



Focus on Benefits

All Employees (Except WPPA)

2021

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We encourage you to read the entire enrollment guide before you enroll.

This is a summary of your benefits only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your Summary Plan Description or Certificate of Coverage. If information in this summary differs from the Summary Plan Description or Certificate of Coverage, the Summary Plan Description or Certificate of Coverage is the ruling document.

Welcome To Your Benefits

Chippewa County offers excitement and adventure all year round! The County is also home to nationally acclaimed music festivals, Northern Wisconsin State Fair, and other festivals and celebrations throughout the year. There are abundant natural resources in Chippewa County for those who love the outdoors, including bike and ski trails, snowmobile and ATV trails, picturesque parks, acres of pristine forest lands, and fish-laden lakes and streams, camping, golfing and opportunities to view birds and other wildlife.

At Chippewa County, we value our employees and are committed to providing a comprehensive and competitive benefits package. Since the benefits provided to you are an important part of your total compensation as an employee of Chippewa County, you are encouraged to take some time to read this Focus on Benefits and become familiar with its contents. This guide gives you a brief description of the benefits offered and is not intended to be a complete source of information on the plans. For more detailed information on each of the plans, please refer to the certificate of coverage.



2021 BENEFIT OVERVIEW

The chart below provides an overview of the basic benefits and optional coverage offered to you and your eligible dependents (as defined on page 4).

Benefit	Your options	Coverage levels	Cost sharing
Medical	<ol style="list-style-type: none"> Premier Plan: HMO – with HRA Explore Plan: Out of Area Only – with HRA 	Single Family	Chippewa County pays for the full premium of the cost of this benefit on behalf of the employee.
FSA healthcare	Diversified Benefit Services	Employee and eligible dependents	100% Employee Funded
FSA dependent care	Diversified Benefit Services	Employee and eligible dependents	100% Employee Funded
Dental	Delta	Employee only Employee + Spouse Employee + Child(ren) Family	100% Employee Funded
Vision	VSP	Employee only Employee + Spouse Employee + Child(ren) Family	100% Employee Funded
Wisconsin Retirement System	Employee Trust Funds		Employee & Employer Funded
Life	MN Life Insurance Madison National Life	Employee & Spouse/Dependent Options	100% Employee Funded
Accidental	MetLife	Employee only Employee + Spouse Employee + Child(ren) Family	100% Employee Funded
Critical Illness	MetLife	Employee only Employee + Spouse Employee + Child(ren) Family	100% Employee Funded
Disability	National Insurance Services	Short-Term Disability Long-Term Disability	100% Employee Funded 100% Employer Funded

Changing Benefit Elections

MAKING CHANGES TO YOUR COVERAGE DURING THE PLAN YEAR

To protect the tax advantages of your benefits, Chippewa County is required to follow certain IRS rules. These rules effect when you may change your benefits and what changes you may make.

You may change your benefit elections mid-year for the following events:

- Birth or adoption of a child
- Marriage
- Death
- Change in the employment status of your spouse or dependent, including the termination or commencement of employment, loss of work due to a strike or lockout
- Unpaid leave of absence
- Dependent loses or gains benefit eligibility of an employer's benefit plan
- Spouse or dependent's employer's open enrollment
- Divorce, legal separation, annulment



Notification must be made within 30 days of the event.



Eligibility

Full time employees are eligible to sign up for health insurance benefits.

Your eligible dependents can enroll in some benefits as well. Eligible dependents include:

- Your legal spouse.
- Dependent children up to the age of 26.
- Your physically or mentally disabled children beyond age 26 if meeting specific criteria established by insurance company.

Ultimately determination of eligibility is based on the terms, conditions and limitation of the plan document. For more information contact your human resources department.

WHEN COVERAGE BEGINS AND ENDS

New employee benefits become effective first of the month following 30 days.

Remember, due to Internal Revenue Service (IRS) regulations, changes can only be made to your enrollment elections during open enrollment or if you experience a qualifying event that allows you to make a change mid- year (see page 3).



