



# *Focus on Benefits*

*WPPA (Patrol & Investigations)*

# 2020

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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.



# 2020 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
<b>Medical</b>	<p>1. <b>Premier Plan:</b> High Deductible – HMO – with HRA</p> <p>2. <b>Explore Plan:</b> High Deductible – Out of Area Only – with HRA</p>	<p>Single</p> <p>Family</p>	WPPA members pay for 10% of total premium
<b>FSA healthcare</b>	Diversified Benefit Services	Employee and eligible dependents	100% Employee Funded
<b>FSA dependent care</b>	Diversified Benefit Services	Employee and eligible dependents	100% Employee Funded
<b>Dental</b>	Guardian	<p>Employee only</p> <p>Employee + Spouse</p> <p>Employee + Child(ren)</p> <p>Family</p>	100% Employee Funded
<b>Vision</b>	VSP	<p>Employee only</p> <p>Employee + Spouse</p> <p>Employee + Child(ren)</p> <p>Family</p>	100% Employee Funded
<b>Wisconsin Retirement System</b>	Employee Trust Funds		Employee & Employer Funded
<b>Life</b>	<p>MN Life Insurance</p> <p>Madison National Life</p>	Employee & Spouse/Dependent Options	<p>100% Employee Funded</p> <p>100% Employer Funded</p>
<b>Accidental</b>	MetLife	<p>Employee only</p> <p>Employee + Spouse</p> <p>Employee + Child(ren)</p> <p>Family</p>	100% Employee Funded
<b>Disability</b>	National Insurance Services	Long-Term Disability	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

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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, Rates and Features

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

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

## DEDUCTIBLES

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

### 2020 Health Plan Rates TBD once WPPA contract is finalized

#### PREMIER PLAN HIGH DEDUCTIBLE RATES – 2019 Contract Rates - 10% of total premium

Coverage Level	Total Monthly Premium	Monthly Employer Premium Contribution	Monthly Employee Premium Contribution
Employee	\$694.00	\$624.60	\$68.80
Family	\$1715.00	\$1543.50	\$171.00

#### EXPLORE PLAN HIGH DEDUCTIBLE RATES - 2019 Contract Rates – 10% of total premium

Coverage Level	Total Monthly Premium	Monthly Employer Premium Contribution	Monthly Employee Premium Contribution
Employee	\$733.00	\$659.70	\$72.70
Family	\$1814.00	\$1632.60	\$180.80

# 2020 Health Plan Benefit Summary

## CHIPPEWA COUNTY EMPLOYEE HEALTHCARE PLANS

In-Network Benefits	Premier High Deductible	Explore High Deductible
<b>Service</b>	<b>HMO</b>	<b>Out of Area</b>
<b>Deductible Limit</b> Single Family	\$2,000 \$4,000	\$2,000 \$4,000
<b>Co-insurance</b> After deductible plan pays	80%	80%
<b>Out-of-pocket maximum</b> Single Family	\$3,000 \$6,000	\$3,000 \$6,000
<b>Preventive care</b>	100%, no deductible	100%, no deductible
<b>Office visit</b> Office visit (Including Urgent Care)	\$25.00 copay	\$25.00 copay
<b>Inpatient hospitalization</b>	80% after deductible	80% after deductible
<b>Emergency room</b>	\$100 copay + the balance of charge after copayment applies to ded/coins	\$100 copay + the balance of charge after copayment applies to ded/coins
<b>Prescription drugs</b> 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 \$2,700 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](http://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
<b>Annual salary</b>	\$50,000	\$50,000	\$50,000	\$50,000
<b>Pre-tax FSA contribution</b>	-\$2,000	\$0	-\$5,000	\$0
<b>Taxable Income</b>	\$48,000	\$50,000	\$45,000	\$50,000
<b>Estimated taxes (20%)</b>	\$9,600	\$10,000	\$9,000	\$10,000
<b>After-tax expenses</b>	\$0	-\$2,000	\$0	-\$5,000
<b>Net Income</b>	\$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](http://www.irs.gov) for a complete copy of the list.*

