



2026 BENEFIT GUIDE

Village of Shorewood



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Welcome

We are committed to offering eligible employees a comprehensive benefits package for you and your family that provides the care you need to stay healthy and productive. Please take the time to review the contents of this guide and discuss the options provided with your family.

Eligibility

Employee: available to those who work 20+ hours/week.

Dependent(s): covered under applicable plans if:

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

When do benefits start?

First of the month following 30 days of employment.

When can you enroll?

You can sign up for benefits at any of the following times:

- As a new hire, at your initial eligibility date
- Each year during the annual open enrollment period without a life event
- Within 30 days of a qualified life event

Once your benefit elections become effective, they remain in effect until the end of the plan year.

Enrollment Changes

Make your benefit selections carefully. The elections you make during Open Enrollment are effective for the entire 12-month Plan Year. Otherwise, changes can only be made with a Qualifying Event. If you believe you have had a Qualifying Event you need to notify Human Resources and make a decision about coverage within 30 days from the event occurring.

Examples of Qualifying Events Include:

- Marriage or Divorce
- Change in Spouse's Employment
- Birth/Adoption
- Loss of Coverage

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Click on the laptop image to watch an overview of your benefits.





A strong benefits program is an important part of your overall compensation; The Village of Shorewood offers a variety of benefits to you and your family.

We regularly review the quality and cost of these benefits to ensure we offer the most competitive package possible. Changes and relevant information are addressed on the following pages; please review this guide in its entirety.

R&R Insurance Services, Inc. prepared this benefits guide specifically for the Village of Shorewood as a summary overview, and it does not replace our Employee Handbook.

This document cannot, and should not, be construed as exhaustive or applicable to any other group health plan or employer. This document is not intended to 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 if needed.

The information in this 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 made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the benefits guide and the actual plan documents, the actual plan documents will prevail.

COBRA/Continuation Rights

If you, or your dependents, no longer meet 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.

Pre-Tax Premiums

Our plan setup allows you to pay for your coverage with non-taxed dollars to reduce your taxable income. This applies to a portion of the Company's Benefit Plans.



Questions about changes to your benefits?

HR CONTACT

Tony McCoy

Administrative/Payroll Specialist

414-847-2603

amccoy@shorewoodwi.gov

Contact information for our insurance carriers appears on the final pages of this guide.

Medical Plan Overview

Coverage is provided through WCA Group Health Trust/UMR and includes 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'.

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

Is there a Penalty for Refusing Coverage?

No. In 2019 the financial tax penalty for not having medical coverage was eliminated. However, your future ability to enroll in this plan may be restricted to specific enrollment periods if you waive coverage now.

Key Terms to Remember

Annual Deductible - A deductible is the amount of money you pay out-of-pocket for certain covered health care services before your health plan starts to pay. Understanding how deductibles work may help you choose the plan that best fits your needs and budget.

Copays and Coinsurance - These expenses are your share of the cost paid for covered medical services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is billed to you after the medical insurance reconciles the bill with the provider.

Out-of-Pocket Maximum - This is the total amount you can pay out-of-pocket each calendar year before the plan pays 100% of the covered expenses for the rest of that calendar year. Your deductible, copays and coinsurance are applied towards the out-of-pocket maximum (OOP).

Prescription drugs are included in the annual out-of-pocket.

Are You Medicare Eligible?

When you or a family member become eligible for Medicare, our insurance broker, R&R Insurance has a dedicated Medicare Division that can help determine which plan is best for you.

Medicare Checklist

Download the Medicare Checklist that will guide you through exactly what you should be doing and when! Click on the video camera icons within the checklist to watch informational videos.

Download the checklist [here!](#)

MEDICAL



Medical

WCA Group Health Trust/UMR

Policy #: 76-440254

Find a Provider Online

www.umar.com

No-Cost Preventive / Routine Care

Insurance plans must cover certain in-network routine and preventive services at no cost.

The specific services available vary based on age, gender, and risk factors, but can include:

- Routine Vaccinations
- Cancer Screening Test
- Routine Annual Physicals
- Well-baby & Well-child office visits

[Click on the laptop to learn about your Medicare options.](#)



Preventive Care Benefits

The Affordable Care Act requires medical plans to cover certain in-network 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/

In-Network 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 lab work 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.

Hospital Price Transparency

What is this?

- Hospital price transparency helps Americans know the cost of a hospital item or service before receiving it. Starting January 1st, 2021, each hospital operating in the US is required to provide clear, accessible pricing information online about the items and services they provide.

How will this help me?

- This information will make it easier for consumers to shop and compare prices across hospitals and estimate the cost of care before going to the hospital.

Show me how!

- Click the image to the right to watch a short video one of our R&R benefit partners put together that demonstrates how they were able to save over \$1,000 using this information!



