



DODGE COUNTY
W I S C O N S I N



2026 BENEFIT & ENROLLMENT GUIDE

DODGE COUNTY



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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 per 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 continuous 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 the image below to access Dodge County Benefits Website





A strong benefits program is an important part of your overall compensation; Dodge County 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 Dodge County 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 Contacts

HR General

Human Resources Department

humanresources@co.dodge.wi.us

920.386.3690

Stephanie Paff

HR Assistant

spaff@co.dodge.wi.us

920.386.3523

Medical Plan Overview

Coverage is provided through WCA Group Health Trust (GHT) 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 (GHT)
Policy # 76440359

Find a Provider Online

www.umar.com

WCA Group Health Trust (GHT)

www.wcaght.org

Medicare Info

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



Notice of Creditable Coverage

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 WCA-Group Health Trust. Our plan complies with federal and state mandates, including the Affordable Care Act's (ACA) requirements for coverage of 'Essential Benefits'.

PLAN OPTIONS	QHDHP – EPO
Deductible	In-Network
Single	\$4,000
Family	\$8,000
Out-of-Pocket Maximum	
Single	\$4,000
Family	\$8,000
Family Deductible and Out-of-Pocket Max Accumulation	Embedded
Coinsurance	100%
Physician Services	
Preventive Services	100%
Primary Care Office Visit	100% after deductible
Specialty Care Office Visit	100% after deductible
Teladoc Virtual Visits	100%, deductible waived
Hospital Services	
Inpatient	100% after deductible
Outpatient	100% after deductible
Emergency & Urgent Care	
Emergency Room	100% after deductible
Urgent Care	100% after deductible
Retail Pharmacy	
Tier 1	100% after deductible
Tier 2	100% after deductible
Tier 3	100% after deductible
Tier 4	100% after deductible
What Is My Cost Per Paycheck	Twice a month pay deduction
Employee – Wellness Participant	\$73.63
Family – Wellness Participant	\$184.14
Employee – Non-Wellness Participant	\$97.38
Family – Non-Wellness Participant	\$243.44

Eligible Part Time Employees:

Contributions are prorated

Click the buttons for more plan information →

Summary of Benefits & Coverage

Group Health Trust Benefit Booklet



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

**Note that HSA Virtual Visit costs, when applicable, will apply toward your medical plan deductible.*



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!



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	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>

Pre-Tax Accounts

Health Reimbursement Plan Arrangement (HRA)

An HRA is an employer funded health care reimbursement account available for medical care expenses incurred by the employee, and covered family members. It is meant to help offset some of your out-of-pocket expense you incur.

Which Expenses Can Be Reimbursed?

- In-Network Deductible – County funds are used to reimburse you for part of your deductible
- *You are responsible for paying the doctor and/or hospital bills.*

Employees are responsible for submitting copies of the Explanation of Benefits (EOB) and/or prescription tags to EBC. EBC will then reimburse you directly.

Single

- First \$2,000 of deductible is employee responsibility
- Next \$2,000 of deductible is reimbursed by the HRA

Family

- First \$4,000 of deductible is employee responsibility
- Next \$4,000 of deductible is reimbursed by the HRA

How are Reimbursements Made?

The Health Reimbursement program is funded directly with Dodge County's money; it is not an insurance plan. You will be provided with additional information on how the Health Reimbursement Arrangement is administered, including how to file claims and receive your repayments for eligible expenses.

Important Info On HRA & HSA:

Per the IRS, you cannot use your HSA funds on claims covered by the HRA.

HRA



Health Reimbursement

Health Reimbursement Benefits are administered by:

Employee Benefits Corporation

Policy #: D1320

Additional Information

www.ebcflex.com

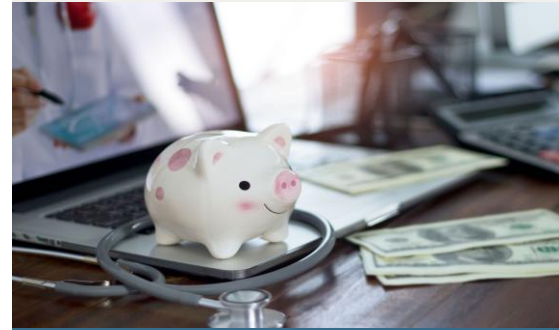
Reimbursements are for Our Plan Only

To receive any eligible reimbursements, you and/or family members must be participating in our group medical plan. Reimbursements will not be made for expenses from other medical plans (such as through spouse or parent's medical plan).

