

Village of Shorewood



the Village of
Shorewood

AT THE EDGE OF THE CITY AND THE HEART OF EVERYTHING

Benefits and Enrollment Guide

2022 Plan Year



R&R
INSURANCE

the knowledge brokers™

About This Guide

This Benefits & Enrollment Guide was prepared by R&R Insurance Services, Inc. specifically for Village of Shorewood.

This document cannot, and should not, be construed as being exhaustive or as being applicable to any other group health plan or employer. This document is not intended to be, and should not be construed as legal advice, nor should any discussion with, or opinions expressed by R&R Insurance Services, Inc. or its authorized representatives be construed as legal advice. Readers should contact legal counsel for legal advice.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits & Enrollment Guide and the actual plan documents the actual plan documents will prevail.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefits & Enrollment Guide, or any materials contained therein, contact Human Resources.

Benefit Summary Guide Overview

We offer eligible employees a variety of benefits to provide you and your family with health care, accident coverage, financial protection and more.

A strong benefits program is an important part of your overall compensation, and we are regularly assessing the quality and cost of the benefits to ensure we offer the most competitive package possible. Changes and relevant information are addressed on the following pages; you are encouraged to review this guide in its entirety.

Annual Enrollment Information

Enrollment for coverage is only available during Open Enrollment. This is the only opportunity-- except for specific Qualifying Events-- that you will have during the year to make changes to your benefit elections.

Customer Service

In order to help you with your benefit questions, claim issues, and general inquiries, you and your covered dependents may contact the insurance carriers directly (see last page of this booklet) or our broker, R&R Insurance Services, at (800) 566-7007.

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Administration Contact

For questions about enrolling or making changes to the benefits provided by Village of Shorewood, please contact:

Tyler Burkart, Assistant Village Manager
414-847-2705
tburkart@villageofshorewood.org

Employee Contributions

Employees are required to share the cost of some elected insurance benefits. Your contribution amounts are outlined in the enrollment form provided with these materials.

Your Available Benefits:

- Medical: WCA Group Health Trust/UMR
- Dental: Delta Dental
- Vision: Superior Vision
- Disability: Standard
- Flexible Spending Account: Diversified Benefit Services
- Employee Assistance Program: ComPsych
- Voluntary Worksite Benefits: Aflac

Eligibility

Village of Shorewood is pleased to offer our employees an excellent benefit program. These health and welfare benefits are designed to protect you and your family.

Employee Eligibility: Health and welfare plans are available to all employees who work 20+ hours per week. Benefits are prorated based on the number of hours worked until full-time (40 hours) status is reached.

Dependent Eligibility: If you wish, dependents may be covered under some benefit plans. Eligible dependents include:

- Legal spouse, as defined by Federal Law; and
- Children under age 26

New Hire Coverage

As a new hire, your plan eligibility date is the 1st of the month following the required service period. Once the necessary enrollment form has been completed, benefits are effective on your plan eligibility date. Information on each plan's required service period appears on the following pages.

New hires have up to 30 days from their eligibility date to enroll. If you do not enroll by that deadline, you may not be eligible again for coverage until the next annual enrollment period.



Qualifying Events

It is important that you make your benefit selections carefully, since changes to those elections can generally only be made during the annual enrollment period. Exceptions will be made for changes in family status, allowing you to make a mid-year benefit change. A family status change can include:

- Marriage/ Divorce
- Birth or adoption
- Death of a dependent
- Change in your spouse's employment
- Loss of coverage by a spouse

If you have a family status change, you must change your benefit election within 30 days of the qualifying event, or else wait until the next annual enrollment period.

COBRA/ Continuation Coverage

When you or any of your dependents no longer meet the eligibility requirements for health and welfare plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) and/or State Continuation law.

Section 125 Information

The Section 125 - Cafeteria Plan allows you to contribute "before-tax" dollars to pay for your coverage under a portion of the Company's Benefit Plans (e.g. medical, dental and vision coverage). By paying your premiums with "before-tax" dollars, you generally may reduce the amount of income and social security taxes that you otherwise would be required to pay.

