

Employee Benefits Enrollment Guide

2020

Updated: 06/26/2020

Quick Reference Guide

Topic	Vendor	Phone and Website
Medical	UMR	Medical: 1.800.826.9781 www.umar.com
Pharmacy	National Coop. / CVS Caremark	1.866.818.6911 www.caremark.com
Dental	Humana Dental	1.800.233.4013 www.humana.com
	Dental Associates / Care Plus	1.800.318.7007 www.careplusdentalplans.com
Vision	United Healthcare (UHC)	1.800.638.3120 www.myuhcvision.com
Flexible Spending Account (FSA) Health Reimbursement Account (HRA)	Employee Benefits Corporation (EBC)	800.346.2126 www.ebcflex.com
Long Term Disability (LTD)	The Standard	1.800.368.1135 www.standard.com
Life Insurance	State of Wisconsin Department of Employee Trust Funds (Securian Financial Group)	1.866.295.8690 www.securian.com
	Wisconsin Deferred Compensation (WDC) Plan #98971-01	www.wdc457.org Retirement Plan Advisor: Alex Brost Office: 608.241.6604 Mobile: 920.636.5243 alex.brost@empower-retirement.com
Deferred Compensation Plans	Nationwide Retirement Solutions Policy #4910	1.888.401.5272 www.nrsforu.com Customer Service Rep: Kerryl V. Johnson (608) 825-2516 Johnk46@nationwide.com
	Wisconsin Retirement System (WRS) City ID #69-036-0974	1.877.533.5020 608.266.3285 (Madison) www.etf.wi.gov
Pension Plan	Employee Resource Center (ERC)	920.403.7600 www.ercincorp.com
Employee Assistance Program (EAP)	Travelers Insurance	1.800.842.8496 bfpclaims@travelers.com
Identity Fraud Expense Reimbursement		

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice

Benefits at a Glance

Health and Dental Insurance (pgs. 7-9, 23-41): The City maintains a self-insured health insurance plan administered by a third-party provider. The City offers two plan options for dental insurance, a self-insured option and a fully insured option. Full-time employees pay 15% of the premium for both medical and dental plans, part-time employees pay a pro-rated amount. Premiums are taken pre-tax. Regular full-time and regular part-time employees are eligible for health and dental insurance coverage for themselves and their families.

Teladoc (Telemedicine Platform) (pgs.8, 35-38): Teledoc is an add-on service integrated with UMR, the City's third party administrator. This benefit provides anytime access to on-call doctors. It connects members to a network of physicians who can diagnose, treat and prescribe medications when needed. It offers one on one consultation where patients have the option to communicate via phone, online video or mobile app. The cost for a visit through Teledoc will be **\$0 for any member of the City's health insurance plan**. This benefit provides a low cost alternative to in-person doctor's visits.

Vision Insurance (pgs.7, 10, 52-54): This is a fully insured plan and the entire cost of the monthly premium is paid by the employee through payroll deduction. Premiums are taken pre-tax.

Life Insurance (pg. 11): The State's Department of Employee Trust Funds (ETF) administers the Life Insurance Program. Premium rates are based on age, earnings, and number of units purchased. Coverage options: Basic, Additional, Spouse & Dependent; purchasing Basic is a prerequisite for purchasing additional units. Employees are responsible for updating beneficiaries with ETF as necessary when status changes occur (birth, death, divorce, etc.). Enrollment in WRS is required to be eligible for the Voluntary Life Insurance.

Section 125 (Flexible Spending Account) (pgs. 14, 42-51): Flexible spending is an easy way for employees to set aside a portion of their earnings, and use it to pay for health care and daycare expenses. The money set aside in the flexible spending plan is free from payroll taxes, so employees see tax savings for each dollar they contribute. Enrollment eligibility and changes to the flexible spending account during the calendar year are subject to qualifying events.

Health Reimbursement Account (HRA) (pgs. 13, 42-50): An HRA is an IRS approved tax-free benefit that reimburses plan members for out-of-pocket expenses not paid by the health or dental insurance plan. The amount is based on the type of medical coverage selected and prorated based on the medical coverage effective date. Active medical plan members are automatically enrolled in the HRA.

Employees enrolled in the health plan receive dollars in their Health Reimbursement Account (HRA) every January. Health Assessments (HA's) are not required for members to be eligible for the health plan, but are encouraged as the funding of the health reimbursement account (HRA) will be affected by participation

Section 457 Deferred Compensation Program/Roth IRA: The Deferred Compensation program allows employees to defer a portion of their salary for future supplemental retirement income at their expense through payroll deduction. The amount deferred reduces state/federal income taxes and earnings as these deferrals accumulate tax-free until withdrawn. There are two plans to choose from, one through Nationwide Retirement Solutions and the other through the Wisconsin Deferred Compensation Plan (WDC). Each plan has its own enrollment requirements and mutual funds to choose from.

Employees can elect to have earnings deducted from their pay and put into a Roth IRA account through the Wisconsin Deferred Compensation Plan or Nationwide Retirement Solutions. A Roth IRA account provides an opportunity to build retirement assets by making post tax contributions.

Enrollment is voluntary and employees can participate in one or all of the plans. Changes to contribution amounts or investment options can be made at any time by completing the provider's forms. Forms and additional information is available by contacting the plan provider (contact information is provided on page 1).

Benefits at a Glance (continued)

Long Term Disability (pg. 12): This program provides monthly benefits for the partial replacement of income while an employee is disabled (disabled is defined as more than three months), unable to work and under the care of a doctor. Employees working at least 20 hours per week are automatically enrolled. The LTD benefit is a City sponsored benefit and is no cost to the employee.

Identity Fraud Expense Reimbursement (pgs. 55-56): This benefit provides all eligible employees with 100% employer-paid fraud expense reimbursement coverage up to \$25,000. This benefit is provided to employees free of charge.

Wellness (pgs. 17-22): Permanent full-time and part-time employees and their spouses can participate in the City's Wellness Incentive Program. Participants in the Wellness Incentive Program receive points for things such as participating in a run/walk, getting an annual physical each year, exercising, and completing preventative screenings. Participants can pick and choose what activities they would like to participate in and submit points to earn gift cards. Participation is completely voluntary but will benefit participant's lifestyle and may help save money on health care costs in the future. Employees and their immediate family members are also offered a 25% discount on all City of De Pere Park and Recreation exercise and movement-based programs. We can all take steps, even small ones, to improve our overall well-being.

Health Assessment (HA)

These basic health screenings will help members engage in their health and understand their overall status and risks. Individuals who choose to participate will receive a personalized report identifying their overall health status with individual score.

Employee Assistance Program (EAP) (pg. 16): The City of De Pere has an Employee Assistance Program (EAP). The services offered are a benefit provided by the City of De Pere at no cost to its employees and their immediate family members to help deal with life's stresses. EAP consists of caring individuals who are certified counselors. They offer professional support and direction towards resolving problems or concerns. They can also help by referring the employee to another resource if assistance is needed beyond the EAP.

Wisconsin Retirement System (WRS) (pg. 15): The Wisconsin Retirement Program is a pension plan which helps provide for financial security during retirement. Monthly annuity payments at retirement are calculated using years of creditable services, average earnings (based on three highest years of earnings), formula factors, age at retirement and selected annuity option or a money purchase option. Regular employees working at least 1200 hours a year (600 hours for employees covered prior to 7-11-11) are automatically enrolled.

Employee Benefit Enrollment Procedures for New Hires and Current Employees

In compliance with the Affordable Care Act (ACA) the City will hold an open enrollment each fall at which time employees will be able to make changes to, or apply for, benefit coverage for the next calendar year. Enrollment for employee benefit insurance coverage is subject to the requirements of the specific summary plan document, agreements between the vendor and the City or vendor requirements. To accommodate these requirements the following procedures will be followed regarding new employee and current employee enrollment.

New Employees: New employees in a position eligible for benefits may enroll within 31-calendar days of the hire date for health and/or dental insurance, 30-calendar days for life insurance and/or voluntary vision, and the first of the month following date of hire for Section 125 flexible spending account. The effective date of coverage for health, dental, vision, long-term disability, and flexible spending is the first day of the month following the date of hire. Life Insurance coverage is effective the first day of the month following 30 days from the date of hire. Identity Fraud Expense Reimbursement is effective on the date of hire. Eligibility for benefits will be in accordance with the definition under each summary plan document. If the new employee declines coverage for self, spouse and/or eligible dependents, the employee may apply for coverage for self, spouse and/or eligible dependents at the next open enrollment period, if applicable, except in the case of a qualifying event that permits earlier enrollment. To complete enrollment, Human Resources will need to see the birth certificates of your dependents, and marriage certificate, if applicable.

Current Employees: Following initial employment, current employees may change or apply for medical coverage, voluntary vision and flexible spending annually during the open enrollment period for the next calendar year, except in the case of an event that permits changes during the calendar year in accordance with the specific summary plan document. If a current employee declines coverage for self, spouse and/or eligible dependents, the employee may apply for coverage for self, spouse and/or eligible dependents at the next open enrollment period except in the case of a qualifying event that permits earlier enrollment.

Please note: Dental coverage is not subject to annual open enrollment; open enrollment for dental is once every 5 years, beginning with the 2016 plan year. Current dental members have the option of moving from one dental plan to the other at year end. Information will be sent to employees annually with the specific dates.

Special Enrollment for Life Insurance: Employees may enroll for one level of employee coverage or increase their employee coverage by one level if they have a qualifying family status change event. If the employee does not enroll for coverage within 30 days of a family status change event or when first hired, the employee may obtain coverage by providing the insurer, Securian Financial Group, with satisfactory evidence of insurability at their own expense.

Qualifying Events: Qualifying events under HIPAA Special Enrollment and Section 125 (Flexible Spending Accounts):

- Marital status change: marriage, death of spouse, divorce, annulment or legal separation.
- Number of dependents change: birth, adoption or placement for adoption, death of dependent child, newly eligible dependents due to plan design change.

- Note: HIPAA allows the employee who may have elected employee only coverage initially to not only add a new dependent, but also allows the employee to add the spouse at the time the new dependent is added.
- HIPAA does not require all eligible dependents (i.e., other dependent children) be added.
- Loss of coverage: if the employee loses other coverage (e.g. Spouse's health plan coverage terminates, or Medicare or Medicaid eligibility ends).

Employee Benefit Enrollment Procedures for New Hires and Current Employees (continued)

Changes to plan elections may be made under section 125 (flexible spending account) rules under the following circumstances (in addition to the HIPAA special enrollment events):

- Dependent status change: dependent no longer satisfies rule for eligibility as a dependent due to attainment of age, marriage of dependent child
- Employment status: commencement or termination of employment, commencement of or return from leave of absence, change from part-time to full-time status or vice versa, strike or lockout.
- Judgment decree or order requiring coverage: QMSCO.
- Change in residence: may qualify if there is a loss of eligibility for a region-specific plan, such as an HMO.
- Change in cost of dependent care expenses (for dependent care flexible spending only)
- Other additional circumstances as allowed under section 125.

Enrollment Changes for Health, Dental & Vision Insurance

If an employee has enrollment changes for health, dental or vision insurance, please contact the Human Resources Department at 920-339-4045. A new enrollment form must be completed reflecting the changes to be made to the insurance coverage.

Some examples include: (not an all-inclusive list)

- Adding a newborn baby or adopted child
- Adding a spouse due to marriage
- Removing a spouse and/or children due to divorce
- Removing a child who reaches age 26
- Removing a spouse who reaches age 65
- Loss of coverage

Plan Administrators cannot authorize any changes to health, dental and/or vision insurance coverage. All insurance changes must be made by the Human Resources Department.

Please note the following time limits:

- For a **child** to be enrolled as of the date of birth or adoption date, an enrollment form must be submitted to Human Resources within **60 days** of the birth or adoption date along with a copy of the birth certificate. *(The Social Security Number takes about 6 weeks to receive so send in the enrollment form within the 60 days and then call with the number when it is received.)*
- For a **spouse** to be enrolled as of the date of marriage, an enrollment form must be submitted to Human Resources within 31 days of the date of marriage along with a copy of the marriage certificate.

Health

UMR	Choice Plus Network	
	In-Network	Out-of-Network
Embedded Deductible		
Single	\$2,000	\$2,250
Employee + One	\$2,000 per person	\$2,250 per person
Family	\$4,000 (or \$2,000 per person)	4,500 (or \$2,250 per person)
Out-of-Pocket Maximum		
Single	\$3,000	\$4,000
Employee + One	\$6,000	\$8,000
Family	\$7,000	\$8,000
Coinsurance	80%	60%
Lifetime Maximum	Unlimited	
Teladoc	FREE	N/A
Office Visits	Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
Routine / Preventive Care	100% Covered (includes Vision and Hearing Screenings)	Deductible & Coinsurance Apply (no benefit for out-of-network vision exams)
Hospital Services	Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
Urgent Care	Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
Emergency Room	Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
Retail Prescription Coverage		
Level 1	\$10	
Level 2	\$20	
Level 3	\$40	
Level 4	20% Copay to \$350 Maximum per prescription	
Members can receive a 90 day supply of medication for the cost of 60-days at CVS, Target or through mail order.		

This is a summary of benefits and features offered by the City of De Pere and UMR. All benefits are subject to the limitations, and exclusions set forth in the Summary Plan Description.

Please Note:

Additional HRA dollars can be earned by simply completing the Health Assessment (HA) and preventative exams.

Health Reimbursement Account	City Contribution	HA and Preventative Exams Completion Credit (Employee)	HA and Preventative Exams Completion Credit (Spouse)	Total Credit
Single	\$500	\$500		\$1,000
Employee + One*	\$1,000	\$500	\$500	\$2,000
Family*	\$1,000	\$500	\$500	\$2,000

**If an employee is on an employee +1 or family plan but does not have a spouse, the employee will receive full credit (\$1,000).*

Rates (based on full-time employment)	Employee Premium Per Payroll
Employee	\$50.84
Employee + One	\$94.63
Family	\$155.21

Dental

Dental Carrier	Humana	Dental Associates
Deductible		
Single	\$25	\$0
Family	\$75	\$0
Annual Maximum	\$1,250*	\$2,000
Preventive Services (do not track toward annual maximum)		
Oral Exams (2) per year	100%	100%
Bitewing X-Rays (2) per year	100%	100%
Full Mouth or Panoramic X-Rays (1) per (3) years	100%	100%
Cleanings (2) per year	100%	100%
Topical Fluoride (to age 19) (2) per year	100%	100%
Sealants (on molars to age: 19 Humana; 15 Dental Associates)	100%	100%
Space Maintainers	100%	100%
Pre-diagnostic testing (age 40 and older) (1) per year	100%	100%
Basic Services		
Problem- focused evaluation (emergency)	80%	100%
Palliative (emergency) treatment for pain relief	80%	100%
Fillings	80%	100%
Extractions	80%	100%
Oral Surgery & Drug injections	80%	100%
Periodontal evaluations, maintenance, & Surgery	80%	100%
Pulp Tests & Pulpotomies on primary teeth	80%	100%
Endodontics	50%	100%
Recementation of crowns, bridges, inlays, onlays & veneers	80%	100%
Occlusal guards & adjustments	80%	100%
Stainless Steel Crowns on primary teeth	80%	100%
Major Services		
Crowns (1) per 5 years	50%	80%
Gold Foil Fillings (1) per 5 years	No Coverage	No Coverage
Inlays or Onlays (1) per 5 years	50%	No Coverage
Implants(1) per 5 years	50%	80%
Porcelain / Ceramic / Resin Material	50%	80%
Veneers (anterior & bicuspid teeth) (1) per 5 years	50%	80%
Prosthodontic Services		
Installation and Maintenance/Repairs of Bridgework & Dentures	50%	80%
Orthodontics (per course or treatment)		
Orthodontic treatment in progress on your effective date will be prorated for the remainder of the treatment period. The plan does not include charges for Orthodontic services started prior to effective date of your coverage.	50% to \$1,500 Max.	50% to \$2,000 Max.

