2016 Milwaukee County

Benefits Booklet

- Medical Plan
- Dental Plans
- Life Insurance
- Flexible Spending Accounts
- Retirement Benefits
- Short-Term Disability
- Deferred Compensation
- Wellness Program

Department of Human Resources - Employee Benefits

Table of Contents

Benefit Plan Overview 1
Summary of Status Changes 6
Medical Insurance 7
Medical Benefit Summary 9
Medical Premiums 10
Great reasons to use myuhc.com 11
Optum Rx Mail Order 12
Dental Insurance 14
Dental Premiums 14
Dental Benefit Summary 15
Dental Associates 16
Delta Dental 16
Flexible Spending Accounts 17
Benny Card - Employee Benefit Corporation 21
Life Insurance Plans 25
Employee Assistance Program 28
Retirement Benefits 29
Deferred Compensation Plan 31
Voluntary Benefits 32
Commuter Value Pass 33
Employee Discount Program 33
Wellness Program 34
Direct Deposit 39
Tuition Reimbursement Program 40
Benefit Enrollment System 41
Annual Notices 46
Provider Contact Information ..... Back Cover

2016 Benefit Plan Overview

Welcome to Milwaukee County!!! Milwaukee County recognizes that employees have different needs. That's why we offer a benefit program that allows you to choose among a number of benefit options. You can select from these options to design the benefit plan that's right for you.

You are encouraged to carefully consider your personal situation as you evaluate your benefit choices. Milwaukee County benefits include:

- Health Insurance
- Dental Insurance
- Group Life Insurance
- Flexible Spending Accounts
- Employee Assistance Program (EAP)
- Deferred Compensation (voluntary 457 plan)
- Short-Term Disability Plan
- Commuter Value Pass Program

The information in this booklet provides a summary of your benefits under the County-offered benefit plans. For more detailed information along with notices of your legal rights, review each plan's Summary Plan Description (SPD) booklet. The booklets are available through the Milwaukee County Website.

In the case of conflict between the information presented in this benefit booklet and the plan's SPD booklets, the plan's SPD booklets determines the coverage

Employee Eligibility

All Milwaukee County employees appointed to a position with an authorized work week of twenty hours or more and are not excluded by job code or Ordinance are eligible to enroll in any benefit plan that is offered by Milwaukee County.

Dependent Eligibility

An eligible Dependent is considered to be:

- your legally married spouse (same or opposite-sex), your same or opposite-sex domestic partner,
- you or your spouse's child who is under age 27, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your Spouse are the legal guardian;

- an unmarried child of any age who is or becomes disabled and dependent upon you;
- a child of a dependent child (until the Dependent who is the parent turns 18)

To be eligible for coverage under the Plan, a Dependent must reside within the United States.

The definition of Dependent is subject to the following conditions and limitations:

- A dependent includes any dependent child under 27 years of age who is not eligible for coverage under a group health benefit plan offered by their employer and for which the amount of the Dependent's premium contribution is no greater than the premium amount for his or her coverage as a Dependent under the Participant's plan.

A child who meets the requirements set forth above ceases to be eligible as a dependent on the last day of the month following the child's 27th birthday.

A dependent also includes a child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order.

PROOF OF ALL DEPENDENT'S ELIGIBILITY IS REQUIRED.

If you elect to cover a dependent under Milwaukee County's health and/or dental insurance, you will be contacted by **Xerox HR Solutions** to provide documentation that you are covering an eligible dependent. Please mark/black out any personal financial information on the copies of your documents before you submit them for verification.

Effective Date of Insurances

The following insurances become effective the **first of the month following your hire date:**

- Health Insurance
- Dental Insurance
- Flexible Spending Accounts
- Short-term Disability (voluntary)
- Employee Assistance Plan (EAP)
- Commuter Value Pass Program

If elected, basic life insurance and optional term insurance will begin on the first of the month following 6 months of continuous employment.

For example, If you were hired on April 11th, your insurance coverage begins on May 1st and the basic life insurance and optional term insurance coverage begins on November 1.

Employees must enroll within 30 days from their hire date. If an employee does not enroll during their 30 day window, he or she must wait until the following Open Enrollment period to enroll in benefits for the following year.

Premiums for your insurance coverage are deducted on the first two paychecks you receive during the covered month.

$500 Opt-Out Award

Eligible employees can choose to waive medical coverage through Milwaukee County if they have group coverage through a spouse or other employment. Waiver elections can be completed online in the Benefit Enrollment System.

IMPORTANT INFORMATION

- You must enter the name of your other insurance in the Benefit Enrollment System in order to be eligible for the $500 opt-out award.
- The lump-sum taxable $500 opt-out award will be paid on a paycheck issued just prior to April 1 of each year. Opt-outs after April 1, will be paid out quarterly.
- **To be eligible for the award, the employee must waive medical coverage for the entire plan year.**
- Re-entry for medical coverage between annual open enrollment periods is allowed with proof of involuntary loss of coverage through the other group plan due to termination of employment, layoff, legal separation or divorce, death of spouse or retirement.
- **The full $500 award must be returned in the event you terminate employment, retire, or enroll in a Milwaukee County health plan**

Domestic Partner Benefit Coverage

Milwaukee County provides benefits coverage to same and opposite-sex domestic partners of Milwaukee County employees. This coverage will also be available to the eligible child(ren) of an employee's domestic partner. The benefit plans available to a domestic partner and the partner's eligible child(ren) include:

- Health
- Dental
- Employee Assistance Program (EAP)

A qualified domestic partnership is one in which two people are registered with the Milwaukee County Clerk of Courts and meet the following criteria:

- Both persons share a common residence
- Both persons are at least eighteen years of age and mentally competent to consent to the declaration of domestic partnership
- Neither person may be married or legally separated from anyone else, or in another do-

mestic partnership with someone else that has not been terminated or dissolved

- Both persons must be jointly responsible for basic living expenses incurred during the domestic partnership

Employee Cost of Coverage for Domestic Partners and/or child(ren) of Domestic Partner

Your out-of-pocket costs for the premiums are paid as follows: Payroll deductions for health plan coverage and/or dental plan coverage associated with your domestic partner and your domestic partner's child(ren) are taken on a post-tax basis. Payroll deductions associated with your coverage are taken on a pre-tax basis.

Further, you will have an additional tax consequence when you elect to cover your domestic partner and/or your domestic partner's child(ren) if they are not your tax dependent.

Tax Consequences of Covering a Domestic Partner

The Internal Revenue Service (IRS) has determined that the actual cost of the domestic partner benefit is taxable income to the employee, unless the domestic partner qualifies under the dependency criteria of Internal Revenue Code § 152(a) as modified for purposes of Internal Revenue Code §§ 105 and 106.

The value of Milwaukee County's paid coverage that relates to a domestic partner and/or a domestic partner's child(ren) who is not a dependent under tax law will generally be considered imputed income. Imputed income is calculated as the value of the coverage provided to the domestic partner and/or the domestic partner's child(ren). Please note:

- Taxes paid on imputed income are in addition to the employee's monthly plan cost.
- The amount of imputed income depends on the plan in which the employee is enrolled.
- Imputed income is taxable and will be added to the employee's gross income each pay period for the purposes of calculating federal and state income taxes and for Social Security and Medicare taxes.
- Imputed income will be reported on the employee's annual Form W–2.
- The employee's personal income tax bracket will determine the actual tax consequences.

Since there may be tax consequences to employees who enroll a domestic partner, employees may wish to consult a tax advisor before electing this coverage.

Special Enrollment Notice

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. However, you must request enrollment within 30 days after you or your dependents' other coverage ends.

In addition, 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.

Annual Open Enrollment

Each year in the fall, a 2-week period is designated as the Open Enrollment period. Elections made during Open Enrollment are effective January 1 of the following year. The following is a partial list of what you can do during the Open Enrollment period each year:

- Add or remove medical and/or dental coverage
- Add or remove dependents
- Increase, decrease or request Optional life insurance coverage
- Participate in the flexible spending account

COBRA

COBRA, the Consolidated Omnibus Budget Reconciliation Act, is a federal law that permits eligible employees and dependents whose medical and/or dental insurance would otherwise terminate, to continue coverage for specific periods of time under certain conditions.

- Employees may continue single or family coverage through Milwaukee County for a maximum of 18 months if:
    - Employment is terminated (including lay-offs) for any reason other than the employee's gross misconduct; or
    - The employee's work hours are reduced or work status is changed such that the employee is no longer eligible for coverage

- Dependents may continue their coverage through Milwaukee County for a maximum of 36 months if coverage is terminated:
    - Due to the death of the employee; or
    - Due to divorce or legal separation of the dependent from the employee; or
    - With respect to a dependent child, the child is no longer eligible as a dependent under Milwaukee County's eligibility rules

Summary of some of the more Common Change of Status Events and Mid-Year Enrollment Changes Allowed for Employees Under a Health Plan

This chart is only a summary of some of the permitted changes and is **not** all inclusive.

If you experience the following Event...	You may make the following change(s) within 30 days of the Event…	YOU MAY NOT make these types of changes...
	Life / Family Events	
Marriage	Enroll yourself, if applicable Enroll your new spouse and other eligible dependents Drop health coverage (to enroll in your spouse plan) Change health plans	Drop health coverage and not enroll in spouse's plan.
Divorce or Termination of Domestic Partnership	Drop your spouse/DP from your health coverage Enroll yourself and your dependent children if you were previously enrolled in your spouse/DP's plan	Drop health coverage for yourself
Gain a child due to birth or adoption (Effective date of birth or adoption placement)	Enroll yourself, if applicable Enroll the eligible child and any other eligible dependents	Drop health coverage for yourself or any other covered individuals
Child requires coverage due to a QMCSO	Add child named on QMCSO to your health coverage (enroll yourself, if applicable and not already enrolled)	Make any other changes, except as required by the QMCSO
Loss of a child's eligibility (*e.g.,* child reaches the maximum age for coverage)	Drop the child who lost eligibility from your health coverage Child will be offered COBRA.	Drop health coverage for yourself or any other covered individuals
Covered person has become entitled to (or lost entitlement to) Medicare or Medicaid	Drop coverage for the person who became entitled to Medicare or Medicaid Add the person who lost entitlement to Medicare or Medicaid	Drop health coverage for yourself or any other covered individuals who are not newly Medicare or Medicaid eligible
Spouse/DP obtains health benefits in another group health plan	Drop your spouse/DP from your health coverage Drop your dependent children from your health coverage Drop coverage for yourself	Add any eligible dependents to your health coverage
Spouse loses employment, experiences a termination of their employer's contribution, or otherwise loses coverage for health benefits in another group health plan	Enroll your spouse and eligible dependent children in your health plan Enroll yourself if previously not enrolled because you were covered under your spouse's plan	Drop health coverage for yourself or any other covered dependents
You return from Military leave	Enroll yourself Enroll your spouse/DP and other eligible dependents	
You become newly eligible for benefits due to change in employment status	Enroll yourself Enroll your spouse/DP and other eligible dependents	

2016 Medical Insurance

Administered by UnitedHealthcare

Choice Plus Plan (PPO Comparable)

As a Preferred Provider Organization (PPO) participant:

- You can choose which doctor or specialist to see and you get to choose an in-network or out-of-network provider; Note: you pay substantially less when you go to a doctor in the network.
- You don't need to select a primary care physician and you don't need a referral to see a specialist

Whether you choose an in-network or out-of-network provider, certain services require that you satisfy a copay, deductible, and/or coinsurance. If you receive care from an out-of-network provider, your coverage will be at a lower benefit level and you will have to pay a higher deductible and coinsurance.

Finding a UnitedHealthcare Network Provider

To confirm if your physician, hospital, or other provider is included in the UnitedHealthcare network, or to find a network physician, please contact UnitedHealthcare at the customer service number provided on the back cover of this booklet, or confirm online using the following steps:

1. Go to www.myuhc.com and select the "Find Physician or Facility" link located under the links and tools heading in the upper right corner.
2. Select the type of provider that you are looking for (e.g., physician, hospital, facility, or medical equipment supplier) and click on "continue".
3. Select the search criteria that you want to use (e.g., name, location, and specialty).
4. Under the "Select a Plan" field, choose the "UnitedHealthcare Choice Plus" option for the PPO comparable plan.
5. You can narrow the search by entering the provider's name, but this step is optional
6. Indicate the location where you would like to find providers (e.g., your address), and the distance from that location that you are willing to travel
7. You may also narrow your search by gender, languages spoken by the provider or staff
8. When you are finished entering your search criteria, click continue, and indicate if you are searching for a specific specialty on the next screen.
9. Click "Continue" to view the results

Benefit Plan Definitions

Understanding how our plans work is a critical first step in taking action to manage costs. Keep these key benefit terms in mind when comparing the plans and coverage available to you.

Coinsurance: This is the percentage of the cost you pay when you receive certain health care services. *Example:* For in-network services under the County's Choice Plus plan, plan participants pay 20% and the County pays 80% of covered expenses for most services. The 20% share is the employee's coinsurance.

