

2008

Milwaukee

County

Benefits Booklet



- Medical Plans
- Dental Plans
- Additional Life Insurance Plan
- Dependent Care Plan
- Short-Term Disability Plan
- Deferred Compensation Plan
- Medical Spending Account

DEPARTMENT of ADMINISTRATIVE SERVICES
DIVISION of EMPLOYEE BENEFITS



October 2007

Dear Elected Officials, County Employees, and Other Participants:

Employee benefits are a large part of your total compensation from Milwaukee County and offer critical financial protection for you, your spouse and eligible dependent children. But understanding your benefit choices requires effort on your part. Employee benefit options have become increasingly more complex, so please review this booklet carefully.

Things to Consider

This year’s benefits Open Enrollment/Transfer period will be November 1, 2007 through November 16, 2007. **This year all eligible employees must re-enroll for benefits for 2008.** Please note, if you do not enroll during the open enrollment period, you will not have benefits for 2008. Instructions for enrolling online through the Ceridian Benefits System can be found on pages 3-7 of this guide.

For 2008, as a way to help employees pay for qualified health care expenses on a pre-tax basis, we have increased the allowable amount that can be set aside in the Healthcare Flexible Spending Account to \$5,000 (previously limited to \$3,000).

Please be aware that Medical Managed Care (HMO Comparable) plans and Dental Maintenance Organizations (DMO) require the use of specific providers. Contracts between the plans and these providers can expire, renew or cancel at various times throughout the year. Please confirm that the physician you want is still in the plan. Also, please be advised that a change in provider contracts could require you to select another physician from your plan. Remember, your plan selections will be in effect for all of 2008 and cannot be changed until the next Open Enrollment/Transfer Period.

Plan Selection Options

Please review the Benefits Checklist on page 21 of this booklet to make sure you have considered all of your benefit options carefully. The following benefit plan elections must be made through the Ceridian Benefits System:

MEDICAL PLAN SELECTIONS:

- Managed Care Plan (HMO Comparable)
 - Wheaton Franciscan Direct Network
 - Patient Choice Network
- The Conventional (PPO) Medical Plan
 - Patient Choice PPO
 - Broad PPO Network
- Waive medical coverage for 2008 and receive a \$500 award (Application required each year)

DENTAL PLAN SELECTIONS:

- Conventional Dental Plan (Humana)
- CarePlus DMO
- 1st Commonwealth DMO (Note: not available to DC #48 members)

OPTIONAL LIFE INSURANCE

- Employees with “Basic” Group Term Life can elect additional coverage for themselves. Some employees can elect additional life insurance for their spouse and dependent children (non-reps only).

FLEXIBLE SPENDING ACCOUNTS (FSA):

- Healthcare FSA**
- Pay for up to \$5,000 of eligible healthcare expenses with pre-tax dollars.
- Dependent Care FSA**
- Pay for up to \$5,000 of eligible dependent care expenses with pre-tax dollars.

MCTS DISCOUNTED BUS PASS

- Ride the bus for only \$10 per month, employee contribution

During this open enrollment, you are also eligible to enroll in voluntary short-term disability coverage by directly contacting Colonial Life, or Deferred Compensation by directly contacting Great West. Contact information for obtaining this coverage is included in this booklet and in the Ceridian Benefits System.

Sincerely,

David Arena
Director of Employee Benefits

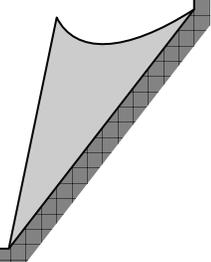


TABLE OF CONTENTS

	Page
Table of Contents.....	1
Enrollment Reminders/Tips	1
Enrollment Training Sessions and Benefits Informational Meetings Schedule.....	2
Online Enrollment Step-By-Step Instruction.....	3-7
Medical Plans <i>At-A-Glance</i> Comparison.....	8-9
Medical Plan Opt-Out Award.....	10
Medical Plan Frequently Asked Questions.....	10
Employee Assistance Program (EAP).....	11
Dental Plans <i>At-A-Glance</i> Comparison.....	12
Dental Plan Frequently Asked Questions.....	13
Life Insurance Plans.....	14-15
Colonial Voluntary Disability Insurance	16
457 Deferred Compensation Plan.....	16
Flexible Spending Accounts (Healthcare & Dependent Care FSA)	17-18
Commuter Transit Value Pass.....	19
2008 Health Plan Premium Charts.....	20
2008 Dental Plan Premium Charts.....	21
Open Enrollment Reminder Checklist.....	21
Important Notice – Prescription Drug Coverage & Medicare	22-23
For Additional Information	Back Cover

Enrollment Reminders and Tips

1. **This year all active employees are required to enroll in order to have benefits for 2008.**
2. **Enrollment can be completed online at www.benefitroll.com. Detailed instructions for enrolling are included on pages 3-7.**
3. **Additional enrollment assistance and computer access is available at the Marcia Coggs Center, Training rooms, lower level (a schedule is included in the following page). There are also kiosks set up at various county locations for additional access.**
4. **For additional assistance, the Ceridian Help Desk is available throughout open enrollment from 7:00 a.m. to 7:00 p.m. CST. Call 1-800-586-5120.**
5. **To make the enrollment process easier, please remember to have all of your dependent information (dates of birth, Social Security numbers, etc.) available. You will be asked to verify this information as you enroll.**



Milwaukee County - 2008 Open Enrollment
You must enroll in your Benefit Plans during the enrollment period.

Enroll via the Internet at:
www.benefitenroll.com

Benefit Enrollment Login

Logon

User ID: 1083199199

Password: ●●●●

[Forgot your password?](#)



Enter the User ID and Password provided to you by your employer, then click "Logon". This information is typically provided to you on your enrollment worksheet. If you do not know your User ID and Password, please contact your benefits administrator.
Note: Passwords are case sensitive - if your logon attempt fails be sure to enter your password as it was originally defined.

