Kewaunee County
Teamsters
Summary of 2017 Benefit Plan and Open Enrollment

What is Open Enrollment?

- It is a period of time when employees may make changes to their elected benefit plan.
- The Open Enrollment period usually occurs once per year.
- Open Enrollment is the time when you can add or waive coverage for yourself or your eligible dependents without a qualifying event.
- This election will be effective January 1, 2017 through December 31, 2017.
- **Enrollment Election forms must be signed and returned regardless of participation.**
    - **Please submit completed forms to the County Administrator's Office by Friday, October 21, 2016.**

What is a Qualifying Event?

A Qualifying Event allows you to add dependents to your plan outside of open enrollment. A qualifying event allows special enrollment for you to apply for coverage within 30 days of the event. If you do not apply for coverage within the 30 days, you must wait until the next open enrollment period, or until one of the following qualifying events occurs:

- Change in marital status (Marriage or Divorce)
- Adding a newborn natural child, adoption
- Changing from Single to Family coverage or adding a dependent due to a court order
- Loss of other insurance (spouse)

Am I Eligible for Insurance?

- You are eligible for the County's medical and dental insurance plans if you work an average of 30 or more hours per week.
- After a Retiree reaches the limiting age (age 65), the spouse and dependents are no longer eligible for coverage under the County's plan. Eligibility would continue for a maximum of 36 months, with COBRA to run concurrently.

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Documentation for Proof of Eligibility for Open Enrollment or a Qualifying Event

- For Spouse:
  - A marriage certificate or
  - A copy of the front page of your most recent filed federal tax return, confirming this dependent as a spouse. You may blacken out any financial information. (This option would be for a qualifying event because if the employee is newly married, the new spouse will not appear on the most recent tax return as "spouse")

- For Children:
  - A child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order/adoption decree naming you or your spouse as the child's legal guardian. If you have eligible foster children under the terms of a legal guardianship agreement, please provide a copy of the agreement.

- For Stepchildren:
  - A child's birth certificate, naming your spouse as the child's parent, or appropriate court order **and** your marriage certificate as proof of the dependent's relations to the employee
  - A copy of the front page of your most recent filed federal tax return showing that you claimed this dependent. You may blacken out any financial information.

- For Disabled Dependents:
  - A child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order.
  - A copy of the front page of your most recent filed federal tax return showing that you claimed this dependent. You may blacken out any financial information.
  - Note: If this disabled dependent is a stepchild, the documentation listed above for stepchildren will also be required.

Health Insurance Benefit Changes:

- A new Humana telemedicine benefit will be available to all employees and dependents.
  - The copay for telemedicine visits is equal to the existing office visit copayment of $25 www.doctorondemand.com/humana

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Health insurance premiums will be the following for 2017:

- Total medical single premium/month: $890.00
- Total medical family premium/month: $2,190.00
- Employer portion: 86%
- Employee portion 14%
- Single Employer portion/month: $765.40 Employee Portion/month: $124.60
- Family Employer portion/month: $1,883.40 Employee Portion/ month: $306.60

Dental insurance premiums will be the following for 2017:

- Single Employer portion/month $50.00 Employee Portion/month: $0
- Family Employer portion/month: $63.00 Employee Portion/ month: $63.00

✓ Life insurance is provided by the County – this is a good time to update your beneficiary form.

Please complete the Health and Dental Plan Election Form and return it to the County Administrator's Office (810 Lincoln Street, Kewaunee, WI, 54216) by Friday, October 21, 2016.

EMPLOYEE PRESENTATIONS

On Thursday, October 13, representatives from Horton Group will be here to present an overview of the Kewaunee County Health Insurance Plan & open enrollment.

11:30 -12:00 HHS Center Trg Rm

1:00-1:30 Courthouse Room 130

2:30 – 3:00 Highway Training Room

If you have any questions, please contact the County Administration Office at 920-388-7164 or jeanquap@kewauneeco.org

Teamsters

Kewaunee County Health Insurance Plan Effective January 1, 2017
Medical, Dental, Prescription & Life Insurance Overview

Part – time employees must work an average of 30 hours per week to qualify for health insurance.
Cost will be prorated based on number of hours worked.

