FOCUS ON BENEFITS

2020

QUESTIONS?

Human Resources at 920-459-3105 or hr.help@sheboygancounty.com

This document is not a contract, rather a summary of your benefits. Please refer to the Summary Plan Description or Certificate of Coverage(s) for more detailed information. This information will prevail for all claim adjudication.

FOCUS ON BENEFITS

Sheboygan County

2020

This brochure includes information about the benefits offered at Sheboygan County. We encourage you to take the time to read through and explore your benefits options. At Sheboygan County, we value our employees and are committed to providing a comprehensive and competitive benefits package.

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FOCUS ON BENEFITS

Sheboygan County

HEALTH BENEFITS SUMMARY

Sheboygan County offers a health plan through WCA Group Health Trust for all benefit-eligible employees. The plan is administered by UMR.

About the Health Plan: Preventive care is covered at 100% and no deductible applies. For other in-network services, this plan requires a copay or deductible before eligible services are paid at 90%.

Features	In-Network	Out-of-Network
Deductible *per calendar year*	$1,000 /single $2,000/family	Not Covered
Medical Out of Pocket Max *per calendar year*	$2,000 /single $4,000/family	Not Covered
Preventive Services *Well child, Immunizations, Prenatal, Screening, Routine Vision Exams*	You pay $0	Not Covered
Office visits	You pay 10% after deductible	Not Covered
Chiropractic Manipulations	You pay 10% after deductible	Not Covered
Mental/Behavioral Health *Outpatient* Services	You pay 10% after deductible	You pay 10% after deductible
Physical/Occupational/ Speech and Respiratory Therapies	You pay 10% after deductible	Not Covered
Urgent Care Center	You pay 10% after deductible	Not Covered
Emergency Room	You pay a $150 Copay per visit and then 10% after deductible	You pay a $150 Copay per visit and then 10% after deductible
Ambulance Coverage	You pay 10% after deductible	You pay 10% after deductible
Inpatient Hospital Benefit	You pay 10% after deductible	Not Covered

BALANCE BILLING

The amount that the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. Always use an in-network provider for the highest coverage of services.

Need a provider? As a member, www.umr.com offers a search function to help you find participating providers in your network.

PRIOR AUTHORIZATION

Some types of care require a review to determine if they are medically necessary. This means they meet generally accepted standards of care and are considered effective in treating your illness or injury. UMR will also review if the length of your inpatient stay and type of facility is clinically appropriate.

Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs.

You or your health care provider can call the number on the back of your medical ID card to verify the level of benefits available. Examples of Procedures that are commonly reviewed and should be pre-certified are: inpatient hospitalizations and surgeries; Inpatient rehabilitation and behavioral health; Home health care; Durable medical equipment; Chemotherapy and Radiation; Dialysis; Occupational, speech or physical therapy; Reconstructive surgeries and cosmetic procedures; clinical trials; genetic testing and hormone therapies.

Please refer to the summary plan description (SPD) for a full list of services requiring prior authorization.

FOCUS ON BENEFITS

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Features	In-Network	Out-of-Network
Prescription Drugs (Administered by CVS/ Caremark)		
Retail *(30 day supply)* ***Mandatory Maintenance Choice is Required for long-term medications.******	Generic: You pay 10% copay per fill Preferred Brand and Non-Preferred Brand: You pay 20% copay per fill	
Specialty Drugs *Specialty pharmacy drugs may only be received through mail order. One retail fill is allowed prior to utilizing mail order.*	You pay 20% copay per fill	
Preventative Drugs	Copays might not apply to certain Preventative Prescriptions, Over-the-Counter products or Contraceptives	
Disease Management	A Disease Management program is available through the Prescription Drug Program and copays will be waived for certain classes of prescription drugs if you participate in the Disease Management Program	
Prescription Out of Pocket Max *per calendar year*	$1,000 /single $2,000/family	

*The County's Mandatory Maintenance Choice Program requires certain chronic or long-term 90-day medications be set up through mail order/home delivery service or pick-up at your local CVS or Target pharmacy. These medications usually require regular daily use for treatment of chronic conditions. Examples of maintenance medications are those used to treat high blood pressure, heart disease, asthma, diabetes etc. Please contact Caremark for a complete list.

SUMMARY OF BENEFITS COVERAGE

Refer to your summary of benefit coverage (SBC) and summary plan description (SPD) for a more detailed explanation about your health plan benefits, including mail order prescriptions and other health services.

SMART CHOICE MRI

As an added incentive, WCA GHT provides a $50 Visa Gift Card to Sheboygan County members who choose to have their MRI's through Smart Choice MRI. Smart Choice locations are available in Appleton, Milwaukee, Richfield, Waukesha and Kenosha. **Call (844) NEED-MRI to schedule.**

QUESTIONS?

For health plan questions, call UMR customer service at **800-826-9781** or visit **www.umr.com**.

