This form is for your doctor to fill out and record your biometrics, which will include a fasting lipid panel with glucose, blood pressure, height, weight, and waist circumference.
3. Your form will need to be faxed or mailed to Workforce Health by your physician. Once Workforce Health receives your copy they will confirm with you that they've received the form.
4. You will be asked by Workforce Health to schedule a telephonic appointment to review your results.

### Option 2:

1. You may also go to Froedtert Workforce Health's facility to receive your fasting biometric screening. They are located at W129 N7055 Northfield Drive Building A Menomonee Falls, WI 53051. To schedule an appointment call them at 414-777-3446.

As part of the biometric screening process you will review your results with one of Workforce Health's health coaches. If you submit physician results you will do this telephonically with a health coach. If you go to their location you will do this immediately following the biometric screening. They will inform you of your health risk score.

- If you score 59 or below and fall into a high or very high risk level you will be required to work with one of Workforce Health's health coaches at least once a quarter. Health coaching is typically a 15-minute telephone conversation about your health related goals and challenges.

- If you score above 60 and fall into an optimal, near optimal, or borderline risk category it is not necessary for you to participate in health coaching to receive the premium reduction, but you are welcome to do so anyway. If you fall into this category, you will be reported as “participating” regardless if you are actively working with a health coach.

### **Health Assessment Questionnaire**

To take the health assessment questionnaire you will go to <http://www.workforcehealth.org/milwaukeecounty>. Your username here is your eligibility ID, which is 0045+clock number. Your password is wellness. It will ask you to change your password once you have logged in successfully. The questionnaire asks you questions about your health behaviors and will take about ten minutes to complete. You must complete the questionnaire in order to receive the incentive.

**Your \$50 wellness credit will appear on the first paycheck on the quarter after you complete the screening process.**

**\*\*\*Milwaukee County will not receive any information from Workforce Health that can be used to identify any individual employee’s health information. \*\*\***

### **Sheriff’s/Firefighters Union:**

Any employee covered by the medical premium rates defined in the Deputy Sheriff’s or Firefighters contract is eligible to participate in the wellness program, but will not be eligible for the \$50 monthly premium reduction.

### **Important information:**

- Spouses and dependents are not required to participate in order to receive the incentive.
- For accurate results, please remember to fast for your biometric screening appointment. Nothing to eat or drink, except water, 10 to 12 hours prior to your appointment.
- Health coaching can be utilized by any employee regardless of their risk. It is a one-on-one interaction with a certified Health Coach who is there to help you achieve your health related goals, keep you accountable, and help you stay motivated. Nothing ever said with the health coach will be reported back to the County.
- The program is participation based. Therefore, if you set a goal during your health screening or in a coaching session and do not meet it you will not be penalized. As long as you are participating and meeting the requirements you will receive the incentive.

### **Other Wellness Information**

There will be many opportunities to participate in wellness activities, separate from the health screening, with the Health Matters program. As part of the wellness program there will be various challenges you can partake in, health resources at your disposal, and educational events that you can attend. Take advantage of all these great wellness activities!

### **Questions?**

Claire Schuenke  
Wellness Coordinator  
(414)278-4938

[Claire.Schuenke@milwcnty.com](mailto:Claire.Schuenke@milwcnty.com)

**MILWAUKEE COUNTY**

**1. What is a “Personal Wellness Profile™”?**

- The Personal Wellness Profile™ is a Health Risk Assessment (HRA) developed by Wellsource®. This HRA is a tool that will:
  - Measure your current health status
  - Help you become aware of your health needs and lifestyle practices.
    - Identifies risk factors
    - Provides you with individualized feedback
    - Provides you with a “wellness score”
    - Identifies your “health age”
  - Guides you in achieving and maintaining good health.
    - Highlights areas that need medical follow up
    - A tool to share and discuss with your personal care physician.
    - Provides you with recommendations for change and resources.

