



2026 Benefit Guide



Important Notice:

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Consult the Summary Plan Descriptions to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plans. In case of a conflict between your plan documents and this information, the plan documents will govern. The availability of a plan or program may vary by geographic service area.

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Welcome to the City of Middleton!

Welcome to the 2026 Employee Benefits Guide, your single-source document for the information you need to make informed decisions about your benefits for yourself and your family.

The 2026 Employee Benefits Guide is intended to be a summary of some of the benefits offered to you and your family including:

- health insurance
- dental insurance
- vision insurance
- life and disability insurance
- flexible spending accounts

The benefits described herein are offered to eligible employees of the City of Middleton. All benefits are subject to change and there is no guarantee that these benefits will be continued indefinitely. The descriptions are general and are not intended to provide complete details about any or all plans. Exact specifications for all plans are provided in the official Plan Documents, copies of which are available in [Solved](#).

Thank you,

The Benefits Team

Who You Can Cover

WHO IS ELIGIBLE?

All regular employees working 30 hours or more a week are eligible to enroll in the City's Health, Dental, and Vision programs. All Employees who are eligible for Wisconsin Retirement Benefits are eligible for Life Insurance and Income Continuation Coverage.

You may enroll the following family members in our medical, dental, and vision plans:

- Your legally married spouse
- Your natural children, stepchildren, foster and/or adopted children under the age of 26.
- Your disabled children 26 or older (with proof of ongoing disability)

WHEN CAN I ENROLL?

Enrollment for new hires begins on your date of hire.

Open enrollment for the next plan year is held each November. Open enrollment is the one time each year that employees can make changes to their benefit elections for health and vision insurance, as well as flexible spending.

Life events must be submitted in [Isolved](#) within 30 days of the event date in order to make a change (add or drop) to your coverage election.

These changes include (but are not limited to):

- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change of marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in your health coverage or your spouse's coverage
- Changes in employment status or work schedule

To enroll for all enrollment events, you will need to complete the Benefits Enrollment Wizard in [Isolved](#) and complete and return any applicable forms to the benefits administrator.

WHEN DOES COVERAGE BEGIN?

Health Insurance

Newly hired employees and dependents health coverage is effective on the first of the month following the employee's date of hire. All elections are in effect for the entire plan year and can only be changed if you experience a life event.

Dental, and Vision Insurance

Newly hired employees and dependents dental and/or vision coverage is effective on the employee's date of hire. All elections are in effect for the entire plan year and can only be changed if you experience a life event.

Life Insurance

Newly hired employees and dependent life insurance coverage will be effective on the first of the month, following one month of employment. All elections are in effect and can only be changed if you experience a life event or through filing an evidence of insurability application.

Income Continuation Insurance

Newly hired employee's income continuation coverage will be effective on the first of the month, following date of hire. All elections are in effect and can only be changed through filing an evidence of insurability application.

WHEN DOES COVERAGE END?

All insurance coverage ends on the last day of the month following your date of termination or loss of eligibility.

You and any eligible dependents may continue benefits for a limited period of time under state and federal COBRA rights.

Upon retirement, eligible employees may continue health insurance under the City's plan until the age of 65 and dental/vision insurance until you wish to voluntarily cancel coverage.

Medical Benefits



The City's medical plans are designed to help maintain wellness and protect your family from major financial hardships in the event of illness or injury. The City of Middleton offers the choice between 2 medical plans; a Medical HMO through Group Health Cooperative, Inc. and a Medical PPO through Group Health Cooperative, Inc. for employees who live outside the provider service area. Highlights of the medical plans are listed below.

Benefit Coverage	Group Health Cooperative, Inc. HMO	Group Health Cooperative, Inc. PPO
	Schedule of Benefits	PPO
Annual Deductible		In-network/Out-of-network
Individual	\$1,000	\$1,000/\$2,000
Family	\$2,000	\$2,000/\$4,000
Coinsurance	0%	20%
Maximum Out-of-Pocket		
Individual	\$1,000 for Medical, \$2000 for prescription	\$1,000/\$4,000 medical, \$2000 prescription
Family	\$2,000 for Medical, \$4000 for prescription	\$2,000/\$8,000 medical, \$4000 prescription
Clinic Services		
Primary Care	No Charge	No Charge/20% after deductible
Specialty Care	No Charge	No Charge/20% after deductible
Outpatient Phys/Occ Therapy	No Charge	No Charge/20% after deductible
Diagnostic Services		
X-ray and Lab Tests	No Charge	No Charge /20% after deductible
Advanced Radiology	No Charge after deductible	No Charge after deductible/20% after deductible
Emergency, Urgent Care, & Hospital Services		
Urgent Care Visit	No Charge	No Charge
Emergency Room Visit	\$250	\$250
Inpatient Hospital Services	No Charge after deductible	No Charge after deductible/20% after deductible
Outpatient Hospital Services	No Charge after deductible	No Charge after deductible/20% after deductible
Mental/Behavioral Health		
Inpatient	No Charge after deductible	No Charge after deductible/20% after deductible
Outpatient	No Charge	No Charge/20% after deductible
Substance Abuse		
Inpatient	No Charge after deductible	No Charge after deductible/20% after deductible
Outpatient	No Charge	No Charge/20% after deductible
Other Services		
Chiropractic	No Charge	No Charge
Pharmacy Online Drug Formulary		
Retail Pharmacy		
Outpatient Prescriptions (Tier 1)	\$10 copay	\$10 copay
Drugs on GHC-SCW (Tier 2)	\$30 copay	\$30 copay
Formulary (Tier 3)	\$50 copay	\$50 copay
Specialty (Tier 4)	\$100 copay	\$100 copay



WHAT IS THE COST TO ENROLL IN THE CITY'S HEALTH PLAN?

The employee portion of the premiums is automatically deducted from your paycheck on a bi-monthly, pre- tax basis.

The table below lists each health plan's monthly premium cost for both the employee and the city.

Monthly Contributions		
	Employee	City of Middleton
GHC HMO		
Employee	\$97.21	\$674.28
Family	\$250.29	\$1736.15
GHC PPO – Eligible only for members outside of the GHC Service Area – See provider map		
Employee	\$97.21	\$674.28
Family	\$250.29	\$1736.15

WHAT IS THE CASH IN-LIEU OPTION?

Employees who have other group plan coverage outside of the coverage offered by the City of Middleton, may sign a waiver and receive a Cash In-Lieu of \$2,000 per year. You will receive this benefit in monthly installments of \$166.66 through payroll.

HOW DO I ACCESS MY COVERAGE INFORMATION?

New members can visit [Group Health Cooperative](#) website for information on becoming a new member and what to do to get the most out of being a member.

