BENEFIT GUIDE

2027



BUFFALO COUNTY, WI

NON-UNION

What I Need to Know?

Who Is Eligible?

Employees with County of Buffalo are eligible to enroll in the benefits outlined in this guide if working 30 hours or more per week. In addition, your dependents (spouse, natural or adopted child, grandchild or child for whom you have legal guardianship) are eligible for these benefits.

How To Enroll?

Are you ready to enroll? All of your benefit elections will be made in the **Employee Navigator** Benefits portal, see instructions on the following page. Here, you will verify your personal information, add dependents (if applicable) and make your initial benefit elections.

The decisions you make during your initial enrollment or open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When To Enroll?

Current Employees: Open Enrollment is your once-a-year opportunity to adjust benefit coverages and update any dependents.

New Hires: You are eligible for benefits on the 1st day of the month following 30 days of employment. Once eligible, you must complete your enrollment on Employee Navigator within 30 days. Some benefits have "guarantee issue" at your first opportunity only, so please carefully consider this before you decline any coverages.

How To Make Changes?

Unless you experience a HIPAA Special Enrollment event, you cannot make changes to the benefits you elect until the next open enrollment period. A Special Enrollment event would include: A loss of eligibility for other health coverage, termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP), the acquisition of a new spouse or dependent by marriage, birth, adoption or placement for adoption, or becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP. In the case of a HIPAA Special Enrollment, you have 30 days to make changes to your benefit plans.

Employee Navigator

1 1ST TIME USERS: SETTING UP YOUR ACCOUNT

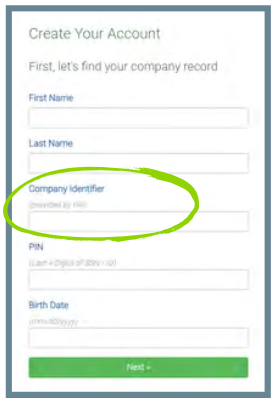
New Hires - Creating Your Account For the First Time

Scan the QR Code to navigate to the registration page:

https://www.employeenavigator.com/benefits/account/register

Find your company record by entering the following on the Create Your Account page:

a. First & Last Name
b. Company Identifier: **BufCou2023**
c. PIN (last 4 of SSN)
d. Birth Date
e. Click NEXT



Create your Username & Password

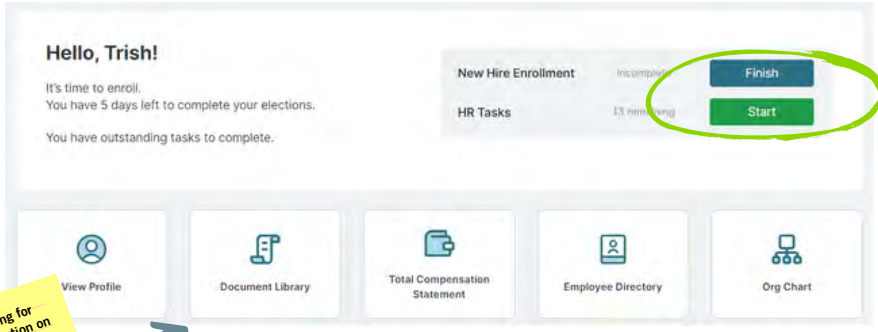
- Enter company email for username (personal email also works)

2 RETURNING USERS: AFTER YOUR ACCOUNT IS SET UP

Enroll In Your Benefits, Open Enrollment Elections, Add Life Events, Check Current Coverage or View Benefit Summaries

Scan the QR Code to navigate to your Home page or visit:
https://www.employeenavigator.com/benefits/Account/login

- Click on the Start Enrollment button to start your enrollment process.



IMPORTANT: You must complete every step of the enrollment window & **Click to Sign** on the last step or you will not be enrolled in benefits. You will see the below confirmation once you have completed the Click to Sign.



If you are looking for additional information on coverage, benefits, policy documents, Pharmacy list, etc., check out the Document Library shortcut on the homepage. You can find all of your benefit summaries stored here.

DOWNLOAD

Download on the App Store

GET IT ON Google Play



Please note: you cannot register your account through the app, you would have to do registration through the web version first

Your Benefits

BENEFITS	CARRIER	WHO CONTRIBUTES	PREMIUM TAX TREATMENT
Medical Insurance	Allegiance	You & Your Employer	Pre-tax
Health Savings Account (HSA)	Bank of Choice	You	Pre-tax
Direct Primary Care	Neighborhood Family Clinic	Your Employer	N/A
Mental Health Support	Gundersen EAP	Your Employer	N/A
Flexible Spending Account (FSA)	Employee Benefits Corporation (EBC)	You	Pre-tax
Voluntary Dental Insurance	Delta Dental	You	Pre-tax
Voluntary Vision Insurance	Delta Dental	You	Pre-tax
Voluntary Life and AD&D Insurance	Sun Life	You	Post-tax
Voluntary Short Term Disability Insurance	Sun Life	You	Post-tax
Accident Insurance	The Standard	You	Post-tax
Critical Illness Insurance	The Standard	You	Post-tax

Did You Know?

Pre-tax vs. Post-tax Deductions

Pre-tax Deductions:

Costs of benefit elections are taken from your paycheck before any applicable taxes are deducted.

Post-tax Deductions:

Taken from your paycheck after any applicable taxes are deducted.

Health Insurance

Allegiance

County of Buffalo offers employees two Health Plan options to choose from through Allegiance. These plans allow access at both Gundersen/Emplify and Mayo facilities.

COVERAGE	PLATINUM PLAN	GOLD HSA PLAN
DEDUCTIBLE	$1,000 Individual $2,000 Family Aggregate*	$4,000 Individual $8,000 Family Embedded**
COINSURANCE	90% Employer-Paid 10% Employee	100% Employer-Paid
MAXIMUM OUT-OF-POCKET (Medical & Rx Combined)	$3,000 Individual $6,000 Family	$4,000 Individual $8,000 Family
PREVENTIVE CARE Well Adult/Well Child and Annual Eye Exam	Covered 100% by Insurance	Covered 100% by Insurance
VIRTUAL VISITS (Through Recuro Health)	No Cost, 100% Employer-Paid	No Cost, 100% Employer-Paid
OFFICE VISIT	Deductible then 90% Employer-Paid	Deductible then 100% Employer-Paid
SPECIALIST VISIT	Deductible then 90% Employer-Paid	Deductible then 100% Employer-Paid
URGENT CARE	Deductible then 90% Employer-Paid	Deductible then 100% Employer-Paid
EMERGENCY ROOM	Deductible then 90% Employer-Paid	Deductible then 100% Employer-Paid
PRESCRIPTION BENEFIT	Deductible then 90% Employer-Paid	Deductible then 100% Employer-Paid **Includes $0 Preventative Drug List**

*Aggregate: With an aggregate deductible, the entire family deductible must be paid out of pocket before the company pays for services for one family member.

**Embedded: With an embedded deductible, the plan begins to pay as soon as one member of the family has reached their individual deductible. One member in the family would never pay more than the individual deductible and out of pocket maximum amounts. The remaining members in the family would then work together to collectively meet the family deductible and out of pocket maximum.



Health Savings Account (HSA)

A Health Savings Account (HSA) is an employee-owned account for healthcare expenses.

To maximize the tax benefits of this account, HSA funds must be used for qualified medical, pharmaceutical, dental, or vision expenses.

Why an HSA?

- **Triple tax benefits**
  - Pre-tax deposits through payroll deductions
  - Interest earned is not taxable
  - Withdrawals for eligible expenses are not taxable
- Reduces taxable income up to 28%-35%
- Unused funds are rolled over year to year, potentially accumulating thousands of dollars.
- Funds can easily accessible through an HSA debit card
- Employee owned - If there is an employment transition, the account and unused funds remain with the employee.
- At age 65, funds can be withdrawn and used for any type of expense; however, income taxes may apply. Also, it is important to understand the 6-month rule regarding contributions prior to retirement!
  — Work with your tax accountant.

2027 HSA Contribution Limits

$4,500 Individual Plan

$9,000 Family Plan (2+)

- Members 55+ can contribute an extra $1,000 -

*You will need to open an HSA Account at any bank of your choice. You will then need to provide the account and routing number to HR for your payroll deductions to be set up.

Savings Example

	Without HSA ✗	With HSA ✓
Annual Salary	$40,000	$40,000
Pre-tax HSA Contributions	0	$2,400
Taxable Income (after HSA contribution)	$40,000	$37,600
Healthcare Expenses	$2,400	$2,400
Employer Contribution		
NET INCOME	$37,600	**$35,200**

*Your personal income and tax savings may vary based on income, tax rate, and the amount you contribute to your HSA account.