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 **Password** is the last four digits of your Social Security Number. This will be your password unless you change it using the "Change Password" option on the home page.
 - If your password does not work, call the Help Desk at 1-800-586-5120. An operator will reset your password. This 800-number is only valid during Open Enrollment (Nov.1-16).
 - You will first be asked which year's benefits you are accessing. Select **Next Year's Benefits**, click **ok**. Then from the main menu select **Open Enrollment**
- STEP 2 Check your Demographic Information**
- ✓ Is your address correct? If not, inform your Departmental 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**
The website will automatically take you to the "Dependent" screen. Please provide and verify the information for your dependents. You must **ADD** all dependents you wish to cover in your benefit plans. (You will enroll them in a different step.) Click **save** after adding each dependent. Click **next** to confirm 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 listed on your worksheet. 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 Ceridian Help Desk during Open Enrollment
November 1-16, 2007
7:00 a.m. to 7:00 p.m. CST
1-800-586-5120

or contact your Departmental HR/Payroll Clerk for assistance

HOW TO ENROLL - A SCREEN-BY-SCREEN GUIDE

After logging in, you will be asked which year's benefits you are accessing. Select "Next Year's Benefits" and click "OK" to be directed to the enrollment system home page. Click "Open Enrollment" on the yellow menu bar to begin enrolling.

The screenshots show the 'Benefits' home page with a yellow 'Open Enrollment' button. The demographic page includes fields for login ID, first name (TESTY), last name (MCTEST-CASE), address (2515 N BOULEVARD AVE), city (MILWAUKEE), state (WI), and zip code (53211). It also includes a section for 'Please validate the following information:' with fields for maiden name, date of birth, and email.

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.

The dependent detail page shows a table with columns for Name, Birth Date, and SSN. Two dependents are listed: WIFE MCTEST-CASE (06/06/1967, 999-06-0667) and BABY MCTEST-CASE (02/03/2004, 000-00-0000). The electronic signature page contains a confirmation statement and a list of authorization points, with radio buttons for 'Accept' and 'Decline'.

MEDICAL: Select the medical 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.

The medical election page shows a table with columns for 'Select' and 'Level'. Options include WPB PPO, Patient Choice PPO, Patient Choice - Managed Care HMO, Wheaton - Franciscan Direct HMO, and Opt-Out. The medical covered dependents page shows a table with columns for Covered Name, Gender, Birth Date, SSN, and Relationship. Two dependents are selected: WIFE MCTEST-CASE (Spouse) and BABY MCTEST-CASE (Child).

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.

Dental

The Dental plan covers a wide range of dental services that help maintain dental health and treat dental disease or defect. For information about the plan's Benefits and/or providers, please refer to your enrollment materials or contact your departmental payroll clerk for assistance. For additional information regarding the dental plans, click on the links of the dental carriers listed below.

If you are enrolling in a dental HMO with First Commonwealth, you need to provide a dentist PCPID number. You may search for a provider code anytime online at www.firstcommonwealth.net. (Click Provider Directory. Click First Commonwealth DHMO. Enter your zip code in step 3 to find a dentist near you.) Enter the PCPID# in the box below or you may leave it blank.

Please select an election:

Select	Level
Humana Dental	<input type="radio"/> Single - \$ 2.00
	<input type="radio"/> Family - \$ 6.00
Care Plus	<input type="radio"/> Single - \$ 2.00
	<input type="radio"/> Family - \$ 6.00
Waive	<input type="radio"/>

Dental Covered Dependents

Check the box next to the dependents you wish to cover in this plan.

- Medical Note:** If you are enrolling dependents in the Patient Choice - Managed Care HMO, enter a Care System number in the Primary Care Physician ID field if you want to designate a care system. Search for care system codes by clicking on this link ([Care System Codes](#)), or leave the field blank.
- Dental Note:** If you are enrolling in a dental HMO with First Commonwealth, you need to provide a dentist PCPID number. You may search for a provider code anytime online at www.firstcommonwealth.net. (Click Provider Directory. Click First Commonwealth DHMO. Enter your zip code in step 3 to find a dentist near you.) Enter the PCPID# in the box below or you may leave it blank.

Please provide the following information:

Covered Name	Gender	Birth Date	SSN	Relationship
<input checked="" type="checkbox"/> WIFE MCTEST-CASE	Female	06/06/1967	999-06-0667	Spouse
<input checked="" type="checkbox"/> BABY MCTEST-CASE	Female	02/03/2004	999-02-0304	Child

FLEXIBLE SPENDING ACCOUNTS: You can put aside pre-tax dollars to pay for medical reimbursements with a Health Care FSA. You can indicate a bank account for direct deposit of these reimbursements. If you do not indicate an account, a check will be mailed to you for your reimbursements.

Health Care Flexible Spending Account

A Health Care Flexible Spending Account lets you set aside pre-tax dollars from your paycheck to pay for certain health care expenses not covered by your Medical and Dental plans.

You can be reimbursed for eligible health care expenses incurred by you, your spouse or any dependent that you can claim on your income tax return, even if they are not covered under your health insurance plan.

Eligible health care expenses may include health insurance plan deductibles, copayments, amounts over the maximum your plan pays and other expenses not covered by your health plan. The Health Care Flexible Spending Account is also used for reimbursement of eligible prescription medications, glasses or contacts, orthodontia and dental expenses.

To determine if you should contribute to a Health Care Flexible Spending Account, estimate how much you pay out-of-pocket each year for health expenses. Estimate carefully. If you don't have enough eligible expenses, the IRS requires that you forfeit any unclaimed money at the end of the year.

If you have questions related to flexible spending please contact Ceridian, the County's third party administrator at 1-800-586-5120.

Please select an election:

Select	
Health Care Flexible Spending Account	<input type="radio"/>
Waive	<input type="radio"/>

Additional Information:

Annual Election Amount: Enter an amount between 1 and 3000

Select Account

Direct Deposit authorization requires that all account and bank routing numbers be verified for accuracy before any funds are transferred. Eligible claims submitted during the 10 day verification period will be reimbursed with a check. After the verification period, reimbursements will be posted to your bank account two to four days after the scheduled reimbursement date. You will receive an Explanation of Benefits and a new Claim Form through the mail.

I hereby authorize Ceridian to initiate credit entries for depositing my Flexible Spending Account reimbursements into my account designated below and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until Ceridian has received notification from me of its termination in such time and in such manner as to afford Ceridian a reasonable opportunity to act on it.

Select Maintain Account to enter your bank account information.

Please provide the following information:

Description	Account Number
<input type="text"/>	<input type="text"/>

Maintain Bank Accounts

Click on **Add** and enter the requested information. For Checking and Saving direct deposits leave the Expiration Date blank. After updating and saving your bank account information, click **Back** to exit this screen.