* Benefits are paid at 30% once the annual maximum is spent.

Rates (based on full-time employment)	Humana Plan Employee Per Payroll	Dental Associates Plan Employee Per Payroll
Employee	\$3.36	\$2.52
Family	\$10.20	\$7.18

Vision

United Healthcare	IN-NETWORK	OUT-OF-NETWORK
Comprehensive Vision Exam	\$10 Copay	Up To \$40
Materials		
Eyeglass Lenses	\$25 Copay	See Below
Eyeglass Frames	\$25 Copay	
Contact Lenses	\$25 Copay	
Pair of Lenses	Covered In Full After Applicable Copay	
Single Vision		Up To \$40
Bifocal		Up To \$60
Trifocal	<i>Includes standard scratch-resistant coating</i>	Up To \$80
Lenticular		Up To \$80
Frames	\$130 Retail Frame Allowance (after applicable copay)	Up To \$45
Covered Contact Lenses*	Up To 4 Boxes Plus the fitting/evaluation fees and up to two follow-up visits are covered-in-full (after applicable copay)	Up To \$125
Non-Selection Contacts*^	Up To \$125 (material copay is waived)	Up To \$125
Necessary Contact Lenses	Covered In Full (after applicable copay)	Up To \$210
Frequency		
Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	

* Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames.

^ It is important to note the covered contact lens selection may vary by provider but does include the most popular brands on the market today. A complete list can be found by visiting our website www.myuhcvision.com.

Rates	Employee Per Payroll
Employee	\$2.91
Employee/Spouse	\$5.52
Employee/Child(ren)	\$6.48
Family	\$9.12

This is a summary of benefits and features offered by the City of De Pere and United Healthcare. All Benefits are subject to the limitations, and exclusions set forth in the Summary Plan Description.

Life and AD&D

Wisconsin Public Employers Group Life Insurance Program Supplemental Life Information: Eligible employees include part-time and full-time employees who are covered under WRS. Employees may submit their application any time after their date of hire but it must be received before the deadline for applications. The deadline is within 30 days of:

- A. Your date of hire
- B. You return to employment after a leave without earnings if, during that absence, insurance coverage was discontinued
- C. Enrollment due to a Family Status Change Event
- D. Enrollment under Evidence of Insurability

Life and Accidental Death & Dismemberment (AD&D) Insurance

BASIC & ADDITIONAL LIFE INSURANCE	Amount of Life Insurance
Employee - Basic Life Plan (AD&D amount equals total amount of your insurance under Basic and Additional coverages)	1 x earnings, rounded to the next higher \$1,000
Employee - Additional Life Plan (must have Basic coverage to be eligible for the Additional Plan)	Up to 3 x earnings
Spouse & Child - Supplemental Life Plan (AD&D is not included on the Spouse and/or Dependent Life Insurance plans)	1 unit Spouse =\$10,000; Dependent=\$5,000 2 units Spouse =\$20,000; Dependent=\$10,000

Cost of Insurance

As a local government employee, your monthly premiums are determined as of July 1 of each year, based on your age on that date and your amount of insurance. The monthly rates for Basic and Additional insurance are available from your employer, ETF, or Securian Financial Group. Rates could change annually.

You can also find current premium rates (ET-2164) on ETF's Internet site at <http://etf.wi.gov>

Local Government Employee	
Basic and Additional	
Rate per \$1,000 of insurance	
July 1, 2019 – June 30, 2020	
Age	
Under 30	\$.05
30-34	\$.06
35-39	\$.07
40-44	\$.08
45-49	\$.12
50-54	\$.22
55-59	\$.39
60-64	\$.49
65-69*	\$.57

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

Local government employees: Each Unit of Spouse and Dependent Insurance is \$1.75 per month.

(If late enrollee, you must apply through underwriting for any additional life insurance buy-up amount)

AD&D is not included on any of the Life Insurance plans for Spouses and/or Dependents

Long Term Disability Benefits

By offering partial income replacement, Long Term Disability Insurance can help to lighten the financial load if you become unable to work due to a disability. Coverage is provided to you by the City of De Pere at no cost and no action is required on your part if you are an employee working 20 hours per week.

The Standard is the insurance carrier for your long term disability coverage.

Coverage Basics	Summary of Long Term Disability (LTD) Benefits														
Effective Date of Eligibility	Coverage is effective the first of the month following date of hire, unless you are hired on the first, then it's effective on date of hire.														
Scheduled Benefit Amount	60% of monthly pay subject to a maximum scheduled amount of \$5,000 per month. <i>Monthly pay means your basic monthly pay, and is determined on the day before the period of disability starts. Bonuses, overtime, and other compensation is not considered as basic wages or salary. However, a monthly average of commissions received during the prior full calendar year will be included. If you are an hourly employee, monthly pay will be based on your hourly rate of pay.</i>														
Minimum Benefit	If you normally work at least 30 hours per week before your period of disability starts, the minimum monthly benefit will be \$100.														
Qualifying Period	3 months														
Maximum Benefit Period	Benefits will not be paid beyond the maximums stated below: <table> <tr> <th>Age</th><th>Maximum Benefit Period</th></tr> <tr> <td>Before 60</td><td>The day before retirement age *</td></tr> <tr> <td>60 but before 65</td><td>The day before retirement age * or 36 months of disability ** whichever is longer</td></tr> <tr> <td>65 but before 68</td><td>24 months of disability **</td></tr> <tr> <td>68 but before 70</td><td>18 months of disability **</td></tr> <tr> <td>70 but before 72</td><td>15 months of disability **</td></tr> <tr> <td>72 or more</td><td>12 months of disability **</td></tr> </table> <p>*"Retirement age" means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act.</p> <p>**following the end of the qualifying period</p>	Age	Maximum Benefit Period	Before 60	The day before retirement age *	60 but before 65	The day before retirement age * or 36 months of disability ** whichever is longer	65 but before 68	24 months of disability **	68 but before 70	18 months of disability **	70 but before 72	15 months of disability **	72 or more	12 months of disability **
Age	Maximum Benefit Period														
Before 60	The day before retirement age *														
60 but before 65	The day before retirement age * or 36 months of disability ** whichever is longer														
65 but before 68	24 months of disability **														
68 but before 70	18 months of disability **														
70 but before 72	15 months of disability **														
72 or more	12 months of disability **														

This summary of Benefits and the Brochure and Enrollment Form explain/explains the general purpose of the insurance described, but in no way changes or affects the policy as it is actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply.

LTD products contain limitations and exclusions, complete coverage information can be found in your Booklet-Certificate if you become insured. Please read it carefully and keep it in a safe place with your other important papers.

Health Reimbursement Account (HRA)

Each year the City of De Pere sets up the HRA, determines the amount of money available in each employee's HRA for the coverage period, and establish that all 213 D medical expenses are allowed for reimbursement under their plan. The account is administered by Employee Benefits Corporation (EBC). The amount is based on the type of medical coverage selected, and prorated based on your medical coverage effective date. Like Flex Spending, your HRA monies can be used to reimburse you for expenses not paid by the City's medical plan such as deductibles, copays, etc.

1. How much will be contributed to my HRA?

Health Reimbursement Account	City Contribution	HA and Preventative Exams Completion Credit (Employee)	HA and Preventative Exams Completion Credit (Spouse)	Total Credit
Single	\$500	\$500		\$1,000
Employee + One*	\$1,000	\$500	\$500	\$2,000
Family*	\$1,000	\$500	\$500	\$2,000

**If an employee is on an employee +1 or family plan but does not have a spouse, the employee will receive full credit (\$1,000).*

2. What can I pay for with my HRA fund?

- Co-insurance
- Prescription Drugs
- Out of pocket medical expense
- Dental/Vision expenses
- All other 213(d) eligible medical expenses (same as for flex spending)

3. What happens to my account when I retire or am no longer working for the City?

- Retirement/Disability/Layoff or Reduction in Workforce: employee gets to keep 100% contribution.
- Voluntary Separation/Pass Away: You get to keep 100% after 10 years* (10%/year vested). After 10 years*, 100% of the fund stays with you. If you are employed for less than 10 years*, that amount is pro-rated per year; 10% of the fund will stay in the account for each year of being on the plan (Example: 5 years = 50% of the funds). If you pass away, your HRA may continue to be used by your beneficiary for reimbursement of your medical expenses or, the medical expenses of your beneficiary, even if your beneficiary is not enrolled in the City's health insurance plan.
- Involuntary Termination: You get to keep 50% after 10 years* (5%/year vested). After 10 years* of being on the HRA (effective 1-1-12), 50% of the fund stays with the employee. If the employee is on the HRA for less than 10 years*, the amount is pro-rated per year. 5% of the fund will stay in the account for each year of being on the plan (Example: 5 years = 25%).

*The City will use 1/1/2012 as the starting date for anyone employed prior to 1/1/2012, and date of hire for anyone hired on or after 1/1/2012.

- The City pays the monthly administrative fee (currently \$3.00 per member per month) to have the HRA fund administered. Once you are no longer an employee, that administration fee will automatically be taken from your HRA fund at the end of the calendar year.

For additional FAQs please visit the City of De Pere's website.

Section 125 Flexible Spending Account (FSA)

Employee Benefits Corporation (EBC)

Flexible spending is an easy way for employees to set aside a portion of their earnings, and use it to pay for health care and daycare expenses. The money set aside in the flexible spending plan is free from payroll taxes, so employees see tax savings for each dollar they contribute.

This is an optional feature and enrollment is voluntary. During open enrollment a current employee may enroll in the flexible spending account for the next calendar year. Enrollment eligibility and changes to the flexible spending account during the calendar year are subject to qualifying events.

The maximum annual health care reimbursement amount an Employee may elect for the 2020 plan year is **\$2,700.00** and may be adjusted annually.

The City will allow up to \$550 of unused funds remaining in your Health Flexible Spending Account (FSA) to be rolled over to the subsequent Plan Year. These rollover funds may be only used to pay or reimburse medical expenses under the Health FSA.

Dependent Care Spending Account elections cannot exceed **\$5,000.00** per year. Dependent Care expenses are reimbursed up to the cash balance in your account. Unpaid claims are reimbursed as more money is credited to your account.

If you are utilizing the Employee Benefits Corporation Benefits Card, the funds will be taken from your flexible spending account first, then from your Health Reimbursement Arrangement (HRA) Account.

WRS Contribution Rates

Wisconsin Retirement System (WRS) benefits consist of employer required and employee required contributions. Unless otherwise indicated by state regulation or union contracts, the City will pay the employer required share into the plan, and employees will be responsible for contributing the employee share. The employee contributions will be deducted pre-tax as a percentage of reported earnings each payroll period.

Employee Category	2020 Total Rate	2020 Employee Contribution	2020 Employer Contribution*
General/Teacher	13.5%	6.75%	6.75%
Elected Official/Executive/Judge	13.5%	6.75%	6.75%
Protective with Social Security	18.49%	6.75%	11.74%
Protective without Social Security	23.09%	6.75%	16.34%

- Eligibility - The Wisconsin Retirement Program is a pension plan that helps provide for financial security during retirement. Monthly annuity payments at retirement are calculated using years of creditable services, average earnings (based on three highest years of earnings), formula factors, age at retirement and selected annuity option or a money purchase option. Regular employees working at least 1200 hours a year (600 hours for employees covered prior to 7-11-11) are automatically enrolled.
- Vesting Requirements – You may have to meet one of two vesting laws in order for the City of De Pere contributions to be vested. This is based on when you first began WRS employment.
 - If you first began WRS employment after 1989 and terminated employment before April 24, 1998, then you must have some WRS creditable service in five calendar years.
 - If you first began WRS employment on or after July 1, 2011, you must have five years of WRS creditable service.
 - If neither vesting law applies, you were vested when you first began WRS employment. If you are vested, you may receive a retirement benefit at age 55 (age 50 for protective category participants) once you terminate all WRS employment. If you are not vested, you may only receive a separation benefit.

* The Employer contribution for protective employees includes the required contribution for duty disability.

Employee Assistance Program (EAP)



DID YOU KNOW?

Your EAP (Employee Assistance Program) benefit offers easy access to professional, confidential counseling services through locations in De Pere and Appleton as well as through an extensive affiliate network. These counseling services are provided at no cost to you as a benefit through the City of De Pere and can help with a wide variety of personal and family issues including alcoholism, drug dependency, emotional illness and other problems. Accessing this benefit is voluntary and always confidential.

HOW DO YOU ACCESS THE EAP?

1. Call ERC: ASSIST at 1-800-222-8590 (a licensed counselor is always available: 24/7/365)
2. Identify you are an employee of City of De Pere or a family member of a City of De Pere employee
3. Provide brief demographic information
4. An appointment will be arranged in a timely manner. Your benefit allows up to 8 counseling sessions per issue.

SAVES YOU MONEY!

When you or any dependent on the health plan go through the EAP benefit first for your counseling services, and a certification for further treatment is needed, the deductible under our health plan will be waived. If you chose to bypass the EAP and go directly to a treatment provider you will need to pay the deductible and co-insurance cost of your mental health services.

If you have any questions regarding the EAP benefit or this plan design, please contact Human Resources, or the EAP directly at 800-222-8590. For more information on your EAP benefit you may visit ERC's website at www.ercincorp.com



Wellness Incentive Program

Permanent full-time and part-time employees and their spouses can participate in the City's Wellness Incentive Program. Points may be earned for things such as participating in a run/walk such as the Bellin Run, getting an annual physical each year, exercising, participating in the various wellness challenges, and other wellness-related activities. A small incentive is built into the program to reward you for achieving points towards each goal. More information about the wellness Program and blank wellness forms are located in the Friday Memo Drive (Q:) in the Wellness Folder and on the City website on the Human Resources Department Page.

There's more. Employees and their immediate family members (spouse and children) will receive 25% off De Pere Park and Recreation exercise-based programs. To register for a program or class and receive the discount, call the Community Center at 339-4097.

City of De Pere Parks and Recreation Programs consist of:

- Dance, pom and twirl classes and related programs
- Youth activity-based classes and programs
- All tumbling classes and related programs
- Martial arts and related programs/classes
- Swim lessons
- All water fitness classes
- Park playground program
- All fitness classes



There's something for every family member.

Contact the Community Center to get signed up and have fun!

Did you Know?

75 cents of every dollar on healthcare in this Country is spent on treatment of preventable diseases (preventable by exercise or nutrition).



P: (920) 339-4097

E: deperecc@mail.de-pere.org

www.de-pere.org

To: Permanent Full-Time and Part-Time Employees
From: Shannon Metzler, Human Resources Director
Erin Bongers, Health Department
RE: City of De Pere Wellness Incentive Program
Date: January 1, 2020

2020 Wellness Incentive Program

When: January 1, 2020 until December 31, 2020

Who: All permanent full-time and part-time employees and their spouses

How: Pick and choose what types of wellness activities you are interested in and earn gift cards. It's that simple!

Permanent full-time and part-time employees and their spouses can participate in the City's Wellness Incentive Program. Participants will receive points for things such as participating in a run/walk, getting an annual physical each year, exercising, and completing preventative screenings. A small incentive is built into the program to reward you for achieving points, with benchmarks along the way. Due to the logistics of some of the City-led wellness challenges, these challenges will be offered to employees only to earn points.

A few highlights:

- **NEW:** The Wellness Team has increased the points for blood donation and has added points for Community Involvement. Take part in the community based activities the Wellness Team promotes such as Dress Down Days, Tools for School, Food Drive, etc. and earn wellness points.
- Additional Incentive Benchmark: Employees who earn 3000+ points in the Wellness Incentive Program will earn a \$75 gift card. This means that you can earn a total of **\$150** in gift cards for participating in, logging, and turning in proof of wellness activities.
- Nutrition/Wellness Classes are worth 400 points. Attend and participate in classes regarding smoking cessation, weight loss and others.
- You and your immediate family members (spouse and children) will receive 25% off De Pere Park and Recreation exercise and movement-based programs. To receive the discount you will have to register either over the phone or in person at the Community Center. If you have questions on which classes may be included, please call the Community Center

The Wellness Incentive Program flyer has the information on how to earn points throughout the year. You can pick and choose what activities you would like to participate in and submit points to earn your gift cards.