[Coverage for out-of-area dependents](#). If your dependents (up to age 26) live outside of our service area for at least three months of the year, they are eligible for out-of-area dependent student coverage.

Register and log-in to [MyChart](#) to get secure access to your health information. Use this portal to make appointments, message your provider, view lab results and more.

HOW DO CONTACT CUSTOMER CARE?

[Group Health Cooperative](#)

Phone: 800-605-4327

Monday - Friday, 8:00 a.m. to 5:00 p.m.

[Send a Message](#)

Preventive Care & Living Healthy



WHAT IS PREVENTIVE CARE?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, gender and medical history. Visit HealthCare.gov for a list of covered preventative services. **Preventive care is covered in full only when obtained from an IN-NETWORK provider.**

NOT ALL EXAMS AND TESTS ARE CONSIDERED PREVENTIVE

Exams performed by specialists are not generally considered preventive and may not be covered at 100 percent. Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services. If you have a question about whether a service will be covered as preventive care, contact your medical plan.

TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer
- Depression
- STIs



Preventive care for women should include breast and gynecological exams



For men, preventive care should include prostate cancer screening and a testicular exam

MANAGE WELL – WELLNESS REWARDS

Earn up to \$160 in wellness rewards for having your preventative exams, tracking exercise, sleep, and more. One spouse/significant other covered under a family member's policy can also earn up to \$160 per year. Rewards come in the form of check at the close of each quarter.

To enroll, you must register for a [ManageWell](#) account by mobile app or via their website. Your ID will be the letters "GHC" followed by your six-digit member number, for example: GHC123456. For more information visit the [GHC ManageWell webpage](#) for a list of activities and frequently asked questions.

ManageWell[®]



Know Where to Go



Type	Appropriate For	Examples	Access & Contact Info
GHC Nurse Connect 	Quick answers from a trained nurse	Identifying symptoms, decide if immediate care is needed, get home treatment options and advice	24/7 608-661-7350
E-Visit 	Get a diagnosis, a treatment plan, and even a prescription from the comfort of home	Upper respiratory infections, yeast infections, pink eye, acid reflux	24/7 Start a visit via MyChart
Video Visit 	Routine medical care and overall health management	Routine visits and some specialty visits such as PT/OT, Dermatology, and Behavior Health	 Schedule and start a visit via MyChart
Office Visit 	Routine medical care and overall health management	Annual checkups, preventative care, immunizations, acute illnesses, managing chronic conditions	 Contact your PCP Provider Map
Virtual Urgent Care 	Non-life-threatening conditions requiring prompt attention from home.	Most broken bones, bruises and sprains, minor cuts, minor burns	24/7 Start a visit via MyChart
Urgent Care 	Non-life-threatening conditions requiring prompt attention	Most broken bones, bruises and sprains, minor cuts, minor burns	 Find an Urgent Care
Emergency Room 	Life threatening conditions requiring immediate medical treatment	Suspected heart attack or stroke, major breaks, excessive bleeding, difficulty breathing	 Locate an Emergency Room



Health Reimbursement Account (HRA)



The City of Middleton offers a Health Reimbursement Account (HRA) in conjunction with your medical insurance through Employee Benefits Corporation (EBC). Each employee enrolled in the eligible medical insurance has an account that will reimburse deductible expenses.

After you've satisfied your portion of the deductible, you have the option to have EBC automatically deduct funds from your City of Middleton funded HRA account to pay for any eligible services that will apply to the next portion of your deductible. If you do not want your HRA claims to process automatically, EBC will send you reimbursement of the deductible. Eligible expenses include deductible expenses associated with the eligible plan.

	Individual Plan	Family Plan
Deductible administered by Group Health Cooperative, Inc.	\$1,000 per individual	\$2,000 per family
Your Deductible Responsibility	\$250 per individual	\$500 per family
City of Middleton Deductible Funding	\$750 after employee pays first \$250	\$1,500 after employee pays first \$500
Benefit % after deductible paid by Group Health Cooperative, Inc.	100% in most cases	100% in most cases
Embedded Deductible	For those on a family plan, if one person in the family reaches \$250 toward deductible, the HRA will start reimbursing up to \$750 for the one person. The remaining family member(s) will count towards the other half of your deductible with the HRA reimbursing up to an additional \$750. You will pay no more than \$500 for the full family.	

HOW DO I ACCESS MY COVERAGE INFORMATION?

Check your claim status and more by registering for an [EBC online account](#). You may also download the [Mobile App](#).

HOW DO CONTACT CUSTOMER CARE?

Jon Taves
 Phone: 800-346-2126 ext. 120
 Monday - Friday, 7:00 a.m. to 5:00 p.m.
 Email: jon.taves@ebcflex.com

Dental Benefits



The City of Middleton offers Dental Insurance through Delta Dental of Wisconsin.



Delta Dental Wisconsin

Delta Dental offers benefits in the Delta Dental PPO Network, Delta Dental Premier Network, and out-of-network. Please visit the Delta Dental website to [find a provider](#).

The deductible for dental procedures provided by premier dentists and noncontracted dentists is \$0. The maximum benefit per year is \$1,500 per subscriber and covered dependent. The maximum orthodontic benefit is \$1,500 for each covered dependent child up to age of 19.

More information about Delta Dental plan, including a Summary of Benefits, is available in [Isolved](#) under Company Information.

WHAT IS THE COST TO ENROLL IN THE CITY'S DENTAL PLAN?

The City of Middleton provides dental insurance at no additional cost to employees who are eligible for coverage.

HOW DO I ACCESS MY COVERAGE INFORMATION?

Check your claim status, print ID Cards, and more by registering for online access to your [Delta Dental account](#).

HOW DO CONTACT CUSTOMER CARE?

Contact Delta Dental of Wisconsin for questions concerning benefits and claims payments.

Phone: 800-236-3712

Monday - Friday, 7:30 a.m. to 5:00 p.m.

Email: claims@deltadentalwi.com

Life Benefits

Administered by Securian Financial Group

The Wisconsin Public Employers Group Life Insurance Program is a benefit provided under the Wisconsin Retirement System (WRS) and is available to employees of participating Wisconsin local government employers. You may enroll if you are an eligible WRS employee who is a regular, full-time or part-time employee (working 23 hours per week or if you meet the WRS eligibility rules). Enrollment applications must be submitted within 30 days of hire, WRS eligibility, return from leave of absence, or change of family status. If you do not enroll during the first 30 days of becoming eligible or to increase your coverage after initial enrollment, you may obtain coverage by providing an [application of evidence of insurability](#).

The City of Middleton offers three kinds of life insurance benefits to each employee: Basic Life Insurance, Supplemental Life Insurance, and Additional Life Insurance. Employees also have the option of buying Spouse/Dependent coverage for eligible dependents. **To enroll, complete and return the application** to the benefits administrator.