How I Saved \$1K

Medical Plan Highlights

Medical coverage is provided through Group Health Trust/UMR. Our plan complies with federal and state mandates, including the Affordable Care Act's (ACA) requirements for coverage of 'Essential Benefits'.

PLAN OPTIONS	Plan #1 Copay Plan	Plan #2 HSA Plan
Deductible	In-Network	In-Network
Single	\$ 1,500	\$ 2,000
Family	\$ 3,000	\$ 4,000
Out-of-Pocket Maximum	Deductible/Coinsurance Out of Pocket Only	
Single	\$ 1,500	\$ 3,500
Family	\$ 3,000	\$ 7,000
	Deductible/Coinsurance/Copay/Rx Out of Pocket	
Single	\$6,450	NA
Family	\$12,900	NA
Family Deductible and Out-of-Pocket Max Accumulation	Embedded	Non-Embedded
Coinsurance	100%	100%
Physician Services		
Preventive Services	100% Deductible Waived	100% Deductible Waived
Primary Care Office Visit	\$ 25 copay	Deductible & Coinsurance
Specialty Care Office Visit	\$ 50 copay	Deductible & Coinsurance
Telehealth Visit	100% Deductible Waived	100% Deductible Waived
Hospital Services		
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance
Emergency & Urgent Care		
Emergency Room	\$ 250 copay	Deductible & Coinsurance
Urgent Care	\$ 50 copay	Deductible & Coinsurance
Retail Pharmacy		
		After Deductible
Tier 1	\$ 10 copay	\$ 10 copay
Tier 2	\$ 35 copay	\$ 35 copay
Tier 3	\$ 60 copay	\$ 60 copay
Tier 4	\$ 60 copay	\$ 60 copay

Medical Plan Highlights

Medical coverage is provided through Group Health Trust/UMR. Our plan complies with federal and state mandates, including the Affordable Care Act's (ACA) requirements for coverage of 'Essential Benefits'.

Click the button(s) for more plan information and out-of-network coverage if applicable →

Copay Plan
Benefit Summary

HSA Plan Benefit
Summary

Benefit Booklet

Union Employees

What Is My Cost Per Month	Union Plan #1 Copay Plan	Union Plan #2 HSA Plan
Employee	\$ 127.24	\$ 90.95
Family	\$ 366.19	\$ 261.74

New Non-Union Employees

What Is My Cost Per Month	Non-Union Plan #1 Copay Plan	Non-Union Plan #2 HSA Plan
Employee	\$ 127.24	\$ 90.95
Family	\$ 366.19	\$ 261.74

Wellness Participant Non-Union Employees

What Is My Cost Per Month	Non-Union Plan #1 Copay Plan	Non-Union Plan #2 HSA Plan
Employee	\$ 106.03	\$ 90.95
Family	\$ 305.16	\$ 261.74

Non-Wellness Non-Union Employees

What Is My Cost Per Month	Non-Union Plan #1 Copay Plan	Non-Union Plan #2 HSA Plan
Employee	\$ 159.05	\$ 90.95
Family	\$ 457.74	\$ 261.74

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.

HSA



Health Savings Account

Click the laptop to watch a Video on HSA's:



When are you eligible for HSA?

To establish and deposit money into an HSA, you:

- Must be enrolled in a High Deductible Health Plan
- Cannot have any other “impermissible coverage,” which includes a spouse’s non-HDHP plan or HCFSA coverage
- Cannot be currently enrolled in Medicare, Medicaid, or Tricare
- Cannot be claimed as a dependent on another person’s tax return

REMEMBER to only use your [HSA for eligible expenses.](#)

HSA funds used prior to age 65 for non-eligible expenses (like a TV) are subject to income taxes plus an additional 20% federal excise tax and depending on your state, a state penalty. Keep all receipts for your HSA reimbursements—you will need them to validate HSA expenses in the event of an IRS audit!

Pre-Tax Accounts

These accounts allow you to pay (or be reimbursed) for eligible expenses and/or dependent care expenses tax-free. For all healthcare-related accounts, eligibility is determined in-part by which medical plan you choose.

	HDHP*	Copay Plan
Health Savings Account (HSA)	✓	
Health Care Flexible Spending Account (HCFSA)		✓
Limited Purpose Flexible Spending Account (LPFSA)	✓	
Dependent Care Flexible Spending Account (DCFSA)	✓	✓

* High Deductible Health Plan (HDHP)

Health Savings Account (HSA)

The Village of Shorewood offers a High Deductible Health Plan (HDHP) that features a Health Savings Account (HSA). This investment tool allows you to contribute money, earn interest, and pay for qualified health care expenses, all tax-free.



If enrolled in the HDHP option, the Village of Shorewood has partnered with North Shore Bank to establish your HSA.