Do You Have to Pay Taxes on Reimbursements?

No, reimbursements paid to plan members through this program are treated as tax-free to the member under most situations.

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.

Health Savings Account (HSA)

Dodge County 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 Dodge County’s medical plan, we have partnered with Employee Benefits Corporation to establish your HSA. Dodge County will continue to make a contribution to 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 Dodge County, 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.*

Adult Children on the Health Plan:

- HSA funds cannot be used on adult child(ren) unless they are a claimed tax dependent
- If your adult child(ren) are not tax dependent(s), they may open up their own HSA and contribute up to the family limit.

Employer Contribution To Your HSA

Dodge County Helps Fund Your HSA!

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

In order to qualify for the company'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 company, cannot exceed the IRS' annual maximums.

Annual HSA Contributions from Dodge County for the 2026 calendar year:

	Single Coverage	Family Coverage
Full-Time Employees	\$1,000	\$2,000
Part-Time Employees (see below)		
0.99 – 0.90 Hours	\$900	\$1,800
0.89 – 0.80 Hours	\$800	\$1,600
0.79 – 0.70 Hours	\$700	\$1,400
0.69 – 0.60 Hours	\$600	\$1,200
0.59 – 0.50 Hours	\$500	\$1,000

New hire amounts are prorated.

Per Paycheck HSA Contributions from Dodge County for the 2026 calendar year:

	Single Coverage	Family Coverage
Full-Time Employees	\$37.04	\$74.07
Part-Time Employees (see below)		
0.99 – 0.90 Hours	\$33.33	\$66.67
0.89 – 0.80 Hours	\$29.63	\$59.26
0.79 – 0.70 Hours	\$25.93	\$51.85
0.69 – 0.60 Hours	\$22.22	\$44.44
0.59 – 0.50 Hours	\$18.52	\$37.04

New hire amounts are prorated.

HSA



Health Savings Account

HSA Deductions: HSA contributions are made each paycheck. The amount Dodge County contributes will be prorated per paycheck, as will any additional amount you elect.

Reminder: Please keep in mind that it is ultimately an employee's responsibility to manage their own Health Savings Account. Dodge County 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 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 and Limited Purpose FSA: \$3,400/year maximum
Dependent Care FSA: \$7,500/year maximum
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

Employee
Benefits
Corporation

Employee Benefits Corporation

Policy #: D1320

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!

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 & Premier

Deductible	Single	\$0
	Family	\$0
Maximum Benefit †		\$1000
Lifetime Orthodontia Maximum (adult and children up to age 19)		\$1000

† Per Covered Member Per Year

Delta PPO and Delta Premier Benefits

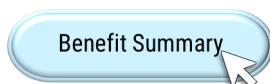
PPO & Premier Providers

Preventive Services	100%
Fillings & Nonsurgical Extractions	100%
Basic Services (Endodontics, periodontics, surgical extractions)	80%
Major Services (Crowns, bridges, dentures)	50%
Orthodontia (max. lifetime benefit)	50%

What is My Cost (Deducted twice per month)

Employee	\$1.98
Family	\$5.98

Click the button for more plan and network information



DENTAL



Dental



Delta Dental

Policy #: 90493

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

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 Delta Vision. Their Insight Network consists of private practicing optometrists, ophthalmologists, opticians and optical retailers.