Click to Watch



How much life insurance do you need?

HOW MUCH COVERAGE IS AVAILABLE?

Basic Plan	1 times earnings	Earnings are your wages and salary paid to you by your employer. When you first become eligible, your earnings are an estimate of your earnings for the next twelve months rounded to the next higher \$1,000. After that, the insurance is based on the higher of your estimated or your actual earnings in the previous calendar year.
Supplemental Plan	1 times earnings	
Additional Plan	1, 2, or 3 times earnings	
Spouse/Dependent Coverage	1 or 2 Units	

Total coverage is your earnings rounded to the next 1,000 times the total number of units you are enrolling in. For example, if I earn \$53,220 a year, and have 5 times my earnings in coverage, I have $\$54,000 \times 5 = \$270,000$ in coverage.

WHAT DOES MY LIFE INSURANCE COVER?

Coverage on the life of an employee includes accidental death, dismemberment, and loss of use. This is a term life policy and has no cash value. Please refer to the [Life Insurance Brochure](#) for a summary of benefits.

BENEFICIARY

Beneficiaries shall be determined in accordance with Wisconsin Statutes. You may designate a beneficiary or change your beneficiary any time by completing the [Beneficiary Designation](#). This form must be filed with Employee Trust Funds for WRS retirement and life insurance benefits.

HOW DO CONTACT CUSTOMER CARE?

Phone: 866-295-8690
Monday - Friday, 7:30 a.m. to 5:00 p.m.
Email: madisonbranch@securian.com

Life Insurance

HOW ARE PREMIUMS CALCULATED?

Premiums are set annually by the Group Insurance Board and are based on your age. The cost for spouse/dependent coverage is a dollar amount for each unit of coverage, regardless of age or number of family members you insure.

RATE CALCULATION WORKSHEET

Active Employee Rates

Age	Rate Per \$1,000
Under Age 30	\$0.05
Age 30-34	\$0.06
Age 35-39	\$0.07
Age 40-44	\$0.09
Age 45-49	\$0.12
Age 50-54	\$0.22
Age 55-59	\$0.39
Age 60-64	\$0.49
Age 65-69	\$0.57
Age 70 older	**

To calculate your monthly premium:

The City of Middleton provides you with the Basic Plan at no cost to you.

- Earnings: Write your total earnings rounded to the next 1,000 _____
Divide that number by 1,000 Line 1: _____
- Write your age-based rate from the table
Rate from table Line 2: _____
- Amount Elected: Write the amount of units you want (not including the Basic Plan) Line 3: _____
- Multiple Line 1, Line 2, and Line 3. This is your monthly premium amount Line 4: _____

Example: A local employee is age 36 and is estimated to earn \$53,220 in the next year. She enrolled in Basic, Supplemental, and 3 units of Additional Coverage.

Active Employee Rates

Age	Rate Per \$1,000
Under Age 30	\$0.05
Age 30-34	\$0.06
Age 35-39	\$0.07
Age 40-44	\$0.09
Age 45-49	\$0.12
Age 50-54	\$0.22
Age 55-59	\$0.39
Age 60-64	\$0.49
Age 65-69	\$0.57
Age 70 older	**

To calculate your monthly premium:

The City of Middleton provides you with the Basic Plan at no cost to you.

- Earnings: Write your total earnings rounded to the next 1,000 53,220 = 54,000
Divide that number by 1,000 Line 1: 54
- Write your age-based rate from the table
Rate from table Line 2: .07
- Amount Elected: Write the amount of units you want (not including the Basic Plan) Line 3: 4
- Multiple Line 1, Line 2, and Line 3. This is your monthly premium amount Line 4: \$15.12

Spouse/Dependent Rates

Total Units	Amount of Coverage	Monthly Premium
1 Unit	\$10,000/5,000	\$1.60
2 Units	\$20,000/10,000	\$3.20

Income Continuation Benefits



Administered by The Hartford

The Income Continuation Insurance (ICI) benefit is a voluntary “income replacement” benefit payable if you become disabled. You may enroll if you are an eligible WRS employee who is a regular, full-time or part-time employee (working 23 hours per week or if you meet the WRS eligibility rules). Enrollment applications must be submitted within 30 days of hire, WRS eligibility, or return from leave of absence. If you do not enroll during the first 30 days of becoming eligible or to increase your coverage after initial enrollment, you may obtain coverage by providing an [application of evidence of insurability](#). **To enroll, [complete and return the application](#)** to the benefits administrator.

ICI benefits provide up to 75% of your average monthly earnings based on your previous calendar year earnings rounded to the next highest \$1,000 and divided by 12. For newly hired employees, your estimated annual earnings are used.

WHAT COVERAGE IS OFFERED?

The **Standard Coverage** covers up to \$120,000 of annual earnings. Before benefits begin, you must serve an elimination period (also called waiting period). You may select an elimination period of 30, 60, 90, 12, or 180 days. You must be completely off of work during this time. Please refer to the [Income Continuation Brochure](#) for a summary of benefits.

HOW MUCH ARE PREMIUMS?

Currently the local ICI program is under a premium holiday. The premium holiday covers standard and supplemental coverage. This means, there is **no cost to you** to enroll in the benefit.

HOW DO I FILE A CLAIM?

Contact The Hartford to file a claim. File your claim as soon as possible after your last day worked or up to 30 days before your anticipated last day worked. You will then be sent an introductory packet to complete and return. The Hartford will then notify you via letter on your claim approval and will include how much your benefit will be and when it will start. If denied, you will receive a letter with reasons for the denial.

HOW DO CONTACT CUSTOMER CARE?

Phone: 800-960-0052

Email: iciquestions@thehartford.com

Vision Benefits

Delta Dental Wisconsin – Administered by EyeMed Vision Care



Delta Dental offers vision benefits to the City of Middleton employees as part of the Delta Dental Access Network. Please visit the Delta Dental website to [find a provider](#).

There are two plans to choose from – Comprehensive Plan and the Materials Only Plan.

	Eye Med Vision Care Comprehensive Plan – In-Network	Eye Med Vision Care Materials Only – In-Network
Spectacle Exam	Member pays \$0	N/A
Standard Contact Lens Fit and Follow-up	Member pays \$0	N/A
Standard plastic lenses	\$130 allowance, then 20% off balance	\$200 allowance, then 20% off balance (includes all lens options)
Lens Options Single/Bifocal/Trifocal UV Coating/Tint/Scratch Res. Standard Polycarbonate Standard Progressive Premium Progressive Other add-ons and services	Member pays \$0 Member pays \$15 each Member pays \$40 Member pays \$65 20% off retail price, plus \$55 allowance 20% off retail price	Included in \$200 allowance above
Contact Lenses Disposable Conventional	\$120 allowance \$120 allowance, plus 15% off balance - in lieu of spectacle lenses only	\$200 allowance, then 20% off balance - in lieu of spectacles (frames and lenses)
Frequency	12/12/24 months Exams/Lenses or Contact Lenses/Frames	1x every 12 months
Laser Vision correction	15% off retail or 5% off promotion	15% off retail or 5% off promotion
Additional discounts	20% discount on items not covered by the plan, which may not be combined with other discounts or promotions. 40% discount on complete eyeglass purchase and a 15% discount on conventional contact lenses after benefit has been used.	