HSA Eligibility

- I am not a dependent on someone else's tax return
- I am not receiving Medicare, VEBA, or TRICARE benefits
- I am covered by a high deductible health plan (HDHP) HSA eligible health plan
- I am not covered under any other type of health insurance plan other than a HDHP
  (except for insurances specific to injuries, accidents, disability, dental, vision, or long-term care)
- The only FSAs I have, if any, are limited purpose, after-tax, or dependent care

THE Insurance CENTER
AN ALERA GROUP COMPANY

2027 Non-Union Health Plan Costs

Full-Time Employees: Single	PLATINUM PLAN
Total Monthly Premium before Employer Contribution:	$2,036.00
Monthly Employer Contribution:	$1,780.00
Employee Semi-Monthly Payroll Deduction:	**$128.00**

Full-Time Employees: Family	PLATINUM PLAN
Total Monthly Premium before Employer Contribution:	$4,682.00
Monthly Employer Contribution:	$4,096.00
Employee Semi-Monthly Payroll Deduction:	**$293.00**

Full-Time Employees: Single	GOLD HSA PLAN
Total Monthly Premium before Employer Contribution:	$1,180.00
Monthly Employer Contribution:	$988.00
Employee Semi-Monthly Payroll Deduction:	**$96.00**

Full-Time Employees: Family	GOLD HSA PLAN
Total Monthly Premium before Employer Contribution:	$2,714.00
Monthly Employer Contribution:	$2,270.00
Employee Semi-Monthly Payroll Deduction:	**$222.00**

Employees regularly scheduled between 30.0 and 35.99 hours per week are subject to prorated health insurance contribution rates. Contact Human Resources for current contribution amounts.

Important Health Plan Information

Medical Networks

The Alliance
www.the-alliance.org

Mayo Direct Contract
(no directory necessary as any Mayo provider will be in network)

CIGNA
Network utilized outside the state of Wisconsin, Winona, Houston,MN

www.Cigna.com
(Choose: OAP/Open Access Plus, OA Plus, Choice Fund OA Plus)

*Medical providers and in-network coverage may vary based on your medical plan.

TPA
Third Party Administrator

Allegiance by Cigna Healthcare

Medical Claims Processor

In coordination with Rightway, the Allegiance team assists with navigating your healthcare needs:

- Locating in-network providers
- Claims questions or concerns
- Requesting a copy of your medical ID card
- Obtaining a copy of your Explanation of Benefits (EOB)
- Pre-authorization requirements
- Case management

Call: 833-419-9980
www.askallegiance.com

Pharmacy & Care Navigation

Rightway

One Team For Both Pharmacy and Care Navigation:
1-833-419-9980 | joinrightway.com

Download the Rightway Mobile App

Let Rightway assist with any benefit questions, EOB explanation, billing questions, verifying in-network providers and most importantly, navigating to find the highest quality, lowest cost providers for services such as:

- MRI
- CT Scan
- Colonoscopy
- At Home Sleep Studies
- Breast Biopsy
- Hysterectomy
- Orthopedic Procedures
- Out-Patient Surgeries

Pharmacy Mail Order: 888-273-6100
www.WalgreensMailService.com

Any Specialty Drugs must be purchased through Walgreens Specialty Pharmacy: 866-249-5367

Rightway Healthcare

Your Pharmacy Benefit + Care Navigation

We provide you with expert guidance.
The Rightway team is your front door to your healthcare! Use the app to connect with your Health Guide, view your benefits, find a top doctor in your area and which ones offer incentives!

You have unlimited access to healthcare experts who have your specific benefits information and will tailor their recommendations to your needs.

Contact the pharmacy team for help with prior authorizations, specialty medications, mail delivery, and other prescription needs.

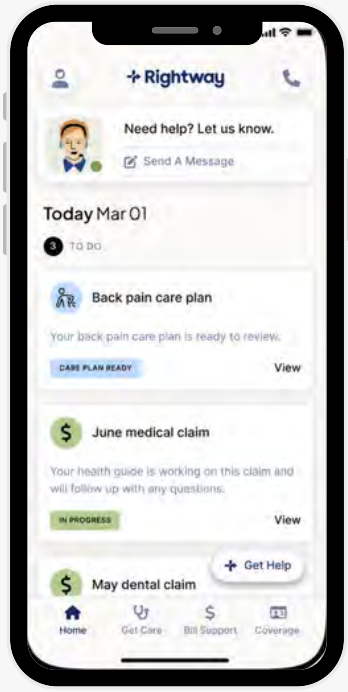
Pharmacy

1. Connect with the pharmacy team
Tap the "Send A Message" button or the phone icon to connect with a member of the pharmacy team.

2. View prescriptions and find a pharmacy
Find active and pending prescriptions in your medicine cabinet, medication history, and recommendations for the best pharmacy with the lowest price.

3. Set alerts for reminders on med refills
You can set alerts to remind yourself that you are getting close to needing to refill a prescription

4. "Chat with a Pharmacy Guide" feature
If you find a more cost effective pharmacy, use the chat feature to have a Rightway team member transfer your medication on your behalf. They can also connect with your medical provider to assist with initiating a prior authorization



Care Navigation

1. Connect with your health guide
Tap the "Send A Message" button, phone icon, or the "Get Help" button to connect with a health guide.

2. Get A Care Plan
A health guide can put together a plan option for high quality, in-network providers, associated with your incentive list.

3. Check your deductible/OPM accumulation
View a breakdown of your benefits, including coverage, copays, deductible accumulation, etc. You can also search for in-network providers.

4. Request bill support
Review or dispute a bill. Take a photo of your bill and send it to the health guides. They will answer your billing questions and explain your charges. if something looks incorrect, they will dispute on your behalf.

View coverage and your digital ID card
View a breakdown of your pharmacy and medical benefits and your digital Allegiance ID card.

Additional resources available to you

Rightway Team
joinrightway.com
1-833-419-9980
learn more

Mail Order Set Up
Walgreensmailservice.com
1-888-273-6100
learn more

Walgreens Specialty Pharmacy
1-866-249-5367

Mark Cuban Cost Plus
costplusdrugs.com
learn more

HealthCARE Cash Incentives

Get the app
Need Help? 1-833-419-9980

Cash incentives are available if you and/or your dependents on the health plan are engaged with your Rightway Health Guides when enrolled on Copay or HSA plans. Incentives are taxable to the recipient.

	Procedures	Your Cash Incentive	Estimated Cost Range: High Value Providers $	Estimated Cost Range: Overpriced $$$
Infusions	Services administered by Smart Infusion, Vital Care, OSMS Green Bay, GI Associates & High Value Providers	**$750**	$6,500	$20,000+
Women's/Men's Health	– Breast Biopsy	**$250**	$1,500	$8,500
	– Hysterectomy	**$1,000**	$11,500	$34,855
	– Cervical Cancer Screening	**$250**	$705	$5,513
	– Prostate Screening	**$250**	$545	$3,937
Gastro-Intestinal	– Colonoscopy (screening and/or Polyp Removal)	**$350**	$2,000	$20,000+
	– Cologuard Screening or FIT Screenings	**$500**	$300	$10,000+
	– Upper GI (endoscopy with or w/o biopsy)	**$350**	$1,500	$10,000+
Diagnostic Imaging/Radiology	Services administered by Sensible MRI, SmartScan, MH Imaging, SimonMed & High Value Providers			
	– CT Scans	**$500**	$600	$5,600
	– MRI	**$600**	$800	$8,000+
	– Ultrasound	**$50**	$250	$800
	– X-Ray	**$50**	$70	$250
Ear, Nose,& Throat	– Nasal/Sinus Septoplasty	**$500**	$4,400	$17,381
	– Sleep Study (at home)	**$250**	$250	$800
	– Sleep Study (in clinic)	**$250**	$1,400	$4,100
	– Tonsillectomy/Adenoids	**$500**	$4,200	$9,850
	– Tympanostomy / Myringotomy (ear tubes)	**$500**	$2,850	$12,891
Allergy/Asthma	– Allergy/Asthma Complete Workup	**$150**	$1,900	$4,550
Cardiology	– ECG, ECG with tracing and report	**$300**	$900	$3,500
	– Doppler ECG	**$300**	$900	$3,800
	– Cardiovascular Stress Test	**$250**	$950	$2,680
General Surgery	– Gallbladder Removal	**$1,000**	$9,500	$24,972
	– Groin-Hernia Repair> 5 years and older	**$1,000**	$3,900	$19,827
Orthopedics	– Hand Surgery (Carpal Tunnel)	**$1,000**	$3,400	$12,300
	– Knee Shaving and Debridement (Arthroscopy)	**$1,000**	$6,250	$18,430
	– Knee Meniscus/Cartilage Repair	**$1,000**	$6,500	$18,430
	– Knee Ligament Repair	**$2,000**	$12,500	$29,000
	– Shoulder Rotator Cuff	**$2,000**	$16,000	$39,309
	– Total Hip Replacement	**$6,000**	$28,500	$80,000+
	– Total Knee Replacement	**$6,000**	$28,500	$80,000+
	– Spine / Level 1 or 2 Cervical Fusion or Disc Arthroplasty	**$6,000**	$26,500	$80,000+
	– (2nd opinion) Shoulder/Hip/Knee/Spine with Center of Excellence	**$500**	$26,500	$80,000+
	– Spine Lumbar Fusion	**$6,000**	$26,500	$80,000+
Urology	– Kidney Stones – Lithotripsy	**$1,000**	$9,950	$24,375
	– Vasectomy	**$250**	$1,600	$10,000

