



2025

EMPLOYEE
BENEFITS GUIDE

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We encourage you to read the entire benefit guide before you enroll. This is a summary of benefits only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your Summary Plan Description, Certificate of Coverage or HR policy. If information in this summary differs from the Summary Plan Description, Certificate of Coverage or policy, the Summary Plan Description, Certificate of Coverage or policy is the ruling document.

Welcome To Your Benefits



Open Enrollment

Each year you have the opportunity to review your benefit options and make choices based upon your current life situation. This Benefits Guide will assist you in your benefits decisions. Open enrollment is generally held in the month of November. Additional communication will be sent to announce the timing, benefit changes and the enrollment process. All employees working minimum hours and electing coverage need to enroll in the plan offerings by completing the enrollment process.

When Coverage Begins And Ends

The benefit options you choose during this plan year are effective 1/1/2025 – 12/31/2025.

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Changing Benefit Elections

To protect the tax advantages of your benefits, the City of Waukesha is required to follow certain IRS rules. These rules affect when you may change your benefits and what changes you may make.

Notification must be made to HR within 30 days of the event.

You may change your benefit elections mid-year for the following events:

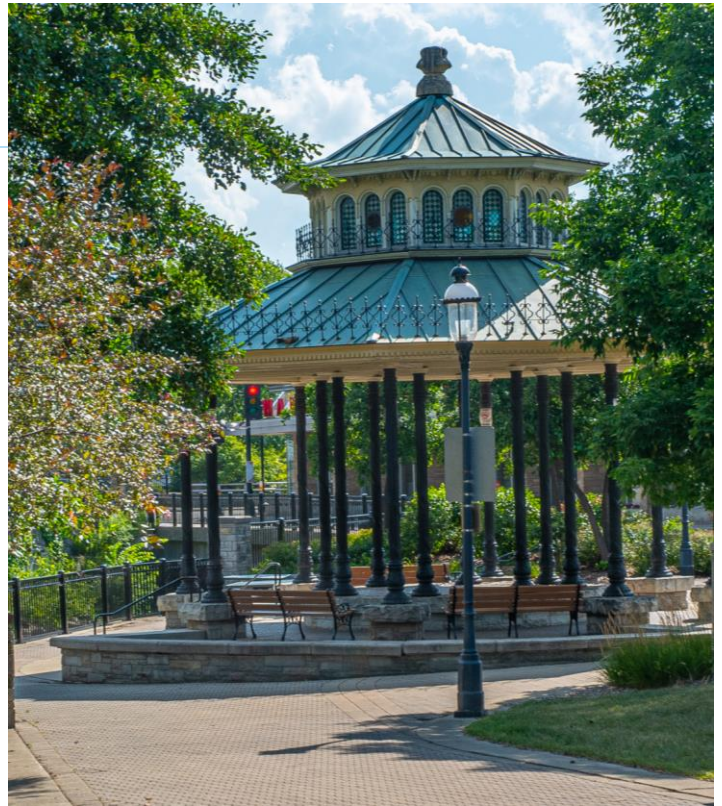
- The addition of dependents due to the birth or adoption of a child
- Your marriage
- The death of one of your dependents
- A change in the employment status of your spouse or dependent, including the termination or commencement of employment, loss of work due to a strike or lockout
- Your dependent loses or gains benefit eligibility with an employer's benefit plan
- Your divorce, legal separation, annulment

Eligibility

If you are an employee working a minimum number of hours per week* you are eligible to sign up for benefits. Benefits are effective the first of the month following your date of hire, except for life insurance. Life insurance is effective first of the month following 30 days of hire. Your eligible dependents can enroll in some benefits as well. Eligible dependents include:

- Your legal spouse
- Dependent children up to the age of 26
- Your physically or mentally disabled children beyond age 26 if meeting specific criteria established by insurance company

The chart below provides an overview of the basic benefits and optional coverages offered to you and your eligible dependents.



Benefit	Carrier	Coverage Levels	Employee Cost Sharing
Medical Prescription Drug Virtual Services	UMR Serve You Rx Teladoc	Employee & Family	Cost sharing between the City and employee for PP01; No cost to employee for PP02
Waukesha Employee Health & Wellness Center	Everside	Employee & Family* (*over age 2 years)	No cost for employees enrolled in the UMR health insurance except prescription co-pay of \$2.00 paid by employee
Dental	Delta Dental	Employee & Family	Cost sharing between the City and employee for EPO; No cost to employee for PPO
Vision	National Vision Administrators (NVA)	Employee & Family	Cost paid by employee
Flexible Spending Account (FSA)	Diversified Benefits Services	Employee & Family	Accounts are funded by employee for FSA
Health Reimbursement Account	Diversified Benefits Services	Employee & Family	Accounts are funded by the City for the HRA Employee must be enrolled in PPO2 health plan and complete the health risk assessment

*40 hours for dental insurance, 30 hours for health insurance and FSA, 23 hours for life insurance and 20 hours for all other benefits

Eligibility (cont.)