More information about Delta Vision plan, including a Summary of Benefits, is available in [Isolved](#) under Company Information.



WHAT IS THE COST TO ENROLL IN THE CITY'S VISION PLAN?

Vision Insurance is a voluntary benefit offered to employees. The City does not contribute to vision premiums.

	Comprehensive Plan	Material Only Plan
Payroll deductions are on a Monthly basis		
Employee	\$9.91	\$9.34
Employee +1	\$18.68	\$17.79
Family	\$29.31	\$27.91

HOW DO I ACCESS MY COVERAGE INFORMATION?

Check your claim status, print ID Cards, and more by registering for online access to your [EyeMed account](#).

HOW DO CONTACT CUSTOMER CARE?

Contact EyeMed's Customer Care Center for questions concerning benefits, claims payments, and ID cards.

Phone: 844-848-7090

Monday-Saturday 7:00 a.m. to 10:00 p.m.

Sunday 10:00 a.m. to 7:00 p.m.

Flexible Spending Accounts (FSA)

Administered by Employee Benefits Corporation (EBC)

Participating in a Flexible Spending Account (FSA) is a great way to save money over the course of the year. These accounts allow you to set aside a portion of your salary on a pre-tax-basis each year into reimbursement accounts. Money from these accounts can then be used to pay eligible expenses that are not reimbursed by your medical plan, as well as reimbursement for dependent care expenses.

There are two accounts to choose from: You may use the Healthcare Spending Account, the Dependent Day Care Spending Account, or both. When you enroll, you decide how much money to contribute to your personal accounts for the coming year. These contributions are gradually deducted from your paychecks through the year and deposited into your account(s). You must enroll during open enrollment or within 30 days of a qualifying life event.

WHAT'S THE ADVANTAGE OF PRE-TAX?

Pre-tax means the dollars you use for eligible expenses **are not** subject to social security tax, federal income tax and, in most cases, state and local taxes. Money you would have paid in taxes can be used to pay qualified expenses. Depending on your tax bracket, you can save 23% to 46% on every expense you pay through the flex accounts and increase your take home pay by up to \$20 to \$40 on every \$100 you set aside. It's a tax break you cannot afford to ignore! Here is an example of an FSA savings potential:



Earnings Illustration: Tax Savings Using an FSA	Without an FSA	With an FSA	Advantages
Gross Pay	\$40,000	\$40,000	
Contribution to FSA Before Tax	\$0	-\$3,000	Contribution is Pre-Tax
Taxable Income	\$40,000	\$37,000	Less Taxable Income
Estimated Taxes	-\$6,233	-\$5,387	Less Paid in Taxes
Income After Taxes	\$33,767	\$31,613	
Dependent Day Care/Health Care Expenses	-\$3,000	-\$3,000	
Tax Free Plan Reimbursement	\$0	\$3,000	Tax Free
Net Income After Taxes & Expenses	\$30,767	\$31,613	More Money in Your Paycheck!

RESOURCES

- [Eligible Expenses](#) – now include more over-the-counter items
- [EBC Mobile Account](#) – Download the mobile app for easy access to your account
- [EBC Online Account](#) – Submit claims, check balances and more

HOW DO CONTACT CUSTOMER CARE?

Phone: 800-831-2126

Monday-Friday 7:00 a.m. to 5:00 p.m.

Flexible Spending Account

HEALTHCARE SPENDING ACCOUNT

This account will reimburse you with pre-tax dollars for eligible healthcare expenses not reimbursed under your family's healthcare plans. You may choose to set aside, as a pre-tax payroll deduction, a spending account for medical-related expenses. These include money for co-pays, deductibles, and many other qualified medical expenses. **The maximum amount you may contribute to a Healthcare Spending Account for the 2026 Plan Year is \$3,400.** Use the [FSA Savings Calculator](#) to calculate your savings.

HEALTHCARE FSA ROLLOVER FEATURE:

You make the election for deduction annually and should estimate the amount you need for qualified medical expenses. Keep in mind that any unused funds from your Healthcare FSA as of December 31 (\$5-680) can be rolled over as long as you enroll in the next plan year.

ESTIMATE CAREFULLY!

If you don't spend all the money in your account, you can roll over up to \$680 to use the following year. Any additional remaining balance will be forfeited.

Participants will have until March 31 to **submit claims for expenses incurred during 1/1/2025-12/31/2025**

FSA Debit Card Process

EBC will automatically send you an [FSA debit card](#) to your home. Many eligible transactions can be auto-substantiated at the point of service. If you incur ineligible Health Care expenses which cannot be auto-substantiated and/or are declined via debit card, you will be required to submit claims forms to Employee Benefits Corporation for processing and reimbursement, this can be done online or via the mobile app.

DEPENDENT DAY CARE SPENDING ACCOUNT



This account will reimburse you with pre-tax dollars for daycare expenses for your child(ren) and other qualifying dependents.

The maximum amount you may contribute to a Dependent Day Care Spending Account is \$7,500 a year, or \$3,750 a year if you are married but file separate tax returns. Eligible expenses include: Child care through a day care center or in-home care, day camps, pre-school tuition that is day care related, after hours care resulting from working odd hours or



Estimate carefully! *There is a "use it or lose it" provision: Taking into account the 2 1/2 month Grace Period, if you don't*

use the money in your account by March 15 the following year you make your contribution, you lose the unexpended portion. Members will have until March 31st to submit claims for expenses incurred during said plan year.

Eligible Dependents Include:

- Children under the age of 13 who qualify as dependents on your federal tax return; and
- Children or other dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your federal tax return.

You may use the federal childcare tax credit and the Dependent Care Spending Account; however, your federal credit will be offset by any amount deferred into dependent care plan.

Wisconsin Retirement System (WRS)

The City of Middleton is a local employer participating in the Wisconsin Retirement System (WRS). You are eligible to enroll in the WRS if your job is expected to work at least 1,200 hours and you will be employed for at least one year.



The money to pay WRS benefits comes from employee and employer required contributions and investment (interest) earnings. The amount you and your employer pay are (by law) based on a percentage of your annual salary. WRS [contribution rates](#) are set annually by the State of Wisconsin Investment Board and are deducted from your paycheck on a pre-tax basis. Employers pay 50% of the total amount required and employees pay the other 50%.