How the HSA Works

Money Goes In* 2026	Money Goes Out**	Have Money Left? IT ROLLS OVER!
<p>\$4,400/year max. for individual coverage</p> <p>\$8,750/year max. if you enroll your spouse and/or child(ren)</p> <p>An extra \$1,000/year max. age 55 or older.</p>	<p>You decide whether to use your HSA for qualified expenses or pay with other resources. The amount you spend on qualified medical expenses is also tax-free.</p>	<p>There’s no deadline or limit on how large your account can grow. If you leave the Village of Shorewood, you take the money with you because the account is yours.</p>

*Enrolling mid-year may make you ineligible for a full-year contribution to your HSA. Talk to your tax advisor before signing up for pre-tax deductions. See IRS Publication 969 for more information. **HSA funds are eligible to reimburse qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

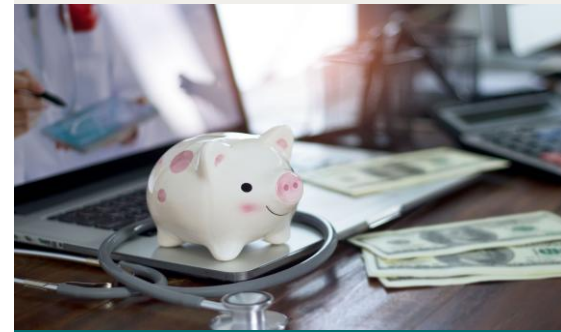
Employer Contribution To Your HSA

HSA

The Village of Shorewood Helps Fund Your HSA!

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

In order to qualify for the Village's contributions, you must have an established Health Savings Account. Remember that the annual total of your own HSA deposits, plus those made by the village, cannot exceed the IRS' annual maximums.



Health Savings Account

UNION EMPLOYEES	Village of Shorewood HSA Contributions for calendar year		
	Village Contribution	Village Wellness Contribution	Total Village Contribution
Single	\$400	\$0	\$400
Family	\$1,200	\$0	\$1,200

NON-UNION EMPLOYEES FULL WELLNESS PARTICIPATION	Village of Shorewood HSA Contributions for calendar year		
	Village Contribution	Village Wellness Contribution	Total Village Contribution
Single	\$400	\$500	\$900
Family	\$1,200	\$1,500	\$2,700

Contact HR for additional forms required to receive the Village's HSA funding.

Please keep in mind that it is ultimately an employee's responsibility to establish and manage their own Health Savings Account. The 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.

Pre-Tax Accounts

Flexible Spending Account (FSA)

With Flexible Spending Accounts (FSA), you can set aside tax-free money to pay for eligible medical and dependent care expenses. You decide how much you want to contribute each plan year and the money is deducted from your pay before taxes are taken out saving you approximately 15-30% in taxes.

Traditional Health Care FSA (HCFSA)

Can use to pay any qualified health care expense, including medical copays and deductibles, dental care, and vision care. You're not eligible for the Traditional Health Care FSA if you are currently contributing to an HSA.

Limited Purpose FSA (LPFSA)

Eligible to be used if you're enrolled in the HDHP option; use the Limited Health Care FSA along with an HSA and maximize your tax savings! The LPFSA can be used for dental and vision care expenses in the plan year only.

Dependent Care FSA (DCFSA)

The DCFSA covers the eligible daycare expenses for your qualified dependent(s). This can include a dependent under the age of 13, or a parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

How the FSA Works

Money Goes In*
Health Care FSA: \$3,400/year max. \$680 rollover
Dependent Care FSA: \$7,500/year max.
Money Goes Out*
Use your FSA dollars for qualified expenses (see explanations above). Any amount you spend on qualified expenses is also tax-free. Any amount above the rollover limit will be lost if not spent within the calendar year and/or runout period.

**Talk to your tax advisor before signing up for pre-tax deductions. See IRS Publication 502 for more information. This is meant as a high-level overview—for more details and plan rules, please reference your plan documents.*

FSA



Flexible Spending Account

Diversified Benefit Services

Policy #: villageofshorewood

Find a Provider Online

www.dbsbenefits.com

Why Participate in an FSA?

FSA's let you budget a fixed dollar amount each pay period to be withdrawn 'pre-tax' from your check. These deductions accumulate in your FSA for you to use on eligible expenses. Tax savings from your FSA payroll deductions can be as high as 40% (varies by individual tax bracket).





Advantages of pre-tax FSA Deductions:

Payroll deductions are tax-free (no income tax or FICA)

Payments/reimbursements from your flex account are tax-free!

Where to Seek Care

Where you go for medical services can make a BIG difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs.