For prescription questions call CVS/Caremark at **866-818-6911**, download the CVS/Caremark mobile app or visit **www.caremark.com**. **To set-up 90-day maintenance medication pick-up at the pharmacy, call contact the pharmacy directly or call the number above**.

Mail Order questions: **866-239-4543**
New mail order prescriptions can be set-up for delivery online at www.caremark.com/faststart or by calling 800-875-0867

Specialty/Caremark **800-237-2767**

HEALTH BENEFITS PREMIUMS

The company pays a portion of your premiums. Sheboygan County employees have the opportunity to participate annually in a Biometric Screening and Health Assessment (HA) questionnaire. As a new employee, you pay the "without HA" premium below. After your first opportunity to participate in the Biometric Screening and HA your cost share will be based on whether or not you elect to participate.

2020 employee premiums are:

All Benefit Eligible

	Family		Single	
	Per Paycheck	Monthly	Per Paycheck	Monthly
Full-time with HA	$140.62	$316.40	$56.69	$127.55
Full-time without HA	$187.50	$421.87	$75.59	$170.07
Part-time with HA	$220.31	$495.70	$88.81	$199.83
Part-time without HA	$262.50	$590.62	$105.82	$238.09

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\ Benefits\Health Insurance

FITNESS REIMBURSEMENT

Regular exercise is crucial to overall health. In order to support employee efforts of healthy living and wellness, Sheboygan County is pleased to offer financial support, to regular benefit eligible employees, for a fitness membership with the Sheboygan County YMCA or Sheboygan Planet Fitness when participation requirements are met.

The Program Summary and Fitness Reimbursement Program Agreement provide facility specific details.

You can find additional information on the shared drive under S:/SheboyganCounty /Human Resources/ Wellness/Fitness Center Program

LIVE TOBACCO FREE

We strongly believe that all employees and their families should strive to be as healthy as possible.

One of the best things you can do for your health is to quit smoking and stop using tobacco.

As a part of the annual Health Assessment (HA), nicotine testing is performed. Employees who test positive for nicotine pay an additional cost-share toward their premium of $23.08 per paycheck.

We offer sessions for tobacco cessation for those interested in quitting smoking and/or obtaining a waiver of the additional premium cost share required. Please see HR for a current class schedule.

INHEALTH CLINIC

Sheboygan County offers an employer-funded, near site clinic in partnership with WCA/GHT for the benefit of our employees and their family members covered under the health plan.

WHAT CAN THE INHEALTH CLINIC DO FOR YOU?

Convenience: Centrally located, convenient hours; one stop medical care; easy scheduling & timely appointments; no cost to employees with the exception of a $10 co-pay for chiropractic services.

Preventative Care: Well child visits (Ages 2+), school, camp & sports physicals; adult physicals and pap/pelvic exams.

WCA/GHT will reimburse $50.00 to employee and spouse for one of the following services. Reimbursement form is available on the shared drive under S:/SheboyganCounty /Human Resources/ Benefits/Health Insurance/Routine Physicals

- Colonoscopy* or
- Mammogram* or
- Annual Exam at the InHealth Clinic

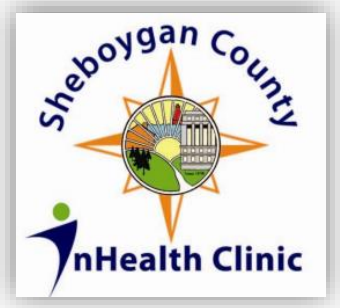
**Colonoscopy and Mammogram services are available through any in-network provider.*

Primary Care: Management of high blood pressure; cholesterol; non-insulin dependent diabetes; allergies & asthma; immunizations; prescription management and lab work.

Healics Care+: Sheboygan County employees diagnosed with diabetes or pre-diabetes, high blood pressure or high cholesterol have the opportunity to participate in an enhanced care program called Healics Care+. This is a free, confidential program open to any employee or dependent on the Sheboygan County health plan. Program benefits include one-on-one sessions of health coaching with an InHealth Clinic nurse practitioner and 100% coverage for medications used to treat these conditions. You can obtain additional information on Healics Care+ and see if you qualify for benefits by contacting the InHealth Clinic at **920-547-4210**.

Acute Care: Cold & flu symptoms; rashes; strep throat; ear infections; bladder infections and much more.

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\Benefits\Health Insurance\InHealth Clinic



615 Pennsylvania Ave.
Sheboygan, WI 53081
Phone: 920-547-4210
Fax: 920-457-2555

Nurse Practitioner Hours

Monday: 7:00 am - 6:00 pm
Tuesday: 7:30 am - 6:00 pm
Wednesday: 7:00 am - 6:00 pm
Thursday: 7:00 am - 6:00 pm
Friday: 7:00 am - 4:00 pm

Chiropractor Hours

Monday: 8:00 am - 6:00 pm
Wednesday: 8:00 am - 6:00 pm
Thursday: 7:00 am - 5:00 pm
Friday: 7:00 am - 4:00 pm

Rocky Knoll:
N7135 Rocky Knoll Parkway
Plymouth WI, 53073
Second Monday of the Month:
2:00 pm - 6:00 pm

WE PROTECT YOUR PRIVACY

Your information is confidential. Interra Health is a health care company independent of your employer. Information obtained by Interra Health at the clinic is the property of Interra Health and cannot be viewed by others without your written permission unless permitted by law.