Vested members receive a retirement benefit at age 55 (age 50 for protective category members) once they terminate all WRS employment. You must have 5 years of WRS creditable service to be vested. Members who are not vested may only receive a separation benefit. When you stop working a WRS job, you may apply for a retirement benefit.

BENEFICIARY

Beneficiaries shall be determined in accordance with Wisconsin Statutes. You may designate a beneficiary or change your beneficiary any time by completing the [Beneficiary Designation](#). This form must be filed with Employee Trust Funds for WRS retirement and life insurance benefits.

FOR MORE INFORMATION

- [Your Benefit Handbook](#)
- [Leaving WRS Employment](#)
- [WRS Guide to Retirement](#)



HOW DO CONTACT CUSTOMER CARE?

Employee Trust Funds
Phone: 877-533-5020
Monday-Friday 7:00 a.m. to 5:00 p.m.
[Send a Secure Email](#)

Deferred Compensation

Deferred Compensation permits full-time and permanent part-time employees (working 20 or more hours per week), on a voluntary basis, to authorize a portion of salary to be withheld and invested for payment at a later date upon termination or retirement. You have two enrollment options, **the Traditional 457 Plan and the Roth 457 Plan.**

Under the **Traditional 457 Plan** neither the deferred amount nor earnings on the investments are subject to current federal or state income taxes. Taxes become payable when deferred income plus earnings are distributed, presumably during retirement when you are in a lower income tax bracket.

The **Roth 457 Plan** option provides an alternative to pre-tax investing. Roth contributions are considered “after-tax,” which means taxes are withheld when you contribute. However, qualified distributions on your contributions plus any earnings are completely tax-free. For example, if you contribute \$100, the entire \$100 comes out of your net pay, but when you make eligible withdrawals from your account, the entire amount plus any earnings are entirely tax-free.

The 2026 contribution limit for the 457 Plan is \$24,500. Employees age 50 or older may contribute up to an additional \$8,000 for a total of \$32,500.

Pre-Retirement Catch-Up

If you are within three years of your normal retirement age, you may use a special catch-up contribution, which allows you to save an additional \$24,500.

Note: You may only use one of the catch-up contributions at a time; you may not use both in the same year.

[Distribution options at termination or retirement brochure](#)

Plan Options

The City of Middleton offers three different deferred compensation providers to employees through payroll deduction – Wisconsin Deferred Compensation, North Shore Bank, and Retirement Plan Advisors.



Deferred Compensation

Wisconsin Deferred Compensation – Administered by Empower Retirement

TO FIND OUT MORE

- [Schedule a Meeting](#) – Schedule a meeting with our representative
- [Online Account](#) – Sign-in or register for an online account
- [Enroll Now](#) – enroll online any time during the year



HOW DO CONTACT CUSTOMER CARE?

Kathy Castle

Phone: 877-695-4952

Email: kathy.castle@empower.com



North Shore Bank



TO FIND OUT MORE

- Schedule a meeting with our representative by emailing [Vikki Dolezal](mailto:Vikki.Dolezal@northshorebank.com)
- Enroll Now – download the application from [Isolved](#) and return to Vikki

HOW DO CONTACT CUSTOMER CARE?

Vikki Dolezal

Phone: 262-902-5896

Email: vdolezal@northshorebank.com

Retirement Plan Advisors – Administered by The Standard

TO FIND OUT MORE

- Schedule a meeting with our representative by emailing [Dan Dodd](mailto:Dan.Dodd@retirementplanadvisors.com)
- Enroll Now – download the application from [Isolved](#) and return to Dan
- [Online account](#) – Sign-in or register for an online account



HOW DO CONTACT CUSTOMER CARE?

Daniel Dodd

Phone: 608-531-0190

Email: ddodd@retirementplanadvisors.com

Employee Assistance Program



ADMINISTERED BY FAMILY SERVICE MADISON

You and your eligible family members are covered by an Employee Assistance Program (EAP) provided by the City. This program is entirely voluntary and confidential.

OVERVIEW OF THE EMPLOYEE ASSISTANCE PROGRAM

The City's EAP Program is an essential component of the City's work-life benefit, offering work-life assistance to our employees and family members. Personalized consultations, resources, and referrals are available at no cost for a wide range of needs that include:

Counseling visits - The EAP offers free counseling visits for almost any personal issue. Family Service Madison EAP will work with you to find the most appropriate counselor to meet your needs.

Work/Life referrals - consultants can provide you with referrals and information for services such as: child care, elder care, pet care, adoption assistance, school/College assistance, health and wellness, convenience referrals, stress, substance abuse, and other issues impacting your quality of life.

Legal consultation - EAP offers free consultation with an attorney per issue to answer your legal questions, either in-person or over the phone. EAP can assist with legal issues such as: divorce, child custody, real estate, personal injury, criminal law, and free simple will kits.

Financial consultation - Financial professionals and licensed CPAs will provide telephonic coaching per issue on a range of financial issues such as: budgeting, debt management, tax planning, retirement planning, home buying strategies, college planning, and credit report coaching.

Call toll-free, 24 hours a day, seven days a week: 866-316-7327

Voluntary Benefits



The City of Middleton offers voluntary insurance policies through Aflac. Aflac offers supplemental insurance for an additional layer of financial protection to you and your family. Supplemental insurance is additional coverage that you can use to help with the out-of-pocket expenses that may not be covered by your major medical insurance. Aflac is a voluntary insurance, or an optional layer of financial protection.

Some benefits of Aflac include:

- All policies pay **cash** directly to you
- There are no medical exams required
- Payroll deductions are available to you
- Aflac programs belong to you (take it with you)
- Rates never change
- Aflac fills in the gaps and holes in healthcare that major medical does not cover

These plans are available at hire or during the fall open enrollment period only



ACCIDENT: Accidents happen. When a covered injury happens to you, Aflac's accident insurance policy pays you cash directly to you so you can use the cash for anything you want. This policy pays a wellness benefit of \$90 to you each year, as well as pays you for injuries that require chiropractic care, therapy, and hospitalizations.



HOSPITAL INSURANCE: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits. You can choose up to three optional riders to add to your plan and enhance your benefits.



CANCER INSURANCE: Aflac's cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer ever occurs. You can choose up to three optional riders to add to your plan to enhance your benefits.



SHORT TERM DISABILITY: How would you pay your bills if you were disabled and can't work? An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better. You can choose up to three optional riders to add to your plan to enhance your benefits.



CRITICAL CARE INSURANCE: Critical Care Insurance through AFLAC can help with the treatment costs covered for critical illnesses, such as heart attack, cancer, or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, ambulance, transportation, lodging, and therapy.