Type of Care	Wait Time	Average Member Cost
 <p>Virtual Visits Visit with a licensed physician allowing you to receive care, and if needed, get prescriptions. Available 24/7.</p>	<p>15 minutes Or less on average</p>	<p>\$</p>
 <p>Primary Care Doctor Seeing your doctor is important. Your doctor knows medical history and any ongoing health conditions.</p> <p>When to go:</p> <ul style="list-style-type: none"> ○ Preventive services & vaccinations ○ Medical problems or symptoms that are not immediate, and/or serious threat to your health or life. 	<p>1 week+ approx. wait time for an appt.</p>	<p>\$\$</p>
 <p>Urgent Care Urgent Care centers are often open in the evenings and on weekends.</p> <p>When to go:</p> <ul style="list-style-type: none"> ○ Sprains & strains / minor broken bones or cuts ○ Mild asthma attacks ○ Sore throats 	<p>20-30 minutes approx. wait time</p>	<p>\$\$\$</p>
 <p>Emergency Room (ER) Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours.</p> <p>When to go:</p> <ul style="list-style-type: none"> ○ Sudden change in vision ○ Sudden weakness or trouble walking ○ Large, open wounds ○ Difficulty breathing ○ Heavy bleeding ○ Spinal Injuries ○ Chest Pain ○ Major burns ○ Broken bones 	<p>3-12 hours approx. wait time for non-critical cases</p>	<p>\$\$\$\$</p>



Teladoc Visit

Teladoc Visit Overview

Teladoc provides care 24/7 for a wide range of non-emergency conditions from wherever you are. You can connect with a provider by downloading the Teladoc app, visiting online, or calling. If a prescription is needed, Teladoc providers can send it to the pharmacy of your choice. The following are some examples of instances when it would be appropriate to call:

Allergies	Colds	Pink Eye	Sinus Problems
Sore Throat	Diarrhea	Rash	Urinary Tract Infection
Bronchitis	Fever	Migraines	Stomachache

How to Use Teladoc Visit Services

No appointment is necessary. Go to the website, call, or download the app to get registered. Teladoc requires you to complete a brief medical history prior to requesting your first visit. Before each visit, the doctor will review your medical history, so they are aware of any chronic illnesses, current medications, and allergies. After your visit, Teladoc can share the results of your visit with your primary care physician with your consent.

How Much Do Teladoc Visits Cost?

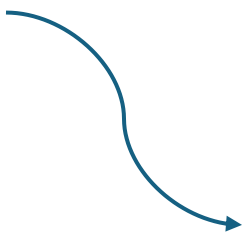
General Medicine	\$ 0
Dermatology	\$ 0
Mental Health	\$ 0



Talk to a licensed doctor for non-emergency conditions 24/7 from anywhere you are!

How this Service Works:

1. Download the app, go online to teladoc.com, or call 1-800-Teladoc to set up your account and log in.
2. Complete or update brief medical history.
3. Request a visit and talk to a doctor within minutes!



[Teladoc Information](#)

Get to know your benefits at **umr.com**



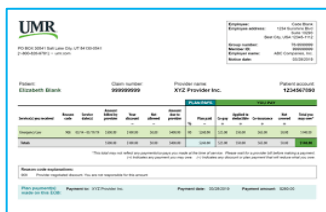
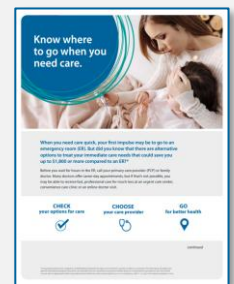
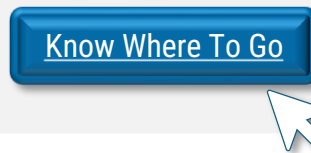
Make **umr.com your first stop!** Managing your health care is fast and easy at umr.com. You'll find everything you want to know – and need to do – as soon as you sign in.

Get all your answers quick and easy!
Click the button to learn more!



Know where to go when you need care! When you need care quick, and seeing your physician is not possible, it's important to know your quick care options to find the place that's right for you and help avoid financial surprises.

Get to know your quick care options!
Click the button to learn more!



Understanding your Explanation of Benefits (EOB), as easy as 1-2-3!

Click the button to learn more about your EOB's!



Healthy You Digital Publication - Healthy You is an award-winning magazine featuring health and wellness articles and promoting practical tools that support and encourage healthier choices. This educational resource for UMR members is published four times a year as part of member online services and can be viewed, downloaded and shared digitally.



Click the button to view the most recent Healthy You digital publication!



Watch this short video to learn how to navigate UMR's Member Portal →



One Pass Select Fitness and Well-Being Program

Offering employees flexible, accessible health resources.

One Pass Select™ is a subscription-based fitness and well-being program that supports a healthier lifestyle for employees. Get unlimited access to thousands of gyms, boutique fitness studios, thousands of online workouts, and grocery delivery, all with one monthly membership.

One Pass Select

Select a membership tier that best fits you!

- There are 5 membership tiers to choose from, with the option to change tiers monthly.