**2. What are the components of the Personal Wellness Profile™?**

- **On-Line Lifestyle Assessment Questionnaire**
  - Questions that focus on physical activity, nutrition, safety, alcohol and/or drug use, tobacco use, stress, disease risk, weight loss and your heart health. Completed in your own personal profile on the *Workforce Health* program’s secure website.
- **Biometric Screenings**
  - The following screenings are completed at your worksite by healthcare professionals of the Workforce Health program of Froedtert Health. These screenings are used in the assessment of your Personal Wellness Profile™. The screenings are:
    - Blood pressure
    - Lipid Profile (Total cholesterol HDL, LDL, Triglycerides)
    - Blood glucose
    - Height, weight and waist measurements

*[Please note that for accurate results a 12 hour fasting is required. Drink only water, 3-4 glasses and take your prescription medications.]*
- **Confidential Individualized Report**
  - With the completion of the lifestyle assessment questionnaire and biometric screenings your health information is combined to create your personal and individualized report. This report will provide you with your overall wellness score / health age, recommendations for improvement, reinforcement for maintenance of current health behaviors, help with goal setting, highlight any areas that require medical follow up and much more. Our Health Educators will discuss your report with you.
- **Health Education**
  - After completing your Biometric Screening, you will immediately meet with the Health Educator to discuss your biometric screening results as well as your healthy lifestyle behaviors outlined in your Individual Report.



**Workforce Health**

**MILWAUKEE COUNTY**

## **Health Risk Assessment Personal Wellness Profile™**

### ***Frequently Asked Questions***

- 3. Why should I participate / what's in it for me?**
  - Approximately 70% of health conditions can be attributed directly to our lifestyle choices. Taking part in the Personal Wellness Profile™ is a way for you to become aware of your current health status and help you identify areas that need improvement for achieving optimal health.
- 4. How long does it take to complete the Personal Wellness Profile™?**
  - Completion of the online lifestyle assessment takes approximately 20 minutes to finish and must be done prior to your screening and education appointments. The biometric screenings are conducted at your worksite within 10 to 15 minutes. You will then immediately meet with a Health Educator to enter your new biometric data into your current online profile. The Health Educator will also discuss your individual health report with you at this additional 15 minute session.
- 5. How is my employer involved with the Personal Wellness Profile™ process?**
  - Your employer will help you schedule your screening & health education appointments with the Workforce Health Assessment team from Froedtert Health.
- 6. What will my employer receive?**
  - Your employer will receive a summary report that provides a statistical picture of the health status of the company as a whole. There are no names used in this report, only the sum total for the categories of questions (aggregate data). This information will be used to plan appropriate wellness opportunities for the company.
- 7. Will I be able to complete the Personal Wellness Profile™ during work time?**
  - Please discuss this with your manager or supervisor.
- 8. When will the Personal Wellness Profile™ screening & counseling appointments be offered to the employees at your company?**
  - Please see Launch Kit for locations, dates and times.
- 9. What if I am unable to participate on the date my company has scheduled this opportunity at our worksite?**
  - Please contact Milwaukee County's Wellness Coordinator, Claire Schuenke, at 414-278-4938 or email at [Claire.schuenke@milwcnty.com](mailto:Claire.schuenke@milwcnty.com)

If you have any questions, please do not hesitate to contact  
Froedtert Health  
**Workforce Health** Staff at  
414-777-3446  
888-990-9094

# Educational Assistance

## **Tuition Loan Fund Program**

Full time employees who have completed their probationary period may, subject to approval by Human Resources, receive interest free college tuition loans from \$100 up to \$1,500 per semester. The loans are to be repaid through payroll deductions over a maximum of ten bi-weekly periods. Tuition loans must be repaid in full before a new loan is secured.

### **Requirements:**

1. Course must be taken on employee's own time.
2. Certain courses will not be approved for tuition loan including, but not limited to: sports, fitness, and recreation classes.
3. Loans will be made for tuition only and cannot be applied to books, fees, past balances, etc.
4. Only courses at colleges and vocational schools, as well as certain correspondence courses and workshops related to County work may be approved.
5. Applications will be considered in the order in which they are received and to the extent funds are available. Courses available through in-service training programs will not be approved.
6. Application forms must be received by Human Resources prior to the class start date. The forms must include the application and the signed promissory note.
7. Tuition Fee Statements must be submitted in order for the application to be processed.
8. For complete information, contact the Milwaukee County Department of Human Resources, Room 210, Courthouse.

# Mandatory Direct Deposit of Payroll Checks

**Mandatory Direct Deposit.** Direct Deposit of payroll checks is mandatory for all Milwaukee County Employees.

**Direct Deposit to Your Bank or Credit Union:** Ceridian Self Service provides all the necessary tools to get you started on direct deposit with your Bank, or Credit Union. Ask your payroll clerk what you need to do to begin the direct deposit of your check.