In-Network Benefits

Delta Vision

Routine Exam	100% after \$10 copay every 12 months
Eyeglass Frames	\$130 allowance then 20% off balance every 12 months
Eyeglass Lenses	100% after \$10 copay for standard plastic lenses every 12 months
Contact Lenses	
- Elective	\$120 allowance (in lieu of glasses) then 15% off balance every 12 months
- Medically necessary	100%

What is My Cost (Deducted 1x per month)

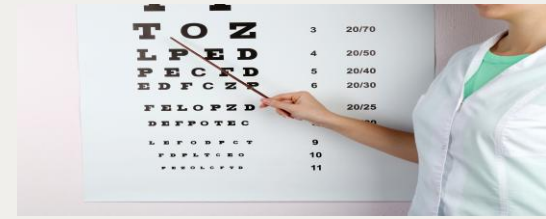
Delta Vision Employee	\$6.03
Delta Vision Family	\$15.01

Click the buttons for more plan and network information

DeltaVision[®]

Benefit Summary

VISION



DeltaVision[®]

Delta Vision

Policy #: 45631

Find a Delta Provider Online

www.deltadentalwi.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

Wisconsin Retirement System (WRS)

The Wisconsin Retirement System (WRS) was created to protect public employees and their beneficiaries against the financial hardships of old age and disability, to attract and retain a qualified public workforce, establish modest benefits and achieve administrative savings. The WRS is administered by the Department of Employee Trust Funds (ETF) and is one of the most financially secure public pension systems in the country.

Benefit Webpage	Click here for more information
WRS Info Guide	Click here for the guide
Your Benefit Handbook	Click here for ET-2119
Contribution Information	Click here for the webpage on contribution info

Deferred Compensation (457 Plan)

Employees may voluntarily participate in either of two deferred compensation programs (Nationwide and North Shore Bank) with monies contributed to be withdrawn at retirement or upon leaving employment with the County. The amount deducted each pay period is not subject to federal or state taxes; however, it is subject to FICA tax. The employee will be taxed at the time of withdrawal at their income level at that time. Both Nationwide and Northshore Bank representatives are available to meet with employees in person twice per year. Please see HR for more information.

PROTECT



Wisconsin Retirement System (WRS)

<https://etf.wi.gov>

Employer's Name: Dodge County

Benefit Information

All employees meeting eligibility requirements become a participant of the established annually by WRS. Wisconsin Retirement Fund. The employer pays a percentage of salary contribution to the fund and the employee pays the same percentage as the employer to the contribution. These amounts may vary depending on the employment category and are

PROTECT



Voluntary Life/AD&D

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a payment if you pass away while employed by Dodge County. You have the option to purchase Life insurance for yourself as well as coverage for your dependents through Employee Trust Funds (ETF), administered by Securian, based on ETF eligibility rules. Premiums are based on age and coverage level, and employees can continue or convert coverage after leaving employment or retiring under certain conditions. For more information, please see Human Resources.

Premium	Click here to get premium information
Basic Coverage	<ul style="list-style-type: none"> • 1 Unit of coverage: Your pay of the prior calendar year rounded up to the next higher \$1,000. (For the first year of coverage your employer will estimate your pay.) This is updated every July 1st. • Coverage lasts until age 70, but starts to reduce at age 65
Spouse & Dependent Coverage	<ul style="list-style-type: none"> • 1 Unit <ul style="list-style-type: none"> • Spouse - \$10,000 / Child(ren) - \$5,000 • 2 Units <ul style="list-style-type: none"> • Spouse - \$20,000 / Child(ren) - \$10,000
Supplemental Plan	<ul style="list-style-type: none"> • Basic plan plus 1 unit of extra coverage • Coverage lasts until age 70, but starts to reduce at age 65
Additional Plan	<ul style="list-style-type: none"> • Basic plan plus up to 3 more units of extra coverage • Coverage lasts until age 70, but starts to reduce at age 65
Life AD&D Benefit Webpage	Click the link here

Voluntary Life / AD&D

Wisconsin Department of
Employee Trust Funds

Find Information Online

<https://etf.wi.gov>

Employer's Name: Dodge County

Is Your Beneficiary Current?

Remember to keep us updated with any beneficiary changes (such as after a marriage, divorce, or birth/adoption of a child)! In the event of a life claim, the insurance carrier will use the most recent beneficiary from our company files.