# Dental Plan Benefits And Features



Your Dental Plan	PPO
Your Network is	DentalGuard Preferred
Your Monthly premium	\$27.82
You and spouse	\$56.48
You and child(ren)	\$77.91
You, spouse and child(ren)	\$114.42

		In-Network	Out-of-Network
Deductible per year	Waived for preventative	\$50 Limit: 3 or \$150	\$50 Limit: 3 or \$150
Preventative Care	<ul style="list-style-type: none"> <li>Cleanings</li> <li>X-rays</li> <li>Sealants (per tooth)</li> <li>Fluoride Treatment (children under 19)</li> </ul>	100%	100%
Basic Care	<ul style="list-style-type: none"> <li>Fillings</li> <li>Repair &amp; maintenance of crowns, bridges, and dentures</li> </ul>	80%	80%
Major Care	<ul style="list-style-type: none"> <li>Root canal, simple extractions, single crowns, surgical extractions</li> </ul>	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

## For services performed by out-of-network providers, Guardian will use usual and customary rates to determine coverage

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

### **Manage Your Benefits:**

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date.

### **Find A Dentist:**

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

Click on “Find A Provider”; You will need to know your plan, which can be found on the first page of your dental benefit summary.

## **NEED ASSISTANCE?**

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00549182.

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

## **EXCLUSIONS AND LIMITATIONS**

- Important Information about Guardian’s DentalGuard Indemnity and DentalGuard Preferred Network PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DG2000 et al.
- PPO and or Indemnity Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won’t pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

# Dental Maximum Rollover

## SAVE YOUR UNUSED CLAIMS DOLLARS FOR WHEN YOU NEED THEM MOST

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on [www.GuardianAnytime.com](http://www.GuardianAnytime.com).

*Please note that actual maximum limitations and thresholds vary by plan. Your plan may vary from the one used below as an example to illustrate how the Maximum Rollover functions.*

Plan Annual Maximum*	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1000	\$500	\$250	\$350	\$1000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to Plan Annual Maximum for future years	Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	Plan Annual Maximum Rollover cannot exceed \$2,000 in total

\* If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.

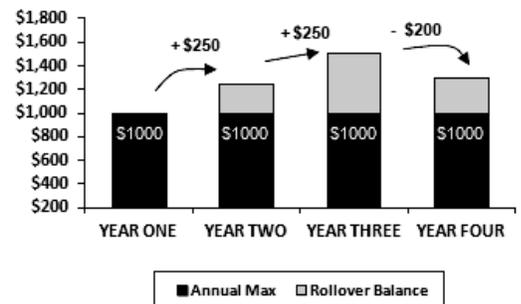
### HERE'S HOW THE BENEFITS WORK:

**YEAR ONE:** Jane starts with a \$1,000 Plan Annual Maximum. She submits \$150 in dental claims. Since she did not reach the \$500 Threshold, she receives a \$250 rollover that will be applied to Year Two.

**YEAR TWO:** Jane now has an increased Plan Annual Maximum of \$1,250. This year, she submits \$50 in claims and receives an additional \$250 rollover added to her Plan Annual Maximum.

**YEAR THREE:** Jane now has an increased Plan Annual Maximum of \$1,500. This year, she submits \$1,200 in claims. All claims are paid due to the amount accumulated in her Maximum Rollover Account.

**YEAR FOUR:** Jane's Plan Annual Maximum is \$1,300 (\$1,000 Plan Annual Maximum + \$300 remaining in her Maximum Rollover Account).