Your health plan is committed to helping you achieve your best health status. Rewards for participating in the wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. Contact Erin Bongers in the Health Department at 339-4054 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

***Wellness forms can be found on the City's website and the City's Friday Memo Drive (Q Drive) in the Wellness Folder. At the MSC, Wellness Forms can be found near the main copier with the other blank employee forms.

Wellness

	Points Each	Points Total
Annual Physical	200	200
Quarterly Screenings	50	200
Blood Pressure		
Body Fat		
Annual Preventive Care (max of 3)	200	600
Dental Exam		
Eye Exam		
Flu Shot		
Mammogram		
Colonoscopy		
Prostate-Specific Antigen (PSA) Test		
Wellness Challenges (max of 4)	200	800
Monthly Challenge	50	600
Nutrition/Wellness Classes	400	400
Charity / Community Walk (max of 4)	100	400
Educational Seminar (max of 4)	50	200
Monthly Exercise (min. of 30 minutes each time)		
15x / month	50 / month	600
20x / month	100 / month	1200
CPR/AED Certified	50	50
Donate Blood	100	200
Wellness Champion	50	50
Volunteer Work	50	50
Community Involvement	10	50
Onsite Nurse Coach Visit	50	200
Health Assessment	200	200
Health Assessment follow-up visit (Onsite Nurse Coach)	100	100

The City of De Pere presents the 2020 Wellness Incentive Program! Your health is important to us. In the coming 12 months, we challenge you to make healthy choices, have screenings, exercise and increase your wellness knowledge. Making the effort to be healthy can pay off in so many ways! This year the program will run 1/1/2020 through 12/31/2020.

Your Goal: Accumulate as many points as possible (while maintaining your health)

How to Get Points: Complete any of the listed activities and submit the appropriate tracking forms.

Don't Leave \$\$ on the table!

PRIZES

1,000 point benchmark \$25 gift card

2,000 point benchmark \$50 gift card

3,000 point benchmark \$75 gift card

Total Earned = \$150

\$ earned is cumulative and you can report points any time you reach a milestone!

3,000 + points:

Entry into a raffle for a chance to win gift card



WIN PRIZES with our Wellness Incentive Program

Qualification Criteria

Activity #1	Annual Physical Complete and have your physician sign the “Master Tracking Form.”
Activity #2	Quarterly Blood Pressure / Body Fat Screens Have blood pressure and/or body fat percentage/BMI recorded. Blood pressure may be taken anywhere or with Onsite Nurse Coach. Have provider sign the “Master Tracking Form.”
Activity #3	Preventative Screenings Complete and have your physician sign the “Master Tracking Form.”
Activity #4	Activity Programs Details on the Wellness Challenges will be announced as they are offered. These typically are internal challenges that will focus on the various aspects of wellness.
Activity #5	Monthly Challenge Each month will have a different challenge assigned to it (ex. January Jumping Jacks). Each day you build up by one (January 1 st – 1 jumping jack, January 2 nd – 2 jumping jacks, etc.) until you get to the end of the month, when the new month starts a new challenge and restarts. Submit “Monthly Challenge Log Calendar.”
Activity #6	Nutrition / Wellness Classes Participate in a smoking cessation program to learn the steps you need to quit smoking and how to maintain your new, non-smoking lifestyle. Attend nutrition classes – this may include those offered by local hospitals and health clinics, Weight Watchers, LA Weight Loss, etc. Other classes may be approved on a case-by-case basis. Proof of participation/attendance is required.
Activity #7	Charity / Community Walks Participate in up to 4 charity or community walks/runs throughout the year. Proof of participation is required (ex. picture or walking/run bib).
Activity #8	Educational Wellness Seminars Attend up to 4 community wellness seminars throughout the year. Report your participation on the “Master Tracking Form.”
Activity #9	Exercise Exercise at least 15x or 20x a month, for a minimum of 30 minutes each time. Track your progress on the “Master Tracking Form.”
Activity #10	CPR/AED Certification Become certified in CPR/AED or maintain your current certification. Submit a copy of your card for proof.
Activity #11	Donate Blood Donate blood at any blood drive and document on “Master Tracking Form.”
Activity #12	Wellness Champion Encourage wellness at work. Provide a summary with at least 5 examples of what you did to promote wellness, for example, promoted healthy eating, educated employees on the wellness program, promoted the flu shot, etc.
Activity #13	Volunteer Work Volunteer in the community for at least 1 hour and document on the “Master Tracking Form.”
Activity #14	Community Involvement Take part in the community based activities the Wellness Team promotes such as Dress Down Days, Tools for School, Food Drive, etc. 10 points awarded for each activity with a total of 50 points max for the year. Please document on the “Master Tracking Form.”

WIN PRIZES with our Wellness Incentive Program

Qualification Criteria *(continued)*

Activity #15	Onsite Nurse Coach Visit Meet with the Onsite Nurse Coach. Have her sign "Master Tracking Form."
Activity #16	Health Assessment Participate in a health assessment. Employees and spouses that participate in the City of De Pere's health assessment will automatically be awarded the points. If an employee or spouse participates in another employer's health assessment, proof of participation is needed.
Activity #17	Health Assessment Follow-up with Onsite Nurse Meet with the Onsite Nurse Coach to discuss health assessment results. Have her sign "Master Tracking Form."

Questions about the program? Contact Erin Bongers at 339-4054 or by email at ebongers@deperewi.gov

Note: all forms and/or proof of participation should be turned into Erin Bongers in the Health Department.

Wellness forms can be found on the City's Friday Memo Drive (Q Drive) in the Wellness Folder.

* Your health plan is committed to helping you achieve your best health status. Rewards for participating in the wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. Contact Erin Bongers in the Health Department at 339-4054 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status



ONSITE NURSE COACH SERVICES

FREE, CONFIDENTIAL APPOINTMENTS

**Available to benefit-eligible employees
and spouses.**

- ☒ Manage chronic conditions (high blood pressure, diabetes, tobacco addiction, and more)
- ☒ Basic care for sore throats, earaches, sinus infections, and flu or cold symptoms (includes worksite testing such as rapid strep and blood sugar)
- ☒ Lose weight and improve nutritional choices
- ☒ Learn and use stress-reduction techniques
- ☒ First aid for injuries
- ☒ Immunizations

Schedule an appointment 24/7 online at bellin.org/cityofdepere or call **800.528.7883**.

bellinhealth



Sabrina Frisque, RN
nurse@mail.de-pere.org

**City Hall:
Riverview
Conference Room**

**Tuesdays,
12 noon-1:30 pm**

**Municipal
Service Center**





**Tuesdays,
2-3 pm**

bellin.org/cityofdepere

Choose the right health care setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs:



TYPE OF CARE		WAIT TIME	COST**
	Walk-In Retail Health Clinics Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies.	15 minutes or less, on average	\$5 Copay
	When to go* <ul style="list-style-type: none"> • Colds or flu • Sinus infections • Allergies • Vaccinations or screenings • Minor sprains, burns or rashes • Headaches or sore throats 		\$50 - \$100 Average cost
	Urgent care Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.	20-30 minutes Approximate wait time	80% after deductible is satisfied
	When to go* <ul style="list-style-type: none"> • Sprains and strains • Mild asthma attacks • Sore throats • Minor broken bones or cuts • Minor infections or rashes • Earaches 		\$150 - \$200 Average cost
	Clinical care (your doctor's office) Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.	1 week or more Approximate wait time for an appointment	80% after deductible is satisfied
	When to go* <ul style="list-style-type: none"> • Preventive services and vaccinations • Medical problems or symptoms that are not an immediate, serious threat to your health or life 		\$100- \$150 Average cost
	Emergency room (ER) Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and your health plan may not cover non-emergency ER visits.	3 to 12 hours Approximate wait time for non-critical cases	80% after deductible is satisfied
	When to go* <ul style="list-style-type: none"> • Sudden change in vision • Sudden weakness or trouble talking • Large, open wounds • Difficulty breathing • Severe head injury • Heavy bleeding • Spinal injuries • Chest pain • Major burns • Major broken bones 		\$1,200- \$1,500 Average cost

* This is a sample list of services and is not intended to be all-inclusive.

** Costs are averages only and not tied to a specific condition or treatment. Out-of-pocket costs will vary based on your medical plan design.

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RETAIL CLINIC LOCATIONS

Retail clinics are the lowest cost option for you and the health plan. Many services can be rendered and common medical conditions can be treated at retail clinics like:

Styes	Pregnancy Tests	Rapid Strep	Urinalysis
Allergies (6 yrs. & up)	Bladder Infections	Sports/Camp Physical	Cold/Flu Symptoms
Cold Sores	(females 12 yrs. & up)	Ear Infections	Impetigo
Insect Bites	Laryngitis	Minor Burns & Rashes	Mononucleosis
Pharyngitis	Poison Ivy (3 yrs. & up)	(including sunburn)	Sinus Infection
Headaches or sore throats	Upper Respiratory Infection		

Aurora QuickCare - Ashwaubenon

2301 Oneida Street
Green Bay, WI
(920) 497-7783

Aurora QuickCare - Howard

464 Cardinal Lane
Green Bay, WI
(920) 434-3880

Bellin Health Fastcare

(Meijer Location)
2015 Shawano Ave
Green Bay, WI
(920) 445-7377

Bellin Health Fastcare

1976 Lime Kiln Road
Green Bay, WI
(920) 445-7377

ThedaCare Fast Care - Grand Chute

(inside Meijer)
3801 N. Richmond Street
Appleton, WI



City of De Pere W I S C O N S I N

Routine Vision Exam Coverage

Routine Vision and Refraction Exams are covered at 100% under the Medical Plan

(with a frequency of one exam every calendar year)

- *Note: A contact lens examination is not considered a routine exam, therefore, the member will be responsible for the contact lens portion of the exam.*
- Visit www.umar.com to find a participating provider
 - Click on “Find a Provider”
 - Enter “United Healthcare Choice Plus”
 - Click on “View Providers”
 - Click on “Change Location” and enter location information to search area providers.
 - *If searching by provider name, you must enter the correct zip code of the provider then enter provider*
 - *If searching for a provider near you , enter member zip code, select mile radius willing to travel, select provider specialty Optometrist/Ophthalmologist.*
 - Enter search criteria i.e. location, provider’s name, type of service and click “search”
- Out of Network routine vision is not a covered benefit under the medical plan.
- If you have questions on your benefits or need assistance in filing a claim, please contact your UMR Customer Care specialist at 1-800-826-9781.

The Importance of Routine Vision Care

- Good visual health plays an extremely important role in contributing to overall health.
- Periodic eye examinations are an important part of routine preventive healthcare.
- Many eye and vision conditions have no obvious symptoms.
- Early diagnosis and treatment are important for maintaining good vision and preventing permanent vision loss.
- Vision care is essential to maintaining a healthy lifestyle. Eye exams can detect symptoms of diseases such as diabetes, hypertension, multiple sclerosis, brain tumors, osteoporosis and rheumatoid arthritis.



Get all your answers
quick and easy @
umr.com



A UnitedHealthcare Company

Access your health benefits in two clicks

You don't have time to dig through paperwork or wonder where to go for care when you need it. And your health and financial resources are too valuable for second guesses.

At **umr.com**, there are no hassles and no waiting – just the answers you're looking for, anytime, night or day.

Log in now to:

Check your benefits
and see what's covered

Look up what you owe
and how much you've paid

Find a doctor in your network

Learn about medical conditions
and treatment options

Access tools and trusted resources
to help you live a healthier life

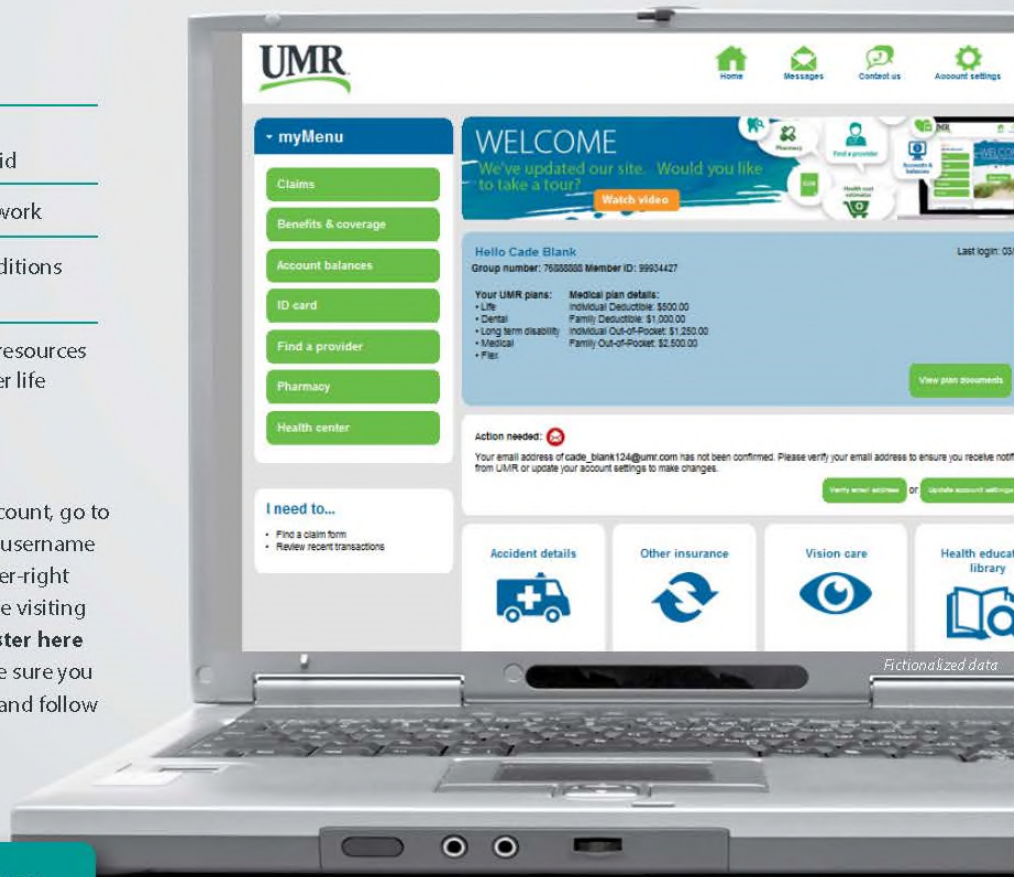
Getting started

If you already have an account, go to **umr.com** and enter your username and password in the upper-right corner. If it's your first time visiting us, click **New user? Register here** to open an account. Make sure you have your ID card handy and follow the steps to get started.



**WANT A
QUICK TOUR?**

Use the QR code reader on
your smart phone to watch
a short video.



Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

Health (continued)

You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Choose **Benefits & coverage** from myMenu to find out:

- What health care services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

Did your dog eat your ID card?

No worries. It's easy to get a replacement online.

Just click **ID card** in the myMenu to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor's office.