GHT
WCA GROUP HEALTH TRUST

FOCUS ON BENEFITS

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SHEBOYGAN COUNTY'S WELLNESS REWARDS PROGRAM

You are encouraged to participate in the voluntary 'Champion You' program sponsored by Sheboygan County! All participants have the opportunity to earn points in order to receive program incentives by participating in an on-site Biometric Screening, Health Assessment (HA) questionnaire and approved wellness activities throughout the year.

Who is allowed to participate in the 'Champion You' Program?
Employees who are enrolled in the Sheboygan County medical plan are eligible to participate in the program. Completion of the 2020 Health Assessment (HA) and Biometric Screening is a program requirement.

Why should I participate?
First off, we want you to be healthy! The 'Champion You' program provides a no-cost Health Assessment, Biometric Screening, personalized report outlining your current health status, and a 1-on-1 confidential coaching with an Interra Health Certified Coach to include additional optional wellness activities.

How do I receive credit for my wellness activities?
To earn points for participation in wellness activities, we require participants to submit verification forms along with supporting documentation to confirm participation in completed activities.

What will my 2020 health insurance premium be?

- No Incentive: No completion of the Biometric Screening and Health Assessment
- Incentive: Completion of the Biometric Screening and Health Assessment

Want to go above and beyond?
In addition to completion of your Biometric Screening and HA, you have the option to complete additional wellness activities. Depending on the amount of points you earn from wellness activities, you have the opportunity to earn a wellness reward. You can start accumulating points any time in 2020 after the completion of your Biometric Screening. Points earned in 2020 will not carry-over into 2021 and only activities completed after you are Sheboygan County employee qualify as reward points. **2020 wellness rewards will be paid out via your paycheck in January 2021**.

You can find full program details and a listing of activities that qualify on the share drive under **S:/SheboyganCounty /Human Resources/ Wellness**

PROGRAM INCENTIVES

BRONZE	1000 Points **$50**	
SILVER	1400 Points **$75**	
GOLD	1800 Points **$100**	

We Protect Your Privacy
Your information is confidential. Interra Health is a health care company **independent of your employer.** Information obtained by Interra Health during the wellness program is the **property of Interra Health and** cannot be viewed by others without your written permission unless permitted by law.

P 866.814.1016 | F 262.754.0067 | www.MyHealics.com

PROGRAM REQUIREMENTS

NEW EMPLOYEES:

1 Complete an InHealth Biometric Screening
Call the InHealth Clinic at 920.547.4210; schedule an appointment **to complete the Biometric Screening testing within 30 days from your date of hire.**

2 Complete the Health Assessment
Instructions will be provided at the Biometric Screening appointment **to complete HA within 30 days from your date of hire.**

3 Earn and submit Wellness Activity Points by December 31, 2020

EXISTING EMPLOYEES: Biometric Screening and Health Assessment will be offered **annually, please watch for details each year**.

MyHealics Dashboard

Each participant has a secure login for the MyHealics website that can be used to access online tools. This participant site is called the MyHealics Dashboard™.

GETTING STARTED

Go to www.MyHealics.com

PARTICIPANT ID
Employee ID Number (Example: 1234)
PASSWORD: wellness (unless previously changed)
COMPANY ID: Sheboygan

- If you need assistance logging in or resetting your password, please call **866.814.1016**
- Click Rewards to view your wellness Activities

Healics
With you for life

HEALTHIESTYOU SUMMARY

Your Healthcare Just Got a Whole Lot Easier!

With Healthiestyou you can connect with a doctor who can diagnose, treat, and prescribe over the phone 24/7/365. Using Healthiestyou can SAVE YOU TONS OF MONEY and no more time wasted in waiting rooms or trying to schedule an appointment.

Our doctors are licensed and can handle an array of common ailments including allergies, earache, sore throat, pink eye, strep throat, urinary tract infection, and many more! Healthiestyou is great for families because your spouse and dependents can use it too. There is no limit on the number of times called or the duration of each call. And the best part… … **it's FREE!**

- 24x7 Unlimited doctor access
- FREE to use
- Access by app, online or telephone
- Spouse and dependent use
- Price and save prescriptions

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\Benefits\Health Insurance\HealthiestYou

TALK TO A DOCTOR

Talk to a licensed doctor to get a treatment plan.

GET A PRESCRIPTION

If medically necessary, a prescription may be provided and electronically sent to a pharmacy of your choice.

FEEL BETTER SOON

We hope you feel better quickly, but if not, call and talk to the doctor again. There is no limit to visits.

QUESTIONS?