Co-payment: This is the flat-dollar amount you pay when you receive certain medical care services. Co-pays are typically due at the time you receive the service. *Example:* Enrollees in the plan pay a $30 co-pay for in-network doctor's office visits.

Deductible: This is the amount you are required to pay each year before the plan begins to pay benefits. You begin accumulating expenses toward the satisfaction of your deductible at the beginning of each benefit year (January 1). *Example:* With each new benefit year, employees who elect self only coverage under the Choice Plus Plan pay the first $1000 toward services subject to the plan's deductible. Employees who elect coverage for themselves, their spouse and dependent children pay the first $1000 per individual, up to a maximum of $2250 per family, toward services subject to the plan's deductible.

In-Network: This is care or services provided by doctors, hospitals, labs or other facilities that participate in the network of providers assembled by UnitedHealthcare. Generally, you pay less when you receive care in-network because the providers in the network agree to charge a pre-negotiated, lower fee. This reduces your out-of-pocket costs and the overall claims costs.

Out-of-Network: This is care or services furnished by doctors, hospitals, labs or other facilities that DO NOT participate in the UnitedHealthcare's provider network. If you are enrolled in the Choice Plus Plan and use an out-of-network provider, your share of the cost is based on the reasonable and customary charges allowed by the plan. Amounts charged over the reasonable and customary do not count towards annual deductibles and out-of-pocket maximums.

Be sure you understand the amount you will be required to pay out of your own pocket if you seek care out-of-network.

Out-of-Pocket Maximum: When you meet the annual out-of-pocket maximum, the plan will pay the full cost of *covered expenses* for the remainder of the benefit year. Covered expenses (e.g. deductible and co-insurance amounts) apply towards the out-of-pocket maximum. Prescription drug co-payments are not applied toward the out-of-pocket maximum. In addition, out-of-pocket costs incurred for non-covered services or supplies in excess of the plan's covered expenses (e.g., expenses incurred for out-of-network services that exceed the reasonable and customary charges allowed by the plan) are not applied toward the out-of-pocket maximum; these non-covered charges are the plan participant's financial responsibility.

2016 Medical Plan Coverage *At-A-Glance*

	Network		Non-Network	
Annual Deductible	Single: EE+Child(ren): EE+Spouse: EE+Family:	$1,000 $1,250 $2,000 $2,250	Single: EE+Child(ren): EE+Spouse: EE+Family:	$2,000 $2,500 $4,000 $4,500
Office Visits	$30 Copay		$60 Copay	
Inpatient Hospital	80% of eligible charges		60% of eligible charges	
Outpatient Surgery	80% of eligible charges		60% of eligible charges	
Emergency Room	$200 Copay		$200 Copay	
Preventive Services	100% of eligible charges		60% of eligible charges	
Medical Out-of-Pocket Maximum	Individual: Aggregate Family:	$3,000 $6,000	Individual: Aggregate Family:	$4,600 $9,200
Pharmacy Copay – Retail *Up to 30-day supply*	Tier One: Tier Two: Tier Three	$10 $30 $50	Tier One: Tier Two: Tier Three:	$10 $30 $50
Pharmacy Copay – Mail Order *Up to 90-day supply* ***Required for maintenance medications***	Tier One: Tier Two: Tier Three:	$25 $75 $125	Tier One: Tier Two: Tier Three:	N/A N/A N/A
Specialty Pharmacy – Mail Order Up to 30-day supply	Tier 4:	$75	Not Covered	
Pharmacy Out of Pocket Maximum	Individual: Aggregate Family:	$2,000 $4,000	Individual: Aggregate Family:	$2,000 $4,000

Note: this at-a-glance guide is intended as a summary only. For specific terms, provisions, conditions, limitations or exclusions, please refer to the Summary Plan Description.

Monthly Employee Medical

Premium Contributions as of 1/1/2016

All Employees (Except Deputy Sheriffs)

Milwaukee County Choice Plus Plan (PPO Comparable)		
	Not Participating in Wellness	***Participating in Wellness***
Employee Only	$130.00	$91.00
Employee + Child/Children	$160.00	$112.00
Employee + Spouse/Partner	$230.00	$180.00
Employee + Family	$250.00	$200.00

Deputy Sheriffs

Milwaukee County Choice Plus Plan (PPO Comparable)		
	Not Participating in Wellness	***Participating in Wellness***
Employee Only	$130.00	$91.00
Employee + Child/Children	$150.00	$105.00
Employee + Spouse/Partner	$210.00	$160.00
Employee + Family	$230.00	$180.00

Great reasons to use myuhc.com®

The tools and information at myuhc.com are both practical and personalized so you can get the most out of your benefits. Register at myuhc.com and connect to current information about your plan benefits and health care interests.

1. Compare costs for different health plans. Choose a plan that's right for you and your family needs. Select *Plan Cost Estimator located under Links and Tools*

2. Organize your medical claims online. View processed claims, remaining balances for deductibles and out-of-pocket expenses via your Health Statements. Download claims to a spreadsheet, set up automatic payments, direct deposits and more.

Select *Claims & Accounts*

3. Get information about hospitals and physicians. Find information on network doctors and health care professionals. You can even find out what physicians are recognized in the UnitedHealth Premium® designation program, a free informational tool that evaluates physicians and facilities using national quality and cost efficiency standards in their specialty.

Select *Physicians & Facilities*

4. Receive health care alerts. Check for personalized messages that are specific to you and your myuhc.com account. Messages may include:

- Health and cost savings information
- Advantages of staying in network
- Preventive care reminders

You can check these messages directly from your home page whenever it's convenient for you.

Select *Message Center*

5. Learn more about your coverage. Check your current eligibility, deductibles and out-of-pocket costs; confirm what's covered and what's not covered.

Select *Benefits & Coverage*

6. Organize and store all of your health data in one convenient, confidential place. Record your family health history, allergies and immunizations, and personal contacts. Review medical claims information, as well as lab results. Track your progress with important Health Trackers such as blood pressure, cholesterol, and weight. Print or download a historical claims summary known as the Personal Health Summary.

Select *Personal Health Record*

7. Improve your health habits. Participate in Health Coaching Programs that help set goals to achieve health objectives. Find out the best way to improve your health by taking the online Health Assessment.

Select *Health & Wellness or click on the Health Assessment from the Home page*

8. Learn about health conditions and treatment options. Medical information from reliable resources recognized by physicians.

Select *Health & Wellness > Conditions A to Z*

9. Request a medical ID card. Print a temporary ID card or request a replacement card.

Select *Account Settings*

Register at myuhc.com today.

1 Click "*Register Now*"

2 Enter the requested information

3 Begin using the site

UnitedHealthcare®

OPTUMRx®

Discover the convenience of OptumRx® Mail Service Saver Plus

Mail Service Saver Plus is a program that helps you better manage the medication you take on an ongoing basis. You can save both time and money by filling your prescriptions for maintenance medication through home delivery with OptumRx. Not only is home delivery safe and reliable, it also offers the following advantages:

Cost savings: You may pay less for your medication with a three-month supply through OptumRx.

Convenience: Get free standard shipping on medications delivered to your mailbox.

24/7 access and reminders: Speak to a pharmacist who can answer your questions any time, any day. Even set up text and email reminders to help you remember to take or refill your medications.*

How Mail Service Saver Plus works

If you are currently taking maintenance medication on a regular basis, your pharmacy benefit plan requires you to use home delivery.

Your plan only covers a limited number of maintenance medication refills from a retail pharmacy (call Customer Service at the member phone number on the back of your health plan ID card for the number of fills covered by your specific plan). After the allowed fills, **you must move to home delivery through OptumRx** or you will pay the entire cost for your medication at your retail pharmacy.

Whether you have a new prescription or need to transfer an existing prescription, it's easy to get started with OptumRx home delivery.

Here is how:

By online registration:
Visit **myuhc.com,** register and follow the simple step-by-step instructions. You can manage your medication online, including filling new prescriptions and transferring other prescriptions to home delivery. You can also set up text message reminders to help manage your medication schedule. Be sure to have your health plan ID card and medication bottles on hand.

By phone:
Just call the member phone number on the back of your plan ID card to talk with a customer service representative right now. It's helpful to have your plan ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription.

By mail:
Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to **myuhc.com** and download the new prescription order form. Mail it to the address provided on the bottom of the form.

By fax / ePrescribe:
Ask your doctor to call **1-800-791-7658** for instructions on how to fax your prescription directly to OptumRx. Or your doctor can send an electronic prescription to OptumRx.

*OptumRx provides this service at no cost. Standard message and data rates charged by your carrier may apply.

optumrx.com

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum™ company — a leading provider of integrated health services. Learn more at **optum.com**.

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2016 Dental Insurance

Milwaukee County offers the following two dental plans:

- **Care-Plus (DMO)** - Offered through Dental Associates. If you elect the Care-Plus dental plan, you are required to use a Dental Associates facility to coordinate all of your oral health needs.
- **Milwaukee County Conventional Plan** - Administered by Delta Dental. Allows you to obtain dental care from any dentist you choose. There is an annual maximum benefit limit, an annual deductible and most services have a patient coinsurance requirement.

Monthly Employee Dental Premium Contributions as of 1/1/2016

All Employees (Except Deputy Sheriffs)

Conventional Dental Plan (Delta Dental) and Dental Associates (Care Plus) DMO	
Employee Only	***$15.00***
Employee + Child/Children	***$35.00***
Employee + Spouse/Partner	***$35.00***
Employee + Family	***$35.00***

Deputy Sheriffs

Conventional Dental Plan (Delta Dental) and Dental Associates (Care Plus) DMO	
Employee Only	***$2.00***
Employee + Child/Children	***$6.00***
Employee + Spouse/Partner	***$6.00***
Employee + Family	***$6.00***

Milwaukee County Employee Dental Plans

Benefit Comparison *At-A-Glance*

Benefit	Milwaukee County Conventional Plan (Delta Dental)	Care-Plus (DMO)
Network of providers	Services may be performed by the dentist of your choice	Services must be performed at a Dental Associates, Ltd. Dental Center
Annual Maximum Benefit	$2,500 per person	$3,000 per person
Annual Deductible	$25 per person (Maximum of 3 deductibles per family per year)	$25 per person (Maximum of 3 deductibles per family per year)
Diagnostic and Preventive:		
- Dental exams and cleanings	100% of approved charges	100% of approved charges
- Bitewing x-rays	100% of approved charges	100% of approved charges
- Full mouth x-rays	100% of approved charges	100% of approved charges
Minor Restorations (regular fillings: acrylics, amalgams, & composites)	80% of approved charges	100% of approved charges
Major Restorations (crowns, inlays, onlays)	50% of approved charges	80% of approved charges
Prosthetics (dentures, bridges)	50% of approved charges	80% of approved charges
Simple Extractions	80% of approved charges	80% of approved charges
Endodontics (root canal treatment)	80% of approved charges	80% of approved charges
Periodontics	80% of approved charges	100% of approved charges
Orthodontics	50% of approved charges (includes coverage for adults) with a $2500 life time maximum benefit.	75% of approved charges (includes coverage for adults if approved by the plan)
Ancillary Services	80% of approved charges	80% of approved charges
Oral Surgery	80% of approved charges	80% of approved charges (surgeon fee only)

Smile inspired

Because your smile means so much.

From "*Hi there.*" to "*I love you.*" and every "*Thanks, Mom.*" and "*You're so silly!*" in between...a smile says a whole lot. When you choose Dental Associates, your smile will say it all. Whatever your dental health goals are, you and those you love will receive the very best care. Because our caring for you goes well beyond dental procedure, it will leave you more than satisfied. You'll be elated...and it will be written all over your face.

Green Bay
430 Main St.
Green Bay, WI 54301
920.431.0345
800.414.0274

Appleton
4660 W. College Ave.
Appleton, WI 54913
920.730.0345
866.428.2345

Fond du Lac
545 E. Johnson St.
Fond du Lac, WI 54935
920.924.9090
800.398.0672

Milwaukee
1135 S. Cesar Chavez Dr.
Milwaukee, WI 53204
414.645.4540
866.346.8098

Sturtevant
10155 Washington Ave.
Sturtevant, WI 53177
262.884.3011
877.251.0240

North Appleton
2115 E. Evergreen Dr.
Appleton, WI 54913
920.734.2345
866.602.0111

Greenville
N1737 Lily of the Valley Dr.
Greenville, WI 54942
920.757.0100
866.602.0083

Wauwatosa
11711 W. Burleigh St.
Wauwatosa, WI 53222
414.771.2345
800.398.0687

Franklin
6855 S. 27th St.
Franklin, WI 53132
414.435.0787
866.824.3220

Kenosha
7117 Green Bay Rd.
Kenosha, WI 53142
262.942.7000
866.811.4619

dentalassociates.com

DentalAssociates
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MILCTY2012

DELTA DENTAL®

Experience.
A simpler web.

Delta Dental makes it easy for you to log on, find the information you need, and get on with your day. Discover the web-based services available at www.deltadentalwi.com.

