

# Washington County

## Open Enrollment Guide



2019



# Welcome

Washington County offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

This Employee Benefits Guide contains information about each of the benefit programs available to you and changes you can expect for the upcoming year.

**NOTE: Benefit elections for 2019 will rollover from 2018 (except flexible spending). You need to complete Open Enrollment if you are making changes to your 2018 benefits OR if you elect flexible spending. Open enrollment will be completed on Employee Self Service (ESS). Please refer to page 4 for instructions on how to make benefit elections for 2019.**

Elections you make during open enrollment will become effective January 1, 2019.

Read through this information carefully. If you have questions about your benefits or the information provided in this booklet, please contact your Human Resources Department at 262-335-4633.



*The information in this benefit overview guide is intended for informational use only. It does not include all of the benefit provisions, limitations, and qualifications. If this information conflicts with any insurance or administrator contracts or certificates in any way, the official plan documents will prevail. For specific information or complete details, please refer to your Summary Plan Description.*

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# Benefit Eligibility & Enrollment

## Which Employee Class are eligible for benefits?

Medical Benefits: .75 – 1.0 FTE employees

Dental: .5 – 1.0 FTE employees

Life Benefits – See the Life Benefit page for eligibility requirements.

## Definition of Employee Statuses:

- 1.0 FTE employees work 40 hours or more per week
- .75 - .95 FTE employees work 30 -39 hours per week meet the requirements for medical benefits per the Affordable Care Act Medical Eligibility Guidelines
- .5 - .7 FTE employees work 20 - 29 hours per week

The following family members are eligible for medical and dental coverage: your legal spouse, your child(ren) up to age 26 regardless of marital, student, or employment status, your children of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you.

## Changes during the year

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan.



## How to enroll

Enrollment for benefits during the open enrollment period will be conducted online through Employee Self Service (ESS). The website can be accessed from work or from home:

<https://mywc.co.washington.wi.us/MSS>.

Instructions: Log in to ESS. Click on the following navigation: Self Service, Benefits, Benefits Enrollment. Click through each benefit option to either elect or decline coverage. After all elections have been made, click Continue to review your elections, then click Submit Choices at the bottom of the page. Please print or save the Confirmation page for your records. After open enrollment closes on 11/16/18, you will not be able to make changes until the next open enrollment period unless you have a qualified change in status.

## WHEN TO ENROLL

**Open enrollment runs from October 22, 2018 through November 16, 2018. The benefits you elect during open enrollment will be effective starting January 1, 2019.**



# Employee Health Center

Washington County is committed to you and your family's needs when it comes healthcare. We have installed an Employee Health Center to provide a convenient and cost effective place for you to help with some of your common healthcare needs.

## Services exclusively for you

- Physicals (including school and sports)
- Adult and pediatric immunizations (ages 2 and older)
- Treatment for illnesses and injuries
- Minor procedures (such as sutures or removals of skin tags, moles and warts)
- Personalized health and wellness coaching
- Management of chronic conditions
- Lab services (including orders from outside providers)
- Selected medications

## Cost

- FREE preventative visits
- \$25 office visits
- \$10 lab visits
- \$5 for a 30-day supply of selected medications

## Hours

Monday, Wednesday, Friday  
7:30 a.m. – 1:30 p.m.

Tuesday, Thursday  
Noon – 6 p.m.

## Clinic Location

Washington County Government Center  
Room 1115

### To schedule an appointment

- Visit [myquadmedical.com/ehc](http://myquadmedical.com/ehc)
- Call 844-827-1814
- Download the MyQuadMed mobile app by visiting
  - iTunes App Store
  - Google Play and searching MyQuadMed



# Medical Benefits



Washington County’s Medical and Rx plan offers great flexibility in managing care for you and your family. The medical plan is administered by UMR, a United Healthcare Company and the prescription drug plan is administered by OptumRx. These plans are considered a Qualified High Deductible Plan that can be used in conjunction with a Health Savings Account (HSA).

