



# THE COMMUNICATOR

Grant County Employee Newsletter

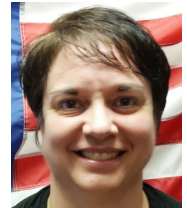
Volume 15, Issue 5  
(Special Open Enrollment  
Issue), November, 2017

## Open Enrollment



### It's that time of year again... time to make changes for next year

Please review the following important items located in this newsletter



Dawn Mergen  
Personnel Specialist

- Instructions for accessing open enrollment / change forms
- Frequently Asked Questions
- Insurance coverage information (including Summary of Benefits and Coverage)
- Insurance premiums (Dental and Health)
- Healthcare and Dependent care Flex spending information
- AFLAC visit schedule
- Flex balance reminder
- Beneficiary designation reminder
- Annual Notices

This year's open enrollment period is from **November 1st through November 30th.**

### Accessing Open Enrollment Forms and Information

All forms are located on the County's website.

Paper copies and/or online access assistance is available from your payroll designee or the County's Personnel Department (608)723-2540 [dmergen@co.grant.wi.gov](mailto:dmergen@co.grant.wi.gov).

[www.co.grant.wi.gov](http://www.co.grant.wi.gov)  
County Employee HR Documents  
[Open Enrollment](#)

## Frequently Asked Questions

### What can I do during open enrollment?

- Change health insurance carriers (contact the Personnel Department to do this)
- Enroll in previously waived/declined insurance and benefit programs (health, flex, dental, and AFLAC)
- Add or remove dependents
- Change dental coverage from the low plan to the high plan, or vice versa
- Cancel dental coverage
- Enroll in the Flex program for next year's eligible daycare, eligible non-insured medical expenses / deductibles

**When are the forms due?** November 30<sup>th</sup> at 4:30 (to the County Personnel Office)

**What if I miss the November deadline?** Your request may be denied

**Who do I give my completed forms to?** Submit all forms to your payroll designee or our office

**When are the changes effective?** January 1, 2018

**Do I need to complete a Flex enrollment form?** Employees wishing to continue or wishing to start flexing eligible daycare and healthcare expenses must complete this form and submit it to their payroll designee or our office by November 30<sup>th</sup>. Reminder: You may want to adjust the amount you flex for the County's health insurance deductible if you have or anticipate having rollover dollars to use for your 2018 deductible payments. Please contact the Personnel Department should you have questions.

---

***Please contact the Personnel Department if you have questions regarding the County's benefits or need assistance in completing your paperwork.***

(608)723-2540

[dmergen@co.grant.wi.gov](mailto:dmergen@co.grant.wi.gov)

Room 204 of the County's Administration building



## EBC Flex (BESTflex)

EBC Flex is an IRS Section 125 plan that allows you to pay certain qualifying insurance, medical and dependent care expenses before taxes.

Each employee can flex a maximum of \$5,000 for daycare and \$2,600 for healthcare.

**You must complete a flex form for 2018 to continue participating or if you want to start to participate in the Healthcare and/or Daycare flex program.**

The plan can increase your monthly spendable income by reducing the amount of money your employer withholds from your paycheck for taxes. You get to keep the amount your employer no longer withholds.

Without the plan, your tax withholdings are figured on your gross income. With the plan, your tax withholdings are figured on your income after your medical expenses or day care expenses are deducted.

Approximately \$30 in taxes can be saved for every \$100 you run through the plan, depending on your tax bracket.

Examples of qualified expenses: Prescription drug co-pays, health insurance deductibles, vision correction, dental work, and day care expenses.

**Reminder: You may not want to flex money for the entire \$500/\$1,000 County health insurance deductible if you have a rollover balance or anticipate having one in 2018. The eligible part of your rollover is automatically given to you for payment of your share of the deductible.** Please contact the Personnel Department with any questions (723-2540).

The County pays the monthly administration fee.

**Remember USE IT OR LOSE IT; be conservative**

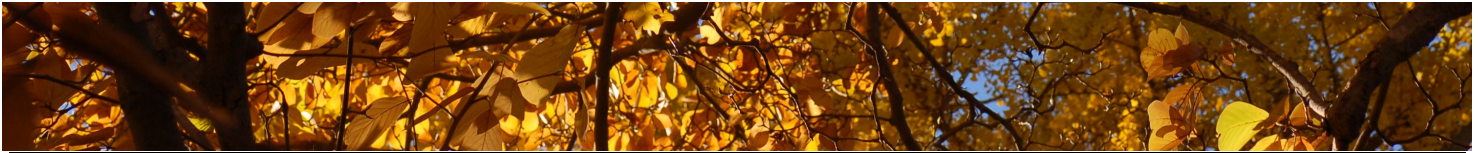


## Delta Dental Insurance—2018 Premiums



	LOW		HIGH	
	TOTAL COST	PRE-TAX SEMI-MONTHLY DEDUCTION	TOTAL COST	PRE-TAX SEMI-MONTHLY DEDUCTION
EMPLOYEE ONLY	\$ 36.74	\$ 18.37	\$ 49.94	\$ 24.97
EMPLOYEE + 1	\$ 74.34	\$ 37.17	\$ 101.32	\$ 50.66
EMPLOYEE + 2 OR MORE	\$ 125.26	\$ 62.63	\$ 169.40	\$ 84.70





# Health Insurance

The monthly premium (cost) of health insurance has increased for 2018. Below you will find the entire monthly cost and the full-time employee's share of the cost. Please note that Grant County pays a designated employer share of the lowest health insurance plan premium.