LIFE INSURANCE: Aflac life policies pay you or your family if something happens to you or an insured juvenile by offering three different options: Employee Term Life, Employee Whole Life, and Juvenile Term and Whole Life.

Voluntary Benefits



FOR MORE INFORMATION

More information on the different plans and summary brochures are available in [Isolved](#). The brochures list the different types of payouts available for each of the plans.

HOW DO I ENROLL?

You are eligible to enroll within 30 days upon hire and during open enrollment every November.

HOW DO I SUBMIT A CLAIM?

The easiest way to submit a claim is to log into your account. Don't have an account? You can set one up quickly using your social security number, mobile number, and policy number. [Online Account Registration/Login](#)

HOW DO CONTACT CUSTOMER CARE?

Jason Gallagher
 Phone: 608-438-3008
 Email: j_gallagher@us.aflac.com
 Phone: 800-992-3522
 Monday-Friday 7 a.m. to 7 p.m.

WHAT IS THE COST TO ENROLL?

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE

		Premium
18-75	INDIVIDUAL	\$15.46
18-75	INSURED/SPOUSE	\$26.60
18-75	ONE-PARENT FAMILY	\$15.46
18-75	TWO-PARENT FAMILY	\$26.60

ACCIDENT ADVANTAGE

		Premium
18-75	INDIVIDUAL	\$12.42
18-75	NAMED INSURED/SPOUSE	\$16.56
18-75	ONE-PARENT FAMILY	\$19.26
18-75	TWO-PARENT FAMILY	\$24.24

CRITICAL CARE PROTECTION POLICY

Age	Individual Premium	Age	Insured Spouse Premium	Age	One Parent Family Premium	Age	Two Parent Family Premium
18-35	\$4.32	18-35	\$6.18	18-35	\$4.80	18-35	\$7.14
36-45	\$6.72	36-45	\$10.32	36-45	\$6.96	36-45	\$11.40
46-55	\$9.36	46-55	\$15.48	46-55	\$9.66	46-55	\$16.80
56-70	\$12.60	56-70	\$22.68	56-70	\$12.90	56-70	\$24.24

AFLAC HOSPITAL CHOICE

Age	Individual Premium	Age	Insured Spouse Premium	Age	One Parent Family Premium	Age	Two Parent Family Premium
18-49	\$24.06	18-35	\$35.82	18-35	\$29.58	18-35	\$36.00
50-59	\$24.30	36-45	\$37.80	36-45	\$29.76	36-45	\$38.10
60-75	\$25.74	46-55	\$41.52	46-55	\$30.00	46-55	\$41.76

AFLAC-SHORT TERM DISABILITY Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$54,000	\$56,000	\$58,000	\$60,000	\$61,000	\$63,000	\$68,000	\$73,000	\$78,000	\$82,000
Benefit Period	Age	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400	\$3,500	\$3,600
3 MONTHS	18-49	\$37.26	\$38.64	\$40.02	\$41.40	\$42.78	\$44.16	\$45.54	\$46.92	\$48.30	\$49.68
	50-64	\$43.74	\$45.36	\$46.98	\$48.60	\$50.22	\$51.84	\$53.46	\$55.08	\$56.70	\$58.32
	65-74	\$51.84	\$53.76	\$55.68	\$57.60	\$59.52	\$61.44	\$63.36	\$65.28	\$67.20	\$69.12

Voluntary Benefits

IDShield and LegalShield



The City of Middleton offers a voluntary benefit with IDShield and LegalShield. IDShield offers protection beyond identity theft with complete privacy and reputation management services to help keep your online identity and person information private. LegalShield provides you the ability to talk to an attorney on any personal legal matter (estate planning, traffic, real estate, consumer, family matters) by giving you advice and counsel from reputable lawyers near you.

There are two supplemental plans available: The **Gun Owner Supplement** gives advice and consultation on your rights, emergency access to a lawyer in the event of a firearm incident, one NFA gun trust, and a 25% discount from the provider's lawyer for any additional trial defense services related to a firearm incident and The **Home Business Supplement** with provides consultation, advice, review, and communications on business matters.

WHAT IS THE COST TO ENROLL?

Plan	Employee	Family
LegalShield	\$9.67	\$9.67
IDShield	\$5.98	\$10.59
Dual Plan	\$15.65	\$18.88
Gun Owner Supplement	\$6.90	
Home Business Supplement	\$6.90	

Premiums are on a bi-weekly basis and paid directly to the provider.

HOW DO I ENROLL?

Please see the City of Middleton landing page for more information to [Enroll Online](#)

HOW DO I ACCESS MY COVERAGE INFORMATION?

Monitor your account using the [IDShield Mobile App](#)

HOW DO CONTACT CUSTOMER CARE?

Carmen Almeida
Phone: 770-572-5184
Email: Carmen.legalshield@gmail.com

Additional Benefits

<p>Vacation Pay</p> <ul style="list-style-type: none"> • .575 – 1.0 FTE • Accrues each pay period based on your hours worked and length of service. • Employees who work 8 hours per day are allowed to carry over up to 240 hours of vacation into the following year. • Permanent employees who work less than 8 hours a day will carry-over vacation on a pro rate basis in accordance with the rate for a full-time employee. 	<table border="1"> <thead> <tr> <th><u>Years of Continuous Service Completed</u></th> <th><u>Days of Vacation</u></th> </tr> </thead> <tbody> <tr> <td>Hire through the completing of 2 years.....</td> <td>15</td> </tr> <tr> <td>Beginning of 3 years through the completion of 5 years</td> <td>18</td> </tr> <tr> <td>Beginning of 6 years through the completion of 9 years</td> <td>22</td> </tr> <tr> <td>Beginning of 10 years through the completion of 14 years</td> <td>26</td> </tr> <tr> <td>Beginning of 15 and more years</td> <td>30</td> </tr> </tbody> </table>	<u>Years of Continuous Service Completed</u>	<u>Days of Vacation</u>	Hire through the completing of 2 years.....	15	Beginning of 3 years through the completion of 5 years	18	Beginning of 6 years through the completion of 9 years	22	Beginning of 10 years through the completion of 14 years	26	Beginning of 15 and more years	30
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Beginning of 15 and more years	30												
<p>Holiday Pay</p> <ul style="list-style-type: none"> • .575 – 1.0 FTE • Compensation for required work on a holiday – please refer to Section 27.15 of the City of Middleton Code of Ordinances, Union Contract, or Employee Handbook. • Un-used floating holidays cannot be carried over into the next calendar year. 	<p>List of Holidays</p> <ul style="list-style-type: none"> • New Years Day • Martin Luther King Jr. Day • Memorial Day • Independence Day • Labor Day • Thanksgiving Day • Friday after Thanksgiving Day • December 24 • December 25 • December 31 • (4) Floating holidays 												
<p>Sick Leave</p> <ul style="list-style-type: none"> • .575 – 1.0 FTE • Sick leave shall include absence from duty because of illness, including but not limited visits to the doctor, dentist, or other recognized health care/examinations; bodily injury, exposure to contagious disease, and serious illness or death in the immediate family of the employee. • Non-represented employees can carry a maximum balance of 1,040 hours.(Officers 1,400, EMS 1,728) <ul style="list-style-type: none"> ♦ Employees hired prior to 7/12/13 do not have a maximum balance threshold. • Refer to Section 27.16 of the City of Middleton Code of Ordinances relating to unused sick leave at termination. 	<p>All permanent, full time employees, including those serving on probation, earn sick leave at the rate of one day per month.</p> <p>Permanent employees who work less than full time earn sick leave on a pro rate basis in accordance with the rate for a full time employee.</p> <p>Sick leave must be earned before it can be used and may not be anticipated. Sick leave shall be accumulated and credited to each employee.</p> <p>Sick Leave Donation Program allows an employee to donate sick leave to another employee when an employee has a need for additional paid leave.</p>												
<p>Bereavement Leave</p> <ul style="list-style-type: none"> • .575 – 1.0 FTE • Time off with pay when there is a death in the employee’s family. 	<p><u>5 days leave</u> Where there is a death in the immediate family of an employee – father, mother, wife, husband, son, daughter, brother or sister.</p> <p><u>3 days leave</u> Where there is a death in the extended family of an employee – the <i>employee’s</i> father-in-law, mother-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, grandparents or grandchildren, aunt or uncle and applicable step relatives.</p>												