Benefit	Carrier	Coverage Levels	Employee Cost Sharing
Basic term life insurance	WI Department of Employee Trust Funds	Employee	Cost is paid by the city
Supplemental, additional & dependent life insurance	WI Department of Employee Trust Funds	Employee & spouse/dependents	Cost is paid by the employee
Short term disability & Long term disability	Symetra	Employee	Cost is paid by the employee
Employee Assistance Program	FEI	All employees & spouse/dependents	Cost is paid by the City
Retirement	Wisconsin Retirement System	Employee	Account is funded by City and employee percent, per State statute
457 (b) Deferred Compensation	Met Life, Mutual of America, ICMA or Wisconsin Deferred Compensation	Employee	Account is funded by employee
Accident/sickness Insurance	AFLAC	Employee	Cost is paid by employee; Employees on PPO2 Health will receive \$50 per month towards Aflac
FICA Alternative Program	MidAmerica	Temporary, seasonal & part-time employees	7.5% required employee only contribution



Health Insurance

Our health insurance plan is self-funded and administered by UMR. It is available for employees working 30 or more hours per week. You can find network providers and tools for comparing healthcare costs by logging in to www.umar.com or by calling: 1-800-207-3172. For questions on pharmacy coverage, contact log on to www.serve-you-rx.com or call 1-800-759-3203.

2025 Health Insurance Plan Summary (See Summary of Coverages or SPD for more information)

Plan Detail	PPO 1	PPO1	PPO 2	PPO 2
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*	\$750 for single \$1,250 for family	\$1,600 for single \$2,950 for family	\$1,450 for single \$2,650 for family	\$2,550 for single \$4,850 for family
City's contribution to a Health Reimbursement Account (HRA)**	NA	NA	\$550 for single \$1,100 for family Employee pays the first \$550 of in-network deductible	\$550 for single \$1,100 for family Employee pays the first \$550 of in-network deductible
Co-Insurance (plan pays)	80%	60%	80%	60%
Out-of-Pocket Maximum***	\$1,100 for single \$1,950 for family	\$2,450 for single \$4,650 for family	\$2,950 for single \$5,650 for family	\$5,550 for single \$10,850 for family
Preventative Care	\$0 (deductible waived)	Not Covered	\$0 (deductible waived)	Not Covered
Office Visit Copay	\$35 copay w/HRA \$50 copay w/o HRA	Deductible + Coinsurance (20%)	\$35 copay + Coinsurance (20%)	Deductible + Coinsurance (40%)
Physical, Occupational & Speech Therapy	\$35 copay w/HRA \$50 copay w/o HRA	Deductible + Coinsurance (40%)	Deductible + Coinsurance (20%)	Deductible + Coinsurance (40%)
Lab and X-ray	20%	Deductible + Coinsurance (40%)	Deductible + Coinsurance (20%)	Deductible + Coinsurance (40%)
Teladoc – Virtual General Care or Behavioral Health	\$0 (deductible waived)	NA	\$0 (deductible waived)	NA
Teladoc – Virtual Dermatology Care	\$20 copay	NA	\$20 copay	NA
Emergency Care	\$100 copay (copay waived if admitted)	\$100 copay (copay waived if admitted)	\$100 copay + Coinsurance	\$100 copay + Coinsurance (40%)
Inpatient Services	\$100 copay + Deductible + Coinsurance (20%)	\$100 copay + Deductible + Coinsurance (40%)	Deductible + Coinsurance (20%)	Deductible + Coinsurance (40%)
Outpatient Hospital Services	Deductible + Coinsurance (20%)	Deductible + Coinsurance (40%)	Deductible + Coinsurance (20%)	Deductible + Coinsurance (40%)

*Deductible applies to all services in PPO1 unless otherwise noted in plan documents. (Deductible does not apply to drugs)

** City's contribution to a Health Reimbursement Account (HRA) – employee and eligible spouse (where applicable) must complete health risk assessment to be eligible for deductible reimbursement

***Out-of-Pocket Maximum includes deductible, copays and coinsurance. (Prescription coverage has separate out-of-pocket maximum)

Teladoc Virtual Services

General Medicine: \$0 Copay

Talk to a U.S. – licensed doctor for non-emergency conditions 24/7 from anywhere you are. Teladoc providers can even send necessary prescriptions to your pharmacy of choice when appropriate. Services include:

- Bronchitis
- Sinus Infections
- Pink Eye
- Sore throats
- Flu
- And more

Dermatology Medicine: \$20 Copay

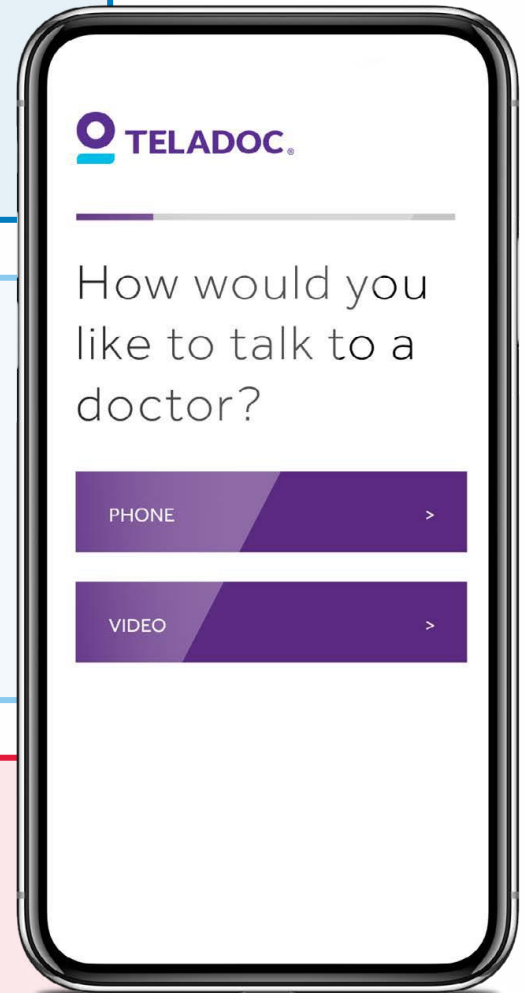
Upload images of a skin issue online or on the app and get a custom treatment plan within two days. Services include treatment of:

- Acne
- Rashes
- Eczema
- Rosacea
- Raised moles
- And more

Mental Health Care: \$0 Copay

Talk to a therapist or psychiatrist seven days a week (7 a.m. to 9 p.m.) from wherever you are. Appointments are scheduled for your convenience. Services include treatment for:

- Anxiety
- Marital issues
- Depression
- Stress
- Not feeling like yourself
- And more



Get started today

Download the app | Visit [Teladoc.com](https://www.teladoc.com) | Call 1-800-835-2362

Health Insurance

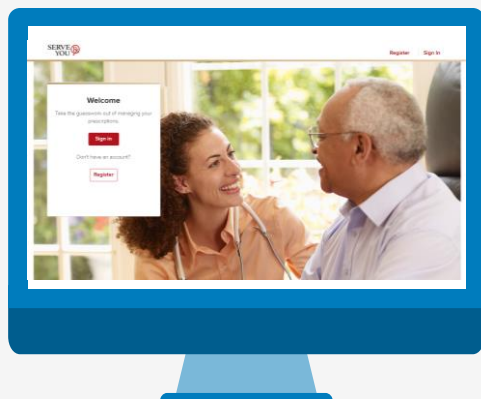
Our health insurance plan is self-funded and administered by UMR. It is available for employees working 30 or more hours per week. You can find network providers and tools for comparing healthcare costs by logging in to www.umar.com or by calling: 1-800-207-3172. For questions on pharmacy coverage, contact log on to www.serve-you-rx.com or call 1-800-759-3203.

Prescription Drug Copay		
Plan Detail	PPO 1	PPO 2
	In-Network	Out-of-Network
Out-of-Pocket Maximum*	\$6,150 for single \$12,300 for family	\$4,350 for single \$8,700 for family
Retail, 31-day supply	\$10 Generic \$30 Brand \$50 Non-Formulary	\$10 Generic \$30 Brand \$50 Non-Formulary
Mail order, 90-day supply	\$25 Generic \$75 Brand \$125 Non-Formulary	\$25 Generic \$75 Brand \$125 Non-Formulary
Specialty Drugs, 31-day supply	\$150 Specialty	\$150 Specialty

*Out-of-Pocket Maximum includes Rx copays. (Medical coverage has separate out-of-pocket maximum)

Additional Pharmacy Program Information:

- Maintenance Medications must be filled at DirectRx Mail Order Pharmacy after two Retail fills
- Preferred Drug List: Select Formulary
- Step Therapy Program: Included



Log on to the member portal at www.serve-you-rx.com or call a representative at 1-800-759-3203 for:

- ✓ Select formulary drug list
- ✓ Step therapy program drug list
- ✓ DirectRx Mail forms and refill information
- ✓ Cost comparison tools
- ✓ And more!

Deductible Reimbursement

Deductible Reimbursement – Health Reimbursement Arrangement (HRA) – PPO 2 Plan Only

If you elect PPO 2 coverage but do not complete a health risk assessment you are not eligible for deductible reimbursement.

If you have **single** coverage: You are responsible for the first \$550 of the \$1,450 in-network deductible. The City of Waukesha will reimburse you \$550 of the deductible if you incur this amount in claims. You are responsible for the remaining \$350 of the \$1,450 deductible.

If you have **family** coverage: You are responsible for the first \$550 of the \$2,650 deductible. The City of Waukesha will reimburse you the next \$550 of the \$2,650 deductible. You are responsible for the next \$550 of the \$2,650 deductible. The City will then reimburse an additional \$550 of the \$2,650 deductible if you incur this amount in claims. You are responsible for the remaining \$450 of the \$2,650 deductible.

Plan Administration – How it works

- The health reimbursement arrangement (HRA) is administered by Diversified Benefit Services (DBS).
- As you receive healthcare services, submit all your explanation of benefits (EOB) to DBS. They will track your usage of deductible and reimburse you after you have paid your portion as described above.
- Claim forms are available in HR and at www.dbsbenefits.com.
- Claims can be submitted by mail, fax or uploaded in an electronic/scanned file. You may also contact DBS by phone at 1- 800-234-1229.
- At the end of each Plan Year you have a 90-day run-out period in which you may submit your claims.
- If you terminate employment, you have a 60-day run-out period in which you may submit your claims



Opt-out Incentive – Health Insurance Wellness Center

For those eligible for health insurance but waive coverage an opt-out incentive for health insurance is available. HR must have a signed waiver of health insurance on file to pay out the opt-out. The opt out incentive would be paid out beginning on the date of eligibility.

