

Village of Shorewood



Benefits and Enrollment Guide

2024 Plan Year



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.

Contents

Eligibility
Section 125 Information
Benefit Descriptions
Employee Contributions
Contact Information

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
- Flexible Spending Account: Diversified Benefit Services
- Employee Assistance Program: ComPsych GuidanceResources
- Voluntary Worksite Benefits: Aflac

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.

Administration Contact

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

Chris Anderson, Assistant Village Manager
414-847-2705
canderson@shorewoodwi.gov

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 while you are an active employee.

Employee Eligibility: Health and welfare plans are available to all employees who work 20+ hours per week.

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'.

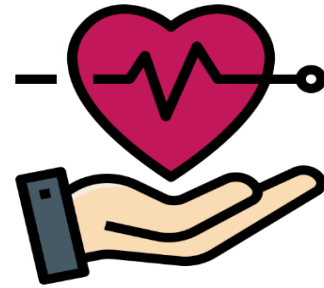
For a list of participating medical providers in our network, visit www.umar.com

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.



Full Time 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 | \$154.42 | \$102.95 | \$123.53 |
| Family | \$444.41 | \$296.27 | \$355.52 |

| High Deductible Health Plan (HDHP) / Health Savings Account (HSA) Qualified | |
|---|----------|
| HDHP 10% | |
| Single | \$88.30 |
| Family | \$254.12 |

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.

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 (10/23/2023 - 11/10/2023), effective as of 1/1/2024. 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, but need to understand some Medicare basics:



[Click to watch a video.](#)

- Once you become Medicare-eligible, you can continue to be enrolled in our group medical plan. 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 qualifies for premium-free Medicare Part A, that coverage will go back (retroactively) up to 6 months from when they sign up, but no more than their original Medicare eligible date. To avoid tax penalties, Medicare eligible individuals should stop contributing to their Health Savings Account (HSA) 6 months before enrolling in Medicare Part A and Part B or if they plan on collecting their Social Security 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
- Mail Order Prescriptions

Click on booklet



Medical Plan Benefits Summary

| | Copay | | HDHP (HSA) | |
|---|---|---|---|---|
| Carrier | Group Health Trust/UMR | | Group Health Trust/UMR | |
| Plan Name | PPO Copay Plan | | PPO 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% |
| Out of Pocket (OoP) Max (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 Preventive Exams, Immunizations and Lab Tests | No Charge for Immunizations; Deductible / Coinsurance for Exams and Lab Tests | No Charge for Preventive 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 | | See medical deductible above | |
| 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

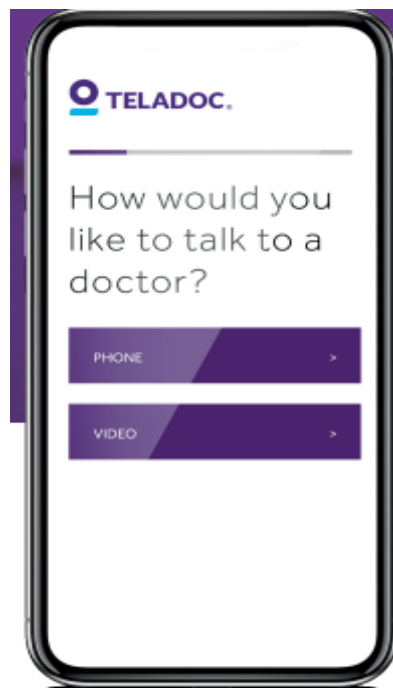
Teladoc Visits

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



Call 1-800-TELADOC (835-2362), Visit [Teladoc.com](https://www.teladoc.com), or download the app

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.

