Jefferson County

Benefits and Enrollment Guide

2024 Plan Year






Click the icon below for a video overview of your benefits!

Benefit Summary Guide Overview

We offer eligible employees a variety of benefits to provide you and your family with health care, accident coverage, financial protection and more.

A strong benefits program is an important part of your overall compensation, and we are regularly assessing the quality and cost of the benefits to ensure we offer the most competitive package possible. Changes and relevant information are addressed on the following pages; you are encouraged to review this guide in its entirety.

Annual Enrollment Information

Enrollment for coverage is only available during Open Enrollment. This is the only opportunity, except for specific Qualifying Events, that you will have during the year to make changes to your benefit elections.

Customer Service

In order to help you with your benefit questions, claim issues, and general inquiries, you and your covered dependents may contact the insurance carriers directly (see last page of this booklet).

Administration Contacts

For questions about enrolling or making changes to the benefits provided by Jefferson County, please contact:

Jessica Tucker, Benefits Administrator
920-674-8634
jessicat@jeffersoncountywi.gov

Terri Palm-Kostroski, Human Resources Director
920-674-7103
terrip@jeffersoncountywi.gov

Contents

Employee Contributions

Employees are required to share the cost of some elected insurance benefits. Your contribution amounts are outlined in the enrollment form provided with these materials.

Your Available Benefits:

- Medical: Wisconsin Public Employers Plan (ETF)
- Dental & Vision: Delta Dental
- Long Term Disability: National Insurance Services (NIS)
- Flexible Spending, HRA & HSA: Employee Benefit Corporation
- Life: Term insurance through EFT with additional voluntary life available through Transamerica
- Employee Assistance Program: LifeMatters
- Deferred Compensation: OneAmerica
- Retirement: Wisconsin Retirement System

Eligibility

Jefferson County is pleased to offer our employees an excellent benefit program. These health and welfare benefits are designed to protect you and your family while you are an active employee.

Employee Eligibility: To be eligible for health insurance, an employee must be eligible for Wisconsin Retirement System. The County pays the majority of premiums for employees scheduled 1200 hours or more per year.

Dependent Eligibility: If you wish, dependents may be covered under some benefit plans. Eligible dependents include:

- Legal spouse, as defined by Federal Law; and
- Children under age 26

New Hire Coverage

As a new hire, your plan eligibility date is the 1st of the month following 30 days of employment. Once the necessary enrollment form has been completed, benefits are effective on your plan eligibility date. Information on each plan's required service period appears on the following pages.

New hires have up to 30 days from their eligibility date to enroll. If you do not enroll by that deadline, you may not be eligible again for coverage until the next annual enrollment period.

Qualifying Events

It is important that you make your benefit selections carefully, since changes to those elections can generally only be made during the annual enrollment period. Exceptions will be made for changes in family status, allowing you to make a mid-year benefit change. A family status change can include:

- Marriage/ Divorce
- Birth or adoption
- Death of a dependent
- Change in your spouse's employment
- Loss of coverage by a spouse

If you have a family status change, you must change your benefit election within 30 days of the qualifying event, or else wait until the next annual enrollment period.

COBRA/ Continuation Coverage

When you or your dependents no longer meet the eligibility requirements for health and welfare plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) and/or State Continuation law.

Section 125 Information

The Section 125 - Cafeteria Plan allows you to contribute "before-tax" dollars to pay for your coverage under a portion of the Company's Benefit Plans (e.g. medical, dental and vision coverage). By paying your premiums with "before-tax" dollars, you generally may reduce the amount of income and social security taxes that you otherwise would be required to pay.

The elections you make during the Cafeteria Plan enrollment period are effective for the entire 12-month Plan Year. You generally cannot change your elections during the year unless you experience a qualifying change in status event. The circumstances that permit a change of election vary from one benefit to another. If you believe you have experienced a change in status event and you wish to change your elections, notify HR within 30 days of the change.

Medical

Medical coverage is provided through the Wisconsin Public Employers Group Health Insurance Plan and includes coverage for services like preventive care, office visits, surgery, and prescription drugs. Our plan complies with federal and state mandates, including the Affordable Care Act's requirements for coverage of 'Essential Benefits'.

To view information regarding the medical benefits offered for 2024, click here: Health Benefits

Benefits Overview

Please review the following page for coverage information.

Note that the medical plan summary information in this booklet is intended as a high-level overview, and is **not a guarantee of coverage**.

