

# 2025 Benefits Guide



# Sauk County

# Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2025 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

## During Enrollment

Enroll in these plans or waive coverage:

- Medical
- Dental
- Vision
- Flexible Spending Account
- Dependent Care Flexible Spending Account
- Critical Illness Plan
- Accident Plan
- Whole Life Plan
- Short Term Disability Plan

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

## Carrier Contacts

<i>Coverage</i>	<i>Carrier</i>	<i>Contact</i>
Medical/Rx Insurance	Dean Health Plan	800.279.1301 <a href="http://www.deancare.com">www.deancare.com</a>
Voluntary Dental Insurance	Delta Dental of WI	800.236.3712 <a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
Voluntary Vision Insurance	Superior Vision	800.507.3800 <a href="http://www.superiorvision.com">www.superiorvision.com</a>
Flexible Spending Account	EBC	800.346.2126 <a href="http://www.ebcflex.com">www.ebcflex.com</a>
Accident, Whole Life, Critical Illness	Manhattan Life – Andrea Hoskinson	713.683.7639 <a href="http://www.manhattanlife.com">www.manhattanlife.com</a>
Employee Assistance Program (EAP)	Empathia	800.634.6433 <a href="http://www.mylifematters.com">www.mylifematters.com</a>
Retirement Savings Plan Short- and Long-Term Disability	Wisconsin Retirement System (WRS)	877.533.5020 <a href="http://etf.wi.gov">etf.wi.gov</a>
457(b) and Roth 457(b)	Mission Square	800.669.7400 <a href="http://www.missionsq.org">www.missionsq.org</a>
	Wisconsin Deferred Comp	877.457.WDCP (9327) <a href="http://www.wdc457.org">www.wdc457.org</a>

For benefit related questions, please contact Mary Jane Camu 608-355-3270 or via email [maryjane.camu@saukcountywi.gov](mailto:maryjane.camu@saukcountywi.gov)

# Medical Plans

## Medical Plans

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Sauk County provides eligible employees the choice of two medical plans administered by Dean Health Plan.

- HMO Option
- POS Option

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Dean network. Find a participating health care provider in your area by going to: <https://www.deancare.com/Find-A-Doctor>

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

## Eligibility

- All full-time employees
- Part-time employees with benefits

## And Your...

- Spouse
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to the end of the month the dependents turn age 26.

## Terms To Know

### Deductible

The amount ***you pay*** out of your pocket each year ***before the plan begins*** sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

### Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but ***not*** toward your deductible.

### Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

### Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

### In-Network Coinsurance

Plan Pays 100%

You Pay 0%

# Medical Plan Highlights

Dean Health Plan Network: Dean HMO	HMO Plan In-Network Coverage Only	
<b>Deductible</b>		
Single	\$500	
Family	\$1,000	
<b>Out-of-Pocket Maximum</b>		
Single	\$1,750	
Family	\$3,500	
<b>Coinsurance</b>	100%	
<b>Physician Services</b>	Preferred Provider	Network Provider
Routine / Preventive Care	<b>Select Services Are FREE</b>	
*Primary Care Physician	\$0 copay	\$20 Copay
Specialist	\$0 copay	\$40 Copay
<b>Hospital Services</b>	Deductible Applies	
<b>Urgent Care   ER</b>		
Urgent Care	\$50 Copay	\$100 Copay
Emergency Care	\$200 Copay	\$200 Copay
<b>Prescription Drugs</b>	<b>Retail – 34 Day Supply</b>	<b>Mail Order – 90 Day Supply</b>
Generic	\$10 Copay	2 Copays (\$20)
Brand	\$25 Copay	2 Copays (\$50)
Non-Preferred	\$50 Copay	3 Copays (\$150)

**\*Please Note:** upon enrollment, members are required to elect a **Primary Care Physician (PCP)**. Otherwise, a randomized provider will be assigned by Dean Health Plan. Each member within a household may have a different PCP. The role of the PCP is to manage and direct your care by referring to other physicians or specialists within the network.