This check sample identifies the bank routing, account, and check numbers that appear at the bottom of all checks. This information is required for direct deposits, also known as Electronic Funds Transfers (EFT).

Please provide the following information:

Description	Account Type	Routing Number	Account Number	Expiration Date	Projected	Status
<input type="text"/>						

Microsoft Internet Explorer

Selected bank account will be used for all benefit benefits.

Dependent Care Flexible Spending Account

Please Note: Dependent Care FSA is not for reimbursement of medical expenses.

Dependent Care Spending Accounts allow you to pay for dependent day care expenses with pre-tax dollars.

A Dependent Care FSA helps you pay for child care services which make it possible for you and your spouse (if applicable) to work. Under certain circumstances it also may be used to help pay for the care of elderly parents, or a disabled spouse or dependent. To be eligible you must be at work during the time your eligible dependent receives care. You must also meet one of the following eligibility guidelines:

- You are a single parent or guardian
- Your spouse is also working spouse or looking for work
- Your spouse is a full-time student at least five months during the year while you are working
- Your spouse is physically or mentally unable to provide for his or her own care
- You are divorced or legally separated and have custody of your child, even though your former spouse may claim the child for income tax purposes

Your dependent care expenses must be for a qualifying individual who spends at least eight hours a day in your home and is one of the following:

- a dependent under the age of 13 for whom you can claim an exemption
- a child under the age of 13 for whom you have custody if you are divorced or legally separated
- your spouse who is physically or mentally incapable of self-care
- your dependent who is physically or mentally incapable of self-care, even if you cannot claim an exemption for the person for income tax purposes

Please select an election:

Select	
Dependent Care Flexible Spending Account	<input type="radio"/>
Waive	<input type="radio"/>

Additional Information:

Annual Election Amount: Enter an amount between 1 and 5000

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

LIFE INSURANCE / BENEFICIARIES:

The county provides the option to enroll in Basic Life Insurance. You have to be enrolled in Basic Life to be able to enroll in other types of Life Insurance.

NOTE: No beneficiaries were transferred from the previous benefit system (Genesys) to the Ceridian Benefits System. You will need to add or update your beneficiaries in this section of the enrollment process. Any change in beneficiaries will override previous designations.

Name	SSN	Relationship	Percentage	Type
WIFE MCTEST-CASE	999-06-0667	Spouse	100	Primary
BABY MCTEST-CASE	999-02-0304	Child	100	Secondary

OPTIONAL LIFE

Because Optional Life Insurance rates are based on age and tobacco use, you will be asked if you have used tobacco products in the last year before you can proceed.

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

If you are eligible for additional types of Life Insurance, the system will prompt you to enroll and select the desired volume.

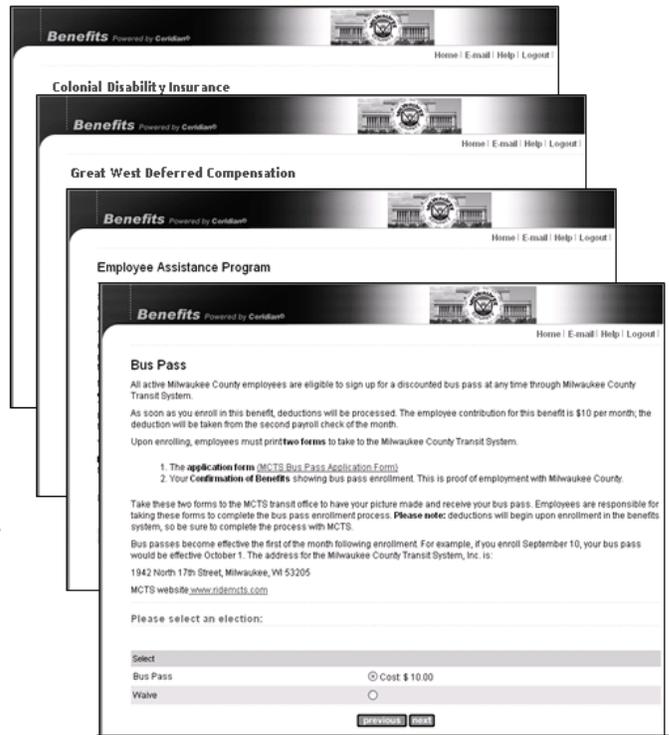
OTHER BENEFITS:

Colonial Short Term Disability and Great West 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 program offers local resources for financial planning, legal advice, relationship counseling, and many other programs for life coaching.

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.

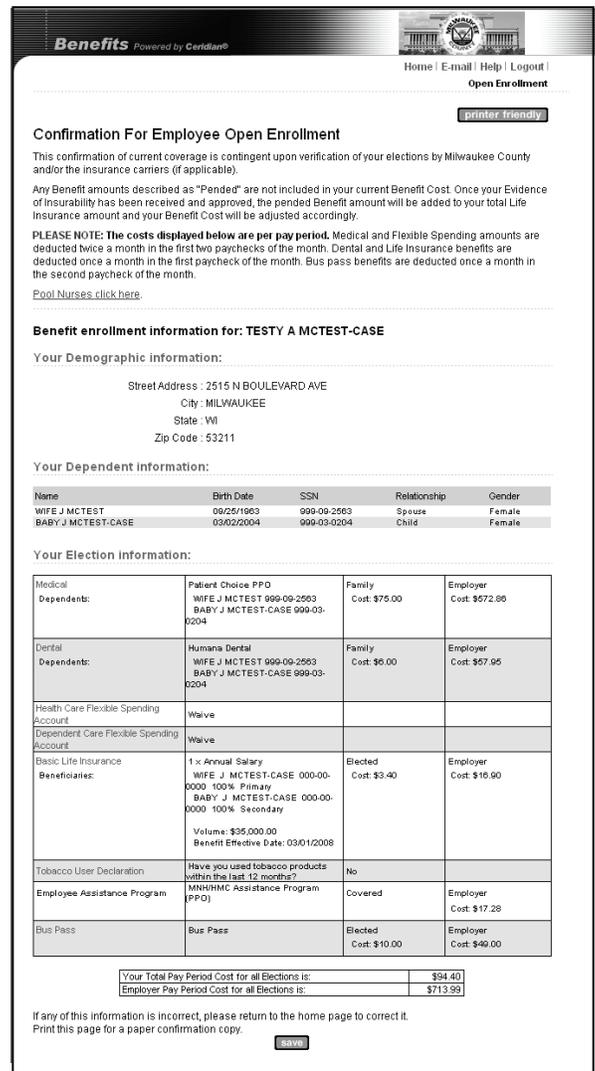
If any section of your enrollment is incorrect or incomplete, return to that section by clicking on the name of the benefit, which is a link back. The system will return to the Confirmation of Benefits screen after updates / corrections have been made.