Additional Benefits

<p>Jury Duty</p> <ul style="list-style-type: none"> • .575 – 1.0 FTE • Time off with pay when called upon to serve on a court- appointed jury. 	<p>If employees of the City are absent because of jury duty where the salary paid for such jury duty is less than the salary paid by the City for such employee, the City shall reimburse said employee for the loss occasioned by such difference in pay.</p> <p>For the purpose of determining other fringe benefits such as sick leave and vacation time; the status of the employee shall be considered as though not interrupted by such jury duty.</p>
<p>Military Duty</p> <ul style="list-style-type: none"> • The City shall comply with all military leave and veteran’s reemployment laws and shall grant leaves of absence as appropriate under such laws. • Eligible to employees certified to permanent positions that have served at least 3 months. 	<p>The City shall provide limited differential pay to certain employees ordered to service in the U.S. Armed Forces or National Guard.</p> <p>If the pay received by the eligible employee for the military service is less than the pay the employee would have received from the City during such period, the City shall pay the difference to the employee.</p>
<p>Maternity Leave</p> <ul style="list-style-type: none"> • .575 – 1.0 FTE 	<p>All periods of maternity leave shall be periods of leave related to maternity leave shall be leave of absence without pay. Employees may use earned sick leave, vacation and/or holiday time and need not exhaust all reimbursable leave provided the original written notice for leave reserves such leave time</p> <p>Employees on leave of absence without pay may continue to participate in the group insurance programs by paying the applicable pro rate premiums</p> <p>Up to an additional three months can be approved by the Common Council upon recommendation of the Personnel Committee, but in no case shall the total period of leave exceed six months</p>
<p>Compensation Time</p> <ul style="list-style-type: none"> • 1.0 FTE 	<p>Non-FLSA-exempt personnel who work in excess of 40 hours per week shall be compensated for such work at the rate of time and one half of their regular hourly rate.</p> <p>In lieu of pay, employees may elect to flex their schedule in the same period it is accrued with supervisor approval.</p> <p>Exempt employees who work excessive hours in their official capacity, may take off time or observe more flexible working hours at the discretion and with the written approval of the Mayor or the Mayor’s designee.</p>
<p>Remote Work/Telecommuting</p>	<p>Some City positions may be allowed to work remotely if their job duties and performance are determined to be eligible for remote work.</p>
<p>Tuition Reimbursement</p>	<p>Employees may be eligible for tuition reimbursement of professional development events/courses. This benefit is limited and varies on the availability of funds.</p>

Customer Service Information

Have Questions? Need Help?

City of Middleton is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the **Benefit Resource Center** are available Monday through Friday 8:00am to 5:00pm at 855-874-0829 or via e-mail at BRCMidwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Your coverage with Group Health Cooperative is \$1,000 single/\$2,000 family deductible, then 100% covered. The City of Middleton provides an HRA that reduces the members out of pocket exposure to a deductible of \$250 single / \$500 family.

NEWBORNS ACT DISCLOSURE - FEDERAL

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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 (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

NON DISCRIMINATORY TESTING FOR CAFETERIA PLANS GOVERNED UNDER CODE SECTION 125

IRS requires each plan governed under “Code Section 125 cafeteria plans” to go through non-discriminatory testing each plan year to see if our plan passes. These plans offer a favorable pre-tax benefit and the IRS requires plans to conduct special non-discriminatory testing on all plans that offer a favorable pre-tax benefit each year.

The codes nondiscrimination rules exist to prevent plans from being designed in such a way that it discriminates in favor of individuals who are either highly compensated employees or are otherwise key employees in the organization.

The plans will not pass the tests if the highly compensated employees or key employees elect more benefits under the plan than employees who are not highly compensated. This is called a “Concentration Test”. If plans fail the concentrations testing, adjustments may be required to the yearly election amounts. Adjustments will not be made if the plan passes.

NOTICE OF CHOICE PROVIDERS

The City of Middleton allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the benefits administrator.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Lorie Burns
7426 Hubbard Ave
Middleton, WI 53562-3118
608--821-8350 lburns@cityofmiddleton.us

HIPAA PRIVACY NOTICE

CITY OF MIDDLETON PRIVACY PRACTICES NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

{The following summary section is optional, though suggested by HHS for a “layered notice” at 67 Fed. Reg. 53243

(Aug. 14, 2002) and 78 Fed. Reg. 5625 (Jan. 25, 2013).}

Summary of Our Privacy Practices

We may use and disclose your protected health information (“medical information”), without your permission, for treatment, payment, and health care operations activities. We may use and disclose your medical information, without your permission, when required or authorized by law for public health activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

We may disclose your medical information to your family members, friends, and others you involve in your care or payment for your health care. We may disclose your medical information to appropriate public and private agencies in disaster relief situations.

We may disclose to your employer whether you are enrolled or disenrolled in the health plans it sponsors. We may disclose summary health information to your employer for certain limited purposes. We may disclose your medical information to your employer to administer your group health plan if your employer explains the limitations on its use and disclosure of your medical information in the plan document for your group health plan.

Except for certain legally-approved uses and disclosures, we will not otherwise use or disclose your medical information without your written authorization.