Access to over 19,000 Gyms and Studios!

- One Pass Select provides access to over 19,000 gyms and studios. Members have multi-location access, which allows subscribers to join multiple locations at a time.

The digital membership tier provides you discounted access to thousands of on-demand and livestreaming exercise classes through different online fitness partners.

Access to FREE grocery and household delivery services!

- Select tiers of One Pass Select offer free access to grocery and household delivery services that provide the convenience of having healthy foods delivered to your home.

Make it a family affair!

- One Pass Select members can add individuals ages 18+ onto their primary account.



A UnitedHealthcare Company



Eligible members - you can choose a membership tier, then sign up and pay with a credit or debit card. Your membership is active immediately upon purchase. Your recurring monthly payment will be on the 1st of the month.

Rediscover your passion for health with One Pass Select

One Pass Select™ can help you reach your fitness goals while finding new passions along the way. Find a location that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need to achieve better health in one easy, affordable plan. You and your eligible family members or friends can get started with One Pass Select today.

Find your fit with One Pass Select:

- At the gym:** Choose from our large nationwide network of gym brands and local fitness studios. Use one gym in the network and create another just for you. Fitness level and interests are.
- At home:** Pick out at-home with live or on-demand online fitness classes. By the virtual leader, it gets results created just for you. No matter what your fitness level and interests are.
- In the kitchen:** Get groceries and household essentials delivered to your home. One Pass Select makes it easy to plan for everything you need to enjoy delicious, healthier meals.

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee*	\$10	\$29	\$64	\$99	\$144
Gym network size	N/A (online fitness classes)	14,000+ gym and studios locations	14,000+ gym and studios locations	14,000+ gym and studios locations	14,000+ gym and studios locations
Grocery delivery	✗	✓	✓	✓	✓

*Some restrictions for all tiers.

Learn more and enroll today at OnePassSelect.com

To learn more about the One Pass Select™ program and sign-up -

Click on the flyer image or -

Go To: www.OnePassSelect.com





CVS Specialty[®]

More than medication.

CVS Specialty provides specialized care and support along with your medication for complex conditions (such as rheumatoid arthritis, multiple sclerosis, HIV and cancer).

A team of pharmacists and nurses specially trained in your condition.

We give you a CVS Specialty CareTeam led by pharmacists and nurses to support you 365 days a year. We'll show you how to take your medication correctly, help you manage side effects and stay on track. We also provide helpful resources at CVSSpecialty.com/EducationCenter.

A choice of pick up at CVS Pharmacy[®] or home delivery at no extra cost.

We make it as easy as possible to get the medication you need, where you need it. You can have your medication delivered anywhere nationwide, even if you're on vacation. Or you can pick it up at any CVS Pharmacy location.*

Digital tools let you manage your prescriptions on your own time.

We make it easy to manage your medications and stay on track at CVSSpecialty.com/go or with our mobile app.



What's a specialty pharmacy?

It's a pharmacy that provides specialized medication for complex conditions or medication requiring injections or infusions.

*Where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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How GoodRx Works

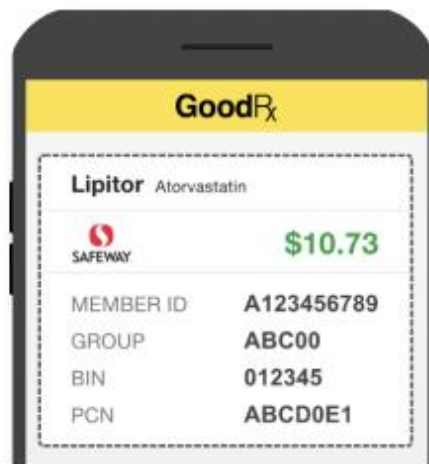
GoodRx gathers and compares prices for every FDA-approved prescription drug at more than 70,000 pharmacies. They then provide those current prices and discounts to help you find the lowest cost pharmacy, near you, for your prescriptions. GoodRx is 100% free. No registration required.



Drug Prices Vary Widely Between Pharmacies. GoodRx Finds the Lowest Prices & Discounts!



Compare Prices



Get Free Coupons



Show to Your Pharmacist

75%

GoodRx customers with insurance

70,000+

U.S. pharmacies accept GoodRx

\$100+

How much prices can differ between pharmacies



GoodRx for Pets

We love our pets, but they can be expensive! It has been hard to compare prices on pet medications — until now. GoodRx brings together prices from major online pet medication retailers, local pharmacies and other sources to help find you the lowest prices on all your pet medications.



Click the button for more information →

GoodRx Information

Wellbeing - Awareness to Wellness

To receive the wellness premium incentive, you must complete a biometric screening and annual primary care physician visit with your provider.