For HealthiestYou, call customer service at **866-703-1259**. App and portal site **member.healthiestyou.com.**

DENTAL BENEFITS SUMMARY

About the Dental Plan: This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible**.** You may use any dentist for your dental services; however, using a PPO or Premier provider gives you the benefit of receiving Delta's contracted rate for services and provides the security of a warranty on services.

Features	PPO or Premier	Out-of-Network
Annual Maximum per covered person	$2,000	$2,000
Annual Deductible *Does not apply to preventive and diagnostics*	$25/person; $75/family	$25/person; $75/family
Diagnostic & Preventive	You pay $0	You pay $0
Basic Restorative Care *X-rays, Simple Extractions, Fillings, Periodontal Maintenance & Crowns*	You pay 10%	You pay 10%
Oral Surgery	You pay 20%	You pay 20%
Endodontic Therapy *Root Canal*	You pay 20%	You pay 20%
Periodontics *Gum disease*	You pay 20%	You pay 20%
Major Restoratives	You pay 20%	You pay 20%
Prosthetics and Implants	You pay 20%	You pay 20%
Orthodontics *Dependent Children to age 19* *Per Dependent Child Lifetime Benefit of $1,500*	You pay 50%	You pay 50%

DENTAL BENEFITS PREMIUMS

Sheboygan County contributes to your premiums. Your cost share for 2020 is:

All Benefit Eligible

	Family		Single	
	Per Paycheck	Monthly	Per Paycheck	Monthly
Full-time or Part-time	$37.49	$81.23	$14.97	$32.43

We offer the Delta Dental plan. Always use an in-network provider to obtain the highest level of benefits.

When accessing care out-of-network, there are no provider discounts and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

INFORMATION ON THE GO!

Access your dental account information from your smartphone or mobile device with Dental Delta app. With this app, you can:

- View your summary of benefits or claims
- Access your ID card
- Find a network dentist
- Brush with Toothbrush Timer

SUMMARY OF BENEFITS COVERAGE

Refer to your summary plan description (SPD) for a more detailed explanation about your dental plan benefits.

QUESTIONS?

Call customer service at **800-236-3712** or visit **www.deltadentalwi.com**.

Delta Dental Value Added Services

CHECKUP PLUS™

CheckUp Plus allows you to get diagnostic and preventive dental services without these costs getting applied to the individual annual maximum. Preventive care saves money over the long-term by reducing the need for more expensive services.

EVIDENCE-BASED INTEGRATED CARE PLAN (EBICP)

Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP) provides extra cleanings and fluoride treatments for individuals with certain medical conditions that have oral health implications. Research has shown that increased frequency of cleanings and/or topical fluoride applications greatly impact oral health, and sometimes play a role in managing conditions such as:

- Cancer therapy
- Periodontal disease
- Diabetes
- Pregnancy
- High-risk cardiac conditions
- Suppressed immune systems
- Kidney failure or dialysis

Simply call Delta Dental customer service at 800-236-3712 to enroll in the program if you have one of these conditions.

AMPLIFON HEARING HEALTH BENEFIT

The hearing benefit includes access to Amplifon's provider network of 5,300+ locations, 40 percent off hearing services provided by a network provider, and discounts on more than 2,000 hearing aid models manufactured by leading brands. Call Amplifon at 1-888-901-0132 and they'll find a provider near you.

VISION DISCOUNT CARD

Employees who do not elect the vision insurance plan are eligible for discounts on vision care. This is not insurance, but a discount plan that provides overall savings up to 35%.

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\Benefits\Dental Insurance

The charts show the impact of CheckUp Plus on an enrollee's individual annual maximum compared to a traditional plan. (Plan benefit and dentist charges vary. Example assumes two routine check-ups, covered at 100%, and a $1,000 annual maximum.)

CheckUp Plus™		
Delta Dental Pays	Enrollee Pays	Maximum Remaining
$300	$0	$1,000

Traditional Dental Plan		
Delta Dental Pays	Enrollee Pays	Maximum Remaining
$300	$0	$700

VOLUNTARY VISION BENEFITS SUMMARY

The Sheboygan County vision plan is offered through DeltaVision and EyeMed. This is a summary of benefits only. Refer to your certificate for a full outline of coverage and exclusions.

About the Vision Plan: This is a comprehensive plan for all vision services. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.

Features	In-Network	Out-of-Network Reimbursement
Eye Exam ***Retinal Imaging***	You pay $0 You pay up to $39	Up to $35
Plastic Lenses – 1x /12 mos ***Single, Bifocal and Trifocal***	You pay $0	Up to $25-$55 depending on service
Lens Options *UV coating, Tint, Standard Scratch Resistance* *Standard Polycarbonate* *Standard Anti-Reflective* *Standard Progressive* *Premium Progressive* *Other add-ons and services*	You pay $15 You pay $40 You pay $45 You pay $65 You receive 20% discount off retail; plus $55 allowance 20% off retail price	Not covered
Frames – 1x/12 mos	You receive up to $130 allowance, then 20% off balance	Up to $65
Contacts – 1x/12 mos ***Elective or necessary, in lieu of glasses. Covers materials only.*** *Conventional* *Disposable* *Medically Necessary*	You receive up to $120 allowance, then 15% off balance $120 allowance Paid in Full	$96 $96 $200
Diabetic Benefits – ***Up to 2 services every 12 months (based on date of service)*** ***Office Service Visit (medical follow-up exam, retinal imaging, Extended ophthalmoscopy, Gonioscopy and Scanning Laser***	You pay $0	Up to $15-$77 depending on service

Always use an in-network provider to obtain the highest level of benefits.