Benefit Summary

empathy.

securian
FINANCIAL

PROTECT

Long Term Disability (LTD)

Employees who are benefit eligible are allowed to enroll in a voluntary long-term disability plan and pay their premiums through National Insurance Services (NIS) after-tax payroll deductions. This is a 100% employee paid benefit. This type of insurance provides income protection in the event you become disabled and are unable to work for an extended period of time.

LTD

Premium	100% employee paid. See HR for premium information
Benefits Begin	90 or 180 days
Benefits Payable	Social Security Normal Retirement Age
Percentage of Income Replaced	60% of base monthly salary
Maximum Benefit	\$10,833/month



Long Term Disability

National Insurance Services

Find Information Online

www.nisbenefits.com

Why Do You Need Disability Coverage?

Disability coverage protects you financially if you are injured/ seriously ill and can't work. Our disability program provides eligible claimants a source of income to help with daily expenses like a mortgage, rent, or car payment.

Voluntary Benefits

Group Critical Illness Insurance

Pays a lump-sum benefit directly to you if you are diagnosed with stroke, heart attack or a number of other covered conditions.

Key Features:

- Includes health screening benefit which pays \$50/year for any number of common covered medical tests or procedures
- Return of premium benefit pays back 100% of premiums paid for the policy and riders if death caused by other than covered critical illness
- Guaranteed issue and portable

Group Accident Expense Insurance

Provides peace of mind and gives additional cash to help pay health insurance deductible and other expenses.

Key Features:

- Helps with out-of-pocket expenses
- Benefits paid are on a schedule based on the covered type of accident
- Includes qualified provisions for transportation and lodging
- Coverage is off-the-job
- No deductibles, copays, coinsurance or networks
- Wellness Benefit: Pays \$50 up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year for the routine screenings, exams or immunization.
- Guaranteed issue and portable

Group Hospital Indemnity Insurance

Pays a benefit directly to you, start at hospital admission for each day of hospital confinement.

Key Features:

- Pays lump-sum benefit starting at admission
- Pays a daily benefit for each day confined in a hospital
- No deductibles, copays, coinsurance or networks
- Guaranteed issue
- Portable

Group Short Term Disability

Key Features:

- Pays weekly benefit directly to you if you are sick or injured and can't work (excluding work injury)
- Pays benefits if you become totally disabled and can't perform the important duties of your occupation, as long as you are not working another job and are under the care of a physician
- Weekly benefit from \$100 to \$1000 by \$25 increments, subject to maximum benefit of 60% of weekly income (50% if you return to work part-time, following a period of paid total disability)
- Two elimination period options of 14 days or 30 days
- Two benefit period options of 13 weeks or 26 weeks

PROTECT



Voluntary Critical Illness, Accident, Hospital, and Short-Term Disability Insurance



VOLUNTARY BENEFITS CARRIER
Advantage Group
608-333-7669

Dodge County offers the following Voluntary Supplemental Insurance to all benefit eligible employees through Advantage Group:

Accident Insurance
Critical Illness Insurance
Hospital Indemnity Insurance
Short Term Disability

As there are many factors involved regarding coverages and premiums for these plans, it's recommended that new employees meet with a Benefit Education Specialist from Advantage Group. The Benefit Education Specialist will be here to meet with new employees on the 2nd Wednesday of each month. This benefit is offered to newly hired employees and is available each year during the open enrollment period.

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. Dodge County offers employees EAP coverage through Advocate Aurora.

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
- Adoption Information
- Child Care and Elder Care Consultation

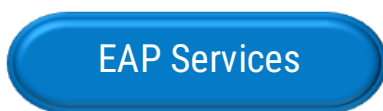
When Do Benefits Begin?