Wellness Program - Point Options	Maximum Points	Earned Points (EE)	Earned Points (Spouse)
Complete Onsite Biometric Testing & Health Risk Assessment Affidavit (REQUIRED) <u>OR</u> Complete Biometric Screening through Primary Care Provider & submit 'Annual PCP Visit' Affidavit	100		
Non-Tobacco User (inclusive of cigarettes, pipes, vapes/e-cigarettes, hookahs, or smokeless tobacco like dip or chewing tobacco) Testing completed by Biometric Vendor and submitted Affidavit <u>OR</u> complete screening at PCP and 'Non-Tobacco User' Affidavit <i>*Please note: if screening is not done onsite EE will assume any charges that may be incurred from screening.</i>	100		
<u>OR Positive Test for Nicotine - Completion of Tobacco Cessation Program</u> See HR for details. Must provide proof of completion.	100		
<u>Annual Primary Care Provider Exam</u> (one time per year) by your Primary Care Provider <i>*If completed Onsite Biometric, provide PCP with annual results during routine visit.</i>	75		
<u>Routine Dental Exam</u>	50		
<u>Routine Vision Exam</u> (one time per year)	25		

- Shot/Vaccination** (or any other medically necessary) (per Village of Shorewood Health Committee)
 - 25pts. for each vaccine completed - up to 2 times
- Gym Membership**
 Visit a Gym a minimum of 4 times/month for at least 3 months
- Track Steps**
 Complete at least 1,000,000 steps over the course of 3 months

Wellness

If you are enrolled in the Village of Shorewood **Copay medical plan** option, you can reduce your employee premiums by satisfying certain wellness program requirements.

Participation in the wellness program is optional. Those who choose to participate and achieve the requirement of wellness activities will be rewarded by receiving incentives described in our plan document. Our wellness program operates on a 'Point System' and requires two basic steps:

1. Complete biometric testing (vendor or primary care provider) and a health risk assessment with completed affidavits
2. Complete additional Activities (points are awarded for each activity)
 - 350 points for employees; 300 points for spouses
 - Each activity is worth a certain number of points which count toward your total annual point accumulation required to receive the wellness incentive.

Progress: 2 of 13

[View steps >](#)

Who am I enrolling?

Myself

Which plan do I want?

2026 "Awareness to Wellness" Program

\$0.00

Cost per pay period

Effective on 01/01/26

Employee

[Compare](#)
[Details](#)
Select this plan

Save & continue >

Don't want this benefit?

**Awareness to Wellness is a voluntary program. You must opt-in to participate.*

Dental Plan Overview

Dental coverage is provided through Delta Dental and includes coverage for services like routine exams, cleanings, and restorative services.

Plan Highlights

		Delta PPO	Delta Premier
Deductible †	Single	\$ 25	\$ 25
	Family	\$ 75	\$ 75
Maximum Benefit †		\$ 1,200	\$ 1,200
Lifetime Orthodontia Maximum		\$ 1,000	\$ 1,000

Delta PPO and Delta Premier Benefits

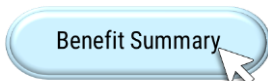
	Delta PPO	Delta Premier
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia (Child Only) (max. lifetime benefit)	50%	50%

What is My Cost Per Month

	Union	Non-Union
Employee	\$ 2.09	\$ 2.09
Family	\$ 42.56	\$ 52.56

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

Click the button for more plan and network information



DENTAL



Dental

Delta Dental

Policy #: 01615-00000

Find a Provider Online

www.deltadentalwi.com

Oral Health Impacts Your Overall Health!

When you practice good oral health, harmful bacteria are less likely to enter your body through the mouth and cause problems with your digestive, respiratory, and cardiovascular systems.



Protect your health with regular visits to the dentist, plus:

- Brush twice daily
- Floss daily
- Limit sugary foods
- Avoid tobacco use

Diagnostic & Preventive do not count towards annual max!

The "Company" plan allows you to seek treatment from the dentist of your choice. However, if you see a dentist who is NOT contracted, the non-contracted dentist will have the right to balance bill you.

Voluntary Vision Plan Overview

Vision coverage is provided through Superior Vision and a summary of benefits is below.

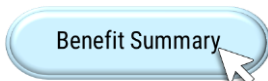
In-Network Benefits

	Coverage	Frequency
Routine Exam	\$0 Copay	Every 12 months
Eyeglass Frames	\$150 Allowance	Every 24 months
Eyeglass Lenses		
- Standard	\$0 Copay	Every 12 months
- Bifocal	\$0 Copay	
- Trifocal	\$0 Copay	
- Progressive	\$55 - \$225 Copay	
Contact Lenses		
- Elective	\$175 Allowance	Every 12 months
- Medically Necessary	100%	