When accessing care out-of-network, you receive an amount that the provider will pay up to. You are then responsible for the difference.

Note: This is a voluntary plan, participation is optional. You may waive this coverage if you don't need eyeglasses or contacts.

ADDITIONAL DISCOUNTS

20% discount on items covered by the Plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to Contracted Provider's professional services, or contact lenses.

40% discount on complete eyeglass purchases and a 15% discount on conventional contact lenses once the funded benefit has been used.

15% of retail price of 5% of promotional price for Laser Vision Correction (Lasik or Photorefractive Keratectomy (PRK).

SUMMARY OF BENEFITS COVERAGE

Refer to your vision handbook for a more detailed explanation about your vision plan benefits.

QUESTIONS?

Call customer service at **844-848-7090** or visit **www.eyemedvisioncare.com**

VOLUNTARY VISION BENEFITS PREMIUMS

This is a voluntary plan, meaning you pay 100% of the premiums. Premiums effective January 1, 2020:

All Benefit Eligible

	Family	Single
	1st Payroll of the Month	1st Payroll of the Month
Full-time or Part-time	$21.04	$8.45

You can find additional information on the shared drive under
S:\SheboyganCounty\Human Resources\Benefits\Vision Insurance

FLEXIBLE SPENDING ACCOUNTS/SECTION 125 PLANS

We sponsor flexible spending accounts to help you pay for everyday expenses on a pre-tax basis. The FSA year is January 1 – December 31. The FSA benefit helps you pay for everyday medical expenses on a pre-tax basis by:

- **Premiums:** Pre-tax contributions for medical, dental and vision premiums.
- **Medical care:** You can set aside pre-tax contributions for medical, dental and vision expenses not paid by your (or your spouse's) insurance plans up to **$2,750** depending on your election. As a reminder, you need to obtain a prescription for over-the-counter (OTC) medications in order to use your FSA dollars for reimbursement (one prescription per OTC med, per year needed).
- At the end of the plan year, $500 may be carried over in the Medical Care account. If you have any amount over $500, it will be forfeited at the end of the plan year (i.e., "use it or lose it").
- **Dependent care:** You can set aside pre-tax contributions for dependent care expenses, maximum of $5,000 per calendar year. No dollars may be carried over into the next plan year.

You may enroll in the FSA upon eligibility and then you **must re-enroll annually** thereafter.

Each component of the FSA requires a separate election. Funds cannot be moved from one component to another. Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event.

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\Benefits\Flexible Spending Accounts

Employee Benefits Corporation

We offer our Flexible Spending Plan through EBC.

To file a claim, you can use the EBC Mobile App, go online to **www.ebcflex.com** or submit your claim form directly to EBC. Instructions for submitting claims directly are outlined on the EBC claim form.

QUESTIONS?

Call customer service at **800-346-2126** or visit **www.ebcflex.com**

WISCONSIN RETIREMENT SYSTEM (WRS)

The retirement program through the Wisconsin Retirement Fund is provided for all county employees (not to include the County Board of Supervisors, with the exception of the present and prior County Board Chairs). The cost of this benefit, currently 13.50% of each general employee's wages; 6.75% is paid by Sheboygan County with the remaining 6.75% paid by the employee. The cost of this benefit for WPPA is currently 18.49%; 11.65% is paid by Sheboygan County with the remaining 6.75% paid by the WPPA employee.

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\Benefits\Retirement Savings

LIFE INSURANCE

Term Life insurance of up to five times the employee's annual earnings is available through the Wisconsin Retirement Fund on a voluntary basis. The premiums are paid by the employee through payroll deduction, and are calculated based on employee's age and each $1,000 of earnings (example: age 55, annual salary of $50,000/1000 *.39 = $19.50 per month). Life insurance is available to the employees spouse and dependents for the cost of $1.75/month (provides $10,000 coverage for the spouse and $5,000 coverage for each dependent) or $3.50/month (provides $20,000 coverage for spouse and $10,000 coverage for each dependent).

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\Benefits\Life Insurance

WISCONSIN DEPARTMENT OF EMPLOYEE TRUST FUNDS

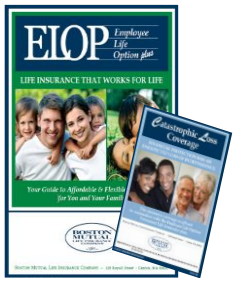
WISCONSIN RETIRMENT SYSTEM

For enrollment or changes in the Wisconsin Retirement System (WRS) and/or Life Insurance by calling **877-533-5020** or visit **http://etf.wi.gov**.

