

# Menominee County



## Benefits and Enrollment Guide

2024 Plan Year



the knowledge brokers™

## About This Guide

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

# 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) or our broker, R&R Insurance Services, at (800) 566-7007.

## Contents

Eligibility  
Section 125 Information  
Benefit Descriptions  
Employee Contributions  
Contact Information

## Administration Contact

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

*Lona Tourtillott, Administrative Assistant*  
715-799-3024  
[lonat@co.menominee.wi.us](mailto:lonat@co.menominee.wi.us)

## 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: UMR
- Dental: Delta Dental
- Vision: Delta Vision
- Disability: The Hartford
- Flexible Spending Account: Diversified Benefit Services
- Health Reimbursement Arrangement: Diversified Benefit Services

## Eligibility

Menominee 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:** Health and welfare plans are available to all employees who work 30+ hours per week.

**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 the required service period. 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 any of 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 UMR 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'.

For a list of participating medical providers in our network, visit [www.umar.com](http://www.umar.com)

## 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.



*Click on the picture to open the GHT Benefit Booklet*

(this is a large document and may take a few minutes to download)

## Employee Contributions (Payroll Deductions)

	Employee	Family
<b>Medical</b>		
Plan Cost	\$94.91	\$240.54

*Costs illustrated above are based on 24 pay periods per year (Semi-Monthly Pay Periods).*

## When do Medical Benefits Begin?

<b>For New Hires:</b>	Coverage begins 1st of the month following 60 days of employment
<b>For Current Employees:</b>	Coverage can be elected each year during our next Open Enrollment period (10/16 - 10/22), effective as of 01/01/2024. 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 Menominee County medical plan, but need to understand some Medicare basics:



[Click to watch a video.](#)

- 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).<sup>\*</sup> 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.

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<sup>\*</sup> When an individual defers Social Security retirement benefits for six or more months past their normal retirement age, they will ultimately receive six months of "back pay" from Social Security when they *do* enroll. When this happens, an individual's Medicare Part A enrollment will also be backdated six months. *To avoid tax penalties, Medicare-eligible individuals should stop contributing to their Health Savings Account six months before applying for Social Security retirement 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/](http://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

	Health Plan Effective 1/1/2024	
Carrier	UMR	
Plan Name	GHT/ WCA Health Plan	
Plan Type	Traditional	
Network	Choice Plus	
Coverage Level	In Network (Single/ Family)	Out of Network (Single/ Family)
UMR Overall Deductible	\$5,100/ \$10,200	\$5,400/ \$10,600
Employer HRA	<i>(-\$4,500/ -\$9,000)</i>	<i>(-\$4,500/ -\$9,000)</i>
Member Deductible	\$600/ \$1,200	\$900/ \$1,600
Coinsurance	80%	60%
UMR Out of Pocket (OoP) Max	\$6,100/ \$12,200	\$7,400/ \$14,800
Employer HRA	<i>(-\$4,500/ -\$9,000)</i>	<i>(-\$4,500/ -\$9,000)</i>
Member Out of Pocket (OoP) Max	\$1,600/ \$3,200	\$2,900/ \$5,800
Family Ded & OoP Max Accumulation	<i>Embedded<sup>1</sup></i>	<i>Embedded<sup>1</sup></i>
<b>Office Visits</b>		
Primary Care Physician	Deductible/ Coinsurance	Deductible/ Coinsurance
Specialist	Deductible/ Coinsurance	Deductible/ Coinsurance
Convenience Care Retail Clinic	Deductible/ Coinsurance	Deductible/ Coinsurance
Preventive Care	100%, deductible waived	Deductible/ Coinsurance
<b>Hospital, Surgical, and Maternity Services (Require Pre-authorization)</b>		
Inpatient/ Outpatient Hospital	Deductible/ Coinsurance	Deductible/ Coinsurance
Surgical/ Maternity/ Delivery	Deductible/ Coinsurance	Deductible/ Coinsurance
<b>Urgent Care &amp; Emergency Room Visits</b>		
Urgent Care Visit	Deductible/ Coinsurance	Deductible/ Coinsurance
Emergency Room	\$300 Copay/ Deductible/ 100% Coinsurance	\$300 Copay/ PPO Deductible/ 100% Coinsurance
<b>Imaging and Labwork</b>		
X-Ray, Imaging, & Labwork	Deductible/ Coinsurance	Deductible/ Coinsurance
<b>Prescription Drugs (Retail Pharmacy)</b>		
Tier 1 Prescriptions	\$0	
Tier 2 Prescriptions	\$15	
Tier 3 Prescriptions	\$30	
Maximum Out of Pocket (Pharmacy Only)	\$3,000/ \$6,000	

<sup>1</sup> Embedded: If you have family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

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.