2025 amounts for 26 payments: **If eligible for Family Health - \$100.00 per pay check period**
If eligible for Single Health - \$35.00 per pay check period

Waukesha Employee Health And Wellness Center

The Waukesha Employee Health & Wellness Center, operated by Everside, serves the City of Waukesha, providing convenient and affordable access to health care. Staffed with a Board-Certified physician, Board Certified physician assistants, Board Certified health and wellness coaches and physical therapists. The Health & Wellness Center offers acute care, preventive care, chronic condition management, physical therapy and occupational health services. Visit the Waukesha Employee Health and Wellness Center website: <https://sites.google.com/site/wehwc3/>

Toll-free scheduling line: 1-866-959-9355

Eligibility – The Waukesha Employee Health & Wellness Clinic is open to:

- Employees enrolled in the City's UMR health insurance plan
- Pre-Medicare/Active retirees enrolled in the City's UMR health insurance plan
- Dependents, including spouses and children over the age of 2, who are enrolled in the City's UMR health insurance plan

All City employees are eligible for worker's compensation services provided in the clinic.

Services – The Waukesha Employee Health & Wellness Center provides the following **NO COST** services, not limited to:

Preventative Services

- Routine annual physical exam (ages 6+)
- Vision screening
- Flu shot
- Tetanus

Disease Management

- Manage Diabetes
- Cholesterol
- Blood pressure

Lifestyle Coaching/Health Coaching

- Tobacco cessation
- Weight loss

Minor Injuries

- Muscle and joint pain
- Sprains and stains
- Cuts and stitches

Acute Illness

- Sore throat
- Ear infections
- Sinus infections
- Cold, flu, etc.
- Allergy care

Referral to Specialists

Physical Therapy

Medication

- Dispense pre-packaged medication from formulary, where available

Lab Work and Vaccinations

- Administer shots/vaccinations
- Order, conduct, interpret and consult on routine diagnostic lab work

Work Related Injuries and Occupational Health

Dental Insurance

Our group dental plan is with Delta Dental and available for employees working 40 or more hours per week. Dental plan benefits will depend on the option you choose. Find a provider by calling 1-800-236-3712 or visit www.deltadentalwi.com.

Option 1 – Preferred Provider (PPO) Plan

Delta Dental PPO Dentists: Delta Dental PPO dentists agree to accept payment based on a reduced schedule, which means your out-of-pocket costs will be less.

Delta Dental Premier Dentists: Delta Dental Premier Dentists have signed a contract with Delta Dental, agreeing to accept direct payment from Delta Dental. They have also agreed not to charge you any amount that exceeds the Maximum Plan Allowance. **Noncontract Dentists:** If your dentist has not signed a contract with Delta Dental, claim payments will be calculated on Delta’s plan allowance, but they will be sent directly to the employee, rather than your dentist. You will need to reimburse your dentist.

Option 2 – Exclusive Provider (EPO) Plan

Delta Dental PPO Dentists: Delta Dental PPO dentists agree to accept payment based on a reduced schedule, which means your out-of-pocket costs will be less. Employees must use a PPO provider or they will not receive the insurance benefit.

Benefit Plan Design	Delta PPO – Option 1 PPO	Delta Premier – Option 1 PPO	Delta PPO – Option 2 EPO
Individual Annual Maximum	\$1,000	\$1,000	Unlimited
Deductible	Single: \$25 Family: \$75 Ortho Deductible: \$0	Single: \$25 Family: \$75 Ortho Deductible: \$0	Single: \$0 Family: \$0 Ortho Deductible: \$650
Diagnostic & Preventative Services Includes exams, cleanings, fluoride treatments*, x-rays, space maintainers, sealants*, and emergency treatment for pain	100%	100%	100%
Basic & Major Services			
Fillings	100%	100%	100%
Endodontics	80%	80%	100%
Periodontics	80%	80%	100%
Extractions	80%	80%	100%
Crowns, inlays, onlays	50%	50%	70%
Bridges and dentures	50%	50%	70%
Implants	50%	50%	70%
Deductible applies	Yes	Yes	No
Orthodontic Services			
Coverage copayment	50%	50%	100%
Individual lifetime max	\$1,500	\$1,500	Unlimited
Dependents eligible to age	19	19	25
Full-time student eligible	19	19	25
Adult ortho	No	No	Yes
Deductible applies	No	No	Yes

*Subject to age limits. See SPD for more information

Vision Insurance



Our group vision plan is with National Vision Administrators (NVA) and available for employees working 20 or more hours per week. This vision insurance plan is a 'materials only' plan and doesn't cover an annual eye exam. Where enrolled, an eye exam is covered under the group health plan with UMR. To find a provider call 1-800-672-7723 or visit www.e-nva.com.