SUMMARY OF BENEFITS COVERAGE

Refer to your Employee Trust Fund (ETF) benefit handbook and the Wisconsin Public Employers Group Life Insurance for a more detailed explanation about your retirement and life insurance benefits.

VOLUNTARY WHOLE LIFE INSURANCE BOSTON MUTUAL



GUARANTEED POLICY— No medical questions

Guaranteed Portable— Great retiree benefit!

Cover Family Members*

Catastrophic Loss Rider—Monthly benefit for 1, 2, or 3 years.

Premiums are paid through the convenience of payroll deduction.

You own the policies even after you retire or leave employment, NO increase in premiums and NO decrease in benefits.

**Children through age 25, grandchildren through age 15. Employee need NOT participate to cover family members. Spouse subject to a qualifying medical question.*

You can find additional information on the share drive under S:\SheboyganCounty\Human Resources\Benefits\Life Insurance\Boston Mutual

DEFERRED COMPENSATION

Employees are eligible to participate in the deferred compensation programs. This allows employees to defer a portion of their income to the plans before taxes.

Deferred Compensation is a voluntary retirement program as outlined in Section 457(b) of the Internal Revenue Code.

Deferred Compensation programs allow employees to save and invest before-tax and after-tax (Roth) dollars, through voluntary payroll deductions.

You may consider both Wisconsin Deferred Compensation and Northshore Bank programs as a supplement to your Wisconsin Retirement System benefits.

There is a $10.00 per pay period minimum contribution requirement.

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\Benefits\Deferred Compensation

BOSTON MUTUAL

For questions, contact Gregory & Appel Insurance by calling **317-352-3363** or the Call Center at **800-968-7491 x365**.

DEFFERED COMPENSATION

For enrollment or changes in the Deferred Compensation program contact:

Wisconsin Deferred Compensation (WDC) by calling **877-457-9327** or visit **www.wdc457.org**.

OR

Northshore Bank by calling **800-236-4672** or visit **www.northshorebank.com**.

VOLUNTARY SHORT-TERM DISABILITY PROGRAM

Short-term disability insurance is designed to provide income replacement in situations where you are disabled from a health condition or off-the-job injury and are not able to work for a short period of time.

- Benefits begin on the 1st day for disabilities caused by accident. 8th day for disabilities caused by illness and my last for up to 9 weeks.
- The benefit amount is 60% of weekly earnings

This is a voluntary plan, meaning you pay 100% of the premiums. The cost of coverage is based on your age and weekly benefit.

Age	Monthly Rate per $10 of Weekly Benefit	Age	Monthly Rate per $10 of Weekly Benefit
Under 25	$0.448	50-54	$0.618
25-29	$0.464	55-59	$0.754
30-34	$0.472	60-64	$0.890
35-39	$0.450	65-69	$0.998
40-44	$0.479	70-74	$1.298
45-49	$0.526	74+	$1.686

How to Calculate Your Premium:

	Example	You:
Enter your annual earnings	$25,000	
Divide by 52 for weekly earnings.	$480.76	0.00
Multiply your weekly earnings in line 2 by: 60% This amount can be no more than benefit max of: $1,000	$288.46	0.00
Round the amount in line 3 to the next $10. This is your weekly VSTD benefit amount.	$290	0.00
Divide weekly benefi in line 4 by 10	29	0
Find your age and the corresponding rate on the table to the right	$0.472	
Multiply the number in line 5 by the rate in line 6 This is your **monthly** premium:	$13.69	**$0.000**

It's simple…if you can't work, you don't get paid. Taking steps to prevent a disability is a smart investment. You can put a little in and get a lot out. And you can lower your risks of disability and losing your income.

Think about the risk:

- 30% of people working will have a disability of some kind before they retire

Invest in healthy habits. Do it not just for yourself, but for the people who depend on you, too. To keep your paychecks healthy, create a financial plan. Check out **disabilitycanhappen.org** and **lifehappens.org**. You can raise your chances of staying healthy, remaining at work and protecting your savings to use the way you want to. You can't control all the things around you that could possibly go wrong, but you can control how well prepared you are to handle them.

QUESTIONS?

Call customer service at **866-287-9566** or visit **www.anthem.com**.

VOLUNTARY LONG-TERM DISABILITY PROGRAM

Long-term disability insurance is designed to provide income replacement in situations where you are disabled from a health condition or off-the-job injury and are not able to work for an extended period.

- Benefits may begin after 60 days or after the conclusion of medical leave benefits and pay 66.67% of your earnings up to a maximum monthly benefit of $7,000 in the event of a qualifying disability claim.
- Benefits offset with SSDI, WRS and Sick Leave.
- Benefits are payable until you no longer meet the criteria for disability coverage or terms of the policy or until Social Security Normal Retirement age.