Coverage begins immediately upon employment

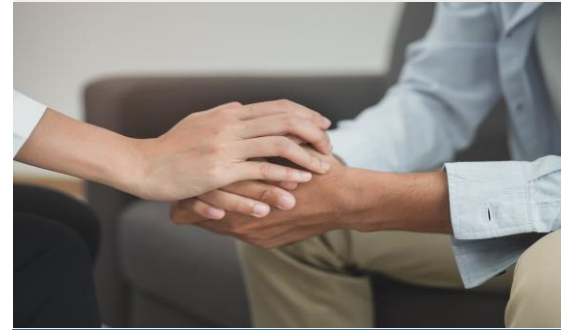
What is the Cost for this Benefit?

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

To learn more about EAP services available to you, click on the button, below!



EAP



Employee Assistance Program



Our EAP offers confidential support to you and your family.

How To Get Help

Call: 800-236-3231



Website: www.aah.org/eap

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



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



Holidays, Paid Time Off, and Post Employment Health Plan

Holidays

- Thursday, January 1st - New Year's Day
- Friday, April 3rd - Spring Holiday (Friday before Easter)
- Monday, May 25th - Memorial Day
- Friday, July 3rd - Independence Day
- Monday, September 7th - Labor Day
- Thursday, November 26th - Thanksgiving Day
- Friday, November 27th - Day after Thanksgiving *
- Thursday, December 24th - Christmas Eve
- Friday, December 25th - Christmas Day
- Thursday, December 31st - New Year's Eve

* Clearview employees may be eligible for a floating holiday instead

Sick Time (not offered to employees hired on 1/1/2022 or after)

See Employee Policy:

<https://www.co.dodge.wi.gov/home/showpublisheddocument/49154/638036021998870000>

Vacation (not offered to employees hired on 1/1/2022 or after)

See Employee Policy:

<https://www.co.dodge.wi.gov/home/showpublisheddocument/37145/637181507378800000>

Paid Time Off (PTO)

Accruals of PTO are based on paid hours and length of service. Employees become eligible for a higher accrual rate based on their years of service as shown in the chart below. See Employee Policy for a complete explanation of PTO:

<https://www.co.dodge.wi.gov/home/showpublisheddocument/49763/638092043148130000>

Years of Service (Anniversary or Benefit Eligible Date)	Multiplier on Each Hour Worked/Paid	PTO Max Hours
0 to 2	0.077	480
3 to 4	0.084	480
5 to 6	0.093	480
7 to 10	0.103	480
11 to 14	0.113	480
15 to 17	0.122	480
18 to 19	0.132	480
20 plus	0.146	480

Post Employment Health Plan (PEHP)

Currently, Dodge County is converting unused sick leave balances of up to 120 days at retirement ** to a Post-Employment Health Plan. Hours are converted at 80% value and retirees are allowed to use that money to pay for post-employment insurance premiums. Currently, the PEHP has been approved by the County Board through 12/31/2029.

** Retirement is defined by Wisconsin Employee Trust Funds. Not available to employees hired after 01/01/2022.

Contact Information



HR Contact Information



HR Group
Human Resources Director
tmindemann@co.dodge.wi.us
920-386-3691

Insurance Broker Service Contact Information



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



Vicki Seligmiller
Sr. Account Manager
vicki.seligmiller@rrins.com
262-953-7041



Shay Sherfinski
Employee Benefits Consultant
shay.sherfinski@rrins.com
262-953-7248



Chris Kramer
Employee Benefits Consultant
chris.kramer@rrins.com
262-953-7151

Insurance Carrier Contact Information



Phone: 866-404-2700
Website: umr.com
Group #: 76440359



Phone: 608-333-7669
Website: assurity.com
Group #: Contact Advantage Group



Phone: 800-236-3712
Website: deltadentalwi.com
Group #: Dental 90493; Vision 45631



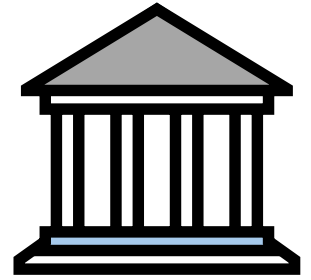
Phone: 866-295-8690
Website: securian.com
Group #: Wisconsin ETF



Phone: 800-346-2126
Website: ebcflex.com
Group #: D1320

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.