The elections you make during the Cafeteria Plan enrollment period are effective for the entire 12-month Plan Year. You generally cannot change your elections during the year unless you experience a qualifying change in status event. The circumstances that permit a change of election vary from one benefit to another. If you believe you have experienced a change in status event and you wish to change your elections, notify HR within 30 days of the change.

Medical

Medical coverage is provided through WCA Group Health Trust/UMR and includes coverage for services like preventive care, office visits, surgery, and prescription drugs. Our plan complies with federal and state mandates, including the Affordable Care Act's requirements for coverage of 'Essential Benefits'.

For a list of participating medical providers in our network, visit www.umar.com

Benefits Overview

Please review the following page for coverage information.

Note that the medical plan summary information in this booklet is intended as a high-level overview, and is **not a guarantee of coverage**.

Coverage and benefits availability should always be confirmed directly with the insurance carrier prior to receiving medical or prescription services.



Employee Contributions (Payroll Deductions)

Copay Plan Contributions Vary Based on Wellness Participation

	15% Non-Wellness Participant	10% Full Wellness Participant	12% Union or New Hires
Single	\$136.91	\$91.28	\$109.53
Family	\$394.03	\$262.69	\$315.22

High Deductible Health Plan (HDHP) / Health Savings Account (HSA) Qualified

HDHP 10%

Single	\$78.29
Family	\$225.31

Cash-in-lieu (opt-out) option: \$250 per month per family if waive this health coverage and enroll on a spouse's or parent's employer sponsored plan. See HR for form.

Costs illustrated above are based on 12 pay periods per year (Monthly Pay Periods).

When do Medical Benefits Begin?

For New hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (10/25 - 11/12), effective as of 01/01/2022. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Important Medicare Information for Our Medical Plan Participants

You or your spouse may be eligible for Medicare if you are age 65 or older. Medicare-eligible individuals may remain covered under the Village of Shorewood medical plan provided the Employee remains in Active status. Retirees are no longer allowed to continue to be enrolled in our group medical plan when they become entitled to Medicare. Below are some Medicare basics:



[Click to watch a video.](#)

- Once you become Medicare-eligible, you can continue to be enrolled in our group medical plan (Active employee status required). You also have the option to stop participation in our medical plan altogether, enrolling instead under the various parts of Medicare. You are encouraged to speak with a licensed insurance advisor to determine which option is best for you.
- Individuals are typically enrolled in Medicare Part A automatically when they reach age 65. Part A generally does **not** have a premium cost, and covers inpatient hospital care, skilled nursing facilities, and hospice care.
- You *may* be able to initially delay Part B enrollment without penalties-- and other adverse effects-- while remaining covered under an employer-sponsored medical plan. However, in specific situations, Medicare-eligible individuals should enroll in Part B even if they are keeping their employer coverage. Generally, a person needs to enroll under Part B if they are:
 - 1) Age 65+ while covered under a group medical plan sponsored by an employer with fewer than 20 employees; or
 - 2) Under age 65 and Medicare-eligible due to disability while covered under a group medical plan sponsored by an employer with fewer than 100 employees.
- Once an individual is enrolled under **any** part of Medicare (including Part A), they are no longer able to make any new contributions to their Health Savings Accounts (HSA).* Medicare-enrolled individuals can, however, spend down *existing* money in their HSA for eligible expenses.
- When an individual becomes Medicare-eligible, they should carefully examine their options for Medicare Part D (prescription drug plan coverage). If your medical plan coverage is not considered "creditable", and you fail to enroll in a Part D plan when first eligible, you may be subject to future enrollment penalties at a time when you do decide to enroll under a Part D plan.

Notification of plan creditable/ non-creditable status is provided annually to our medical plan participants. Please see HR with any questions about the current plan's creditable/ non-creditable status.