THE Insurance CENTER
AN ALERA GROUP COMPANY

Rightway®

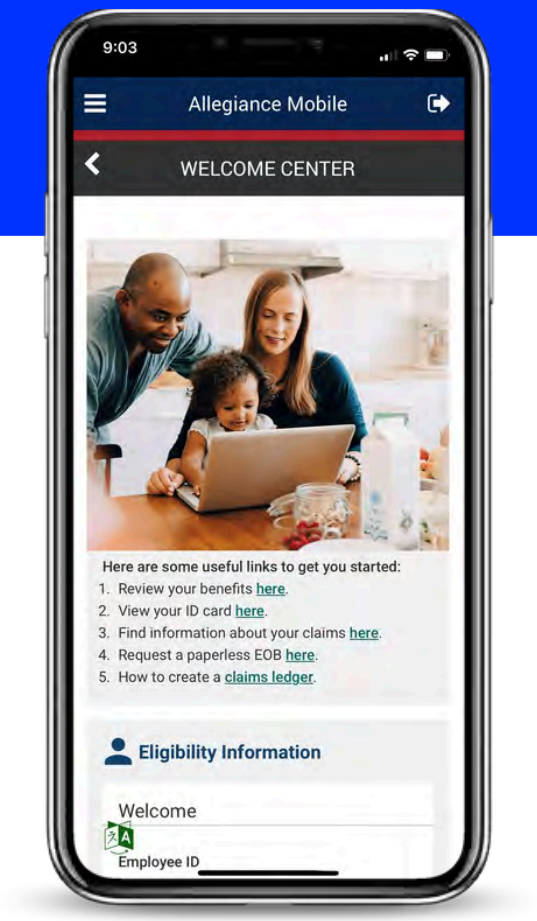
**This is not an all-inclusive list of incentive offerings. If the high value option(s) being offered provides a nominal savings opportunity, additional incentives may be offered. Approval of such, required by employer. Any incentives paid are considered taxable income.

Allegiance Mobile App

Allegiance℠ by Cigna Healthcare

Access your health plan 24/7 with the Allegiance Mobile App!
Simply download the app and login with your participant ID. New users should first create a login at www.AskAllegiance.com.





The app makes it easy and convenient to:

- View claims and EOBs
- Verify benefits and eligibility
- Access an electronic version of your ID Card
- Search for a provider

Download on the App Store

GET IT ON Google Play

Start managing your account in seconds straight from your device!

Download the Allegiance Mobile App for free from the Apple App Store or Google Play today.

Maternity Management

Personal support for a smooth and healthy pregnancy

The Allegiance Maternity Management Program offers assistance and support for members who are pregnant at no additional cost. The program provides you with ongoing one-on-one care and expertise throughout your pregnancy.

When you sign up, your personal maternity nurse will be available to share education and resources to ensure a healthy and low-stress pregnancy.

be a resource for you during those crucial first few weeks as a new parent.

Everyone's pregnancy, delivery, and postpartum needs and challenges are different. With the Allegiance Maternity Management Program, you can feel secure knowing we're with you every step of the way.





This program is available at No Cost to You - in fact, your employer has set up a bonus for participating!

Incentive

If you register within the first or second trimester of your pregnancy, you will receive a **$100 gift card** upon completion of the program.

To Participate

- Register as early in your pregnancy as possible to maximize the incentive
- Check in with your nurse regularly throughout your pregnancy
- Complete the Post-Pregnancy Assessment

To complete the online enrollment form, scan the QR code or visit
www.AskAllegiance.com/Resources/MaternityManagementRequest

For more information, questions, or to enroll by phone, call the Allegiance Care Management Nurse at I-877-792-7827 ext. I.



How to get started:
Download the App: www.bit.ly/recuroapp
Set an Appointment: member.recurohealth.com
Questions: Call Us at 1-855-6RECURO

Unlocking Access: Embracing Virtual-First Solutions

Prioritizing Patient Health and Cost Savings with Recuro Urgent Care

ER Visits are 12xs Higher than a Regular Consult

Emergency Room (ER) visits average 12x higher costs than doctor's office visits. Avoidable ER visits cost at least $47B (about $140/person in the US) a year, according to a recent report. [5] Recuro Urgent Care solves these acute needs with 24/7 urgent care available across all 50 states.

[5] www.beckershospitalreview.com/finance/unnecessary- er-visits-cost-47b-a-year-report-finds.html

RECURO HEALTH

Virtual Health Care

What's Included

- Nationwide 24/7 Virtual Urgent Care
- Improved Access for Rural Areas
- Integrated Prescriptions
- Primary Care Coordination
- Reduced Wait-Times

Conditions Treated

- Acne / Rashes
- Seasonal Allergies
- Cold / Flu / Cough
- GI Issues
- Fever / Headache
- Nausea / Vomiting
- UTIs / Vaginitis
- Respiratory Infections
- Ear Infections
- Bronchitis
- Asthma





Scan the QR Code to Access Your Benefits

If you have any questions, please feel free to send Recuro Health an email at memberservices@recurohealth.com. You may also call us 24/7 at 855-6RECURO (855-673-2876). To schedule an appointment, visit member.recurohealth.com

Visana

TICKET HEALTH SOLUTIONS

Finally, one place for all your women's health needs

Ticket Health insured members have access to Visana Health, a virtual women's health clinic. Whether you're looking for preventive care, symptom management, or treatment for a specific condition, Visana offers personalized, expert care.

Visana is available to Ticket Health insured members, as well as spouses, partners, and 18+ dependents enrolled.

If you have an OB/GYN, PCP or specialist, Visana will work with them to ensure you are receiving seamless medical care.



In network with The Alliance or Cigna Healthcare

To learn more or book an appointment, visit **go.visanahealth.com/ticket-health** or scan the QR code

How does Visana's virtual clinic work?

- Book a virtual appointment in days, not months
- Meet with a clinician for up to 45 minutes
- Get medical care including prescriptions, labs, and imaging

Visana providers are expertly trained in

Menopause and perimenopause, with expert guidance and treatment options to manage your symptoms

Gynecological, sexual, and reproductive health, like endometriosis, fibroids, painful periods, UTIs, vaginal infections

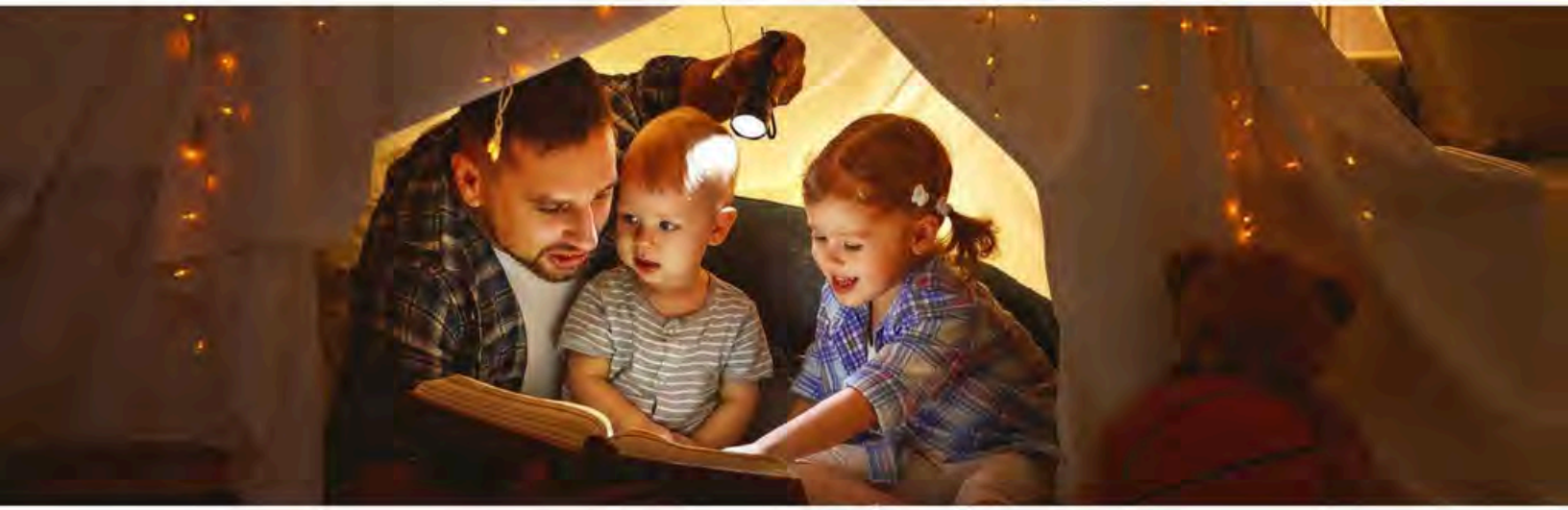
Hormonal health and weight management, like irregular periods, sudden weight gain or loss, PMOS (formerly known as PCOS), thyroid disorders, and insulin resistance

Routine and rapid care, like well-woman visits, cancer and STI screenings, no pelvic exam needed

Mayo Clinic Complex Care Program

Mayo Clinic Complex Care Program

MAYO CLINIC



If you are facing complex health challenges, you may be eligible for care at Mayo Clinic with travel and lodging paid for by your employer.