CLAIMS									
Need help understanding your health/benefits? The health insurance 101 video series can help.									
Go to YouTube									
Claim search									
I want to view									
Claims for									
ALL									
Code Book (09/06/1945)									
EEO/AAE									
State (2013/12/19/19)									
Samuel Black (242/202003)									
Joseph Black (242/11002)									
Karyn Black (272/11002)									
Claim type									
Medical									
Dental									
Time period									
ALL									
Last 30 days									
Last 6 months									
Status									
ALL									
Completed									
In progress									
Denied									
Pre-treatment estimate									
Search									
Subscribed member: search									
CLAIMS									
Need help understanding your health/benefits? The health insurance 101 video series can help.									
Go to YouTube									
Claim search results									
Subscriber: Code Book, 999344271 My Favorite Company, 76888888									
You are viewing: All members, Medical claims, all Claims									
Claim activity									
Download Print									
Filter your results:									
CLAIM NUMBER	SERVICE DATE	FAMILY MEMBER	PROVIDER STATUS	BILLED AMOUNT	PLAN DAYS	YOU OWE	EOB		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$1,000.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$1,000.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Karyn	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		
1227622222	09/10/13	Code	Alta, Jessica, C	\$999.00	\$999.00	\$10.00	View		

Fictionalized data

Buried in paperwork? A single click lets you track all your claims

Check in at your convenience to see if a claim has been processed and what you might owe. Get more details by selecting the explanation of benefits (EOB) link. This will tell you the type of services provided, the amount billed and the amount paid, if any.

You can choose to receive a secure e-mail any time you have a new EOB. If you're not ready to give up paper completely, you can print out copies from our claims center.

Don't be surprised by unexpected costs

- Know the price you'll pay ahead of time. Search treatments or procedures in the **Health cost estimator**.
- Get your in-network discount. Use **Find a provider** to look up doctors and facilities near you.

Helpful apps, calculators, videos and health information all in one place

Choose **Health center** from the myMenu and select the tile shortcuts that interest you.

- Online health information: up-to-date and ad-free
- Our top picks for healthy eating and exercise
- Free tools, apps and calculators

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Health (continued)

We've gone mobile

*Access to your health benefits
anywhere, anytime*



A UnitedHealthcare Company

As a UMR member, you can now access your benefit and claim information when you're "on the go" from your mobile device. Just use your mobile browser to log in using the same username and password that you use on our full site. What's even better — we've made it quick and easy! There's no app to download, nothing to install, no waiting.

What's new

Find out about new tools and information to help you live a healthier life.

Log in

Log in here to get instant access to all our mobile inquiry tools.

Find a provider

Need to find a doctor fast? Access an alphabetical listing of network providers.

View, scan or fax your ID card

View your ID card, allow your provider to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider.

Find a provider

Find an in-network provider while you are "on the go".

Simplified navigation

- **Home** – Return to the main menu.
- **Menu** – Display the menu.
- **Gear** – Log out or learn more about UMR and our mobile site.

Need help?

Click the question mark any time you are confused about a term or benefit and get an explanation.

Look up claims

Look up a claim for yourself or an authorized dependent.

Check your benefits

View medical and/or dental benefits, as well as persons covered.

Access account balances

Look up balances for your HRA and flex accounts.

Note: The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and/or company benefits.

Top 10 questions



GO THERE NOW

Use the QR code reader on your smart phone to view our mobile site.

1

What can I do on the mobile site?

You can:

- Find an in-network provider
- Look up claims for yourself or your authorized dependents
- View your medical and dental benefits (if applicable), as well as coverage levels and persons covered
- View your ID card, allow providers to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider
- Look up your account balances for health reimbursement accounts (HRAs) and flexible spending accounts (FSAs) (if applicable)

2

Is it secure?

To protect information between your mobile device and our Web servers, UMR uses strong encryption technologies to protect all exchanges of information via our Web site that are considered private or confidential. We also use rigorous security technologies, including passwords, to make sure that visitors to our Web site, where private or confidential information is available, are authorized to do so. Finally, we employ other measures, including firewalls, intrusion detection and prevention, and Web site monitoring, to protect our systems and networks against any unauthorized access and to ensure that your information is safe and secure.

3

Can my employer or provider use the mobile site to access information about my benefits or claims?

No, our mobile site supports only members at this time. However, your employer and provider have the option to be redirected from the mobile site to the full site.

4

Will your mobile site work on my device?

Our site has been tested on a variety of the devices that are most popular among our desktop users and within the marketplace as a whole. However, due to the vast proliferation of devices throughout the industry, we cannot guarantee that all functions and features can be used on every device.

If you are having trouble accessing or logging into our mobile site, contact the 800 number on the back of your ID card for fastest service. You can also click the Contact us link on the home screen.

5

Is the mobile site bilingual?

No, however we offer help notes in Spanish.

6

Can I still get to the full site from the mobile site?

Yes, you can access the full site, at any time, by touching the Full site link at the bottom of any page.

7

Is the mobile site the same as the full site?

No, to optimize your mobile experience, the display of information on our mobile site is specifically designed for ease-of-use on a mobile device. You will discover a fresh new display with easy-to-understand graphical displays of summary level and detail information at your fingertips. Navigation is easy using simple icons that allow you to go to the Home page or Menu, get help and to log out.

8


What is the URL for the mobile site?

To access our mobile site, you can simply use your mobile browser to go to www.umar.com. When our Web site detects that you are using a mobile device, you will be automatically re-directed to our mobile site.

9

Do I have to download an app to use it?

No, when you are using your mobile device you will be automatically re-directed to our mobile site. Our mobile site is not an "app", there is nothing to download – it's ready for use.

But, what if I want an "app-like" icon on my home screen? If you have an iPhone, you can add an icon to your Home Screen by clicking the  icon and selecting **Add to Home Screen**.

10

Who can use it?

Any member who has registered for online services on umar.com can access the mobile site from a mobile device. If you are not yet registered for online services and want to use the mobile site, just register for online services on our full site at www.umar.com. Once registered, you will automatically be re-directed to our mobile site to log in using your phone.

GOAL

COMPARE THE COST OF CARE



Medical costs can vary a lot from one doctor to another – So it pays to shop around

Your online services on umr.com include a free health cost estimator. With this feature, you can:

- Search for the type of service you need
- Compare the true costs of care using real data from real doctors
- Check which providers earned our UnitedHealth Premium rating for cost and quality
- See the total charge for your treatment, and know what to expect from beginning to end

With UMR's online health cost estimator you can get a personalized estimate based on your specific medical plan and the ZIP code where you want to look for health care providers.

How to get started

1. Log in to your account on umr.com.
2. If you haven't registered, select the "New user? Register here" link under the login box. Make sure you have your ID card handy.
3. Once you've signed in, select the shopping cart tile on your personal home page.

[See back for instructions »](#)

Health (continued)

How to create a “final estimate” using the health cost estimator:

Search for a service

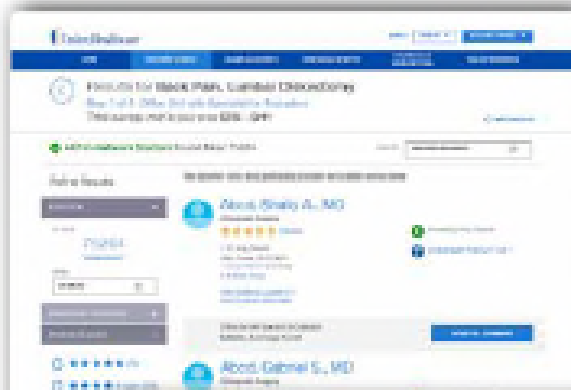
Find the treatment or service that applies to you by entering a search term and reviewing a list of options.



All Results for Back Pain (Near 75204)

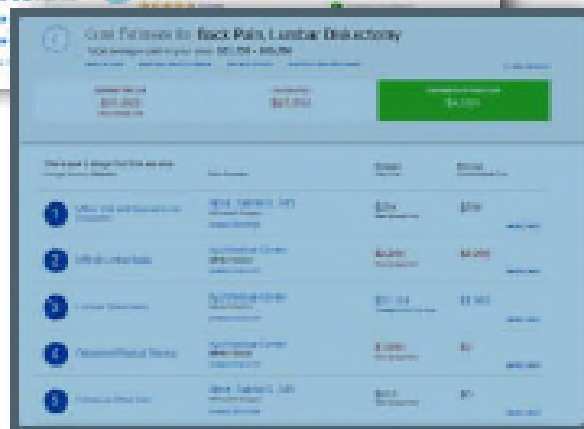
We searched based on the following criteria: Back Pain (Near 75204)

- 1 **Back Pain**
Physical Therapy
Physical therapy can help you manage your back pain.
- 2 **Back Pain, Physical Therapy**
Physical Therapy
Physical therapy can help you manage your back pain.
- 3 **Back Pain, Lumbar Laminectomy**
Surgery
This surgery is used to remove a portion of the vertebrae that are pressing on the spinal cord or nerves.



Choose from a list of providers in your area

Look for a doctor based on quality and cost information and see how the cost different providers charge compares to the local average.



Select “View full estimate” to see the total cost of care

You will now have an estimate based on your location, provider and remaining out-of-pocket cost.

Disclaimer: This content is provided for information only and is not to be considered medical advice. All decisions about medical care should be made by the doctor and patient. Always refer to the plan document for specific benefit coverage or call the toll-free member phone number on the back of your health plan ID card.

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A UnitedHealthcare Company

Get a **90-Day Supply** of Medication for the Cost of **60-Days**

MAINTENANCE CHOICE

There are two ways to save on a 90-day supply of medication:



1. **MAIL ORDER**

Register online at caremark.com

OR

Call the toll-free number on the back of your prescription ID card

- Medicine arrives in private, tamper-resistant packaging. Packaging is temperature-controlled when needed.

- Automatic refill option

2. **CVS or TARGET**

90-day supplies can be purchased at your local CVS or Target pharmacy

- Same day prescription pick-up available
- Talk with a pharmacist in person



PLEASE NOTE

Because 90-day supplies are available at CVS and Target pharmacies for less, 90-day supplies will need to be obtained from those locations or through mail order.



De Pere
W I S C O N S I N

Health (continued)

The City of De Pere Health Plan includes a benefit that allows covered members to access discounted hearing aids and related testing and fitting. This benefit is offered under the health plan by EPIC Hearing Healthcare.



EPIC HSP members save up to 60% off of retail on brand name hearing aids from major manufacturers through the EPIC Hearing Service Plan.

- Phonak ■ Resound ■ Widex
- Unitron ■ Starkey ■ Oticon
- Hansaton ■ Signia

Technology Levels	Typical MSRP	EPIC HSP Price	Member Savings
Entry	\$1,400	\$495	\$905
Essential	\$1,650	\$999 / \$1,199	\$550
Standard	\$2,250	\$1,299 / \$1,499	\$850
Advanced	\$2,700	\$1,899 / \$2,099	\$700
Premium	\$3,500	\$2,399 / \$2,499	\$1,050

WELLNESS REWARDS PROGRAM

ListenHear•LiveWell

Participants who complete the four fun, educational hearing health related activities in the Listen Hear, Live Well hearing wellness program receive *Wellness Reward Coupons* for additional savings on their hearing purchase! Go to www.listenhearlivewell.com on your desktop computer or mobile device to participate.

\$200 off Premium Level Devices*

\$100 off Advanced Level Devices*

\$50 off Standard Level Devices*

Wellness Reward Coupons are applied to each device that is purchased!

*applies to all Standard, Advanced, and Premium level hearing aid makes/models; cannot be combined with any other offers or promotions

Call EPIC today to start the process to better hearing.

1 866.956.5400

www.epichearing.com/registration



Hear Better • Live Well



Welcome

EPIC HSP members have access to the largest hearing care provider network in the country and substantial savings on top tier manufacturer brand devices and related professional services through the **EPIC Hearing Service Plan**.

Provider Network

The EPIC network is comprised of professional Audiologists and ENT physicians and represents the largest accredited network of its kind in the nation, with provider locations in all 50 states.

Hearing Aid Technology

The EPIC Hearing Service Plan gives you access to all name brand hearing aid technology by the top tier hearing aid manufacturers at reduced prices, 30%-60% below MSRP; maximizing your value and savings.

How it Works

Contact an EPIC hearing counselor today. The hearing counselor can answer any questions you may have about the plan and coordinate your referral to a nearby participating provider. If the provider recommends you obtain hearing aids, an EPIC counselor will contact you to coordinate your coverage and payment. You will receive a 45 day trial period with a complimentary extended 3 year product warranty and one year supply of batteries*.

Warranty & Batteries

All hearing aids, with the exclusion of the Entry Level, come with the EPIC guaranteed warranty which covers repair, damage, and one time loss for three years. (Entry level is one year). Each hearing aid purchase includes a one year supply of hearing aid batteries at no additional cost (48 cells per aid)*. *excludes Entry Level Products

ALL HEARING CARE SERVICES AND PRODUCTS DESCRIBED ARE PROVIDED BY EPIC HEARING HEALTHCARE. EPIC HEARING HEALTHCARE IS AN INDEPENDENT HEARING HEALTH CARE COMPANY. DISCOUNTS AND PRICING SUBJECT TO CHANGE.

EPICHSPDVB1B

Teladoc Getting Started

It's quick and easy to set up your Teladoc account. Set up your account today so when you need care, **a doctor is just a call or click away**. Get started by following the steps below.

1

REGISTER

You can register your account by phone, web or mobile app. You will need basic information about yourself such as your name, date of birth, name of employer, and UMR ID (found on the wallet cards provided with your Teladoc welcome kit).

- Call 1-800-Teladoc (835-2362) and a member services agent will register your account over the phone
- Visit **Teladoc.com** and click "Set up account"
- Download the app and click "Activate account"



2

COMPLETE MEDICAL HISTORY

Once you register, you will need to complete your medical history which provides Teladoc doctors with the information they need to make an accurate diagnosis. Much like the paperwork you complete at a doctor's office, the medical history details past conditions, medications, allergies, as well as information about your family's medical history.

3

REGISTER MINOR DEPENDENTS (UNDER 18)

Be sure to register your eligible dependents under the age of 18. Once logged in to your account:

- Go to the "My Family" tab
- Click "Add Dependents"
- Enter required information
- Follow the instructions to register and complete minors' medical history
- Add adult consenters if you wish to designate another adult who can request a consult for your minor dependent

Adult dependents 18 and older must set up their own account (register and complete medical history).

Teladoc member

Frequently Asked Questions

What is Teladoc?

Teladoc is a healthcare service that offers convenient, confidential access to quality doctors 24/7, anytime, anywhere.

By scheduling a visit with one of our U.S. board-certified and licensed medical doctors, you can be diagnosed, treated, and prescribed medication if necessary.

What can I use Teladoc for?

Teladoc can help you with everyday, non-emergency healthcare issues, including sinus problems, allergies, flu symptoms, and much more. Skip the waiting room and the trip to the ER. We're here to help you feel better, faster, and get you back to living your life.

Does Teladoc replace my doctor?

No. Teladoc doesn't replace your primary care doctor. Teladoc should be used for non-emergency illnesses when it is not convenient to get to the doctor or it is outside of regular office hours.

How do I set up my account?

Download the Teladoc app, visit the website, or call the number below to set up your account.

Do I need to have my insurance information available?

No. Teladoc is a separate benefit, and your insurance information is not required to have a visit.

Is there a time limit when talking to the doctor? And am I charged more for taking longer?

There is no time limit for visits, and there is no extra charge for longer doctor visits.

How do I access Teladoc?

The service can be accessed by app, web, or phone, and visits are available by phone or video.

If the Teladoc doctor recommends that I see my primary care doctor or a specialist, do I still have to pay the Teladoc visit fee?

Just like any doctor appointment, there is a fee for the consulting doctors time. However, your plan covers this cost.

Can my family use Teladoc?

This varies depending on your specific Teladoc plan. Most plan designs allow you to use the Teladoc service for you, your spouse, and your dependents. Dependents over 18 years old must call our service center to request a visit. For dependents under 18 years old, the primary account holder must request a visit on their behalf through the app, website, or by phone.

Teladoc member Frequently Asked Questions (continued)

How much does it cost?

When using Teladoc for everyday medical care, your visits are free.

Who are the Teladoc doctors?

Teladoc doctors are U.S. board-certified internists, family doctors, and pediatricians. They average 20 years of experience and are licensed to practice in your state.

Can Teladoc physicians prescribe medications?