**U.S. Bank 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

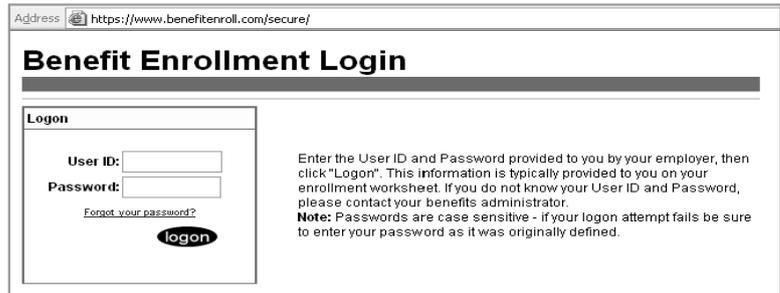


Go to Ceridian Self Service to sign up for a U.S. Bank AccelaPay Card or see your payroll clerk for more information. Fees are minimal if card is lost or you exceed the card balance.

# Milwaukee County - Benefit Enrollment System

## New Hire Enrollment Steps

Enroll via the Internet 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 default **Password** is the first 5 digits of your Social Security Number. You will be required to change your password the first time you log in.
  - If your password does not work, call the Help Desk at 414-278-7888. An operator will reset your password.
  - From the main menu select **New Hire Enrollment**
- STEP 2 Check your Demographic Information**
- ✓ Is your address correct? If not, inform your local 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.
  - ✓ If you have a maiden name you'd like to have on file, you may enter it here.
- Click **Next** to save your entries. If you "back" out, your entries will not be saved.
- STEP 3 Register / Update Your Dependents**  
After reviewing your demographic information, the website will automatically take you to the "Dependent" screen. Please provide your dependent/s' information. You must **ADD** all dependents that you wish to cover in your benefit plans. Click **save** after adding each dependent. Click **next** to confirm that your changes are accurate and continue.
- STEP 4 Enroll In Benefits**  
Beginning with Medical coverage, select your medical plan. Once you have selected your plan, choose which level of coverage you would like. The website will prompt you to repeat this election process for each benefit type. You will only be shown benefits for which you are eligible.
- STEP 5 Review Your Confirmation Statement**  
When you have completed your Benefit Enrollment, review your "Confirmation of Benefits" and be sure 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?

**Call the Employee Benefits Division  
414-278-4198**

or contact your local Human Resources Partner for assistance enrolling

# How To Enroll – A Screen-By-Screen Guide

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

**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 “Employee + Child(ren)” and have more than one dependent, select which dependents you are enrolling. Click “**next**” to continue.

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

**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.

Covered Name	Gender	Birth Date	SSN	Relationship
Jan + Sam	Female	06/01/1985	000-00-0000	Full-Time Student
Matthew Test	Male	09/01/1976	999-99-9999	Spouse

**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.

Benefit Summary	Amount
Electronic Signature / Authorization	
Medical	\$100.00
Dental	\$3.00
Health Care Flexible Spending Account	\$50.00
Dependent Care Flexible Spending Account	\$20.00
Basic Life Insurance	\$20.00
Optional Life Insurance	\$76.00
Employee Assistance Program	\$1.00
Bus Pass	\$1.00

Description	Account Number
Medical - Out-Of	
Medical Out-Of	
Dental - Waive	
Health Care Flexible Spending Account - Waive	
Dependent Care Flexible Spending Account - Waive	
Basic Life Insurance - Waive	
Employee Assistance Program	
<b>Total:</b>	<b>\$9.00</b>

Benefit Summary	Amount
Electronic Signature / Authorization	
Medical	\$100.00
Dental	\$3.00
Health Care Flexible Spending Account	\$18.75
Dependent Care Flexible Spending Account	\$20.00
Basic Life Insurance	\$20.00
Optional Life Insurance	\$76.00
Employee Assistance Program	\$1.00
Bus Pass	\$1.00

Additional Information:  
Annual Election Amount:  Enter an amount between 1 and 5000

Description	Account Type	Routing Number	Account Number	Expiration Date
Medical	Checking	224377516	****3456	
Dental	Checking			
Health Care Flexible Spending Account				
Dependent Care Flexible Spending Account				
Basic Life Insurance				
Optional Life Insurance				

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.