Coverage and benefits availability should always be confirmed directly with the insurance carrier prior to receiving medical or prescription services.

Employee Contributions for those working 20+ hours (Payroll Deductions)

Carrier	Employee	Family
Dean Health Plan	$112.39	$278.75
GHC - SCW Neighbors	$73.65	$181.90
MercyCare Health Plans	$53.13	$130.60
Quartz Central	$238.56	$594.17
Access Plan - Dean	$211.80	$527.28

Costs illustrated above are based on 24 pay periods per year.

For those employees on WRS but working less than 20 hours per week, the County will pay 25% of the premium and the employee pays 75% of whatever plan they choose.

When do Medical Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (9/25 - 10/20), effective as of 01/01/24. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Important Medicare Information for Our Medical Plan Participants

You or your spouse may be eligible for Medicare if you are age 65 or older. Medicare-eligible individuals may remain covered under the Jefferson County medical plan, but need to understand some Medicare basics:

● Once you become Medicare-eligible, you can continue to be enrolled in our group medical plan. You also have the option to stop participation in our medical plan altogether, enrolling instead under the various parts of Medicare. You are encouraged to speak with a licensed insurance advisor to determine which option is best for you.

● Individuals are typically enrolled in Medicare Part A automatically when they reach age 65. Part A generally does **not** have a premium cost, and covers inpatient hospital care, skilled nursing facilities, and hospice care.

● You *may* be able to initially delay Part B enrollment without penalties-- and other adverse effects-- while remaining covered under an employer-sponsored medical plan. However, in specific situations, Medicare-eligible individuals should enroll in Part B even if they are keeping their employer coverage. Generally, a person needs to enroll under Part B if they are:
1) Age 65+ while covered under a group medical plan sponsored by an employer with fewer than 20 employees; or
2) Under age 65 and Medicare-eligible due to disability while covered under a group medical plan sponsored by an employer with fewer than 100 employees.

● Once an individual is enrolled under ***any*** part of Medicare (including Part A), they are no longer able to make any new contributions to their Health Savings Accounts (HSA).* Medicare-enrolled individuals can, however, spend down *existing* money in their HSA for eligible expenses.

● When an individual becomes Medicare-eligible, they should carefully examine their options for Medicare Part D (prescription drug plan coverage). If your medical plan coverage is not considered "creditable", and you fail to enroll in a Part D plan when first eligible, you may be subject to future enrollment penalties at a time when you do decide to enroll under a Part D plan.

Notification of plan creditable/ non-creditable status is provided annually to our medical plan participants. Please see HR with any questions about the current plan's creditable/non-creditable status.

** When an individual qualifies for premium-free Medicare Part A, that coverage will go back (retroactively) up to 6 months from when they sign up, but no more than their original Medicare eligible date. To avoid tax penalties, Medicare eligible individuals should stop contributing to their Health Savings Account (HSA) 6 months before enrolling in Medicare Part A and Part B or if they plan on collecting their Social Security benefits.*

Preventive Care Benefits Under our Medical Plan

The Affordable Care Act requires medical plans to cover certain routine and preventive services at no cost to covered members. The specific types of free services available ***vary based on a member's age, gender and other risk factors*** , but can include:

- Routine vaccinations
- Routine annual physicals
- Cancer screening tests
- Regular well-baby and well-child office visits

To find out which specific services are eligible for you to receive at no cost, visit:
www.healthcare.gov/coverage/preventive-care-benefits/

Preventive care services must be submitted by your doctor's office with appropriate preventive billing codes in order to be covered at 100%. When claims are submitted to the insurance company with diagnostic billing codes, or for other services not specifically recommended by the U.S. Preventive Services Task Force (USPSTF), you may be subject to additional member cost-sharing. You are encouraged to speak candidly with your doctor during a routine visit to confirm that services performed, and any labwork ordered, is an eligible service to be covered at 100% under the Preventive Care benefit.

Eligible preventive care services are covered at 100% only when received from an in-network doctor/ provider.