This is a voluntary plan, meaning you pay 100% of the premiums. The cost of coverage is $0.37 per $100 of coverage.

How to Calculate Your Premium:

Monthly Rate per $100 of Coverage: $.37 (A)

_____ your annual salary/12 X $.37 (A)/100= _____ (B) **Monthly Premium**

VALUE – ADDED SERVICES THROUGH ANTHEM:

Saving money is good. Saving money on things that are good for you- That's even better. When you elect the long-term disability coverage through Anthem, you can get discounts on products and services that promote better health and well-being. Log into **www.anthem.com** and select Discounts.

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\Benefits\Anthem Disability Insurance

EMPLOYEE ASSISTANCE PROGRAM

Aurora EAP is a free, confidential resource designed to help all employees and anyone living with you to find useful information and assistance to address any issue that would prevent you from living your best life.

Caring professional staff can help with a wide variety of concerns such as stress management, relationship conflicts, parenting challenges, grief and loss, depression and anxiety, personal crisis, coping with change, substance use, etc.

Three (3) free in-person or phone consultation per concern.

If assistance is needed beyond the scope of the EAP, you will be referred to appropriate resources. Your privacy is protected in accordance with both federal and state laws regarding mental health and medical treatment records.

You can find additional information on the shared drive under S:\SheboyganCounty\Human Resources\Benefits\Employee Assistance Program

Aurora Health Care

QUESTIONS?

Call EAP at **800-236-3231** or visit the EAP website **www.Aurora.org/eap**. (Username is **shebcounty**)

NEXT STEPS - OPEN ENROLLMENT

- Health, Dental and Vision Enrollment Forms are required ONLY if you are requesting changes.
- To participate in the Flexible Spending Account, BestFlex Enrollment forms ARE REQUIRED ANNUALLY.
- Fitness Reimbursement Form for new and current enrollees.
- Enroll in Voluntary Whole Life Insurance Boston Mutual
- Return enrollment forms either directly to Human Resources or electronically to hr.help@sheboygancounty.com

Watch for Open Enrollment communication from Human Resources.

NEXT STEPS – NEW EMPLOYEES

HEALTH, DENTAL AND VISION BENEFITS

If you would like to enroll, complete the Health, Dental & Vision plan enrollment form and return to Human Resources. Your form must be received by the following Friday for payroll purposes. This is the one time during the year you can enroll in the benefits without a qualifying event until during the next open enrollment.

FLEXIBLE SPENDING ACCOUNT BENEFITS

To participate in the flexible spending account, a BestFlex enrollment form must be filled out and returned to Human Resources.

WISCONSIN RETIREMENT SYSTEM, DEFERRED COMPENSATION and LIFE INSURANCE

Employees working 1200 hours within the calendar year are automatically enrolled. Employees can enroll in Deferred Compensation at any time. Employees under the Wisconsin Retirement System may enroll in the group life insurance program.

CARRIER QUICK LINKS

Health Plan

UMR 800-826-9781
www.umr.com

Prescriptions

CVS/Caremark 866-818-6911
www.caremark.com

Mail Service 866-239-4543

Specialty/Caremark 800-237-2767

Employee Health Clinic

InHealth Clinic 920-547-4210
www.interrahealth.com

Telemedicine

HealthiestYou 866-703-1259
Member.healthiestyou.com

Dental Plan

Delta Dental 800-236-3712
www.deltadentalwi.com

Vision Plan

Delta Vision/EyeMed 844-848-7090
www.eyemedvisioncare.com

Flexible Spending Account/Section 125

EBC 800- 346-2126
www.ebcflex.com

SHORT-TERM DISABILITY BENEFITS

Enrollment form must be completed and submitted to HR if you are electing coverage. Please note: Plan requires any Sheboygan County sick bank accumulations to be used prior to benefits being payable.

LONG-TERM DISABILITY BENEFITS

All benefit-eligible employees are enrolled in this plan. If you choose not to participate, see Human Resources for a waiver form.

QUESTIONS?

Contact Human Resources at **920-459-3105**.

IMPORTANT!

If you experience a qualified life event and need to make changes to your benefit elections, those changes are required to be made within 60 days of the event. No exceptions can be made.

HELPFUL HINTS

- Get Connected directly with your benefits by using the tools offered by vendors (websites, mobile apps, etc.)
- A tool box of forms and information is located on the Sheboygan County Share Drive at:
  S://Sheboygan County/Human Resources/Benefits
- Focus on preventative and wellness approaches
- Make changes within 60 days of a qualified life event
- Pay attention to home mailings
- Watch work emails and postings for information on such things as Fitness Program, Health Assessments (HA), Biometric Screenings and Open Enrollment.