MEDICAL

Telemedicine	**$25 copay**

MEDICAL PLAN – SINGLE

Single Medical Monthly Premium $890
County 86%: $765.40
Employee 14%: $124.60

Preferred Provider	In Network 1/1/2017	Out of Network 1/1/2017
Deductible	**$750**	**$1500**
Coinsurance	**90/10**	**70/30**
Out of Pocket Limit	**$2,500**	**$6,750**
Plan Maximum Out of Pocket Limit (MOOP)	**$6,450**	**N/A**
Primary Care Office Visit Copay	**$25**	**ded/coins**
Specialist Copay	**$50**	**ded/coins**
Emergency Room Copay	**$200**	**ded/coins**
Urgent Care Copay	**$50**	**ded/coins**

MEDICAL PLAN - FAMILY

Family Medical Monthly Premium $2,190
County 86%: $1,883.40
Employee 14%: $306.60

Preferred Provider	In Network 1/1/2017	Out of Network 1/1/2017
Deductible	**$1,500**	**$3,000**
Coinsurance	**90/10**	**70/30**
Out of Pocket Limit	**$5,000**	**$13,500**
Plan Maximum Out of Pocket Limit (MOOP)	**$12,900**	**N/A**
Primary Care Office Visit Copay	**$25**	**ded/coins**
Specialist Copay	**$50**	**ded/coins**
Emergency Room Copay	**$200**	**ded/coins**
Urgent Care Copay	**$50**	**ded/coins**

Out of Pocket Limit Includes: medical deductible & medical coinsurance (In Network/Out of Network do not cross reduce)
MOOP Includes: in network medical/pharmacy deductible, in network coinsurance, medical/pharmacy copay

PHARMACY

Level 1 Drug Co-Pay: *$10* (low cost generic/brand) **Level 2 Drug Co-Pay: *$35*** (higher cost generic/brand) **Level 3 Drug Co-Pay: *$50*** (high cost mostly brand)

Level 2 & Level 3(combined) have a $200 deductible per person, then copay

DENTAL

Family Dental - $126.00 - Employee pays 50% = $63.00 per month
Single Dental - $50.00 - Employee pays zero
Dental maximum benefit per year per individual: $1,000
Orthodontia: covered expenses 50% Lifetime Maximum for orthodontia per individual: $800

LIFE

Term Life Insurance: $20,000 /Accidental Death or Bodily Injury: $20,000 (eligibility: 600 hrs worked/yr)

RETURN TO THE COUNTY ADMINISTRATOR'S OFFICE BY FRIDAY, OCTOBER 21, 2016.
ALL FIELDS REQUIRED

Teamsters
Kewaunee County
Health and Dental Plan Election Form

Full Name (please print): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone # (_____) _____

Social Security Number_____/_____/_____ Date of Birth _____/_____/_____ Gender: ____Male _____Female

Date of Hire: _____

Indicate your decision for enrollment in the following insurance plans

Costs listed are per pay period/the first two pay periods of the month

Humana Medical Plan effective January 1, 2017:

_____ I do not wish to change my medical coverage through Kewaunee County (Keep my existing coverage the same)

_____Single ($62.30) _____ Family ($153.30) _____ Waive coverage

Reason for Waiving Medical Coverage _____
(*Note: If covered under other insurance or Medicare, please indicate below*)

Other Medical Coverage:

Are you or any dependent covered under other Insurance or Medicare? _____ Yes _____ No

Covered Individuals? _____ Policy No. _____

Company Name _____ Policy Holder _____

Medicare HIC# _____

Humana Dental Plan effective January 1, 2017:

_____ I do not wish to change my dental coverage through Kewaunee County (Keep my existing coverage the same)

_____Single ($0.00) _____ Family ($31.50) _____ Waive coverage

*Dependent Information – Due to the Affordable Care Act, if you are electing or continuing medical or dental coverage for your spouse and/or dependents we will need the following information:

Full Name	Date of Birth	Social Security #	Gender	Spouse/ Child	Coverage(s)
					☐ Medical ☐ Dental
					☐ Medical ☐ Dental
					☐ Medical ☐ Dental
					☐ Medical ☐ Dental
					☐ Medical ☐ Dental
					☐ Medical ☐ Dental
					☐ Medical ☐ Dental