Medical Plan Benefits Summary

Click here for Schedule of Benefits

Carrier	**Wisconsin Public Employers Health Plan**	
Plan Type	**HDHP**	
Coverage Level	**In Network**	**Out of Network ***
Deductible (Single/ Family)	$1,600 / $3,200	No coverage
Coinsurance	90%	No coverage
Out of Pocket (OoP) Max (Single/ Family)	$2,500 / $5,000	No coverage
Family Ded & OoP Max Accumulation	Aggregate - Families must meet full family deductible	No coverage
Office Visits		
Primary Care Physician	$15 copay after deductible	No coverage
Specialist	$25 copay after deductible	No coverage
Preventive Care	100%	No coverage
Hospital, Surgical, and Maternity Services *(Require Pre-authorization)*		
Inpatient/ Outpatient Hospital	90% after deductible	No coverage
Surgical/ Maternity/ Delivery	90% after deductible	No coverage
Urgent Care & Emergency Room Visits		
Urgent Care Visit	$25 copay after deductible	Same as in-network
Emergency Room	$75 copay after deductible	Same as in-network
Imaging and Labwork		
X-Ray, Imaging, & Labwork	90% after deductible	No coverage
Prescription Drugs (Retail Pharmacy)		
Benefits Apply After:	*After medical deductible is met*	
Tier 1 Prescriptions	$5 or less copay	
Tier 2 Prescriptions	20% to a maximum of $50	
Tier 3 Prescriptions	40% to a maximum of $150	
Tier 4 Prescriptions	$50 copay	

**** Access Plan provides out-of-network coverage - see eft.wi.gov for details***

This Benefit Summary is for illustration purposes only. Refer to the insurance carrier's Certificate of Coverage for a full description of plan coverage and exclusions.

Health Savings Account (HSA)

If you are enrolled in an HSA-qualified health plan sponsored by Jefferson County and administered by Employee Benefits Corporation (EBC), you may be eligible to contribute tax-free dollars into a savings account and spend those funds on eligible medical, dental and vision expenses.

Learn more about EBC's product here: EBC SimplyHSA

Why Consider Opening Up an HSA?

- HSA deposits made through employer deductions into an EBC account are exempt from payroll and income taxes
- Unused funds roll over from year to year (no "use-it-or-lose it" rule!)
- You own your HSA -- Jefferson County does not control your deposited money or manage your account.

Click below to watch a video about HSAs:

Save money with HSA deposits run through payroll deductions:

Tax	Potential Tax Savings On HSA Deposits *
Typical Federal Income Tax	21.0%
Typical State Income Tax (WI)	6.3%
Payroll Taxes	7.7%
Typical Tax Savings	**35.0%**

** Illustrative example only; consult a tax advisor to determine applicability for your specific tax bracket.*

In this example, a deposit of **$500.00** into your HSA would save you **$174.50** (35%) in taxes!

How HSAs Work

A Health Savings Account has two parts, an **insurance** piece and a **financial** piece:

Insurance	Financial
High Deductible Health Plan	Savings Account
Meets specific IRS guidelines	Tax-free deposits
Provides catastrophic coverage from large medical bills	Tax-free reimbursements for eligible medical, dental and vision expenses

What are HSA-Eligible Expenses?

Eligible expenses are established by IRS Section 213. Examples include out-of-pocket costs like medical plan deductibles, copays, coinsurance, eyeglasses and dental work.

See IRS Publication 502 (www.irs.gov/pub/irs-pdf/p502.pdf) for additional information.

Remember that you can only use your HSA to reimburse eligible expenses. **HSA funds that are used for non-eligible expenses (for example, a new television) are included in your gross income and an additional 20% excise tax (and a possible state excise tax).** Be sure to keep all receipts for any expenses reimbursed from your Health Savings Account. You will need this documentation to validate your HSA expenses in the event of an IRS audit!

Annual HSA Contribution Maximums

Maximum annual HSA deposit amounts are indexed annually by the Internal Revenue Service (IRS). Your medical plan coverage level and age affect the maximum amount you can deposit:

Health Savings Account (HSA) Maximum Contribution Levels

Medical Plan Coverage Level	2023	2024
Single Coverage	$3,850	$4,150
Family Coverage	$7,750	$8,300
"Catch-Up" Contribution (Age 55+ only)	Additional $1,000	Additional $1,000

When Are You Eligible for an HSA?