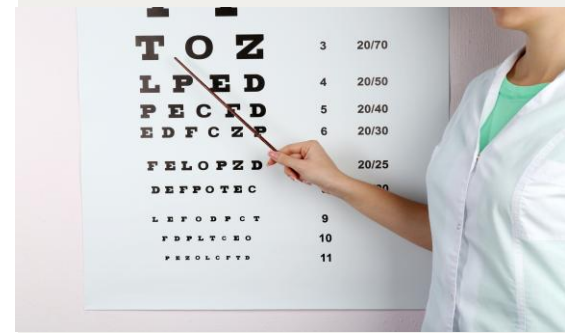
What is My Cost Per Month

	Union	Non-Union
Employee	\$ 7.46	\$ 7.46
Family	\$ 20.15	\$ 20.15

Click the button for more plan and network information



VISION



Vision

Superior Vision

Policy #: 03552601

Find a Provider Online

www.superiorvision.com

**Regular Eye Exams
are Important!**

An annual eye exam keeps your prescription current, and can detect early medical issues like diabetes, high blood pressure and glaucoma!



Protect your eyes' health with regular visits to the eye doctor, plus:

- Eat 5+ servings of fruits / vegetables daily
- Use sunglasses outdoors
- Don't smoke
- Follow instructions for contact lens cleaning

Where's my ID Card?

Most carriers no longer mail out vision ID cards.





Did you know?


- You can give the provider the name, date of birth, and policy number to verify coverage!
- You can print a PDF copy via your member portal!


Critical Illness & Accident


Village of Shorewood offers employees Critical Illness & Accident coverage through AFLAC. Please refer to the insurance carrier's benefit summary 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.

What is My Cost Per Month

	Employee	Spouse	Child(ren)
Voluntary Worksite Benefits	Varies based on Age & election amount		

❖ **Employee pays this premium.**

Click here for enrollment and plan information



PROTECT



Why Do You Need Disability Coverage?

Did You Know...

1 in 4 adults will become disabled (for a year or more) before they retire.

Workers Compensation only covers an illness or injury that's work-related.

Pregnancy is the most commonly filed claim for short term disability.

AFLAC

Call Morgan Markowski
262-370-1475
Morgan_Markowski@us.Aflac.com

Employee Assistance Program (EAP) Overview

An Employee Assistance Program (EAP) offers confidential support to you and your family members when you need help with life's challenges. The Village of Shorewood offers employees EAP coverage through ComPsych Guidance Resources.

Please refer to the insurance carrier's benefit summary for specific details on these coverages.

What Kind of Questions can an EAP Help With?

24/7 Access to EAP Professionals

- Financial & Legal Concerns
- Stress Management
- Mental Health, Anxiety, Depression
- Substance Abuse
- Family Problems, Marital Conflict & Parenting Challenges

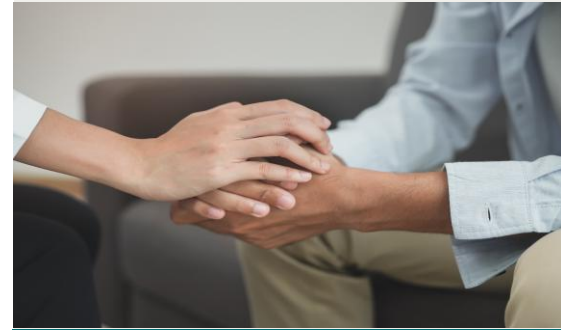
When Do Benefits Begin?

Coverage begins immediately upon employment

What is the Cost for this Benefit?

You pay nothing for using our Employee Assistance Program. After the initial session(s) there could be additional cost incurred.

EAP



Employee Assistance Program



Our EAP offers confidential support to you and your family.

How To Get Help

Call: 877-616-0508



Website: www.guidanceresources.com

Web ID: CN3906K

Why Do People Call?

The top three reasons cited for individuals reaching out to an Employee Assistance Program (EAP) are:

- Psychological wellbeing
- Relationship problems with spouse or partner
- Family/child behavioral issues

CALL OR TEXT 24/7

NATIONAL
**SUICIDE
PREVENTION**
LIFELINE™
I-800-273-TALK
www.suicidepreventionlifeline.org



988
SUICIDE
& CRISIS
LIFELINE



Mental Health Tools & Resources

R&R has accumulated a number of tools and resources around Mental Health support that employers can provide to their employees to assist them in navigating their challenges, from mental health, depression and anxiety as well as caregiver stress and financial hardship.

Hover your phone over the QR Code in the bottom right to access the digital resources.