Yes, when medically appropriate, doctors can prescribe medications. If a prescription is not required, the doctor may provide the member with instructions for managing symptoms or following up with their primary care doctor.

Can my primary care doctor get a record of my Teladoc visit?

With your consent, we'll send an electronic copy of your Teladoc visit to your primary care doctor.

Can I use Teladoc while traveling?

Teladoc is available in all 50 states, so you can use the service while traveling within the United States. Some restrictions may apply.



Who should I contact if I have questions or encounter an issue?

We aim to make your experience with us as seamless as possible. If you have any further questions or encounter an issue, please visit our website at [Teladoc.com](https://www.teladoc.com) or call our member services team at 1-800-TELADOC (835-2362).

Does Teladoc offer any other services?

Your plan does offer additional services. Please log in to your account to see what else is available to you.

Download the app to talk to a doctor for free

Download the app  

[Teladoc.com](https://www.teladoc.com) | 1-800-TELADOC (835-2362)

Teladoc

Healthy skin starts here

Get a diagnosis and treatment of your skin condition in just two business days or less

Welcome to the new way to get dermatology care that's easier than ever before. You no longer have to wait weeks for an appointment. Simply use your Teladoc account to upload images of your skin condition and one of our U.S. board-certified dermatologists will provide a diagnosis and treatment plan customized to fit your specific needs.

Please note

- Our Dermatology service uses images only. Communication with the dermatologist takes place through the message center.
- Although call center reps cannot schedule dermatology appointments, they can answer questions at 1-800-TELADOC (835-2362).

“It was going to be weeks before seeing a dermatologist. The Teladoc dermatologist got back to me the same day with a diagnosis. He gave me an in-depth explanation of my condition, wrote a prescription, and answered all of my questions. So thankful I could get peace of mind without having to wait weeks to go in person.” Katie W., Teladoc member

Here's how it works:



Request a consult

Log in to your Teladoc account online or through the mobile app anytime, anywhere.



Upload images

Take pictures of your skin condition and upload them to your account to share with the dermatologist.



Choose your pharmacy

If medically necessary, a prescription can be sent to your local pharmacy.



View results online

Within two business days, you'll receive a response online from a licensed dermatologist.

Get healthier skin for free

Teladoc.com Download the app

Made available by
City of De Pere

© 2020 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc Health, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

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MyHumana

Register now at [Humana.com](https://www.humana.com)



Find your personalized health and benefits information in one place – MyHumana

As a Humana member, you have a secure website on [Humana.com](https://www.humana.com) called MyHumana. With MyHumana, you have fast, easy access to your personalized benefits information, planning tools, and wellness resources.

Some of what you can do on MyHumana:

- Claims – Check if a claim has been paid along with your estimated cost, if any
- Coverage details – Review deductibles, coverage levels, and limits
- Provider search – Use Physician Finder Plus to find in-network providers near you
- Humana's MyChoice Tools™ – Choose providers wisely and estimate costs
- Drug Pricing – Look up coverage, estimated prices, and possible alternatives
- Rx Calculator – Plan for out-of-pocket drug costs
- Health and Condition Centers – Access health information specific to your conditions and life stage
- Year-to-Date Summary – See an at-a-glance view of your financial information – including balances in your Health Savings Account, Flexible Spending Account, or Personal Care Account and amounts applied to deductibles
- Manage access – Give other adults on your policy permission to access your health information
- Update your communications preferences – Select which communications you want to receive from Humana and how you want to receive them – via paper or e-mail



Registering is easy

- Have your Humana ID card ready
- Go to [Humana.com](https://www.humana.com)
- Select "Register" at the top of the page or in the log-in box on the left
- Choose "Member all other plan types"
- Fill in some basic information – like your member ID number, date of birth, ZIP code, and e-mail address, and click "next"
- Create a User ID, password, and security prompt and click "next" to finish

Now, how easy was that? You're all set – jump in and start exploring!

You don't have to wait for health and benefits guidance – you can get it right away with MyHumana.

Please note, all features may not be available to all members.

Humana.

[Humana.com](https://www.humana.com)

Humana Dental (continued)

MyHumana Mobile app “Now we go where you go”

Access your health information anytime, anywhere

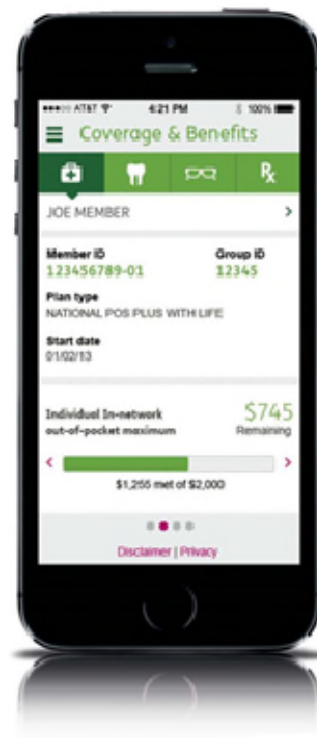
Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

Use the MyHumana Mobile app and website to:

- View medical, dental, vision, and pharmacy claims
- View your plans and coverage details
- View your HumanaVitality® Dashboard†
- Receive medication reminders
- Research drug prices
- Locate providers in your network
- Refill your RightSource® prescriptions

Download the Mobile App:

Download the MyHumana Mobile app from your app store. Search “MyHumana” in the Google Play or App Store.



From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to **Humana.com** and sign-in.

Text message alerts*

On the MyHumana Mobile app:

1. Register or Sign in
2. Click on the Menu icon
3. Select Text Alerts
4. Register and verify your Mobile #
5. Select the alerts you want to receive

On Humana.com:

1. Register or Sign in
2. Click on Account settings & preferences
3. Select Edit your preferences
4. Select Mobile from the tab
5. Register and verify your Mobile #
6. Select the alerts you want to receive

†Available to HumanaVitality members only.

*Message and data rates may apply.

Humana.

Humana.com

GCA07BNHH 0614

Online Patient Portal – The easy way to manage your dental health online

www.my.dentalassociates.com

Another way we give you more reasons to smile.

**By logging into your Patient Portal,
you can:**

MANAGE YOUR APPOINTMENTS

- View upcoming appointments
- Request your next appointment online

REVIEW BILLING & INSURANCE INFORMATION

- View your current insurance information on file with us
- View your current balance
- View your statements

KEEP YOUR INFORMATION CURRENT

- Change your contact information*

MAKE PAYMENTS ONLINE

- Make payments online via
dentalassociates.mysecurebill.com
- Apply for financing (via third-party)

RECEIVE & VIEW

- Appointment reminders
- Special Offers*
- Generate Medical Expense Report*
- Dental Health Education*
- Doctor Bios*

* Future Features

Why create the Patient Portal?

The Patient Portal was set up to make managing you and your family's dental health easier.

What can I do in my Patient Portal?

Your Patient Portal account gives you direct online access to information like viewing upcoming appointments, request future appointments, view statements and account balances, receive appointment reminders and dental education.

How do I sign up for Patient Portal access at my.dentalassociates.com?

To receive an email invitation to activate your Patient Portal account visit any Dental Associates location.

How long does it take to sign up?

It will take about 5 minutes. And you are ready to go!

Is my Patient Portal account secure?

Whether in our offices or online, we've taken the steps necessary to protect your personal information. Access to your Patient Portal is controlled through personal IDs and passwords. All information is stored and transmitted through secure, encryption technology.

DentalAssociates
smile more.

EBC - Flexible Spending and HRA

My Account Assistant

Quick Reference Guide

Log In

1. Go to www.ebcflex.com
2. Click "Log In" at the top of the page **A** and choose "Participants."
3. Log in with your Username and Password. To create an account, click on the "Register" button.

Mega Menu

Everything you need – all in one place.

Click on the "MENU" icon **B** in the top left of any page to expand the Mega Menu. Here, you will find a list of **everything** you can do in My Account Assistant.

The contents of the menu are specific to you and your plan. Some items only appear depending on the time of the plan year, such as enrollment activities.

Navigation Buttons **C**

Homepage

Click to return to the homepage.

My Message Center Inbox

Click here to view important messages about your account including Benefits Card substantiation requests.

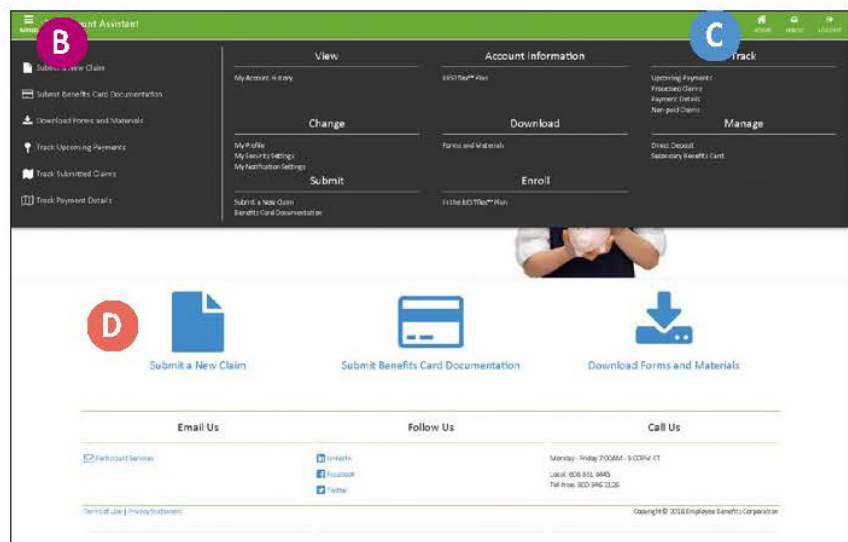
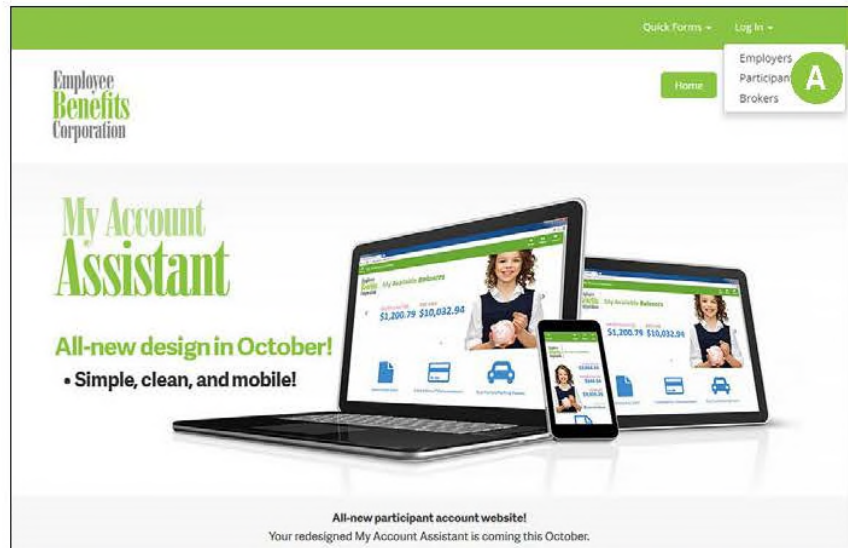
Logout

Click to exit your session.

Quick Links

These buttons **D** are quick links to activities we've determined you may find useful. These links change depending on the products you have or the time of the plan year.

These and all other activities you have access to will also be available in the menu.



EBC - Flexible Spending and HRA (continued)

Interactive Data

- Sort and search data using the **dropdown button**, **search field**, and **arrows** in the area above your data **E**.
- Some rows in certain tables can be expanded by clicking on them **F**.
- Use the **buttons** **G** below a table to navigate a longer list of entries.

Getting Started

Account Information

Learn how your plan works with useful FAQs and download *My Company Plan*.

Change your Username and Password

You may set a Username and Password of your choice. Open the menu and choose "My Security Settings" under "Change."

Update your Contact Information

It's important that you keep your contact information up to date, including your email address, in order to receive important messages from us. Click on "My Profile" under "Change."

Download Forms and Materials

Download and print PDF versions of the forms and materials you need for your employer's plan. Hover over the blue information icon for a brief description of each document.

BESTflexSM Plan and EBC HRASM

Enroll in the BESTflex Plan

This process is only available during your employer's open enrollment period. Simply open the menu and click "Enroll in the BESTflex Plan."

My Account Assistant | Track Submitted Claims

Choose submitted claim

10 records per page Search:

Claim Form ID	Date Submitted	Submitted Via	Amount Requested
1234567	06/02/2015	Online	\$50.00
1234567	06/01/2015	Fax	\$50.00
1234567	05/30/2015	BENNY	\$50.00
1234567	05/22/2015	BENNY	\$50.00
1234567	05/14/2015	BENNY	\$50.00

Claim Line ID	Start Date	End Date	Plan Type	Provider	Amount Requested	Claim For
12345678	05/12/2015	05/12/2015	Health Care FSA	PHARMACY	\$50.00	
12345678	05/12/2015	05/12/2015	Health Care FSA	PHARMACY	\$50.00	
1234567	05/08/2015			BENNY	\$50.00	
1234567	05/03/2015			BENNY	\$50.00	
1234567	05/01/2015			BENNY	\$50.00	
1234567	04/26/2015			BENNY	\$50.00	
1234567	04/15/2015			BENNY	\$50.00	

Showing 1 to 10 of 33 entries

Previous 1 2 3 4 Next

Track Claims and Payments

View a detailed history of your claims and reimbursement payments under "Track." Click on any row to view the full details. If a claim is not approved, it will appear in "Non-paid Claims" with the reason why it was not fully paid.

Submit a New Claim

Fill out a simple form and upload your documentation to file a claim.

Submit Benefits Card Documentation

View your Benefits Card transactions and upload your card transaction expense documentation, Explanation of Benefits (EOBs), invoices or other documentation.

Sign Up for Direct Deposit

Have your reimbursement payments deposited directly into your bank account.

Click on "Direct Deposit" under "Activate."

You can sign up for the first time, change your existing Direct Deposit information, or cancel your existing Direct Deposit.

CommuteEase

Buy Transit/Parking Passes

Click on "Buy Transit/Parking Passes" in the menu to access your online ordering platform.

SimplyHSA

Access Your Account

Click on "SimplyHSA" in the menu to access your account on the Avidia Bank website.



P: 800 346 2126 | 608 831 8445
F: 608 831 4790
P.O. Box 44347
Madison, WI 53744-4347
An employee-owned company
www.ebcflex.com

Questions?

If you have any questions, feel free to contact Participant Services at **800 346 2126**, or email participantservices@ebcflex.com.

EBC - Flexible Spending and HRA (continued)



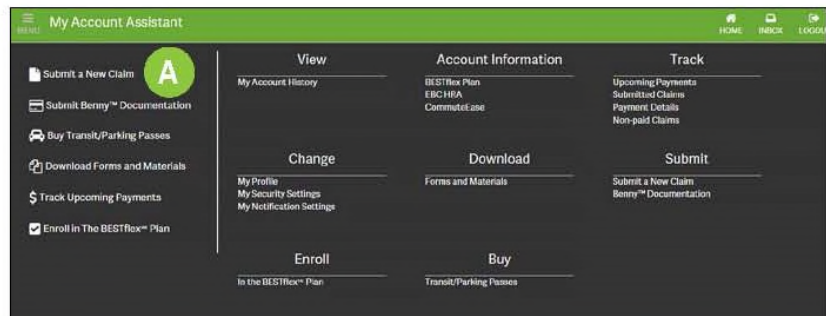
Submit a Claim *Online*

Log In

1. Go to www.ebcflex.com.
2. Click "Log In" at the top of the page and choose "Participants."
3. Log in to My Account Assistant with your Username and Password. To create an account, click on the "Register" button.