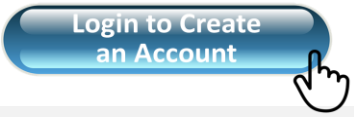
To establish an HSA or deposit money into an HSA, you:

1) Must be enrolled in an HSA qualified High Deductible Health Plan
2) Must not be enrolled in a non-HSA qualified HDHP* such as:
   - Spouse's non-HSA qualifying health plan
   - Any part of Medicare, inlcuding Part A, or Medicaid
   - General-purpose Medical Flexible Spending Account
   - Tricare Insurance
3) Can not be claimed as a dependent on someone else's Federal Income Tax Return

**This is not an all inclusive list of non-HSA qualifyed HDHPs.*

New to HSAs? Most banks and credit unions now offer these special tax-favored accounts to customers. Fees and features will vary based on your financial institution. Once you open an HSA with the bank or credit union of your choice, you may receive a checkbook or debit card with which you will access HSA funds. ***Please note that only contributions to an HSA account with EBC will have pre-tax payroll deducted contributions made on your behalf and deposited into your EBC account.***

Click here to register for an account with Employee Benefits Corporation:



Please keep in mind that it is ultimately an employee's responsibility to establish and manage their own Health Savings Account. Jefferson County does not have control or oversight of employees' Health Savings Accounts except to facilitate payroll deductions deposits into those accounts upon request.

Health Reimbursement

Jefferson County provides its medical plan participants with a reimbursement program, administered by Employee Benefit Corporation. The plan is designed to insulate our employees and their covered family members from specific out-of-pocket expenses not otherwise paid for the medical plan.

Eligible Expenses

Which types of medical expenses can be reimbursed?

Copays and coinsurance after deductible is met

Reimbursement Description

Medical Coverage Tier	Employee Responsibility	Your Eligible Reimbursement
Employee-Only Coverage	$1,600	Next $900 after deductible
Family Coverage	$3,200	Next $1,800 after deductible

How Does the Plan Work?

The reimbursement program is funded directly with Jefferson County money. Click here for additional information on how the Health Reimbursement Arrangement is administered, including how to file claims and receive your repayments for eligible expenses.

How to Submit a Claim

Submitting claims online with EBC will provide faster reimbursement.

When do Health Reimbursement Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (9/25 - 10/20), effective as of 01/01/24. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Dental

Dental coverage is provided through Delta Dental, and includes coverage for exams, cleanings, and restorative services. For a list of participating providers, visit Delta Dental's website by clicking here: DELTA DENTAL®

Benefits Overview

Service Category	Category Includes	In-Network Coverage (What the Carrier Pays)
Preventive Services	Cleanings, Fluoride Treatments, Sealants, Space Maintainers *	100%
Basic Services	Restorations, Simple Extractions, Oral Surgery, Periodontics, Endodontics	80%
Major Services	Inlays, Onlays, Crowns, Bridges, Dentures	50%
Orthodontia	Corrections & alignments	50%

**Fluoride treatments, Sealants and Space Maintainers are available benefits for children only.*

Calendar Year Deductible	$25
Maximum Annual Benefit	$1,000
Orthodontia Lifetime Max.	$1,000

Click here for Delta's Dental Enrollment Guide: Delta Dental Employee Packet

Employee Contributions (Payroll Deductions)

	Employee	Family
Dental		
Delta Dental	This benefit is paid by the employer	

When do Dental Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (9/25 - 10/20), effective as of 01/01/24. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Additional Resources from Delta Dental

If you participate in our group dental plan through Delta Dental, you'll have access to some great tools and resources:

Delta Dental's Provider Networks

A Dental Plan with <u>Two</u> Networks-- What's the Deal?

Watch the Video

Delta PPO Network	Delta Premier Network
Fewer dentists	More dentists
Higher discounts on services	Lower discounts on services

Delta Dental PPO dentists agree to the deepest discounts for patients. Premier dentists agree to a maximum fee ceiling-- but not the additional discounts available from PPO dentists.

A Smarter Dental Plan

A Healthy Body Begins with a Healthy Mouth

Watch the Video

- Preventive cleanings and other services covered at 100%
- Additional cleanings for pregnant women
- Additional cleanings for specific diseases including periodontal disease, cancer, and diabetes

Vision

Vision coverage is provided through Delta Vision. Their Insight Network consists of private practicing optometrists, ophthalmologists, opticians and optical retailers.

You have the option of visiting any provider, however, by choosing a network provider you'll receive the highest level of benefit and save on out-of-pocket costs. To see a list of Delta Vision's participating providers go to **https://www.deltadentalwi.com/s/find-a-deltavision-provider-near-you.**

Benefits Overview

Delta Vision		
Service Category	**Frequency Maximum**	**In-Network Coverage (What the Carrier Pays)**
Routine Exam	12 months	100% after $10 copay
Eyeglass Lenses	12 months	100% after $10 copay for standard plastic lenses
Eyeglass Frames	12 months	$150 allowance
Contact Lenses (Elective)	12 months	$150 allowance (in lieu of glasses)
Contact Lenses (Medically Necessary)	12 months	100%

Click here for Delta Vision's Employee Guide: **Delta Vision Benefits**

Employee Monthly Contributions

	Employee	Family
Vision		
Delta Vision	$6.97	$17.36

Costs listed above are monthly contributions.