The Mayo Clinic Complex Care Program is an enhanced health care benefit for:

- Cancer
- Spine health
- Transplant (solid organ and bone marrow transplant)
- Undiagnosed/diagnostic odyssey – conditions for which you've been unable to find answers from other medical providers

Step 1. Get Started

Call your Care Navigation / Health Guides for full details, help with collecting your medical records, and to get connected with Mayo Clinic. 833-419-9980

Step 2. Medical Review

A Mayo Clinic specialist will review your medical records and determine if you would benefit from care at Mayo Clinic.

Step 3. Travel to Mayo Clinic for care

Mayo clinic will call you to coordinate your travel, lodging, and appointment itinerary for you and a caregiver.

Step 4. Return Home

After you return home, your local medical provider and Mayo Clinic will work closely to coordinate your ongoing care.

©2022 Mayo Foundation for Medical Education and Research.

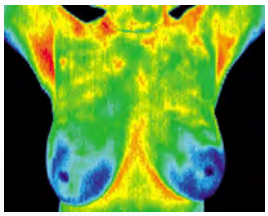
MC4432-48

BREAST THERMOGRAPHY BENEFIT

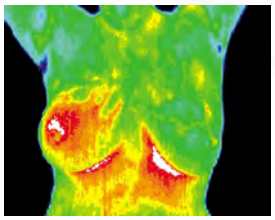
Your employer, under the self-insured health plan, is offering this service at no cost to you and/or covered family members!

WHAT IS BREAST THERMOGRAPHY?

- Non invasive breast health monitoring through Digital Infrared Thermal Imaging (DITI)
- Detects thermal abnormalities **before** a symptom occurs



Normal



Areas of Concern

HOW DO I GET STARTED?

- Make an appointment by calling Naturally Unbridled Wellness directly **(be sure to let them know who your employer is and that the breast thermography is billed directly to your employer)**
- Complete intake paperwork and two sets of imaging 12 weeks apart
- Once your stable thermal baseline has been established, any changes can be detected during routine annual imaging

WHY BREAST THERMOGRAPHY AT NATURALLY UNBRIDLED WELLNESS?

- Monitoring & early detection
- Frequently identifies cancer years before it may show up on a mammogram
- No radiation exposure
- Painless
- All measures taken to preserve your modesty
- Quiet & peaceful environment

Scan the QR Code to visit the Naturally Unbridled Wellness website

Naturally Unbridled Wellness
608-799-8326
1285 Rudy Street, Suite 104
Onalaska, WI 54650
Monday-Thursday 9AM-6PM
Friday 9AM-4PM

Neighborhood Family Clinic

NEIGHBORHOOD
- Family Clinics -
Affordable ~ Accessible

NFC is proud to provide comprehensive, compassionate care for every stage of life—right here in our community.



Services covered at NO COST for all benefit-employees & their dependents

We Offer



- Primary Care
- Preventive Care
- Urgent Care
- Same-Day Acute Visits
- Telemedicine Options
- Women's Health
- Pediatric Care
- Specialty (Dermatology/Rheumatology/Endocrinology and more)
- Labs & Diagnostic Testing
- Vaccines and Injections

Scan to learn even more!

Located Near You

La Crosse – **Onalaska** – **Sparta** – **West Salem** – **Viroqua**

Includes Saturday Hours!

For more information on location, hours, services, and a list of all Providers along with their Bio's

608.781.9880

www.mynfclinics.com

Additional services such as Chiro, PT, Massage and Mental Health Counseling are available. However, those expenses would be the members responsibility

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is **available to all employees and their immediate family members,** providing professional, confidential assistance to help individuals resolve concerns that affect their personal lives or work performance. Buffalo County cares about you and recognizes that work performance can be affected by problems related and unrelated to your job.

The Employee Assistance Program Can Help

Being able to share a problem can do much to alleviate the stress you may be experiencing. Specially trained EAP consultants are available to help you work through your concerns. Each consultant with the EAP possesses the education, training, and experience necessary to provide high quality EAP assessment, intervention and referral services for you.



Available at No Cost

The Gundersen Health System EAP is a benefit to you sponsored by your employer. Sessions with a consultant are offered at no direct cost to you or your family members. Each covered member can receive up to 6 visits at no cost, and completely confidential. If the issues cannot be resolved within EAP, your EAP consultant can link you with appropriate resources where you can receive ongoing assistance. Many services are available on an ability-to-pay basis or may be covered by your health insurance. You are welcome to use the EAP again should a different situation arise.

Confidential Service

Confidentiality is the foundation of the EAP. No information may be released to any other person about your participation in the program without your written permission. Your participation in the EAP is protected and covered by state and federal laws. Please check with your consultant about the limitations to confidentiality.

Always Here for You

Because problems can arise at any time of the day, EAP is accessible 24 hours a day, seven days a week. EAP office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday with evening appointments available upon request. During regular business hours, the EAP office assistant can assist you with scheduling an appointment or talking with a consultant.

Just a Phone Call Away

If you would like more information about EAP or would like to schedule an appointment, please call (608) 775-4780 or (800) 327-9991. You can also check out the website: **gundersenhealth.org/eap.**

GUNDERSEN HEALTH SYSTEM

Mental and Behavioral Healthcare That Actually Helps...

Who is Wire Health?

When life feels overwhelming, Wire Health is here for you. In partnership with your health plan, we make expert mental health care easy to access. Whether you need a psychiatrist, therapist, or advanced treatments, we connect you with the right support to help you feel better, faster.

How is Wire Health Different?

Unlike traditional health insurance, we never cap visits or limit care. We create a personalized plan to ensure you get the right treatment for as long as you need it.

Getting Started is Simple

- Answer a quick welcome questionnaire
- Get matched to a care plan designed for you
- Start feeling better with expert support

It's that easy. Scan the QR code, call 414-626-0120, or visit Wire Health to connect with our Care Coordination team.

- Addiction
- ADHD
- Anxiety
- Bipolar Disorder
- Borderline Personality Disorder
- Children & Adolescent Issues
- Complex Psychopharmacology
- Crisis-focused Care
- Depression
- Dissociative Disorders
- Eating Disorders
- Interventional Psychiatry
- Narcissistic Personality Disorder
- OCD
- Postpartum Depression
- Psychedelic Medicine
- PTSC
- Suicide Attempts/Ideation

Comprehensive Mental Health Support

- ✓ Psychiatrists, therapists, and coaches—all in one place
- ✓ Groundbreaking treatments beyond medication
- ✓ Personalized care plans designed by experts
- ✓ Ongoing support to real, lasting progress

Call: 414-626-0120

Visit: https://wire.health/members/

What Our Members Are Saying

"Instead of rearranging furniture in a burning house, they put out the fire."

"I can't believe they went this far for our family."



Flexible Spending Account (FSA)

Health Care & Dependent Care FSA

You can save approximately 28%* of each dollar spent on these expenses when you participate in an FSA.

THE BENEFIT

Medical FSA Plan Year:
January 1st - December 31st

Health Care Max Contribution:
$3,500
(projected for 2027)

Max Carryover: $700 (projected for 2027)
Carryover funds available after Runout Period is complete, March 31st.

Runout Period: March 31st
Claims Filing Deadline for expenses incurred during the plan year.

Healthcare FSA Eligible Expenses:
- Medical
- Dental
- Vision

Limited Care FSA Eligible Expenses:
- Dental
- Vision

(For those contributing to an HSA)

Dependent Care FSA Year:
January 1st - December 31st

Dependent Care Max Contribution:
Single/Married filing jointly = $5,000
Married & filing separately= $2,500

(No Rollover for Dependent Care)

Example

How much can I save by using an FSA to pay for braces and childcare? Bob & Jane combined gross income is $60,000. They have two children & file their income taxes jointly. Since Bob & Jane expect to spend $2,000 in orthodontia & $3,000 for daycare, they decide to set aside a total of $5,000 into their FSA account. This example shows their savings by using pre-tax dollars to pay for these known expenses vs. paying for these expenses out of pocket after their income has already been taxed.

	Without FSA	With FSA
You Earn:	$60,000 per year	$60,000 per year
FSA Contribution: You Set Aside (Pre-Tax):	$0 per year	$5,000 per year
After Tax Earnings;	$48,470 per year	$44,466 per year
Dollars spent on dental & childcare expenses for your family	$5,000 per year	$5,000 per year
You Take Home:	$43,470 per year	$44,466 per year
Spendable Income Increases:	→	$996.00 per year

Your personal income and tax savings may vary based on income, tax rate, and the amount you contribute to your FSA account. This example is for illustration purposes only.