Submit a New Claim

1. Open the menu and select "Submit a New Claim" **A**.
2. Complete the form **B** for an expense.
EBC HRA note: If your insurance carrier submits your claims automatically, HRA will not be listed under Plan Type.
Benefits Card note: Please do not file a claim for an expense you paid for with the Benefits Card.
3. Click "Add Claim Line" **C** when done. Enter as many claim lines as you need.
4. Click "Upload Documentation" **D** to attach a scanned receipt, Explanation of Benefits (EOB), or other document that shows each expense is eligible.
Your files must be less than 10 MB each. Click the "x" to remove a document.
5. Click "Next."
6. Review your claim lines and supporting documentation for accuracy.
7. Click "Submit" when ready.
8. Accept the Claim Submission Terms & Conditions in the pop-up box to finish.



My Account Assistant

Submit a Claim

Enter claim lines

Service Start Date * mm/dd/yyyy

Service End Date * mm/dd/yyyy

Plan Type * Choose... **B**

Amount * e.g. \$500.00

Provider * Choose...
- or enter the provider below -
Enter new provider
Clear **+ Add Claim Line** **C**

Entered claim lines

Claim Total = \$100.00

FSA - Health Care FSA - Prescription
\$100.00 claim incurred between 10/01/2015 and 10/01/2015 [Edit] [Remove]

Attach supporting documentation

Receipt... **D**
Upload Documentation

Cancel Next



P: 800 346 2126 | 608 831 8445
F: 608 831 4790
P.O. Box 44347
Madison, WI 53744-4347
An employee-owned company
www.ebcflex.com

Questions?

If you have any questions, feel free to contact Participant Services at **800 346 2126**, or email participantservices@ebcflex.com.

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EBC - Flexible Spending and HRA (continued)

The
BESTflexSM
Plan

The Benefits Card



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<i>IRS Regulations that Dictate Benefits Card Use</i>	1
<i>How You Receive Your Benefits Card</i>	2
<i>New Plan Year, Same Benefits Card</i>	2
<i>Cut-off Dates for Using the Card</i>	2
<i>Using the Benefits Card to Pay for End-of-Year Expenses</i>	3
<i>Keeping Your Card Active When You Move</i>	3
<i>Documentation Requests</i>	3
<i>Receiving Documentation Requests via Email</i>	3
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<i>Contact Employee Benefits Corporation</i>	4

Debit your BESTflexSM Plan FSA directly instead of paying out-of-pocket.

With the BESTflexSM Plan, you set aside money from your paycheck and place it in a Health Care Flexible Spending Account (FSA) to pay for certain medical expenses before taxes are taken from your pay.

You use the Employee Benefits Corporation Benefits Card to pay for those expenses instead of using cash. The card debits your FSA and makes the BESTflex Plan even more convenient to use.

■ How the Benefits Card Works

The Benefits Card debits your BESTflex Plan Health Care FSA when you use the card to pay for eligible health care expenses. For example, if your total Health Care FSA election is \$1,000, the card can pay for up to \$1,000 worth of eligible health care expenses.

■ IRS Regulations that Dictate Benefits Card Use

There are several IRS regulations that dictate how the Benefits Card works. Taking some time today to understand the most important rules will help you use your card in the most convenient ways during the plan year.

EBC - Flexible Spending and HRA (continued)

2

Appendix to the Summary Plan Description | The Benefits Card

Remember to ask for and **SAVE** itemized expense documentation when you use your Benefits Card!

Eligible Expenses

You can use your Benefits Card to pay for the same services and eligible health care expenses that qualify under the BESTflex Plan Health Care FSA instead of paying out-of-pocket.

Where You Can Use Your Benefits Card

You can use the card to pay for these expenses at retailers and pharmacies that automatically substantiate the purchase at the point of sale using an inventory information approval system (IIAS). The IIAS determines whether expenses are FSA-eligible, and only applies those expenses to the card.

The growing "List of IIAS Retailers" and a store locator are available at www.ebcflex.com to help you determine whether the card will work at your preferred merchants. If a retailer cannot substantiate the purchase at the point of sale, your card will be declined.

As always, contact our Participant Services Team via email at participantservices@ebcflex.com or call 800 346 2126 to help determine if a merchant or item is eligible.

You can also use the card at health care, dental and vision provider offices. Transactions at these merchants may require that you submit expense documentation to manually substantiate the transaction.

What To Do With Benefits Card Expense Documentation

Save your Benefits Card expense documentation! If your purchase is not substantiated at the point of sale, you will receive a **Documentation Request** asking you to submit **itemized** expense documentation. The documentation allows us to verify that you used the card to pay for an eligible expense, as required by the IRS.

These are federal mandates and the IRS provides no exceptions.

You **CANNOT** use your Benefits Card to pay for an expense that is already covered by your health insurance. Before you pay a doctor's bill or other such expense, check your Explanation of Benefits, sent to you by your health insurance plan, to be sure that it won't be covering that bill. You can use your card to pay for the portion of the expense that isn't covered.

Over-the-Counter Medicines

The Health Care FSA only reimburses over-the-counter (OTC) medicine expenses with a doctor's prescription for them.

In order to use your card to pay for OTC medicines, you must present your doctor's prescription to the pharmacist, and the pharmacist must fill the OTC medicine in accordance with applicable law and assign a prescription number.

You can use your card as normal to purchase OTC items that are not considered a drug or a medicine, such as bandages, contact lens solution, heating pads, ice packs, reading glasses and thermometers. You will also be able to use your card to pay for insulin and diabetic supplies.

Please reference the *Eligible Expenses List* for more information.

Retailers that Can Accept the Benefits Card

The Benefits Card will not be accepted at retailers that qualify under the "90% rule." These merchants could verify that 90% of their annual revenue is generated by FSA-eligible items.

This means that your card may be declined at a local pharmacy. Reference the "List of IIAS Retailers" at www.ebcflex.com to determine whether your card will work at your preferred merchants.

How You Receive Your Benefits Card

Your employer has made the Benefits Card part of your BESTflex Plan Health Care FSA. You elect the card by electing the Health Care FSA or completing a special election form.

Once you enroll in the BESTflex Plan Health Care FSA, the Benefits Card is mailed directly to your home. The envelope will contain your card, a cardholder agreement and an information flyer. Watch for it to arrive within 30 days after your plan start date.

New Plan Year, Same Benefits Card

If your employer has signed up for the BESTflex Plan and the Benefits Card and you've used your card this year, your new elections will be automatically available on your card at the beginning of your new plan year. As long as your employer continues the BESTflex Plan, you'll receive a new card 30 days prior to your card expiration date.

Cut-Off Dates for Using the Card

If your employer has added the 2-1/2 month grace period to your BESTflex Plan, you can use your card to pay for expenses that you incur during the grace period. Otherwise, once your grace period ends, you can no longer use the card for previous plan year expenses.

3 things you should understand **before** you use your Benefits Card:

1 You may be asked to document your Benefits Card purchases by providing itemized expense documentation.

2 **Do not submit documentation until it is requested.** We'll send you a list of card transactions that were not substantiated at the point of sale, which you return to us with a copy of your documentation.

3 You will be asked to and must repay the expense amount if you make a purchase with the card and, upon request, cannot provide itemized expense documentation for the expense for any reason.

EBC - Flexible Spending and HRA (continued)

You have 90 days after the plan year ends to submit reimbursement requests for expenses incurred during the previous plan year. See your BESTflex Plan *Summary Plan Description* for more information on the 90-day run-out period.

Note: Please consult My Company Plan for the specific details defining your company's plan design.

■ Using the Benefits Card to Pay for End-of-Year Expenses

You can use the card to pay for items equal to the amount remaining in your BESTflex Plan Health Care FSA and pay for the difference through some other means. Toward the end of the year, frequently check your remaining FSA balance on our website, www.ebcflex.com, or by calling Employee Benefits Corporation at 800 346 2126. It is important to make sure sufficient funds are available to handle the purchases you plan to make at year's end.

■ Keeping Your Card Active When Your Address or Name Changes

Be sure to update your address with your employer and with Employee Benefits Corporation when you move or your card will be declined at any merchant that uses an address verification process. Address changes can be made online through My Account Assistant.

You should also be sure to update your employer and Employee Benefits Corporation if you have a name change. Changes to your last name will result in a new card being issued to you and a fee paid from your Health Care FSA.

■ Documentation Requests

Whenever possible, your card tries to electronically verify your purchase at the cash register. However, some card swipes require itemized expense documentation to be submitted in order to verify the transaction. Documentation Requests are sent via email and used to collect your documentation and substantiate the expense. When the card cannot verify a claim electronically or at the cash register:

1. We send you a Documentation Request email outlining the unverified expenses.
2. You upload your documentation to us using our mobile app or from your online account.
3. You can also print and return the tear-off portion of the Request to us via fax or U.S. Mail with copies of your expense documentation for the specified expenses.

If we do not have a valid email address, we will send the Requests via U.S. Mail (this may cause delays in processing your documentation).

How Documentation Requests will be sent:

With Email on file	No Email on file
First Notice via email	First Notice via U.S. Mail
Second Notice via email	Second Notice via U.S. Mail
Suspension Notice via U.S. Mail	Suspension Notice via U.S. Mail

If there is no response to the first Request (First Notice), a second Request will be sent to the same email or the same U.S. Mail address (Second Notice). If there is no response to the second Request, you'll receive a letter via U.S. Mail notifying you that your card is suspended (Suspension Notice).

Expense documentation must include:

- A. Date(s) of Service
- B. Type of expense
- C. Amount of the expense incurred
- D. Name of Service Provider

Note: Cancelled checks, credit card statements or previous balance statements cannot be used as expense documentation.

Please, do not submit Benefits Card expense documentation attached to a *Claim Form*. Do not send in expense documentation unless you receive the Documentation Request.

■ Receiving Documentation Requests via Email

If you activated your account at our website (www.ebcflex.com) and currently view your account online, we have the email address you provided at that time. This is the email address we will use unless you change it using My Account Assistant or contact us and request that we change it. Log in to update your email preferences.

■ Benefits Card Suspensions

Suspension usually occurs because of outstanding, unsubstantiated expenses made using the card. You can request any outstanding Documentation Request. If you cannot supply valid, itemized expense documentation, you must repay the plan.

If your card privileges have been suspended and your employer renews your plan, your card will not be reinstated until you send in valid documentation for the outstanding expenses or repay the plan.

■ When Expense Documentation May Not Be Required

There are two instances where documentation may not be required. Although your expense information is submitted automatically in these situations, it is still important that you save your expense documentation in case of a data transfer problem or other error. You should not be asked to submit documentation:

1. When you use your card at your health care provider for an office or prescription co-pay, and the card expense item exactly matches the co-pay item cost your employer has on file with us.
2. As long as you purchase eligible prescriptions, medical supplies or contact lens supplies from retailers that can automatically substantiate your card transactions at the point of sale through an IIAS. We have a full "List of IIAS Retailers" available on our website, www.ebcflex.com.

Remember this simple rule: if the provider cannot substantiate the expense at the point of sale, we are required to request documentation to verify the entire transaction.

EBC - Flexible Spending and HRA (continued)

4

Appendix to the Summary Plan Description | The Benefits Card

If you cannot verify the transaction with expense documentation or you used the card to pay for an ineligible expense, you are asked to repay the plan or your card will be temporarily suspended until payment is received.

■ Terminating Employment and the Card

Your Benefits Card will be closed if you terminate employment with the employer that offers the card. To submit claims during your run-out period after termination, you must use a *Claim Form*.

■ Contact Employee Benefits Corporation

If you have any questions regarding the card or any aspect of your BESTflex Plan account, please email participantservices@ebcflex.com or contact the Participant Services Team at **800 346 2126**.

Quick Tips for Using the Benefits Card

The card may be declined for one of a few reasons:

1. The merchant does not accept the Benefits Card.
See "IRS regulations that dictate Benefits Card use".
2. The expense is not eligible under the BESTflex Plan.
3. Your card has been temporarily suspended due to an unsubstantiated or ineligible expense.

You may have to submit expense documentation for transactions from some merchants, and not from others.

Many eligible merchants can automatically substantiate – or verify that the expenses paid for with the card are FSA-eligible – your transaction at the point of sale, using an IAS. Others, including some health care providers, may not have this capability.

You will receive Documentation Requests by email if you have an email address on file. These emails are not spam messages, so be sure to watch for them. See "Documentation Requests".

Save your card, even after you use up your Health Care FSA funds or the BESTflex Plan plan year ends. You will receive a new card 30 days prior to your card expiration date. See "New plan year, same Benefits Card".

Use the card to pay for things like prescription and health plan co-payments, deductibles and co-insurance; "Amount Due" on medical and dental statements; orthodontics; vision services and eyeglasses; eligible medical supplies (bandages, ointments, rubbing alcohol, sunburn cream, contact lens solutions/supplies, crutches, blood pressure and heart rate monitors, and braces); and insulin & diabetic supplies.



Online and Mobile Benefits Card Account Management

File claims, manage Benefits Card transactions, and upload documentation online or using an Android or Apple smartphone or tablet!

If a transaction needs documentation, you will receive an email. Simply take a photo of your documentation using your mobile device's camera, attach an image from the device's photo library or from your computer's desktop and submit it to us.

**Employee
Benefits
Corporation**
We make it easy.

P: 800 346 2126 | 608 831 8445
F: 608 831 4790
P.O. Box 44347
Madison, WI 53744-4347
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EBC - Flexible Spending and HRA (continued)



Eligible Expenses



Eligible Health Care FSA Expense Examples:

■ Dental Services

Crowns/Bridges
Dental X-Rays
Dentures
Exams/Teeth Cleanings
Extractions
Fillings
Gum Treatments
Oral Surgery
Orthodontia/Braces

■ Insurance-Related Items

Copays
Coinsurance
Deductibles

■ Lab Exams/Tests

Blood Tests
Cardiographs
Diagnostic Fees
Laboratory Fees
Spinal Fluid Tests
Urine/Stool Analyses
X-Rays

■ Medication

Insulin
Prescribed Birth Control
Prescribed Vitamins*
Prescription Drugs*

■ Other Medical Treatments/Procedures

Acupuncture
Alcoholism (*inpatient treatment*)
Chiropractor Services
Drug Addiction (*inpatient treatment*)
Hearing Exams
Hospital Services
Infertility
In-vitro Fertilization
Norplant Insertion or Removal
Patterning Exercises
Physical Examination (*not employment related*)
Physical Therapy
Speech Therapy
Sterilization
Vaccinations and Immunizations
Vasectomy and Vasectomy Reversals
Well Baby Care

■ Other Medical Supplies and Services

Abdominal/Back Supports
Ambulance Services

Arch Supports/Orthopedic Insoles
Blood Pressure Monitors
Breast Pumps and Lactation Supplies
Compression Hosiery Above 30 mmHg
Contact Lens Solution and Cleaners
Contraceptives
Counseling (*except for Marriage and Family*)
Crutches
Guide Dog (*for visually/hearing impaired person*)
Hearing Aids & Batteries
Hospital Bed
Ice Pack
Insulin Supplies
Learning Disability (*special school/teacher*)
Mastectomy Bras
Medic Alert Bracelet or Necklace
Medical Miles, Tolls, and Parking
Orthopedic Shoes**
Oxygen Equipment
Pregnancy Tests
Pre-natal Vitamins
Prosthesis
Rubbing Alcohol
Splints/Casts
Suntan Lotion/Sunscreen greater than SPF 14
Syringes

EBC - Flexible Spending and HRA (continued)

The BESTflexSM Plan | Eligible Expenses

2

Transportation Expenses (*essential to medical care*)

Wheelchair

Wigs (*hair loss due to disease*)

■ Vision Expenses

Contact Lenses

Contact Lens Solution

Eye Examinations

Eyeglasses

Laser Eye Surgeries

Prescription Sunglasses

Radial Keratotomy/LASIK

Reading Glasses

This list is not meant to be all inclusive.

Other expenses not listed may also qualify.

Please refer to Section 213 of the Internal Revenue Code or call our toll-free Participant Services line at 800 346 2126.