You have the right to examine and receive a copy of your medical information. You have the right to receive an accounting of certain disclosures we may make of your medical information. You have the right to request that we amend, further restrict use and disclosure of, or communicate in confidence with you about your medical information.

You have the right to receive notice of breaches of your unsecured medical information.

Please review this entire notice for details about the uses and disclosures we may make of your medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

For more information about our privacy practices, to discuss questions or concerns, or to get additional copies of this notice contact:

Office: Benefits Division

Telephone: (608) 821-8346

E-mail: lburns@Cityofmiddleton.us

Your Information. Your Rights. Our Responsibilities.

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.***

Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your

information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases, we never share your information unless you give us written permission:
 - Marketing purposes
 - Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from City of Middleton 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 Group Health Cooperative and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. The City of Middleton has determined that the prescription drug coverage offered by the Group Health Cooperative is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Group Health Cooperative coverage may be affected.

Prescriptions have copays of \$5 / \$25 / \$50 / 30%. You will pay these copays until you meet the prescription maximum out of pocket of \$2,000 single / \$4,000 family per plan year.

If you do decide to join a Medicare drug plan and drop your current Group Health Cooperative coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Group Health Cooperative and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Group Health Cooperative changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

Date: 11/01/2023
Name of Entity/Sender: City of Middleton
Contact--Position/Office: Lorie Burns / City Clerk
Address: 7426 Hubbard Avenue
Middleton, WI 53562
Phone Number: (608) 821-8346

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

MODEL COBRA CONTINUATION COVERAGE ELECTION NOTICE

(FOR USE BY SINGLE-EMPLOYER GROUP HEALTH PLANS)

IMPORTANT INFORMATION: COBRA Continuation Coverage and other Health Coverage Alternatives

This notice has important information about your right to continue your health care coverage in the [enter name of group health plan] (the Plan), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice.

WHY AM I GETTING THIS NOTICE?

You're getting this notice because your coverage under the Plan will end on [enter date] due to [check appropriate box]:

- End of employment
- Death of employee
- Reduction in hours of employment
- Divorce or legal separation Entitlement to Medicare
- Loss of dependent child status

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

WHAT'S COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

WHO ARE THE QUALIFIED BENEFICIARIES?

Each person ("qualified beneficiary") in the category(ies) checked below can elect COBRA continuation coverage:

- Employee or former employee
- Spouse or former spouse
- Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage
- Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it's important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

IF I ELECT COBRA CONTINUATION COVERAGE, WHEN WILL MY COVERAGE BEGIN AND HOW LONG WILL THE COVERAGE LAST? If elected, COBRA continuation coverage will begin on the first of the month following your separation from the County and can last for eighteen (18) months.

Continuation coverage may end before the date noted above in certain circumstances, like failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

CAN I EXTEND THE LENGTH OF COBRA CONTINUATION COVERAGE?

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify [enter name of party responsible for COBRA administration] of a disability or a second qualifying event within a certain time period to extend the period of continuation coverage. If you don't provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of continuation coverage.

For more information about extending the length of COBRA continuation coverage visit <https://www.dol.gov/ebsa/publications/cobraemployee.html>.

HOW MUCH DOES COBRA CONTINUATION COVERAGE COST?

COBRA continuation coverage will cost: [enter amount each qualified beneficiary will be required to pay for each option per month of coverage and any other permitted coverage periods.]

Other coverage options may cost less. If you choose to elect continuation coverage, you don't have to send any payment with the Election Form. Additional information about payment will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice.

You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. You can learn more about the Marketplace below.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from [Medicaid](#) or the [Children's Health Insurance Program \(CHIP\)](#). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

WHEN CAN I ENROLL IN MARKETPLACE COVERAGE?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away. In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

IF I SIGN UP FOR COBRA CONTINUATION COVERAGE, CAN I SWITCH TO COVERAGE IN THE MARKETPLACE? WHAT ABOUT IF I CHOOSE MARKETPLACE COVERAGE AND WANT TO SWITCH BACK TO COBRA CONTINUATION COVERAGE?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you’ve exhausted your COBRA continuation coverage and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

CAN I ENROLL IN ANOTHER GROUP HEALTH PLAN?

You may be eligible to enroll in coverage under another group health plan (like a spouse’s plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you’re eligible, you’ll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

WHAT FACTORS SHOULD I CONSIDER WHEN CHOOSING COVERAGE OPTIONS? When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse’s plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you’re currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you’re currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

FOR MORE INFORMATION

This notice doesn’t fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact [enter name of party responsible for COBRA administration for the Plan, with telephone number and address].

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov. KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

IMPORTANT INFORMATION ABOUT PAYMENT

FIRST PAYMENT FOR CONTINUATION COVERAGE

You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked). If you don't make your first payment in full no later than 45 days after the date of your election, you'll lose all continuation coverage rights under the Plan. You're responsible for making sure that the amount of your first payment is correct. You may contact [enter appropriate contact information, e.g., the Plan Administrator or other party responsible for COBRA administration under the Plan] to confirm the correct amount of your first payment.

PERIODIC PAYMENTS FOR CONTINUATION COVERAGE

After you make your first payment for continuation coverage, you'll have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is due [enter due day for each monthly payment] for that coverage period. [If Plan offers other payment schedules, enter with appropriate dates: You may instead make payments for continuation coverage for the following coverage periods, due on the following dates:]. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan [select one: will or will not] send periodic notices of payments due for these coverage periods.

GRACE PERIODS FOR PERIODIC PAYMENTS

Although periodic payments are due on the dates shown above, you'll be given a grace period of 30 days after the first day of the coverage period [or enter longer period permitted by Plan] to make each periodic payment. You'll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period.

If you don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to continuation coverage under the Plan. Your first payment and all periodic payments for continuation coverage should be sent to the City of Middleton.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 9-30-2023)

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 [Lorie Burns at 608-821-8346](mailto:Lorie.Burns@mass.gov).

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.

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 City of Middleton		4. Employer Identification Number (EIN) 39-6006320	
5. Employer address 7426 Hubbard Ave		6. Employer phone number (608) 821-8346	
7. City Middleton	8. State WI	9. ZIP code 53562	
10. Who can we contact about employee health coverage at this job? Lorie Burns – City Clerk			
11. Phone number (if different from above)		12. Email address lburns@Cityofmiddleton.us	

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:
Those working 30 hours or more per week on a permanent basis.
- With respect to dependents:
 - We do offer coverage. Eligible dependents are:
Legally married spouse and children to age 26.
 - 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

Yes (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

- Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$

- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

- Employer won't offer health coverage
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$

- b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly



**7426 Hubbard Ave
Middleton, Wisconsin 53562
608-827-1050**

This brochure summarizes the benefit plans that are available to City of Middleton eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits