# A GUIDE TO YOUR BENEFITS 2020





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# CONTACT INFORMATION

| Plan                            | Contact  | Phone<br>Number               | Website/Email                                     |
|---------------------------------|--|-------------------------------|---|
| Health Insurance<br>Group #     | <b>UMR</b><br>Medical, Network Providers,<br>HRA, & Claims     | 800-826-9781                  |   |
| 76-412171<br>&                  | UMR Care Management  | 866-494-4502                  | www.umr.com                                       |
| Health<br>Reimbursement         | To Order a New Card  | 800-320-3206                  |   |
| Account (HRA) &<br>HRA Rollover | Internet<br>Username/Password/Technical<br>Assistance          | 866-922-8266                  |   |
| Other Insurance<br>Information  | UMR  | 800-826-9781                  | www.umr.com                                       |
|                                 | EnvisionRx   | 800-361-4542,                 | Website: www.envisionrx.com                       |
|                                 | Member Services 24/7/365                                       | extension 2                   | customerservice@envisionrx.com                    |
| Prescription<br>Drugs           | Envision Pharmacies<br>(MAIL ORDER)<br>Mon-Fri 7 AM-9 PM CST / | 866-909-5170                  | www.envisionpharmacies.com                        |
|                                 | Sat 7:30am-3:30 pm   |                               |   |
| Flexible<br>Spending<br>Account | WageWorks   HealthEquity                                       | 877-924-3967                  | www.wageworks.com                                 |
| Weight<br>management<br>program | Real Appeal<br>(part of LTC's health<br>insurance)             | 844-344-7325                  | we.realappeal.com<br>support@realappeal.com       |
| Telemedicine                    | MeMD   | 855-636-3669                  | www.memd.net                                      |
| MRI's                           | SmartChoice MRI  | 844-633-3674                  | www.smartchoiceMRI.com                            |
| Dental Plan                     | Delta Dental   | 800-236-3712                  | www.deltadentalwi.com                             |
| Vision Insurance                | Superior Vision  | 800.923.6766                  | www.superiorvision.com                            |
| COBRA                           | Discovery Benefits   | 866-451-3399                  | www.discoverybenefits.com                         |
| Vision <u>Discount</u>          | EyeMed Vision Care   | 866-246-9041                  | www.deltadentalwi.com/provider-<br>search/vision/ |
| HOPELINE™                       | HOPELINE<br>Center for Suicide Awareness                       | Text<br>HOPELINE<br>To 741741 | www.centerforsuicideawareness.org/hopeline/       |
| Mental Health                   | Mental Health America  | 800-273-8255                  | www.mentalhealthamerica.net                       |
| Employee                        | National Insurance Services                                    | 866-451-5465                  | www.niseap.com                                    |
| Assistance<br>Programs (EAP)    | Symetra  | 888-327-9573                  | www.guidanceresources.com<br>Web ID: SYMETRA      |

# CONTACT INFORMATION CONTINUED

| Plan   | Contact  | Phone Number                                   | Website/Email               |  |
|--|--|--|-----------------------------|--|
| Life & AD&D<br>Insurance                               | LTC Human Resources<br>Department                                  | 920-693-1163                                   | Holly.Gahagan@gotoltc.edu   |  |
| Long-Term<br>Disability<br>Insurance                   | LTC Human Resources<br>Department                                  | 920-693-1163                                   | Holly.Gahagan@gotoltc.edu   |  |
| Voluntary Short-<br>Term Disability<br>& Other         | Aflac  | 920-450-5904                                   | Shannon_Lading@us.aflac.com |  |
| Wisconsin<br>Retirement<br>System (WRS)                | ETF-Department of Employee<br>Trust Funds                          | 877-533-5020                                   | www.etf.wi.gov              |  |
| 457 Deferred<br>Compensation<br>Plan                   | Wisconsin Deferred Comp  | 877-457-9327                                   | www.wdc457.org              |  |
| 403(b) Retirement<br>Savings Plans                     | TSA Consulting<br>Third Party Administrator (TPA)<br>of 403b plans | 888-796-3786,<br>Option 5<br>Fax: 866-908-7582 | www.tsacg.com               |  |
|  | WEA Benefits   | 800-279-4030                                   | www.weabenefits.com         |  |
|  | American Funds<br>(Plan # 78136)                                   | 800-421-0180                                   | www.americanfunds.com       |  |
|  | Fidelity Investments<br>(7am-11pm CST)                             | 800-343-0860 /<br>800-328-6608                 | www.fidelity.com/atwork     |  |
|  | Thrivent Financial   | 920-686-1293                                   | www.thrivent.org            |  |
| Edvest -<br>Wisconsin's<br>529 College<br>Savings Plan | Edvest College Savings Plan  | 888-338-3789                                   | www.edvest.com              |  |

# HUMAN RESOURCES CONTACT INFORMATION

| Contact          | Area  | Phone Number | Email                        |
|------------------|---|--------------|------------------------------|
| Shikara Beaudoin | Executive Director of Human<br>Resources          | 920-693-1139 | Shikara.Beaudoin@gotoltc.edu |
| Holly Gahagan    | Compensation & Benefits<br>Manager                | 920-693-1163 | Holly.Gahagan@gotoltc.edu    |
| Kim Schad        | Payroll Services Manager                          | 920-693-1869 | Kim.Schad@gotoltc.edu        |
| Lisa Kwarciany   | Human Resources Specialist                        | 920-693-1158 | Lisa.Kwarciany@gotoltc.edu   |
| Bonnie Zorn      | Human Resources/Recruitment<br>Specialist         | 920-693-1863 | Bonnie.Zorn@gotoltc.edu      |
| Renee Bruckschen | College Nurse & Occupational<br>Health Specialist | 920-693-1111 | Renee.Bruckschen@gotoltc.edu |
| Nadine Schreiter | Talent & Organizational<br>Development Manager    | 920-693-1822 | Nadine.Schreiter@gotoltc.edu |

# SUMMARY OF NEW ENHANCEMENTS AND CHANGES

|   | Effective<br>Date         | CURRENT  | NEW   |
|---|---------------------------|--|---|
| Monthly Premiums                                  | 7/1/2020                  | \$133.50 - EE only<br>\$397.20 – Family (EE/Spouse/Child(ren))<br>\$291.72 - EE/Spouse<br>\$238.98 - EE/Child(ren) | \$148.71 - EE only<br>\$442.61 - Family (EE/Spouse/Child(ren))<br>\$325.05 - EE/Spouse<br>\$266.27 - EE/Child(ren)  |
| Behavioral Health<br>Options through<br>MeMD      | gh 5/1/2020 Not Available |  | <ul> <li>\$65 per visit – Talk Therapy</li> <li>\$65 per visit – Teen Therapy</li> <li>\$195 initial visit – Telepsychiatry</li> <li>\$95 follow up visit - Telepsychiatry</li> </ul>   |
| Flex Provider                                     | 7/1/2020                  | UMR  | WageWorks   HealthEquity  |
| Holy Family Memorial<br>Program Chamber<br>Clinic |                           | Not Available  | Employees and their family<br>members can pay a \$99<br>membership fee per person and<br>pay a \$10 co-payment each visit.<br>Services include semi-acute<br>health care (minor injuries, sinus,<br>skin conditions, & general lab),<br>emotional health counseling,<br>physical therapy, and wellness<br>coaching. |

Lakeshore Technical College takes pride in being an employer of choice; offering a benefits program that is balanced, cost effective and competitive. The College offers a comprehensive suite of benefits to promote health and financial security for you and your family that is designed for your financial protection. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

# **BENEFIT BASICS**

As a Lakeshore Technical College employee, you are eligible for benefits if you work full time 1,560 annual hours for full time management and support staff or 1,440 annual hours for full time faculty. Benefits are effective the first of the month coinciding with or following date of hire. The enrollment form must be completed within 31 days from the date of eligibility.

You many enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse
- Your children up to age 26

# **Qualified Life Events**

Generally, you may make your benefit elections only during the annual open enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse, or dependent child
- Adoption or placement for adoption of your child

- Change in employment status of employee, spouse or dependent child.
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within 31 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 31 days of the qualified event you lose the opportunity to come onto the plan until the next annual open enrollment period.

# COST OF YOUR BENEFITS

Lakeshore Technical College pays the full cost of many of your benefits; you share the cost for others. You pay the full cost for any voluntary benefits you elect.

| Benefit  | Tax Treatment    | Who Pays  |
|--|------------------|-----------|
| Health Coverage  | Pre-tax          | LTC & You |
| Dental Coverage  | Pre-tax          | LTC & You |
| Basic Life & Accidental Death & Dismemberment Insurance Coverage | Taxable Fringe   | LTC       |
|  | Over \$50,000    |           |
| Supplemental Life Insurance Coverage                             | Post-tax         | You       |
| Long-Term Disability   | N/A              | LTC       |
| Short-Term Disability  | Post-tax         | You       |
| Vision Coverage  | Pre-tax          | You       |
| Employee Assistance Program (EAP)                                | N/A              | LTC       |
| Flexible Spending Accounts                                       | Pre-tax          | You       |
| Wisconsin Retirement System (WRS)                                | Pre-tax          | LTC & You |
| Retirement Options (403b and 457)                                | Pre-tax and/or   | You       |
|  | After-tax (ROTH) |           |
| On-Site Fitness Center   | N/A              | LTC       |

# ALTERNATIVE BENEFIT PROGRAM – HEALTH INSURANCE OPT OUT REQUEST

For employees eligible for LTC's health insurance plan but have waived coverage, they may be eligible to receive an alternative benefit program payment via payroll.

## Requirements for eligibility

- Full Time Staff eligible for health insurance
- Proof of other coverage Documented evidence of other health coverage must be provided to the college (Spouse's Employer Letter or a copy of the insurance card) along with a signed Health Insurance Opt Out Request form upon initial election.
- Participation Requirement: The College must maintain health insurance plan enrollment at 70% of Eligible Employees. Those electing ABP may be denied this option if health plan enrollment drops below 70%. In this event, eligibility to elect ABP will be determined on the basis of greatest length of enrollment in the health insurance plan.
- Confirmation of continued coverage will be requested each cafeteria (flexible spending) year and must complete a new **Health Insurance Opt Out Request** form annually during open enrollment.

## Late Enrollment

• Employees have the right to enroll in the health plan at a later date pursuant to the insurance carrier's late enrollment terms and timelines and conditions for reentry, subject to the requirements of the cafeteria plan and related legal authority regarding election changes.

## Payment **ent**

 The ABP allows eligible participants, who have other health care coverage, to waive LTC's Health Insurance coverage and receive a \$333.33 monthly cash payment (\$4,000 annually) effective July 1, 2019. Currently the ABP amount is \$250 per month (\$3,000 annually).

| Bridge: | LTC Bridge → Administration → Human Resources → Benefits (Opt Out Health – Alternative Benefit |
|---------|--|
|         | Plan)  |

# SPOUSAL SURCHARGE

A spousal surcharge is an additional fee or premium that an employee is required to pay if their spouse has an alternative source for healthcare coverage through their own employer, yet elects to be added to the employee's plan. A spousal surcharge applies only if the spouse has other health insurance options.

# All eligible, married employees who enroll for spousal health coverage must complete the Spouse Health Insurance Coverage Statement.

Lakeshore Technical College employees are subject to a \$100 per month surcharge to cover a spouse who is eligible for group health coverage through his/her own employer (other than through Lakeshore Technical College), or a spouse who is retired and has access to a health plan through his/her previous employer (other than through Lakeshore Technical College). If at any point your spouse ceases to be eligible for his/her employer's health coverage, he/she may be enrolled under the Lakeshore Technical College health plan coverage within 30 days from such loss of eligibility.

An open enrollment under another employer's benefit plan is considered a permitted mid-year change in status event under Section 125. If your spouse's open enrollment occurred earlier in the year and your spouse chose not to enroll in coverage for which he/she was eligible for, he/she should contact his/her employer and may request to enroll **effective July 1 to avoid the surcharge**.

| Contact: | Holly Gahagan 920-693-1163  |
|----------|---|
| Bridge:  | LTC Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits $\rightarrow$ Health, Real Appeal, and Rx $\rightarrow$ Spouse Health Insurance Coverage Statement |

# HEALTH INSURANCE

Lakeshore Technical College offers a choice of Health plan options so you can choose the plan that best meets your needs and those of your family. Each plan includes comprehensive health care benefits, including coverage for prescription drugs and free preventative care services. Coverage is effective the first of the month following 30 days of employment as long as the enrollment form is received within 31 days from the date of eligibility. A qualified event is required to come onto the plan if coverage is not elected when first eligible. Annually, LTC offers an open enrollment period to eligible employees.

The Health Plan is a self-funded health plan with UMR as the third-party administrator. Prescription Drug Coverage is provided through Envision. *UnitedHealthcare Choice Plus Network* is the network used for In-Network level of benefits.

**Plan Year: January-December** 

Sorvices Received

| HEALTH                        |                                     | M               | 2019-2020<br>Monthly Cost Sharing |                 | <b>2020-2021</b><br>Monthly Cost Sharing |                 |                 |
|-------------------------------|-------------------------------------|-----------------|-----------------------------------|-----------------|--|-----------------|-----------------|
|                               |                                     | Full<br>Premium | Employee<br>20%                   | Employer<br>80% | Full<br>Premium                          | Employee<br>20% | Employer<br>80% |
|                               | Employee<br>only                    | \$667.49        | \$133.50                          | \$533.99        | \$743.57                                 | \$148.71        | \$594.86        |
| Active &<br>Early<br>Retirees | Family<br>(EE/Spouse/<br>Child(ren) | \$1,985.99      | \$397.20                          | \$1,588.79      | \$2,213.03                               | \$442.61        | \$1770.42       |
|                               | Employee/<br>Spouse                 | \$1,458.59      | \$291.72                          | \$1,166.87      | \$1,625.24                               | \$325.05        | \$1,300.19      |
|                               | Employee/<br>Child(ren)             | \$1,194.91      | \$238.98                          | \$955.93        | \$1,331.35                               | \$266.27        | \$1,065.08      |
|                               | Special<br>Medicare                 | \$1,352.24      | \$270.45                          | \$1,081.79      | \$1,506.11                               | \$301.22        | \$1,204.89      |

# Health Insurance

|  | Services Received   | Services Received   |
|--|---|---|
| All Covered Health Care Services   | from Network Providers  | From non-Network Providers  |
| Deductible   | \$2,000 Individual/\$4,000 Family<br>(HRA \$500/\$1,000)<br>Your portion with HRA                           | \$4,000 Individual/\$8,000 Family<br>(HRA \$500/\$1,000)<br>Your portion with HRA                             |
|  | \$1,500 Individual/\$3,000 Family   | \$3,500 Individual/\$7,000 Family   |
| Coinsurance You Pay  | 20%   | 40%   |
| Portion the Plan Pays  | 80%   | 60%   |
| Maximum Out-of-Pocket Limit<br>Maximum amount of deductible, coinsurance,<br>and copayments you are required to pay<br>under this plan | \$4,000 Individual/\$8,000 Family<br>(HRA \$500/\$1,000)<br>MOOP w/HRA<br>\$3,500 Individual/\$7,000 Family | \$8,000 Individual/\$16,000 Family<br>(HRA \$500/\$1,000)<br>MOOP w/HRA<br>\$7,500 Individual/\$15,000 Family |

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This deductible, co-insurance, and co-payments applied to your Network and non-network maximum out-of-pocket limits **accumulate separately** and are not transferable.

**How To Find a Provider:** With a preferred provider plan, using the Network provider maximizes your benefits. You can find a Network provider by clicking on the Find a Provider at umr.com, then search for the United HealthCare Choice Plus network, which includes a Medical Provider or a Behavioral Health Provider. If you go to the provider outside this Network, you will likely have higher out-of-pocket costs.

# Prescription Drug Reimbursement Information

|                       | Value Tier | Tier One | Tier Two | Tier Three |
|-----------------------|------------|----------|----------|------------|
| Cost-Sharing          |            |          |          |            |
| Per Prescription Fill | \$0        | \$10     | \$30     | \$60       |

Prescription drugs covered under this drug plan are not subject to a deductible and are administered by Envision RX.

#### **Reimbursement Information for Preventive Services**

|   | Member Pays for Services      | Member Pays for Services          |  |
|---|-------------------------------|-----------------------------------|--|
| Preventative Services                     | <b>Received from Network</b>  | Received from Non-Network         |  |
|   | Providers                     | Providers                         |  |
|   |                               | \$10 Copay, Deductible,           |  |
| Preventive Office Visits                  |                               | then 30% (7/1/19)                 |  |
|   | 0%                            |                                   |  |
|   |                               | \$10 Copay, Deductible,           |  |
|   |                               | then 40% (1/1/20)                 |  |
| True Emergency Room Visits                | \$100 copay, deductible, then | \$100 copay, deductible, then co- |  |
|   | co-insurance                  | insurance                         |  |
|   |                               |                                   |  |
| Non-True Emergency Room Visits            | \$200 Copay, Deductible,      | \$200 Copay, Deductible,          |  |
|   | then 10% (7/1/19)             | then 30% (7/1/19)                 |  |
|   |                               |                                   |  |
|   | \$200 Copay, Deductible,      | \$200 Copay, Deductible,          |  |
|   | then 10% (1/1/20)             | then 40% (1/1/20)                 |  |
| Tobacco Cessation Screening and           | 0%                            | Deductible, then 30% (7/1/19)     |  |
| Brief Interventions                       | 0,0                           | Deductible, then 40% (1/1/20)     |  |
| Other Preventive Services: Immunizations  |                               |                                   |  |
| (flu shots, shingles (age 60 & over),     |                               | Deductible, then 30% (7/1/19)     |  |
| Preventative Labs, Screenings             | 0%                            | Deductible, then $40\%$ (1/1/20)  |  |
| (mammograms, pap tests, prostate, hearing |                               |                                   |  |
| exam), & Colonoscopies (age 50+)          |                               |                                   |  |
| Real Appeal -(Weight Loss Mgmt Program)   | 0%                            | N/A                               |  |
|   |                               |                                   |  |

#### Care Management – A valuable part of your medical benefits

UMR Care Management is a staff of experienced, caring nurses (RNs) who help you get the most out of your health plan benefits. They work with you, your doctors and other medical advisors to get the services that best meet your needs.

Whether you're having a baby, have an emergency hospitalization or need non-emergency care, UMR Care Management Nurses will be available to assist you by:

- Helping negotiate treatment from the beginning of your care to recovery
- Helping you look at treatment needs and options under the direction of your doctor
- Serving as your advocate with your benefits administrator
- Providing an understanding of any complex issues to your claims payer
- Helping you better understand your health benefits

If you have questions about your Care Management benefits or upcoming healthcare services, call UMR Care Management at the phone number provided on your member ID card.

| Contact: | UMR 800-826-9781  |
|----------|---|
| Bridge:  | LTC Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits $\rightarrow$ Health, Real Appeal, and Rx. |

#### REAL APPEAL

Weight issues in the U.S. have reached epidemic proportions. It's estimated that nearly 7 out of 10 adults (69%) are considered overweight or obese.

Available through UMR, Real Appeal can help you reverse this trend, with tools and support to help employees lose weight, feel good and prevent weight-related health conditions.

Real Appeal uses a highly interactive weekly online show, videos, and live online coaching to drive small behavior changes, week by week, over a full year.



Participants receive one-on-one support through online consultations with a personal coach and interactive group discussions. They also receive digital tools for desktop and mobile devices and a weight-loss kit with exercise DVDs, an electronic scale, a pedometer, a blender, calorie and weight-loss trackers, fitness guides and more. **There is NO cost to members to participate.** 

#### Eligible Members must fall into one of the following:

- Body Mass Index (BMI) greater than 30.
  - Your BMI is your weight (in kilograms) over your height squared (in centimeters). Let's calculate, however, using pounds and inches. For instance, the BMI of a person who is 5'3" and weighs 125 lbs. is calculated as follows: Multiply the weight in pounds by 0.45 (the metric conversion factor)
- Greater than 25 but not more than 29.9 BMI with qualifying co-morbidity (diabetes, dyslipidemia, High-blood pressure, pre-diabetes, tobacco user)
- Greater than 23 but not more than 29.9 BMI with co-morbidity

#### The Real Appeal program includes:

#### Coaching

•

• One-on-one coaching with a weight-loss expert and weekly group coaching and live online discussion

#### **Personalized Support**

- Tools to help support success based in individualized needs:
  - Nutrition guides, meal plans, recipes, shopping lists and tips for dining out, Video workouts and fitness Guides

#### **Tools and Tracking**

- Hands-on tools tailored to participant needs
- Online support tools, including educational websites and digital applications
- Online or mobile tracking tools to monitor nutrition and exercise such as changing moods, cravings, feelings of satiety, exercise and food intake.

**ENROLL by going to getreal.realappeal.com.** When you begin your enrollment, have your **insurance information** and **calendar** handy to choose your weekly online session day and time.

| Contact: | UMR 800-826-9781   |
|----------|--|
| Bridge:  | LTC Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits (benefit summaries, summary plan descriptions, summary benefits of coverage, health, Real Appear, and Rx) |

# HEALTH REIMBURSEMENT ACCOUNT (HRA)

Employees can complete various wellness components to earn funds into a Health Reimbursement Account (HRA). These funds are used to help reduce the portion of the deductible you pay.

The wellness components vary from year to year and include items such as the completion of a biometric screening. Once the wellness components have been completed, funds will be earned for the following calendar year.

Below are the total amounts that can be earned into an HRA account effective January 1, 2020:

| Single | Family  |  |
|--------|---------|--|
| \$500  | \$1,000 |  |

For those who earn the full amounts as listed above, the deductible you pay is reduced as follows:

|                                    | Individual | Family    |
|------------------------------------|------------|-----------|
| Deductible (in-network)            | \$2,000    | \$4,000   |
| Health Reimbursement Account (HRA) | (\$500)    | (\$1,000) |
| Your Portion of Deductible *       | \$1,500    | \$3,000   |

\*Eligible for flexible spending

The Explanation of Benefits (EOB)'s you receive from UMR will also outline the portion you owe and what is/is not eligible to be paid by insurance.

| Contact: | UMR 800-826-9781   |
|----------|--|
| Bridge:  | LTC Bridge → Administration → Human Resources (benefit summaries, summary plan descriptions, health reimbursement account) |

#### HRA ROLLOVER

An HRA Rollover is available to you if there are any remaining funds available in your Health Reimbursement Account from the previous year. Rollover funds are populated in February if applicable. Please note if you used all of your HRA funds, then there will be no rollover funds populated to your HRA rollover account. However, you may have a carryforward balance from prior year rollovers.

| Yearly Rollover Amount |        | Maximum Balance |                 |
|------------------------|--------|-----------------|-----------------|
| Single                 | Family | Single          | Family          |
| \$250                  | \$500  | \$500 balance   | \$1,000 balance |

• To find out if you have any HRA Rollover funds available go to www.umr.com and Login.

• Click on "Account balances" – "Flexible Spending" – "View My FSA".

| Contact: | UMR 800-826-9781 – Ask for Flexible Spending Department   |
|----------|---|
| Bridge:  | LTC Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits (Flexible Spending & Rollover) |

# FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) are designed to save you money on your taxes. They work in a similar way to a savings account but for qualified expenses. Each pay period, funds are deducted from your pay on a pretax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses.

|   |                   | 2020 Annual  |  |
|---|-------------------|--|--|
| Account Type  | Eligible Expenses | Contribution Limits  | Benefit  |
| Health Care Account<br>(HCA)<br>Health Care (HCA)<br>(HCA)<br>Health Care (HCA)<br>(H |                   | Maximum contribution is<br>\$2,750 per year  | Saves on eligible expenses not<br>covered by insurance; reduces<br>your taxable income |
| Dependent Care<br>Account<br>(DCA)<br>Dependent care expenses<br>(such as day care, after<br>school programs or elder<br>care programs) so you and<br>your spouse can work or<br>attend school full-time.   |                   | Maximum contribution is<br>\$5,000 per year (\$2,500<br>if married and filing<br>separate tax returns) | Reduces your taxable income.   |

## **Important Information About FSAs**

Your FSA elections will be in effect from July 1<sup>st</sup> through June 30<sup>th</sup>. Claims for reimbursement must be submitted by September 30<sup>th</sup> of the following year. Please plan your contributions carefully. This is known as the "use it or lose it" rule and it is governed by IRS regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

# Grace Period (applies to the Health Care and Dependent Care Flexible Spending Account(s) only)

If you are enrolled in the Health Care Account and the Dependent Care Account as of the end of the Plan Year, you are eligible for a two-and-a-half-month grace period. (7/1-9/15) The grace period allows you and your dependents (if applicable) to continue incurring medical care expenses and dependent care expenses for up to two-and-a-half months following the end of the plan year and to be reimbursed for those expenses with any remaining account funds from the prior plan year.

In an effort to help make sure that you do not forfeit any unused dollars from the prior plan year, during the two-and-a-half-month grace period, your plan will reimburse you from prior plan year dollars first before using the dollars that you elected for the present plan year.

#### Take Advantage of an FSA – Save on Your Taxes \$

With a FSA, the money you contribute is not taxed. Nor is it taxed when you request reimbursement or file your income tax returns. Below is an example of the potential savings:

| With FSA | Without FSA  |
|----------|--|
| \$50,000 | \$50,000   |
| \$2,000  | \$0  |
| \$15,696 | \$16,350   |
| \$0      | \$2,000  |
| \$32,304 | \$31,650   |
| \$654    |  |
|          | \$50,000<br>\$2,000<br>\$15,696<br>\$0<br>\$32,304 |

Contact: www.wageworks.com | 877-924-3967

# Bridge: LTC Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits (Flexible Spending & Rollover)

# DENTAL COVERAGE

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and health will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

LTC offers you a self-funded dental plan with Delta Dental.

#### **Dental Insurance**

#### Plan Year: January-December

| DENTAL            |        | Ма              | 2019-2020<br>Monthly Cost Sharing |                 | 2020-2021<br>Monthly Cost Sharing |                 |                 |
|-------------------|--------|-----------------|-----------------------------------|-----------------|-----------------------------------|-----------------|-----------------|
| DEr               | IIAL   | Full<br>Premium | Employee<br>14%                   | Employer<br>86% | Full<br>Premium                   | Employee<br>14% | Employer<br>86% |
| Active &          | Single | \$44.44         | \$6.22                            | \$38.22         | \$44.44                           | \$6.22          | \$38.22         |
| Early<br>Retirees | Family | \$127.63        | \$17.87                           | \$106.76        | \$127.63                          | \$17.87         | \$106.76        |

| Plan Provision  | Delta Dental                    |
|---|---------------------------------|
| Annual Deductible<br>(Individual/Family)  | None                            |
| Annual Maximum (per person)   | \$2,000                         |
| Diagnostic & Preventative Care:<br>Includes cleanings, fluoride treatments, sealants and x-rays | 100%                            |
| Basic Services:<br>Includes fillings, periodontics, scaling and root planning, and oral surgery | 80%                             |
| Major Services:<br>Includes crowns. Inlays, overlays, repairs & adjustments to bridges/dentures | 80%                             |
| Bridges, dentures, & implants   | 50%                             |
| Orthodontia<br>(dependents up to age 26)-Adult Orthodontia is available                         | 50%<br>\$2,000 lifetime maximum |

# Evidence-Based Integrated Care Plan (EBICP)

Delta Dental's Evidence-Based Integrated Care Plan (EBICP) is an enhancement that provides and expands benefits for persons with diseases and medical conditions that have oral health implications. To participate in EBICP, eligible dental plan enrollees or their Dentists are required to set the appropriate health condition indicator online at <u>www.deltadentalwi.com</u> or a Delta Dental of WI representative will assist in setting the EBICP indicator by telephone. Generally speaking those with qualifying conditions will be eligible for up to 2 additional visits in a benefit year for periodontal maintenance or adult prophylaxis. Other treatments may apply.

#### **EBICP Qualifying Conditions**

High-Risk Cardiac Conditions, Suppressed Immune System Conditions, Periodontal Disease, Kidney Failure or Dialysis, Cancer Therapy, Diabetes, Pregnancy

| . Contact: | Delta Dental  800-236-3712  www.deltadentalwi.com   |
|------------|---|
| Bridge:    | LTC Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits $\rightarrow$ (Benefit Summaries, Summary Plan Descriptions, & Dental) |

# VISION INSURANCE – MATERIALS ONLY

| DEDUCTIBLES                           |     | Services   | Frequency              |  |
|---------------------------------------|-----|--|------------------------|--|
| Exam N/A                              |     | Not a covered benefit on the Materials Only Plan |                        |  |
| Materials*                            | \$0 | Frame  | 12 Months              |  |
|                                       |     | Eyeglass Lenses                                  | 12 Months              |  |
|                                       |     | Contact Lenses                                   | 12 Months              |  |
| BENEFITS                              |     | In-Network                                       | Out-Of-Network         |  |
| Exam                                  |     | Not a covered benefit on the Materials           | s Only Plan            |  |
| Frame                                 |     | \$150 retail allowance                           | Up to \$75             |  |
| Lenses (Standard) Per<br>Pair:        |     |  |                        |  |
| Single Vision                         |     | Covered in Full                                  | Up to \$25             |  |
| Bifocal                               |     | Covered in Full                                  | Up to \$40             |  |
| Trifocal                              |     | Covered in Full                                  | Up to \$45             |  |
| Progressive                           |     | Covered at lined trifocal level                  | Up to \$45             |  |
| Lenticular                            |     | Covered in Full                                  | Up to \$80             |  |
| Contact Lenses**                      |     | \$175 retail allowance                           | Up to \$150            |  |
| Medically Necessary<br>Contact Lenses |     | Covered in Full                                  | Up to \$150            |  |
| Laser Vision<br>Correction***         |     | \$200 retail allowance                           | \$200 retail allowance |  |

|                       | VISION PLAN – MATERIALS ONLY |
|-----------------------|------------------------------|
| VISION                | Employee Monthly Premiums    |
| Employee              | \$5.61                       |
| Employee + Spouse     | \$11.22                      |
| Employee + Child(ren) | \$12.43                      |
| Employee + Family     | \$19.31                      |

\*Materials deductible applies to eyeglass lenses / frame & contact lenses

\*\*Contact lenses & related professional services (fitting, evaluation and follow-up) are in lieu of eyeglass lenses & frame benefit. The contact lens benefit includes the contact lens fitting, evaluation & follow-up.

\*\*\* Members may elect to receive laser vision correction services ("LASIK" Services) in lieu of the prescription eyewear described above (eyeglass lenses/frame or contact lenses) during a single period. Members electing to receive LASIK Services are entitled to an allowance as outlined above if received from a participating provider <u>**OR**</u> if received from a non-participating provider. When LASIK Services are received from a participating provider, the member is also entitled to receive the participating provider's program pricing. The LASIK Services allowance will be paid only one time per member and is subject to routine regulatory filings and certain exclusions and limitations.

# **VISION INSURANCE – EXAM AND MATERIALS**

| DEDUCTIBLES   |     | Services   |   | Frequency              |  |
|---|-----|--|---|------------------------|--|
| Exam  | \$0 | Exam   |   | 12 Months              |  |
| Eyewear*  | \$0 | Frame  |   | 12 Months              |  |
|   |     | Eyeglass Lenses  |   | 12 Months              |  |
|   |     | Contact Lenses   |   | 12 Months              |  |
| BENEFITS  |     | In-Network   |   | Out-Of-Network         |  |
| Exam  |     | Covered in Full  |   | Up to \$35             |  |
| Frame   |     | \$150 retail allowance   |   | Up to \$75             |  |
| Lenses (Standard) Per<br>Pair:<br>Single Vision<br>Bifocal<br>Trifocal<br>Progressive<br>Lenticular |     | Covered in Full<br>Covered in Full<br>Covered at lined trifocal leve | Up to \$25<br>Up to \$40<br>Up to \$45<br>el Up to \$45<br>Up to \$80 |                        |  |
| Contact Lenses**  |     | \$175 retail allowance   |   | Up to \$150            |  |
| Medically Necessary<br>Contact Lenses   | 1   | Covered in Full  |   | Up to \$150            |  |
| Laser Vision<br>Correction***   |     | \$200 retail allowance   |   | \$200 retail allowance |  |

\*Eyewear deductible applies to eyeglass lenses/frames and contact lenses.

|                       | VISION PLAN – EXAM & MATERIALS |
|-----------------------|--------------------------------|
| VISION                | Employee Monthly Premiums      |
| Employee              | \$7.64                         |
| Employee + Spouse     | \$15.28                        |
| Employee + Child(ren) | \$17.26                        |
| Employee + Family     | \$26.69                        |

\*\*Contact lenses & related professional services (fitting, evaluation and follow-up) are in lieu of eyeglass lenses & frame benefit. The contact lens benefit includes the contact lens fitting, evaluation & follow-up.

\*\*\* Members may elect to receive laser vision correction services ("LASIK" Services) in lieu of the prescription eyewear described above (eyeglass lenses/frame or contact lenses) during a single period. Members electing to receive LASIK Services are entitled to an allowance as outlined above if received from a participating provider <u>OR</u> if received from a non-participating provider. When LASIK Services are received from a participating provider, the member is also entitled to receive the participating provider's program pricing. The LASIK Services allowance will be paid only one time per member and is subject to routine regulatory filings and certain exclusions and limitations.

Contact: Superior Vision | 800-879-6901 | www.superiorvision.com

Bridge: LTC Bridge  $\rightarrow$  Administration  $\rightarrow$  Human Resources  $\rightarrow$  Benefits  $\rightarrow$  Vision

# VISION CARE DISCOUNT PROGRAM

Your dental plan from Delta Dental includes a <u>vision care discount program</u>. Delta Dental of Wisconsin has chosen EyeMed Vision Care® as the network provider for your vision care <u>discount</u> program. EyeMed offers you a choice of services at a great value. This is <u>not insurance</u>, but a discount plan that provides:

- Overall savings up to 35%
- Access to thousands of private practice and retail providers nationwide, including LensCrafters®, JCPenney Optical®, TargetOptical®, SearsOptical®, ShopkoOptical®, and most Pearle Vision® locations
- Choice of any product, including designer brand-name frames (certain brands impose a no-discount policy and the frame discount is not available)
- Savings on laser vision correction
- Replacement contact lenses by mail

| Vision Discount Program  | Member Benefit                 |
|--|--------------------------------|
|  | \$5 off comprehensive exam     |
| Exam with Dilation as Necessary  | \$10 off contact-lens exam     |
| <b>Complete Pair Glasses Purchased</b><br>The following discounts and fees for frames, lenses, and lens options apply only<br>if a complete pair is purchased in the same transaction. Items purchased<br>separately will be discounted 20% off of the retail price. |                                |
| Frames: Any frame available at provider location   | 35% off retail price           |
| Single Plastic Lenses Including Standard Scratch Coating   | Member Pays                    |
| Single-Vision  | \$50                           |
| Bifocal  | \$70                           |
| Trifocal   | \$105                          |
| Lens Option  | Member Pays                    |
| UV Coating   | \$15                           |
| Tint (solid and gradient)  | \$15                           |
| Standard Polycarbonate   | \$40                           |
| Standard Anti-Reflective Coating   | \$45                           |
| Standard Progressive (add-on to bifocal)   | \$65                           |
| Conventional Contact Lenses: Applied to materials only   | 15% off retail price           |
| Laser Vision Correction: LASIK or PRK  | 15% off retail price or 5% off |
|  | promotional price              |
| Frequency: Exams, frames, lenses, and contact lenses   | Unlimited                      |

#### Additional Notes:

-After initial purchase, replacement contact lenses may be obtained online at substantial savings and mailed directly to the member. Details are available at **eyemedvisioncare.com/deltadental** 

-Members will receive a 20% discount on items purchased at participating providers not included under the program. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses.

-Retail prices may vary by location.

#### Plan Limitations/Exclusions:

-Orthoptic or vision training, subnormal vision aids, and associated supplemental testing

-Medical and/or surgical treatment of the eye, eyes, or supporting structures

-Corrective eyewear required by an employer as a condition of employment, and safety eyewear

-Services provided as a result of any Worker's Compensation

-Plano non-prescription lenses (lens with no power) and non-prescription sunglasses (except for 20% discount)

| Contact: | EyeMed Vision Care   866-800-5457   www.eyemedvisioncare.com/deltadental                                       |  |
|----------|--|--|
| Bridge:  | LTC Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits (Dental & Vision) |  |

# MEMD TELEMEDICINE (CA\$H INCENTIVE)

#### MeMD – Receive a \$50 cash incentive every time you or a family member uses MeMD!

- Provide visit summary to HR (redact personal health info)
- \$50 cash incentive per visit is (reimbursed through payroll)

## Medical: (See a licensed medical provider online)

- Consult a medical provider by webcam or phone 24/7 Nationwide
- Prescriptions sent instantly to the pharmacy of your choice
- \$25 co-pay per visit
- The entire telehealth visit is completed on average within 30 minutes or less

#### Below is a sample of medical conditions MeMD can address:

- Abrasions, bruises
- Colds, Flu and fever
- Sore throat, cough, congestion
- Allergies, hives, skin infections
- Bites and stings
- Minor headaches, arthritic pains, body aches

- Medication refills short term (prescriptions cannot be written for controlled substances or elective medications)
- Diarrhea, vomiting, nausea
- Urinary tract infections
- Eye infections, conjunctivitis

# Behavioral Health Services: (See flyer for more details – click HERE)

- Telepsychiatry Services Employee have access psychiatric providers that specialize in the diagnosis and treatment of mental health issues and can work with MeMD therapists to provide comprehensive care.
   \$195 initial visit / \$95 follow-up visits
- **Talk Therapy** Employees have access to high-quality, convenient and confidential mental health services, so they can get the support they need.
  - \$65 fee per visit
- **Teen Therapy** Teen teletherapy program gives your employees access to the mental healthcare their children need. Teletherapist treat depression, anxiety, body image concerns, eating disorders, bullying, peer conflict, drug and alcohol use, self-harm behaviors and other common adolescent issues.
  - \$65 fee per visit

 Contact:
 MeMD | 855-636-3669 | www.memd.net

 Bridge:
 LTC Bridge → Administration → Human Resources → Benefits (Aflac & MeMD)

# SMART CHOICE MRI (CA\$H INCENTIVE)

You have the choice on where you can go to receive an MRI (magnetic resonance imaging) scan. On average MRI's cost \$2,600. With Smart Choice MRI, <u>every</u> MRI is \$600 or less! And there is a **cash incentive of \$100 per MRI (reimbursed through payroll), simply provide your explanation of benefits (EOB) to HR.** The price includes the cost of the scan, any contract needed, and the radiologist interpretation of results. Smart Choice MRI will ensure your results are sent to your health care provider. Smart Choice MRI is covered innetwork.

To find a Smart Choice MRI near you visit SmartchoiceMRI.com. Currently there are seven locations in Appleton, Green Bay, Kenosha, La Crosse, Milwaukee, Richfield, and Waukesha. Scheduling is available 24/7 online. You may also call 844-633-3674.

Contact: Smart Choice MRI | 844-633-3674 | www.smartchoicemri.com

# EMPLOYEE ASSISTANCE PROGRAMS (EAP)

Sometimes life can be challenging. That's why LTC provides two different Employee Assistance Programs (EAP) to all eligible employees at no cost to you. The EAP is designed to provide prompt, confidential help with a range of personal and family issues that may affect all of us from time to time. You or a member of your household (spouse, dependent children, etc.) can receive up to three in-person assessment and counseling sessions with masters-degreed counselors, 24-hours a day. The EAP program also provides legal, financial, childcare and eldercare assistance.

Contact:National Insurance Services | 866-451-5465 | www.niseap.comBridge:LTC Bridge→ Administration → Human Resources → Benefits (Miscellaneous)

# MENTAL WELLBEING

Text HOPELINE to 741741 anywhere, anytime about any kind of struggle.

A live, trained specialist receives the text and responds quickly.

HOPELINE™, text line offered by Center for Suicide Awareness, is a text-

in (versus voice call) free emotional support service providing hope, help, and support when it's needed most.

**HOPELINE**<sup>™</sup> serves anyone in any type of situation, providing them with access to free, 24/7 emotional support and information.

**HOPELINE**<sup>™</sup>'s purpose is to offer emotional support and resources before situations rise to a crisis level.

#### Mental Health America

When your mental health is off, you want to get help to make it better. Fortunately, there are a wide range of treatments and supports, including mental health screening tools to be found at <u>www.mentalhealthamerica.net</u>.

Taking a mental health screening is one of the quickest and easiest ways to determine whether you are experiencing symptoms of a mental health condition. **Mental health conditions, such as depression or anxiety, are real, common and treatable. And recovery is possible.** 

| Contact: | Text 741741   https://centerforsuicideawareness.org/   |
|----------|--|
| Bridge:  | LTC Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits (Miscellaneous) |



# ADDITIONAL PROGRAMS OFFERRED THROUGH PARTNERSHIP WITH SYMETRA

Since we carry our life insurance through Symetra, they offer additional free benefits for our employees including travel assistance, identity theft protection, and beneficiary assistance. Each of these services is only a phone call away 24/7.

# TRAVEL ASSISTANCE

Your Travel Assistance Program offers a variety of a 24-hour-a-day services in more than 200 countries and territories worldwide for emergency help. Services under this program include finding medical services, free transportation when medically necessary, free transportation home for traveling companion's and dependent children, replacement of medication and eyeglasses. Other services include help locating/replacing lost or stolen luggage, documents and personal possessions, legal assistance, telephone interpretation in all major languages, and much more. When calling be prepared to provide the address where you are staying, a phone number where we may reach you, and your employer's name.

Contact: Symetra| 877-823-5807 (US) 240-330-1422 (from anywhere else in the world)

Bridge: LTC Bridge → Administration → Human Resources → Benefits (Miscellaneous) "Value Added Programs GROUP LIFE"

# **IDENTITY THEFT PROTECTION PROGRAM**

Identity theft is a rising concern and it can happen to anyone. That's where your Identity Theft Protection Program comes in. It provides you with information to protect yourself and step-by-step coaching to help you confirm and resolve identity theft. The Identity Theft Protection Program is provided by Generali Global Assistance. If you think your identity has been stolen, call 24 hours a day, seven days a week. An Identity Theft Expert will help you obtain a copy of your credit report from all three major credit-reporting agencies and put a fraud alert on your records. The services also include lost wallet assistance, credit information review, translation services, emergency cash advance while traveling (a repayment guarantee is needed).