CARRIER QUICK LINKS

WRS Retirement

Wisconsin Deferred Compensation
877-457-9327
www.wdc457.org

Northshore Bank **800-236-4672**
www.northshorebank.com

Life Insurance

Employee Trust Fund **877-533-5020**
http://etf.wi.gov

Short and Long-Term Disability

Anthem **866-287-9566**
www.anthem.com

Employee Assistance Program

Aurora EAP **800-236-3231**
www.Aurora.org/eap

PLAN NOTICES

WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

Following this page are several notices that the federal government requires us to give individuals at the time of enrollment in the Sheboygan County Health Plan. The purpose of these notices is to inform you of certain rights you and your family may have under federal law. In addition to rights under federal law, you may have rights under state law.

You may find it helpful to review this information as you make your benefit enrollment decisions. Please keep this information with your other written plan materials.

1. HIPAA Special Enrollment Notice
2. Initial COBRA Notice
3. Notice of Exchange
4. HIPAA Notice of Privacy Practices

This document provides information about some of the key employee benefit notice requirements. This document should not be construed as providing legal advice, and does not replace the need to discuss benefit notices and other matters with their benefit and compliance specialists.

HIPAA SPECIAL ENROLLMENT NOTICE

Our records show that you are eligible to participate in the company's Group Health Plan (to actually participate, you must complete an enrollment form and pay your share of the premium). A federal law called HIPAA requires that we notify you about some important provisions in the plan.

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 **60 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **60 days** after the marriage, birth, adoption, or placement for adoption.

If you are declining enrollment because you and/or your dependents are covered under a Medicaid plan or state Child Health Plan (CHIP) and that coverage is terminated due to a loss of eligibility, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within **60 days** after the date that termination of such coverage occurred and meet certain other important conditions described in the Summary Plan Description.

If you and/or your dependents are determined to be eligible under a state's Medicaid plan or state Child Health Plan (CHIP) for premium subsidy assistance, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days of the determination of eligibility for premium subsidy assistance for you or your dependents and meet certain other important conditions as described in the respective Summary Plan Description.

To request special enrollment or obtain more information, contact the Human Resource Department at **920-459-3105** or **hr.help@sheboygancounty.com**.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;

- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: the Human Resource Department at **920-459-3105** or **hr.help@sheboygancounty.com**.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. In order to receive this extension, you must provide the plan administrator with a copy of the determination by the Social Security Administration within 60 days of the date of the determination by the Social Security Administration, the date of the qualifying event, or the date that coverage would otherwise be lost under the Plan as a result of the qualifying event, whichever is later, but in no event later than the end of the original 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

PLAN NOTICES

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa** (addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website). For more information about the Marketplace, visit **www.HealthCare.gov.**

Keep your plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Human Resource Department at **920-459-3105** or **hr.help@sheboygancounty.com**.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A: General information

Since 2014, individuals can purchase health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

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

Can I save money on my health insurance premiums in the Marketplace?

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

Does employer health coverage affect eligibility for premium savings through the Marketplace?

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

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

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at (920) 459-3105 or hr.help@sheboygancounty.com.

[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.

PLAN NOTICES

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

Part B: Information about health coverage offered by your employer

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

3. Employer name: Sheboygan County
4. Employer Identification Number (EIN): 39-6005744
5. Employer address: 508 New York Avenue
6. Employer phone number: (920) 459-3105
7. City: Sheboygan
8. State: WI
9. ZIP code: 53081
10. Who can we contact about employee health coverage at this job? Human Resource Department
11. Phone number (if different from above):
12. Email address: **hr.help@sheboygancounty.com**

Here is some basic information about health coverage offered by this employer
As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees: Eligible employees are: Employed by Sheboygan County who are benefit eligible full-time and part-time employees. (See Summary Plan Description).

With respect to dependents:

☒ We do offer coverage. Eligible dependents are: Employee's lawful spouse. Married or unmarried; natural born, blood related child; step-child, legally adopted child; child placed in employee's legal guardianship by court order; or employee has legal obligation to provide full or partial support; and whose age is not beyond 26. (See Summary Plan Description)

☐ We do not offer coverage.

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

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

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

HIPAA NOTICE OF PRIVACY PRACTICES

Your information. Your rights. Our responsibilities.

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.

Your rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our uses and disclosures

We may use and share information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **877-696-6775** or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.

Example: a doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: we use health information about you to develop better services for you.

Pay for your health services
We can use and disclose your health information as we pay for your health services.

Example: we share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.

Example: your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the department of health and human services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

OTHER INSTRUCTIONS FOR THIS NOTICE

- 1/1/2020
- Human Resources, **hr.help@sheboygancounty.com**, **920-459-3105**

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This Focus on Benefits provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.

Sheboygan County reserves the right to change, amend, suspend, or terminate any or all of the plans described in the guide at any time and for any reason. This Focus on Benefits is not a contract, and participation in any of the plans does not guarantee employment.

Information provided by Associated Benefits and Risk Consulting. Associated Benefits and Risk Consulting is a marketing name used by Associated Financial Group, LLC (d/b/a ABRC Insurance Solutions in California).