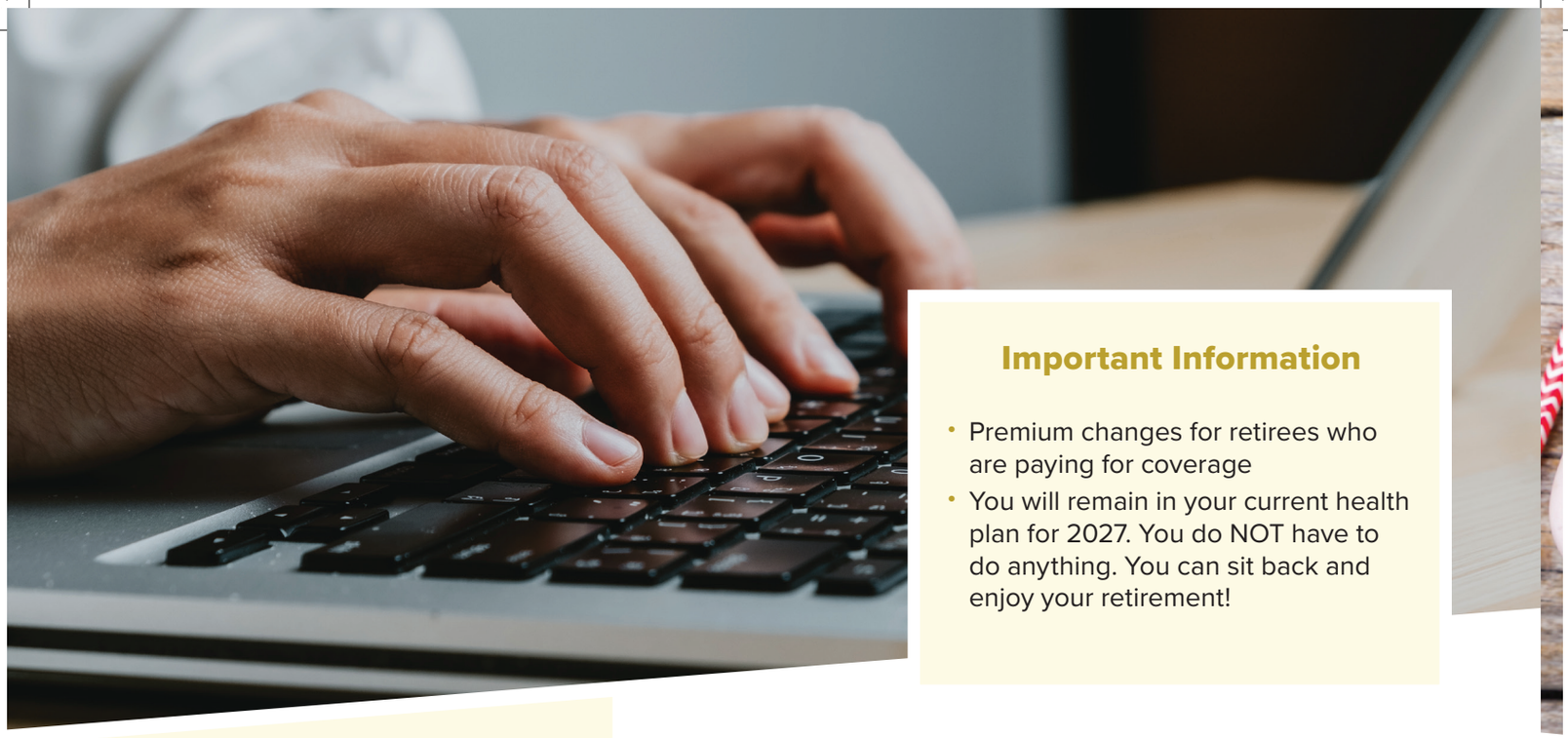



# Retiree Benefits Guide

## Milwaukee County

## 2027

MILWAUKEE
COUNTY



### Important Information

- Premium changes for retirees who are paying for coverage
- You will remain in your current health plan for 2027. You do NOT have to do anything. You can sit back and enjoy your retirement!

### Table of Contents


3 Benefit Basics

5 You're invited to learn more about the UnitedHealthcare® Group Medicare Advantage (PPO) plan

6 2027 Retiree Medical Plan Comparison

7 Helpful Benefit Terms

8 Medical Plan Resources

9 Life Insurance

10 Medicare

11 Retirement Plan Services (RPS)

12 Contact Information


# Your Milwaukee County Retiree Benefits

This year's Open Enrollment will be held from **November 2nd – November 20th.** We have partnered with UnitedHealthcare (UHC) to bring you virtual informational sessions. Please join us virtually to learn more about our UHC Medicare Advantage Plan.