Benefit Plan Design	In-Network	Out-of-Network
Services/Frequency Frames Lenses Contact Lenses	24 months 12 months 12 months	24 months 12 months 12 months
Frames	\$125 retail allowance	Up to \$70 retail
<u>Lenses (standard per pair)</u> Single Vision Bifocal Trifocal Progressive Lenticular	Covered in full Covered in full Covered in full See Description* Covered in full	Up to \$25 retail Up to \$40 retail Up to \$45 retail Up to \$50 retail Up to \$80 retail
<u>Contact Lenses**</u> Contact Lens Fitting – Standard Daily Wear Contact Lens Fitting – Standard Extended Wear Contact Lens Fitting – Specialty Wear	\$150 retail allowance \$20 copay \$30 copay \$50 copay	Up to \$125 retail Up to \$20 Up to \$30 Up to \$50
<u>Medically necessary contact lenses</u>	Covered in full	Up to \$150 retail

*Covered to provider's in-office standard retail lined trifocal amount; member pays the difference between progressive and standard retail lined trifocal, plus \$50

**Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

Plan Rates

HEALTH

Coverage Level	Employee Cost per Month	Employee Cost Bi-Weekly
PPO 1 – Single w/HRA*	\$107.00	\$49.38
PPO 1 – Family w/HRA*	\$334.82	\$154.53
PPO 1 – Single w/out HRA**	\$178.32	\$82.30
PPO 1 – Family w/out HRA**	\$558.05	\$257.56
PPO 2 – Single	\$0.00	\$0.00
PPO 2 – Family	\$0.00	\$0.00

*Employee and eligible spouse (where applicable) complete the Health Risk Assessment (HRA), employee pays 12% of the health insurance premium

**Employee and eligible spouse (where applicable) do not complete the HRA, employee pays 20% of the health insurance premium and higher office visit copays

Enrolling Dependents – Employee must provide copies of marriage license, birth certificate(s) and social security cards for all dependents enrolled in the health plan when enrolling.

DENTAL

Coverage Level	Employee Cost per Month	Employee Cost Bi-Weekly
PPO – Single	\$0.00	\$0.00
PPO – Family	\$0.00	\$0.00
EPO – Single	\$52.96	\$24.44
EPO – Family	\$183.00	\$84.46

VISION

Coverage Level	Employee Cost Bi-Weekly
Employee Only	\$2.08
Employee + Limited Family (Spouse OR Children)	\$4.16
Employee + Family	\$5.51

Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow eligible employees to set aside money to pay for eligible expenses with tax-free dollars. The spending accounts offer significant tax advantages because you don't pay Social Security, Federal or State taxes on the portion of your income that you contribute to your spending account. Each plan year beginning on January 1st, you can make an annual election to contribute to these accounts. The FSA accounts are administered by Diversified Benefits Services (www.dbsbenefits.com). For questions regarding the plan or assistance in filing a claim, you can contact DBS at (800) 234-1229.

Healthcare Flexible Spending Account: Use this account to cover the cost of health, dental, vision and hearing expenses which are not covered under an insurance plan for you and your dependents which are considered eligible healthcare FSA expenses. You may contribute up to \$3,300 per year (subject to change by IRS). Up to \$660 in unused funds can rollover into the following plan year.

Dependent Care Spending Account: Use this account to cover the cost of licensed dependent care while you work. You may use this for expenses for the care of a child under age 13 or a disabled spouse, child or parent. If you are married, your spouse must be employed or attending classes full time for you to use the Dependent Care Spending Account. You may contribute up to \$5,000 per year per household to this account or \$2,500 per year if you are married and file your taxes separately.

How to Submit a Claim: You can choose one of 3 easy and secure methods to file your claim.

Mail/Fax:

Download a claim form (available in HR and at www.dbsbenefits.com). Complete the form and attach copies of your documentation and mail to Diversified Benefit Services, P.O. Box 260, Hartland, WI 53029 or fax to (262) 367-5938.

Online:

Login to your account at www.dbsbenefits.com, Select Benefit Plan Type, Select Claims on the top menu bar, select Claims > Submit, and follow directions to upload your supporting documentation.

Mobile App:

Login using your A.S.A.P.® name and password, select "File a Claim", and follow directions to upload image(s) of your supporting documentation. The Diversified Benefit Services app is available via the Apple App Store or Google Play.

Note: At the end of each Plan Year you have a 90-day run-out period in which you may submit your claims. If you terminate employment, you have a 60-day run-out period in which you may submit your claims.

Life Insurance Benefits

Wisconsin Public Employers Group Life Insurance Program – WI Dept. of Employee Trust Funds

Basic Life Insurance: The City provides basic life insurance equal to one times the annual salary, rounded up to the nearest \$1,000. Basic life is provided at no cost to eligible employees. Employees must work more than 23 hours per week to be eligible.

Supplemental Life Insurance: Employee has the option to elect supplemental life insurance up to 1x earnings, rounded up to the nearest \$1,000. Monthly employee paid premium rates are based per \$1,000 of insurance coverage, age of employee and associated amount below.

Additional Life Insurance: Employee has the option to elect additional life insurance up to 3x earnings, rounded up to the nearest \$1,000. Monthly employee paid premium rates are based per \$1,000 of insurance coverage, age of employee and associated amount below.