* When an individual defers Social Security retirement benefits for six or more months past their normal retirement age, they will ultimately receive six months of "back pay" from Social Security when they *do* enroll. When this happens, an individual's Medicare Part A enrollment will also be backdated six months. *To avoid tax penalties, Medicare-eligible individuals should stop contributing to their Health Savings Account six months before applying for Social Security retirement benefits .*

Preventive Care Benefits Under our Medical Plan

The Affordable Care Act requires medical plans to cover certain routine and preventive services at no cost to covered members. The specific types of free services available **vary based on a member's age, gender and other risk factors**, but can include:

- Routine vaccinations
- Routine annual physicals
- Cancer screening tests
- Regular well-baby and well-child office visits



To find out which specific services are eligible for you to receive at no cost, visit:

www.healthcare.gov/coverage/preventive-care-benefits/

Preventive care services must be submitted by your doctor's office with appropriate preventive billing codes in order to be covered at 100%. When claims are submitted to the insurance company with diagnostic billing codes, or for other services not specifically recommended by the U.S. Preventive Services Task Force (USPSTF), you may be subject to additional member cost-sharing. You are encouraged to speak candidly with your doctor during a routine visit to confirm that services performed, and any labwork ordered, is an eligible service to be covered at 100% under the Preventive Care benefit.

Eligible preventive care services are covered at 100% only when received from an in-network doctor/ provider.

Get the Most of your WCA Group Health Trust Medical Plan:

How to create your account - umr.com

Learn more about:

- How to find an In Network Provider
- Teladoc Virtual Visits
- Treatment Cost Estimator
- Helpful apps, calculators, videos & more all in one place
- CVS Caremark Mail Order Prescriptions

*Click anywhere
on booklet*



Medical Plan Benefits Summary

	Copay		HDHP (HSA)	
Carrier	WCA Group Health Trust/UMR		WCA Group Health Trust/UMR	
Plan Type	POS Copay Plan		POS HDHP (HSA) Plan	
Network	Choice Plus		Choice Plus	
Coverage Level	In Network	Out of Network	In Network	Out of Network
Deductible (Single/Family)	\$1,500 / \$3,000	\$4,500 / \$9,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Coinsurance	0%	30%	0%	20%
Deductible and Coinsurance Max (Single/Family)	\$1,500 / \$3,000	\$6,000 / \$12,000	\$2,000 / \$4,000	\$7,000 / \$14,000
Out of Pocket (OoP) Max Includes Deductible, Copays and Coinsurance (Single/ Family)	\$6,450 / \$12,900	Unlimited / Unlimited	\$3,500 / \$7,000	\$7,000 / \$14,000
Family Ded & OoP Max Accumulation	<i>Embedded</i> ¹	<i>Embedded</i> ¹	<i>Aggregate</i> ²	<i>Aggregate</i> ²
Office Visits				
Primary Care Physician	\$25 Copay, deductible waived	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Specialist	\$50 Copay, deductible waived	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Telehealth visits (through Teladoc)	No Charge		Deductible / Coinsurance	Deductible / Coinsurance
Preventive Care	No Charge for Exams, Immunizations and Lab Tests	No Charge for Immunizations; Deductible / Coinsurance for Exams and Lab Tests	No Charge for Exams, Immunizations and Lab Tests	No Charge for Immunizations; Deductible / Coinsurance for Exams and Lab Tests
Mammograms, Colorectal Cancer Screenings, Pap Smears/Pelvic Exams, & PSA Tests/Prostate Exams (Routine and Non-Routine)	No Charge for 1st each calendar year, then deductible / coinsurance	Deductible / Coinsurance	No Charge for 1st each calendar year, then deductible / coinsurance	Deductible / Coinsurance
Vision Exams (Routine and Non-Routine)	No Charge for 1st each calendar year, then deductible / coinsurance		No Charge for 1st each calendar year, then deductible / coinsurance	
Hearing Exams (Routine and Non-Routine)	No Charge for 1st each calendar year, then deductible / coinsurance	Deductible / Coinsurance	No Charge for 1st each calendar year, then deductible / coinsurance	Deductible / Coinsurance
Hospital, Surgical, and Maternity Services (Require Pre-authorization)				
Inpatient/ Outpatient Hospital	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Surgical/ Maternity/ Delivery	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Urgent Care & Emergency Room Visits				
Urgent Care Visit	\$50 Copay, deductible waived	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Emergency Room	\$250 Copay, deductible waived		In Network Deductible / Coinsurance	
Imaging and Labwork				
X-Ray, Imaging, & Labwork	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Prescription Drugs (Retail Pharmacy)				
Benefits Apply After:	N/A		<i>See medical deductible above</i>	
Tier 1 Generic	\$10		\$10 (after deductible)	
Tier 2 Preferred Brand	\$35		\$35 (after deductible)	
Tier 3 Non-Preferred Brand	\$60		\$60 (after deductible)	
Tier 4 Specialty	\$60		\$60 (after deductible)	

¹ *Embedded: If you have family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.*

² *Aggregate: If you have family members on the plan, the overall family deductible must be met before the plan begins to pay.*

This Benefit Summary is for illustration purposes only. Refer to the insurance carrier's Certificate of Coverage for a full description of plan coverage and exclusions.