Contact: Symetra | 877-823-5807 (US) 240-330-1422 (from anywhere else in the world)

Bridge: LTC Bridge → Administration → Human Resources → Benefits (Miscellaneous) "Value Added Programs GROUP LIFE"

#### **BENEFICIARY COMPANION PROGRAM**

Managing a loved one's final affairs can be overwhelming. The amount of time and effort needed to close an estate can make an already stressful time even more difficult. Your Beneficiary Companion Program can offer some relief and provide guidance to help with paperwork, notifications and other time-consuming details.

The Beneficiary Companion Program is provided by Generali Global Assistance. Dedicated beneficiary assistance coordinators are available 24/7 to answer any questions, offer guidance on how to obtain death certificate copies, manage notifications such as social security administration, credit reporting agencies, credit card companies/financial institutions, third-party vendors and government agencies.

| Contact: | Symetra   877-823-5807 (US)                         | 240-330-1422 (from anywhere else in the world)            |
|----------|---|---|
| Bridge:  | LTC Bridge → Administration<br>Programs GROUP LIFE" | → Human Resources → Benefits (Miscellaneous) "Value Added |

# GROUP BASIC LIFE INSURANCE

LTC offers various life insurance options through Symetra Life Insurance Company.

All active employees working a minimum of 23 hours each week (excluding temporary, leased, or seasonal) have a life insurance policy paid by LTC equal to one times their annual salary. As their salary changes from year to year, the life insurance policy amount changes as well.

\*Please note reduction in coverage due to age applies to basic life insurance, supplemental life insurance, and supplemental accidental death and dismemberment insurance. Reductions will be effective on September 1<sup>st</sup> following the date you attain age 70, 75, and 80.

#### GROUP SUPPLEMENTAL LIFE AND AD&D INSURANCE

Supplemental term life insurance for the employee is available in amounts of \$25,000, \$50,000, \$75,000, and \$100,000 coverage (Includes Accidental Death & Dismemberment). This is group term insurance which means the cost of the coverage increases as an employee enters a new age bracket. This coverage is available on a voluntary payroll deduction basis. Enrollment may require underwriting.

| Optional | \$25,000   | \$50,000   | \$75,000   | \$100,000  |
|----------|------------|------------|------------|------------|
| Up to 34 | \$2.14/mo. | \$4.26/mo. | \$6.38/mo. | \$8.50/mo. |
| 35-39    | 2.64       | 5.26       | 7.88       | 10.50      |
| 40-44    | 3.64       | 7.26       | 10.88      | 14.50      |
| 45-49    | 5.38       | 10.76      | 16.14      | 21.50      |
| 50-54    | 8.38       | 16.76      | 25.14      | 33.50      |
| 55-59    | 12.38      | 24.76      | 37.14      | 49.50      |
| 60-64    | 13.88      | 27.76      | 41.64      | 55.50      |

#### **Group Life Insurance Monthly Rates:**

\*Please note reduction in coverage due to age applies to basic life insurance, supplemental life insurance, and supplemental accidental death and dismemberment insurance. Reductions will be effective on September 1<sup>st</sup> following the date you attain age 70, 75, and 80.

#### **VOLUNTARY DEPENDENT LIFE INSURANCE**

Voluntary dependent life insurance is available for your spouse and your unmarried dependent children. The child's coverage extends from 15 days of age to age 19, or age 19 but under age 25 and in full time attendance (minimum 12 course credit hours per semester) at an accredited institution of learning. Age 19 or older and disabled.

| Family Plan 1                           | Family Plan 2                            |
|---|--|
| \$2 premium per month                   | \$4 premium per month                    |
| \$7,500 spouse and/or \$3,750 per child | \$15,000 spouse and/or \$7,500 per child |

| Contact: Holly Gahagan   920-693-1163   Holly.Gahagan@gotoltc.edu |
|---|
| Contact. Hony Ganagan   520-055-1105   Hony.Ganagan@gotonc.edu    |
|   |
|   |

Bridge: LTC Bridge → Administration → Human Resources → Benefits (Life & Long-Term Disability)

# **DISABILITY INSURANCE COVERAGE**

The goal of LTC's Disability Insurance Plans is to provide you with income replacement should you become disabled and unable to work due to a non-work-related illness or injury. LTC provides eligible employees with long term disability income benefits at <u>no</u> cost to you. You can also purchase short term disability income.

# LONG-TERM DISABILITY (LTD)

100% Employer paid Long Term Disability Insurance is offered through National Insurance Services (NIS). Long-Term Disability Insurance provides a non-taxable benefit of 67% of your base salary in the event you become disabled and are unable to work after 90 consecutive calendar days of disability.

| Benefit Amount     | 67% of Base Earnings, maximum amount applies          |
|--------------------|---|
| Benefit Duration   | Benefits are payable up to age 65; those over 65 have |
|                    | limits on the duration of the benefit                 |
| Elimination Period | 90 days   |

Contact Human Resources if you need to get started on completing a long-term disability claim.

| Contact: | Holly Gahagan   920-693-1163   Holly.Gahagan@gotoltc.edu   |
|----------|--|
| Bridge:  | LTC Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits (Life & Long-Term Disability) |

# AFLAC

LTC in partnership with AFLAC offers many additional voluntary programs. Employees who work 20 hrs/week, (1040 annual), are eligible to participate in these programs.

# VOLUNTARY SHORT-TERM DISABILITY (STD)

Employee paid Short Term Disability Insurance is offered by AFLAC. Short Term Disability Insurance provides income protection in the event you become disabled and are unable to work due to sickness or non-occupational injury for a short period of time.

- Short Term Disability Insurance may be purchased by the employee
- Rates vary based upon age and salary
- Disability coverage protects your greatest assets, your ability to earn an income while off of work

# ACCIDENT ADVANTAGE

For a covered accident, Aflac policyholders receive cash benefits for use as they see fit. This plan helps provide a financial cushion if an accident occurs.

## CANCER/SPECIFIED-DISEASE

Aflac's cancer/specified-disease insurance policies are designed to pay cash benefits that can be used to help offset cancer-related expenses and to help with a variety of daily living expenses.

## **CRITICAL CARE PROTECTION**

Aflac's Critical Care Protection policy is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or end-stage renal failure. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

# AFLAC PLUS RIDER

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

#### SHORT-TERM DISABILITY

An Aflac short-term disability insurance policy can help provide you with a source of income while you concentrate on getting better.

# HOSPITAL CONFINEMENT INDEMNITY

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

#### AFLAC partnership with MeMD Telemedicine. LTC will reimburse employees \$50 per visit.

Simply send your visit summary from MeMD to Human Resources.

See additional information about MeMD on page 20 of this Benefit Guide.

Contact:Shannon Lading | Aflac | 920-450-5904 | Shannon\_lading@us.aflac.comBridge:LTC Bridge → Administration → Human Resources → Benefits (Aflac & MeMD)

# HOLY FAMILY MEMORIAL CHAMBER CLINIC

LTC is a member of the Manitowoc Chamber of Cumbrance. This gives LTC Employees access to the Holy Family Memorial Chamber Clinic. The clinic offers many services such as:

## SERVICES

- A compliment to your Primary Care provider; not a replacement.
- Primary Care services across the life span (Ages 2+)
- Acute/Urgent Care
- Sore throat, respiratory, urinary tract and yeast infection, sprains/strains, complete physicals, rash, and much more
- Basic Labs
- Mono, Strep, Urine Dip, Pregnancy
- Chronic Disease Management
- Diabetes, high blood pressure, weight, heart disease
- Prescriptions/Refills
- Physical Therapy
- Limited number of sessions for acute MSK issues: minor sprains, strains, neck and shoulder paid, low back pain.
- Wellness Coaching
- Coaching on overall wellness, nutrition and exercise.
- Emotional Health Counseling
- Assist in the identification and resolution of concerns, such as, marital, family, financial, emotional health and stress or anxiety. Referral will be made to Behavioral Health and billed to insurance when appropriate.

## HFM CHAMBER CLINIC LOCATIONS

- HFM Harbor Town Clinic -1650 S. 41st St., Manitowoc. Enter at Transcend (Work Health Options)
- Other sites will reopen post COVID-19 pandemic.