Spouse and Dependent Life Insurance: Employee has the option to elect either 1 Unit (Spouse = \$10,000; Dependent= \$5,000) or 2 Units (Spouse=\$20,000; Dependent=\$10,000) of life insurance coverage for spouse and dependents. Rates for each unit of spouse and dependent insurance is \$1.75 per month.

The life insurance policy is administered through the Minnesota Life Insurance Company.



Wisconsin Public Employers Group Life Insurance Plan Monthly Employee Premium Rates Per \$1,000 of Insurance

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Age	State Employee		Local Government Employee
	Basic and Supplemental	Additional	Basic, Supplemental and Additional
	April 1, 2024 – March 31, 2025		July 1, 2024 – June 30, 2025
Under 30	\$.05	\$.08	\$.05
30-34	\$.05	\$.08	\$.06
35-39	\$.05	\$.08	\$.07
40-44	\$.08	\$.12	\$.08
45-49	\$.13	\$.20	\$.12
50-54	\$.21	\$.32	\$.22
55 - 59	\$.29	\$.44	\$.39
60-64	\$.40	\$.60	\$.49
65-69*	\$.52	\$.77	\$.57
70 and older	**	**	**

State employees: Each Unit of Spouse and Dependent Insurance is \$2.10 per month.

Local government employees: Each Unit of Spouse and Dependent Insurance is \$1.60 per month.

*Premiums for age 65-69 are required as long as employment continues.

**Active employees aged 70 and older should contact HR for premium amounts.

Disability Benefits

Short Term Disability Insurance – Symetra

Eligible employees working 20 hours or more per week would need to elect and pay for short term disability coverage. The benefit amount is 60% of your weekly pay (maximum of \$1,500 per week) and begins after a 14-day disability period (sick time can be used for this 14-day period, but not during the Short Term Disability payment period. Short Term Disability will continue as long as you are disabled for a maximum of 90 days and then coverage will transition to Long Term Disability mentioned below, if elected.

There is a pre-existing condition clause that will look back 3 months prior to enrollment for any prior health conditions to determine if you qualify for a benefit in the first 12 months.

Symetra Life Insurance Company: 1-800-833-6388

To determine your cost for coverage, please determine your monthly rate based on your weekly pay; use the following formula(s) to calculate your Bi-Weekly cost:

$$\frac{\text{Annual Salary}}{52} = \frac{\text{Annual Salary}}{10} = \$ \text{Annual Salary} \times .6 (60\%) = \$ \text{Annual Salary} \times .285 = \$ \text{Annual Salary} \times 12 = \$ \text{Annual Salary} / 26 = \$ \text{My Bi-Weekly Cost}$$

Annual Salary (Max \$1,500) My Bi-Weekly Cost

Long Term Disability (LTD) Insurance – Symetra

Eligible employees working 20 hours or more per week would need to elect and pay for long term disability coverage. The benefit amount is 60% of your monthly pay (maximum of \$5,000 per month) and begins after a 90-day disability period. The maximum payment duration is to Social Security Normal Retirement Age, SSNARA, the age in which you are eligible for Social Security full retirement benefits.

Symetra Life Insurance Company: 1-800-833-6388

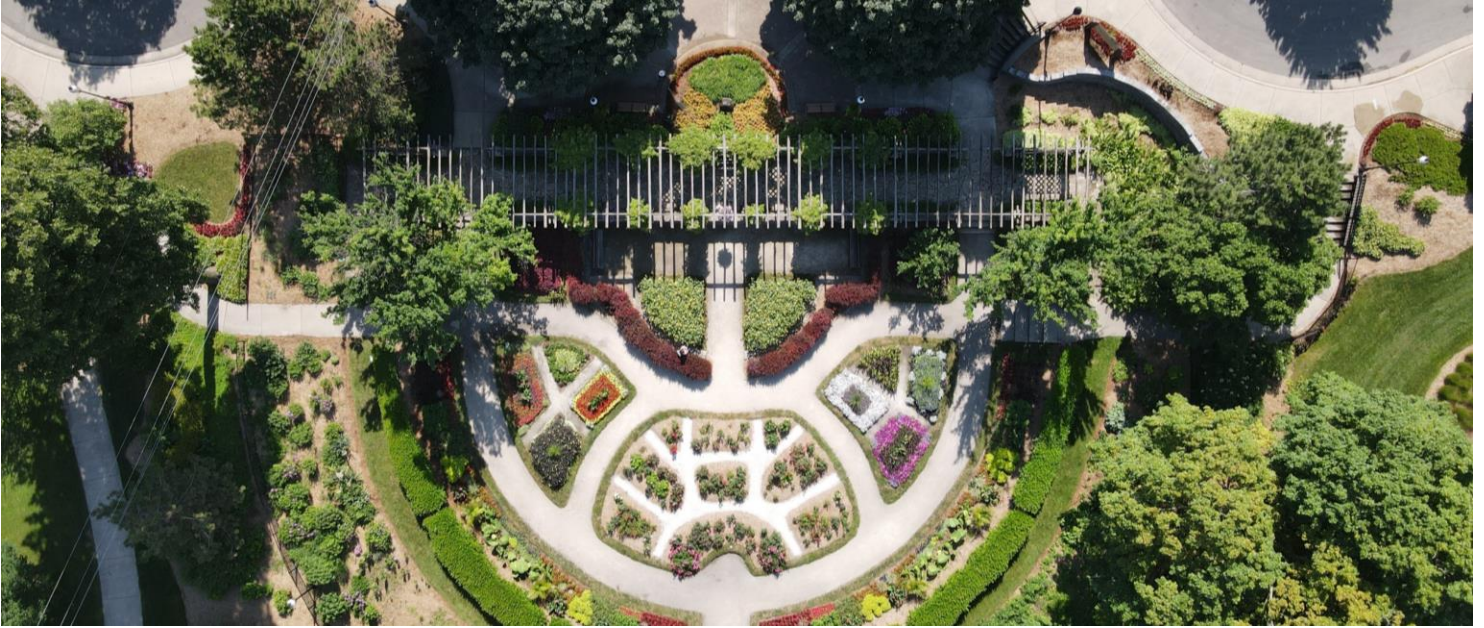
Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	\$0.08	\$0.08	\$0.12	\$0.21	\$0.31	\$0.45	\$0.70	\$0.95	\$0.96	\$0.89	\$1.57	\$1.92