When do Vision Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (9/25 - 10/20), effective as of 01/01/24. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Additional Family Protection

Life Insurance

You have the option to purchase Life insurance for yourself as well as coverage for your dependents through the State of Wisconsin Life Insurance Program. Employees must be an active participant in the Wisconsin Retirement System to be eligible to purchase this coverage. You also have additional voluntary permanent coverage available for purchase underwritten by Transamerica Assurance Company and offered by The Benefit Companies. For more information please contact Human Resources.

Long Term Disability

Jefferson County offers voluntary Long Term Disability coverage that helps provide you with monthly income if you become disabled and unable to work. The monthly premium is calculated at $.50 of your gross annual earnings divided by 12. After you have been disabled for sickness or injury for 90 consecutive days, this benefit will provide you with up to 60% of your monthly earnings to a maximum benefit of $6,500 per month or up to 70% with all combined income. If you are permanently disabled, you will receive this benefit up to your Social Security Normal Retirement Age, or if age 62 or older, the specified length of time shown in the Plan Summary Document.

Retirement Savings

Employees that are expected to work at least 2/3 of full time (1200 hours) for at least one year from the date of hire will automatically be enrolled in the Wisconsin Retirement System. This is mandatory through the Department of Employee Trust Fund and employees are not allowed to opt-out. These are the percentages the employee and County will contribute for 2024:

General / Elected employees:

- Employee required: 6.9%
- County required: 6.9%

Protected with Social Security:

- Employee required: 6.9%
- Employer required: 14.3%
- Duty Disability (paid by the County): 0.04%

In addition, Jefferson County offers employees a 457(b) deferred compensation program to help you save even more for retirement. OneAmerica allows contributions either on a pre-tax or post-tax basis.

Flexible Spending Accounts

Flexible Spending Account benefits are administered by Employee Benefit Corporation and offer reimbursement of specific expense types from money deductible from your earnings on a pre-tax basis. An annual election is required to participate in this program.

Click here to visit ebcflex.com for EBC's online tools and resources:

Benefits Overview

Account Type	Description	Maximum Annual Election
Health (only available for those NOT on the County State Health Plan, or do not qualify for an HSA)	Reimbursement for out-of-pocket expenses incurred from health, dental or vision care, as described by IRS Code Section 213 (summarized annually in IRS Publication 502).	$3,200 *
Limited Purpse FSA (for employees on the County State Health plan , or who qualify for an HSA	Reimbursement for out-of-pocket expenses incurred from dental or vision care, as described by IRS Code Section 213 (summarized annually in IRS Publication 502).	$3,200 *
Dependent Care	Reimbursement for expenses related to daycare for eligible dependents as described by IRS Code Section 129 (summarized annually in IRS Publication 503).	$5,000

** Current rollover of unused 2023 HCFSA/LPFSA funds into 2024 is $610. This is increasing to $640 for unused 2024 HCFSA/LPFSA funds rolling into 2025.*

Employee Contributions (Payroll Deductions)

Flexible Spending Accounts

Employee Plan Cost *Varies based on your election amount*

When do Flexible Spending Accounts Benefits Begin?

For New Hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (9/25 - 10/20), effective as of 01/01/24. You may also be eligible to enroll or change elections mid-year based on specific Qualifying Event as determined by the Internal Revenue Service. See HR for additional information.