Eligible with Doctor's Prescription:

Important note about over-the-counter (OTC) drug reimbursement: Due to health care reform regulations, the Health Care FSA only reimburses OTC drug expenses if you have and provide a doctor's prescription for them. Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Make sure you plan your annual election accordingly.

Allergy Medicines

Antihistamines

Analgesics

Antacids

Anti-Diarrhea Medications

Anti-Itch Medications

Anti-Nausea Medications

Aspirin

Athletes Foot Creams and Powders

Cold Sore Remedies

Cough Drops

Cough Syrups

Decongestants

Eye Drops

Fever Reducers

First Aid Cream (*Bactine, diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments*)

Digestive Tract Relief Medications

Flu and Cold Medications

Hemorrhoidal Medications

Laxatives

Lice and Scabies Treatments

Menstrual Cycle Products (*medication for pain and cramp relief*)

Motion Sickness Pills

Muscle/Joint Pain Relievers

Nasal Sinus Sprays

Nicotine Gum/Patches

Pain Relievers

Pedialyte

Retin A (*non-cosmetic*)

Sinus Medications

Sleeping Aids

Smoking Cessation Products

Sore Throat Sprays

Special Ointments/Burn Ointments

Throat Lozenges

Vapor Rubs

Weight Loss Drugs (*to treat specific disease*)***

Yeast Infection Treatments

Ineligible Health Care FSA Expense Examples:

Baby-Sitting

Canceled Appointment Fees

Chapstick/Lip Balm

Contact Lens Insurance

Cosmetics

Cosmetic Surgery/Procedures

Dance/Exercise/Fitness Programs

Dental Bleaching

Diaper Service

Electrolysis

Exercise Equipment

Eyeglass Insurance

Face Cream

Feminine Hygiene Products

Hair Loss Medications

Hair Transplant

Health Club Dues

Illegal Operation or Treatments

Insurance Premiums

Long Term Care Premiums

Marriage or Family Counseling

Massage Therapy***

Maternity Clothes

Mattresses

Meals that are not part of inpatient care

Moisturizers

Nutritional Supplements***

Personal Trainer

Prescription Drug Discount Programs

Prescription Drugs for Hair Loss

Provider Discounts

Rogaine

Shampoos/Soaps

Special Foods***

Suntan Lotion/Sunscreen less than SPF 15

Supplements*** (*for general health*)

Teeth Whitening/Bleaching

Toiletries

Toothbrushes (*including battery operated*)

Toothpaste

Vision Discount Program Premiums

Vitamins*** (*for general health*)

Weight Loss Programs*** (*for general health*)

**Employee
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F: 608 831 4790

P.O. Box 44347

Madison, WI 53744-4347

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*Excludes drugs imported from Canada and other countries. Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

**Custom made shoes to treat or alleviate a specific medical condition. Included with the receipt should be a Letter of Medical Necessity from a physician. The excess cost above the normal cost of shoes is the eligible medical expense.

***Requires documentation from the doctor or care provider indicating use to treat a medical condition. A Letter of Medical Necessity template is available.

EBC - Flexible Spending



Employee Benefits Corporation

Employee Worksheet

Fax to: 608 831 4790
Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347
Phone support: 800 346 2126 | 608 831 8445
E-mail support: participantervices@ebcflex.com

This worksheet will help you estimate the expenses for you, your spouse, and eligible dependents. Transfer the Deduction Per Pay Period for Health and Dependent Care to the Enrollment Form.

Group Insurance Premiums

If you participate in your employer's insurance plan(s), your premiums are deducted from your pay pre-tax unless you notify your employer otherwise.

My BESTflex Plan Accounts

If you establish a Health Savings Account (HSA), you may only enroll in the Limited Health Care FSA, which can only reimburse you for eligible dental, vision and preventative expenses and the Dependent Care FSA.

My Plan Dates (Refer to "My Company Plan" Eligibility section)

My Effective Start Date (mm-dd-yyyy) My Plan Year Start (mm-yyyy) My Plan Year End (mm-yyyy) # Payroll Deductions

Examples of Eligible Health Care FSA Expenses:

DENTAL SERVICES

\$ Crowns/Bridges
\$ Dental X-Rays
\$ Dentures
\$ Exams/Teeth Cleanings
\$ Extractions
\$ Fillings
\$ Gum Treatments
\$ Oral Surgery
\$ Orthodontia/Braces

INSURANCE-RELATED ITEMS

\$ Copays
\$ Coinsurance
\$ Deductibles

LAB EXAMS / TESTS

\$ Blood Tests
\$ Cardiographs
\$ Diagnostic Fees
\$ Laboratory Fees
\$ Spinal Fluid Tests
\$ Urine/Stool Analyses
\$ X-Rays

MEDICATION

\$ Insulin
\$ Prescribed Birth Control
\$ Prescribed Vitamins*
\$ Prescription Drugs (including co-pays)*

OVER-THE-COUNTER MEDICINE

Important: Starting January 1, 2010, the following over-the-counter medicines can only be reimbursed by the BESTflex Plan with a doctor's prescription:

\$ Allergy Medicines
\$ Antihistamines
\$ Analgesics
\$ Antacids
\$ Anti-Diarrhea Medications
\$ Anti-Itch Medications
\$ Anti-Nausea Medications
\$ Aspirin
\$ Athletes Foot Creams and Powders
\$ Cold Sore Remedies
\$ Cough Drops
\$ Cough Syrups
\$ Decongestants

\$ Subtotal

\$ Eye Drops
\$ Fever Reducers
\$ First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)
\$ Digestive Tract Relief Medications
\$ Flu and Cold Medications
\$ Hemorrhoidal Medications
\$ Laxatives
\$ Lice and Scabies Treatments
\$ Menstrual Cycle Products (for pain and cramp relief)
\$ Motion Sickness Pills
\$ Muscle / Joint Pain Relievers
\$ Nasal Sinus Sprays
\$ Nicotine Gum / Patches
\$ Pain Relievers
\$ Pedialyte
\$ Retin A (non-cosmetic)
\$ Rubbing Alcohol
\$ Sinus Medications
\$ Sleeping Aids
\$ Smoking Cessation Products
\$ Sore Throat Sprays
\$ Special Ointments / Cream for Sunburns
\$ Throat Lozenges
\$ Vapor Rubs
\$ Weight Loss Drugs (only to treat a specific disease)
\$ Yeast Infection Treatments

OTHER MEDICAL TREATMENTS/ PROCEDURES

\$ Acupuncture
\$ Alcoholism (inpatient treatment)
\$ Breast Pumps and Lactation Supplies
\$ Chiropractor Services
\$ Drug Addiction (inpatient treatment)
\$ Hearing Exams
\$ Hospital Services
\$ Infertility
\$ In-vitro Fertilization
\$ Norplant Insertion or Removal
\$ Orthopedic Shoes
\$ Patterning Exercises
\$ Physical Examination (not employment related)
\$ Physical Therapy

\$ Subtotal

\$ Speech Therapy
\$ Sterilization
\$ Vaccinations and Immunizations
\$ Vasectomy and Vasectomy Reversals
\$ Well Baby Care

OTHER MEDICAL SUPPLIES/SERVICES

\$ Abdominal/Back Supports
\$ Ambulance Services
\$ Arch Supports/Orthotic Insoles (requires doctor's prescription)
\$ Contraceptives
\$ Counseling (except for Marriage and Family)
\$ Crutches
\$ Guide Dog (and other animal aides)
\$ Hearing Aids & Batteries
\$ Hospital Bed
\$ Insulin Supplies
\$ Learning Disability (special school/teacher)
\$ Lead Paint Removal (if not capital expense and incurred for a poisoned child)
\$ Medic Alert Bracelet or Necklace
\$ Medical Miles, Tolls, and Parking
\$ Orthopedic Shoes** (cost above regular shoes)
\$ Oxygen Equipment
\$ Pregnancy Tests
\$ Pre-Natal Vitamins
\$ Prosthesis
\$ Reading Glasses
\$ Splints/Casts
\$ Support Hose (if medically necessary)
\$ Syringes
\$ Transportation Expenses (essential to medical care)
\$ Wheelchair
\$ Wigs (hair loss due to disease)

VISION EXPENSES

\$ Contact Lenses
\$ Contact Lens Solution
\$ Eye Examinations
\$ Eyeglasses
\$ Laser Eye Surgeries
\$ Prescription Sunglasses
\$ Radial Keratotomy/LASIK

\$ Subtotal

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll free customer service line 800 346 2126.

Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

OVER-THE-COUNTER (OTC) MEDICINE

Important note about OTC medicine reimbursement: The Health Care FSA only reimburses your OTC medicine expenses if you have a doctor's prescription for them. Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Only OTC drugs and medicines with a prescription and filled by the pharmacy will be eligible for reimbursement. Make sure you plan your annual Health Care FSA election accordingly.

*Excludes drugs imported from Canada and other countries

**Custom made shoes to treat or alleviate a specific medical condition. Included with the receipt should be a Letter of Medical Necessity from a physician. The excess cost above the normal cost of shoes is the eligible medical expense.

\$ Total Health or Limited Health FSA Election

\$ Divided by #Payrolls = Deduction per Pay Period

\$ Total Dependent Care FSA Election

\$ Divided by #Payrolls = Deduction per Pay Period



Vision Plans Network Options

There's always a provider in sight because there's a large vision network.

Finding a provider you can trust and who meets your lifestyle, eye care and eyewear needs is easy with UnitedHealthcare.

With our large national eye care network, Spectera Eyecare Networks, you can choose to get more personalized care from a private practice. Or, take advantage of the convenience retail chains offer with evening and weekend hours. Either way, we're focused on providing you with a better eye care experience.

Well-known practices and brands in our large national network include:

- 20/20 Vision Center
- 3 Guys Optical
- Accurate Optical
- All About Eyes
- Allegany Optical
- America's Best
- Bard Optical
- Boscor's Optical
- Clarkson Eyecare
- Co/Op Optical
- Cohen's Fashion Optical
- Costco Optical
- Crown Vision Center
- CVS Optical Center
- Dr. Travel Family Eye Care
- Eye Boutique
- EyeCare Associates
- Eye Express

CONTINUED >



**"Highest Customer Satisfaction
with Vision Plans, 5 out of 6 years"¹**



Making it easier for you to find a provider.

To find the provider who best meets your needs, log in to myuhcvision.com or call **1-800-638-3120**.

Some providers or locations may not participate in your plan.



Vision (continued)

- Eye Care Center
- Eyeglass World
- EyeMart Express
- Eyetique
- For Eyes
- General Vision Services
- H. Rubin Vision Centers
- Henry Ford OptimEyes
- Horizon Eye Care
- Houston Eye Associates
- JC Penney Optical
- Midwest Vision Centers
- MyEyeDr.
- National Optometry
- National Vision
- Nationwide Vision
- Optical Shop at Meijer
- Optyx
- Ossip Optometry
- Pearle Vision
- Rosin Eyecare
- RX Optical
- Sam's Club
- Schaeffer Eye Centers
- Sears Optical
- See Inc.
- Shawnee Optical
- Shopko
- Site for Sore Eyes
- Standard Optical
- Stanton Optical
- Sterling Optical
- SVS Vision
- Target Optical
- Texas State Optical
- The Eye Gallery
- The Hour Glass
- Today's Vision
- Virginia Eye Institute
- Vision4Less
- Visionmart Express
- Visionworks
- Vision Source
- Vista Optical
- Walmart
- Warby Parker — including warbyparker.com!
- Wisconsin Vision



Making it easier for you to find a provider.

To find the provider who best meets your needs, log in to myuhcvision.com or call **1-800-638-3120**. Some providers or locations may not participate in your plan.



¹For J.D. Power 2018 award information visit jdpower.com/awards.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter.

To ask for help, please call 1-800-638-3120, TTY 711, Monday through Friday, 7 a.m. to 10 p.m. CST.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-638-3120, TTY 711.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-638-3120, TTY 711。

Note: Our doctors may also refer to us as Spectera Eyecare Networks.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

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Vision (continued)



How to print your vision ID card using **myuhcvision.com**

Thanks to our convenient paperless benefits and claims, **you do not need a member ID card to use your benefits.** However, if you'd like one, you can easily print one.

Your ID card will be personalized with your name, member ID, as well as your exam and materials co-pay amounts.

The screenshot shows the myuhcvision.com website. The 'Returning Users' section has fields for 'User Name' and 'Password' with a 'Login' button. Below it is a 'Forgot your User Name or Password?' link and a 'New User' link. The 'Print ID Card' button is highlighted with an orange box. Below the navigation bar, there are three main sections: 'View Benefits', 'Print ID Card' (highlighted with an orange box), and 'Find a Provider'. Below these, there is a message: 'You can generate an ID card by selecting a member and then clicking Get ID Card. Then you can print the ID card by clicking the printer icon in the ID Card report.' Below this, there is a 'Select the person whose ID card you would like to print.' section with a dropdown menu for 'FIRST & LAST NAME' and a 'Get ID Card' button. At the bottom, there is a 'Print ID Card' button with a printer icon, which is also highlighted with an orange box.

Steps to print your Vision ID card:

- 1 Go to **myuhcvision.com**
- 2 Log in or register. Do not register if you also have medical coverage with UnitedHealthcare.
- 3 Click on "Print ID Card" If you do not see this option, click on the blue "Select" button next to your plan name.
- 4 From the drop down menu, select the person whose ID card you would like to print. Click on "Get ID Card."
- 5 This generates a document with your ID card called *How to Use Your Vision Care Benefits*. Scroll to the bottom of this document. A toolbar will appear; click on the printer icon to print.

Sample Personalized ID Card

The sample ID card is divided into two main sections. The left section, titled 'Vision Identification Card', contains the following information: Member Name: [First, Last], Member ID: [XXXXXXXX-XX], Member Web: www.myuhcvision.com, and Customer Service: (800) 638-3120. The right section, titled 'Vision Care Benefits', contains the following information: Exam Copay: [\$XX.XX], Material Copay: [\$XX.XX], and Submit Out-of-Network Claims to: UnitedHealthcare Vision Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. A 'Note to Providers' section at the bottom right states: 'For more information about this UnitedHealthcare Vision plan, please visit us online at www.Spectera.com or call 1-800-638-3120.' A vertical dashed line separates the two sections, with the text 'fold here' written vertically along it.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

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Identity Fraud



Identity Fraud Expense Reimbursement

COVERAGE HIGHLIGHTS

Identity fraud is the fastest-growing white-collar crime in America, impacting one in every 20 consumers.*

Why you need protection

Becoming a victim of identity fraud is a frightening, frustrating experience. It can happen to anyone at any time in a variety of ways, ranging from a stolen wallet or home burglary to online theft of your personal information.

Recovering from identity fraud means more than just canceling credit cards. Not only can it be a complicated and stressful experience, but it can cost your employee or member of your organization hours of time and out-of-pocket expenses to re-establish their credit and clear their name. The hard reality is that victims must painstakingly prove, often to disbelieving creditors, that the debts are not their own. Purchasing identity fraud expense reimbursement coverage for your employees or members can be an affordable and compelling addition to your benefits suite.

Coverage highlights

Travelers Identity Fraud Expense Reimbursement coverage pays for expenses associated with resolving an identity fraud event and perhaps most importantly, gives people tools and information to reduce their risk of future additional fraud.

Each year, the number of identity fraud cases rises; most recently 12.6 million adults in the United States were victims. On average, it takes an individual more than 37 hours and \$535 in out-of-pocket expenses* to clean up the mess caused by an identity thief.

In addition to expense reimbursement, Travelers also offers Identity Fraud Resolution Service through Identity Theft 911, which includes:

- Exclusive online education resources providing tips and information to help avoid becoming a victim
- 24/7 personal access to an expert fraud specialist
- Document replacement help (i.e., Social Security card, birth certificate, passport, etc.)