Dean			Medical Associates		
	TOTAL COST	EMPLOYEE SHARE *		TOTAL COST	EMPLOYEE SHARE *
SINGLE	\$663.08	\$80.86	SINGLE	\$612.85	\$30.64
FAMILY	\$1,657.70	\$449.14	FAMILY	\$1,421.82	\$213.26
EMPLOYEE/SPOUSE	\$1,392.47	\$298.48	EMPLOYEE/SPOUSE	\$1,287.02	\$193.04
EMPLOYEE/CHILD(REN)	\$1,259.85	\$322.20	EMPLOYEE/CHILD(REN)	\$1,103.11	\$165.46

\* Note: County and Employee shares of health insurance are pro-rated for regular part-time employees.

	Medical Associates Health Plans	Dean Health Plan
Primary Physician	Not necessary	Required
Coverage Area	Parts of Iowa, Illinois and Wisconsin	Southern WI and Dubuque
Specialists	Dubuque, UW Madison, and Iowa City (Iowa City and UW Madison specialists may be an option by referral only and if Dubuque can't provide the necessary services)	Madison – St. Mary's / Dean
Eye Wear Coverage	Partially covered	None
Wellness Program	None	Living Healthy Program
Phone	(866) 821-1365	(800) 279-1301
Group Number	000500H001	31320
Provider Directory	www.mahealthcare.com Click on: Health Plans Click on: Provider Directory Enter the above group#; submit Complete the search form	www.deancare.com Click on: Find a Doctor, Location Click on: Find a Provider (or Find a Location) Complete the search form (our product type is the one for Group or Individual Coverage)

This is a summary. Group Master Contracts are available online through the insurance carrier's website.

Please contact Grant County's Personnel Department for assistance should you have questions or need help with the provider search. 723-2540 [dmergen@co.grant.wi.gov](mailto:dmergen@co.grant.wi.gov)

# Aflac

Grant County's benefit eligible employees may participate in Aflac. This coverage helps you pay for medical related out-of-pocket costs.

Aflac policy changes/enrollments are effective January 1<sup>st</sup>

A representative from Aflac will be in Lancaster to meet with employees that would like to learn about the coverage types, have questions, or want to make changes.

**Our contact person is Michelle Nodorft. (608)778-8057**

Please see the below schedule and choose the location(s) and time(s) that work best for you.

## Visit Schedule for One-on-One Meetings

*(no appointment needed)*

### November 16, 2017

9 a.m. to 10:30 a.m. at the Community Services building (Social Services Conference Room 1)

11:30 a.m. to 12:30 p.m. at the Administration building (Conference Room 266)

1 p.m. to 2 p.m. at Orchard Manor (Conference Room 107)

2:30 p.m. to 3:30 p.m. at the Law Enforcement building

### December 14, 2017

9 a.m. to 10:30 a.m. at the Community Services building (Social Services Conference Room 1)

*11 a.m. Group Presentation at the County Board Room; must contact Personnel Office if plan to attend*

11:30 a.m. to 12:30 p.m. at the Administration building (Conference Room 266)

1 p.m. to 2 p.m. at Orchard Manor (Conference Room 107)

2:30 p.m. to 3:30 p.m. at the Law Enforcement building



## Beneficiary Designation

**The following County benefit programs have beneficiary designations:**

- State of WI Retirement System (Employee Trust Funds); call 877-533-5020
- Nationwide Deferred Compensation (Voluntary Retirement Savings); (877)677-3678
- Wisconsin Deferred Compensation (Voluntary Retirement Savings); (608)241-6604
- Life Insurance (\$10,000 term policy paid for by Grant County); contact Dawn Mergen (608)723-2540

**Do you know if you have designated a beneficiary or if your designation is current?**

Above you will see a contact person / phone number to call to verify your beneficiary designation.

## Notice of Continuation Coverage Rights Under COBRA

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: Grant County Personnel Department (608) 723-2540**

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

#### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other 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 can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. 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, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **Plan contact information**

Dawn Mergen, Grant County Personnel Specialist; 111 S Jefferson Street, Lancaster, WI 53813; 608-723-2540.



## Notice of HIPPA Special Enrollment Rights

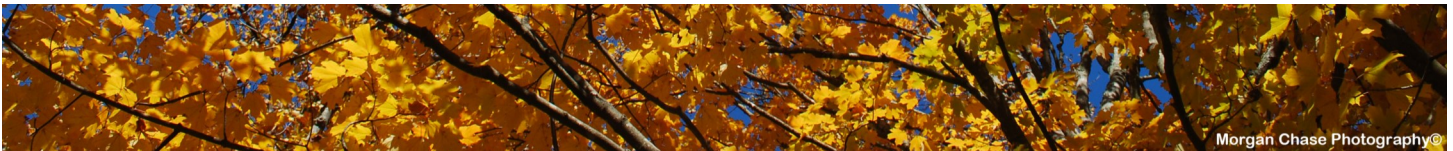
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in Grant County's group health insurance plan if you or your dependents lose eligibility for 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.

To request special enrollment or obtain more information, contact:

Grant County Personnel Department  
111 S. Jefferson St.  
PO Box 529  
Lancaster, WI 53813

(608)723-2540     [dmergen@co.grant.wi.gov](mailto:dmergen@co.grant.wi.gov)



## WHCRA Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your plan administrator (Grant County Personnel Department (608)723-2540).



## Notice of 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](http://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](http://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](http://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 January 31, 2017. Contact your State for more information on eligibility.**

IOWA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>
Phone: 1-888-346-9562	Phone: 1-800-362-3002

For more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137

Modified for Grant County