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). | \$3,050 per 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. | \$3,050 per calendar year |
| Dependent Care | Reimbursement for expenses related to daycare for eligible dependents as described by IRS Code Section 129 | \$5,000 annual contribution per household |
| Reimbursement Deadline | 90 days after the end of the plan year. (3/31/2024 for 2023 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> |

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 (10/23/2023 - 11/10/2023), effective as of 1/1/2024. 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 sponsored by Village of Shorewood, you may be eligible to contribute tax-free dollars into a savings account and spend those funds on eligible medical, dental and vision

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 **\$175.00** (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 |

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 included in your gross income and an additional 20% excise tax (and a possible state 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 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 HSA contributions from Village of Shorewood. These contributions will be deposited directly into your health savings account. 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 | Annual Village of Shorewood HSA Contribution | | |
|---|--|-------------------------------|----------------------------|
| | Village Contribution | Village Wellness Contribution | Total Village Contribution |
| Single | \$400 | \$500 | \$900 |
| Family | \$1,200 | \$1,500 | \$2,700 |
| Union Employees | Annual Village of Shorewood HSA Contribution | | |
| | Village Contribution | Village Wellness Contribution | Total Village Contribution |
| Single | \$400 | \$0 | \$400 |
| Family | \$1,200 | \$0 | \$1,200 |

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 | 2023 | 2024 |
|---|--------------------|--------------------|
| Single Coverage | \$3,850 | \$4,150 |
| Family Coverage | \$7,750 | \$8,300 |
| "Catch-Up" Contribution (Age 55+ only) | Additional \$1,000 | Additional \$1,000 |

When Are You Eligible for an HSA?

To establish an HSA or deposit money into an HSA, you:

- 1) Must be enrolled in an HSA qualified High Deductible Health Plan
- 2) Must not be enrolled in a non-HSA qualified HDHP* such as:
 - Spouse's non-HSA qualifying health plan
 - Any part of Medicare, including Part A, or Medicaid
 - General-purpose Medical Flexible Spending Account
 - Tricare Insurance
- 3) Can not be claimed as a dependent on someone else's Federal Income Tax Return

**This is not an all inclusive list of non-HSA qualified HDHPs.*

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 bank or credit union of your choice, you may 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 Pays) | Delta Dental Premier or any other dentist Coverage |
|---------------------|---|---|--|
| Preventive Services | Cleanings, Fluoride Treatments, Sealants, Space Maintainers * | 100%, deductible waived | 100%, deductible waived |
| Basic Services | Restorations, Simple Extractions, Oral Surgery, Periodontics, Endodontics | 80% after deductible | 80% after deductible |
| Major Services | Inlays, Onlays, Crowns, Bridges, Dentures | 50% after deductible | 50% after deductible |
| Orthodontia | Corrections & alignments | 50% after deductible | 50% after deductible |

[Click HERE for Dental Summary](#)



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

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

Full Time Employee Contributions (Payroll Deductions)

| | Single | Family |
|---------------------|--------|---------|
| Dental | | |
| Plan Cost Non-Union | \$1.99 | \$48.94 |
| Plan Cost Union | \$1.99 | \$38.94 |

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.

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 (10/23/2023 - 11/10/2023), effective as of 1/1/2024. 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 PPO Network | Delta Premier Network |
|------------------------------|-----------------------------|
| Fewer dentists | More dentists |
| Higher discounts on services | Lower 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 diseases including periodontal disease, cancer, and diabetes

[Watch the Video](#)



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

[Click HERE for Vision Summary](#)

[Click HERE for Member Portal Guide](#)

Benefits Overview

| 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 | | | |
| Single Vision | 12 months | 100% | Up to \$25 |
| Bifocal | | 100% | Up to \$40 |
| 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 | | | |
| Medically Necessary Contacts | 12 months | 100% | Up to \$150 |
| Elective | | \$175 retail allowance | Up to \$150 |
| Laser Vision Correction | | \$200 allowance | N/A |



[How to Find In-Network](#)

[Vision Mobile App Flyer](#)

[Hearing Discount Program Flyer](#)

Employee Contributions (Payroll Deductions)

| | Single | Family |
|-------------------------|--------|---------|
| Vision Plan Cost | \$7.46 | \$20.15 |

When do 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 (10/23/2023 - 11/10/2023), effective as of 1/1/2024. 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. |

Employee Assistance Program

Village of Shorewood offers employees Employee Assistance Program coverage through ComPsych GuidanceResources. Please refer to the insurance carrier's benefit summary for specific details on these coverages.