**Coverage:** Under this plan, you have comprehensive coverage that gives you access to a number of providers within a network when you are home and even if you are travelling out of the area. You can even choose a specialist anytime without a referral. Plus, by choosing to visit these network physicians and facilities, you will receive a higher level of benefits which can save you out-of-pocket costs.

Medical Plan Benefit Summary		In-Network	Out-of-Network
<b>Deductible (per calendar year)</b>	<b>Individual</b>	\$1,500	\$3,000
	<b>Family</b>	\$4,000	\$8,000
<b>Coinsurance</b>		100%	80%
<b>Out-of-Pocket Maximum (per calendar year)</b>	<b>Individual</b>	\$1,500	\$5,000
	<b>Family</b>	\$4,000	\$12,000
<b>Preventative Care</b>		100% covered – deductible is waived	80% after the deductible is met
<b>Emergency Room Visit</b>		100% covered after deductible is met	80% after the deductible is met
<b>Physician’s Office Visit (Primary or Specialist)</b>		100% covered after deductible is met	80% after the deductible is met
<b>Prescription Drug Coverage</b>		<b>Retail 30 Day Supply unless noted</b>	<b>Mail Order 90 Day Supply</b>
<b>Prescription Copay Out-of-Pocket Maximums – after deductibles are met</b>		<i>For families – no one person will satisfy more than the individual out of pocket</i>	<b>Individual \$2,550 Family \$9,100</b>
<b>Generic – Copay</b>		\$10 or \$20 for a 90 day supply	\$20
<b>Preferred Brand – Copay</b>		\$25	\$50
<b>Non-Preferred Brand – Copay</b>		\$40	\$80
<b>Diabetic Supplies – Copay</b>		\$20	\$0
<b>Insulin - Copay</b>		\$0	\$0

# Medical Benefits Employee Contributions

## Full-Time (40 hours) Enrolled Before 2/28/2016 (9%)

	Monthly Cost	Per Paycheck Cost
<b>Individual</b>	\$64.94	\$32.47
<b>Family</b>	\$161.84	\$80.92

## Full-Time (40 Hours) Enrolled After 2/28/2016 (12.5%)

	Monthly Cost	Per Paycheck Cost
<b>Individual</b>	\$90.20	\$45.10
<b>Family</b>	\$224.76	\$112.38

## ACA (30-39 Hours) Enrolled Before 2/28/2016

	Monthly Cost	Per Paycheck Cost
<b>Individual</b>	\$245.36	\$122.68
<b>Family</b>	\$611.38	\$305.69

## ACA (30-39 Hours) Enrolled After 2/28/2016

	Monthly Cost	Per Paycheck Cost
<b>Individual</b>	\$270.62	\$135.31
<b>Family</b>	\$674.32	\$337.16

# Wellness Screenings

Washington County employees are encouraged to participate in the wellness program that is sponsored by the County. Employees who are enrolled in the Washington County medical plan are eligible to receive contributions to their BMO HSA account for participating. If you do not participate in the Wellness Screenings, you will not earn the employer sponsored HSA contribution.

## HSA Employer Contributions

\$12 per paycheck for individual participation (\$312 per year)

\$28 per paycheck for family participation (\$728 per year)



*Note: If your spouse is covered on the medical plan, both you and your spouse will be required to participate in the wellness screening to receive the family HSA employer contribution. New this year: if you participate and your spouse does not, then you will receive the individual HSA employer contribution.*

*If you have family coverage, but no spouse enrolled, you will receive the family HSA employer contribution for your participation.*

## The Wellness Screening consists of TWO parts:

- Biometric screening measuring your height, weight, blood pressure, BMI and a blood test for glucose and cholesterol
- Online Health Risk Assessment/Questionnaire

**To schedule a Wellness Screening during the events listed below, go to [myquadmedical.com/ehc](http://myquadmedical.com/ehc) and select the link to the biometric scheduling. The schedule will open October 25, 2018.**

## Wellness Events at the Employee Clinic:

- Thursday, November 8: 6:30am – 10:30am
- Saturday, November 10: 7am – 12pm
- Tuesday, November 13: 6:30am - 10:30am
- Wednesday, November 14: 2pm - 5pm



Employer Contributions will ONLY be deposited into a BMO HSA Account.

All BMO HSA Accounts need to be open prior to January 1<sup>st</sup> to start receiving Employer Contributions, there will not be any late deposits for accounts not being opened.

New HSA Enrollees must complete a BMO HSA Enrollment Form prior to January 1<sup>st</sup> for payroll deductions to begin.



# Health Savings Account (HSA)



Establishing a HSA allows you to contribute pre-tax dollars and withdraw funds tax-free if they are used for eligible medical expenses. You own the account, but both you and Washington County can contribute funds.

Examples of eligible medical expenses include:

- Most medical, dental and vision care that applies to your deductible, coinsurance or copays
- Prescription drugs

2019 Health Savings Account (HSA) Limits (Employer + Employee):

- Employee Only – \$3,500
- Employee plus Spouse/Dependents – \$7,000
- Employees Age 55 or Older – can contribute an additional \$1,000

High Level Guidelines of HSA plans are as follow:

- You must be enrolled in a high deductible health plan (HDHP) in order to establish and contribute to an HSA
- You **may not be** enroll in Medicare
- You must not be claimed as a dependent for tax purposes
- If you use HSA funds for expenses beyond what the IRS defines as qualified, you will be subject to income tax on the distribution and an additional penalty of 20%



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**New HSA Enrollees must complete a BMO HSA Enrollment Form prior to January 1st for payroll deductions to begin.**



# Dental Benefits



Washington County offers the Delta Dental Plan; this plan provides benefits for most types of basic and major dental care after you meet the deductible.

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Delta Dental Services	Benefits
<b>Individual Deductible</b>	\$50
<b>Family Deductible</b>	\$150
<b>Annual Maximum</b>	\$1,000
<b>Copay</b>	None
<b>Preventive Services Exams, cleanings, x-rays</b>	100%, no deductible
<b>Basic Services Fillings, simple extractions</b>	100% after deductible
<b>Major Services Oral surgery, root canal, crowns</b>	50% after deductible
<b>Orthodontics (Up to Lifetime Maximum) For dependent children under age 19</b>	50% after deductible
<b>Orthodontics Lifetime Maximum</b>	\$1,500 per child

Employee Payroll Contributions	Total Monthly Employee Cost	Per Paycheck Employee Cost
<b>Employee</b>	\$35.28	\$17.64
<b>Employee + Spouse</b>	\$84.90	\$42.45
<b>Employee + Child(ren)</b>	\$82.76	\$41.38
<b>Family</b>	\$129.78	\$64.89



# Flexible Spending Account



## Discovery Benefits

If you have out-of-pocket health and/or dependent care expenses in 2019, it may benefit you to take advantage of the Flexible Spending Account (FSA) plan. Flexible Spending Accounts help you plan, budget and save on the cost of what you pay for health and dependent day care.

### **Option 1: Health Care Flexible Spending Account (HCFSA) – if not enrolled in High Deductible Health Plan**

A health care FSA allows you to set aside pre-tax money through payroll deductions to use for certain expenses not paid by your medical/dental/vision plans. Common eligible medical expenses include: medical expense that go towards your deductible, prescription drugs, vision services –*not cosmetic in nature*, and dental services –*not cosmetic in nature*.

**You can contribute up to \$2,650 to a HCFSA in 2019.**

### **Option 2: Limited Health Care Flexible Spending Account (limited-purpose FSA) – if you are contributing to a HSA account**

A limited-purpose FSA is much like option 1, in that money is set aside from your paycheck before taxes are deducted. You can then use your pre-tax FSA dollars to pay for eligible expenses. However, under a limited-purpose FSA, eligible expenses are limited to qualifying **dental and vision** expenses for you, your spouse, and your eligible dependents.

*Note: IRS rules do not allow you to contribute to a health savings account (HSA) if you are covered by any non-qualifying health plan, including a general-purpose health FSA. By limiting FSA reimbursements to dental and vision care expenses, you (or your spouse) remain eligible to participate in both a limited-purpose FSA and an HSA. Participating in both plans allows you to maximize your savings and tax benefits. You can contribute up to \$2,650 to a limited-purpose FSA in 2018.*

### **Dependent Care Flexible Spending Account (DCFSA)**

The use of a Dependent Care Flexible Spending account (DCFSA) can help offset expenses you may incur for the cost of daycare for your dependents, day camp in lieu of day care, before/after school care, or adult day care. The DCFSA limit is \$5,000 (\$2,500 each for married individuals filing separate tax returns) in 2019. Your daycare provider must provide you with a tax identification number or Social Security number for reimbursements under this account.

### **Accessing your Flexible Spending Accounts**

If you enroll in a HCFSA and/or DCFSA, Discovery Benefits will mail a debit card to your home address. It may be used to pay for eligible expenses. If you have both HCFSA and DCFSA, the same debit card may be used to access both accounts. **Hold on to your receipts as you may need them to substantiate your debit payments.**

### **Rollover Period**

If you have HCFSA or DCFSA funds left over on December 31, 2018 you may roll over up to \$500 into the next plan year. All claims for reimbursement must be received by Discovery Benefits by March 31, 2019.

**You must re-enroll in the Flexible Spending Account each year!**

# Life Insurance



## Basic Life

Washington County provides full-time employees with Basic Life Insurance at a flat amount of \$15,000 at no cost to you.

## Supplemental Life: 1.0 FTE Employees are eligible for this benefit

You can purchase employee supplemental life insurance coverage up to \$35,000. The maximum life insurance amount combined with the Basic Life Insurance is \$50,000. This additional coverage can be applied for at any time; however, you will need to complete and submit the Evidence of Insurability application to show proof of good health. Madison National Life Insurance will approve your application and inform Washington County to start after-tax payroll deductions. Employees pay 100% of this benefit. *See rate table below for rates.*

**Part-time Supplemental Life: 0.5 – 0.95 FTE Employee’s are able to elect Supplemental Life** You can purchase employee supplemental life insurance coverage up to \$50,000. This additional coverage can be applied for at any time; however, you will need to complete and submit the Evidence of Insurability application to show proof of good health. Madison National Life Insurance will approve your application and inform Washington County to start after-tax payroll deductions. Employees pay 100% of this benefit. *See rate table below for rates.*

## Supplemental Life for Dependent Spouse/Child Basic Life: 0.5 – 1.0 FTE

You can purchase up to \$2,000 in **dependent spouse life** insurance and \$1,000 in **dependent child life** insurance. This is a bundled policy regardless if you have a spouse or any number of children. This additional coverage can be applied for at any time; however, you will need to complete and submit the Evidence of Insurability application to show proof of good health. Madison National Life Insurance will approve your application and inform Washington County to start after-tax payroll deductions. Employees pay 100% of this benefit. *See rate table below for rates.*

Coverage Amount	Monthly Payroll Rate
All Eligible Employee Groups \$10,000	\$2.40
All Eligible Employee Groups \$20,000	\$4.80
All Eligible Employee Groups \$30,000	\$7.20
Only 1.0 FTE employees \$35,000	\$8.40
Only Part-time employees \$40,000	\$9.60
Only Part-time employees \$50,000	\$12.00
Dependent Spouse/Child	\$0.65



You can make changes to your supplemental life and/or dependent spouse/child basic life at any time. Please contact HR to get the paperwork.

Remember to keep your beneficiary forms up to date.

Go to PACKET and complete a Beneficiary Designation Form.

# Disability Benefits



## Disability Income Benefits

Washington County provides full-time employees with short and long-term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or illness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

## Short-term Disability

All 0.5 – 1.0 FTE employees are eligible for Short-term Disability (STD). STD provides you 66.67% of your income while you are out on an approved STD benefit. There is an 8 day elimination period (and if applicable begin after your Extended Leave Benefits are exhausted). Washington County pays 100% of the cost for this benefit.

## Long-term Disability

Only 1.0 FTE employees are eligible for Long Term Disability (LTD) benefits. You are automatically enrolled in the Long-term Disability (LTD) plan the first of the month following completion of 30 days. LTD provides you with income at 66.67% up to a maximum of \$15,000 annually, with incremental monthly payments if you are totally and permanently disabled. You can continue receiving LTD benefits until age 65, or until your doctor no longer certifies you as totally and permanently disabled. Washington County pays 100% of the cost for this benefit.

## Long-term Disability Buy-up

1.0 FTE Employees have the option to purchase the additional benefit. Cost: Your Salary (rounded down to the nearest thousandth) - \$15,000 = \_\_\_\_\_ X 0.006 = \_\_\_\_\_ / 12 = Your Monthly Premium. You must complete the National Insurance Services enrollment form and evidence of insurability and return it to Human Resources to apply for this benefit.

\*Excludes Deputy Sheriff and Elected Officials



**To apply for STD go to PACKET**

you have more questions please contact your Human Resource Department.

# Employee Assistance Program (EAP)



The Aurora EAP is a comprehensive resource that can help you with home, personal, family or work issues. It is confidential and available to you and your family members residing in the household. There is no cost to you for this service.

Services are available for a wide range of personal matters such as:

- Self-improvement
- Dependent care
- Gambling
- Finances
- Parenting/family and marital/relationship
- Legal
- Workplace issues
- Health & wellness
- Alcohol/drug abuse
- Mental health (i.e., depression, stress, anxiety)

Many issues can be addressed directly with your EAP professional. In some cases, you may be referred to other resources and you will be notified of any fees at the time of the referral.

## How do I access Aurora EAP services?

To contact Aurora EAP simply call the following phone number to speak with a consultant:

1-800-236-3231

Website: [www.aurora.org/eap](http://www.aurora.org/eap)



# Legal Notices

## Health Information Privacy Rights

Your health information is private and should be protected. That is why there is a federal law that sets rules for health care providers and health insurance companies about who can look at and receive your health information. This law, called the Health Insurance Portability and Accountability Act of 1996 (HIPAA), gives you rights over your health information, including the right to get a copy of your information, make sure it is correct and find out who has seen it.

### **Get a copy of your information**

You can ask to see or receive a copy of your medical records and other health information. If you want a copy, you may have to put your request in writing and pay for the cost of copying and mailing. In most cases, copies must be given to you within 30 days.

### **Verify your information is correct**

You can ask to change any wrong information in your file or add information to your file if you think something is missing or incomplete. For example, if you and your hospital agree that your file has the wrong result for a test, the hospital must change it. Even if the hospital believes the test result is correct, you still have the right to have your disagreement noted in your file. In most cases, the file should be updated within 60 days.

### **Find out who has seen your information**

By law, your health information can be used and shared for specific reasons not directly related to your care, such as making sure doctors give good care, making sure nursing homes are clean and safe, reporting when the flu is in your area or reporting as required by state or federal law. In many of these cases, you can find out who has seen your health information.

### **Learn how your health information is used and shared by your doctor or health insurer**

Generally, your health information cannot be used for purposes not directly related to your care without your permission. For example, your doctor cannot give it to your employer or share it for things like marketing and advertising without your written authorization. You probably received a notice telling you how your health information may be used when you first visited a new health care provider or when you got new health insurance, but you can ask for another copy at any time.