## Health Insurance

Retirees and/or dependents who are not yet Medicare eligible will remain enrolled in the UHC Choice Plus Plan.

Once you and/or your dependents become Medicare eligible, you have the option to choose between our two health plans: **UHC Choice Plus Plan** or **UHC Medicare Advantage.**

**Please note:** You and your dependents may be enrolled in different plans. ***Example:*** If you are Medicare eligible, and your spouse/children are not Medicare eligible, they would remain in the UHC Choice Plus Plan while you are enrolled in the Medicare Advantage plan.



# Benefit Basics

Your benefits are a partnership between you and Milwaukee County. The table below outlines how you and Milwaukee County share costs for benefits. The tax treatment shows whether your contribution is taken from your paycheck before or after taxes.

| Benefit | Tax Treatment | Who Pays |
|---|---|---|
| **Medical and Pharmacy** | Pretax | Company & You |
| **Life Insurance** | After-tax | Company |

## UHC Choice Plus Plan

All Retirees and/or any eligible dependents may enroll in this plan.

If you are currently enrolled in this plan for 2026, you will NOT receive a new UHC ID Card. Cards will only be issued for members newly electing this plan for 2027 or those making changes. If you need a new card, please call UHC at 800-603-3941 or visit www.myuhc.com.

Members enrolled the UHC Choice Plus PPO Plan, are eligible for up to a $100 gym reimbursement/per member/per year. Find our Gym Reimbursement Form at www.county.milwaukee.gov/HumanResources.

## UHC Medicare Advantage Plan

Retirees and/or any eligible dependents who are enrolled in Medicare may enroll in this plan.

All members enrolled in this plan for 2027 will receive a new UHC ID Card in early January.

Members in the UHC Medicare Advantage Plan, are eligible for a no cost gym membership at participating locations through Renew Active.

### Dependent Children

Did you know you may cover your eligible dependent child(ren) until age 26?
Dependents will be automatically termed from our plan at the end of the month in which they turn 26.

## Medicare Advantage Plan Not Sponsored by Milwaukee County

Per Medicare guidelines, if you enroll in another Medicare Advantage plan *NOT SPONSORED* by Milwaukee County, you will lose coverage with Milwaukee County and not be allowed back into our plan.

**Reminder** – We do **NOT** offer Dental or Vision Plans

**If you need to change your health plan, contact us for a change form**

**Milwaukee County Benefit Division**
901 N. 9th Street, Room 210
Milwaukee, WI 53233

Benefits@milwaukeecountywi.gov
Phone: 414-278-4198
www.county.milwaukee.gov/HumanResources

# You're invited to learn more about the UnitedHealthcare® Group Medicare Advantage (PPO) plan

## Online

**November 4, 2026**
**1 p.m. CT**
Click here to join meeting
Event number: **2662 388 8549**
Event password: **MKECounty2027!**
To connect to audio:
Call **1-650-479-3208**, then enter access code: **2662 388 8549**

**November 10, 2026**
**10 a.m. CT**
Click here to join meeting
Event number: **2660 285 5567**
Event password: **MKECounty2027!**
To connect to audio:
Call **1-650-479-3208**, then enter access code: **2660 285 5567**

### To join the online meeting:

1. Click on the link for the meeting you want to attend.
2. Enter your name, email address and the event password.
3. Click the **"Join Now"** button and follow the instructions that appear on your screen.

### To dial in only for the online meeting:

1. Don't have internet access? Call **1-650-479-3208**, TTY **711**, then enter the access code to hear the presentation.
2. Follow the instructions that you hear on the phone.