Additional Resources from UMR

Teladoc Visits

How do Virtual Visits work?

- Register anytime, then request a visit when you need to see a doctor
- Get a diagnosis and prescription if necessary

Virtual Visits are good for:

- Allergies
- Bladder/Urinary tract infection
- Bronchitis
- Cough/Cold
- Diarrhea
- Fever
- Migraine/Headaches
- Pinkeye
- Rash
- Seasonal flu
- Sinus problems
- Sore throat
- Stomach ache
- Quick assessment of severity



Watch the Video



Flexible Spending Accounts

Flexible Spending Account benefits are administered by Diversified Benefit Services and offer reimbursement of specific expense types from money deductible from your earnings on a pre-tax basis. An annual election is required to participate in this program.

Debit cards are good for 3 years. Cards are reloaded each year, however no prior year transactions are allowed in the new plan year. Visit www.dbsbenefits.com for online tools and resources.

Benefits Overview

Account Type	Description	Maximum Annual Election
General Purpose	Reimbursement for out-of-pocket expenses incurred from health , dental or vision care, as described by IRS Code Section 213 (summarized annually in IRS Publication 502).	\$2,750 per calendar year. <u>All</u> unused amounts from the prior year can be carried over to the following calendar year.
Limited Purpose	Reimbursement for out-of-pocket expenses incurred, but limited to dental and vision care (not health). If contributing to a Health Savings Account (HSA), this is the only FSA available to you.	\$2,750 per calendar year. <u>All</u> unused amounts from the prior year can be carried over to the
Dependent Care	Reimbursement for expenses related to daycare for eligible dependents as described by IRS Code Section 129 (summarized annually in IRS Publication 503).	\$5,000 annual contribution per household.
Reimbursement Deadline	90 days after the end of the plan year. (3/31/2022 for 2021 plan year)	

Click on picture -
FSA/Dep Care Letter →



Employee Contributions (Payroll Deductions)

	Employee
Flexible Spending Accounts	
Plan Cost	<i>Varies based on your election amount</i>

Costs illustrated above are based on 26 pay periods per year (Bi-Weekly Pay Periods).

When do Flexible Spending Accounts Benefits Begin?

For New hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (10/21 - 11/8), effective as of 01/01/2022. You may also be eligible to enroll or change elections mid-year based on specific Qualifying Event as determined by the Internal Revenue Service. See HR for additional information.

Health Savings Account (HSA)

If you are enrolled in an HSA-qualified health plan-- either sponsored by Village of Shorewood or through another plan-- you may be eligible to contribute tax-free dollars into a savings account and spend those funds on eligible medical, dental and vision expenses.

Why Consider Opening Up an HSA?

- HSA deposits made through employer deductions are exempt from payroll and income taxes.
- Unused funds roll over from year to year (no "use-it-or-lose it" rule!)
- You own your HSA -- Village of Shorewood does not control your deposited money or manage your account.

Click below to watch a video about HSAs:



Save money with HSA deposits run through payroll deductions:

Tax	Potential Tax Savings On HSA Deposits *
Typical Federal Income Tax	21.0%
Typical State Income Tax (WI)	6.3%
Payroll Taxes	7.7%
Typical Tax Savings	35.0%



In this example, a deposit of **\$500.00** into your HSA would save you **\$174.50** (35%) in taxes!



* Illustrative example only; consult a tax advisor to determine applicability for your specific tax bracket.

How HSAs Work

A Health Savings Account has two parts, an **insurance** piece and a **financial** piece:

Insurance	Financial
High Deductible Health Plan	Savings Account
Meets specific IRS guidelines	Tax-free deposits
Provides catastrophic coverage from large medical bills	Tax-free reimbursements for eligible medical*, dental and vision expenses

* If an individual participates in a 'limited purpose' flexible spending account (FSA) **and** is making deposits to their HSA, only dental and vision expenses may be reimbursed from their FSA.

What are HSA-Eligible Expenses?

Eligible expenses are established by IRS Section 213. Examples include out-of-pocket costs like medical plan deductibles, copays, coinsurance, eyeglasses and dental work.

See IRS Publication 502 (www.irs.gov/pub/irs-pdf/p502.pdf) for additional information.

Remember that you can only use your HSA to reimburse eligible expenses. **HSA funds that are used for non-eligible expenses (for example, a new television) are subject to regular income/FICA tax plus an additional 20% excise tax.** Be sure to keep all receipts for any expenses reimbursed from your Health Savings Account. You will need this documentation to validate your HSA expenses in the unlikely event of an IRS audit!

Village of Shorewood Helps Fund Your HSA!

If you are enrolled under our HSA-qualified health plan, you are eligible to receive quarterly HSA contributions from Village of Shorewood. These contributions will be deposited directly into your health savings account at North Shore Bank.

In order to qualify for the company's contributions, you must 1) be enrolled under our HSA-qualified health plan and 2) have an established Health Savings Account. Remember that the annual total of your own HSA deposits, plus those made by the company, cannot exceed the IRS' annual maximums.

Annual Village of Shorewood HSA Contribution			
Non-Union Employees Full Wellness Participation	Village Contribution	Village Wellness Contribution	Total Village Contribution
Single	\$400	\$500	\$900
Family	\$1,200	\$1,500	\$2,700
Union Employees	Village Contribution	Village Wellness Contribution	Total Village Contribution
Single	\$400	\$0	\$400
Family	\$1,200	\$0	\$1,200

Deadline to open new HSA bank account for 2022 open enrollment is November 30, 2021 or 30 days after new plan elections. Contact HR for additional forms required to receive the company's HSA funding.

Annual HSA Contribution Maximums

Maximum annual HSA deposit amounts are indexed annually by the Internal Revenue Service (IRS). Your medical plan coverage level and age affect the maximum amount you can deposit:

Health Savings Account (HSA) Maximum Contribution Levels

Medical Plan Coverage	2020	2021	2022
Single Coverage	\$3,550	\$3,600	\$3,650
Family Coverage	\$7,100	\$7,200	\$7,300
"Catch-Up" Contribution (Age 55+ only)	Additional \$1,000	Additional \$1,000	Additional \$1,000

When Are You Eligible for an HSA?



To establish an HSA, or deposit money into an HSA, you must meet **three** criteria:

- 1) Be covered under an HSA-qualified High Deductible Health Plan; **AND**
- 2) Not be enrolled under any part of Medicare, including Part A; **AND**
- 3) Not be enrolled under a general-purpose Medical Flexible Spending Account (FSA)

*New to HSAs? Most banks and credit unions now offer these special tax-favored accounts to customers. Fees and features will vary based on your financial institution. Once you open an HSA with the **North Shore Bank**, you will receive a checkbook or debit card with which you will access HSA funds.*

Please keep in mind that it is ultimately an employee's responsibility to establish and manage their own Health Savings Account. Village of Shorewood does not have control or oversight of employees' Health Savings Accounts except to facilitate payroll deductions deposits into those accounts upon request.

Dental

Dental coverage is provided through Delta_Dental and includes coverage for exams, cleanings, and restorative services. For a list of participating providers, visit www.deltadentalwi.com

Benefits Overview

Service Category	Category Includes	Delta Dental PPO Provider Coverage (What the Carrier	Delta Dental Premier or any other dentist Coverage
Preventive Services	Cleanings, X-rays, Fluoride Treatments*, Space Maintainers*	100%, deductible waived	100%, deductible waived
Basic Services	Restorations, Sealants*, Simple Extractions, Oral	80% after deductible	80% after deductible
Major Services	Inlays, Onlays, Crowns, Bridges, Dentures	50% after deductible	50% after deductible
Orthodontia <i>Dependents to age 19 only</i>	Corrections & alignments	50% after deductible	50% after deductible



Click on picture for Dental Summary

**Fluoride treatments, Sealants and Space Maintainers are available benefits for children only.*

Calendar Year Deductible	\$25 Single / \$75	\$25 Single / \$75
Maximum Annual Benefit	\$1,200 per person	
Maximum Lifetime Orthodontia Benefit	\$1,000 Per Dependent to age 19	

Employee Contributions (Payroll Deductions)

	Single	Family
Dental		
Plan Cost Non-Union	\$2.00	\$47.01
Plan Cost Union	\$2.00	\$37.01

Cash-in-lieu (opt-out) option: \$70 per month per family if waive this dental coverage and self insure or have access to a spouse's or parent's employer sponsored plan. See HR for form.