# **CHAMBER CLINIC HOURS**

- Monday Friday
- Mon/Wed/Thurs/Friday 8 am 4 pm
- Tuesday 8 am 6 pm
- For an appointment call: 920-320-4660
- Walk-ins accepted based on availability
- Also available by appointment by calling: 920 320-4660

#### COST

- Patients must identify themselves as an HFM Chamber Clinic member and show their personalized member card at registration.
- \$10 co-pay per visit cash, check or credit card

#### Contact: Randy Connour, Business Development: 920-320-4282 office or rconnour@hfmhealth.org

#### Monica Nichter, Executive Director, Business Development: 920-320-4071 office or mnichter@hfmhealth.org

# TIME OFF BENEFITS (FISCAL YEAR JULY 1-JUNE 30)

**Paid Leave of Absence (PLOA):** PLOA is given at the beginning of each fiscal year. It is used for illness and medical/dental appointments of the staff member or family member, funeral and birth or adoption of a child. "Family" means spouse, children, stepchildren, parents, step-parents, siblings, parents-in-law, grandparents and grandparents-in-law, grandchildren and any person living at the staff member's home receiving emotional and financial support whether related by blood or not, who is considered by the staff member as a lifelong family member. This definition of family does not include acquaintances, friends or roommates.

| PLOA   | Faculty-13 days | Management/Support Staff-15 days |
|--------|-----------------|----------------------------------|
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**Personal Leave:** Some PLOA hours may be used for non PLOA circumstances such as family graduations and/or marriages; appointments such as legal, financial, and business; special school events that are only scheduled during work hours; home appliance, equipment, or structural problems; and car malfunctions. It can also be used for school closing (i.e. between Christmas and New Year's holiday)

| Personal  | Faculty-2 days  | Management/Support Staff-4 days |
|-----------|-----------------|---------------------------------|
| i ersonal | l acuity-z days | Management/Support Stan-4 days  |

**Bereavement (Funeral Leave):** Employees may use PLOA due to the preparation for or attendance of a funeral for a family member. The length of time should be reasonable with the circumstances, at the staff member's discretion.

<u>Vacation</u>: This leave is available to our Support and Management staff. Pro-rated benefits are provided to regularly scheduled, part-time employees based on the number of annual work hours.

Non-Contract Time: This leave is available to our Faculty staff and is 2 weeks.

| Earnings for Support Staff |                     | Earnings for Management Staff |                     |  |
|----------------------------|---------------------|-------------------------------|---------------------|--|
| Years of Service           | Vacation Weeks      | Years of Service              | Vacation Weeks      |  |
| 0 – 4                      | 2 weeks             | 0 - 4                         | 3 weeks             |  |
| 5 – 9                      | 3 weeks             | 5 - 14                        | 4 weeks             |  |
| 10 – 14                    | 4 weeks             | 15 +                          | 4 weeks plus 4 days |  |
| 15 +                       | 4 weeks plus 4 days |                               |                     |  |

Additional details can be found in the Employee Handbook or under Policies & Procedures on the Bridge.

#### Holidays Observed:

| INDEPENDENCE DAY           | CHRISTMAS DAY                     |
|----------------------------|-----------------------------------|
| LABOR DAY                  | NEW YEAR'S EVE                    |
| THANKSGIVING DAY           | NEW YEAR'S DAY                    |
| DAY FOLLOWING THANKSGIVING | MEMORIAL DAY                      |
| CHRISTMAS EVE              | FLOATING HOLIDAY\FLEXIBLE HOLIDAY |

**<u>Summer Hours</u>**: Starting the end of June and the month of July, LTC is closed Fridays. Employees are able to modify their schedules or supplement with available rotation or personal leave hours.

**Family and Medical Leave:** Employees may be eligible for up to 12 weeks of unpaid leave for the employee's serious health or family member's condition. Employees are eligible once they have been employed for one year and worked a minimum of 1,000 hours.

<u>Jury Service</u>: Employees subpoenaed to serve as jurors or witnesses will be paid their regular salary and will turn over to the district reimbursement, excluding mileage allowance, which they receive for such service. The Human Resources Department needs to be notified immediately about such jury duty.

<u>Worker's Compensation Insurance</u>: Worker's compensation insurance is maintained by LTC to cover on-the-job injuries of all employees. Accidents should be reported immediately to your supervisor, the school nurse's office and Human Resources Department.

**<u>Refreshment and Lunch Breaks</u>**: Employees are allowed a break of up to 15 minutes in the morning and a break of up to 15 minutes in the afternoon for refreshments. This time may not be used to leave the office earlier or to lengthen the lunch break period. Lunch breaks are not paid time. Employees, whose work schedule exceeds six hours, must take a half hour non paid lunch.

**Emergency Closings:** Emergency school closings will be communicated to you through your phone (text message and/or voice mail), *The Bridge*, and local radio and TV stations.

# PAYROLL AND VOLUNTARY DEDUCTIONS

**Payroll:** Your payroll is made by direct deposit on or before the 15<sup>th</sup> and the last business day of the month.

**Voluntary Deductions:** The following are voluntary deductions you may be able to participate in.

| Pre Tax Payroll Deduction:                              | After Tax Payroll Deduction:   |
|---|--|
| Flexible Spending Accounts                              | Child Care   |
| <ul> <li>Health and Dental Employee portion</li> </ul>  | <ul> <li>Foundation (scholarship donation)</li> </ul>                      |
| <ul> <li>Wisconsin Retirement System (WRS)</li> </ul>   | <ul> <li>Life Insurance -Voluntary Supplemental &amp; Dependent</li> </ul> |
| <ul> <li>Tax-Sheltered annuity plans (403b)*</li> </ul> | Short Term Disability (STD)  |
| <ul> <li>Deferred compensation plan (457)*</li> </ul>   | United Way   |
| Vision  | <ul> <li>Tax-Sheltered annuity plans (403b)*</li> </ul>                    |
|   | <ul> <li>Deferred compensation plan (457)*</li> </ul>                      |
|   | <ul> <li>AFLAC products standard</li> </ul>                                |

Voluntary deductions will be withheld from both mid-month and end-of-the-month payrolls.

#### Contact: Kim Kammann | 920-693-1869 | Kim.Kammann@gotoltc.edu

# OTHER SERVICES

<u>**Child Care Center:**</u> Employees interested in enrolling a child in the Child Care Center should contact the Child Care center for more information. Child care is available for children ages 2 and above. You may also be eligible for payroll deduction for child care. Additional information can be found on The Bridge  $\rightarrow$  Instruction  $\rightarrow$  Child Care or by calling the center at (920) 693-1243.

**Fitness Center:** Employees may use the center's equipment which includes weight machines, rowing machines, bikes, tread mills and other workout equipment. Visit the College Nurse in the Lakeshore building or call x1111 for more information.

<u>Sports Core Discount</u>: The Kohler Sports Core offers an employee discount for LTC employees. See the flyer located on the bridge. The Bridge  $\rightarrow$  Administration  $\rightarrow$  Human Resources  $\rightarrow$  Benefits  $\rightarrow$  Miscellaneous

**<u>United Way:</u>** LTC supports participation in the United Way (it is a form of fund solicitation for worthwhile community health and welfare organizations). If employees wish to make a contribution to United Way, they can make payments via payroll deduction, check or credit card.

<u>The LTC Bookstore:</u> In addition to office supplies, the LTC Bookstore has other personal items for sale; e.g., greeting cards, candy, books, athletic apparel, personal hygiene items, novelty and logo items. Employees receive a 10% discount. www.lakeshoretechshop.com

# **TUITION REIMBURSEMENT**

Employees are eligible for tuition reimbursement after 12 months of employment. Full time employees are eligible for 12 credits per fiscal year (July 1-June 30) and must receive a grade B or higher. Employees will receive reimbursement based on the current state tuition rate. The Course Reimbursement Form should be completed by the employee, approved, and then routed to HR. A copy of the grade report or transcript must be included with the form. Note: Staff must maintain employment for two years after payment or refund College employee's reimbursement.

| Contact: | Lisa Kwarciany   920-693-1158   Lisa.Kwarciany@gotoltc.edu   |
|----------|--|
| Bridge:  | LTC Bridge → Administration → Human Resources → Forms Library → Human Resources<br>(Course Reimbursement Form) |

## WISCONSIN RETIREMENT SYSTEM (WRS)

The Wisconsin Retirement System provides a pension benefit to eligible employees. Membership is mandatory, under law, for staff employed full-time.

#### Eligibility

All Benefit Eligible employees who work at least one year and a minimum of 1,200\* hours per year (880 for faculty) must contribute to WRS. The employee must earn five years of WRS-creditable service to be vested. One year of WRS-creditable service is equal to 1,320 hours for faculty and 1,904 hours for all others.

#### Contributions

The employee and LTC **each** pay ½ of the total WRS required contribution (based on gross salary) for full-time staff. The deduction is pre-tax.

#### 2020 - 13.5 % Total (6.75% employer and 6.75% employee)

The contribution rate typically changes each calendar year.

\*Employees who were a participating employee with WRS prior to July 1, 2011 and have not taken a separation benefit need to meet a minimum of 600 hours per year or 440 for faculty were eligible immediately for vesting upon employment.

Contact: Department of Employee Trust Fund (ETF) | 877-533-5020 | www.etf.wi.gov

Bridge: LTC Bridge → Administration → Human Resources → Benefits (WRS & Retirement Savings)

# SUPPLEMENTAL RETIREMENT OPTIONS (403B AND 457)

LTC offers a 403(b) and 457 plan which provides a convenient way to save for your future through payroll deductions.