Employee Benefits Corporation (EBC) handles the FSA. To contact customer service call 1-800-346-2126, email support at participantservices@ebcflex.com

Scan the QR Code to visit EBC's website: **www.ebcflex.com**

DID YOU KNOW? The Medical FSA dollars are pre-funded, meaning the entire amount you elect is available to use immediately, even though you have not contributed all of it yet. The Dependent Care dollars are NOT pre-funded, meaning the dollars are available as you contribute each pay period.
You do not have to be enrolled in the Group Medical plan to take advantage of the FSA.

DENTAL INSURANCE

Delta Dental

County of Buffalo offers employees the opportunity to enroll in a dental plan through Delta Dental. This plan is voluntary, you as the employee are responsible for the premiums.

SERVICES	PPO PROVIDER	PREMIER OR OUT-OF-NETWORK PROVIDER
Annual Deductible	$50/Individual $150/Family	$50/Individual $150/Family
Individual Annual Maximum Benefit Per person, per calendar year	$1,500	$1,500
Preventative Services	100% Covered by Delta (Deductible does not apply)	100% Covered by Delta (Deductible does not apply)
Basic Services	80% Covered after Deductible	80% Covered after Deductible
Major Services	50% Covered after Deductible	50% Covered after Deductible
Orthodontia	50% to a $1,000 Life Maximum Per child to age 19	50% to a $1,000 Life Maximum Per child to age 19

Preventative Services: Cleanings (prophylaxis), fluoride treatments, sealants, evaluation, bitewing x-rays.

Basic Services: Emergency treatment to relieve pain, fillings and simple extractions.

Major Services: Oral Surgery, crowns, bridges, dentures, implants, repairs and adjustments.

Delta Dental offers two networks; PPO and Premier. Both save you money! PPO providers offer the lowest agreed upon fees. Premier providers also agree to discounts, just not as deep as PPO. But the Premier network is much broader. **Seeing either a PPO or Premier provider will ensure treatments are guaranteed and no balance billing can occur**. The only time balance billing will occur is for seeking treatment from an **Out-of-Network Provider** that chooses not to contract with Delta, meaning they are not willing to offer discounted services. Out of network claims are paid directly by the member, then reimbursed by Delta to the member. 9 out of 10 dentists contract with Delta Dental.

Your Cost Per Paycheck

Employee Only	Employee & Spouse	Employee & Child(ren)	Family
$20.44	$41.69	$49.07	$72.80

FIND A DENTIST

Website: www.Deltadentalwi.com
Customer Service: 1-800-236-3712

Or scan the QR Code:

VISION INSURANCE

Delta Vision/EyeMed

County of Buffalo provides the opportunity for full time employees to enroll in Vision coverage through Delta Vision.

COVERED BENEFITS	IN-NETWORK (Insight Network)	NON-NETWORK REIMBURSEMENT
Vision Exam	$10 Copay	$35
Retinal Imaging	Member pays up to $39	Not Covered
Lenses (Glass or Plastic) Single Vision/Bifocal/Trifocal	$10 Copay	$25 Single $40 Bifocal $55 Trifocal
Frames	$150 Allowance (20% discount on remaining balance)	Up to $75
Contact Lenses: • Conventional • Disposable	• $150 Allowance (15% off balance) • $150 Allowance	Up to $120
Laser Vision Correction Lasik or PRK	15% off retail price OR 5% off promotional price	Not Covered
Frequency of Services Based on Calendar Year	Every 12 months: Exam and Lenses OR Contacts Every 24 months: Frames	

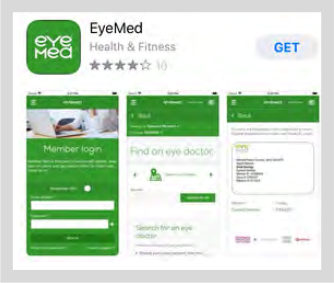
This plan offers many additional lens upgrade options. See full benefit summary for additional benefits offered. **Additional In-Network Discounts:** 40% off a second purchase of eyeglasses after benefit has been exhausted, including prescription sunglasses. 15% off second purchase of conventional contact lenses after benefit has been exhausted. Your vision benefits can also be used at Glasses.com, Lenscrafters.com, Targetoptical.com, Rayban.com, Oakley.com, Contactsdirect.com, Sam's Club and Walmart Vision Centers as well.

Your Cost Per Paycheck

Employee Only	Employee & Spouse	Employee & Child(ren)	Family
$3.35	$6.70	$6.83	$10.18

FIND A PROVIDER

Website: www.deltadentalwi.com
Network: "Insight" Network
Eye Med Customer Service: 1-844-848-7090
Mobile App: EyeMedMembers



Or scan the QR Code to find a provider!



Voluntary Life Insurance & AD&D

Sun Life

Your employer offers Full Time employees the opportunity to enroll in Voluntary Life Insurance. This benefit is offered on a group basis which often offers a lower premium for employees who are interested in purchasing additional Life Insurance.

The Benefit

Benefit Amount for You:
$10,000-$500,000

See full rate chart on next page

Benefit Amount for Your Spouse:
$5,000-$100,000

See full rate chart on next page

Benefit Amount for Your Children:
$1,000-$10,000

FEATURES

Accelerated Death Benefit

If you are diagnosed as terminally ill, with less than 12 months life expectancy, you may be able to receive up to 75% of your benefit amount in a lump sum, not to exceed $500,000.

Annual Benefit Increase

Each year during the annual enrollment period, an employee already enrolled in Voluntary Life can increase 1 increment ($10,000), up to the Guarantee Issue Amount ($100,000) without providing a health questionnaire or Evidence of Insurability (EOI). Any employee who elects more than 1 increment, goes over the Guarantee Issue amount, or has previously waived coverage would need to complete the EOI.

Additional Features

- Waiver of Premium
- Portability
- Conversion
- Hearing Discount Program
- Will Prep
- Travel Assistance

Things to consider:

- Final Expenses & Other Debt
- Funeral costs, medical expenses, mortgage, credit card debt.
- Ongoing Expenses
- Food, clothing, housing, utilities, transportation, health care, insurance.
- Future Expenses
- College, retirement

How much is enough?

Voluntary Life Insurance and AD&D

Benefit Summary

	Minimum Amount	Guarantee Issue (No medical questions asked) Applies to initial enrollment only	Maximum Amount (Will have to answer medical questions)
For You	$10,000	Up to $150,000	Up to $500,000
Spouse	$5,000	100% of employee's benefit, up to $25,000	100% of employee's benefit, up to $100,000
Children	$1,000	$10,000	$10,000

See Employee Navigator for premium costs

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Sun Life

County of Buffalo offers full-time employees the opportunity to purchase Short-Term Disability. This is a voluntary plan which means employees pay 100% of the premium cost. In the event you become disabled from an injury or sickness that is non-work related, disability income benefits are provided as a source of income.

The Benefit

Benefit Begins:

On the 1st day of your disabling injury or 4th day of your illness

Benefits Payable:

60% of pre-disability income

Maximum Benefit:

$1,500 per week

Benefit Duration:

Up to 4 weeks

Pre-existing Limitation:

The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.

Protect your paycheck & so much more

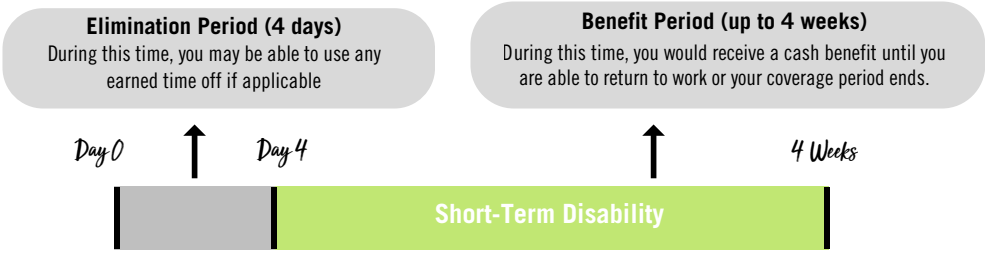
Tax Free:

Tax-free benefit since the premium is paid with post-tax dollars through payroll deductions.

For Example:

If you are out for several weeks following a surgery or birth of a child:

- You have a certain number of days before your short-term disability insurance kicks in (called an elimination period). During this time, you may be able to use PTO (paid time off).
- After this period, you receive a weekly cash benefit until you're able to return to work or your coverage period ends.



See Employee Navigator for rate information.

Supplemental Insurance - The Standard

The Standard Insurance Products

Your Employer offers employees working 30 hours or more per week the opportunity to enroll in the The Standard supplemental insurance at a low group rate. **You do not have to be enrolled in the group health plan to be eligible for these benefits.**

If a catastrophic injury or illness unexpectedly occurs, it can leave you in a financial disarray. The Standard's supplemental plans will pay you cash for an injury or illness to help you get back to whole and protect your finances.