Costs illustrated above are based on 12 pay periods per year (Monthly Pay Periods).

When do Dental Benefits Begin?

For New hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (10/25 - 11/12), effective as of 01/01/2022. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Additional Resources from Delta Dental

If you participate in our group dental plan through Delta Dental, you'll have access to some great tools and resources:

Delta Dental's Provider Networks

A Dental Plan with Two Networks-- What's the Deal?

[Watch the Video](#)

Delta Premier Network	Delta PPO Network
More dentists	Fewer dentists
Lower discounts on services	Higher discounts on services



Delta Dental PPO dentists agree to the deepest discounts for patients. Premier dentists agree to a maximum fee ceiling-- but not the additional discounts available from PPO dentists.

A Smarter Dental Plan

A Healthy Body Begins with a Healthy Mouth

- Preventive cleanings and other services covered at 100%
- Additional cleanings for pregnant women
- Additional cleanings for specific diabetes including periodontal disease, cancer, and diabetes

[Watch the Video](#)

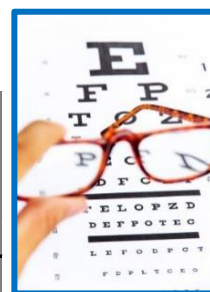


Voluntary Vision

Vision coverage is provided through Superior_Vision. The vision care network consists of private practicing optometrists, ophthalmologists, opticians and optical retailers.

You have the option of visiting any provider, however, by choosing a network provider you'll receive the highest level of benefit and save on out-of-pocket costs. To see a list of participating providers go to www.superiorvision.com using the Superior Select Midwest PPO network.

Benefits Overview



[Click on picture for Vision Summary](#)

Service Category	Frequency Maximum	In-Network Coverage (What the Carrier)	Out-of-Network Reimbursement (What the Carrier)
Routine Exam	12 months	100%	Up to \$35
Eyeglass Lenses	12 months	100%	Up to \$25
Single Vision		100%	Up to \$40
Bifocal		100%	Up to \$45
Trifocal		100%	Up to \$45
Lenticular		100%	Up to \$80
Frames	24 months	\$150 retail allowance	Up to \$75
Contact Lenses in lieu of glasses	12 months	100%	Up to \$150
Medically Necessary Contacts		\$175 retail allowance	Up to \$150
Elective		\$200 allowance	N/A
Laser Vision Correction			

Employee Contributions (Payroll Deductions)

	Single	Family
Voluntary Vision		
Plan Cost	\$8.21	\$22.16

Costs illustrated above are based on 12 pay periods per year (Monthly Pay Periods).

When do Voluntary Vision Benefits Begin?

For New hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (10/25 - 11/12), effective as of 01/01/2022. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Disability

Disability Protection is provided through Standard. This type of insurance provides income protection in the event you become disabled and are unable to work for an extended period of time.

Voluntary Long Term Disability (LTD) Benefits Overview

Coverage Name	Coverage Benefit	
Benefit Amount	60% of Monthly Earnings	
Benefit Maximum	\$6,000 per month	
Benefit Duration Schedule	Age	Maximum Benefit Period
	61 or younger	To age 65, or 3 years 6 months, if longer
	62	3 years 6 months
	63	3 years
	64	2 years 6 months
	65	2 years
	66	1 year 9 months
	67	1 year 6 months
	68	1 year 3 months
	69 or older	1 years
Elimination Period	90 days	
Pre-Existing Condition Limitation	12 months for conditions treated within the 90 days prior to effective date of coverage	



Click on picture for LTD Summary

In the event you become disabled and receive disability benefit payments, those payments may be considered taxable income. If applicable, you will receive a W-2 reflecting any additional tax liability for your disability benefits.