# Flexible Spending Accounts

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

Visit [www.dbsbenefits.com](http://www.dbsbenefits.com) for online tools and resources.

## Benefits Overview

Account Type	Description	Maximum Annual Election
General Purpose FSA	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).	\$2,750 per calendar year.
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 annual contribution per household.
Reimbursement Deadline	90 days after the end of the plan year. (3/31 for prior plan year)	

## Employee Contributions (Payroll Deductions)

[Click on picture -](#)

[FSA/Dep Care Letter](#) ➔



	Employee
<b>Flexible Spending Accounts</b>	
Plan Cost	<i>Varies based on your election amount</i>

*Costs illustrated above are based on 26 pay periods per year (Bi-weekly).*

## When do Flexible Spending Accounts Benefits Begin?

<b>For New Hires:</b>	Coverage begins 1st of the month following 0 days of employment
<b>For Current Employees:</b>	Coverage can be elected each year during our next Open Enrollment period (10/16 - 10/22), effective as of 01/01/2024. 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.

# Dental

Dental coverage is provided through Delta Dental and includes coverage for exams, cleanings, and restorative services. For a list of participating providers, visit [www.deltadentalwi.com](http://www.deltadentalwi.com)

## Benefits Overview



Service Category	Category Includes	Delta Dental PPO Provider Coverage (What the Carrier)	Delta Dental Premier or any other dentist Coverage
Preventive Services	Exams, Cleanings, X-rays, Fluoride Treatments*, Space Maintainers*, Sealants*	100%, deductible waived	100%, deductible waived
Basic Services	Fillings, Simple Extractions	80% after deductible	80% after deductible
Major Services	Surgical Extractions and Oral Surgery, Endodontics, Periodontics, Inlays, Onlays, Crowns, Bridges, Dentures, Implants	50% after deductible	50% after deductible
Orthodontia <i>Dependents to age 19 only</i>	Corrections & alignments	50% after deductible	50% after deductible

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

Calendar Year Deductible	\$50 Single / \$150	\$50 Single / \$150
Maximum Annual Benefit	\$2,000 per person	
Maximum Lifetime Orthodontia Benefit	\$2,000 Per Dependent to age 19	

## Employee Contributions (Payroll Deductions)

	Employee	Employee + Spouse	Employee + Child(ren)	Family
<b>Dental</b>				
Plan Cost	\$25.21	\$50.40	\$55.21	\$89.95

*Costs illustrated above are based on 24 pay periods per year (Semi-Monthly Pay Periods).*

## When do Dental Benefits Begin?

<b>For New Hires:</b>	Coverage begins 1st of the month following 0 days of employment
<b>For Current Employees:</b>	Coverage can be elected each year during our next Open Enrollment period (10/16 - 10/22), effective as of 01/01/2024. 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

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

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## Delta Dental's Provider Networks

### *A Dental Plan with Two Networks-- What's the Deal?*

[Watch the Video](#)

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

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## A Smarter Dental Plan

### *A Healthy Body Begins with a Healthy Mouth*

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

[Watch the Video](#)



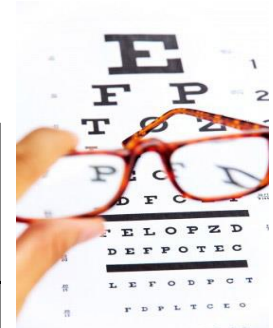
# Vision

Vision coverage is provided through Delta Vision. The vision care 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 participating providers go to [www.deltadentalwi.com](http://www.deltadentalwi.com)

## Benefits Overview

Service Category	Frequency Maximum	In-Network Coverage (What the Carrier)	Out-of-Network Reimbursement (What the Carrier)
<b>Routine Exam</b>	12 months	100%	Up to \$35
<b>Eyeglass Lenses</b>	12 months		
Single Vision		100%	Up to \$25
Bifocal		100%	Up to \$40
Trifocal		100%	Up to \$45
Lenticular		100%	Up to \$80
<b>Frames</b>	24 months	\$150 retail allowance	Up to \$75
<b>Contact Lenses in lieu of</b>	12 months		
Medically Necessary Contacts		100%	Up to \$150
Elective		\$175 retail allowance	Up to \$150
<b>Laser Vision Correction</b>		\$200 allowance	N/A



## Employee Contributions (Payroll Deductions)

	Employee	Employee + Spouse	Employee + Child(ren)	Family
<b>Vision</b>				
Plan Cost	\$2.95	\$5.89	\$6.01	\$8.96

Costs illustrated above are based on 24 pay periods per year (Semi-Monthly Pay Periods).

## When do Vision Benefits Begin?

<b>For New Hires:</b>	Coverage begins 1st of the month following 0 days of employment
<b>For Current Employees:</b>	Coverage can be elected each year during our next Open Enrollment period (10/16 - 10/22), effective as of 01/01/2024. 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.

# Disability

Disability Protection is provided through The Hartford. This type of insurance provides income protection in the event you become disabled and are unable to work for an extended period of time.

## Employer Paid Short Term Disability (STD) Benefits Overview

Coverage Name	Coverage Benefit
Benefit Amount	\$200 per week
Benefit Maximum	\$200 per week
Benefit Duration	Up to 26 weeks
Elimination Period	0 days injury / 7 days sickness
Pre-Existing Condition Limitation	None



## Voluntary Buy-up Short Term Disability (STD) Benefits Overview

Coverage Name	Coverage Benefit
Benefit Amount	60% of weekly earnings
Benefit Maximum	\$1000 per week
Benefit Duration	Up to 26 weeks
Elimination Period	0 days injury / 7 days sickness
Pre-Existing Condition Limitation	None



## Voluntary Long Term Disability (LTD) Benefits Overview

Coverage Name	Coverage Benefit
Benefit Amount	60% of monthly earnings
Benefit Maximum	\$5,000 of monthly earnings
Benefit Duration	5 Years Graded
Elimination Period	180 days
Pre-Existing Condition Limitation	12 months for conditions treated within the 3 months prior to effective date of the coverage



*In the event you become disabled and receive disability benefit payments, those payments may be considered taxable income. If applicable, you will receive a W-2 reflecting any additional tax liability for your disability benefits.*

## When do Disability Benefits Begin?

<b>For New Hires:</b>	Coverage begins 1st of the month following your date of hire.
<b>For Current Employees:</b>	Base STD: As a 100% company-paid benefit, you are enrolled when first eligible as a new-hire. No Open Enrollment opportunity exists.
	Voluntary Buy-up STD and Voluntary LTD: If you waive initial enrollment, any request to enroll or increase in coverage is subject to evidence of insurability and underwriting approval. No Open Enrollment opportunity exists.

## Contact Information

### Insurance Carriers & Administrators

Coverage	Carrier Name	Website	Member Services Phone #	Group Policy #
Medical	UMR	<a href="http://www.umar.com">www.umar.com</a>	1-800-826-9781	76-440040
Dental	Delta Dental	<a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>	1-800-236-3712	23808-01310
Vision	Delta Vision	<a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>	1-800-236-3712	43418
Disability	The Hartford	<a href="http://www.thehartford.com">www.thehartford.com</a>	1-800-523-2233	889475
Flexible Spending Accounts	Diversified Benefit Services	<a href="http://www.dbsbenefits.com">www.dbsbenefits.com</a>	1-262-367-5938	Menominee County
Health Reimbursement	Diversified Benefit Services	<a href="http://www.dbsbenefits.com">www.dbsbenefits.com</a>	1-262-367-5938	Menominee County

### Benefits Consultant/ Broker

R&R Insurance Services, Inc.  
[www.myknowledgebroker.com](http://www.myknowledgebroker.com)



Contact Name	Role	Phone #	Email
Michelle Froehlke	Broker Consultant	920-931-3262	<a href="mailto:Michelle.froehlke@rrins.com">Michelle.froehlke@rrins.com</a>
Jen Dash	Sr. Client Services Manager	920-931-3266	<a href="mailto:jen.dash@rrins.com">jen.dash@rrins.com</a>

*If you have questions or concerns about your benefits please feel free to contact a team member listed above. The office hours for R&R Insurance are 8:00 to 4:30 PM, Monday through Friday.*