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

| | |
|---------------------|-----------------------|
| 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 GuidanceResources Help With?

Legal Resources

Marital/ Relationship
Family/ Child
Anxiety
Depression

Financial Resources

Interpersonal
Addictions
Job Performance
Personal Stress

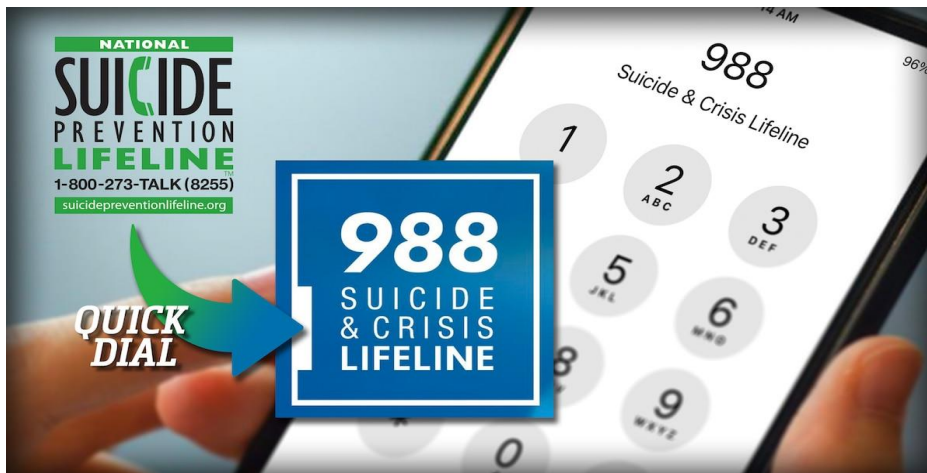
Confidential Counseling

Alcohol/ Drug
Grief and loss
Job Stress
Financial

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



[Click HERE to see EAP Services Summary](#)



Call or Text for help 24/7

When do Employee Assistance Program Benefits Begin?

For New Hires and Current Employees:

Coverage begins immediately upon employment.

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.

Aflac supplemental insurance

Our product portfolio is as broad as your needs, with individual insurance policies that help cover the expected – and unexpected – that's sure to come life's way.



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.



Accident: Accidents happen. When a covered accident happens to you, our accident insurance policy pays you cash benefits, unless assigned otherwise, 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 occurs.



Aflac Plus Rider: The Aflac Plus Rider pays a lump sum benefit amount along with additional benefits if you are diagnosed with a covered health event.



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.

Click to the right for enrollment and plan



Employee Contributions (Payroll Deductions)

| | Employee | Spouse | Child |
|-----------------------------|---|--------|-------|
| Plan Costs | | | |
| Voluntary Worksite Benefits | Costs vary by coverage. Contact Morgan at Aflac for details at 262-370-1475. | | |

When do Critical Illness & Accident Benefits Begin?

| | |
|-------------------------------|--|
| For New Hires: | Coverage begins 1st of the month following 30 days of employment |
| For Current Employees: | Please contact Morgan Markowski at 262-786-1130 or email her at: morgan_markowski@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 |
| Flexible Spending Accounts | Diversified Benefit Services | 1-800-234-1229 | www.dbsbenefits.com | villageofshorewood |
| Employee Assistance Program | ComPsych GuidanceResources | 1-877-616-0508 | www.guidanceresources.com | villageofshorewood |
| Voluntary Worksite Benefits | AFLAC: Morgan Markowski | 1-262-786-1130 | morgan_markowski@us.aflac.com | |
| Health Savings Account | North Shore Bank | 1-414-964-6710 | www.northshorebank.com | |

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 |
| Patrick Mattefs | Client Service Manager | 262-953-7150 | Patrick.Mattefs@rrins.com |
| Joan Brown | Client Service Manager | 920-931-3261 | Joan.Brown@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.



CLICK LOGOS ABOVE TO VISIT THEIR WEBSITE