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

Monthly Premiums	Category 1 Employee Cost	Employer Cost
Single	\$98.60	\$723.15
Family	\$254.40	\$1,865.72

Monthly Premiums	Category 2 Employee Cost	Employer Cost
Single	\$267.06	\$554.69
Family	\$689.04	\$1,431.08

**Plan Code:** HMO05947 / PHA04887      **Plan Type:** Value Choice      **Network:** HMO-MultiTier      **Contract:** Contract Year      **Plan 1-0**

**Plan Overview**

**Plan Providers - You Pay**

**Non-Plan Providers - You Pay**

Embedded Deductible*	\$500 single / \$1,000 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	Tier 1: \$0 copay / Tier 2: \$20 copay	Not Covered
Specialist Office Visit Charge	Tier 1: \$0 copay / Tier 2: \$40 copay	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$1,750 single / \$3,500 family	Not Applicable

\*The plan begins making payments as soon as one family member has reached their individual deductible

\*\*Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted

**Prescription Drugs, Insulin & Disposable Diabetic Supplies\***

4 Tier Select

Rx Deductible	\$0 single / \$0 family		Not Applicable	
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max		No Separate Rx Out-of-Pocket Max	
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered			
	<b><u>Tier 1</u></b>	<b><u>Tier 2</u></b>	<b><u>Tier 3</u></b>	<b><u>Tier 4</u></b>
In-Network	\$10 copay	\$25 copay	\$50 copay	30% coinsurance
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

\*Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

\*This new plan includes prescription drug coverage that is creditable

**Diagnostic Services**

**Plan Providers - You Pay**

**Non-Plan Providers - You Pay**

Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered

**Hospital & Surgical Center**

Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered

**Emergency Services**

Urgent Care	Tier 1: \$50 copay / Tier 2: \$50 copay (and/or 0% coinsurance after deductible)	\$100 copay and/or 0% coinsurance after deductible
Emergency Room Services*	Tier 1: \$200 copay / Tier 2: \$200 copay (and/or 0% coinsurance after deductible)	\$200 copay and/or 0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible

\* copay is waived if admitted

**Additional Plan Design Attributes**

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This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.

Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at <https://app.deancare.com/sites/sbc/employergroup>



# Medical Plan Highlights

Dean Health Plan Network: Dean POS	POS Plan	
	In-Network	Out-of-Network
<b>Deductible</b>		
Single	\$500	\$750
Family	\$1,000	\$1500
<b>Out-of-Pocket Maximum</b>		
Single	\$4,600	\$10,000
Family	\$9,200	\$20,000
<b>Coinsurance</b>	100%	20%
<b>Physician Services</b>		
Routine / Preventive Care	\$0 copay	20% coinsurance after deductible
Primary Care Physician	\$15 copay	
Specialist	\$15 copay	20% coinsurance after deductible
<b>Hospital Services</b>	0% Coinsurance after Deductible	20% coinsurance after deductible
<b>Walk-in Clinics   Urgent Care   ER</b>		
Urgent Care	\$30 copay*	\$30 copay*
Emergency Care	\$125 copay*	\$125 copay*
<b>Prescription Drugs</b>		
Tier 1	\$10 copay	50% Coinsurance
Tier 2	\$25 copay	50% Coinsurance
Tier 3	\$50 copay	Not covered
Tier 4	30% Coinsurance	50% Coinsurance

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.

\*You may be responsible for other charges in addition to the visit

Monthly Premiums	Category 1 Employee Cost	Employer Cost
Single	\$215.38	\$723.15
Family	\$555.68	\$1,865.72

Monthly Premiums	Category 2 Employee Cost	Employer Cost
Single	\$383.84	\$554.69
Family	\$990.33	\$1,431.08

Plan Code: POS04621 / PHA05075

Plan Type: Copay

Network: POS

Contract: Contract Year Plan 2-0

**Plan Overview**

**Plan Providers - You Pay**

**Non-Plan Providers - You Pay**

Embedded Deductible*	\$500 single / \$1,000 family	\$750 single / \$1,500 family
Coinsurance	0% coinsurance after deductible	20% coinsurance after deductible
Primary Office Visit Charge	\$15 copay	20% coinsurance after deductible
Specialist Office Visit Charge	\$15 copay	20% coinsurance after deductible
Preventive Services	\$0 copay	20% coinsurance after deductible
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$4,600 single / \$9,200 family	\$10,000 single / \$20,000 family