Why The Standard:

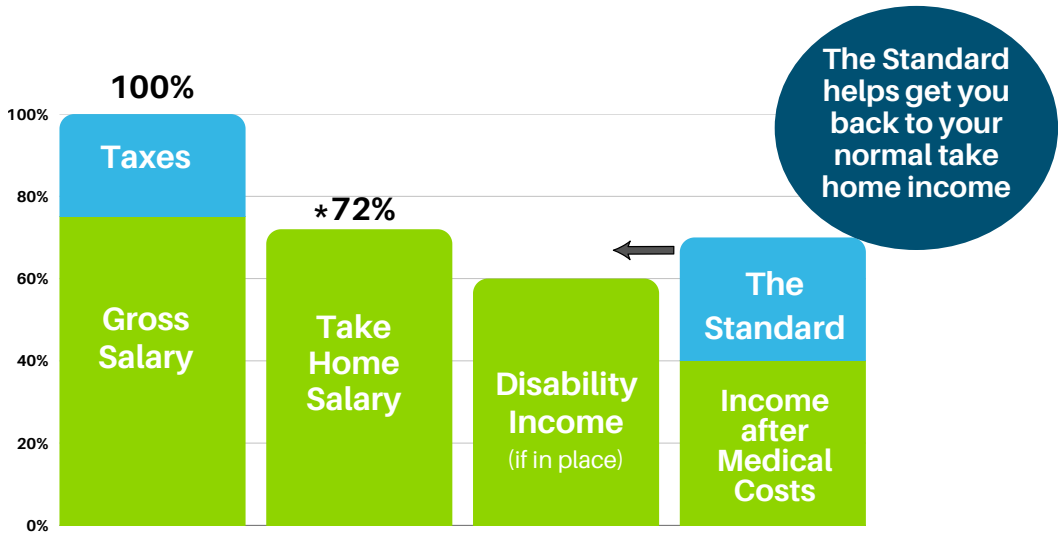
- Cash benefits paid directly to you
- First year offered, guarantee issue
- Hassle free claims processing, and additional support from your TIC team
- Spouses eligible
- Dependents eligible to age 26
- Portable

Having Financial Wellness:

- Supplements Deductibles and Out-of-Pocket medical costs
- Medical bills arrive from the unexpected event
- Caring for a family member is costly
- Disability Insurance covers a portion of employees income, but not spouses or dependents

Here's How The Standard's Coverage Helps Financially:

- **Minimizes any changes in lifestyle**
- **Protects Savings, 401(k) funds, and/or HSA/FSA funds**
- **Removes Financial Distraction**



*Assumption of taxes equals 28%

OFF-THE-JOB
ACCIDENT INSURANCE

See Employee Navigator for rates

GVAP6 Off the Job Benefit Amounts

Benefits are paid once per accident unless otherwise noted here or in the brochure

Base Policy Benefit		Low Plan	High Plan
Initial Hospital Confinement (pays once/year)		$1,500	$2,000
Daily Hospital Confinement (pays daily)		$300	$400
Intensive Care (pays daily)		$600	$800
Rider Benefit			
Accident Treatment & Urgent Care Rider			
Ambulance	Ground	$300	$400
	Air	$900	$1,200
Accident Physician's Treatment		$150	$200
X-ray		$300	$400
Urgent Care		$150	$200
Dislocation/Fracture Rider*		$6,000	$8,000
Emergency Room Services Rider		$300	$400
Outpatient Physician's Treatment for Accident and Preventative Care Benefit Rider		$50	$50
Accidental Death, Dismemberment, and Functional Loss Rider		$60,000	$80,000
Common Carrier (fare-paying passenger)		$150,000	$200,000
Benefit Enhancement Rider			
Accident Follow-Up Treatment (pays daily)		$150	$200
Lacerations		$150	$200
Burns	<15% body surface	$300	$400
	15% or more	$1,500	$2,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		$900	$1,200
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		$150	$200
Paralysis (pays once)	Paraplegia	$22,500	$30,000
	Quadriplegia	$45,000	$60,000
Coma with Respiratory Assistance		$30,000	$40,000
Open Abdominal or Thoracic Surgery		$3,000	$4,000
Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery	Surgery	$1,500	$2,000
	Exploratory	$450	$600
Ruptured Spinal Disc Surgery		$1,500	$2,000
Eye Surgery		$300	$400
General Anesthesia		$300	$400
Blood and Plasma		$900	$1,200
Appliance		$375	$500
Medical Supplies		$15	$20
Medicine		$15	$20
Prosthesis	1 device	$1,500	$2,000
	2 or more devices	$3,000	$4,000
Physical, Occupational, or Speech Therapy (pays daily)		$90	$120
Rehabilitation Unit (pays daily)		$300	$400
Non-Local Transportation		$750	$1,000
Family Member Lodging (pays daily)		$300	$400
Post-Accident Transportation (pays once/year)		$600	$800
Broken Tooth		$300	$400
Residence/Vehicle Modification		$1,500	$2,000
Pain Management (Epidural Injection)		$150	$200
Miscellaneous Outpatient Surgery		$300	$400

*Each benefit pays the amount shown. *Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

THE STANDARD ACCIDENT INSURANCE

An accident can wreak havoc on your savings if you are not prepared. That's why there is accident insurance. It gives you a cushion to help cover medical expenses and living costs when you get hurt unexpectedly.

Because it's a supplemental plan, in works in addition to other insurance you may have in place. You can use this policy on its own or to fill a gap left by other coverage such as deductibles and coinsurance. Benefits are paid directly to you as CASH!

Injury Benefit Schedule

Benefit amounts for coverage and one occurrence are shown below.

Complete Dislocation	Low Plan	High Plan
Hip joint	$6,000	$8,000
Knee or ankle joint, bone or bones of the foot	$2,400	$3,200
Wrist joint	$2,100	$2,800
Elbow joint	$1,800	$2,400
Shoulder joint	$1,200	$1,600
Bone or bones of the hand, collarbone	$900	$1,200
Two or more fingers or toes	$420	$560
One finger or toe	$180	$240
Complete, Simple or Closed Fracture		
Hip, thigh (femur), pelvis**	$6,000	$8,000
Skull**	$5,700	$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	$3,300	$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	$2,400	$3,200
Foot**, hand or wrist**	$2,100	$2,800
Lower jaw**	$1,200	$1,600
Two or more ribs, fingers or toes, bones of face or nose	$900	$1,200
One rib, finger or toe, coccyx	$420	$560
Loss		
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	$60,000	$80,000
One eye, hand, arm, foot, or leg	$30,000	$40,000
One or more entire toes or fingers	$6,000	$8,000

*Knee join (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of the face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

OFF-THE-JOB
ACCIDENT INSURANCE

See Employee Navigator for rates

DON'T FORGET!

OUTPATIENT PHYSICIAN'S TREATMENT

$50 benefit will be paid per visit if a covered person has a doctor office visit for any preventative cause.

Reimbursements Pay Out Every Calendar Year

2 visits per person
4 visits per family

Please refer to "How To File A Claim" in the back of your benefit booklet.

Example High Plan

Susie's daughter Ella is playing outside and falls off a swing resulting in a broken arm. How would the Accident plan help Susie?

Occurrence/Service	Benefit Payment
Ambulance	$400
ER Visit	$400
Accident Physician's Treatment	$200
X-Ray	$400
Appliance Benefit	$500
Fractured Forearm	$3,200
Medicine Benefit	$20
Medical Supplies Benefit	$20
Accident Follow Up Visit	$200
Physical Therapy Benefit	$120
TOTAL BENEFIT =	**$5,460**

Outpatient Physicians **Treatment Annually**



Your Options For
CRITICAL ILLNESS AND CANCER INSURANCE

See Employee Navigator for rates

Benefit:

- **$10,000 or $20,000 benefit for Employee**
- **$5,000 or $10,000 benefit for Spouse/Dependents**
- **Recurrence Benefits**
- **Benefits are paid directly to you**
- **Supplements and works in addition to your current medical benefits**
- **Coverage is portable, at the same cost!**





INITIAL BENEFITS	Plan 1	Plan 2
Heart Attack (100%)	$10,000	$20,000
Stroke (100%)	$10,000	$20,000
End Stage Renal Failure (100%)	$10,000	$20,000
Major Organ Transplant (100%)	$10,000	$20,000
Coronary Artery Bypass Surgery (25%)	$2,500	$5,000
Waiver of Premium (employee only)	Yes	Yes
CANCER BENEFITS		
Invasive Cancer (100%)	$10,000	$20,000
Carcinoma in Situ (25%)	$2,500	$5,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS		
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes
RIDER BENEFITS		
Skin Cancer Rider	$250	$250
Cardiopulmonary Enchancement Rider		
Sudden Cardiac Arrest (25%)	$2,500	$5,000
Pulmonary Embolism (25%)	$2,500	$5,000
Pulmonary Fibrosis (25%)	$2,500	$5,000

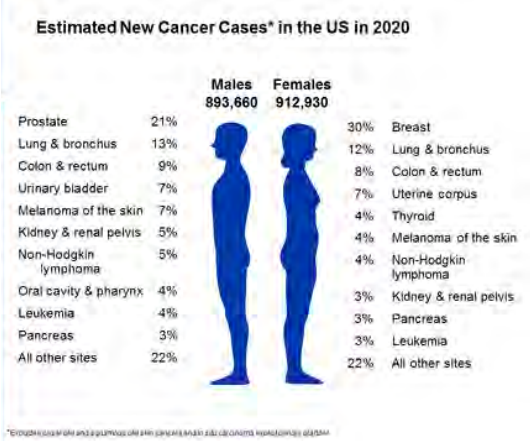
RIDER BENEFITS CONTINUED	Plan 1	Plan 2
Second Evaluation	$1,000	$1,000
Non-Local Transportation Air Fare Personal Vehicle	$500 or $0.50/mile	$500 or $0.50/mile
Outpatient Lodging (daily)	$100	$100
Family Member Lodging	$100	$100
Family Member Transportation Air Fare Personal Vehicle	$500 or $0.50/mile	$500 or $0.50/mile
Supplemental Critical Illness Rider		
Advanced Alzheimer's Disease (100%)	$10,000	$20,000
Advanced Parkinson's Disease (100%)	$10,000	$20,000
Benign Brain Tumor (100%)	$10,000	$20,000
Coma (100%)	$10,000	$20,000
Complete Loss of Hearing (100%)	$10,000	$20,000
Complete Loss of Sight (100%)	$10,000	$20,000
Complete Loss of Speech (100%)	$10,000	$20,000
Paralysis (100%)	$10,000	$20,000
Skin Cancer Rider (once per 365 days)	$250	$250
Fixed Wellness Rider (per year)	$100	$100

Reoccurrence: Initial Critical Illness – second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid. Cancer Critical Illness – second diagnosis more than 12 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid.