To determine your cost for coverage, please determine your monthly rate based on your above age effective on the last March 1st, and then use the following formula(s) to calculate your Bi-Weekly cost:

$$\frac{\text{Annual Salary}}{12} = \frac{\text{Annual Salary}}{100} = \$ \text{Annual Salary} \times \text{Rate} = \$ \text{Annual Salary} \times 12 = \$ \text{Annual Salary} / 26 = \$ \text{My Bi-Weekly Cost}$$

Annual Salary (Max \$8,333.33) Rate My Bi-Weekly Cost

Employee Assistance Program (EAP)



The City of Waukesha has partnered with FEI Behavioral Health, a well-known and respected provider of EAP and Work-Life services. FEI has a network of counselors, located across the country, to provide these services to you and your family when you need them. FEI provides a confidential Employee Assistance Program (EAP) benefit at no cost to you. Whether it's relationship problems or emotional stress, your EAP connects you and your eligible family members with 24/7 phone access to live, professional counselors who can refer you to counseling sessions near your work or home.

Help through our EAP and Work-Life Services is:

- Professional—You have access to highly skilled, licensed, professional counselors and work-life specialists at no cost to you.
- Convenient—Counselors with flexible hours are available near your home or workplace. Referrals for work-life services are also made to local resources.
- Confidential—Your right to privacy is fully protected by law and company policy. No one at work or outside of work will know if you use the EAP and/or Work-Life Services.

Retirement Plans/FICA Alternative Program

457(b) Plans through various vendors

City of Waukesha employees are eligible to make a pre-tax elective deferral from their salary to the various 457(b) plans with a multitude of vendors. Most plans also permit after-tax Roth contributions, and such elective deferrals may be designated as Roth contributions.

Available vendors for 457(b) plans are:

- Mass Mutual (formerly MetLife)
- Mutual of America
- ICMA
- Wisconsin Deferred Compensation

See Human Resources for packets and enrollment information.

Wisconsin Retirement System (WRS):

The Department of Employee Trust Funds administers a number of benefit programs available through Wisconsin public employers.

Participation is based on the eligibility laws and statutes in force at the time of hire. There may be criteria that employees need to meet prior to participating in the WRS. Each situation is unique and requires research beyond what is stated here.

Employees who meet the eligibility criteria must be enrolled in the WRS. The employee has no choice unless the employee is a WRS annuitant upon hire. Employees contribute a certain percent each paycheck and the City matches that amount. The contribution level may change year to year and is set by the WRS.

Employees who do not meet the eligibility criteria may not be enrolled in the WRS. **FICA ALTERNATIVE PROGRAM**

Temporary, seasonal and part-time employees must participate in the City's FICA alternative plan with MidAmerica. Participating employees contribute 7.5% of their pre-tax compensation to an individual 457(b) defined retirement annuity account. Your funds are invested in a group annuity contract with ING.



AFLAC/Sick Leave

AFLAC

The City of Waukesha allows payroll deductions for voluntary insurance programs through Aflac. Voluntary insurance works hand in hand with major medical plans to help ensure individuals who are sick or hurt have the funds needed to pay health-related costs their primary insurance might not cover, as well as other out-of-pocket costs. Employees on the PPO2 Health Insurance option will receive \$50 per month towards Aflac programs.

Aflac Representative Jenny Davies: 262-308-7274 or jenny_davies@us.aflac.com.

SICK LEAVE

All regular full-time and regular part-time (prorated benefits) employees are eligible to receive sick leave.

Sick leave with pay shall accrue to all regular full-time employees at the rate of one day (8 hours) for each full month of service and is credited to the employee on the 15th day of the month. Sick leave is pro-rated for regular part-time employees.

Unused sick leave shall accumulate from year to year to maximum of one hundred and twenty-five (125) work days (1000 hours).

To view the general guidelines and for more information please see Human Resources Policy C3 Leaves of Absence: <https://tinyurl.com/yeyk8bmf>.

Police and Fire Department bargaining unit employees see your labor agreement for more information.