Members can:
- Access extensive dental benefits and utilization information
- Check claims
- Request electronic EOBs
- Verify copays and deductibles
- Review claim history
- Print ID cards

Designed with you in mind.

Flexible Spending Accounts

There are two types of Flexible Spending Accounts (FSA). The first is a Health Care Flexible Spending Account and the second is a Dependent Care Flexible Spending Account. The plan year for the Health Care Flexible Spending Account runs from January 1st through March 15th of the following year and the Dependent Care Flexible Spending Account runs from January 1st through December 31st.

- Your participation in a FSA plan allows a portion of your salary to be redirected to provide reimbursement for these types of expenses.
    - **Health Care:** To be eligible for reimbursement, the expense must be incurred for medical care that is not reimbursed from any other source. Medical care means the drug or service is needed to treat a medical condition.
    - **Dependent Care:** Work-related **day care expenses** for a qualifying dependent.
- At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate in.
    - **Health Care** - $2,550 maximum.
    - **Dependent Care** - $2,500 maximum if "married, filing separately" or $5,000 maximum if single or "married, and filing jointly"
- Participation in one or both FSAs can save you money by reducing your taxable income because taxes will be calculated after the elected amount is deducted from your salary.
- Your taxable income will also be reduced for Social Security calculation; therefore, there may be a corresponding reduction in Social Security benefits.

"Use It or Lose It" Rule

Money remaining in your FSA account(s) **WILL NOT** be returned to you at the end of the plan year. Any amount remaining after the end of the plan year will be forfeited. Because of the "use it or lose it" rule, it is important for you to carefully estimate your out-of-pocket expenses for the upcoming plan year.

Milwaukee County FSA Employer Contribution

Per the 2016 adopted budget, all employees, *except those employees not contributing to ERS* , who elect to contribute their own funds into the Health Care Flexible Spending Account (FSA), will receive a matching contribution up to a maximum of $2000 into their FSA plan, from Milwaukee County.

Flexible Spending Accounts

What is a Health Care Flexible Spending Account (FSA)?

A Health Care Flexible Spending Account (FSA) is an employer-sponsored benefit that enables you to pay for eligible medical expenses on a pre-tax basis. Any contributions you make to your FSA are deducted from your check before any of your taxes are calculated, reducing the amount of your income that is taxed. Eligible employees also receive a contribution to the FSA paid by Milwaukee County.

The Health Care FSA can be used to reimburse you for out-of-pocket medical, dental, vision or other health care expenses.

How to Use Your FSA

Think of your flexible spending account as your own personal bank account that you can use periodically to reimburse yourself for qualified expenses. Each plan year, the total amount you designate from your paycheck and/or the Milwaukee County contribution is deposited into your account.

Claims for eligible expenses that are not covered by a health care plan can be submitted directly to the FSA for reimbursement. When you incur an eligible expense, you can use the Benny Benefits card, or you can complete a claim form; attach your itemized, third-party receipt or the insurance company's Explanation of Benefits and mail or fax the information to Employee Benefits Corporation.

Claim reimbursement is based on the date you receive services, not the date you pay the invoice or the date you are billed, which must be within January 1, 2016 and March 15, 2017. With the FSA, you can be reimbursed for your entire claim up to your plan-year election, including your Milwaukee County contribution minus any previous claim reimbursements, even if that amount has not yet been deducted from your pay.

What expenses can be reimbursed through the FSA?

This is a partial list of expenses that qualify:

- Acupuncture
- Ambulance
- Chiropractors
- Coinsurance amounts and deductibles
- Contact lenses, solutions and cleaners
- Copays
- Dental treatment
- Eyeglasses (prescription); vision exams
- Hearing devices and batteries
- Infertility treatments
- Laboratory fees
- Laser eye surgery
- Orthodontic fees
- Orthopedic devices
- Over-the-counter drugs (requires a prescription)
- Prescription drug copays
- X-rays & MRI

What expenses cannot be reimbursed through the FSA?

This is a partial list of expenses that do not qualify:

- Cosmetic surgery, procedures and/or medications
- Dental bleaching
- Hair restoration (procedures, drugs, or medications)
- Health club or gym memberships for general health
- Marriage and family counseling
- Over-the-counter drugs, or medications that are not prescribed by your physician
- Weight loss programs for general health or appearance
- Mail order prescriptions from another country coverage
- Premiums you or your spouse pay for insurance coverage

Filing a Manual Reimbursement Claim

To request reimbursement from your FSA, take the following steps:

1. Complete an online claim form at www.ebcflex.com – Click on Participant Log-in - Claims and Payments – File a Claim.
   Upload one of the following items with your claim:
   - **Receipt, invoice, or bill** from your healthcare provider listing the date you received the service, the cost of the service, the type of service, and the person for whom the service was provided
   - **Explanation of Benefits** (EOB) from your health insurance provider showing the type of service you received, the date and cost of the service, any uninsured portion of the cost.

OR

2. Download and complete a FSA Claim Form (www.ebcflex.com - Forms and Reports - Employee Administration Documents - Claim Form - including one of the following items with your claim:
   - **Receipt, invoice, or bill** from your healthcare provider listing the date you received the service, the cost of the service, the type of service, and the person for whom the service was provided
   - **Explanation of Benefits (EOB)** from your health insurance provider showing the type of service you received, the date and cost of the service, any uninsured portion of the cost.
   - Submit the form by fax (1-608-831-4790) or mail to Employee Benefits Corporation, PO Box 44347, Madison, WI 53744-4347

DO NOT send claim forms to the Benefits Office.

The BESTflex Plan
Employee Benefits Corporation

Employee Worksheet

Fax to: **608 831 4790**
Mail to: **Employee Benefits Corporation**, PO Box 44347, Madison WI 53744-4347
Phone support: **800 346 2126** | 608 831 8445
E-mail support: **participantservices@ebcflex.com**

This worksheet will help you estimate the expenses for you, your spouse, and eligible dependents. Transfer the Deduction Per Pay Period for Health and Dependent Care to the Enrollment Form.

Group Insurance Premiums

If you participate in your employer's insurance plan(s), your premiums are deducted from your pay pre-tax unless you notify your employer otherwise.

My BESTflex Plan Accounts

If you establish a Health Savings Account (HSA), you may only enroll in the Limited Health Care FSA, which can only reimburse you for eligible dental, vision and preventative expenses and the Dependent Care FSA.

My Plan Dates (Refer to "My Company Plan" Eligibility section)

- -	-	to -	
My Effective Start Date (mm-dd-yyyy)	My Plan Year Start (mm-yyyy)	My Plan Year End (mm-yyyy)	# Payroll Deductions

Examples of Eligible Health Care FSA Expenses:

DENTAL SERVICES

$_____ Crowns/Bridges
$_____ Dental X-Rays
$_____ Dentures
$_____ Exams/Teeth Cleanings
$_____ Extractions
$_____ Fillings
$_____ Gum Treatments
$_____ Oral Surgery
$_____ Orthodontia/Braces

INSURANCE-RELATED ITEMS

$_____ Copays
$_____ Coinsurance
$_____ Deductibles

LAB EXAMS / TESTS

$_____ Blood Tests
$_____ Cardiographs
$_____ Diagnostic Fees
$_____ Laboratory Fees
$_____ Spinal Fluid Tests
$_____ Urine/Stool Analyses
$_____ X-Rays

MEDICATION

$_____ Insulin
$_____ Prescribed Birth Control
$_____ Prescribed Vitamins*
$_____ Prescription Drugs *(including co-pays)**

OVER-THE-COUNTER MEDICINE

Important:** Starting January 1, 2010, the following over-the-counter medicines can only be reimbursed by the BESTflex Plan with a **doctor's prescription:

$_____ Allergy Medicines
$_____ Antihistamines
$_____ Analgesics
$_____ Antacids
$_____ Anti-Diarrhea Medications
$_____ Anti-Itch Medications
$_____ Anti-Nausea Medications
$_____ Aspirin
$_____ Athletes Foot Creams and Powders
$_____ Cold Sore Remedies
$_____ Cough Drops
$_____ Cough Syrups
$_____ Decongestants
$_____ Eye Drops
$_____ Fever Reducers
$_____ First Aid Cream *(Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)*
$_____ Digestive Tract Relief Medications
$_____ Flu and Cold Medications
$_____ Hemorrhoidal Medications
$_____ Laxatives
$_____ Lice and Scabies Treatments
$_____ Menstrual Cycle Products *(for pain and cramp relief)*
$_____ Motion Sickness Pills
$_____ Muscle / Joint Pain Relievers
$_____ Nasal Sinus Sprays
$_____ Nicotine Gum / Patches
$_____ Pain Relievers
$_____ Pedialyte
$_____ Retin A *(non-cosmetic)*
$_____ Rubbing Alcohol
$_____ Sinus Medications
$_____ Sleeping Aids
$_____ Smoking Cessation Products
$_____ Sore Throat Sprays
$_____ Special Ointments / Cream for Sunburns
$_____ Throat Lozenges
$_____ Vapor Rubs
$_____ Weight Loss Drugs *(only to treat a specific disease)*
$_____ Yeast Infection Treatments

$_____ Subtotal

OTHER MEDICAL TREATMENTS/ PROCEDURES

$_____ Acupuncture
$_____ Alcoholism *(inpatient treatment)*
$_____ Breast Pumps and Lactation Supplies
$_____ Chiropractor Services
$_____ Drug Addiction *(inpatient treatment)*
$_____ Hearing Exams
$_____ Hospital Services
$_____ Infertility
$_____ In-vitro Fertilization
$_____ Norplant Insertion or Removal
$_____ Orthopedic Shoes
$_____ Patterning Exercises
$_____ Physical Examination *(not employment related)*
$_____ Physical Therapy
$_____ Speech Therapy
$_____ Sterilization
$_____ Vaccinations and Immunizations
$_____ Vasectomy and Vasectomy Reversals
$_____ Well Baby Care

$_____ Subtotal

OTHER MEDICAL SUPPLIES/SERVICES

$_____ Abdominal/Back Supports
$_____ Ambulance Services
$_____ Arches *(requires doctor's prescription)*
$_____ Contraceptives
$_____ Counseling *(except for Marriage and Family)*
$_____ Crutches
$_____ Guide Dog *(and other animal aides)*
$_____ Hearing Aids & Batteries
$_____ Hospital Bed
$_____ Insulin Supplies
$_____ Learning Disability *(special school/teacher)*
$_____ Lead Paint Removal *(if not capital expense and incurred for a poisoned child)*
$_____ Medic Alert Bracelet or Necklace
$_____ Medical Miles, Tolls, and Parking
$_____ Orthopedic Shoes *(cost above regular shoes)*
$_____ Oxygen Equipment
$_____ Pregnancy Tests
$_____ Pre-Natal Vitamins
$_____ Prosthesis
$_____ Reading Glasses
$_____ Splints/Casts
$_____ Support Hose *(if medically necessary)*
$_____ Syringes
$_____ Transportation Expenses *(essential to medical care)*
$_____ Wheelchair
$_____ Wigs *(hair loss due to disease)*

VISION EXPENSES

$_____ Contact Lenses
$_____ Contact Lens Solution
$_____ Eye Examinations
$_____ Eyeglasses
$_____ Laser Eye Surgeries
$_____ Prescription Sunglasses
$_____ Radial Keratotomy/LASIK

$_____ Subtotal

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll free customer service line 800 346 2126.

Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

OVER-THE-COUNTER (OTC) MEDICINE

Important note about OTC medicine reimbursement: The Health Care FSA only reimburses your OTC medicine expenses if you have a doctor's prescription for them. Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Only OTC drugs and medicines with a prescription and filled by the pharmacy will be eligible for reimbursement. Make sure you plan your annual Health Care FSA election accordingly.

*Excludes drugs imported from Canada and other countries

$_____
Total Health or Limited Health FSA Election

$_____
Divided by #Payrolls = Deduction per Pay Period

$_____
Total Dependent Care FSA Election

$_____
Divided by #Payrolls = Deduction per Pay Period

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The BESTflex℠ Plan

Benny™ Benefits Card

Contents

How the Benny™ Benefits Card Works	*1*
IRS Regulations that Dictate Benny™ Benefits Card Use	*1*
How You Receive Your Benny™ Benefits Card	*2*
New Plan Year, Same Benny™ Benefits Card	*2*
Cut-off Dates for Benny™	*3*
Using the Benny™ Benefits Card to Pay for End-of-Year Expenses	*3*
Keeping Your Card Active When You Move	*3*
Receipt Request Letters	*3*
Receiving Receipt Request Letters via E-mail	*3*
Switching to E-mail or Changing Your E-mail Address	*3*
Recognizing the Receipt Request E-mail	*3*
Benny™ Suspensions	*4*
When Receipts May Not Be Required	*4*
Terminating Employment and Benny™	*4*
Contact Employee Benefits Corporation	*4*

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Benny™ debits your FSA, making the BESTflex℠ Plan even easier to use.