## More support is here

**1-866-291-1237**, TTY **711**
8 a.m.–8 p.m. local time, Monday–Friday

Or learn more about the plan by visiting
retiree.uhc.com/milwaukeecounty

# 2027 Retiree Medical Plan Comparison

| Medical Benefits | UHC Choice Plus Plan<br>In-Network | | UHC Medicare Advantage Plan<br>Available for Medicare Eligible Retirees<br>In-Network | |
|---|---|---|---|---|
| **Group Number** | **#714852** | | **#13886** | |
| Annual Deductible | Retiree Only: | $1,500 | None | |
| | Retiree + Child(ren) | $1,750 | | |
| | Retiree + Spouse | $2,500 | | |
| | Retiree + Family | $2,750 | | |
| Annual Out-of-Pocket Maximum | $3,000 | | $2,400 | |
| Office Visits (Primary Care) | $35 copay | | $10 copay | |
| Office Visits (Specialist) | $40 copay | | $20 copay | |
| Inpatient Hospital | 80% of eligible charges | | $500 per Admission | |
| Skilled Nursing Facility (SNF) | 80% of eligible charges | | $0 copay per day: days 1-20<br>$75 copay per additional day up to 100 days | |
| Outpatient Surgery | 80% of eligible charges | | $250 copay | |
| Ambulance | 80% of eligible charges | | $100 copay | |
| Emergency Room | $200 copay then deductible and coinsurance | | $65 copay (worldwide) | |
| Urgent Care | $30 copay | | $35 copay (worldwide) | |
| Preventive Services | 100% of eligible charges | | 100% of eligible charges | |
| Diagnostic Procedures/Tests | 80% of eligible charges | | 90% of eligible charges | |
| Lab Services | 80% of eligible charges | | $10 copay | |
| Radiology | 80% of eligible charges | | $25 copay | |
| Durable Medical Equipment | 80% of eligible charges | | 80% of eligible charges | |
| Routine Foot Care | Not Covered | | $20 copay (Up to 6 visits per plan year) | |
| Routine Hearing Exam | Not Covered | | $0 copay (1 exam every 12 months) | |
| Routine Vision Exam | Not Covered | | $20 copay (1 exam every 12 months) | |
| Virtual Doctor Visits | $0 copay | | $0 copay | |
| Fitness Benefit | Reimbursement up to $100/year | | No cost gym membership at participating locations through Renew Active | |
| **Optum Rx Prescription Drugs**<br>**Coverage** | **Retail (30 Day Supply)** | | **Mail Order (90 Day Supply)** | |
| Tier 1 Prescriptions | $10 | | $25 | |
| Tier 2 Prescriptions | $30 | | $75 | |
| Tier 3 Prescriptions | $50 | | $175 | |
| Tier 4 Prescriptions | $75 | | N/A | |
| Rx Out-of-Pocket Maximum | Individual | $2,000 | Individual | $2,000 |
| | Family | $4,000 | Family | $4,000 |

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

# Helpful Benefit Terms

- **Brand preferred drugs** – A drug with a patent and trademark name that is considered "preferred" because it's safe and effective and usually less expensive than other brand-name options.
- **Brand non-preferred drugs** – A drug with a patent and trademark name that is "not preferred" because it's usually more expensive than other generic and brand preferred options.
- **Calendar year maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
- **Copay** – A fixed amount (for example $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.
- **Deductible** – The amount you have to pay for covered services each year before your health plan begins to pay.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail order pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Out-of-network** – Providers that are not in the plan's network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Primary Care Provider (PCP)** – A doctor (generally a family or internal medicine practitioner or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).
- **Specialty drugs** – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.



# Medical Plan Resources

## 24/7 Nurseline

- Call the Customer Service Number associated with your medical plan found on page number 12 to speak with a registered nurse 24/7.
- The nurses can help you decide whether you or a family member should go to the emergency room or urgent care center or make a doctor's appointment.

## Telemedicine

- 24/7 service that provides access to board-certified doctors by mobile app, online video or phone.
- Whether you're at home, at work, traveling or you simply want a more convenient way to see a doctor, telemedicine is easy to use and available anytime, anywhere.
- Get care for allergies, asthma, colds, flu, ear aches, pinkeye, rashes and more. You can even get a prescription, if needed.
- Sign up at myuhc.com or retiree.uhc.com/milwaukeecounty or by downloading the UHC app.



# Life Insurance

*If you elected Life Insurance at the time of your retirement, the following information applies:* Milwaukee County provides Basic Life Insurance through MetLife for those retirees who elected to continue the policy they had in place as an active employee. This is a term policy and does not have a cash value. Your life insurance plan has the following age reduction schedule:

| Life Insurance Age Reduction Schedule | |
|---|---|
| **Retiree Age** | **% of Benefit** |
| Less than Age 65 | 100% |
| Age 65 but less than 66 | 92% |
| Age 66 but less than 67 | 84% |
| Age 67 but less than 68 | 76% |
| Age 68 but less than 69 | 68% |
| Age 69 but less than 70 | 60% |
| Age 70 or Older | 25% |

## Are Your Life Insurance Beneficiaries Current?

It is important to keep your life insurance beneficiaries up to date. Without an up to date beneficiary designation, payment of your life insurance could be delayed when it may be most needed. If you wish to confirm who you have listed, email the Benefit Division at benefits@milwaukeecountywi.gov.

### Need to change your Life Insurance Beneficiaries?

- Visit www.county.milwaukee.gov/HumanResources to download a change form or
- Contact Benefit Division at benefits@milwaukeecountywi.gov

# Medicare

Medicare is a federal health insurance program for people who are 65 or older or certain younger people with disabilities. For most, there is no cost for Medicare Part A; however, everyone is responsible for paying for Medicare Part B. Enrolling in Medicare and paying premiums are your responsibility. Milwaukee County does not enroll you in Medicare or submit payment to Social Security on your behalf. Visit www.medicare.gov or call **1-800-MEDICARE** with questions.