I authorize Kewaunee County to make payroll deductions for applicable premiums of the plan(s) for which I enrolled on a pre-tax basis:

Employee Signature _____ Date _____

KEWAUNEE COUNTY
ADMINISTRATOR'S OFFICE

Scott Feldt
County Administrator

To: Kewaunee County Medical Insurance Plan Eligible Employees, Retirees & COBRA Participants

From: Scott Feldt, Kewaunee County Administrator

Subject: Compliance Notifications

Date: September 30, 2016

Kewaunee County is providing you with the following memo to ensure that you are aware of federal notice regulations as they relate to your group health plan. We have posted the notices on our Employee Intranet (which you can access by typing the following into your internet browser: http://www.co.kewaunee.wi.gov/section.asp?linkid=2297&locid=192). These notices are intended to notify you of your rights and may not address all regulations in detail. The information is federal-specific.

If you would like to receive a paper copy of the notices, please contact Peggy Jeanquart 920-388-7164, jeanquap@kewauneeco.org and the notices will be provided to you.

Included below is a listing of the notices with a brief description of each:

- Non-Grandfathered Plan - In conjunction with the Affordable Care Act, this notice will inform you if your plan is grandfathered or non-grandfathered.
- USERRA - Notice of rights, benefits and obligations of persons entitled to USERRA.
- Michelle's Law - Notice describing available continuation of coverage for a college student taking a medically necessary leave of absence, or changing to part-time student status due to a medical condition, as certified by a physician.
- FMLA - Notice explaining the Family and Medical Leave Act.
- CHIP/CHIPRA – Notice that outlines when eligible employees or dependents that are eligible but not enrolled, will be permitted to enroll if they lose eligibility for Medicaid or CHIP coverage or become eligible for a premium assistance subsidy under Medicaid or CHIP. Second notice outlines the contact information where employees may inquire about CHIP.
- HIPAA Privacy Notice - Notice of Privacy Practices and an explanation of your privacy rights.

(over)

- HIPAA Portability Rights and Special Enrollment Rights – Outlines your right to join the plan at a future date if you should lose coverage due to a qualifying event.

- COBRA General Notice - Notice to covered employees, covered spouses, and covered dependents of the right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event.

- Newborns' and Mothers' Health Protection Act - Notice regarding hospital stays in conjunction with maternity.

- Women's Health and Cancer Rights Act – Notice of the availability of benefits for the required coverage and information on how to obtain a detailed description.

- Health Insurance Marketplace Coverage Options - Notice explaining the availability of insurance coverage through the Health Insurance Marketplace (Exchange).

- Medicare Part D Notice – Alerts you as to whether or not your prescription drug coverage is comparable to the Medicare Part D coverage.

If you would like to receive a paper copy of the notices, please contact Peggy Jeanquart 920-388-7164, jeanquap@kewauneeco.org and the notices will be provided to you.

Kewaunee County
810 Lincoln Street
Kewaunee, WI 54216

PHONE (920) 388-7164
FAX (920) 388-7101
WEB SITE http://www.kewauneeco.org

TO: KEWAUNEE COUNTY EMPLOYEES, RETIREES, COBRA PARTICIPANTS AND THEIR HOUSEHOLDS
-ANNUAL NOTICE-
Important Notice From Kewaunee County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Kewaunee 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. **Kewaunee County has determined that the prescription drug coverage offered by Kewaunee County Health Plan 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 15th to December 7th.

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

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 Kewaunee County coverage will be affected. Your current coverage with Kewaunee County is as follows *effective January 1, 2017:*

Level 1: $10 copay
$200 deductible (per person) for Level 2 and Level 3 (combined), then Level 2: $35 copay / Level 3: $50 copay

If you do decide to join a Medicare drug plan and drop your current Kewaunee County coverage, be aware that you and your dependents will not be able to get this coverage back.

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.

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 Kewaunee 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 Kewaunee County changes. You also may request a copy of this notice at any time.

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
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: September 30, 2016/ Name of Entity: Kewaunee County/ Contact: Administrator's Office/
Address: 810 Lincoln Street, Kewaunee, WI 54216/ Phone Number: 920-388-7164

CMS Form 10182-CC **CMS Form Updated April 1, 2011**

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