With the BESTflex℠ Plan, you set aside money from your paycheck and place it in a Health Care Flexible Spending Account (FSA) to pay for certain medical expenses before taxes are taken from your pay.

You use the Benny™ Benefits Card to pay for those expenses instead of using cash. Benny™ debits your FSA and makes the BESTflex Plan even more convenient to use.

How the Benny™ Benefits Card Works

Benny™ debits your BESTflex Plan Health Care FSA when you use the card to pay for eligible health care expenses. For example, if your total Health Care FSA election is $1,000, Benny™ can pay for up to $1,000 worth of eligible health care expenses.

IRS Regulations that Dictate Benny™ Benefits Card Use

There are several IRS regulations that dictate how the Benny™ Benefits Card works. Taking some time today to understand the most important rules will help you use Benny™ in the most convenient ways during the plan year.

Remember to ask for and **SAVE** the itemized receipt when you use Benny™!

Eligible Expenses
You can use the Benny™ Benefits Card to pay for the same services and eligible health care expenses that qualify under the BESTflex Plan Health Care FSA instead of paying out of pocket. Consult *My Company Plan* for the eligible expenses that are part of your company's plan design.

Where You Can Use Benny™
You can use Benny™ to pay for these expenses at retailers and pharmacies that automatically substantiate the purchase at the point of sale using an inventory information approval system (IIAS). The IIAS determines whether expenses are FSA-eligible, and only applies those expenses to Benny™.

The growing "List of IIAS Retailers" is available at www.ebcflex.com. The list is available to help you determine whether Benny™ will work at your preferred merchants. If a retailer cannot substantiate the purchase at the point of sale, Benny™ will be declined.

As always, contact our Participant Services Team via e-mail at participantservices@ebcflex.com or call 800 346 2126 to help determine if a merchant is eligible.

You can also use Benny™ at health care, dental and vision provider offices. Transactions at these merchants may require that you submit a receipt to manually substantiate the transaction.

What To Do With Benny™ Transaction Receipts
Save your Benny™ transaction receipts! If your purchase is not substantiated at the point of sale, you will receive a **Receipt Request Letter** asking you to submit an **itemized** receipt. The itemized receipt allows us to verify that you used Benny™ to pay for an eligible expense, as required by the IRS.

These are federal mandates and the IRS provides no exceptions.

You CANNOT use the Benny™ Benefits Card to pay for an expense that is already covered by your health insurance. Before you pay a doctor's bill or other such expense, check your Explanation of Benefits, sent to you by your health insurance plan, to be sure that it won't be covering that bill. You can use the Benny™ Benefits Card to pay for the portion of the expense that isn't covered.

Over-the-Counter Medicines
Effective January 1, 2011, the Health Care FSA only reimburses over-the-counter (OTC) medicine expenses with a doctor's prescription for them.

In order to use Benny™ to pay for OTC medicines, you must present your doctor's prescription to the pharmacist, and the pharmacist must fill the OTC medicine in accordance with applicable law and assign a prescription number.

You can use Benny™ as normal to purchase OTC items that are not considered a drug or a medicine, such as bandages, contact lens solution, heating pads, ice packs, reading glasses and thermometers. You will also be able to use Benny™ to pay for insulin and diabetic supplies.

Please reference the Eligible Expenses List for more information.

Retailers that Can Accept Benny™
The Benny™ Benefits Card will not be accepted at retailers that qualify under the "90% rule." These merchants could verify that 90% of their annual revenue is generated by FSA-eligible items.

This means that Benny™ may be declined at a local pharmacy. Reference the "List of IIAS Retailers" at www.ebcflex.com to determine whether Benny™ will work at your preferred merchants.

■ How You Receive Your Benny™ Benefits Card
Your employer has made the Benny™ Benefits Card part of your BESTflex Plan Health Care FSA. You elect the card by electing the Health Care FSA or completing a special election form.

Once you enroll in the BESTflex Plan Health Care FSA, the Benny™ Benefits Card is mailed directly to your home. The envelope will be entitled "Your New Employee Benefits Materials Are Enclosed" and contain two cards, a cardholder agreement and an information flyer. Watch for it to arrive within 30 days after your plan start date.

Please follow the instructions included with your card to activate it BEFORE you use Benny™!

■ New Plan Year, Same Benny™ Benefits Card
If your employer has signed up for the BESTflex Plan and the Benny™ Benefits Card and you've used your card this year, your new elections will be automatically available on your card at the beginning of your new plan year. As long as your employer continues the BESTflex Plan, you'll receive a new card 30 days prior to your card expiration date. You will be responsible to pay a fee from your Health Care FSA to replace any lost or stolen cards.

3 things you should understand ***before*** you use the Benny™ Benefits Card:

1. You may be asked to document your Benny™ Benefits Card purchases by providing itemized receipts.
2. ***Do not submit your receipts until requested to do so.*** We will send you a list of Benny™ transactions that were not substantiated at the point of sale, which you return to us with a copy of your receipts.
3. You will be asked to and must repay the expense amount if you make a purchase with the card and, upon request, cannot provide an itemized receipt for the expense for any reason.

Cut-Off Dates for Benny™

If your employer has added the 2-1/2 month grace period to your BESTflex Plan, you can use Benny™ to pay for expenses that you incur during the grace period. Otherwise, once your grace period ends, you can no longer use the card for previous plan year expenses.

You have 90 days after the plan year ends to submit reimbursement requests for expenses incurred during the previous plan year. See your BESTflex Plan *Summary Plan Description* for more information on the 90-day run-out period.

Note: Please consult My Company Plan for the specific details defining your company's plan design.

Using Benny™ to Pay for End-of-Year Expenses

You can use the card to pay for items equal to the amount remaining in your BESTflex Plan Health Care FSA and pay for the difference through some other means. Toward the end of the year, frequently check your remaining FSA balance on our web site, www.ebcflex.com, or by calling Employee Benefits Corporation at 800 346 2126. It is important to make sure sufficient funds are available to handle the purchases you plan to make at year's end.

Keeping Your Card Active When Your Address or Name Changes

Be sure to update your address with your employer and with Employee Benefits Corporation when you move or your card will be declined at any merchant that uses an address verification process. Address changes can be made online through My Account Assistant.

You should also be sure to update your employer and Employee Benefits Corporation if you have a name change. Changes to your last name will result in a new card being issued to you and a fee paid from your Health Care FSA.

Receipt Request Letters

Whenever possible, Benny™ tries to electronically verify your purchase at the cash register. However, some Benny™ swipes require itemized receipts to be submitted in order to verify the transaction. Receipt Requests are sent via e-mail and used to collect those receipts and substantiate the expense. When Benny™ cannot verify a claim electronically or at the cash register:

1. We send you a Receipt Request e-mail outlining the unverified expenses
2. You print and return the tear-off portion of the Request to us via fax or U.S. Mail with copies of your receipts for the specified expenses
3. You can also upload your documentation to us using our mobile app or from your online account.

If we do not have a valid e-mail address, we will send the Requests via U.S. Mail (this may cause delays in processing your documentation).

How Receipt Requests will be sent:

With E-mail on file	***No E-mail on file***
First Notice via e-mail	First Notice via U.S. Mail
Second Notice via e-mail	Second Notice via U.S. Mail
Suspension Notice via U.S. Mail	Suspension Notice via U.S. Mail

If there is no response to the first Request (First Notice), a second Request will be sent to the same e-mail or the same U.S. Mail address (Second Notice). If there is no response to the second Receipt Request, you'll receive a letter via U.S. Mail notifying you that your card is suspended (Suspension Notice).

Receipts and expense documentation must include:

A. Date(s) of Service

B. Type of expense

C. Amount of the expense incurred

D. Name of Service Provider

Note: Cancelled checks, credit card statements or previous balance statements cannot be used as expense documentation.

Please, do not submit Benny™ expense receipts attached to a *Reimbursement Form*. Do not send in receipts unless you receive the Receipt Request Letter.

Receiving Receipt Request Letters via E-mail

If you activated your account at our web site (www.ebcflex.com) and currently view your account online, we have the e-mail address you provided at that time. This is the e-mail address we will use unless you request us to change it.

Switching to E-mail or Changing Your E-mail Address

Log in to My Account Assistant at www.ebcflex.com to update your email preferences. Updates can be made to your email address in the Contact Info link under the Account Settings area of the site. Updating your communication preferences can also be made under Account Settings in the Notification Info area.

Recognizing the Receipt Request E-mail

The Receipt Request Letter will be sent to you directly via e-mail from "Benefit Central Card Management System" with the Receipt Request Letter attached to the e-mail as a password-protected PDF file. (In order to view a PDF file on your computer, you must first download the free, Adobe® Reader software from www.adobe.com.) To view the letter attachment, enter the last four digits of your Benny™ card number when requested to enter a password.

From: **BenefitCentralCardManagementSystem**@bennycentral.com
Sent: Tuesday, June 1, 2015 9:26 AM
To: cardholder@company.com
Subject: **A Receipt Request Has Been Generated For Your Benny™ Card Transaction**

Sample e-mail: Watch for the e-mail and ensure it doesn't land in your blocked e-mail directory

Benny™ Suspensions

Suspension usually occurs because of outstanding, unsubstantiated expenses made using the card. You can request any outstanding Receipt Request Letters so you can submit outstanding receipts. If you cannot supply valid, itemized receipts, you must repay the plan.

If your card privileges have been suspended and your employer renews your plan, your card will not be reinstated until you send in valid receipts for the outstanding expenses or repay the plan.

When Receipts May Not Be Required

There are two instances where receipts may not be required. Although your expense information is submitted automatically in these situations, it is still important that you save your receipts in case of a data transfer problem or other error. You should not be asked to submit receipts:

1. When you use your Benny™ Benefits Card at your health care provider for an office or prescription co-pay, and the Benny™ expense item exactly matches the co-pay item cost your employer has on file with us.
2. As long as you purchase eligible prescriptions, medical supplies or contact lens supplies from retailers that can automatically substantiate your Benny™ transactions at the point of sale through an IIAS. We have a full "List of IIAS Retailers" available on our web site, www.ebcflex.com.

Remember this simple rule: if the provider cannot substantiate the expense at the point of sale, we are required to request receipts to verify the entire transaction.

If you cannot verify the transaction with an itemized receipt or you used the card to pay for an ineligible expense, you are asked to repay the plan or your card will be temporarily suspended until payment is received.

Terminating Employment and Benny™

Your Benny™ Benefits Card will be closed if you terminate employment with the employer that offers the card. To submit claims during your run-out period after termination, you must use a *Claim Form*.

Contact Employee Benefits Corporation

If you have any questions regarding Benny™ or any aspect of your BESTflex Plan account, please email **participantservices@ebcflex.com** or contact the Participant Services Team at **800 346 2126.**

Quick Tips for Using the Benny™ Benefits Card

Benny™ may be declined when you use it for one of a few reasons:

1. The merchant does not accept the Benny™ Benefits Card. See "IRS regulations that dictate Benny™ Benefits Card use".
2. The expense is not eligible under the BESTflex Plan.
3. Your card has been temporarily suspended due to an unsubstantiated or ineligible expense.

You may have to submit receipts for transactions from some merchants, and not from others. Many eligible merchants can automatically substantiate – or verify that the expenses paid for with the card are FSA-eligible – your transaction at the point of sale, using an IIAS. Others, including some health care providers, may not have this capability.

You will receive Receipt Request Letters by e-mail if you have an e-mail address on file. These e-mails are not spam messages, so be sure to watch for them. See "Receipt Request Letters".

Save your card, even after you use up your Health Care FSA funds or the BESTflex Plan plan year ends. You will receive new cards 30 days prior to your card expiration date. See "New plan year, same Benny™ Benefits Card".

Use Benny™ to pay for things like prescription and health plan co-payments, deductibles and co-insurance; "Amount Due" on medical and dental statements; orthodontics; vision services and eyeglasses; eligible medical supplies (bandages, ointments, rubbing alcohol, sunburn cream, contact lens solutions/supplies, crutches, blood pressure and heart rate monitors, and braces); and insulin & diabetic supplies.

Online and Mobile Benny™ Account Management
File claims, manage Benny™ transactions, and upload documentation online or using an Android or Apple smartphone or tablet!

If a transaction needs documentation, you will receive an email. Simply take a photo of your documentation using your mobile device's camera, attach an image from the device's photo library or from your computer's desktop and submit it to us.

Employee Benefits Corporation
We make it easy.

P: 800 346 2126 | 608 831 8445
F: 608 831 4790
P.O. Box 44347
Madison, WI 53744-4347
An employee-owned company
www.ebcflex.com

Milwaukee County Life Insurance Plans

Administered by MetLife

Milwaukee County provides life insurance to help protect your family in the event of your death.

Basic Life Insurance:

Milwaukee County Employees are eligible for up to 1 times their annual salary (on record as of the end of the previous calendar year), rounded up to the next $1,000 in basic life insurance coverage. Milwaukee County provides the first $25,000 *($20,000 for select bargaining units)* of that coverage. If basic life is elected, employees are responsible for the remainder of the coverage, at a rate of $0.40 per thousand dollars of covered income.