Health Plan Options And Features

Chippewa County is pleased to continue offering the medical plans to choose from:

HEALTH PLAN NETWORK

1. Premier Plan: HMO \$2,000-80% HRA
 - SHP Providers (Marshfield Clinic, Mayo Clinic, Prevea, Oak Leaf Clinics, St. Joseph's and Sacred Heart Hospital)
2. Explore Plan: Out of Area Only \$2,000-80% HRA – Providers outside of SHP's network
 - First Health Network Providers (1 million health care professional service locations in the US)

DEDUCTIBLES

- Premier Plan: The deductible \$2,000 single and \$4,000 family.
- Explore Plan: The deductible \$2,000 single and \$4,000 family.

COINSURANCE

Most services are subject to a coinsurance after you satisfy your deductible. The coinsurance levels vary based on plan and network. See page 8 for specifics.

OUT-OF-POCKET MAXIMUM

If your out-of-pocket medical and prescription expenses reach the annual out-of-pocket maximum, the plan pays 100% of the allowable maximum charges for the rest of the plan year. Your deductible and coinsurance count toward the out-of-pocket maximum.

For those covering family members, all of our plans have a protective feature where individuals in the family have their out-of-pocket maximum capped at the single level. One member of a family is not required to satisfy the entire out-of-pocket maximum.

FULL-TIME EMPLOYEES — PREMIER PLAN HMO RATES

Coverage Level	Total Monthly Premium	Monthly Employer Premium Contribution	Monthly Employee Premium Contribution
Employee	\$884.00	\$884.00	\$0
Family	\$1999.00	\$1999.00	\$0

FULL-TIME EMPLOYEES — PREMIER PLAN OUT-OF-NETWORK RATES

(providers covered outside of SHP's service area)

Coverage Level	Total Monthly Premium	Monthly Employer Premium Contribution	Monthly Employee Premium Contribution
Employee	\$916.00	\$884.21	\$31.79
Family	\$2080.00	\$1999.57	\$80.43

2021 Health Plan Benefit Summary

CHIPPEWA COUNTY EMPLOYEE HEALTHCARE PLANS

In-Network Benefits	Premier	Explore
HRA Funding	County contributes \$600 per person with a maximum of \$2,400 annually	County contributes \$600 per person with a maximum of \$2,400 annually
Service	HMO	Out of Area
Deductible Limit Single Family	\$2,000 \$4,000	\$2,000 \$4,000
Co-insurance After deductible plan pays	80%	80%
Out-of-pocket maximum Single Family	\$5,000 \$10,000	\$5,000 \$10,000
Preventive care	100%, no deductible	100%, no deductible
Office visit Office visit (Including Urgent Care)	\$25.00 copay	\$25.00 copay
Inpatient hospitalization	80% after deductible	80% after deductible
Emergency room	\$100 copay + the balance of charge after copayment applies to ded/coins	\$100 copay + the balance of charge after copayment applies to ded/coins
Prescription drugs Tier 1 Tier 2 Tier 3 Tier 4	\$10.00 \$30.00 \$60.00 25%	\$10.00 \$30.00 \$60.00 25%

Flexible Spending Accounts

Flexible Spending Accounts allow you to set aside money to pay for eligible expenses with tax-free dollars.

The spending accounts offer significant tax advantages because you don't pay Social Security, Federal or State taxes on the portion of your income that you contribute to your spending account.

Because you don't pay taxes on the money you contribute to your account, you gain an easy way to save money while paying for expenses you expect to incur.

YOUR CHOICES

- 1. Healthcare Flexible Spending Account:** Use this account to cover the cost of health, dental, vision and hearing expenses which are not covered under an insurance plan for you and your dependents which are considered an eligible healthcare FSA expenses. You may contribute up to \$2,750 per year.
- 2. Dependent Care Spending Account:** Use this account to cover the cost of dependent care while you work. You may use this for expenses for the care of a child under age 13 or a disabled spouse, child or parent. If you are married, your spouse must be employed or attending classes full time for you to use the Dependent Care Spending Account. You may contribute up to \$5,000 per year per household to this account or \$2,500 per year if you are married and file your taxes separately.