Employee Contributions (Payroll Deductions)

Employee Only

Voluntary LTD

Plan Cost

100% Employee Paid with Post Tax Payroll Deductions based on Earnings

When do Disability Benefits Begin?

For New hires:	Coverage begins 1st of the month following 30 days of employment
For Current Employees:	No Open Enrollment opportunity exists.

Employee Assistance Program

Village of Shorewood offers employees Employee Assistance Program coverage through ComPsych.

An Employee Assistance Program (EAP) offers confidential support to you and your family members when you need help with life's challenges.

Where to Call for Help

	ComPsych
Phone Number	1-877-616-0508
TTY	1-800-697-0353
Website	guidanceresources.com
App	GuidanceResources Now
Web ID	CN3906K

What Kind of Questions Can ComPsych Help With?

Legal Resources	Financial Resources	Confidential Counseling
Marital/ Relationship	Interpersonal Relationships	Alcohol/ Drug Abuse
Family/ Child Anxiety	Addictions	Grief and loss
Depression	Job Performance	Job Stress
	Personal Stress	Financial

On-Demand Training * Work-Life Benefits
24/7 by phone or online



Click on the picture to see EAP Services Summary

When do Employee Assistance Program Benefits Begin?

For New hires and Current Employees:	Coverage begins immediately upon employment.
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Voluntary Worksite Benefits

Village of Shorewood offers employees Voluntary Worksite Benefits coverage through AFLAC. Please refer to your Aflac agent, Patricia Leach for specific details on these coverages.



Accident: Accidents happen. When a covered accident happens to you, our accident insurance policy pays you cash benefits to help with the unexpected medical and everyday expenses that begin to add up almost immediately.



Cancer/Specified-Disease: Aflac's cancer/specified-disease insurance policy can help you and your family better cope financially if a positive diagnosis of cancer ever occurs.



Hospital Confinement Indemnity: Hospital stays are expensive. An Aflac hospital confinement indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits.



Short-Term Disability: How would you pay your bills if you're 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.



Whole or Term Life: With Aflac's whole life or term life insurance, you can rest easy knowing that your family will have financial security when they need it most.



Employee Contributions (Payroll Deductions)

	Employee	Spouse	Child
Plan costs			
Voluntary Worksite Benefits	<i>Varies based on Age & election amount</i>	<i>Varies based on Age & election amount</i>	<i>Varies based on Age & election amount</i>

When do Voluntary Worksite Benefits Begin?

For New hires:	Coverage begins 1st of the month following 30 days of employment.
For Current Employees:	Please contact PAT LEACH 262-224-0428 email: patricia_leach@us.aflac.com for additional information.

Contact Information

Insurance Carriers & Administrators

Coverage	Carrier Name	Member Services Phone #	Website	Group Policy #
Medical	WCA Group Health Trust/UMR	1-800-826-9781	www.umar.com	76-440254
Dental	Delta Dental	1-800-323-1743	www.deltadentalwi.com	01615-00000
Voluntary Vision	Superior Vision	1-800-507-3800	www.superiorvision.com	3552601
Disability	Standard	1-800-628-9797	www.standard.com	143342-A
Flexible Spending Accounts	Diversified Benefit Services	1-800-234-1229	www.dbsbenefits.com	villageofshorewood
Employee Assistance Program	ComPsych	1-877-616-0508	www.guidanceresources.com	villageofshorewood
Voluntary Worksite Benefits	AFLAC: Patricia Leach	1-262-224-0428	email: patricia_leach@us.aflac.com	
Health Savings Account	North Shore Bank	1-414-964-6710	www.northshorebank.com	Varies

Benefits Consultant/ Broker

R&R Insurance Services, Inc.
www.myknowledgebroker.com



Contact Name	Role	Phone #	Email
Stephanie Knapp-Riesch	Broker Consultant	262-953-7169	Stephanie.Riesch-Knapp@rrins.com
Jen Dash	Client Service Manager	920-931-3266	jen.dash@rrins.com

If you have questions or concerns about your benefits please feel free to contact a team member listed above. The office hours for R&R Insurance are 8:00 to 4:30 PM, Monday through Friday.



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