The amount of your Basic Life Insurance on and after age 65 will be determined by applying the percentage from the table below to the amount of your basic life insurance which would otherwise have been applicable had you not become age 65:

Age of Employee	Percentage
65 but less than 66	92%
66 but less than 67	84%
67 but less than 68	76%
68 but less than 69	68%
69 but less than 70	60%
70 and older	25%

Enrollments after 30 days of employment will require evidence of insurability.

Additional Coverage:
Employees may also elect additional life insurance coverage for themselves, their spouse, and dependent children.

Employee Optional/Supplemental Life Insurance:
This “optional” program offers 14 coverage choices in amounts from $10,000 to $200,000 at favorable group rates. The amount you select will be in addition to your “basic” (annual salary) coverage. If you meet the underwriting standards of MetLife* and are approved for coverage, premiums will be paid by you through the convenience of bi-weekly payroll deduction. **Optional Life Insurance is only available to active employees and is not a retirement benefit.**

Your beneficiaries are the same that you designate for your “Basic Coverage.

Optional/Supplemental Life Insurance Premiums:

To determine your monthly premium, find the appropriate rate in the table below (broken down by age) and multiply it by the number of thousands of dollars of insurance.

Monthly Premium Rates	
Your Age	**Rate Per $1,000**
<30	$0.08
30 – 34	$0.10
35 – 39	$0.12
40 – 44	$0.17
45 – 49	$0.25
50 – 54	$0.36
55 – 59	$0.57
60 – 64	$0.82
65 – 69	$1.27
70 – 74	$2.11
75 +	$3.69

Enrollments after 30 days of employment will require evidence of insurability and you will not be granted the guarantee issue amount of $200,000.

During the annual open enrollment period, you may elect to increase your optional life coverage to the next higher level of benefit without completing the evidence of insurability form. If you elect to increase your coverage more than the next higher level, you must complete the evidence of insurability form and submit it to MetLife for approval.

Spouse Life Insurance:

Employees may elect coverage for their spouse in $10,000 increments. The maximum amount of coverage is the lesser of 50% of your combined basic and optional coverage or $100,000. To determine your monthly premium, find the appropriate rate in the table below and multiply it by the number of thousands of dollars of insurance.

Age:	**<30**	**30-34**	**35–39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-70**
Spouse	$0.07	$0.09	$0.10	$0.13	$0.19	$0.33	$0.53	$0.92	$1.56

In order for your dependent spouse to be covered for spousal life insurance greater than $20,000, evidence of good health must be submitted to MetLife.

Enrollments after 30 days of employment will require evidence of insurability and you will not be granted the guarantee issue amount of $20,000 for spouse life.

Dependent Child Life Insurance:

Employees may elect $5,000, $10,000, or $12,500 of coverage for their dependent children. The premiums for this coverage are listed in the table below.

Coverage Amount	Monthly Rate
$5,000	$0.36
$10,000	$0.72
$12,500	$0.90

If you make a request during an annual open enrollment period, to increase your dependent life benefit to the next higher level, evidence of insurability is not required. If you make a request to increase to more than the next higher level of coverage, you must submit evidence of insurability for each of your dependents to MetLife.

"Dependent" For Purposes of Dependent Life Insurance means your unmarried child **except for**:

1. a person who is in the military or like forces of any country or of any subdivision of a country;
2. a person who is covered under This Plan as an Employee;
3. a person who lives outside the United States or Canada;
4. a child who:
    a. is 19 years of age or older and who is employed on a full-time basis; or
    b. is 19 years of age or older and who is not a full-time student at an approved school
    c. is 25 years of age or older

If a Dependent child is a Covered Person on the day before that child has reached the applicable age limit, that child will continue to be a Dependent after the age limit as long as:

a. that child is and remains unable to work in self-sustaining employment because of:
    i. physical handicap; or
    ii. mental retardation; and
b. that child is and remains chiefly dependent upon you for support; and
c. that child is and remains a Dependent, as defined, except for the age limit; and
d. you give MetLife proof, when they ask for it, that the child is and remains so unable to work and dependent upon you since the age limit. MetLife will not ask for proof more than once a year. The proof must be satisfactory to MetLife

Important Considerations:

This is "***Term***" insurance only. You may not borrow against it and no cash value accrues. You pay the full monthly premium based on your age and coverage amount. Premiums will be deducted from the first two paychecks of each month.

Note: You **<u>may not</u>** apply for optional life coverage if you do not have "basic" coverage for any reason, for example, you did not apply or want coverage when hired, you voluntarily canceled coverage or lost coverage due to nonpayment of premium while on leave of absence. You must first be approved for "basic" coverage through an insurability application.

Employee Assistance Program

Administered by United Behavioral Health

What is an Employee Assistance Program (EAP)?

An EAP is a service designed to help you manage life's challenges. Everyone needs a helping hand once in a while, and your EAP can provide it. EAP can refer you to professional counselors and services that can help you resolve emotional health, family, and work issues. The following services, paid for by Milwaukee County, are available:

Clinical Counseling

EAP can provide an assessment, assistance and referral to additional services when needed. Both face-to-face and telephonic consultations are available. Eligible members are entitled to up to 3 counseling sessions per incident per calendar year, for a wide range of emotional health issues, including:

- Marital, relationship, and family problems
- Alcohol and drug dependency
- Stress and anxiety
- Depression
- Grief and loss

Work & Life Services

Telephonic consultations are available for:

- Financial issues and Federal tax assistance
- Pre-retirement planning
- Organizing life's affairs
- Concierge services
- Legal services (telephonic or face-to-face)

If you need help,

call this toll-free number

24 hours/day, 7 days/week:

(800) 622-7276

or log on to

www.liveandworkwell.com

access code: milwaukee

Online Member Services

Access EAP information and tools online. With the click of a mouse you can:

- Search for an UnitedHealthcare counselor and get a referral
- Manage your stress with interactive tools
- Ask about an emotional health question
- Obtain information on a wide variety of EAP-related topics

Retirement Benefits

The Employees' Retirement System (ERS) is a single-employer plan that was created to encourage qualified personnel to enter and remain in the service of the County of Milwaukee by providing a system of retirement, disability and death benefits to or on behalf of its employees. The County was mandated to create the ERS as a separate legal entity with the passage of Chapter 201 of the Wisconsin State Statues in 1937.

The authority to manage and administer the ERS is vested in the Pension Board. The Pension Board consists of ten members – three members appointed by the County Executive (subject to confirmation by the County Board of Supervisors), two members appointed by the County Board Chairman (subject to confirmation of the County Board and County Executive), four elected members consisting of three employee-members and one retired member, and one member appointed by the Deputy Sheriff Association.

The County and ERS members make contributions to ERS based on actuarially determined contribution requirements, as well as additional contributions made at the discretion of the County Board. Actuarially determined contribution requirements are set during the County's budget process.

Benefits

Participation in ERS is automatic with the exception of excluded employees (i.e., Pension Board and Commission members and employees covered under the OBRA Plan). Benefits available include:

Monthly Pension Benefit
Disability Benefit
Death Benefit

The normal retirement benefit is a monthly pension for the life of the participant. For most employees, the formula used to determine the monthly pension benefit is based on a multiplier (the multiplier is determined by Ordinance, Union contract and ERS enrollment date) times service credits times the final average salary. Service credits, in general, are based on the years of employment history with the County. Final average salary for most members is a calculation based on the three highest consecutive years of earnings. The formula includes various dates, union contracts, Milwaukee County Ordinances, State Statutes and other qualifying factors.

To receive a pension benefit from Milwaukee County, you must satisfy age and vesting requirements. To receive a normal retirement pension you must be 55 with 30 service credits, age 60 and vested or age 64 and vested. If you are at or beyond your normal retirement age when joining Milwaukee County, you are automatically vested. You could also be eligible for an early retirement pension at age 55 with 15 service credits.

If you leave Milwaukee County employment prior to attaining your normal retirement age and are vested, you may be eligible to receive a Deferred retirement pension when you reach your normal retirement age.

If you have service credit from one of the other public retirement systems (State of Wisconsin Retirement System or City of Milwaukee Employees Retirement System), there may be special provisions available. This information should be provided to ERS at the time of your employment.

A member is considered vested to receive a pension benefit with:

Five service credits
Military Service Credit (Add-on)
Reciprocity Service Credit (Vesting and pension enhancement in other systems).

Deputy Sheriffs are required to have 10 service credits for vesting.

For additional information regarding the Employees' Retirement System, please call 414-278-4207

Deferred Compensation

In today's economy retirement income typically comes from four sources: Social Security, employer provided retirement plans, personal savings, and work continuation. Milwaukee County has established a Deferred Compensation plan to help you meet your retirement income needs. All current Milwaukee County employees are eligible to participate in the Deferred Compensation Plan. Enrollments in the plan can occur at any time throughout the year. Once you've decided to enroll,, a plan representative will explain the plan, provide the necessary paperwork and help you complete the appropriate forms.

Deferred compensation is an Internal Revenue Service (IRS) term. It refers to the employee's ability to save money through regular payroll deductions on a pre-tax basis. Pre-tax means that neither the money saved nor the earnings on the invested funds is subject to federal or state income taxes until withdrawn. Because of this tax break, dollars set aside under this program provide greater benefits than dollars saved under ordinary savings plans. This program is designed to enable you to supplement your retirement income. For that reason there are very stringent rules regarding when and under what circumstances you can withdraw your money before retirement. This program should not be thought of as a passbook savings vehicle. You'll want this money to grow into a nice retirement fund.

Your Deferred Compensation is payable to you upon one of these five events – termination of employment, retirement, disability, death or severe financial hardship.

If you would like additional information on the Deferred Compensation plan or would like to enroll, please contact our current plan administrator, Empower Retirement, at 414-223-1921.

Milwaukee County's Deferred Compensation Plan

Administered by Empower Retirement

What is a deferred compensation plan?

The Milwaukee County Deferred Compensation Plan (Plan) is a governmental 457(b) deferred compensation plan that allows employees to supplement any existing retirement and pension benefits by saving and investing traditional before-tax dollars and/or Roth after-tax dollars as 457(b) elective contributions.

Why should I participate in the Plan?

You may want to participate if you are interested in saving and investing additional money for retirement and/or in the case of before-tax contributions, reducing the amount of current state and federal income tax you pay each year. Your Milwaukee County Deferred Compensation Plan can be an excellent tool to help make your future more secure.

You may also qualify for federal income tax credit by participating in this Plan. For more information about this tax credit, please contact your Great-West Retirement Services representative.

Who is eligible to enroll?

All current employees of Milwaukee County are immediately eligible to participate in the Plan. Please contact your Great-West Retirement Services representative if you have any questions and to enroll in the Plan. Individuals who have separated from service or have retired are eligible to keep their balance in the Plan.

What are the contribution limits?

In 2016, the maximum amount you may defer from your salary is 80% or your includible compensation (as defined by the Internal Revenue Code) or $18,000, whichever is less. This is the total amount you may contribute with before- and after-tax contributions combined.

Those participants who are age 50 and older may contribute an additional $6,000 to the Plan in 2016. This means that participants age 50 and older can contribute a maximum or $23,000 or 80% or includible compensation, whichever is less, for the 2016 calendar year.

For more information, you may contact the local office located in the Milwaukee County Courthouse, 901 N 9th Street, Room 212-C or by calling (414) 223-1921.

Make your benefits count!

Colonial Life.

Making benefits count.

Milwaukee County Voluntary Benefits

Have we got news for you!

As an employee of Milwaukee County you have the opportunity to apply for personal insurance products from Colonial Life! These benefits can enhance your current benefits portfolio and can be customized to fit your individual needs.

* You will enjoy the convenience of premium payment through payroll deduction
* You will have the ability to take most benefits with you if you change jobs or retire
* Benefits are available for you and your family, with most products.
* Payments are made directly to you

Benefit Choices

Short Term Disability

Provides income to you if you are unable to work due to a covered accident or illness. If you can't work your paycheck stops but your bills don't.

Accident

Great for individuals and families - even if working this coverage pays you according to how badly you are hurt in an accident. Use your payments for deductibles, co-pays, misc expenses or whatever you choose.

Critical Illness/Cancer

Receive a lump-sum payment to help ease money worries if you experience a serious event such as a heart attack, stroke, cancer, etc

FOR MORE INFORMATION OR A NO-OBLIGATION QUOTE CONTACT

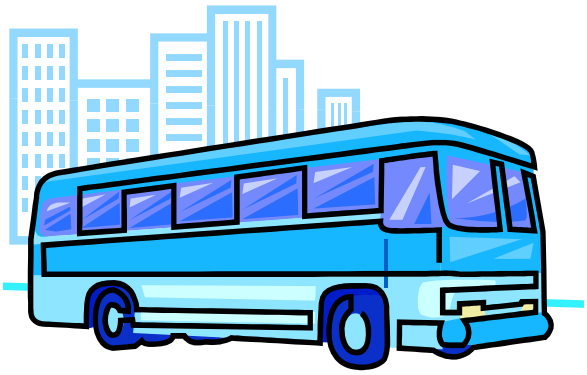
Linda Synor Phone 414-446-8212 or email: linda.synor@coloniallife.com

FILING A CLAIM OR HAVE A QUESTION ABOUT YOUR POLICY

Call Customer Service at 1-800-325-4368

Don't miss this opportunity to make the most of your benefits package!