The Flexible Spending Account is administered by Diversified Benefit Services. For more information, visit <https://www.dbsbenefits.com/>

Eligible healthcare FSA expenses include:

- Deductibles, coinsurance, and copays
- Prescription drug copays
- Over-the-counter medicines, if prescribed by a doctor
- Medical care items that are not prescription drugs, such as equipment (crutches), supplies (bandages and contact lens solution), and diagnostic devices (blood sugar testing kits)
- Dental expenses, including orthodontia
- Vision expenses, including eye exams, glasses, and contact lenses
- Hearing expenses, including hearing aids and exams
- Mental health expenses (does not include marriage counseling)
- Orthopedic expenses
- Weight loss programs (if medically necessary)
- Medical expenses for certain procedures not covered by your plan, such as laser vision correction

IRS Publication 502, Medical and Dental Expenses, contains a list of Section 213(d) eligible healthcare FSA expenses. Go to www.irs.gov for a complete copy of the list.

FLEX SPENDING ACCOUNTS COULD HELP YOU SAVE

	FSA healthcare		FSA dependent care	
	With account	Without account	With account	Without account
Annual salary	\$50,000	\$50,000	\$50,000	\$50,000
Pre-tax FSA contribution	-\$2,000	\$0	-\$5,000	\$0
Taxable Income	\$48,000	\$50,000	\$45,000	\$50,000
Estimated taxes (20%)	\$9,600	\$10,000	\$9,000	\$10,000
After-tax expenses	\$0	-\$2,000	\$0	-\$5,000
Net Income	\$38,400	\$38,000	\$36,000	\$35,000

Eligible dependent care FSA expenses include:

- Child or adult care center that complies with State and Local regulations (not including nursing homes)
- Sitter inside or outside the home
- Day care during school vacation, provided it is not primarily for educational purposes
- Nursery school, even if the school provides educational services
- Relative who cares for eligible dependents, as long as that relative is not your dependent and is age 19 or older

IRS Publication 503, Child and Dependent Care Expenses, contains a list of expenses eligible for reimbursement under the FSA — Dependent Care. Go to www.irs.gov for a complete copy of the list.

Dental Plan Benefits And Features



Your Dental Plan	PPO
Your Network is	PPO & Premier
Your Monthly premium	\$26.43
You and spouse	\$53.66
You and child(ren)	\$74.01
You, spouse and child(ren)	\$108.70

		In-Network	Out-of-Network
Deductible per year	Waived for preventative	\$50 Limit: 3 or \$150	\$50 Limit: 3 or \$150
Preventative Services	<ul style="list-style-type: none"> • Cleanings • X-rays • Sealants (per tooth) • Fluoride Treatment (children under 19) 	100%	100%
Basic and Major Services	<ul style="list-style-type: none"> • Fillings • Emergency Treatment to relieve pain 	80%	80%
	<ul style="list-style-type: none"> • Endodontics • Periodontics • Extractions • Crowns, inlays, onlays • Repairs • Implants 	50%	50%
Orthodontia	Children under the age of 19 only	50%	50%
Annual Maximum Benefit		\$1,000	\$1,000
Lifetime Orthodontia Maximum		\$1,000	\$1,000

Refer to Delta Certificate for full details and exclusions

Maximum Benefit Bonus Rollover

SAVE YOUR UNUSED CLAIMS DOLLARS FOR WHEN YOU NEED THEM MOST

Delta will roll over a portion of your unused annual maximum into your personal Maximum Benefit Bonus (MBB) account. If you reach your Plan Annual Maximum in future years, you can use money from your MBB. To qualify for a MBB, you must have a paid claim (even just a cleaning) and must not have exceeded the paid claims threshold during the benefit year. Your MBB account may not exceed the \$1,000 maximum.