#### Eligibility

You are eligible to participate in the plan as of your start date with LTC or anytime thereafter.

#### **Employee Contributions**

Contributions from your pay are made on a pre-tax or post tax basis—up to the IRA annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the Normal IRS annual limit. (There are no employer contributions). All employees are eligible for this benefit through payroll deduction. Participation must be in keeping with state and federal laws.

| Maximum Contribution Limits for 2019 |          |          |  |  |
|--------------------------------------|----------|----------|--|--|
| 403b 457                             |          |          |  |  |
| Under age 50                         | \$19,000 | \$19,000 |  |  |
| Age 50 or over \$25,000 \$25,000     |          |          |  |  |

#### How do I contribute to a 403b plan?

To make an elective contribution to the Plan, you must enroll with the 403b provider **and** submit a Salary Reduction Agreement to the Plan's Third Party Administrator, TSA Consulting. You may make, change, or stop such an election to contribute at your discretion. The effective date of these changes will be the date listed on your Salary Reduction Agreement or the next payroll date after it is approved by TSA Consulting. For more information access the "Enrollment Kit\_TPA" located on:

The Bridge  $\rightarrow$  Administration  $\rightarrow$  Human Resources  $\rightarrow$  Benefits  $\rightarrow$  WRS & Retirement Savings.

#### How do I contribute to a 457 plan?

Contact Wisconsin Deferred Compensation at 877-457-9327 or visit www.wdc457.org.

| RETIREMEN                          | T PLANS   |   |   |  |  |
|------------------------------------|---|---|---|--|--|
|                                    |   | Optional<br>(no employer match)   |   |  | Mandatory<br>(if req met)  |
|                                    | Traditional 403(b)  | Roth 403 (b)  | 457 Deferred<br>Compensation  | Roth 457 Deferred<br>Compensation  | Wisconsin<br>Retirement<br>System (WRS)  |
| Contributions                      | Pre-Tax   | After-Tax   | Pre-Tax   | After-Tax  | Pre-Tax  |
| Growth                             | Tax-Deferred  | Tax-Free  | Tax-Deferred  | Tax-Free   |  |
| Distributions                      | -Taxable<br>-Available at retirement<br>and age 59 ½<br>-Early withdrawals<br>subject to 10% federal<br>penalty   | -Taxable<br>-Available at retirement<br>and age 59 ½<br>-Early withdrawals<br>subject to 10% federal<br>penalty   | -Taxable<br>-Available at<br>separation of<br>service<br>-No age<br>requirement<br>-No 10% federal<br>penalty on early<br>withdrawals   | -Taxable<br>-Available at<br>separation of service<br>-No age requirement<br>-No 10% federal<br>penalty on early<br>withdrawals      | -Contribution<br>rates<br>determined by<br>ETF<br>-Employer<br>Match<br>Formula Based<br>Annuity<br>calculated at  |
| Annual<br>Maximum<br>Contributions | -\$19,000 basic<br>-\$6,000 extra if 50 years<br>of age or over<br>Contributions offset<br>maximum Roth 403(b)<br>contributions   | -\$19,000 basic<br>-\$6,000 extra if 50 years<br>of age or over<br>Contributions offset<br>maximum 403(b)<br>contributions  | -\$19,000 basic<br>-\$6,000 extra if<br>50 years of age<br>or over<br>Contributions<br>offset maximum<br>Roth 457<br>contributions  | -\$19,000 basic<br>-\$6,000 extra if 50<br>years of age or over<br>Contributions offset<br>maximum 457<br>contributions              | retirement<br>-5 year Vesting<br>Rule for hires<br>July 1, 2012<br>and after<br>-May participate<br>in Variable<br>Fund if desired<br>-Minimum<br>Retirement Age<br>of 55<br>-Employee<br>share available<br>for payout if |
| Loans                              | No  | No  | No  | No   | term prior to<br>age 55<br>Loans not<br>available  |
| Hardships                          | Yes for most  | Yes for most  | Yes   | Yes  | 1  |
| Benefits                           | -Reduces taxable income<br>-Provides tax-deferred<br>income in retirement<br>-Can combine 403(b),<br>457 and Roth 457 plan<br>contributions   | -Can combine 403 (b),<br>457 and Roth 457 plan<br>contributions<br>-Tax-Free growth<br>-Provides tax free<br>income in retirement   | -Reduces taxable<br>income<br>-Provides<br>penalty-free tax-<br>deferred income<br>for those retiring<br>before age 59 ½<br>-Can combine<br>403(b), 457 and<br>Roth 457 plan<br>contributions | -Tax- Free growth<br>-Provides tax-free<br>income in retirement<br>-Can combine<br>403(b), 457 and<br>Roth 457 plan<br>contributions |  |
| Vendors                            | -WEA Benefits<br>800-279-4030<br>www.weabenefits.com  | -WEA Benefits<br>800-279-4030<br>www.weabenefits.com  | -WDC (WI<br>Deferred Comp)<br><u>www.wdc457.org</u><br>1-877-457-9327   | WDC (WI Deferred<br>Comp)<br><u>www.wdc457.org</u><br>1-877-4457-9327  | -ETF (Employee<br>Trust Fund)<br><u>www.etf.wi.gov</u><br>1-877-533-5020   |
|                                    | - American Funds<br>800-421-0180<br>www.americanfunds.com<br>- Fidelity Investments<br>800-343-0860<br>www.fidelity.com/atwork<br>-Thrivent Financial<br>920-686-1293<br>www.thrivent.org | - American Funds<br>800-421-0180<br>www.americanfunds.com<br>- Fidelity Investments<br>800-343-0860<br>www.fidelity.com/atwork<br>-Thrivent Financial<br>920-686-1293<br>www.thrivent.org |   |  |  |

# EDVEST – WISCONSIN'S COLLEGE SAVINGS PLAN

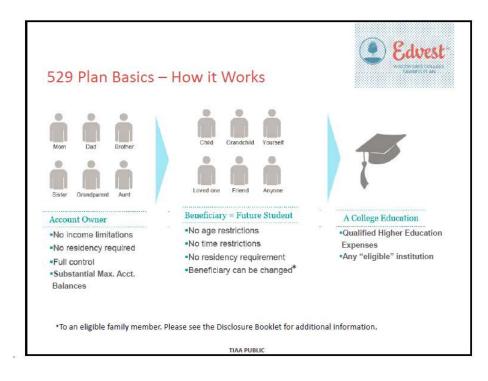
#### What is Edvest?

Edvest is Wisconsin's official 529 College Savings plan to help families save for higher education costs for their children. An Edvest plan is similar to 401k plans for retirement, but it's used to save for college.

To setup an account there is a \$25 contribution online – thereafter, LTC offers payroll deduction with a minimum contribution of \$15 per account each pay period. Edvest makes saving more affordable for more Wisconsin families.

#### Fast facts

- Anyone, not just the child's parents may open or contribute to an Edvest Account, even out-of-state family & friends
- Wisconsin residents may be eligible for a state tax deduction (Limitations apply)
- Edvest funds may be used at universities, colleges, technical schools, graduate and professional schools, as well as many certificate programs
- Funds may be used at schools across the country and even some abroad
- Use funds for tuition, books, room & board, computers, tablets & other expenses
- Contribute whenever you want, at whatever amount you want, starting at \$25 or \$15 per pay period
- Build savings by regularly contributing automatically through your bank account or payroll direct deposit
- Opening an account takes about 15 minutes at edvest.com





# **BENEFIT RESOURCE SUMMARY**

There are many additional resources located on LTC's Bridge website:

## The Bridge $\rightarrow$ Administration $\rightarrow$ Human Resources $\rightarrow$ Benefits

Resources include summaries of Health, Dental, and Vision Benefits, information about Flexible Spending and Rollover, how to find Providers, Leave Benefits and more.

# You may also access our NEW, mobile-friendly Benefit Resources website, perfect for when you need information at your fingertips and on the go, by going to: <u>https://gotoltc.edu/hr/</u>

**LTC Benefit Text Alerts** – If you'd like to sign-up to receive benefit text message communications, you and/or your spouse can register by going to the Benefit Resources Website and clicking on "**Register Here**".

Benefit text messages would include reminders for meetings, flu shot clinics, important due dates, etc.

# ABOUT THIS GUIDE

This benefit guide provides selected highlights of the LTC employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the College. All benefit plans are governed by master policies, contracts and plan documents.

Any discrepancies between information provided through this guide and the actual terms of the policies, contracts, and plan documents are governed by the terms of these policies, contracts, and plan documents. Lakeshore Technical College reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.

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