### NOTES:

You and your insured dependents maintain separate MRAs based on your own claim activity. Each MRA may not exceed the MRA limit. Cases on either a calendar year or policy year accumulation basis qualify for the Maximum Rollover feature. For calendar year cases with an effective date in October, November or December, the Maximum Rollover feature starts as of the first full benefit year. For example, if a plan starts in November of 2013, the claim activity in 2014 will be used and applied to MRAs for use in 2015. Under either benefit year set up (calendar year or policy year), Maximum Rollover for new entrants joining with 3 months or less remaining in the benefit year, will not begin until the start of the next full benefit year. Maximum Rollover is deferred for members who have coverage of Major services deferred. For these members, Maximum Rollover starts when coverage of Major services starts, or the start of the next benefit year if 3 months or less remain until the next benefit year. (Actual eligibility timeframe may vary. See your Plan Details for the most accurate information.)

# Vision Plan Benefits & Features

## GET ACCESS TO THE BEST IN EYE CARE AND EYEWEAR WITH CHIPPEWA COUNTY AND VSP® VISION CARE.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

### YOU'LL LIKE WHAT YOU SEE WITH VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### USING YOUR VSP BENEFIT IS EASY.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit [vsp.com](http://vsp.com) or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### CHOICE IN EYEWEAR

From classic styles to the latest designer frames, you'll find hundreds of options. Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements. Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's online eyewear store.

**Enroll in VSP today.  
You'll be glad you did.**



# 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
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	Focuses on your eyes and overall wellness	\$10	Every 12 months
<b>Prescription Glasses</b>		\$25	See frame and lenses
<b>Frame</b>	\$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
<b>Lenses</b>	Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
<b>Lens Enhancements</b>	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
<b>Contacts (instead of glasses)</b>	\$130 allowance for contacts; copays does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every 12 months
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	<b>Retinal Screening</b> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	<b>Laser Vision Correction</b> Average 15% off the regular price or 5% off the promotional price, discounts only available from contracted facilities		
<b>Your Monthly (12) Contribution</b>	\$5.93 Employee only Employee + family	\$9.49 Employee + 1	\$9.69 Employee + children \$15.62
<b>Your Coverage with Out-of-Network Providers</b>			
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 <a href="http://vsp.com">vsp.com</a> 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

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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. 6.75% is deducted from the employee's paycheck and 11.65% is paid by the employer for 2020.
- 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

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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

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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 and Disability 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

<b>Basic</b> (1x annual salary)	_____	x	_____	= \$ _____
	(i.e. 40)		(monthly premium rate)	
<b>Supplemental</b> (2x annual salary)	_____	x	_____	= \$ _____
	(i.e. 80)		(monthly premium rate)	
<b>Additional I</b> (3x annual salary)	_____	x	_____	= \$ _____
	(i.e. 120)		(monthly premium rate)	
<b>Additional II</b> (4x annual salary)	_____	x	_____	= \$ _____
	(i.e. 160)		(monthly premium rate)	
<b>Additional III</b> (5x annual salary)	_____	x	_____	= \$ _____
	(i.e. 200)		(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 \$15,000. This is paid for by Chippewa County and begins the first of the month following 30 days of employment!

## 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!

# 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
<b>Injuries</b>	
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
<b>Medical Services &amp; Treatment</b>	
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
<b>Hospital Coverage (Accident)</b>	
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
<b>Accidental Death</b>	
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	\$25,000 \$75,000 for common carrier
<b>Dismemberment, Loss &amp; Paralysis</b>	
Dismemberment, Loss & Paralysis	\$250 - \$10,000 per injury
<b>Other Benefits</b>	
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 <b>Payable 1x per calendar year</b>

# 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!<sup>9</sup> 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.<sup>10</sup> 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.

# Other Benefits

## PTO

Chippewa County new hires begin accruing PTO at a rate of 6.16 hours per pay period for full-time employees and 3.13 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)	Maximum Hour Annual Accrual
Level 1	Less than 5	.0770	6.16	160
Level 2	5-less than 10	.0867	6.93	180
Level 3	10-less than 15	.0963	7.70	200
Level 4	15-less than 20	.1155	9.24	240
Level 5	20 and greater	.1348	10.78	280

## 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.