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

Watch for an official confirmation of benefits to be mailed to your home after Open Enrollment ends. Verify your elections and dependent information at that time.

REMEMBER: You must enroll this year to be covered in 2008 benefits!

Questions? Need Help?
 Call the Ceridian Help Desk during Open Enrollment
 7:00 a.m. to 7:00 p.m. CST
1-800-586-5120
 or contact your local HR/Payroll clerk



Milwaukee County Employee Medical Plans

Benefit Comparison *At-A-Glance*

Benefit	Preferred Provider (PPO) Plan <i>Patient Choice Network or Broad PPO Network</i>			Managed Care Plan (HMO Comparable) <i>Patient Choice Network or Wheaton Franciscan Direct Network</i>	
Lifetime Maximum Benefit	Unlimited			Unlimited	
		Single	Family		
Annual Deductible	Preferred providers:	\$150	\$450	Preferred providers:	Not applicable
	All other providers:	\$400	\$1,200	All other providers:	Not applicable
Annual Out-Of-Pocket Limit (Includes deductible and coinsurance)	Preferred providers:	\$1,500	\$2,500	Preferred providers:	Not applicable
	All other providers:	\$3,000	\$5,000	All other providers:	Not applicable
	Preferred providers:	All other providers:	Preferred providers:	All other providers:	
Coinsurance (unless otherwise stated)	90%	80%	100%	Not covered	
Inpatient Services⁽¹⁾	90% after deductible	80% after deductible	100% after \$100 copay	Not covered <i>unless emergency admission via ER</i>	
Outpatient Services	90% after deductible	80% after deductible	100%	Not Covered	
Maternity Services⁽²⁾	90% after deductible ⁽⁶⁾	80% after deductible	100%	Not Covered	
X-Ray and Lab Tests	90% after deductible	80% after deductible	100%	Not Covered	
Emergency Room⁽³⁾	100% after \$50 copay (waived if admitted)	100% after \$50 copay (waived if admitted)	100% after \$50 copay (waived if admitted)	100% after \$50 copay (waived if admitted)	
Physician Office Visits	100% after \$20 copay	100% after \$40 copay	100% after \$10 copay	Not Covered	
Routine Physical Exams (Physician Charges)	100% ⁽⁷⁾	Not Covered	100%	Not Covered	
Well-Baby Care	100%	Not Covered	100%	Not Covered	
Immunizations	100%	100% ⁽⁴⁾	100%	Not Covered	
Routine Vision & Hearing Exams⁽⁵⁾	100%	Not Covered	100%	Not Covered	
Chiropractic Care	100% after \$20 copay	100% after \$40 copay	100% after \$10 copay	Not Covered	
Mental Health / Substance Abuse	See Summary Plan Description			See Summary Plan Description	
Physical, Occupational, Speech, & Respiratory Therapy	90% after deductible	80% after deductible	Hospital: 100% Office: 100% (60 office visit limit)	Not Covered	
Durable Medical Equipment	90% after deductible	80% after deductible	50% up to a maximum of \$50 per item. 100% thereafter	Not Covered	
Prescription Drugs	Generic: \$5 Copay Preferred Brand: \$20 Copay Non-Preferred Brand: \$40 Copay Covered Supplies \$20 Copay Limited to 30-day supply at retail pharmacy			Generic: \$5 Copay Preferred Brand: \$20 Copay Non-Preferred Brand: \$40 Copay Covered Supplies \$20 Copay Limited to 30-day supply at retail pharmacy	

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

(1) Inpatient coverage limited to 365 days per confinement

(2) Includes coverage for dependent daughters

(3) Ancillary services in ER subject to deductible & coinsurance

(4) Immunizations covered up to age 6

(5) Frames, lenses, contact lenses, contact lenses fittings, and hearing aids are not covered

(6) physician services for maternity covered at 100%

(7) Limited to one exam / year for patients 18 and older

Milwaukee County 2008 Health Benefits At-A-Glance

Selecting the right provider network not only serves you well, but also helps Milwaukee County address the challenge of dramatically-increasing health care costs so that we can continue to offer quality benefits for generations to come. For 2008, you can choose between two health plans:

- **The Managed Care (HMO comparable) Plan includes two network options:
Wheaton Franciscan Direct Network and Patient Choice Network**

- **The Conventional Plan includes two network options:
Patient Choice Network and Broad (*formerly Statewide/National*) PPO Network**

The Milwaukee County Managed Care (HMO comparable) Plan

This plan offers the following benefits as long as you stay in your provider network. Highlights of the plan include:

- Physician office visit \$10 copay
- Paid-in-full immunizations and injections
- Fixed dollar co-pays for prescription drugs (\$5 for generic, \$20 for preferred brand drugs, \$40 for brand-name drugs)
- Paid-in-full well-baby care
- \$100 wellness credit
- All benefits provided by in-network providers only

Network Option: Wheaton Franciscan Direct Network

When you choose Wheaton Franciscan Direct, you'll have access to one of the area's leading providers of health care, Wheaton Franciscan Healthcare. Wheaton Franciscan's 34 national awards for patient satisfaction make one thing clear, patients come first. Advanced care that includes everything from wellness programs to critical care is delivered with the personal attention you and your family deserve.