STATEWIDE Content & Courses

- ✓ Well Badger Resource Center
- ✓ Resilient Wisconsin
- ✓ Access
- ✓ Wisconsin’s Family Caregiver Support Programs
- ✓ 211 Wisconsin
- ✓ Wisconsin Help for Homeowners
- ✓ UW Extension
- ✓ Coping with Stress – CDC
- ✓ Lifesaver Wellbeing Series

RESOURCES TO CONTACT

- ✓ **National Mental Health Hotline**
(free & confidential)
866.903.3787 or text NAMI to 741741
- ✓ **Local WI NAMI Chapter**
608.268.6000
www.namiwisconsin.org
- ✓ **Mental Health - Related Distress**
Call or Text: 988 or Chat 988lifeline.org
- ✓ **National Suicide Prevention**
Hours: Available 24hrs.
Languages: English/Spanish
800.273.8255
- ✓ **Prevent Suicide Wisconsin**
- ✓ **Wisconsin 211** (Free Referral Helpline)
Dial 211 from any phone
- ✓ **HOPELINE**
Text HOPELINE to 741741
- ✓ **Aging & Disability Resource Center**

CALL OR TEXT 24/7

1-800-273-TALK
www.suicidepreventionlifeline.org



Employee Navigator Enrollment Instructions



OPEN ENROLLMENT

New User Registration - First Time Enrolling

1. Access Employee Navigator by visiting:
<https://www.employeenavigator.com/benefits/Account/Register>
2. Verify Your Account -
3. Enter the following information to create your username and password:

Verify Your Account
First, let's find your company record

First Name
Last Name
Company Identifier (provided by HR)
PIN
Last 4 Digits of SSN (if ID)
Birth Date

- First Name
- Last Name
- Company Identifier: **Village of Shorewood**
- Last 4 digits of your social security number
- Date of Birth

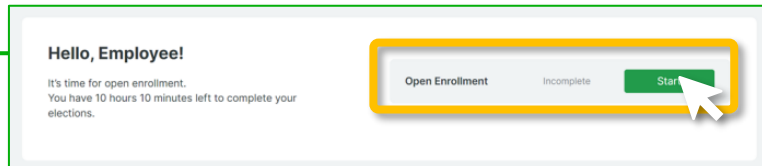
Once registered, you can view your current benefits by clicking on the **Enrollment Summary** icon located in the middle of the Home Page.

Existing Users - Go to: <https://www.employeenavigator.com/benefits/Account/Login>

Start Enrollment

Click the Start button next to Open Enrollment.

1. After clicking Start, you'll need to complete some personal & dependent information before moving to your benefit elections.



2. **Benefit Elections:** Make your benefit selections (medical, dental, vision, etc). Be sure to check the box next to any family member who should be covered. Click **'Select Plan'** then **Save & Continue** to elect a benefit.

Who am I enrolling?

Myself
 Elizabeth Reynolds (Spouse)
 Gwen Reynolds (Child)

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	= 50.00

View employer contributions summary

Save & Continue
Don't want this benefit?

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

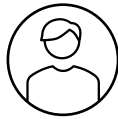
3. **Review & Confirm Elections:** Review the benefits you selected on the enrollment summary page to make sure they are correct then select **click to sign** to complete your enrollment.

You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

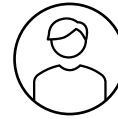
Contact Information



Manager's Office Contact Information



Tony McCoy
amccoy@shorewoodwi.gov
414-847-2606



Rebecca Ewald
rewald@shorewoodwi.gov
414-847-2701

Insurance Broker Service Contact Information

R&R Insurance Services, Inc.
N14 W23900 Stone Ridge Drive, Waukesha, WI 53188
www.myknowledgebroker.com



Stephanie Knapp-Riesch
Employee Benefits Consultant
Stephanie.riesch-knapp@rrins.com
262-953-7169



Patrick Mattefs
Client Service Executive
Patrick.mattefs@rrins.com
262-953-7150

Insurance Carrier Contact Information



Phone #800-826-9781
www.umar.com
Group #76-440254



Phone #800-323-1743
www.deltadentalwi.com
Group #01615-00000



Phone #800-507-3800
www.superiorvision.com
Group #3552601



Phone #800-234-1229
www.dbsbenefits.com
Group #villageofshorewood



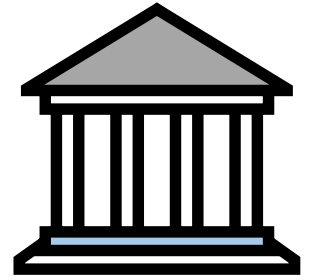
Phone #262.786.1130
Morgan_markowski@us.Aflac.com



Phone #414.964.6710
www.northshorebank.com

Government Notices

Full versions of the below notices along with Summary Plan Descriptions (SPD) and Summary of Benefits (SBC) can be found by contacting your HR representative for a printed copy.



HIPAA Special Enrollment Rights

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

HIPAA Notice of Privacy Practices

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

Notice of Healthcare Market Exchange

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

Children's Health Insurance Program Reauthorization Act Notice (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

Women's Health and Cancer Rights Act (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

Medicare Part D Coverage Notice

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.