\*The plan begins making payments as soon as one family member has reached their individual deductible

\*\*Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted

**Prescription Drugs, Insulin & Disposable Diabetic Supplies\***

4 Tier Select

Rx Deductible	\$0 single / \$0 family		\$0 single / \$0 family	
Rx Maximum Out-of-Pocket	\$2,000 single / \$4,000 family		\$2,000 single / \$4,000 family	
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered			
	<b><u>Tier 1</u></b>	<b><u>Tier 2</u></b>	<b><u>Tier 3</u></b>	<b><u>Tier 4</u></b>
In-Network	\$10 copay	\$25 copay	\$50 copay	30% coinsurance
Out-of-Network	50% coinsurance	50% coinsurance	Not Covered	50% coinsurance

\*Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

\*This new plan includes prescription drug coverage that is creditable

**Diagnostic Services**

**Plan Providers - You Pay**

**Non-Plan Providers - You Pay**

Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	20% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	20% coinsurance after deductible

**Hospital & Surgical Center**

Inpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible

**Emergency Services**

Urgent Care	\$30 copay and/or 0% coinsurance after deductible	\$30 copay and/or 0% coinsurance after in-network deductible
Emergency Room Services*	\$125 copay and/or 0% coinsurance after deductible	\$125 copay and/or 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible

\* copay is waived if admitted

**Additional Plan Design Attributes**

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This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.

Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at <https://app.deancare.com/sites/sbc/employergroup>



CARE ACROSS A SPECTRUM

# Know the Right Care For Your Needs



Knowing your care options before you need them saves you time and money.

## SSM Health Express Virtual Care

SSM Health Express Virtual Care offers two convenient and affordable options for patients to access non-emergency care via smart phone or computer without scheduling an appointment. These services are available to everyone, whether or not they are an established SSM Health patient. **Visit [DeanCare.com/VirtualCare](https://deancare.com/virtualcare) for more information.**



E-VISIT



VIDEO VISIT



PRIMARY CARE



URGENT CARE



EMERGENCY CARE



**Too sick to drive to the doctor?**

Fill out an online questionnaire, receive a written diagnosis, treatment, and a prescription.

**Cold/flu, allergies, lice, etc.**



**Prefer a face-to-face conversation?**

Start a video visit and quickly connect with a SSM Health provider. No appointment necessary.

**Abnormal headaches, earaches, chronic conditions, etc.**



**Wish to see your doctor for care?**

Schedule an appointment at your primary care clinic. Same-day appointments are usually available.

**In-person treatments and annual checkups.**



**Primary care clinic full or closed?**

Visit your nearest Urgent Care facility.

**When your normal clinic is full or closed.**



**Life-threatening illness or injury?**

Go to the nearest emergency room or call 911.

**Heart attack, stroke, head injury, severe pain.**

*All care subject to copay and deductible if filed with insurance.*



**We are here to help**

Visit [DeanCare.com/RightCare](https://deancare.com/rightcare) or scan this QR code to start your visit



**Unsure of the type of care you need?**

Call the Nurse Advice Line at **1 (800) 576-8773 (TTY: 711).**

# Discover what a healthier you can do



We partner with WebMD to offer a variety of programs focused on the whole person across eight dimensions of wellness, making healthy living achievable and fun.

## Wellness programs and features

- **Health Assessment**  
Based on your individual questionnaire results, WebMD provides recommendations for each lifestyle category and a variety of interactive self-management tools are customized to your needs
- **Case Management**  
Provides support through complex health situations
- **Wellness Care Package**  
A monthly brochure highlighting programs, education, and health observances
- **Partner Perks**  
Discounts for gyms, spas, golfing, devices, equipment, nutrition, and more
- **Nicotine Cessation**  
Nicotine cessation and vape free programs for families including no-cost medications when appropriate
- **R.E.A.L. Goals (Realistic, Easy, Attainable, Life Goals)**  
Preset goals covering all eight dimensions along with tips and trackers to help you achieve success
- **Preventive Health Toolkits**  
Download our toolkits that include education and awareness for many national observances and seasonally-appropriate topics
- **Events Calendar**
  - Access live, virtual events such as:
  - Move with a Doc
  - Learning Loft
  - Webinars covering the eight dimensions of wellnessLearn more at [DeanCare.com/Events](https://www.deancare.com/events)
- **Nutrition**  
Members can access WebMD resources, challenges, webinars and a monthly Made from Scratch newsletter

