

THECOMMUNICATOR

Grant County Employee Newsletter

Volume 17, Issue 5
(Special Open Enrollment Issue),
October, 2019
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Open Enrollment



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



Dawn Mergen
Personnel Specialist

Please review the following important items located in this newsletter

- 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 ends on **November 27th at 4 p.m.**

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.

www.co.grant.wi.gov
County Employee HR Documents
Open Enrollment

Frequently Asked Questions

What can I do during open enrollment?

- 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
- Change health insurance coverage from the HMO plan to the POS plan, or vice versa
- Enroll in the Flex program for next year's eligible daycare, eligible non-insured medical expenses / deductibles

When are the forms due? November 27th at 4 p.m. (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. Make sure you payroll designee has plenty of time to get the documents to the Personnel Office prior to the deadline.

When are the changes effective? January 1, 2020

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 27th at 4 p.m. 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 2020 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
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 $2,750 for healthcare.

You must complete a flex form for 2020 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 2020. 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—2020 Premiums (same as 2019)



	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

Grant County
Quartz Health Insurance
2020 Employee's Cost

(based on average hours per pay period)

HMO

Access to In-Network Providers

Per Month (same as 2019)

Average Hours	Single	Family	Employee plus Spouse	Employee plus Child(ren)
80	$28.20	$211.50	$177.66	$160.74
78	$41.58	$241.42	$202.78	$183.48
76	$55.00	$271.44	$228.02	$206.30
74	$68.36	$301.34	$253.12	$229.02
72	$81.78	$331.38	$278.36	$251.84
70	$95.16	$361.26	$303.46	$274.56
68	$108.58	$391.30	$328.70	$297.40
66	$121.94	$421.20	$353.80	$320.10
64	$135.38	$451.24	$379.04	$342.94
62	$148.74	$481.12	$404.14	$365.66
60	$162.16	$511.16	$429.38	$388.48

POS

Access to In-Network and Out-of-Network Providers

(this option has additional member out-of-pocket costs when using out-of-network providers)

Per Month (less than 2019)

Average Hours	Single	Family	Employee plus Spouse	Employee plus Child(ren)
80	$50.76	$267.90	$225.04	$203.60
78	$64.14	$297.82	$250.16	$226.34
76	$77.56	$327.84	$275.40	$249.16
74	$90.92	$357.74	$300.50	$271.88
72	$104.34	$387.78	$325.74	$294.70
70	$117.72	$417.66	$350.84	$317.42
68	$131.14	$447.70	$376.08	$340.26
66	$144.50	$477.60	$401.18	$362.96
64	$157.94	$507.64	$426.42	$385.80
62	$171.30	$537.52	$451.52	$408.52
60	$184.72	$567.56	$476.76	$431.34

*Total Monthly Premium**

Plan	*Single*	*Family*	*Employee plus Spouse*	*Employee plus Child(ren)*
HMO	*$ 564.03*	*$ 1,410.08*	*$ 1,184.46*	*$ 1,071.66*
POS	*$ 586.59*	*$ 1,466.48*	*$ 1,231.84*	*$ 1,114.52*

**Grant County pays the difference each month between the total monthly premium and the employee's cost.*

Please note: The Health Reimbursement Arrangement (HRA) for the deductible and the employee liability remain unchanged for 2020.

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 1st

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 7, 2019

9 a.m. to 10:30 a.m. at the Community Services Building (ADRC Room 1522)

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 3 p.m. at Orchard Manor (Conference Room 104)



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.

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. (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.

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 HIPAA 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



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**.

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, 2019. Contact your State for more information on eligibility –

IOWA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf 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
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

OMB Control Number 1210-0137 (expires 12/31/2019)

Modified for Grant County



Important Notice from Grant County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Grant County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Grant County has determined that the prescription drug coverage offered by the **Quartz Plans** 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 Grant County coverage will not be affected. Your current coverage pays for other health expenses in additional to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Grant County coverage, be aware that you and your dependents *will not* 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 Grant County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly

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

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

Contact the person listed below for further information at (608)723-2540. **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 Grant County changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	09/24/2019
Name of Entity/Sender:	Grant County
Contact--Position/Office:	Dawn Mergen, Personnel Specialist
Address:	111 S. Jefferson St., PO Box 529, Lancaster, WI 53813
Phone Number:	(608)723-2540

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display's a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.