You can view your MBB, claims and other dental plan information by creating an online account at www.deltadentalwi.com and clicking "Register" in the upper right hand corner.

MBB Account Maximum*	Threshold	Maximum Benefit Bonus Premier and Non-Network	Maximum Benefit Bonus PPO
\$1000	\$500	\$250	\$350
Maximum claims reimbursement	Claims amount cannot exceed threshold to be eligible for the MBB Rollover	Additional dollars added to Plan Annual Maximum for future years when using a Premier or Non-Network provider	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year

HERE'S HOW THE BENEFITS WORK:

- You are required to have been covered under the plan for at least one full benefit year
- You must have submitted at least one claim (cleaning counts!) during the benefit year that would apply to your annual maximum
- The total cost of the claim(s) applied to your annual maximum must be below the threshold

If those conditions are met, then an allowance will be credited to your MBB account. If all the submitted claims come from using the services of a Delta Dental PPO dentist, the allowance will be even larger!

Then if you exceed your annual plan maximum of \$1,000 in a future year, you can use your MBB. If you stay below your annual maximum, the money in your MBB remains unchanged. If you use part of your MBB in a given benefit year, the unused balance will carry over to the following year.

Each of your insured dependents maintains separate MBB accounts, based on their own claim activity.

Delta Dental is the nation’s largest and oldest dental-benefits specialist built on the guiding principle that dental benefits should be simple and hassle-free. Delta Dental of Wisconsin was founded in 1962 with the same goal. Combined, member companies of the Delta Dental Plans Association serve more than 59 million people in nearly 97,000 groups nationwide.

With some PPO plans, you don’t get much choice of providers. And if you go out of network, your provider may balance-bill you. But your Delta Dental PPO plan is different. The Delta Dental PPO network, with more than 165,000 dentist locations nationwide, is backed by the Delta Dental Premier network, with more than 247,000 dentist locations nationwide – almost 80% of the nation’s dentists. Your lowest out-of-pocket costs come from seeing a Delta Dental PPO dentist, but you’ll also enjoy cost advantages if you see a Delta Dental Premier dentist. That means savings on out-of-pocket costs **and** better choice.

PPO Savings, With A “Safety Net”	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Dentist’s Normal Fee	\$720	\$720	\$720
Allowed Amount	\$590	\$680	\$680
Dentist Fee Adjustment Due to Delta Dental Agreement	\$130	\$40	None
50% Benefit Paid by Plan	\$295	\$340	\$340
Patient Responsibility	\$295	\$340	\$380

Advantages of Delta Dental Network Dentists	Delta Dental Premier Network Dentists		Noncontracted Dentists
	Delta Dental PPO Network Dentists		
Agreed-to fee ceilings (no balance-billing): <i>Dentist agrees to fee ceilings. If his/her normal charge is higher than the fee ceiling, he/she can't pass the balance on to you.</i>	✓	✓	
Additional fee schedule savings: <i>Dentist agrees to a reduced fee schedule. Saves out-of-pocket expenses for you.</i>	✓		
Convenient claims processing: <i>Dentist is required to file claims on your behalf, saving you the hassle of doing so yourself. Claims payments go directly to the dentist.</i>	✓	✓	
Treatment guarantees: <i>Examples -- Repair or replace dental restorations should they fail within 24 months.</i>	✓	✓	

Find a Dentist

<https://www.deltadental.com/us/en/find-a-dentist.html>

Enter the specialty, and the plan (Delta Dental PPO or Delta Dental Premier) and click Find dentists.

What Network is My Dentist in?

<https://www.deltadentalins.com/individuals/guidance/dentist-online-search.html>

Enter information under Find a Dentist on the right hand side of the page including location, selected network (choose All of the Above), and your dentist’s name. If in network they will pop up with what network they are in PPO or Premier.

Evidence-Based Integrated Care Plan

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions, you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits

HOW TO ENROLL:

1. Go to www.deltadentalwi.com.
2. Select the purple "Sign In" button and enter your Username & Password.
3. On your dashboard under "Preventive Care and Plan Features" there will be a section for Additional Benefits. Select "Enroll Now."**
4. In the "Enroll in EBICP" section, select the member and their condition, verify the information, and hit "Select."
5. This member will then be listed under "Your Current EBICP Benefits."

Condition	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	✓	✓
Weakened immune systems	✓	✓
Periodontal (gum) disease*	✓	✓
High-risk cardiac conditions	✓	
Kidney failure or dialysis	✓	
Diabetes	✓	
Pregnancy	✓	

This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Frequency limitations may apply. Refer to your handbook.

**Periodontal cleanings may fall under basic services and may not be covered 100% by the EBICP plan. If you have questions regarding coverage for periodontal cleanings, please contact the Benefit Center at 800-236-3712 before services are performed.*



Your VSP Vision Benefit Summary

CHIPPEWA COUNTY AND VSP PROVIDE YOU WITH AN AFFORDABLE EYE CARE PLAN.

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	\$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Walmart frame allowance	Included in Prescription Glasses	Every 24 months
Lenses	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Enhancements	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	\$130 allowance for contacts; copays does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
Extra Savings	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities		
Your Monthly (12) Contribution	\$5.93 Employee only Employee + family	\$9.49 Employee + 1	\$9.69 Employee + children \$15.62
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.			
Exam _____ up to \$45		Lined Bifocal Lenses _____ up to \$50	
Progressive Lenses _____ up to \$50		Frame _____ up to \$70	
Lined Trifocal Lenses _____ up to \$65		Contacts _____ up to \$105	
Single Vision Lenses _____ up to \$30			



Wisconsin Retirement System

The Wisconsin Retirement System was created to protect public employees and their beneficiaries against the financial hardships of old age and disability.

HOW THE WRS PENSION WORKS

The WRS offers a retirement benefit based on a defined contribution plan or a defined benefit plan.

- A defined contribution plan means there is a set amount of money (that may change each year) paid into a member's retirement account. Half of this amount is deducted from the employee's paycheck and half is paid (matched) by the employer. For 2021 that amount is 13.5%.
- A defined benefit plan means that the amount paid to you in retirement is based on a formula that is fixed, and therefore "defined."

The WRS refers to these plan types as Money Purchase (defined contribution) and Formula (defined benefit). ETF calculates your retirement benefit using both methods and you will automatically be paid the highest amount.

THE RETIREMENT CALCULATIONS

Your money purchase benefit is calculated by multiplying your money purchase account balance by a factor based on your age. This money purchase balance is shown on your annual Statement of Benefits.

Your formula benefit is based on your three highest years of earnings ("final average earnings"), a formula multiplier (based on your employment category), your years of creditable service (including any creditable military service) and an actuarial reduction if you retire before your normal retirement age.

Participating members will receive a Statement of Benefits every year. It shows your account balances, earnings, years of service, and much more. Keep this document with your important papers.

In most cases a retirement benefit is paid as a monthly annuity payable for your lifetime.

VESTING

Vested members are eligible to receive a retirement benefit at age 55 (age 50 for protective category members) once they terminate all WRS employment. Members who are not vested may only receive a separation benefit.

You must have 5 years of WRS creditable service to be vested. 1 year of creditable service is based on the hours you work. To earn 1 year of service, employees need to work 1,904 hours.

Life Insurance

MINNESOTA LIFE INSURANCE

Wisconsin Retirement System employees are also eligible to elect into Minnesota Life Insurance (MNL) beginning the first of the month following 30 days of employment. MNL allows for employees to elect up to five times their annual salary of term life insurance on themselves.

To determine the monthly premium costs for Minnesota Life Insurance complete the following steps:

$$\frac{\text{Hourly Rate}}{\text{Yearly Hours}} \times \text{Annual Salary} = \text{Annual Salary}$$

Yearly Hours

Full-Time: 2088

Part-Time: 1044 or 1500 (*ask HR or supervisor if unsure*)

Age	Monthly Premium Rate
Under 30	\$.05
30-34	\$0.06
35-39	\$0.07
40-44	\$0.08
45-49	\$0.12
50-54	\$0.22
55-59	\$0.39
60-64	\$0.49
65-69	\$.57
70 +	Contact HR

Round salary up to the nearest 1,000 (i.e. if annual salary is 39,456 then round up to 40,000)

Take first two numbers of rounded up salary as the base amount (i.e. 40)

Plug data into formulas below to determine monthly premium cost at each level of coverage

Basic (1x annual salary)	_____ (i.e. 40)	x	_____ (monthly premium rate)	= \$ _____
Supplemental (2x annual salary)	_____ (i.e. 80)	x	_____ (monthly premium rate)	= \$ _____
Additional I (3x annual salary)	_____ (i.e. 120)	x	_____ (monthly premium rate)	= \$ _____
Additional II (4x annual salary)	_____ (i.e. 160)	x	_____ (monthly premium rate)	= \$ _____
Additional III (5x annual salary)	_____ (i.e. 200)	x	_____ (monthly premium rate)	= \$ _____

VOLUNTARY LIFE INSURANCE

Madison National Insurance Services offers additional life insurance on top of the Minnesota Life Insurance in the amount of \$20,000. This is an employee funded benefit and begins the first of the month following 30 days of employment. The employee has the option to elect into the additional life insurance at the premium amount listed below:

Age	Monthly Cost	Age	Monthly Cost
0-24	\$1.60	45-49	\$4.60
25-29	\$1.80	50-54	\$6.60
30-34	\$2.20	55-59	\$10.80
35-39	\$2.40	60-64	\$14.20
40-44	\$3.00	65 +	Please call for rates

Accidental Insurance

With MetLife, you'll have a choice of a comprehensive plan which acts as financial protection that can fill financial gaps caused by out-of-pocket expenses such as deductibles, co-pays, and non-covered medical expenses due to an accident. Benefits are paid regardless of what is covered by health insurance directly to you. Accident insurance is coverage that provides a financial cushion for life's unexpected events!

Benefit Type	MetLife Accidental Insurance Pays YOU
Injuries	
Fractures	\$50 - \$3,000
Dislocations	\$50 - \$3,000
Second and Third Degree Burns	\$50 - \$5,000
Concussions	\$200
Cuts/Lacerations	\$25 - \$200
Eye Injuries	\$200
Medical Services & Treatment	
Ambulance	\$200 - \$750
Emergency Care	\$25 - \$50
Non-Emergency Care	\$25
Physician Follow-Up	\$50
Therapy Services (including physical therapy)	\$15
Medical Appliances	\$50 - \$500
Inpatient Surgery	\$100 - \$1,000
Hospital Coverage (Accident)	
Admission	\$500 (non-ICU) - \$1,000 (ICU) per accident
Confinement	\$100 a day (non-ICU) – up to 31 days \$200 a day (ICU) – up to 31 days
Accidental Death	
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 \$75,000 for common carrier
Dismemberment, Loss & Paralysis	
Dismemberment, Loss & Paralysis	\$250 - \$10,000 per injury
Other Benefits	
Lodging – Pays for lodging for companion up to 30 nights per calendar year	\$100 per night, up to 31 nights
Health Screening Benefit (Wellness) benefit provided if the covered insured takes one of the covered screening/prevention tests	\$50 Payable 1x per calendar year

Benefit Payment Example

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event	Benefit Amount
Ambulance (ground)	\$200
Emergency Care	\$50
Physician Follow-Up (\$50 x 2)	\$100
Medical Testing	\$100
Concussion	\$200
Broken Tooth (repaired by crown)	\$100
Benefits paid by MetLife Group Accident Insurance	\$750

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Rate Class	Monthly	Annual	Wellness	Actual Annual Cost
Employee Only	\$5.94	\$71.28	\$50	\$21.28
Employee + Spouse	\$11.41	\$136.92	\$50/member	\$36.92
Employee + Children	\$12.30	\$147.60	\$50/member	\$0 - \$47.60*
Employee + Spouse/Children	\$15.40	\$184.80	\$50/member	\$0 - \$84.80*

QUESTIONS & ANSWERS

Who is eligible to enroll for this accident coverage?

You are eligible to enroll yourself and your eligible family members!⁹ You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

How do I pay for my accident coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you.¹⁰ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Critical Illness Insurance

Critical Illness insurance is offered through MetLife.

To help cover critical health condition expenses that are not covered by your medical plan regardless of what your health insurance plan pays.

Critical illness insurance works to supplement your medical coverage — and pays in addition to what your medical plan may or may not cover. It's coverage that helps provide financial support when you or a loved one becomes seriously ill. Upon verified diagnosis, it provides you with a lump-sum payment of \$10,000, \$20,000 or \$30,000 in initial benefits. In the event that you or a loved one experience more than one covered condition, the total benefit amount available is 3 times that of the initial benefit amount, which is \$30,000, \$60,000 or \$90,000. The payment you receive is yours to spend however you like.

INSURANCE RATES

Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.57	\$0.90	\$0.85	\$1.19
25 - 29	\$0.65	\$1.03	\$0.94	\$1.31
30 - 34	\$0.81	\$1.26	\$1.09	\$1.54
35 - 39	\$0.99	\$1.53	\$1.28	\$1.82
40 - 44	\$1.34	\$2.06	\$1.63	\$2.34
45 - 49	\$1.83	\$2.79	\$2.11	\$3.07
50 - 54	\$2.61	\$3.98	\$2.90	\$4.26
55 - 59	\$3.59	\$5.46	\$3.88	\$5.75
60 - 64	\$4.96	\$7.54	\$5.24	\$7.82
65 - 69	\$6.91	\$10.49	\$7.19	\$10.78
70 - 74	\$9.31	\$14.12	\$9.60	\$14.41
75+	\$12.87	\$19.45	\$13.15	\$19.74

Eligible Individual	Benefit Amount
Employee	\$10,000, \$20,000, \$30,000
Spouse	50% of the Employee's Initial Benefit
Dependent Child(ren)	50% of the Employee's Initial Benefit

Employees can elect either \$10,000, \$20,000 or \$30,000 of a benefit for a critical illness. The cost of the premium for that benefit is based of your age and coverage level as described in the blue and white box in this slide. So for example, if I elect \$20,000 of coverage, I am 29, and I am electing Employee + Spouse. You will use the age you're going to be on 1/1/2021. In this case I would take 20 x \$1.03 to get a monthly premium of \$20.60.

There is also a Health Screening Benefit just as there is with accident insurance! \$50 per person on your plan.

Eligible to submit Health Screening Benefit under Accident insurance and Critical Illness Plan and get double the benefit!

Critical Illness Condition Examples

Covered Conditions	Initial Benefit	Recurrence Benefit
Benign Brain Tumor	100% of Benefit Amt	100% of Initial Benefit
Invasive Cancer	100% of Benefit Amt	100% of Initial Benefit
Non-Invasive Cancer	100% of Benefit Amt	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amt	100% of Initial Benefit
Skin Cancer	5% of Benefit Amt, but not less than \$250	NONE
Coronary Artery Bypass Graft	50% of Benefit Amt	100% of Initial Benefit
Childhood Disease(s): Cerebral Palsy, Cleft Lip or Palate, Cystic Fibrosis, Type 1 Diabetes, Down Syndrome, Spina Bifida	100% of Benefit Amt	NONE
Coma, Paralysis of 2 or more limb, Heart Attack	100% of Benefit Amt	100% of Initial Amount
COVID-19, Diphtheria, Malaria, Rabies, Tetanus, Tuberculosis	25% of Benefit Amt	NONE
Kidney Failure, Major Organ Transplant, Occupational HIV	100% of Benefit Amt	NONE
ALS, Alzheimer's, Multiple Sclerosis, Muscular Dystrophy, Parkinson's, SLE	100% of Benefit Amt	NONE
Sever Burn	100% of Benefit Amt	100% of Initial Benefit
Stroke	100% of Benefit Amt	100% of Initial Benefit

Disability Insurance

SHORT-TERM DISABILITY

Short-Term Disability is insurance that helps supplement an employee's wages when off of work for a serious health condition such as illness or surgery for themselves. Short-Term Disability supplements 66 2/3% of the employee's weekly income. Short-Term Disability begins the first of the month following 30 days of employment. There is a 30 day waiting period from the date of injury or illness that an employee must take either unpaid or utilize PTO before Short-Term Disability will begin. To calculate the monthly premiums of short-term disability use the calculator below:

Age	Rate per \$10 of Weekly Benefit	Age	Rate per \$10 of Weekly Benefit
0-24	\$0.25	45-49	\$0.28
25-29	\$0.29	50-54	\$0.36
30-34	\$0.34	55-59	\$0.47
35-39	\$0.26	60-64	\$0.58
40-44	\$0.27	65 +	\$0.70

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times .66 = \text{Weekly Benefit} \times \frac{\text{Rate}}{10} = \text{Premium}$$

LONG-TERM DISABILITY

Long-Term Disability is insurance that helps supplement an employee's wages when off of work for a serious health condition such as illness or surgery for themselves. Long-Term Disability supplements 60% of the employee's monthly income. There is a 60 day waiting period from the date of injury or illness before Long-Term Disability will begin. Long-Term Disability begins the first of the month following 30 days of employment. Chippewa County pays for Long-Term Disability!

Short-term disability, if elected, will roll into long-term disability if the carrier approves the long-term disability claim.

Other Benefits

PTO

Chippewa County new hires begin accruing PTO at a rate of 7.09 hours per pay period for full-time employees and 3.55 hours per pay period or based off the number of hours worked for part-time employees. See grid below for increased accruals based on years of continuous service:

Multiplier Level	Years of Continuous Service	Hour for Hour Multiplier Used	Per Pay Period Multiplier (based on 80 hours)	Approximate Annual Accrual
Level 1	Less than 5	.0886	7.09	184
Level 2	5-less than 10	.0983	7.86	204
Level 3	10-less than 15	.1079	8.63	224
Level 4	15-less than 20	.1271	10.17	264
Level 5	20 and greater	.1464	11.71	304

EMPLOYEE ASSISTANCE PROGRAM

REALiving's Employee Assistance Program offers support to equip employees with the tools they need to manage any issue that may arise in life! Benefits include four (4) free counseling or coaching sessions, thirty (30) minute financial consultation session per topic, and a thirty (30) minutes legal consultation per topic for employees or their immediate family members each year. Publications will be available to employees through pamphlets in break rooms, weekly and monthly newsletters, a quarterly magazine and occasional emails encouraging employees to be their best.

WELLNESS WORKGROUP

Employees are able to join the wellness workgroup at Chippewa County. The Wellness Workgroup is a team of passionate employees that administer several fun and healthy wellness activities for all employees throughout the year such as lunch and learns on healthy topics, yoga classes, garden swaps, holiday luncheons and more!

EMPLOYEE DISCOUNTS

- Verizon – 15% off eligible plans
- Dell – 30% Dell PCs, electronics and accessories
- Tickets at Work – Discounts on movie tickets, water and theme parks, hotels, concerts and more!
- AAA – Discount on membership
- Identity Theft Assistance Services – offered through National Insurance Services

More information on employee discounts is located on the Employee Portal under Human Resources and Benefits



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

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