### Health Assessment Example

#### YOUR LOWEST RISKS ARE...



Emotional Health



Tobacco



Cervical Cancer Screening

#### YOU SHOULD WORK ON...



Blood Pressure



Stress



Safety

#### OPTIMAL YOU IS 100

You scored a 41 out of 100



Members 18 and older may be eligible to earn gift cards\*

See back for details

**DeanHealthPlan**  
by  Medica.

# Living Healthy

## Your comprehensive wellness program.

### You may be eligible to earn rewards\*

We want to reward you for your healthy lifestyle. It's one of the many reasons Living Healthy has its rewards.



#### Here's how it works:

Choose the healthy activities you want to complete



Each completed activity is worth reward points



Rewards come in the form of gift card(s) of your choice to many national retailers, restaurants and other popular merchants

All rewards **MUST** be redeemed **by the end of the calendar year.**

### Living Healthy Rewards will focus on Preventive Health Services

Prevention or early detection of common diseases is the best way to live your healthiest life. We offer common preventive and screening services that are proven to improve health. Always check with your primary care provider to determine which tests are appropriate for you.



#### Immunizations:

Influenza, Varicella, Tetanus, Meningococcal and Pneumococcal



#### Cancer screenings:

Mammogram, Colon Cancer (FIT testing, Cologuard, Colonoscopy) and PAP smear



#### Other screenings:

Chlamydia, Gonorrhea, HIV, Hepatitis C, Diabetes and Depression

\* Check with your plan administrator for reward offerings specific to your plan. Only Dean Health Plan members, ages 18 and older, are eligible for Living Healthy Rewards. Your employer may be required to report health plan-issued incentives as taxable income. Dean Health Plan may be required to report incentive payment information to your employer. Your health information is protected by federal law and will not be shared with your employer. Adult dependents (ages 18 and older) who are covered under a family member's policy may earn rewards with Dean Health Plan's Living Healthy Rewards program.



### Questions about Living Healthy?

Visit [DeanCare.com/LivingHealthy](https://DeanCare.com/LivingHealthy) to learn how to access your Living Healthy portal.



# Flexible Spending Account (FSA)

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by March 15th or you will lose the balance.

Sauk County offers two types of FSAs administered by EBC – General Purpose and Dependent Care FSA.

## General Purpose FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care, and vision care.

## General Purpose FSA Contribution Limits

Sauk County follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for both the General Purpose FSA and Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$3,300 for 2025. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$3,300 cap.

## Dependent Care FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You cannot contribute more than you or your spouse earned in income for the year. ***If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

# Dental Plan Highlights

Healthy teeth and gums are an important part of maintaining your overall health. That's why Sauk County offers a dental plan administered by Delta Dental.

## Delta Dental Plan of WI

<b>Individual Annual Maximum</b>	\$1,250
<b>Deductible</b> Per Member	\$50
<b>Preventive Care Services</b>	
Exams	100%
Cleanings – twice per calendar year!	100%
Fluoride Treatments	100%
X-Rays (bitewing x-rays once per calendar year, full mouth once every 5 years)	100%
Space Maintainers	100%
Sealants	80%
Emergency Treatment to Relieve Pain <i>(Deductible Applies)</i>	80%
<b>Basic Restorative Services</b>	
Fillings	80%
Endodontics – Surgical / Non-Surgical	50%
Periodontics – Surgical / Non-Surgical	50%
Extractions – Surgical / and other oral surgery (Deductible Applies)	50%
Extractions - Non-Surgical	80%
<b>Major Restorative Services</b>	
Crowns, Inlays, Onlays	50%
Bridges and Dentures	50%
Repairs and Adjustments to Bridges and Dentures	50%
Implants	50%
<b>Orthodontic Services</b>	
Coinsurance	50%
Individual Lifetime Maximum	\$1,000