1 in 2 men will be diagnosed with Cancer at some point in their life

It is estimated that:

1 in 3 women will be diagnosed with Cancer at some point in their life



DON'T FORGET!

Annual Wellness Benefit

$100 Benefit will be paid per person, per calendar year, for a specified wellness screening/test.

ELIGIBLE WELLNESS SCREENINGS/TEST

- **Lipid Panel**
- **Blood test for Triglycerides**
- **Biopsy for Skin Cancer**
- **Cholesterol**
- **Mammogram**
- **Blood test for Breast Cancer**
- **Blood test for Ovarian Cancer**
- **Blood test for Colon Cancer**
- **Blood test for Prostate Cancer (PSA)**
- **Bone Marrow Testing**
- **Chest X-Ray**
- **Colonoscopy**
- **EKG**
- **HPV Vaccination**
- **Pap Smear**
- **Stress Test**
- **Echocardiogram**
- **Serum Protein (Myeloma)**
- **Thermography**

©2020, American Cancer Society, Inc., Surveillance Research

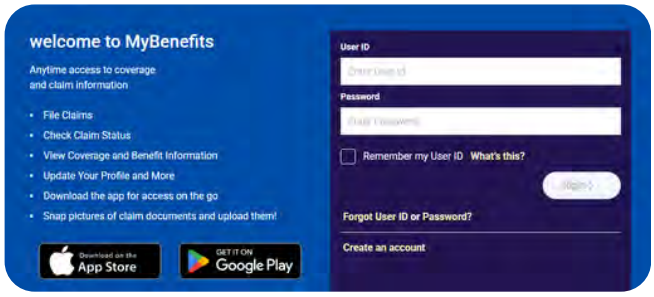
How to File a Claim

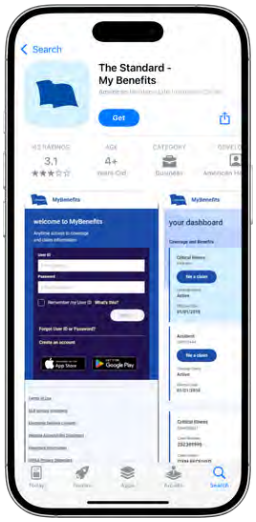
The Standard

1.

Scan the QR code below to access MYBenefits on your computer, mobile device, or download the MyBenefits App.

Sign up for access using the secure online registration process and create a user ID and password, then Log in.





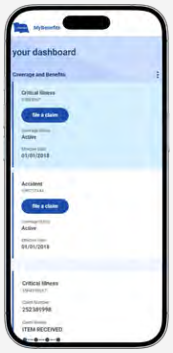
2.

Select the type of claim you want to file:

- **Cancer/Critical Illness with Cancer** offers the Wellness screening reimbursement.

- **Accident Plan** offers the Outpatient Physician's Treatment/Preventative reimbursement.





3.

Elect which type of claim you are filing

Eligible Wellness Screenings (Tests)

- Lipid Panel
- Cholesterol
- Pap
- Mammogram
- Colonoscopy
- Prostate Exam
- HPV Vaccination
- Many More

Outpatient Physician's Treatment (Preventative Exams)

- Dental Exams
- Preventative Exam (Well Adult, Well Child Visits)
- Annual Preventative Eye Exam

4.

Need more guidance?

Scan the QR code to watch a short video on how to file a claim by using the The Standard App.

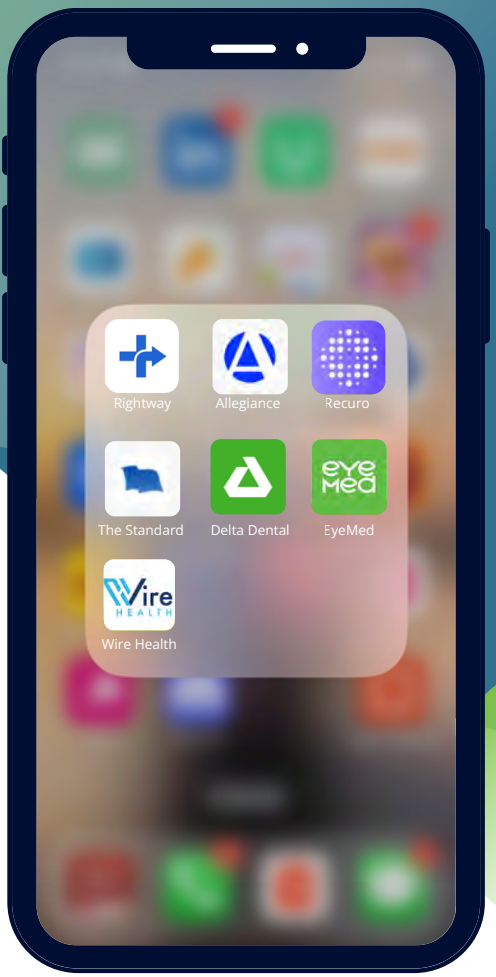
For claims tips and instructions, please visit https://www.standard.com/ahl/claims. If you prefer to file a paper claim or have any other questions, contact HR, The Insurance Center, or The Standard (800) 348-4489. Additional claim forms can be found on The Standard's portal as well.

If you are filing an Accident claim yourself via the portal, you will need to download, complete, and submit the Accident Claim Form along with your submission.

THE Insurance CENTER
AN ALERA GROUP COMPANY

THE Insurance CENTER
AN ALERA GROUP COMPANY

TICKET HEALTH SOLUTIONS



NAVIGATE YOUR HEALTH WITH CONFIDENCE

Effortlessly manage your health benefits with mobile apps. File claims, view digital ID cards, find in-network providers, schedule appointments, and get health reminders. Your hub to easy benefits management!

Scan the QR code to visit the website and/or download the app!

Rightway Pharmacy Benefits & Care Navigation

Rightway serves as both your Pharmacy Benefit Manager and your Care Navigation team. Their Pharmacy Team can assist with any and all prescription needs. Use the app to connect with your Health Guide to navigate low cost, high value providers, view your benefits information, verify in-network providers and much more.

joinrightway.com

Allegiance

Allegiance specializes in medical claims processing, issuing ID cards, providing an explanation of benefits, medical management and prior authorization to ensure seamless healthcare management.

askallegiance.com

Recuro

Recuro offers Virtual Urgent Care through telemedicine, providing immediate and convenient healthcare assistance virtually or by phone, at **NO COST** to those enrolled in the health plan.

recurohealth.com

The Standard

Supplemental insurance covers accidents, cancer, and critical illnesses, offering additional protection beyond standard health plans.

mybenefits.standard.com

Delta Dental

Delta Dental is a dental plan provider with PPO and Premier Network access offering the largest network of dental providers.

deltadentalwi.com

Delta Vision/EyeMed

Delta Vision teams up with EyeMed offering vision plans with a variety of Network options.

eyemed.com

Wire Health

Wire Health is here for you when life gets overwhelming. In partnership with your health plan, Wire Health provides access to a comprehensive psychotherapy and psychiatry network and provides ground-breaking therapy and treatments beyond medication.

wire.health/members

Retirement Savings Plans*

Wisconsin Retirement System (WRS)

The Wisconsin Retirement System was created to protect public employees and their beneficiaries against the financial hardships of old age and disability. Buffalo County employees who are anticipated to work a minimum of 1,200 hours and one year are enrolled in this benefit automatically.

How the WRS Pension Works:

The WRS offers a retirement benefit based on a defined contribution plan or a defined benefit plan.