- Access 5 great local hospitals including The Wisconsin Heart Hospital and Children's Hospital
- Quality, board-certified primary care physicians at over 100 locations
- Board-certified specialists in all specialties

Network Option: Patient Choice Network

The Patient Choice network features some of the finest hospitals and physicians in the country. The Patient Choice model is designed to facilitate a direct relationship between the patient and the doctor, removing the insurance company from medical decisions. Additional highlights include:

- Efficient use of resources that reduce incentives for unnecessary and/or duplicative tests
- Promotes wellness by encouraging patients to stay healthy, not just treating them when they are sick
- Information is available regarding performance in treating chronically ill patients with diseases such as asthma and diabetes

The Milwaukee County Conventional Plan

This plan features comprehensive benefits with deductibles and coinsurance at both in- and out-of-network providers. Highlights of the plan include:

- \$150 per person, per year deductible (\$450 per family)
- In-network physician office visit \$20 copay
- Fixed dollar co-pays for prescription drugs (\$5 for generic, \$20 for preferred brand drugs, \$40 for non-preferred brand name drugs)
- Paid-in-full well-baby care
- In-network and out-of-network benefits

Network Option: Patient Choice Network

The Patient Choice network features some of the finest hospitals and physicians in the country. The Patient Choice model is designed to facilitate a direct relationship between the patient and the doctor, removing the insurance company from medical decisions. Additional highlights include:

- Efficient use of resources that reduce incentives for unnecessary and/or duplicative tests
- Promotes wellness by encouraging patients to stay healthy, not just treating them when they are sick
- Information is available regarding performance in treating chronically ill patients with diseases such as asthma and diabetes

Also included is the National PPO Network in 41 other states that includes thousands of physicians, hospitals, and specialty care facilities.

Network Option: Broad* PPO Network (*formerly Statewide/National)

The Broad PPO Network includes more than 15,000 physicians in Wisconsin and parts of Minnesota, Illinois and Iowa. Plus, you can access a wide range of clinics and specialty care centers and over 138 hospitals. With the national network you can access thousands of physicians, hospitals, and specialty care facilities in 41 other states.

\$500 OPT-OUT AWARD – MEDICAL COVERAGE:

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

IMPORTANT INFORMATION

- Milwaukee County has the right to require proof of alternate coverage at any time.
- The lump-sum taxable \$500 opt-out award will be paid on a paycheck issued just prior to April 1, 2008.
- 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, divorce from spouse or death of spouse. The full \$500 award must be returned in the event you re-enter.

QUESTIONS AND ANSWERS ABOUT MEDICAL BENEFITS

Answers to the most commonly asked questions about medical benefits are listed below to assist you in making a decision about which medical plan is best for you and your family.

1. **Q.** Have my health benefits plan options changed?

A. No, your plan options for 2008 are the same as the current options.

2. **Q.** Has the health insurance company changed?

A. WPS Health Insurance will continue to administer your health plan for 2008.

3. **Q.** Have my provider options changed?

A. No, you still have two network options to choose from for both the Conventional and Managed Care (HMO comparable) plans. For the conventional plan, you can choose the Patient Choice Network or the Broad (formerly known as Statewide/National) PPO Network. For the Managed Care (HMO comparable) Plan, you can choose the Wheaton Franciscan Direct Network or the Patient Choice Network. To find in-network providers, visit www.wpsic.com and use the Find A Doctor feature

4. **Q.** If I choose the Managed Care (HMO comparable) plan, will I have to go to an in-network physician for all of my health care needs?

A. Yes, In order to have your health care costs covered, you must stay within your selected network.

5. **Q.** If I change to a different medical plan, when will the new coverage start?

A. Your new medical plan will take effect January 1, 2008. There will be no lapse in coverage because your current plan will be in effect through December 31, 2007. Your commitment to the plan you choose is for one calendar year. If you change health plans for 2008 and later decide you would like to return to your former plan or enroll in a different plan, you may do so only during next year's open enrollment

6. **Q.** How is emergency care handled in and out of the Milwaukee area?

A. Emergency care may be obtained anywhere without prior authorization, subject to notification of the plan within 24 hours of receiving emergency services requiring inpatient hospitalization. (Review your summary plan description for specific procedures you must follow to obtain emergency and follow-up care coverage.)

Milwaukee County Employee Assistance Program

Administered by MHN

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 & drug dependency**
- **Stress and Anxiety**
- **Depression**
- **Grief & Loss**

Work & Life Services

Telephonic consultations are available for:

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

Online Member Services

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

- **Search for an MHN 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**



MHN
A Health Net CompanySM

If you need help,
call this toll-free number
24 hours/day, 7 days/week:

(800) 472-4992

Internet Access:

www.members.mhn.com

Password: milco

Milwaukee County Employee Dental Plans

Benefit Comparison *At-A-Glance*

Benefit	Milwaukee County Conventional Plan (Humana Dental)	First Commonwealth (DMO)	Care-Plus (DMO)
Network of providers	Services may be performed by the dentist of your choice	Services must be performed at a First Commonwealth provider	Services must be performed at a Dental Associates, Ltd. Dental Center
Annual Maximum Benefit	\$1,000 per person	No maximum	No Maximum
Annual Deductible	\$25 per person (Maximum of 3 deductibles per family per year)	None	None
Diagnosis and Preventive:			
- Dental exams and cleanings	100% of approved charges ⁽¹⁾	100% of approved charges	100% of approved charges
- Bitewing x-rays	100% of approved charges ⁽¹⁾	100% of approved charges	100% of approved charges
- Full mouth x-rays	100% of approved charges ⁽²⁾	100% of approved charges	100% of approved charges
Minor Restorations (regular fillings: acrylics, amalgams, & composites)	80% of approved charges	100% of approved charges	100% of approved charges
Major Restorations (crowns, inlays, onlays)	50% of approved charges	100% of approved charges ⁽³⁾	100% of approved charges ⁽³⁾
Prosthetics (dentures, bridges)	50% of approved charges	100% of approved charges ⁽³⁾	100% of approved charges ⁽³⁾
Simple Extractions	80% of approved charges	100% of approved charges	100% of approved charges
Endodontics (root canal treatment)	80% of approved charges	100% of approved charges	100% of approved charges
Periodontics	80% of approved charges	100% of approved charges	100% of approved charges
Orthodontics	80% of approved charges	100% of approved charges (includes coverage for adults if approved by the plan)	100% of approved charges (includes coverage for adults if approved by the plan)
Emergency Treatment	80% of approved charges	100% of approved charges at network provider. All other providers limited to a \$50.00 benefit maximum	100% of approved charges at network provider. All other providers limited to a \$50.00 benefit maximum
Ancillary Services	80% of approved charges	100% of approved charges	100% of approved charges
Oral Surgery	80% of approved charges	100% of approved charges (surgeon fee only)	100% of approved charges (surgeon fee only)

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

(1) limited to one service per 6 months

(2) limited to 1 service per 36 months

(3) Precious metal (Noble/High Noble) costs are extra and are the responsibility of the patient/insured

***Note:** Dental plans are only for active employees and their dependents.

QUESTIONS AND ANSWERS ABOUT DENTAL BENEFITS

Answers to the most commonly asked questions about dental benefits are listed below to assist you in making a decision about which dental plan is best for you and your family.