***All dental members, including spouses and dependents have access to orthodontic services!  
Dependents are eligible up to age 26.***

Monthly Premiums	Employee Cost
Employee	\$40.05
Employee + Spouse	\$91.49
Employee + Child(ren)	\$92.62
Family	\$145.20

# Vision Plan Highlights - Exam and Materials Plan

Your eyes provide doctors with a clear picture of your overall health. Sauk County offers two vision plans to provide you with choice. The first plan includes a comprehensive eye exam. An eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. If you are enrolled in the County's health plan you can also get your annual exam through a participating Dean/SSM optometrist.

<b>Superior Vision</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Frequency</b>		
Vision Exam	Once per Calendar Year	
Frame	Once per Calendar Year	
Lenses	Once per Calendar Year	
Contact Lenses	Once per Calendar Year	
<b>Annual Vision Exam</b>	Covered in Full	Up to \$35
<b>Contact Lens (fit and follow-up)</b>	\$150 Retail Allowance	Up to \$125
<b>Allowance Summary</b>		
Frames	\$125 Retail Allowance	<b>Up To</b> \$70
Medically Necessary Contacts	Covered in Full	\$150
LASIK Vision Correction	\$200 Allowance	\$200 Allowance

<i>Monthly Premiums</i>	<i>Employee Cost</i>
<b>Employee</b>	\$13.29
<b>Employee + Spouse</b>	\$26.58
<b>Family</b>	\$35.19



# Vision Plan Highlights - Materials Only Plan

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That’s why Sauk County provides vision care administered by Superior Vision. If you are enrolled in the County’s health plan you can get your annual exam through a participating Dean/SSM optometrist.

<b>Superior Vision</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Frequency</b>		
Vision Exam		<b>Not Covered</b>
Frame	Once per Calendar Year	
Lenses	Once per Calendar Year	
Contact Lenses	Once per Calendar Year	
<b>Annual Vision Exam</b>		<b>Not Covered</b>
<b>Contact Lens (fit and follow-up)</b>	\$150 Retail Allowance	Up to \$125
<b>Allowance Summary</b>		<b>Up To</b>
Frames	\$125 Retail Allowance	\$70
Medically Necessary Contacts	Covered in Full	\$150
LASIK Vision Correction	\$200 Allowance	\$200 Allowance

<i>Monthly Premiums</i>	<i>Employee Cost</i>
<b>Employee</b>	\$9.33
<b>Employee + Spouse</b>	\$18.65
<b>Family</b>	\$25.76

# Protection Plans

## Short- and Long-Term Disability

### ETF Income Continuation Insurance (ICI) Program

Sauk County’s Short- and Long-Term Disability plan is administered by **ETF**. This benefit pays 75% of your previous calendar year earnings if you become temporarily disabled, meaning that you are not able to work for a short period of time (first 12 months) or for long period of time (beyond 12-month period) due to sickness or injury.

ETF	Benefit Highlights
Premium Benefit	Currently in premium holiday through 2025 (no premium due) The maximum benefit is \$7,500 per month. Earnings up to a maximum of \$120,000 per year are covered.
Sickness Benefit Begins On	30 Day
Accident Benefit Begins On	30 Day

**NOTE:** Disability includes pre-existing condition limitations. Please review the plan summary for more details. Earnings for disability benefits are based on your previous calendar year earnings and do not include other income such as bonuses and commissions.

## Voluntary Whole Life Insurance – Manhattan Life

You have the option to purchase Supplemental Whole Life Insurance coverage for you and your eligible family members. Please see a representative from HR with any questions.

### Plan Highlights

Employee Coverage	\$5,000-\$300,000
Spouse Coverage	\$5,000-\$50,000
Child Coverage	\$5,000-\$25,000

Age	Employee Per \$	Spouse Per \$
00-24	<b>See HR for Age Based Rate Chart</b>	
25-29	\$	\$
30-34	\$	\$
35-39	\$	\$
40-44	\$	\$
45-49	\$	\$
50-54	\$	\$
55-59	\$	\$
60-64	\$	\$
65-69	\$	\$
70-74	\$	\$
75 and over	\$	\$

*For a full listing of weekly premiums, please contact HR.*

# Protection Plans (continued)

## Voluntary Accident Insurance – Manhattan Life

Your medical insurance will cover some of the expenses incurred from an accident, but you'll be left to foot the bills for your copays and deductibles. Those can add up fast, especially if you're unable to work while you recover. That's where Accident insurance comes in. It helps protect your bank account from the out-of-pocket expenses that come with an injury. Whether you're coping with a broken arm or recovering from a serious car accident.

### Plan Highlights

Eligibility	Employees working a minimum of 20 hours per week
Effective Date of Coverage	First of the monthly following 30 days of employment
Premium	Varies by benefit election   Contact a member of HR
Benefit Increments	Lump-sum payment upon injury depends on type of accident

### Covered Injuries

- Broken bones
- Burns
- Cuts
- Torn ligaments
- Eye injuries
- Accidental Death

## Voluntary Critical Illness Insurance – Manhattan Life

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for. Things like copays, deductibles, loss of income, childcare and travel expenses. Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.

### Plan Highlights

Eligibility	Employees working a minimum of 20 hours per week
Effective Date of Coverage	First of the monthly following one month of employment
Premium	Varies by benefit election   Contact a member of HR
Benefit Increments	Lump-sum payment upon diagnosis: \$10,000-\$50,000
Wellness Benefit	Plan includes a \$100 Wellness Screening Benefit per calendar year – Complete the Wellness Benefit Screening for reimbursement

### Covered Conditions

- Heart Attack
- Stroke
- Cancer
- Major organ failure
- End state renal (kidney) failure

**NOTE:** Initial diagnosis and initial recommendation must occur after your coverage for these benefits becomes effective.



# WELLNESS CLAIM FORM

If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our Customer Service Department at 1-800-999-2971  
 8:00 a.m. to 5:00 p.m. CST Monday - Thursday.  
 8:00 a.m. to 2:00 p.m. CST Friday.  
 Claim forms and other valuable information may be found on [www.manhattanlife.com](http://www.manhattanlife.com)

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

## POLICYHOLDER

Insured's Name: \_\_\_\_\_ Patient: \_\_\_\_\_  Male  Female  
 Policy Number(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Insured's Social Security Number: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YR  
 Home Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Filing a claim for your calendar year Wellness Benefit is easy! If you have had one of the listed preventative tests or HPV Vaccination shown below, please check the appropriate boxes and attach any documentation you may have showing the provider, patient's name, the date of the test, and exam performed.

Thank you for selecting ManhattanLife and for having your annual wellness exam!

## WELLNESS SCREENINGS

<input type="checkbox"/> Annual Physical Exam	<input type="checkbox"/> Echocardiogram
<input type="checkbox"/> Biopsy for skin cancer	<input type="checkbox"/> Flexible sigmoidoscopy
<input type="checkbox"/> Blood test for triglycerides	<input type="checkbox"/> Hemocult stool analysis
<input type="checkbox"/> Bone Marrow Testing	<input type="checkbox"/> HPV (Human Papillomavirus) Vaccination
<input type="checkbox"/> CA125 (cancer antigen 125 - blood test for ovarian cancer)	<input type="checkbox"/> Lipid Panel (total cholesterol count)
<input type="checkbox"/> CA15-3 (cancer antigen 15-3 - blood test for breast cancer)	<input type="checkbox"/> Mammography, including Breast Ultrasound
<input type="checkbox"/> CEA (carcinoembryonic antigen – blood test for colon cancer)	<input type="checkbox"/> Pap Smear, including ThinPrep Pap Test
<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> PSA (prostate specific antigen – blood test for prostate cancer)
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Serum Protein Electrophoresis (test for myeloma)
<input type="checkbox"/> Dental Exam	<input type="checkbox"/> Stress test on bike or treadmill
<input type="checkbox"/> Doppler screening for carotids	<input type="checkbox"/> Thermography
<input type="checkbox"/> Doppler screening for peripheral vascular disease	<input type="checkbox"/> Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
<input type="checkbox"/> EKG (Electrocardiogram)	<input type="checkbox"/> Vision Exam

## Important: To avoid delay, please sign authorization below.

I authorize any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has records or knowledge of me or my health to give to ManhattanLife Insurance and Annuity Company (MIAC), its subsidiaries or its reinsurers any information relating to my claim. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom a claim is filed. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying MIAC in writing of my desire to do so. I or my representative may receive a copy of this authorization by supplying policy number(s) and Insured's name in a written request to the company. (In MAINE – I understand that revocation of this authorization may be a basis for denying insurance benefits. Failure to sign an authorization statement may impair the ability of a regulated insurance agency to evaluate claims and may be a basis for denying a claim for benefits.)

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_  Check here if address is new  
Claimant

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

You may **FAX** your claim to:  
 ManhattanLife Insurance and Annuity  
 713-583-0677  
 MAC-WCF 1013

You may **MAIL** your claim to:  
 ManhattanLife Insurance and Annuity  
 10777 Northwest Freeway, Houston, Texas 77092

### Claim Form Addendum: Fraud Warning and State Versions

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony.

**Alabama** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **Alaska** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. **Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Arizona** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **California** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Colorado** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **Delaware** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **District of Columbia** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Idaho** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. **Indiana** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony. **Kentucky** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **Louisiana** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Maine** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Maryland** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Minnesota** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **New Hampshire** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. **New Jersey** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **New Mexico** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **New York** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **Ohio** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Oklahoma** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Pennsylvania** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Puerto Rico** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. **Rhode Island** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Tennessee** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Texas** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Virginia** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Washington** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. **West Virginia** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

# Retirement Savings Plan - WRS

Eligibility	All benefit eligible employees participate. The mandatory employee contribution is determined by ETF on an annual basis depending on employment category. The current employee contribution is 6.95% of WRS earnings.
Contribution Start Date	Immediately
Employer Match	Sauk County contributes 6.95% (14.95% for Protectives with Social Security) of your WRS earnings to your retirement plan, immediately. Annual contributions rates are determined by the ETF.
Vesting	Vesting requirements vary based on your date of hire and/or previous employment with a WRS employer. Only employee contributions are subject to vesting.

Wisconsin Retirement System (WRS), Wisconsin Department of Employee Trust Funds (ETF)  
 For additional information, call 1.877.533.5020 or visit [www.etf.wi.gov](http://www.etf.wi.gov)

Eligibility	All benefit eligible employees are able to participate
	Supplemental Retirement Plan. Roll overs from most plans are accepted. The Plan allows for hardship withdrawals (specific criteria must be met).

# Deferred Compensation Program – 457 Plan

A 457 **deferred compensation** plan allows you to save money directly from your paycheck for retirement and offers tax benefits and different investment options.

For additional information

Mission Square - 800.669.7400 or visit [www.missionsq.org](http://www.missionsq.org)

Wisconsin Deferred Compensation (WDC) – 877.457.9327 or visit [www.wdc457.org](http://www.wdc457.org)



# Holidays

Part-Time and Full-Time employees in paid status are eligible for 11 paid holidays. Our holiday schedule includes the following for 2025:

Holiday	Observance Date
New Year's Day	January 1, 2025
Martin Luther King Jr. Day	January 20, 2025
Good Friday	April 18, 2025
Memorial Day	May 26, 2025
Independence Day	July 4, 2025
Labor Day	September 1, 2025
Thanksgiving	November 27, 2025
Friday After Thanksgiving	November 28, 2025
Christmas Eve	December 24, 2025
Christmas Day	December 25, 2025
New Year's Eve	December 31, 2025

NOTE: In some departments, due to shifts and/or bargaining agreements, there may be differences in the dates observed as holidays.

# Paid Time Off (PTO)

Employees may accrue up to **25 days** of vacation. No additional vacation may be earned until the accrual drops below the **25-day maximum** unless approved by the Finance, Personnel and Insurance Committee.

Length of Service	Employee shall accrue:
1+ month	1 day per month
<b>2+ calendar years</b>	<b>1.25 days per month</b>
5+ calendar years	1.5 days per month
10+ calendar years	1.75 days per month
13+ calendar years	2 days per month
<b>18+ calendar years</b>	<b>2.25 days per month</b>

Note: Items in red are changes effective January 1, 2025.