In the event of an actual identity fraud, services include:

- Step-by-step guidance through the resolution process, including unlimited assistance to restore a victim's identity
- 3-in-1 credit reporting
- One year of free credit, cyber and fraud monitoring

*Javelin Strategy & Research, February 2013 Report

Identity Fraud (continued)

Claim scenarios

Bogus charge accounts while on business travel

An executive was on business in Brazil when his identity was stolen and significant charges were made to his corporate card. In order to file an affidavit of loss with the local Brazilian authorities, he was required to provide a sworn statement in person. Total expenses for time off work, travel expenses, phone charges and the cost to replace the executive's passport were \$4,500.

Medical identity fraud

A woman from Illinois discovered a number of questionable billings on her medical insurance annual summary of benefits. Someone had stolen her and her children's identities to secure medical services in their names.

After struggling with the health care institution to release the personal medical information, she hired an attorney to help. The attorney was able to contest the services and clean up her medical history. It took more than six months to resolve the identity fraud and cost nearly \$6,000 in attorney's fees, lost wages and fees for copies of X-rays and other medical records.

Why Travelers?

- We've provided effective insurance solutions for more than 150 years and address the needs of a wide range of industries.
- We consistently receive high marks from independent ratings agencies for our financial strength and claims-paying ability.
- With offices nationwide, we possess national strength and local presence.
- Our dedicated underwriters, and claim professionals offer extensive industry and product knowledge.

Travelers knows ID Fraud.

To learn more, talk to your independent agent or visit travelersbond.com.



Available through the Travelers *Wrap+®*, *SelectOne+®* and *Executive Choice+®* suite of products.

travelersbond.com

Travelers Casualty and Surety Company of America and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material does not amend, or otherwise affect, the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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New Health Insurance Marketplace Coverage Options

General Information

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

What is the health insurance Marketplace?

The Marketplace is designed to help you find private 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. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

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 are eligible for depends on your household income.

Does the health insurance we offer to you affect your eligibility for premium savings through the Marketplace?

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our 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 self-only coverage under our health plan is more than 9.78% of your household income for the year, or if our health plan does not meet the “minimum value”¹ standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – 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 about the Marketplace?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can 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.

¹

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.

New Health Insurance Marketplace Coverage Options (continued)

Information about the Health Coverage Offered by Your Employer

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: City of De Pere
Employer Identification Number (EIN): 39-6005431
Employer Address: 335 S Broadway St. De Pere, WI 54115
Employer Phone Number: 920-339-4045
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Shannon Metzler E-mail address: smetzler@mail.de-pere.org

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.

If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.

- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.

If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.

- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT 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 medical and surgical benefits provided under this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call Employee Insurance.

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 January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268

GEORGIA – Medicaid	MISSOURI – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
INDIANA – Medicaid	MONTANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
IOWA – Medicaid	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
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: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT– Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH DAKOTA - Medicaid	WEST VIRGINIA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, 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 1/31/2023)

The City of De Pere Employee Benefits Plan

Notice of Privacy Practices — Self-Funded Plans

01/01/16

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The City of De Pere offers various healthcare options to its employees and their eligible family members through the City of De Pere Employee Benefits Plan. The City of De Pere Group Health Insurance Plan, Group Dental Insurance Plan, Flexible Spending Account (FSA), Health Reimbursement Account (HRA), and Employee Assistance Plan (EAP) are self-funded group health plans for which the City of De Pere acts as its own insurer and directly pays the claims. This notice describes the privacy practices that the City of De Pere has established for this option. This option is managed for the City of De Pere by business associates, which are third-party administrators that interact with the healthcare providers and handle members' claims.

THE CITY OF DE PERE'S COMMITMENT

The City of De Pere is committed to protecting the privacy of your protected health information or PHI. PHI refers to health information that a Self-Funded Plan creates or receives that relates to your physical or mental health, your healthcare or payment for your healthcare. In most cases, your PHI is maintained by the business associate that serves as the third-party administrator for the Self-Funded Plan in which you participate, but the City of De Pere may also hold health-related information. Generally, the City of De Pere held information is limited to enrollment data, but in limited instances it may include information you provide to designated City of De Pere staff to help with coordination of benefits or resolving complaints. The privacy protections described in this notice reflect the requirements of federal regulations issued under the Health Insurance Portability and Accountability Act (HIPAA). They require the Self-Funded Plans to:

- comply with HIPAA privacy standards and other federal laws;
- make sure that your PHI is protected;
- give you this notice of the Self-Funded Plans' legal duties and privacy practices with respect to your PHI; and
- follow the terms of the notice that are currently in effect.

HOW THE SELF-FUNDED PLANS WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following sections describe different ways that a Self-Funded Plan might use and disclose your PHI. Not every use or disclosure will be listed. All of the ways that a Self-Funded Plan is permitted to use and disclose PHI, however, will fall within one of the categories. Use and disclosure of some PHI, such as certain drug and alcohol information, HIV information and mental health information, is further restricted.

Treatment. A Self-Funded Plan may use and disclose your PHI to doctors, nurses, technicians and other personnel who are involved in providing you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may then tell the dietitian if you have diabetes so the dietitian can meet any special menu needs. Different departments may share your PHI so they can coordinate services you need, such as lab work, x-rays and prescriptions.

Payment. A Self-Funded Plan may use and disclose your PHI in the course of activities that involve reimbursement for healthcare, such as determination of eligibility for coverage, claims processing, billing, obtaining and payment of premium, utilization review, medical necessity determinations and pre-certifications.

Healthcare operations for a self-funded Plan. Self-Funded Plans may use and disclose your PHI to carry out business operations and to assure that all enrollees receive quality care. For example, a Self-Funded Plan may disclose your PHI to a business associate who handles claims processing or administration, data analysis, utilization review, quality assurance benefit management, practice management or referrals to specialists, or to an associate who provides legal, actuarial, accounting, consulting, data aggregation, management or financial services.

Plan sponsor. A Self-Funded Plan may disclose summary health information (that is, claims data that is stripped of most individual identifiers) to the City of De Pere in its role as plan sponsor in order to obtain bids for health insurance coverage or to facilitate modifying, amending or terminating a plan. A Self-Funded Plan may also provide the City of De Pere enrollment or disenrollment information. In addition, if you request help from the City of De Pere in coordinating your benefits or resolving a complaint, a Self-Funded Plan may disclose your PHI to designated City of De Pere staff, but no PHI may be disclosed to facilitate employment-related actions or decisions or for

matters involving other benefits or benefit plans. The City of De Pere may not further disclose any PHI that is disclosed to it in these limited instances.

As Required By law. A Self-Funded Plan will disclose your PHI if required to do so by federal, state or local law or regulation.

To Avert a Serious Threat to Health or Safety. A Self-Funded Plan may disclose your PHI when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Military and Veterans. If you are or were a member of the armed forces, a Self-Funded Plan may release your PHI to military command authorities as authorized or required by law. A Self-Funded Plan may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.

Research. In limited circumstances, a Self-Funded Plan may use and disclose PHI for research purposes, subject to the confidentiality provisions of state and federal law.

Workers' Compensation. A Self-Funded Plan may release PHI for workers' compensation or similar programs as permitted or required by law. These programs provide benefits for work-related injuries or illness.

Health Oversight Activities. A Self-Funded Plan may disclose PHI to governmental, licensing, auditing and accrediting agencies as authorized or required by law.

Legal Proceedings. A Self-Funded Plan may disclose PHI to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.

Lawsuits and Disputes. If you are involved in a lawsuit or other legal proceeding, a Self-Funded Plan may disclose your PHI in response to a court or administrative order or in response to a subpoena, discovery request, warrant, summons or other lawful process.

Law Enforcement. If authorized or required by law, a Self-Funded Plan may disclose your PHI under limited circumstances to a law enforcement official in response to a warrant or similar process, to identify or locate a suspect, or to provide information about the victim of a crime.

National Security and Intelligence Activities. If authorized or required by law, a Self-Funded Plan may release your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities.

Protective Services for the United States President and others. A Self-Funded Plan may disclose your PHI to authorized federal and state officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations, as authorized or required by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, a Self-Funded Plan may release your PHI to the correctional institution or law enforcement official, as authorized or required by law. This release would be necessary for the institution to provide you with healthcare to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

REQUIRED DISCLOSURES

A Self-Funded Plan may be required to disclose your PHI to the Department of Health and Human Services if the Secretary is conducting a compliance audit.

YOUR RIGHTS

You have the following rights regarding the PHI that a Self-Funded Plan maintains about you:

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and obtain a copy of your PHI that is maintained by or for a Self-Funded Plan. To inspect and obtain a copy of the PHI, you must submit your request in writing to the City of De Pere Human Resources Department at 335 S. Broadway Street, De Pere, WI 54115; Attention: HIPAA Privacy Officer. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

A Self-Funded Plan may deny your request to inspect and/or obtain a copy in certain limited circumstances. For example, HIPAA does not permit you to access or obtain copies of psychotherapy notes. If your request is denied, you will be informed in writing, and you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. The plan will comply with the outcome of the review.

Right to Request an Amendment. If you believe that the PHI maintained by a Self-Funded Plan is incorrect or incomplete, you may request that the plan amend the information. You have the right to request an amendment for as long as the information is kept by or for the plan. A request for an amendment should be made in writing and submitted to the City of De Pere Human Resources Department at 335 S. Broadway Street, De Pere, WI 54115; Attention: HIPAA Privacy Officer. In addition, you must provide a reason that supports your request.

Right to an Accounting of Disclosures. You have the right to receive an accounting of disclosures, which is a list of disclosures such as those that were made of PHI about you, with the exception of certain documents including those relating to treatment, payment and healthcare operations and disclosures made to you or consistent with your authorization. To request an accounting of disclosures, you must submit your request in writing to the City of De Pere Human Resources Department at 335 S. Broadway Street, De Pere, WI 54115; Attention: HIPAA Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates

before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, the plan may charge you for the cost of providing the list. You will be notified of any costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use and disclosure of your PHI for treatment, payment or healthcare operations, or to request a restriction on the PHI that the plan may disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. The plan is not required to agree to your request. If the plan agrees to your request, it will comply with the requested restriction unless the information is needed to provide you emergency treatment or to assist in disaster relief efforts. To request a restriction, you must submit your request in writing to the City of De Pere Human Resources Department at 335 S. Broadway Street, De Pere, WI 54115; Attention: HIPAA Privacy Officer. Your request should state the information you want to limit; whether you want to limit the plan's use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that a Self-Funded Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the plan only contact you at work or by mail to a specific address. To request confidential communications, you must submit your request in writing to the City of De Pere Human Resources Department at 335 S. Broadway Street, De Pere, WI 54115; Attention: HIPAA Privacy Officer. The plan will accommodate all reasonable requests and will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this notice. You may ask the City of De Pere to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the City of De Pere Human Resources Department at 335 S. Broadway Street, De Pere, WI 54115; Attention: HIPAA Privacy Officer.

Other Uses of Medical Information. Other uses and disclosures of PHI not covered by this notice will be made only with your written permission. This includes most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and uses and disclosures of PHI that constitute a sale of PHI. If you provide the City of De Pere permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, the plan will no longer use or disclose your PHI for the reasons stated in your written authorization. Please understand that the plan cannot take back any disclosures already made with your permission.

Breach. You have the right to be notified of the discovery of a breach of unsecured PHI.

Genetic Information is Protected Health Information. In accordance with the Genetic Information Nondiscrimination Act (GINA), a Self-Funded Plan will not use or disclose genetic information for underwriting purposes, which includes eligibility determinations, premium computations, applications of any pre-existing condition exclusions and any other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits.

CHANGES TO THIS NOTICE

The Self-Funded Plan reserves the right to change this notice and to make the revised or changed notice effective for PHI your plan already maintains on you as well as any information the plan receives or creates in the future. A copy of the current notice will be posted on the City of De Pere internal Intranet system. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, a copy of the notice that is currently in effect will be given to new health plan members and thereafter available upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with your Self-Funded Plan or with the Secretary of the Department of Health and Human Services. To file a complaint on your Self-Funded Plan, contact the City of De Pere Human Resources Department at 335 S. Broadway Street, De Pere, WI 54115; Attention: HIPAA Privacy Officer. Email will not be accepted; all complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

QUESTIONS

If you have questions or for further information regarding this privacy notice, contact the City of De Pere Employee Benefits Plan HIPAA Privacy Officer at 920-339-4045.

Medicare Part D

Important Notice from the City of De Pere 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 the City of De Pere 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. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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. The City of De Pere has determined that the prescription drug coverage offered through the City of De Pere's Employee Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of De Pere coverage will not be affected. The UMR medical plan design is available to eligible individuals when you become eligible for Medicare Part D. You or your dependents can retain your existing coverage and choose not to enroll in a Part D plan or can enroll in a Part D plan as a supplement to, or instead of, the City of De Pere's medical plan. You and/or your spouse (if applicable) will still be eligible to receive all of your current health coverage if you or your dependents enroll in a Medicare prescription drug plan. Your current coverage pays for other health expenses in addition to prescription drugs. If you do decide to join a Medicare drug plan and drop your current City of De Pere coverage, be aware that you (and your spouse, if applicable) will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of De Pere 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 creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare 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.

You will get this notice each year that you are covered under the City's retiree insurance plan. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of De Pere changes. You may request a copy of this notice at any time.

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'll 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 and prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-633-4227. TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Your current prescription drug coverage benefit with the City of De Pere is as follows:

Level 1	\$10.00 per each 30-day maximum supply
Level 2	\$20.00 per each 30-day maximum supply
Level 3	\$40.00 per each 30-day maximum supply
Level 4	20% Copay to \$350 max per script

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, therefore, whether or not you are required to pay a higher premium/penalty.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Please contact the Plan Sponsor for further information.

Plan Sponsor
City of De Pere
Human Resources Department
Shannon Metzler, Human Resources Director
335 S. Broadway Street
De Pere, WI 54115
Telephone (920) 339-4045

Notice Regarding Wellness Program

The Health Assessment offered through Bellin Health 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 assessment or "HA" 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 Albumin, Alkaline Phosphatase, Total Bilirubin, Blood Urea Nitrogen, Calcium, Total Cholesterol, Cholesterol/HDL Ratio, Creatinine, GGT (liver function), Globulin, Glucose (diabetes), HDL, LDH, LDL, Nicotine, Total Protein, SGOT (AST), SGPT (ALT), Triglycerides and Uric Acid. You are not required to complete the HA 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 additional HRA dollars (see attached memo for incentive information). Although you are not required to complete the Health Assessment which includes the biometric session and feedback session, only those employees and spouses who do so will receive the incentive.

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of De Pere may use aggregate information it collects to design a program based on identified health risks in the workplace, Bellin Health 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. The only individual(s) who will receive your personally identifiable health information is Bellin Health, 744 S Webster Ave, Green Bay WI 54301 and Healics Inc., 8919 W Heather Ave, WI 53224 in order to provide you with services under the wellness program.

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 City's Human Resources Director, Shannon Metzler at 920-339-4045.

HIPAA Notice of Special Enrollment Rights

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 (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 insert 31 days of marriage or 60 days of the birth or adoption date.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, 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 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact the City's Human Resources Director, Shannon Metzler at 920-339-4045.

COBRA Notice

If you choose continuation coverage, The City of De Pere is required to give you coverage which, as of the time coverage is being provided, is identical to coverage provided under the plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation period is eighteen months. However, the law also provides that your continuation coverage may be cut short for any of the following reasons:

1. The City of De Pere no longer provides group health coverage to any of its employees
2. The premium for your continuation coverage is not paid
3. You become an employee covered under another group hospital plan that does not have a pre-existing condition provision
4. You become eligible for Medicare
5. You were divorced from a covered employee and subsequently remarry and are covered under the new spouse's group health plan

You do not have to show that you are insurable to choose continuation coverage. However, under the law, you may have to pay all or part of the premium for your continuation coverage.

This brochure summarizes the health care and income protection benefits that are available to The City of De Pere's employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.

Information provided in this brochure is not a guarantee of benefits.