Commuter Value Pass Program



All active Milwaukee County Employees are eligible to participate in the Commuter Value Pass (CVP) program through the Milwaukee County Transit System (MCTS). As a CVP participant, you will enjoy unlimited MCTS transit including Freeway Flyer and trolley service as well as all special event shuttles (SummerFest, State Fair, etc.) for only $10.00 per month! (deducted equally over 24 pay periods) Additionally, the CVP is good for 90 days at a time so you can eliminate the hassle of purchasing weekly MCTS fares.

Enrollment Process:

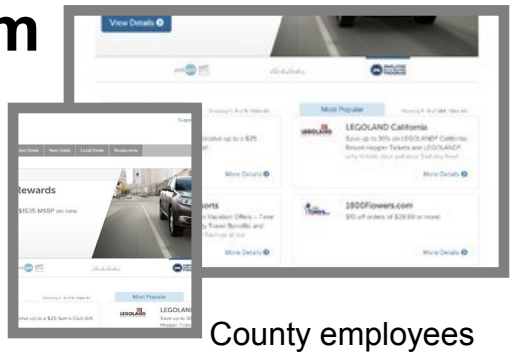
Employees must apply for the CVP program using the Benefit Enrollment System, print a copy of the enrollment confirmation and bring it to the main transit office. Employees will have a photo taken and will be issued a bus pass on site. The transit office is located at:

1942 N. 17th Street
(Open Monday –Friday from 8:00 a.m. – 4:00 p.m.).

Employees who enroll will become effective on the first day of the following month.

Questions?
Call Milwaukee County Transit System at 414-343-1777 and ask about the CVP for Milwaukee County, or contact your Departmental Human Resources Partner.

Employee Discount Program



Milwaukee County Human Resources has partnered with Perkspot.com to provide discounts to Milwaukee County employees for a wide range of retailers and service providers, including electronics, clothing, vehicles, travel, movie & sporting event tickets, and many more. You can also request Perkspot to negotiate new discounts for Milwaukee County employees by clicking on the "suggest a merchant" feature at the top of the page. Discount offers are updated frequently, and any new discounts that either Perkspot or Milwaukee County Human Resources secures for County employees will be made available on this site.

To register, please visit **mkecounty.perkspot.com**. Registration is easy. All you need to provide is your zip code and any e-mail address.

Milwaukee County Wellness Program

The Milwaukee County wellness program, Health Matters, is participation-based. If an employee chooses not to take part in the required steps, they will not receive the incentive. The incentive for the employee is a monthly premium reduction equivalent to either 30% of the premium or $50, whichever is the lesser. To receive the incentive an employee must go through a health assessment that includes a fasting biometric health screen and an online questionnaire. Furthermore, employees who are identified through the health assessment as being at a high risk are required to speak with a health coach once a quarter in order to continue to receive the incentive throughout the year.

The County works through Froedtert Workforce Health to administer the health assessments. Onsite assessments take place in the first quarter of a year (January – March). New hires who are not able to take advantage of the onsite assessments can still participate by working with Workforce Health to complete the requirements.

All new hires must register with Workforce Health by calling them at 414-777-3446. Workforce Health will explain the process and schedule any necessary appointments.

Health Assessment Biometric Screen

Workforce Health will explain that there are two options for completing the biometric health screen:

Option 1:

Obtain a physician results form from Workforce Health and go to your physician to have the screen completed. The form must be completed by your physician and faxed from their office. It will be considered incomplete if there are any missing biometrics

Option 2:

Schedule an appointment at Workforce Health's facility to receive the fasting biometric screening. They are located at W129 N7055 Northfield Drive Building B Menomonee Falls, WI 53051.

As part of the biometric screening process you will review your results with one of Workforce Health's health coaches. If you submit physician results you will do this telephonically with a health coach. If you go to their location you will do this immediately following the biometric screen.

After completing all the necessary steps, Workforce Health will send you a letter confirming your score from the biometric screen. Based on this score, you may be required to schedule and participate in quarterly coaching sessions in order to continue receiving your monthly medical insurance premium reduction.

If your confirmed score is 60 or above, you will automatically receive the monthly medical insurance premium reduction for the rest of the year and will be reported as "participating" regardless if you are actively working with a health coach.

If your confirmed score is 59 or below, you will be required to schedule and participate in one 15-minute, Health Coaching session each quarter. Health Coaching sessions are conducted telephonically. Failure to participate will result in you losing the monthly premium reduction for the following quarter.

Completion of Health Coaching in one quarter earns you your next quarter incentive. Quarterly coaching deadlines are: June 15th, September 15th and December 15th.

All employees, regardless of their score, are able to work with a Health Coach to reach their individual wellness goals. Contact Workforce Health at 414-777-3446 to get an appointment scheduled.

Health Assessment Questionnaire

Before taking the questionnaire you must speak with Workforce Health and register. The website for the questionnaire is http://www.workforcehealth.org/milwaukeecounty. Workforce Health will explain that your username is 0045+clock number. Your password is healthy16. It will ask you to change your password once you have logged in successfully. The questionnaire asks you about your health behaviors and will take approximately ten minutes to complete.

You will automatically receive the premium reduction for the quarter that your benefits become active. If you do not complete the questionnaire and biometric screen by the quarterly deadline (June 15th, September 15th, December 1st) you will pay regular premium rates in the next quarter. For example, if you start in April, your benefits become active in May, so you will receive the reduced premiums for May and June and will have until June 15th to complete the health assessment in order to continue receiving the incentive.

*****Milwaukee County will not receive any information from Workforce Health that can be used to identify an individual employee's health information. *****

Important information:

- Spouses and dependents are not required to participate in order for the employee to receive the incentive.
- For accurate results, remember to fast for your biometric screening appointment. Nothing to eat or drink, except water, 10 to 12 hours prior to your appointment.
- Health coaching is a one-on-one interaction with a certified health coach who is there to help you achieve your health related goals, keep you accountable, and encourage you. Nothing ever said with the health coach will be reported back to the County.
- The program is participation based. If you set a goal during your assessment or coaching session and do not meet it you will not be penalized.

Other Wellness Information

There will be many opportunities to participate in wellness activities, separate from the health assessments, with the Health Matters program. See the 2016 calendar of events and programs for more information.

Contact Information:

Claire Schuenke,
Wellness Coordinator,
Claire.Schuenke@milwaukeecountywi.gov,
414-278-4938

Froedtert & Medical College of Wisconsin
Workforce Health

Health Assessment
Personal Wellness Profile™
Frequently Asked Questions

MILWAUKEE COUNTY

1. **What is a "Personal Wellness Profile™"?**
   - The Personal Wellness Profile™ is a Health Assessment (HA) developed by Wellsource®. This HA is a tool that will:
     - Measure your current health status
     - Help you become aware of your health needs and lifestyle practices
       - Identifies risk factors
       - Provides you with individualized feedback
       - Provides you with a "wellness score"
       - Identifies your "health age"
     - Guides you in achieving and maintaining good health
       - Highlights areas that need medical follow up
       - A tool to share and discuss with your personal health care provider
       - Provides you with recommendations for change and resources

2. **What are the components of the Personal Wellness Profile™?**

   - *Online Lifestyle Assessment Questionnaire*
     - Questions that focus on physical activity, nutrition, safety, alcohol and/or drug use, tobacco use, stress, disease risk, weight loss and your heart health. Completed in your own personal profile on the Workforce Health program's secure website.
   - *Biometric Screenings*
     - The following screenings are completed at your worksite by health care professionals from Workforce Health. These screenings are used in the assessment of your Personal Wellness Profile™. The screenings are:
       - Blood pressure
       - Lipid profile (total cholesterol HDL, LDL, triglycerides)
       - Blood glucose
       - Height, weight and waist measurements

Please note that for accurate results a 12 hour fasting is required. Drink at least 16 ounces of water and take your medications as prescribed.

   - *Confidential Individualized Report*
     - With the completion of the lifestyle assessment questionnaire and biometric screenings your health information is combined to create your personal and individualized report. This report will provide you with your overall wellness score / health age, recommendations for improvement and reinforcement for maintenance of current health behaviors. It will also help with goal setting, highlight any areas that require medical follow up and more. Our health educators will discuss your report with you.

   - *Health Education*
     - After completing your biometric screening, you will immediately meet with the health educator to discuss your biometric screening results as well as your healthy lifestyle behaviors outlined in your individual report.

W129 N7055 Northfield Dr. Building B • Menomonee Falls, WI 53051 • (414) 777-3446

Froedtert & Medical College of Wisconsin
Workforce Health

Health Assessment
Personal Wellness Profile™
Frequently Asked Questions

MILWAUKEE COUNTY

3. **Why should I participate / what's in it for me?**
   - Approximately 70% of health conditions can be attributed directly to our lifestyle choices. Taking part in the Personal Wellness Profile™ is a way for you to become aware of your current health status and help you identify areas that need improvement for achieving optimal health.

4. **How long does it take to complete the Personal Wellness Profile™?**
   - Completion of the online lifestyle assessment takes approximately 20 minutes and must be done prior to your screening and education appointments. The biometric screenings are conducted at your worksite within 10 to 15 minutes. You will then immediately meet with a health educator to enter your new biometric data into your current online profile. The health educator will also discuss your individual health report at this additional 15 minute session.

5. **How is my employer involved with the Personal Wellness Profile™ process?**
   - Your employer will help you schedule your screening & health education appointments with the Workforce Health team.

6. **What will my employer receive?**
   - Your employer will receive a summary report that provides a statistical picture of the health status of the company as a whole. There are no names used in this report, only the sum total for the categories of questions (aggregate data). This information will be used to plan appropriate wellness opportunities for the company.

7. **Will I be able to complete the Personal Wellness Profile™ during work time?**
   - Please discuss this with your manager or supervisor.

8. **When will the Personal Wellness Profile™ screening and counseling appointments be offered to the employees at my company?**
   - Please see launch kit for locations, dates and times.

9. **What if I am unable to participate on the date my company has scheduled this opportunity at our worksite?**
   - Please contact Milwaukee County's Wellness Coordinator, Claire Schuenke, at 414-278-4938 or e-mail Claire.Schuenke@milwaukeecountywi.gov

If you have any questions, please do not hesitate to contact
Froedtert & the Medical College of Wisconsin
Workforce Health at 414-777-3446

2016 Wellness Calendar

Look for specific information on these events or programs about one to two months before their start date. Information regarding these events and programs comes out in the What's Up email. Contact Claire Schuenke, Wellness Coordinator, with questions or to register at 414-278-4938 or Claire.Schuenke@milwaukeecountywi.gov.

Month	Wellness Events and Programs
Offered multiple times a year	- Join the **RECIPE OF THE WEEK** email list to receive healthy recipes that are tested by the wellness coordinator. - Onsite **TOBACCO CESSATION** classes are offered through Workforce Health. Free for employees and spouses! - **YOUR WEIGH TO WELLNESS** is a free 12-week weight loss program offered by Workforce Health. Health educators will facilitate a 30 minute group meeting that covers weight management fundamentals. - **MINDFULNESS 101** is a stress management course aimed to help employees become more present in their everyday life and master stress in a variety of ways. - **YOU CHOOSE! 7 DAY NUTRITION CHALLENGE** is an initiative to help you eat better. Join the initiative to receive a new nutrition related challenge each month that you're asked to do for seven days. - Participate in **YOGA FOR A CAUSE** to support a charity and get some stretching in at the same time. Each month a yoga studio from the Milwaukee area will teach classes and all proceeds go to charity. Yoga for a Cause is regularly at the Courthouse, but will also be at other locations in the County. - If you were identified as being high risk or very high risk through the health assessment remember you need to complete a **HEALTH COACHING** session once a quarter in order to continue receiving reduced premiums. The quarterly deadlines are June 15th, September 15th, and December 15th. - Take a **BREAK WITH WORKFORCE HEALTH** in April, July, and October. Health educators will be onsite at County facilities offering a nutrition tip, stretching exercises, and blood pressure checks.
January – March	- **ANNUAL HEALTH RISK ASSESSMENTS** will be conducted by Froedtert Workforce Health from January 4th to March 3rd. Call Workforce Health at 414-777-3446 for any questions or to schedule an appointment. - **WINTERFEST 2016** will be around the end of January at Whitnall Park. Come enjoy sledding, snow shoeing, and cross country skiing with other County employees.
April – June	- **COMMUNITY SUPPORTED AGRICULTURE** program, through Growing Power, will start back up early April. Fruits and vegetables can be delivered weekly to your worksite if you participate in this program. - **VOLLEYBALL TOURNAMENT** will be in mid-April. Start thinking about your team! - The popular **TEAM EXERCISE CHALLENGE** will start back up in April. - **BIKE TO WORK DAY** will be in early June. Dust off your bike and join us!
July - September	- Starting in August, you and your family members are welcome to join other County employees in volunteering at the **HUNGER TASK FORCE FARM**. Employees typically volunteer once a month through October. - In July, an organized **KICKBALL TOURNAMENT** will take place with County employees at a County park. - The annual **EMPLOYEE 5K FUN RUN/WALK** will be in late August. Start training now!
October – December	- The wellness program will again partner with Risk Management to help promote back health through an initiative called **BACK BLITZ**. - **MAINTAIN, NO GAIN** weight management challenge will be back the week of Thanksgiving. Use this challenge to help you get ready for the upcoming health assessments in the New Year!