Holidays and Vacation

Holidays

The City recognizes the following yearly holidays for regular full-time and regular part-time employees:

New Years Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Day before Christmas Day
Christmas Day
Day before New Years Day
Two (2) Floating Holidays

Holiday pay for regular full-time employees shall consist of eight (8) hours. Holiday pay is pro-rated for regular part-time employees. For more information please see Human Resources Policy C-1 Holidays: <https://tinyurl.com/mrx8kpy7>.

Police and Fire Department bargaining unit employees see your labor agreement for more information.

Vacation

Years of Continuous Service	8 hr. Personnel
Hire date through third (3 rd) year of continuous service	10 hours accumulated per month (15 days per calendar year)
After three (3) years' service	10.67 hours accumulated per month (16 days per calendar year)
After six (6) years' service	12 hours accumulated per month (18 days per calendar year)
After nine (9) years' service	13.33 hours accumulated per month (20 days per calendar year)
After twelve (12) years' service	14 hours accumulated per month (21 days per calendar year)
After fifteen (15) years' service	14.67 hours accumulated per month (22 days per calendar year)
After eighteen (18) years' service	15.33 hours accumulated per month (23 days per calendar year)
After twenty (20) years' service	16 hours accumulated per month (24 days per calendar year)
After twenty-one (21) years' service	16.67 hours accumulated per month (25 days per calendar year)
After twenty-two (22) years' service	17.33 hours accumulated per month (26 days per calendar year)
After twenty-three (23) years' service	18 hours accumulated per month (27 days per calendar year)

To view the full vacation leave schedule, general guidelines and for more information please see Human Resources Policy C-2 Vacation Leave: <https://tinyurl.com/3cmv5uvw>.

Police and Fire Department bargaining unit employees see your labor agreement for more information.

Notices

Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage 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 (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

Newborns' and Mothers' Health Protection Act

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 of 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Notices

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (see cover page for contact information).

Uniformed Services Employment and Re- Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: <http://www.dol.gov/vets/programs/userra/main.htm>

Notice Of Rights Under The Women’s Health And Cancer Rights Act Of 1998

On October 21, 1998, the federal government enacted the Women’s Health and Cancer Rights Act. This law requires that all group health plans that provide coverage for mastectomies must also provide coverage for breast reconstruction surgery in connection with that mastectomy.

This memo is intended to provide participants and beneficiaries with notice of their rights under the Women’s Health and Cancer Rights Act. Participants and beneficiaries who receive benefits under the group health plan in connection with a mastectomy and elect breast reconstruction surgery in connection with that mastectomy are entitled to coverage for that reconstruction in a manner determined in consultation with the attending physician and the patient.

Such coverage includes:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and physical complications at all stages of the mastectomy, including lymphedemas.

These benefits may be subject to deductibles and coinsurance limitations consistent with those established for similar benefits under the group health plan.

Please contact the Human Resources Department or the City’s health insurance carrier directly for more information on your rights under the Women’s Health and Cancer Rights Act.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>

<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?!language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid and CHIP</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

New Health Insurance Marketplace Coverage Options And Your Health Coverage



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

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.¹

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 _____.

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

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 CITY OF WAUKESHA		4. Employer Identification Number (EIN) 39-6005642	
5. Employer address 201 DELAFIELD ST		6. Employer phone number 262-524-3745	
7. City WAUKESHA	8. State WI	9. ZIP code 53186	
10. Who can we contact about employee health coverage at this job? HUMAN RESOURCES			
11. Phone number (if different from above)		12. Email address HR@WAUKESHA-WI.GOV	

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

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

All employees. Eligible employees are:

Some employees. Eligible employees are:

FULL-TIME ELIGIBLE EMPLOYEES; THEIR LEGAL SPOUSE AND DEPENDENT CHILDREN

- With respect to dependents:

We do offer coverage. Eligible dependents are:

ELIGIBLE EMPLOYEES' LEGAL SPOUSE AND DEPENDENT CHILDREN. DEPENDENT CHILDREN CAN BE COVERED UP TO THE AGE OF 26; TOTALLY DISABLED CHILDREN OVER AGE 26 CAN REMAIN COVERED PENDING MEETING SPECIFIED CRITERIA IN SUMMARY PLAN DESCRIPTION (SPD)

We do not offer coverage.

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

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

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

Privacy Notice

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

Yes (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
 Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

The City of Waukesha (the "Plan") provides health benefits to eligible employees of **the City of Waukesha** (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information.

To receive a copy of the Plan's Notice of Privacy Practices you should contact Human Resources by calling (262) 524-3745 or via e-mail at hr@waukesha-wi.gov. Alternatively, you can access City Policy C-10 – HIPAA Privacy Policy and Procedures for Group Health Insurance at <http://www.waukesha-wi.gov/DocumentCenter/View/943> regarding the Plan's privacy practices and covered individuals' privacy rights. If you have questions or issues, please contact Human Resources.

The City is required by law to provide this notice to plan participants every three years.

Notice Regarding Wellness Programs

City of Waukesha's Wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for things such as cholesterol level, diabetic measures, blood chemistry and nutritional panel. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of HRA Contribution. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

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

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resources Department.



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