Basic Life Insurance

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

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

Benefit Summary:		Please Select:	
Dental	\$1.00	1 x Annual Salary	<input checked="" type="radio"/> Cost: \$32.30
TOTAL: \$33.30		Waive	<input type="radio"/>

PREVIOUS NEXT

Beneficiaries

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

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

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

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

Benefit Summary:		Please provide the following information:				
Dental	\$1.00	Name	SSN	Relationship	Percentage	Type
Basic Life Insurance	\$32.30	JACK, JOHNSON, JONES	000-00-0000	Child	100	Secondary
TOTAL: \$33.30		MARY, JONES	000-00-0000	Spouse	100	Primary

BACK COPY ADD NEXT

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

On the "Add" button. On the "Beneficiary Details" screen, complete all applicable fields and then save the new record.

On the "Beneficiary Details" screen, edit all applicable fields and then save your changes.

On the "Beneficiary Details" screen, click on the "Delete" button.

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

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

Please identify and describe your beneficiary: \* = Required

First Name: MARY  
 Middle Name:   
 Last Name: JONES  
 Social Security No.: 000-00-0000 (Format as 000-00-0000)  
 Relationship/Trust: Spouse  
 Percentage: 100 (Enter Numbers Only)  
 (Uncheck the box for Contingent Beneficiary designation)  
 Type:  Primary  Secondary

## 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.*

Optional Life Insurance

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

You may increase your Optional Life Insurance by one level during open enrollment without having to provide Evidence of Insurability (EOI). If you are electing this benefit for the first time, you may select coverage in the amount of \$5,000 without having to provide EOI.

Employees electing amounts in excess of \$5,000 or who are increasing more than one level must submit an Evidence of Insurability (EOI) form found on the Confirmation of Benefits page. If your elections shows as "Pending" on the Confirmation of Benefits page print and submit the EOI form directly to MetLife.

Benefit Summary:		Please select an election:	
Electronic Signature / Authorization		Select	Level
Medical	\$100.00		<input type="radio"/> 5,000 - \$1.90
Dental	\$3.00		<input type="radio"/> 7,000 - \$2.66
Health Care Flexible Spending Account	\$118.75		<input type="radio"/> 9,000 - \$3.42
Dependent Care Flexible Spending Account	\$62.50		<input type="radio"/> 11,000 - \$4.18
Basic Life Insurance	\$20.00		<input type="radio"/> 13,000 - \$4.94
Tobacco User Declaration			<input type="radio"/> 15,000 - \$5.70
Optional Life Insurance	\$78.00		<input type="radio"/> 17,000 - \$6.46
Employee Assistance Program			<input type="radio"/> 19,000 - \$7.22
Bus Pass	\$5.00		<input type="radio"/> 20,000 - \$7.98
Total: \$394.15			<input type="radio"/> 25,000 - \$9.50
			<input type="radio"/> 30,000 - \$11.40
			<input type="radio"/> 35,000 - \$13.30
			<input type="radio"/> 40,000 - \$15.20
			<input type="radio"/> 45,000 - \$17.10

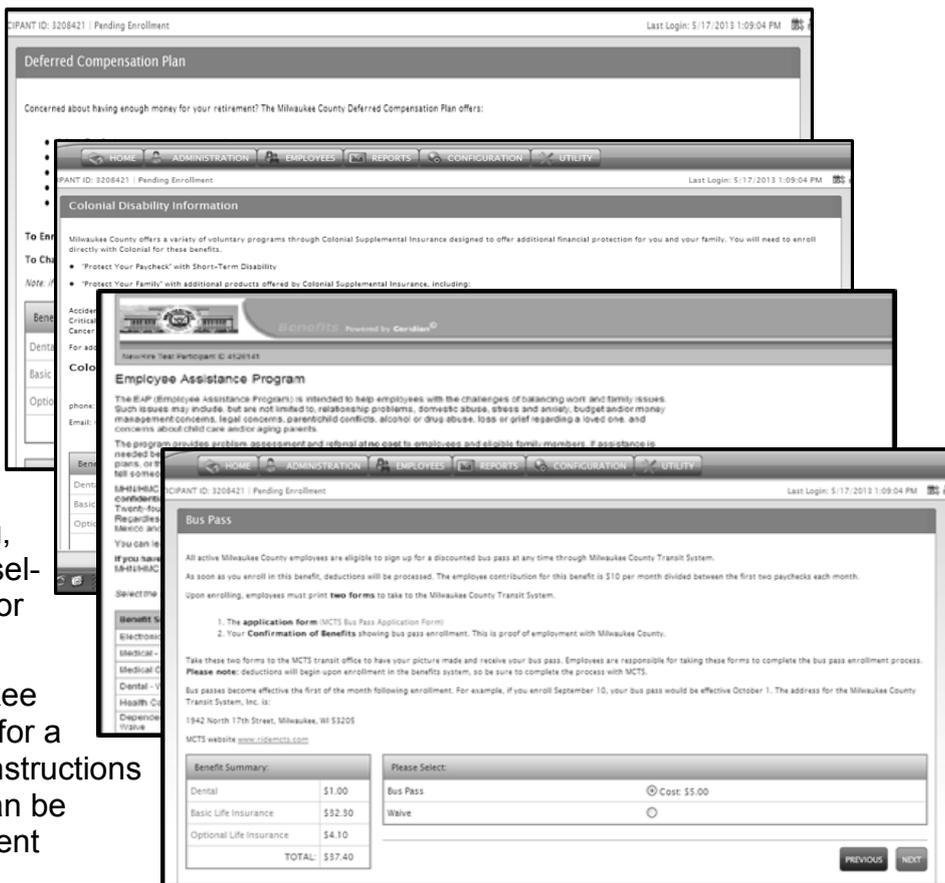
## OTHER BENEFITS:

**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.

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



### Questions? Need Help?

Contact the Employee Benefits Department at 414-278-4198



# 2014 Annual Notices

## Important Notice From Milwaukee County About Your Prescription Drug Coverage and Medicare

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

**1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

**2. Willis of Wisconsin, Inc., on behalf of Milwaukee County, has determined that the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.**

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

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

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 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.**

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](http://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](http://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: September 1, 2013  
Name of Entity/Sender: Milwaukee County  
Contact--Position/Office: Division of Employee Benefits  
Address: 901 N. 9th Street, Room 210, Milwaukee, WI 53233  
Phone Number: 414-278-4198



# 2014 Annual Notices

## 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 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 2014 plan year beginning January 1, 2014 and ending December 31, 2014. 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.**

# Women's Health and Cancer Rights Act Notice

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please contact the Employee Benefits Division at 414-278-4198.

## Notice of Coverage for Newborns and Mothers

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



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2014)

## PART A: General Information

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

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Employee Benefits Division at 414-278-4198.

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

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

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

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

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

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

All employees. Eligible employees are:

Some employees. Eligible employees are:

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

• With respect to dependents:

We do offer coverage. Eligible dependents are:

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

We do not offer coverage.

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

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

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

## 2014 Provider Contact Information

Insurance Type	Provider	Group Number	Contact Number	Website
Basic and Optional Life Insurance	Metlife	104177	Customer Service: 800-638-6420	<a href="https://www.metlife.com/">https://www.metlife.com/</a>
Commuter Value Pass	Milwaukee County Transit System		414-343-1777	<a href="http://www.ridemcts.com/">http://www.ridemcts.com/</a>
Deferred Compensation	Great-West Financial		Enrollment: 414-223-1921 Customer Service: 877-457-6459	<a href="http://www.greatwest.com/">http://www.greatwest.com/</a>
Dental Insurance	Care Plus	CPPPD01	Customer Service: 800-318-7007	<a href="http://www.dentalassociates.com/">http://www.dentalassociates.com/</a>
Dental Insurance	Delta Dental	90813	Customer Service: 800-236-3712	<a href="http://www.deltadentalwi.com/">http://www.deltadentalwi.com/</a>
Employee Assistance Program	United Behavioral Health		Customer Service: 800-622-7276	<a href="https://www.liveandworkwell.com">https://www.liveandworkwell.com</a>
Flexible Spending Accounts	Ceridian		Customer Service: 866-845-6271	<a href="https://www1.benefitroll.com/">https://www1.benefitroll.com/</a>
Medical Insurance	UnitedHealth Care	714852	Customer Service: 800-603-3941	<a href="https://www.myuhc.com/member/prewelcome.do">https://www.myuhc.com/member/prewelcome.do</a>
Prescription Plan	Express Scripts	MILCNTY	Customer Service: 866-544-2989	<a href="https://www.express-scripts.com/">https://www.express-scripts.com/</a>
Supplemental Insurance Policies	Colonial Life & Accident Ins Co		Enrollment: 414-446-8494 Customer Service: 800-845-7330	<a href="http://www.coloniallife.com/">http://www.coloniallife.com/</a>
Wellness Program	Froedtert Workforce Health		414-777-3446	<a href="http://county.milwaukee.gov/EmployeeBenefits/Employee-Wellness.htm">http://county.milwaukee.gov/EmployeeBenefits/Employee-Wellness.htm</a>