1. Q. What is the difference between the County's Conventional Dental Plan and the DMO (Dental Maintenance Organization) plans being offered?

A. The County Conventional Plan (administered by Humana 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. The DMO prepaid dental plans work like an HMO. You must select your dental clinic from among those affiliated with that plan. There is no annual maximum limit on benefits and no annual deductible.

2. Q. If I change to a different dental plan, when will the new coverage start?

A. Your new dental plan will take effect January 1, 2008. There will be no lapse in coverage because your current plan will be in effect through December 31, 2007. Your commitment to the plan you choose is for one enrollment period. If your dentist leaves the prepaid plan, you must remain in the plan and choose another dentist for the balance of the enrollment period.

3. Q. May I get emergency dental care outside of the Milwaukee area?

A. Yes. See the dental benefit comparison chart or your Summary Plan Description for limitations.

4. Q. What happens if I need oral surgery?

A. Oral surgery must be provided under your medical plan if it is a covered benefit. The dental plans will only provide oral surgery services if the procedure is not a benefit under your medical plan, and then only if it is a covered surgery under your dental plan. (Check with your medical plan before proceeding with oral surgery.)

5. Q. Does changing dental plans affect my medical plan?

A. No, except for oral surgery provisions as described in question #4. The medical and dental plans available to Milwaukee County employees are independent of each other and require a separate choice. Each period you will have the opportunity to select any medical plan and any dental plan for which you are eligible. If you do not change medical or dental plans during the enrollment period, you will remain in your current plan for another enrollment period.

Note: Since the dental plans differ in certain benefits and procedures, you are encouraged to review their literature and talk to the representatives at any of the benefit information sessions listed in this booklet.

BEFORE YOU DECIDE TO ENROLL IN A PLAN YOU SHOULD SEEK ANSWERS TO SUCH QUESTIONS AS:

- Which dentists or dental clinics are available to me?
- Under what conditions does the plan make referrals to dental specialists, and who chooses the specialist?
- May I change dentists or clinics at any time?
- Are there any restrictions as to the type of dental materials used in treatment (e.g., fillings, crowns, bridges, dentures, etc.)?
- What out-of-pocket expenses might I incur?
- How does the DMO handle coverage for a dependent child attending school out of the plan's Milwaukee service area?

Milwaukee County Life Insurance Plans

Milwaukee County offers a variety of life term insurance plan options to its employees. MetLife is the current administrator for all of Milwaukee County’s life insurance plans.

Basic Life Insurance:

Milwaukee County Employees are eligible for up to 1 times their annual salary 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 \$0.34 per thousand dollars of covered income.

Note: A benefit reduction schedule begins at age 65 for basic life coverage

Additional Coverage:

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

Note: Currently, Spouse Life and dependent Child Life Coverage is only available to non-represented employees.

Employee Optional/Supplemental Life Insurance:

This “optional” program offers 24 coverage choices in amounts from \$5,000 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 a monthly payroll deduction. **Optional Life Insurance is only available to active employees and is not a retirement benefit.**

Optional/Supplemental Life Insurance Premiums:

Smoker Rates		Non-Smoker Rates	
Age Band	Rate	Age Band	Rate
<30	\$0.10	<30	\$0.08
30 – 34	\$0.13	30 – 34	\$0.10
35 – 39	\$0.16	35 – 39	\$0.12
40 – 44	\$0.23	40 – 44	\$0.17
45 – 49	\$0.34	45 – 49	\$0.25
50 – 54	\$0.49	50 – 54	\$0.36
55 – 59	\$0.76	55 – 59	\$0.57
60 – 64	\$1.09	60 – 64	\$0.82
65 – 69	\$1.71	65 – 69	\$1.27
70 – 74	\$3.05	70 – 74	\$2.11
75 +	\$5.54	75 +	\$3.69

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

Note: A non-smoker is a person who has not smoked any cigarettes in the last 12 months and who has signed and given MetLife a statement to that effect. A screen asking this question is part of the enrollment system.

Spouse Life Insurance (Non-Represented Employees Only):

Employees may elect coverage for their spouse in \$10,000 increments. The maximum amount of coverage is the lesser of your 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

Dependent Child Life Insurance (Non-Represented Employees Only):

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

Important Considerations

This is “Term” insurance only. You may not borrow against it and no cash value accrues. Acceptance is not guaranteed. You must meet the current medical underwriting standards for your age and risk for the amount of coverage you want. You pay the full monthly premium based on your age, smoker/non-smoker status and coverage amount. Premiums will be deducted from the first two paychecks of each month. If you have “Optional” coverage now, you will not lose it if your application for a higher amount is not approved. A coverage reduction schedule for optional life begins at age 60. Your beneficiaries are the same that you designated for your “Basic Coverage.”

*Note: You **may not** apply for this additional coverage program 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.*

Milwaukee County Voluntary Benefit Plans



Milwaukee County offers a variety of voluntary programs through Colonial Supplemental Insurance designed to offer additional financial protection for you and your family. You will see an informational screen in the enrollment system, but you will need to enroll directly with Colonial for these benefits.

- ❖ **“Protect Your Paycheck”** with Short-Term Disability
- ❖ **“Protect Your Family”** with additional products offered by Colonial Supplemental Insurance, including:
 - **Accident Insurance**
 - **Critical Illness** – pays in addition to major medical insurance.
 - **Cancer Insurance** – Offsets direct and indirect expenses related to cancer including specified cancer screening tests.