Employee Assistance Program

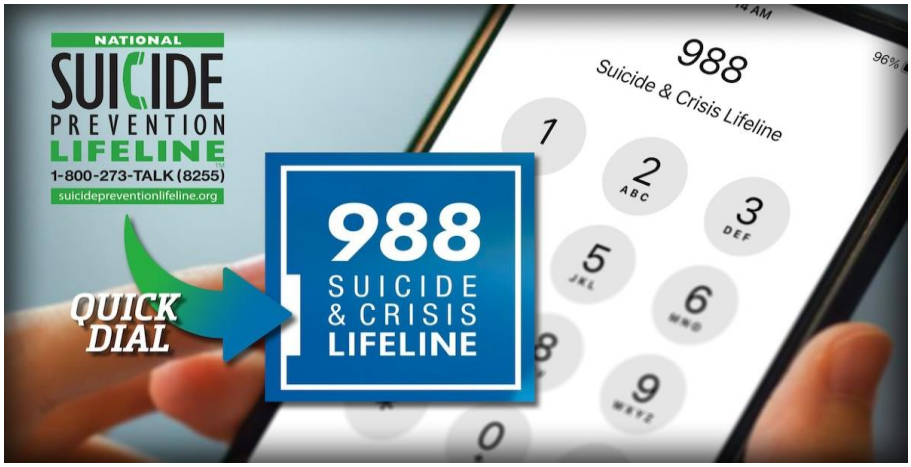
Jefferson County offers employees Employee Assistance Program coverage through LifeMatters.
An Employee Assistance Program (EAP) offers confidential support to you and your family members when you need help with life's challenges.

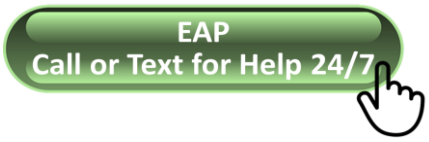
Where to Call for Help

	-
Phone Number	800-634-6433
Website	https://members2.mylifematters.com
Password	JFC01

What Kind of Questions Can - Help With?

- Financial & legal counseling
- Caring for an elderly parent
- Mental health & stress management
- Substance abuse
- Family & marital problems





When do Employee Assistance Program Benefits Begin?

For New Hires and Current Employees:	Coverage begins immediately upon employment

Women's Health and Cancer Rights Act Annual Disclosure Notice

The Women's Health and Cancer Rights Act states that group health plans, and its insurance companies or HMOs, that offer coverage for a mastectomy [±] must also provide coverage for breast cancer patients who elect breast reconstruction in connection with a mastectomy. Our group health insurance plan offers coverage for a mastectomy, and therefore will cover breast reconstruction in connection with a mastectomy, as described in this notice.

In the case of a participant or covered dependent who is receiving benefits under the plan in connection with a mastectomy and who elects breast reconstruction, the coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

The Women's Health and Cancer Rights Act specifically states that group health plans may impose deductible or coinsurance requirements for the reconstructive surgery such that they are consistent with those established for other benefits under the plan. Please consult your member handbook for more specific information.

[±] A mastectomy is a surgical procedure whereby the breast is amputated so as to effectively treat breast cancer.

Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or new newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 24 hours (or 96 hours).

Special Enrollment Notice

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

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

To request special enrollment or obtain more information, contact Jessica Tucker in Human Resources.

Important Notice From About Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with 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. Jefferson County has determined that the prescription drug coverage offered by the insurance carrier is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays.

Therefore, your coverage is 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 15th to December 7th.

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

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

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may 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 and don't 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 October to join.

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get this notice prior to the next period you can join a Medicare drug plan, and if this coverage through should change. You also may request a copy of this notice at any time.

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 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-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Medical Plan Contact Information:

Notice Date:	1/1/2024
Name of Entity/Sender:	Jefferson County
Contact, Position:	Jessica Tucker, Benefits Administrator
Phone Number:	920-674-8634

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	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: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – 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 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – 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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

Contact Information

Insurance Carriers & Administrators

Coverage	Carrier Name	Member Services Phone #
Medical	Wisconsin Public Employers Plan (Employee Trust Funds)	877-533-5020
Dental	Delta Dental	800-236-3712
Vision	Delta Vision	844-848-7090
Life	Wisconsin Public Employers Plan (Employee Trust Funds)	877-533-5020
Voluntary Universal Life	Transamerica (The Benefits Company)	800-236-7633
Disability	National Insurance Services (NIS)	800-627-3660
FSA, HRA, HSA	Employee Benefit Corporation	800-346-2126
Employee Assistance Program	LifeMatters	800-634-6433

About This Guide

This Benefits & Enrollment Guide was prepared by R&R Insurance Services, Inc. specifically for Jefferson County.

This document cannot, and should not, be construed as being exhaustive or as being applicable to any other group health plan or employer. This document is not intended to be, and should not be construed as legal advice, nor should any discussion with, or opinions expressed by R&R Insurance Services, Inc. or its authorized representatives be construed as legal advice. Readers should contact legal counsel for legal advice.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits & Enrollment Guide and the actual plan documents the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefits & Enrollment Guide, or any materials contained therein, contact Human Resources.