Mandatory Direct Deposit of Payroll Checks

Mandatory Direct Deposit. Direct Deposit of payroll checks is mandatory for all Milwaukee County Employees.

Direct Deposit to Your Bank or Credit Union:. Ceridian Self Service provides all the necessary tools to get you started on direct deposit with your Bank, or Credit Union. Ask your payroll clerk what you need to do to begin the direct deposit of your check.

U.S. Bank Focus Debit Card: Employees who need another alternative to direct deposit should consider the U. S. Bank Focus Card. The Focus Card does not require that you have a bank account, nor does it require any pre-approval. The Focus Card is instead a debit card, where your net pay is deposited.

What is the Focus Card?

- A Visa prepaid card issued by U.S. Bank.
- Payroll is automatically loaded to the card just like direct deposit to a bank account.
- Works like other Visa debit cards to make purchases, pay bills or get cash.

Why a Prepaid Card?

Convenient – Allows employees to receive payroll electronically without needing a bank account.

Fast – Funds available the morning of payroll No waiting for a check.

Safe – Safer than carrying cash. Visa protection if lost or stolen

Ideal for employees who:

- Don't have or want a bank account

-or-

- Want a separate account to help with budgeting

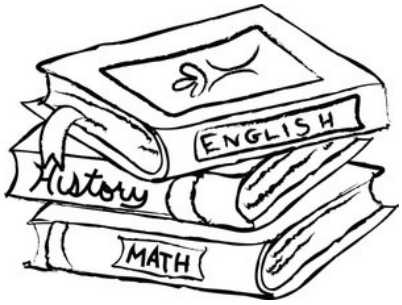
Using the Focus Card –

- Use at millions of places that accept debit cards
- Make purchases in stores, over the phone, online or pay bills
- Get cash at over 1.3 million Visa/Plus® ATMs.
- Use the cash-back option at participating merchants like grocery stores

Go to Ceridian Self Service to sign up for a U.S. Bank Focus Card or see your payroll clerk for more information. Fees are minimal if card is lost or you exceed the card balance.

Tuition Reimbursement Program

Overview



Milwaukee County encourages all employees to seek out learning opportunities that enhance their skills and provide career development. The Tuition Reimbursement Program was established to provide an opportunity for employees to obtain additional education in order to increase their knowledge and abilities and prepare for future opportunities within the County.

Eligibility

All benefits-eligible regular appointment employees in good standing are eligible for this program upon completion of one year of service to Milwaukee County. For the purpose of this program, an employee in good standing is defined as an employee who at the time of submitting a pre-approval request has had no corrective action in the past 12 months, and who meets the performance expectations of his or her current position.

All other employees, including Temporary, Seasonal, Hourly, Interns, and Contract employees are ineligible.

Plan Reimbursement Level

Tuition reimbursement will be provided up to an annual maximum of $2,500 for employees with annual earnings less than $75,000. Employees who earn $75,000 per year or more are limited to $1,500 per year. For this program, annual earnings are defined as the employee's base hourly pay rate multiplied by the full-time standard of 2,080 hours. Overtime, bonuses, or other compensation will not be considered when applying this limit.

Reimbursement is limited to tuition only. Other expenses, such as textbooks and lab fees are not eligible.

The annual maximum is based on the calendar year, from January through December. Reimbursement will be applied to the calendar year in which the class was successfully completed. For example, if a class is successfully completed in December, but the reimbursement is not paid until January, the reimbursement is considered part of the prior year annual maximum allowable amount.

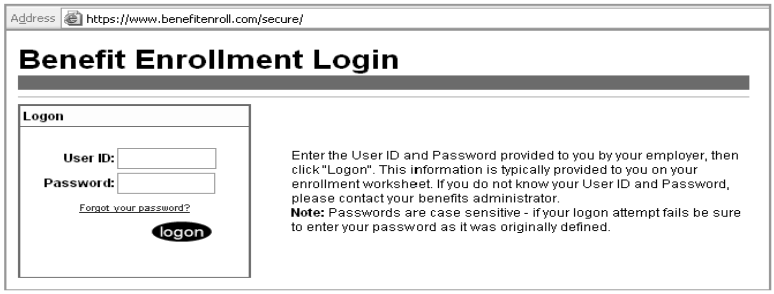
Please see the full policy and request form on the Human Resources Webpage at: http://county.milwaukee.gov/EmployeeBenefits

Milwaukee County - Benefit Enrollment System

New Hire Enrollment Steps

Enroll via the Internet at:

www.benefitenroll.com



Using the internet to enroll is easy and safe! Our secured website is set up to take you automatically through each of the following steps:

STEP 1 **Log On to Main Menu**

The website will prompt you to enter your **User ID** and your **Password**.

- Your personal **User ID** is 1083+your clock number.
- Your default **Password** is the first 5 digits of your Social Security Number. You will be required to change your password the first time you log in.
- If your password does not work, call the Help Desk at 414-278-7888. An operator will reset your password.
- From the main menu select **New Hire Enrollment**

STEP 2 **Check your Demographic Information**

- ✓ Is your address correct? If not, inform your local HR/Payroll clerk.
- ✓ Enter your email address – if you forget your password, you can click "Forgot your password?" on the login screen and a new one will be sent to your email address.
- ✓ If you have a maiden name you'd like to have on file, you may enter it here.

Click **Next** to save your entries. If you "back" out, your entries will not be saved.

STEP 3 **Register / Update Your Dependents**

After reviewing your demographic information, the website will automatically take you to the "Dependent" screen. Please provide your dependent/s' information. You must **ADD** all dependents that you wish to cover in your benefit plans. Click **save** after adding each dependent. Click **next to** confirm that your changes are accurate and continue.

STEP 4 **Enroll In Benefits**

Beginning with Medical coverage, select your medical plan. Once you have selected your plan, choose which level of coverage you would like. The website will prompt you to repeat this election process for each benefit type. You will only be shown benefits for which you are eligible.

STEP 5 **Review Your Confirmation Statement**

When you have completed your Benefit Enrollment, review your "Confirmation of Benefits" and be sure that ALL information is correct. If your intent is to cover dependents, check to be sure that each dependent is listed under the benefit plan.

- If you need to change any information, simply click on the benefit link to go make changes to that benefit.
- You may print this document for your records.

Questions?
Need Help?

Call the Employee Benefits Division
414-278-4198

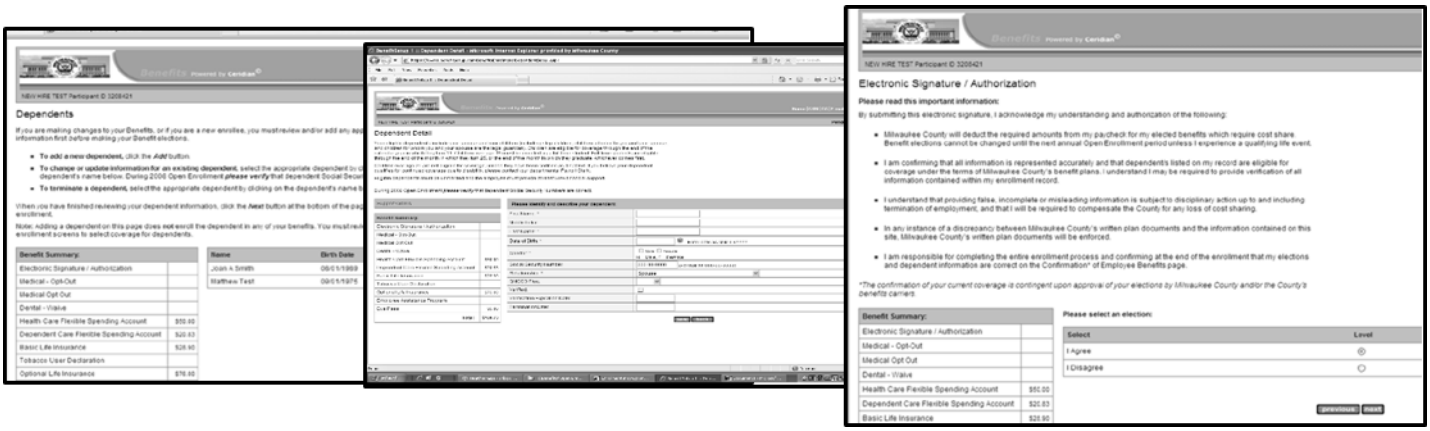
or contact your local Human Resources Partner for assistance enrolling

How To Enroll – A Screen-By-Screen Guide

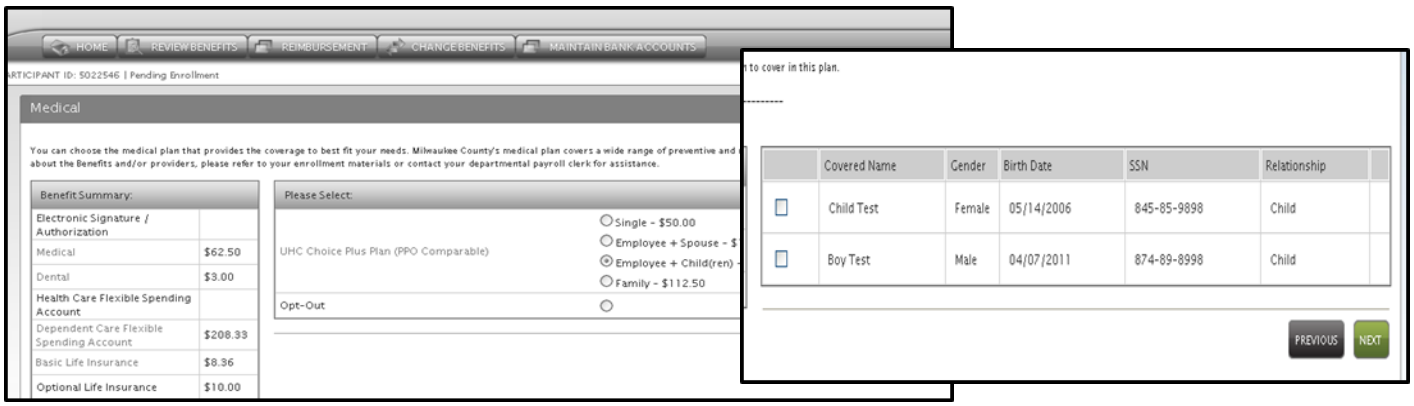
Upon logging in, Click on "**New Hire Enrollment**" or "**Change Benefits**". You will be taken to the Demographic page. Check to make sure your information is correct. Enter an email address so if you forget your password, one may be sent to you via email. Click "***next***" to continue.

DEPENDENTS: You must first make sure your dependents are listed accurately, later you will enroll them. Click the blue name to update a dependent. Click "***add***" to list a new dependent.

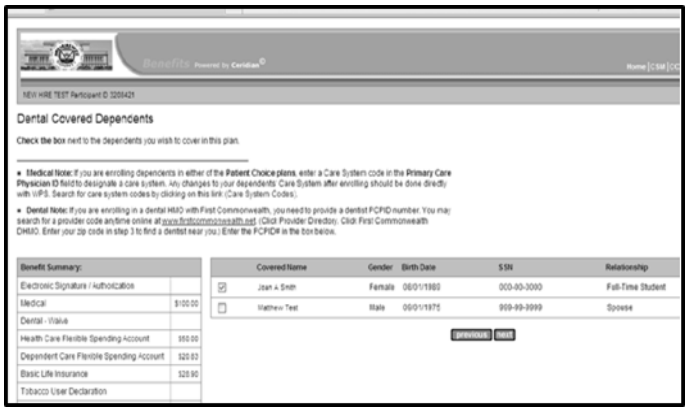
ELECTRONIC SIGNATURE: Accept this page to verify your truthfulness in enrolling.