For additional information, or to enroll in a voluntary benefit plan, please call (414) 964-7999 or email Harold.Gee@coloniallife.com

Milwaukee County Deferred Compensation Plan



**Concerned about having *enough* money
for your retirement?**

You will see an informational screen in the enrollment system, but you will need to enroll directly with Great West for this benefit. The Milwaukee County Deferred Compensation Plan offers:

- **Before-Tax Savings** – *reduces your current income tax*
- **Tax Deferral** *on your contributions and potential earnings*
- **Convenient Payroll Deduction**
- **Enrollment Minimum of only 1% per month**

For additional information, or to schedule an individual appointment, please call Marco Gruchalski at (414) 223 -1921

Please bring your paycheck stub and most recent individual statement

Milwaukee County Flexible Spending Accounts



Maximize your benefits. Minimize your costs.

Now you can stretch your income, reduce costs, and pay less in taxes. How? By using your Flexible Spending Account (FSA). As a valuable benefit provided by Milwaukee County, your FSA allows you to contribute pre-tax dollars to pay for eligible health care and dependent care expenses.

Why Use FSA? - Paycheck Comparison		
	Employee with a Flexible Spending Account	Employee without a Flexible Spending Account
Gross Pay:	\$1,500.00	\$1,500.00
Per Pay Period FSA Contribution	-\$100.00	-\$0.00
Pay subject to taxes	\$1400.00	\$1500.00
Projected Federal, State, & FICA Taxes (approximately 30%)	-\$420.00	-\$450.00
Income After Taxes	\$980.00	\$1050.00
After-tax dollars spent on FSA eligible expenses	-\$0.00	-\$100
Available income after taxes and paying for FSA eligible expenses	\$980.00	\$950.00
Potential savings by using a Flexible Spending Account	\$30.00 (\$720.00 annually)	

Steps for enrolling:

1. Determine your FSA eligible expenses:

To assist, a worksheet is included in the following pages. You may also use the online FSA calculator located at www.ceridian.com/myceridian/fsacalculator.

2. Determine your contributions:

Contributions will be deducted from your paycheck in equal amounts 24 times throughout the year. For 2008, the maximum annual contributions are:

Health Care FSA	\$5,000.00
Dependent Care FSA	\$5,000.00 single or married and filing jointly \$2,500.00 married and filing separately

3. Enroll:

Follow the instructions on pages 3-7 of this guide to enroll via the Ceridian Benefits System

Additional information about FSA plans, including a listing of eligible and ineligible expenses, can be found at www.benefitroll.com. After logging in, click "Sample HealthCare FSA Eligibility."

Medical FSA Expense Planning Worksheet

This worksheet will help you determine the dollar amount you will spend for medical expenses during the Plan Year, which begins January 1, 2008 and ends on December 31, 2008.

UNREIMBURSED MEDICAL EXPENSES

Annual Estimate

Medical Expenses not covered by Insurance

Deductibles, co-pays, coinsurance \$ _____
 Physician visits/routine exams \$ _____
 Prescription Drugs \$ _____
 Insulin/Syringes \$ _____
 Annual physicals \$ _____
 Chiropractic treatments \$ _____
 Over-the-counter medicines \$ _____
 & drugs (allergy, antacids, \$ _____
 cold medicines, pain relievers etc.) \$ _____
 Other: _____ \$ _____
Subtotal Medical Expenses \$ _____

Dental Expenses not covered by Insurance

Checkups/cleanings \$ _____
 Fillings \$ _____
 Root Canals \$ _____
 Crowns/Bridges/Dentures \$ _____
 Oral Surgery \$ _____
 Orthodontia \$ _____
 Other _____ \$ _____
Subtotal Dental Expenses \$ _____

Vision/Hearing Expenses not covered by Insurance

Exams \$ _____
 Eyeglasses \$ _____
 Prescription Sunglasses \$ _____
 Contact Lenses & \$ _____
 Cleaning Solutions \$ _____
 Corrective Eye Surgery \$ _____
 (LASIK, cataract etc.) \$ _____
 Hearing exams/hearing \$ _____
 aids & batteries \$ _____
Subtotal Vision/Hearing \$ _____

Total Medical Expense \$ _____

Day Care Planning Worksheet

This worksheet will help you determine the dollar amount you will spend for dependent care expenses during the Plan Year, which begins January 1, 2008 and ends on December 31, 2008. Keep the following in mind when estimating your expenses:

- Reimbursements can be made up to the amount actually contributed to the account, less prior payments.
- If your dependent is a student, your expense may be different when school is not in session.
- Your work schedule, or your spouse's work schedule may affect your total expenses.
- Estimate your expenses on a monthly basis, since the amounts may fluctuate throughout the plan year.

January \$ _____
 February \$ _____
 March \$ _____
 April \$ _____
 May \$ _____
 June \$ _____

July \$ _____
 August \$ _____
 September \$ _____
 October \$ _____
 November \$ _____
 December \$ _____

Total Day Care Expenses \$ _____

Commuter Value Pass Program

Did You Know?

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 (Summer Fest, State Fair, etc.) for only \$10.00 per month! (deducted equally over 24 pay periods) Additionally, the Commuter Value Pass 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 Commuter Value Pass program using the Ceridian Benefits System, print a copy of the enrollment confirmation and the MCTS Form, and bring both 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 (*or for newly hired employee, when your other benefits become effective*). Bus pass renewal stickers will be forwarded directly to the employee’s home by MCTS, via US mail before the first of each quarter the pass is effective.

Questions?

Call Milwaukee County Transit System at 343-1777 and ask about the Commuter Value Pass for Milwaukee County, or contact your Departmental Payroll/HR Clerk



Milwaukee County Employees Health Plan Rates as of 1/1/2008

Rates for Non-Represented employees and employees of AFSCME DC 48, Attorneys, Machinists, TEAMCO and Building Trades unions.			
Wheaton Franciscan Managed Care (HMO Comparable) Plan			
	Employee Share	County Share	Total Cost
Single Coverage	\$35.00	\$436.16	\$471.16
Family Coverage	\$70.00	\$1249.12	\$1319.12
Patient Choice Managed Care (HMO Comparable) Plan			
	Employee Share	County Share	Total Cost
Single Coverage	\$50.00	\$516.61	\$566.61
Family Coverage	\$100.00	\$1486.33	\$1586.33
Patient Choice PPO Plan			
	Employee Share	County Share	Total Cost
Single Coverage	\$75.00	\$784.87	\$859.87
Family Coverage	\$150.00	\$1275.29	\$1425.29
Broad PPO Plan			
	Employee Share	County Share	Total Cost
Single Coverage	\$100.00	\$948.43	\$1048.43
Family Coverage	\$200.00	\$1538.96	\$1738.96