To be eligible for Milwaukee County's health plans, you **MUST** enroll in Medicare Part A and Part B when first eligible. If you do not enroll in both Part A and Part B, Milwaukee County will NOT be held liable for any charges, claims, or expenses that are payable by Medicare.

### Turning Age 65 Soon? Check your Mailbox!

- 3-4 months prior to your birthday, an information packet will be mailed to your home from Milwaukee County
- Call Medicare and enroll in Part A and Part B
- Complete the enrollment form included in your packet and send us a copy of your Medicare Card

Do you have a PO BOX on file with Milwaukee County?
**Note** – Medicare requires a **permanent address** on file prior to be enrolled. Please contact RPS to update

**Note:** If you become Medicare Eligible before age 65, it is important for you to contact the Benefits Division to ensure you remain covered correctly through your insurance.

## Medicare Part B Reimbursements

If you satisfy the conditions below, you may be eligible for a Medicare Part B reimbursement. Eligible retirees and/or spouses will receive a reimbursement on your monthly pension check.

| Union Group | Hired Before | Retired Before |
|---|---|---|
| Non-represented | 1/1/1994 | 3/31/2011 |
| DC48; Building Trades; Machinists, TEAMCO | 1/1/1994 | 12/31/2011 |
| Attorneys | 1/1/2006 | 12/31/2011 |
| FNHP/Nurses | 9/27/1995 | 12/31/2012 |
| Doyne | 1/1/1992 | 12/31/2012 |
| Deputy Sheriffs | 7/1/1995 | Not Applicable |
| Firefighters | 1/1/1994 | Not Applicable |
| **Benefit Division must have copy of your Medicare card prior to issuing reimbursement. No retro adjustments** | | |

If you are currently receiving a Medicare Part B Reimbursement on your monthly pension check, you do not need to contact us. You will automatically receive the new Medicare Part B reimbursement on your January pension check.

### Proposed Medicare Rate for 2027*:

Retiree Only: $209.50  Retiree + Spouse: $419

We make it easy for you! Automatic increase on your pension check. No need to call us!

*Final rates still to be determined by Medicare for 2027



# Retirement Plan Services (RPS)

Contact Retirement Plan Services at ers@milwaukeecountywi.gov or 414-278-4207 for assistance with:

- **Questions on your Pension**
- **An Award Letter is needed**
- **Reporting a Retiree Death**
- **Direct Deposit Changes**
- **1099R Forms** – If you received a pension distribution in 2026, a 1099R form Forms will be mailed to your home at the end of January
- **Address Changes** – Important note, Medicare does not allow PO Boxes. A permanent address is required to be enrolled

**Milwaukee County Benefit Division**
901 N. 9th Street, Room 210
Milwaukee, WI 53233

Benefit@milwaukeecountywi.gov
**Phone: 414-278-4198**

www.county.milwaukee.gov/humanresources

# Contact Information

## Medicare Part D Reimbursement

You do **not** need to enroll Medicare Part D as both our retiree health plans cover prescription drugs. If you receive a letter from Social Security charging you for Medicare Part D, send a copy of your letter to the Benefit Division. You will be reimbursed the monthly adjustment on your pension check on a go-forward basis. No retro adjustments!

## Income-Related Monthly Adjustment Amount (IRMAA)

You ***may*** have to pay a surcharge if the Social Security Administration determines your income is above $109,000/annually. If you qualify for a Medicare Part B reimbursement AND receive a letter from Social Security (IRMAA Letter) send a copy of your letter to the Benefit Division. Your IRMAA will be reimbursed on your monthly pension check on a go forward basis.

### Send us your IRMAA Letter!

- Send copy of your IRMAA letter annually
- Letters need to be received by January 9, 2027
- IRMAA is payable on your January pension check

| Coverage | Carrier | Phone | Website |
|---|---|---|---|
| **UHC Choice Plus Plan** | United Healthcare | 800-603-3941 | www.myuhc.com |
| **UHC Choice Plus Plan Pharmacy** | RxBenefits | 800-734-4196 | www.Member.RxBenefits.com |
| **UHC Medicare Advantage Plan** | United Healthcare | 866-291-1237 | www.UHCRetiree.com/MilwaukeeCounty |
| **Life Insurance - For questions or changes contact Milwaukee County Benefits** | MetLife | 414-278-4198 | benefits@milwaukeecountywi.gov |

# Notes

# Notes

# Notes




**About this Guide**

This benefit summary provides selected highlights of the Milwaukee County Retirees benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Milwaukee County Retirees reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.