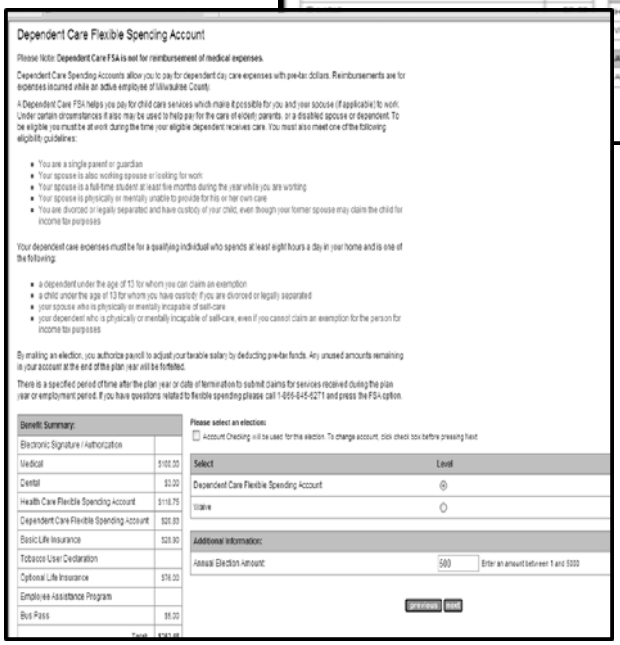
MEDICAL: Select the medical election and level you wish. Click "***next***." If you selected "Employee + Child(ren)" and have more than one dependent, select which dependents you are enrolling. Click "next" to continue.



DENTAL: Select the dental election and level you wish. Click “next.” If you selected “family” and have more than one dependent, select which dependents you are enrolling. Click “next” to continue.



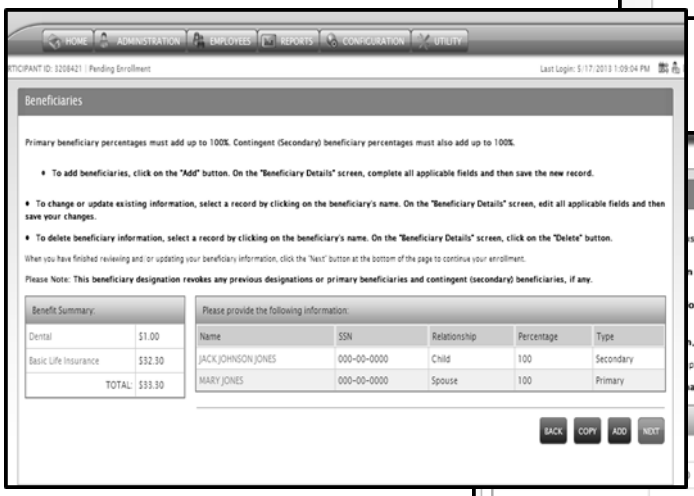
FLEXIBLE SPENDING ACCOUNTS: You can put aside pre-tax dollars to pay for medical reimbursements with a Health Care FSA. **You must enroll each year for this benefit**.

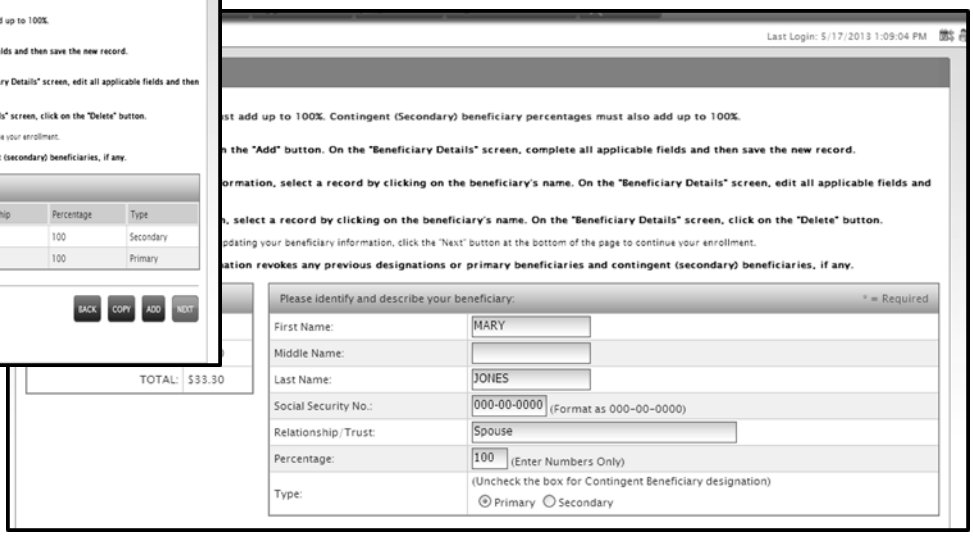


A Dependent Care FSA may only be used for **day care expenses** for your eligible dependent/s.

LIFE INSURANCE / BENEFICIARIES:

The county provides the option to enroll in Basic Life Insurance. You must be enrolled in Basic Life to be able to enroll in other types of Life Insurance. Basic life insurance becomes effective 6 months after enrollment.





OPTIONAL LIFE

Optional Life Insurance rates are based on age.

You can choose how much life insurance you want by clicking the button next to your choice. Click “next” to continue.

SPOUSE LIFE INSURANCE

Spouse life insurance rates are based on age

Dependent Life Insurance

DEPENDENT LIFE

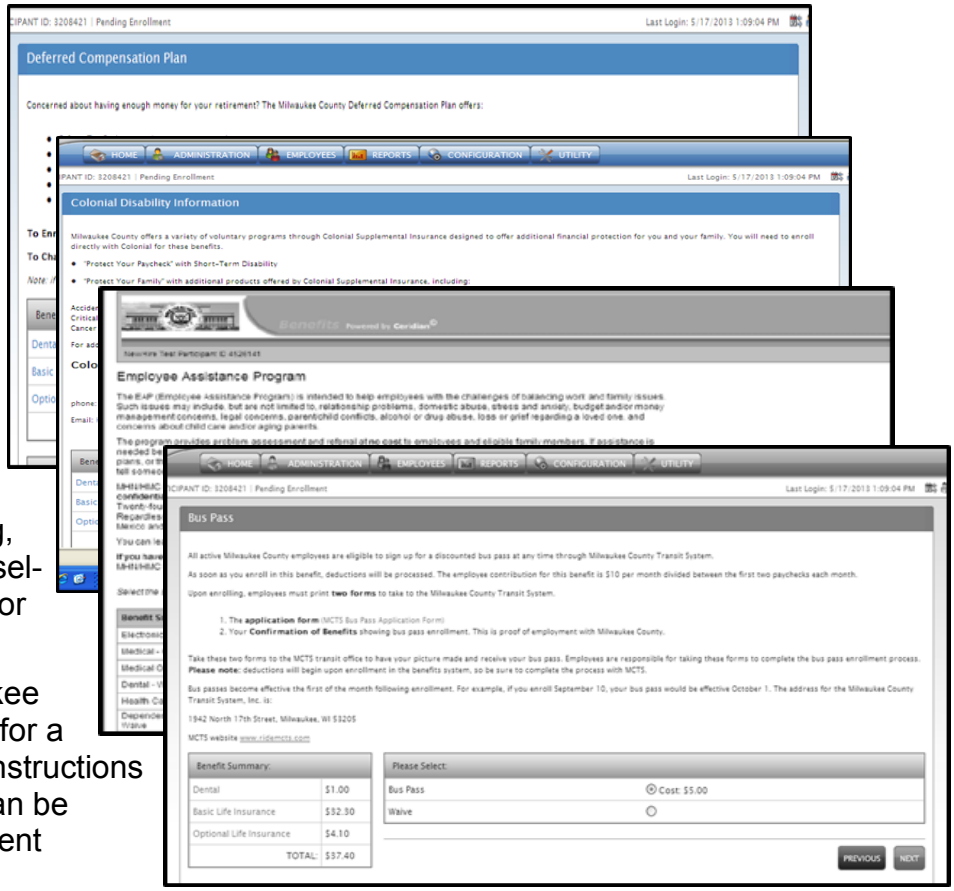
Employees can elect coverage for their dependent children

OTHER BENEFITS:

Colonial Short Term Disability and **Empower Retirement** Deferred Compensation are two benefits available to eligible employees. Employees who wish to enroll in these benefits need to enroll directly with the carrier.

The **Employee Assistance Program** is provided to **all** active employees of Milwaukee County. The EAP offers local resources for financial planning, legal advice, relationship counseling and many other programs for managing life's challenges.

MCTS Bus Pass -- All Milwaukee County employees are eligible for a discounted **MCTS** bus pass. Instructions for signing up for this benefit can be found on the Bus Pass enrollment screen.



These informational screens in the enrollment system have instructions for contacting these carriers.

Confirmation of Benefits:

After completing the enrollment process, verify your elections and dependent information.

If any section of your enrollment is incorrect or incomplete, return to that section by clicking on the name of the benefit. The system will return to the Confirmation of Benefits screen after updates / corrections have been made.

Click "***save***" when you have finished reviewing your elections. You will be returned to the home page.

Questions? Need Help?

Contact the Employee Benefits Department at 414-278-4198

2016 Annual Notices

Important Notice From Milwaukee 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 Milwaukee 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

> **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. Willis of Wisconsin, Inc., on behalf of Milwaukee County, has determined that the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.**

Because the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays, it is considered Creditable Coverage. It is not necessary for you to join a Medicare prescription drug plan at this time.

Your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. 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.

If you decide to join a Medicare drug plan, your Milwaukee County coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to

receive all of your current health and prescription drug benefits and the Medicare prescription drug plan will coordinate benefits with your Milwaukee County prescription drug coverage.

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

You should also know that if you drop or lose your coverage with Milwaukee County and do not 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 prescription drug coverage that was at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the 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 November to join.

For more information about this notice or your current prescription drug coverage…

Contact the person listed below for further information.
NOTE: You will get this notice each year. You will also get this notice before the next period you can join a Medicare drug plan, and/or if this coverage through Milwaukee County changes. You also may request a copy.

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 will 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 whether or not you are required to pay a higher premium (a penalty).

Date:	October 31, 2015
Name of Entity/Sender:	Milwaukee County
Contact--Position/Office:	Division of Employee Benefits
Address:	901 N. 9th Street, Room 210, Milwaukee, WI 53233
Phone Number:	414-278-4198

2016 Annual Notices

Notice to Enrollees in a Self-Funded Nonfederal Governmental Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirement listed below. However, the law also permits State and local government employers that sponsor health plans to elect to exempt a plan from these requirements for part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. Milwaukee County has elected to exempt the Milwaukee County Choice Plus Plan from the following requirement:

> **Parity in the application of certain limits to mental health benefits.**
> Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance abuse benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will be in effect for the 2016 plan year beginning January 1, 2016 and ending December 31, 2016. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

Inquiries regarding this notice can be directed to the **Milwaukee County Division of Employee Benefits, Courthouse Rm. 210, 901 N. 9th St., Milwaukee, WI 53233.**

Women's Health and Cancer Rights Act 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 benefits. If you have any questions, please contact the Employee Benefits Division at 414-278-4198.

Notice of Coverage for Newborns and Mothers

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find 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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's 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 a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– 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?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] 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.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
Milwaukee County	39-6005720
5. Employer address	**6. Employer phone number**
901 N. 9th Street	414-278-4198

7. City	8. State	9. ZIP code
Milwaukee	WI	53233

10. Who can we contact about employee health coverage at this job?	
Department of Human Resources, Employee Benefits Division	
11. Phone number (if different from above)	12. Email address
	benefits@milwaukeecountywi.gov

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☑ Some employees. Eligible employees are:

    Regular appointed employees with scheduled (budgeted) hours in excess of 20 hours per week (as defined in County Ordinance)
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    Your spouse, your domestic partner, your or your spouse's child who is under age 27, an unmarried child of any age who is or becomes disabled and dependent upon you, a child of a dependent (until the dependent who is the parent turns 18). See SPD for conditions, limitations and additional details.
  - ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

2016 Provider Contact Information

Insurance Type	Provider	Group Number	Contact Number	Website
Basic and Optional Life Insurance	Metlife	104177	Customer Service: 800-638-6420	https://www.metlife.com/
Commuter Value Pass	Milwaukee County Transit System		414-343-1777	http://www.ridemcts.com/
Deferred Compensation	Empower Retirement		Enrollment: 414-223-1921 Customer Service: 877-457-6459	www.milwaukeecounty457.com
Dental Insurance	Care Plus	CPPPD01	Customer Service: 800-318-7007	http:// www.dentalassociates.com/
Dental Insurance	Delta Dental	90813	Customer Service: 800-236-3712	http://www.deltadentalwi.com/
Employee Assistance Program	United Behavioral Health		Customer Service: 800-622-7276	https://www.liveandworkwell.com
Flexible Spending Accounts	Employee Benefits Corporation		Customer Service: 800-346-2126	http://www.ebcflex.com/
Medical Insurance	UnitedHealth Care	714852	Customer Service: 800-603-3941	https://www.myuhc.com
Prescription Plan	OptumRx	Milwcnty	Customer Service: 800-603-3941	https://www.myuhc.com
Supplemental Insurance Policies	Colonial Life & Accident Ins Co		Enrollment: 414-446-8494 Customer Service: 800-845-7330	http://www.coloniallife.com/
Wellness Program	Froedtert Workforce Health		414-777-3446	http://county.milwaukee.gov/EmployeeBenefits/Employee-Wellness.htm