Rates for employees of the Nurses, Deputy Sheriffs, and Fire Fighters Unions			
Wheaton Franciscan Managed Care (HMO Comparable) Plan			
	Employee Share	County Share	Total Cost
Single Coverage	\$75.00	\$396.16	\$471.16
Family Coverage	\$150.00	\$1169.12	\$1319.12
Patient Choice Managed Care (HMO Comparable) Plan			
	Employee Share	County Share	Total Cost
Single Coverage	\$75.00	\$491.61	\$566.61
Family Coverage	\$150.00	\$1436.33	\$1586.33
Patient Choice PPO Plan			
	Employee Share	County Share	Total Cost
Single Coverage	\$75.00	\$784.87	\$859.87
Family Coverage	\$150.00	\$1275.29	\$1425.29
Broad PPO Plan			
	Employee Share	County Share	Total Cost
Single Coverage	\$75.00	\$973.43	\$1048.43
Family Coverage	\$150.00	\$1588.96	\$1738.96

Milwaukee County Employee Dental Plan Rates as of 1/1/2008

Milwaukee County Conventional Dental Plan (Humana)			
	Employee Share	County Share	Total Cost
Single Coverage	\$2.00	\$26.70	\$28.70
Family Coverage	\$6.00	\$66.45	\$72.45

First Commonwealth (DMO)			
	Employee Share	County Share	Total Cost
Single Coverage	\$2.00	\$29.92	\$31.92
Family Coverage	\$6.00	\$100.75	\$106.75

Care Plus (DMO)			
	Employee Share	County Share	Total Cost
Single Coverage	\$2.00	\$34.22	\$36.22
Family Coverage	\$6.00	\$97.23	\$103.23

2008 BENEFITS REMINDER CHECKLIST FOR EMPLOYEES

- Online Enrollment (see pages 3-7 for step by step instructions)**
 - Have you completed the online enrollment through the Ceridian Benefits System at www.benefitenroll.com? Remember, this year you are required to enroll in order to have benefits in 2008
 - Have you verified that all dependent information in the Ceridian Benefits System is up to date and accurate? Please pay particular attention to dependent names, dates of birth, and social security numbers.
- Medical / Dental Insurance (see pages 8-10 for medical plan information and pages 12-13 for dental plan information)**
 - Have you enrolled in the medical and dental plans that will best fit the needs of your family for 2008 (e.g. benefit level, employee costs, provider networks selections, family medical and dental health status)?
 - Have you applied for the 2008 medical plan “opt-out” (waiver) award if you have the coverage you need in 2008 through another current or previous employer or through your spouse’s employer’s medical plan?
- Life Insurance (see pages 14-15 for life insurance information)**
 - Be sure to keep your life insurance beneficiary designations up to date and that you are in compliance with marital property laws and any related divorce decree provisions. Remember, you may change your beneficiary designation at any time.
 - Review your “optional life” coverage needs (even if you are currently participating).
- Flexible Spending Accounts (HealthCare and Dependent Care FSA) (see page 17-18 for information)**
 - Be sure to apply for 2008 even if you are currently participating or will need the program for the first time in 2008.
- Deferred Compensation (IRC “457” Plan)**
 - Deferred Compensation Plan (page 18): Review your retirement savings objectives (even if you are currently participating in this tax-deferred compensation program).
- Short-Term Disability Insurance (Accident/Sickness Policy) (see page 18 for information)**
 - Review your income protection needs concerning this optional benefit.
- Commuter Value Pass (see page 19 for information)**
 - Do you ride the bus to work each day or have you considered riding the bus to work?
- Confirmation of Enrollment**
 - It is recommended that you print and keep a copy of enrollment the confirmation page for your records.
- Family Status Change**
 - Throughout the year, be sure to report any family status changes through your payroll clerk within 30 days of any family status change (e.g. marriage, birth, adoption, etc.) to ensure timely changes to your plan enrollments. Please be advised that change requests received more than 30 days after the event may not be approved.



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. Wisconsin Physicians Service, 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 and 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 prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

-- CONTINUED ON NEXT PAGE --

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's 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'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through 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'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

Date:	November 1, 2007
Name of Entity/Sender:	Milwaukee County
Contact--Position/Office:	Susan Atkins, Benefits Specialist
Address:	901 N. 9th Street, Room 210, Milwaukee, WI 53233
Phone Number:	414-278-4115

FOR ADDITIONAL INFORMATION

Medical Plans

- **MILWAUKEE COUNTY CONVENTIONAL PPO PLAN**
 - PATIENT CHOICE NETWORK
 - BROAD (*formerly Statewide/National*) PPO NETWORK
- **MANAGED CARE PLAN (HMO Comparable)**
 - WHEATON FRANCISCAN DIRECT NETWORK
 - PATIENT CHOICE NETWORK

WPS Milwaukee Service Center 1-800-351-9946 or 414-224-8838
(Information regarding providers, benefit levels, and claims processing)

WPS Customer Service Hours: 8:00 a.m. to 4:30 p.m. Monday through Friday

Dental Plans

Humana Dental (Conventional plan administrator) 1-888-393-6765
(Phone information about benefit levels and claims processing)

CARE-PLUS DENTAL PLANS 414-771-1711

FIRST COMMONWEALTH 1-866-494-4542
9:00 a.m. and 4:00 p.m. Monday through Friday.

Employee Assistance Program-Mental Health/Substance Abuse

HEALTH MANAGEMENT CENTER (Access to Service)

- EAP service for all enrollees 1-800-472-4992
- Mental Health/Substance Abuse for
Conventional Medical Plan (PPO participants) 1-800-472-4992

Flexible Spending Accounts (FSA) - HealthCare and Dependent Care

Ceridian FSA Participant Service 1-800-586-5120 (select option 2)

THIS BROCHURE DESCRIBES THE MEDICAL AND DENTAL BENEFIT PROGRAMS IN GENERAL TERMS ONLY AS OF THE DATE OF THIS PRINTING. IT IS NOT INTENDED TO BE A COMPLETE DESCRIPTION OF COVERAGE AND ANY STATEMENTS IN THIS BROCHURE ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER CONTRACT OF EACH PLAN AND THE RELEVANT COUNTY ORDINANCES AND BARGAINING UNIT AGREEMENTS.