- A defined contribution plan means there is a set amount of money (that may change each year) paid into a member's retirement account.
    - 2027 – General employees and elected officials will contribute 7.25% and Buffalo County will contribute 7.25% for a total of 14.5%.
    - New Emergency Dispatcher / Detention Officer Employees – Can be enrolled as a general employee or a protective employee. Protective employee enrollment in WRS has different contribution rates. Opting in as a protective employee, you will contribute 14.35% and Buffalo County will contribute 7.25%. As protective, you will also be responsible for paying a premium for the Duty Disability Insurance Program. More information will be provided at orientation.
- A defined benefit plan means that the amount paid to you in retirement is based on a formula that is fixed, and therefore "defined."

The WRS refers to these plan types as Money Purchase (defined contribution) and Formula (defined benefit). ETF calculates your retirement benefit using both methods and you will automatically be paid the highest amount.

The Retirement Calculations:

Your money purchase benefit is calculated by multiplying your money purchase account balance by a factor based on your age. This money purchase balance is shown on your annual Statement of Benefits.

Your formula benefit is based on your three highest years of earnings ("final average earnings"), a percentage multiplier (based on your employment category), your years of creditable service (including purchased service), and any part-time or actuarial reduction if you retire before your normal retirement age.

Participating employees will receive a Statement of Benefits every year in April. It shows your account balances, earnings, years of service, and much more. Keep this document with your important papers.

In most cases a retirement benefit is paid as a monthly annuity payable for your lifetime.

Vesting:

Employees become vested in the Wisconsin Retirement System after earning five (5) years of creditable service. Once vested, general employees are generally eligible for a retirement benefit at age 55 (age 50 for protective category employees). Employees who are not vested may be eligible only for a separation benefit.

One year of creditable service is earned by working 1,904 hours in a calendar year. Employees who work fewer hours will earn prorated service credit based on hours worked.

Retirement Savings Plans*

Deferred Compensation (457b)

Buffalo County's deferred compensation carrier is Nationwide. Deferred compensation is a way to save for retirement above and beyond Wisconsin Retirement System.

You can invest after-tax (ROTH) or pre-tax. With ROTH the dollars are taxed now so that you don't have to pay taxes on them at the time of withdrawal. Another option is to contribute on a pre-tax basis, and any earnings grow tax-deferred. You pay taxes only as you withdraw your assets, usually as retirement income.

If you decide to participate in Deferred Compensation, you will contribute every paycheck, before you receive your take home pay. Because it's "money you never see," participating through the Deferred Compensation Plan is the easiest way to take advantage of dollar costs averaging and other benefits of investing.

Employees can enroll or make contribution amount changes at any time.

Additional State-Sponsored Insurance Benefits*

Buffalo County employees may be eligible for the following insurance benefits offered through the Wisconsin Department of Employee Trust Funds (ETF). Benefits, premiums, and eligibility requirements are established by ETF and are subject to change.

Group Term Life Insurance & Accidental Death and Dismemberment

Employees who are eligible to participate in the Wisconsin Retirement System (WRS) and are under age 70 may enroll in the Wisconsin Public Employers Group Life Insurance Program. Coverage includes life insurance and accidental death and dismemberment (AD&D) insurance. Employees may elect basic coverage and available optional coverage levels. Spouse and dependent coverage may also be available for employees enrolled in basic coverage.

Coverage, premium rates, eligibility requirements, and plan provisions are established by the Wisconsin Public Employers Group Life Insurance Program and are subject to change. Additional information regarding coverage options, enrollment requirements, effective dates, and premium rates will be provided during employee orientation.

Income Continuation Insurance

The Wisconsin Public Employers Income Continuation Insurance (ICI) Program is a voluntary disability income protection benefit administered through the Wisconsin Department of Employee Trust Funds (ETF). The program provides income replacement if an employee becomes disabled and is unable to work because of an illness or injury. The program may provide benefits of up to 75% of covered annual earnings (up to $120,000), with a maximum monthly benefit of $7,500. For newly hired employees, estimated annual earnings are rounded to the next highest $1,000 and divided by 12. Proof of disability is required.

Employees may elect a 30, 60, 90, 120, or 180-day elimination period (waiting period) before benefits begin. The Local ICI Program is currently operating under a statewide premium holida; therefore, no employee premium is currently required. Benefits are coordinated with other available benefits and will not duplicate benefits available from other WRS programs, Social Security, Workers' Compensation, unemployment compensation, or certain other sources.

Employees disabled on or before age 60 may receive benefits until age 65. Employees who become disabled after age 60 may receive benefits for up to five years from the date of disability.

Additional program information is provided during orientation and is available through ETF.

Time Away From Work*

Paid Time Off (PTO)

Buffalo County full employees begin accruing PTO on their first paycheck and on a per pay period basis. The PTO is all encompassing of all paid time off you may need including: sick, vacation, appointments, etc. PTO hours rollover from year to year and caps at 320 hours for full-time employees. See chart below for increased accruals based on years of continuous service:

Level	Years of Continuous Service	Hour for Hour Multiplier Used for Max 80 hrs/pay period	Per Pay Period Accrual (based on 80 hrs max)	Approximate Annual Accrual (Full Year Worked)
1	0-4	0.0846	6.77	176
2	5-9	0.1038	8.30	216
3	10-14	0.1154	9.23	240
4	15-19	0.1231	9.85	256
5	20-24	0.1308	10.46	272
6	25 plus	0.1423	11.38	296

Note: 0 – 4 means from the beginning of employment to the end of the 4th year. 5 – 9 means from the beginning of the 5th year to the end of the 9th year, etc.

Holidays

Buffalo County gives employees 11 paid holidays. Full-time employees receive 8 hours of holiday pay on the observed holiday. Holidays observed listed below with 8 hours paid each holiday:

New Year's Day	The Friday before Easter	Memorial Day	Independence Day
Labor Day	Columbus Day **	Veteran's Day	Thanksgiving Day
Day after Thanksgiving	Christmas Eve	Christmas Day	Floating Holiday (1) **

**For Emergency Dispatcher / Detention Officers:

- Columbus Day is recognized instead of the 1 Floating Holiday. All other employees do not have Columbus Day as a holiday and receive 1 Floating Holiday.
- Emergency Dispatcher / Detention Officers have the holiday hours placed in a holiday time off bank to be used during the year due to the 24/7 schedule that they are on.

Buffalo County
Human Resources Department

Questions?

Feel free to contact your
Buffalo County Human Resources Department!

Buffalo County Human Resources
(608) 685-6234
ana.rolbiecki@buffalocountywi.gov

Or view additional information by logging on to your Employee Navigator account at:
https://www.employeenavigator.com/benefits/Account/login

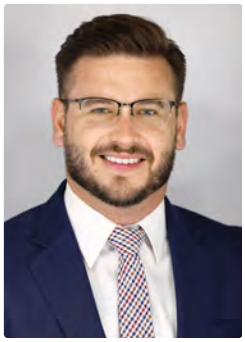
Or scan the QR Code:

BUFFALO COUNTY, WI



Meet Your Team

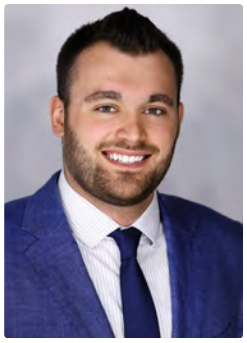
Monday-Thursday 7:30am - 4:30pm | **Friday** 7:30am - 1:30pm



Kyle Patzner

Corporate Benefits Specialist

(608) 470-4143
kpatzner@ticinsurance.com



Jax Bryngelson

Corporate Benefits Specialist

(608) 496-1042
jbryngelson@ticinsurance.com



Heather Gerken

Client Success Specialist II

(608) 740-3897
hgerken@ticinsurance.com



Tina Peters

Account Support Representative

(608) 496-1024
tina.peters@ticinsurance.com

Our licensed & certified service team is here to help

- Ongoing Plan Review & Renewal Support
- Benefits Platform Support
- Open Enrollment Assistance
- Compliance Guidance & Regulatory Updates
- Wellness & Employee Engagement Initiatives
- Carrier & Product Benchmarking
- Service Requests
- Employer & Employee Education

THE Insurance CENTER
AN ALERA GROUP COMPANY

With locations across Wisconsin, our team is deeply rooted in the communities we serve. As part of Alera Group, we also bring the strength of a national organization with providing access to expanded resources, nationwide carrier relationships, and specialized expertise.

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 discrepancies between this 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 guide, contact Human Resources.

(*) DISCLAIMER: This document has been prepared by Alera Group, Inc. (collectively with its parent, subsidiaries and affiliates, "Alera Group") to provide an overview of your employer's benefits program. Alera Group, its directors, officers, managers, employees, representatives and affiliates, make no representation or warranty, express or implied, as to the accuracy or completeness of the information contained herein regarding those lines of coverage for which Alera Group is not the exclusive broker of record. This document is not a contract and confers no contractual rights between you and Alera Group. The terms of your benefits are governed by the legal plan documents and insurance contracts ("Plan Documents") between your employer and one or more insurance carriers. This document is not a certificate of coverage, and the benefit descriptions in this document are not a guarantee of current or future claim coverage, nor does it replace or amend the underlying Plan Documents. If there is any difference between the benefit descriptions in this document and the Plan Documents, the terms of the Plan Documents will control. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.