### **Limit what information can be shared**

Let your providers or health insurance companies know if there is information you do not want to share. You can ask that your health information not be shared with certain people, groups or companies. If you go to a clinic, for example, you can ask the doctor not to share your medical records with other doctors or nurses at the clinic. You can also ask your health care provider or pharmacy not to tell your health insurance company about care you receive or drugs you take if you pay for the care or drugs in full and if the provider or pharmacy does not need to get paid by your insurance company.

Additionally, you can ask to be reached somewhere other than home. You can make reasonable requests to be contacted at different places or in a different way. For example, you can ask to have a nurse call you at your office instead of your home or to send mail to you in an envelope instead of on a postcard.

If you think your rights are being denied or your health information is not being protected, you have the right to file a complaint with your provider, your health insurer or the U.S. Department of Health and Human Services. To learn more, visit

[www.hhs.gov/ocr/privacy](http://www.hhs.gov/ocr/privacy).

Source: U.S. Department of Health and Human Services

# Legal Notices continued...

## **Annual Notice of Women's Health Rights**

On October 21, 1998 the federal government passed the Women's Health and Cancer Rights Act of 1998. As part of our plan's compliance with this Act, we are required to provide you with this notice outlining the coverage that this law requires our plan to provide. Our group health plan has always provided coverage for medically-necessary mastectomies. This coverage includes procedures to reconstruct the breast, on which the mastectomy was performed, as well as the cost of necessary prostheses (implants, special bras, etc.) and treatment of any physical complications resulting from any stage of the mastectomy. However, as a result of this federal law, the plan now provides coverage for surgery and reconstruction of the other breast to achieve a symmetrical appearance and any complications that could result from the surgery. The following benefits must be provided if benefits are provided for a mastectomy:

- Coverage for reconstruction of the breast on which the mastectomy is performed.
- Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance with the breast on which the mastectomy is performed.
- Coverage for the prostheses and physical complications resulting from any stage of the mastectomy, including lymphedemas. These benefits are subject to the same deductible, copays and coinsurance that apply to mastectomy benefits under the plan

## **Newborns' Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **Notice of Prescription Drug Creditable coverage – Medicare Part D**

Washington County provides a "Notice of Prescription Drug Creditable Coverage" to all participants. This notice states that under the medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare Prescription Drug Coverage.

## **Special Enrollment Rights**

*This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.*

### **LOSS OF OTHER COVERAGE**

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

### **MARRIAGE, BIRTH OR ADOPTION**

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption

### **MEDICAID OR CHIP**

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.



# Legal Notices continued...

## **Health Insurance Marketplace Coverage and your options**

The Health Insurance Marketplace provides you with a new way to purchase health coverage. To assist you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment based health coverage offered by your employer.

- **What is the Health Insurance Marketplace?** The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “on-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October of each year for coverage starting as early as January 1 of the following year.
- **Can I save money on my health insurance premiums in the Marketplace?** You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.
- **Does employer health coverage affect eligibility for premium savings through the Marketplace?** Yes, if you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.
- **Note: if you purchase a health plan through the Marketplace instead of accepting health coverage through your employer, then you may lose your employers' contribution. Also, this employer contribution as well as your employee contribution to employer offered coverage is often excluded from income from Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.**
- **How can I get more information?** For more information about your coverage offered through your employer, contact the Human Resource/Benefits Department. The Marketplace can help you evaluate your coverage options including your eligibility for coverage through the Marketplace and its cost. Please visit [Healthcare.gov](http://Healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## **Individual Coverage Mandate**

Effective January 1, 2014, federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in the health plan, or you may want to consider visiting [www.healthcare.gov](http://www.healthcare.gov) for information on health plans available through the Healthcare Marketplace in your area.

# Legal Notices continued...

## **PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the eligible states, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Center for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

**ENROLL NOW!**

**Remember to enroll using Employee Self Service (ESS) no later than November 16, 2018.**

**Benefit elections will carry over from 2018.**

**You must re-enroll if you want to elect flexible spending.**

**Contact Human Resources with any open enrollment questions: 262-335-4633.**

**ESS Website: <https://mywc.co.washington.wi.us/MSS>**



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