# REQUIRED FEDERAL NOTICES

## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

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

To request special enrollment or obtain more information, contact Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

## HIPAA NOTICE OF PRIVACY PRACTICES

**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.**

**Effective Date of Notice:** 1/1/2025

### **Who will follow this notice:**

This notice describes the health information practices of Dean Health Plan, Delta Dental, and Superior Vision (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your Medical, Dental and Vision benefits.

### **Our pledge to you:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

### **We are required by law to:**

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

## **HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Sauk County (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

*For example, the Plan may disclose to your provider that you are eligible for benefits.*

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

*For example, the Plan may use medical information about you to project future benefit costs.*

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

### **YOUR RIGHTS**

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.



## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

## HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy- related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator 608-355-3270.

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sauk County 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. Sauk County has determined that the prescription drug coverage offered by the Sauk County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage **and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

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

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### **WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?**

If you decide to join a Medicare drug plan, your current Sauk County coverage will not be affected. Employees can continue their prescription drug coverage under Sauk County and an elected part D coverage will coordinate with the Sauk County coverage.

If you do decide to join a Medicare drug plan and drop your current Sauk County coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

### **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 Sauk County 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 it before the next period you can join a Medicare drug plan, and if this coverage through Sauk County changes. You also may request a copy of this notice at any time.)

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

### **FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://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).

**Date:** 10/9/2024

**Name of Entity/Sender:** Sauk County

**Contact--Position/Office:** Mary Jane Camu, HR Benefits Specialist

**Address:** 505 Broadway Street, Baraboo, WI 53913

**Phone Number:** 608-355-3270

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## MARKETPLACE COVERAGE NOTICE

### **GENERAL INFORMATION**

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

### **WHAT IS THE HEALTH INSURANCE MARKETPLACE?**

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

### **CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?**

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

### **DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?**

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit [healthcare.gov](http://healthcare.gov) for the annual affordability percentage or contact the employer identified on the following page of this notice.

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

### **HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup>

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.

## MARKETPLACE COVERAGE NOTICE (continued)

### INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

Employer Name: Sauk County
Employer Identification Number (EIN): 39-600-5740
Employer Address: 505 Broadway Street, Baraboo, WI 53913
Employer Phone Number: 608-355-3270
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Mary Jane Camu

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.



## 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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

### CALIFORNIA – Medicaid

Website:

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:

<https://health.alaska.gov/dpa/Pages/default.aspx>

### COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

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

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

### FLORIDA – Medicaid

Website:

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

## CHIP (continued)

### GEORGIA – 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

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

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

### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

### KENTUCKY – 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: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

### LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

### MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

### MINNESOTA – 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

### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

### MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

### NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

### NEVADA – Medicaid

Medicaid Website: <http://dhcftp.nv.gov>

Medicaid Phone: 1-800-992-0900

## CHIP (continued)

### MAINE – Medicaid

Enrollment Website:  
[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](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

### NEW JERSEY – Medicaid and CHIP

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

### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

### NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

### NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

### OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

### PENNSYLVANIA – 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 \(CHIP\) \(pa.gov\)](http://www.dhs.pa.gov/ChildrensHealthInsuranceProgram)  
CHIP Phone: 1-800-986-KIDS (5437)

### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or  
401-462-0311 (Direct Rite Share Line)

### NEW HAMPSHIRE – Medicaid

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

### SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

### TEXAS – Medicaid

Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

### UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

### VERMONT– Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://www.vermont.gov/health/insurance/premium-payment-hipp-program)  
Phone: 1-800-250-8427

### VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>  
<https://www.coverva.org/en/hipp>  
Medicaid/CHIP Phone: 1-800-432-5924

### WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

### WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>  
<http://mywvhpp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

### WISCONSIN – Medicaid and CHIP

Website:  
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## CHIP (continued)

### **SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

### **WYOMING – Medicaid**

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 January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

## WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at Mary Jane Camu, HR Benefits Specialist, 608-355-3270 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.