



2025 BENEFIT & ENROLLMENT GUIDE

City of Portage



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Welcome

We are committed to offering eligible employees a comprehensive benefits package for you and your family that provides the care you need to stay healthy and productive. Please take the time to review the contents of this guide and discuss the options provided with your family.

Eligibility

Employee: available to those who work 30+ hours/week.

Dependent(s): covered under applicable plans if:

- Legal spouse, as defined by Federal Law; and/or
- Children under age 26

When do benefits start?

First of the month following date of hire of employment.

When can you enroll?

You can sign up for benefits at any of the following times:

- As a new hire, at your initial eligibility date
- Each year during the annual open enrollment period without a life event
- Within 30 days of a qualified life event

Once your benefit elections become effective, they remain in effect until the end of the plan year.

Enrollment Changes

Make your benefit selections carefully. The elections you make during Open Enrollment are effective for the entire 12-month Plan Year. Otherwise, changes can only be made with a Qualifying Event. If you believe you have had a Qualifying Event you need to notify Human Resources and make a decision about coverage within 30 days from the event occurring.

Examples of Qualifying Events Include:



Marriage or
Divorce



Birth/Adoption
or Death



Change in Spouse's
Employment



Loss of
Coverage

LOOK INSIDE

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A strong benefits program is an important part of your overall compensation; City of Portage offers a variety of benefits to you and your family.

We regularly review the quality and cost of these benefits to ensure we offer the most competitive package possible. Changes and relevant information are addressed on the following pages; please review this guide in its entirety.

R&R Insurance Services, Inc. prepared this benefits guide specifically for City of Portage as a summary overview, and it does not replace our Employee Handbook.

This document cannot, and should not, be construed as exhaustive or applicable to any other group health plan or employer. This document is not intended to and should not be construed as legal advice. Nor should any discussion with, or opinions expressed by R&R Insurance Services, Inc., or its authorized representatives, be construed as legal advice. Readers should contact legal counsel for legal advice if needed.

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the benefits guide and the actual plan documents, the actual plan documents will prevail.

COBRA/Continuation Rights

If you, or your dependents, no longer meet eligibility requirements for health and welfare plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) and/or State Continuation law.

Pre-Tax Premiums

Our plan setup allows you to pay for your coverage with non-taxed dollars to reduce your taxable income. This applies to a portion of the Company's Benefit Plans.



Questions about changes to your benefits?

HR CONTACT

Rebecca Ness

City Clerk

605-742-2176 x103

Rebecca.ness@portagewi.gov

Contact information for our insurance carriers appears on the final pages of this guide.

Medical Plan Overview

Coverage is provided through Dean Health Plan and includes services like preventive care, office visits, surgery, and prescription drugs. Our plan complies with federal and state mandates, including the Affordable Care Act's requirements for coverage of 'Essential Benefits'.

Please note that the medical plan summary information in this booklet is intended as a high-level overview and is not a guarantee of coverage.

Is there a Penalty for Refusing Coverage?

No. In 2019 the financial tax penalty for not having medical coverage was eliminated. However, your future ability to enroll in this plan may be restricted to specific enrollment periods if you waive coverage now.

Key Terms to Remember

Annual Deductible - The amount you must pay each year before the plan starts paying a portion of medical expenses. All covered expenses count toward the annual deductible. Prescription drugs are included in the annual out-of-pocket. A family member will only have to incur the single deductible amount before their portion is satisfied and the coinsurance starts.

Copays and Coinsurance - These expenses are your share of the cost paid for covered medical services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is billed to you after the medical insurance reconciles the bill with the provider.

Out-of-Pocket Maximum - This is the total amount you can pay out-of-pocket each calendar year before the plan pays 100% of the covered expenses for the rest of that calendar year. Your deductible, copays and coinsurance are applied towards the out-of-pocket maximum (OOP).

Are You Medicare Eligible?

You or a family member may be eligible for Medicare if you are age 65 or older. Our insurance broker, R&R Insurance has a dedicated Medicare Division that can help determine which plan is best for you.

For more information, visit their Medicare website - myknowledgebroker.com/personal-insurance/medicare

MEDICAL



Medical

Dean Health Plan

Policy #: TBD

Find a Provider Online:

www.deancare.com

No-Cost Preventive / Routine Care

Insurance plans must cover certain routine and preventive services at no cost.

The specific services available vary based on age, gender, and risk factors, but can include:

- Routine Vaccinations
- Cancer Screening Test
- Routine Annual Physicals
- Well-baby & Well-child office visits

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



Preventive Care Benefits

The Affordable Care Act requires medical plans to cover certain routine and preventive services at no cost to covered members. The specific types of free services available vary based on a member's age, gender and other risk factors, but can include:

- Routine vaccinations
- Routine annual physicals
- Cancer screening tests
- Regular well-baby and well-child office visits



To Find Out Which Specific Services are Eligible for You to Receive at No Cost, Visit:

www.healthcare.gov/coverage/preventive-care-benefits/

Preventive care services must be submitted by your doctor's office with appropriate preventive billing codes in order to be covered at 100%. When claims are submitted to the insurance company with diagnostic billing codes, or for other services not specifically recommended by the U.S. Preventive Services Task Force (USPSTF), you may be subject to additional member cost-sharing. You are encouraged to speak candidly with your doctor during a routine visit to confirm that services performed, and any lab work ordered, is an eligible service to be covered at 100% under the Preventive Care benefit.

Eligible preventive care services are covered at 100% only when received from an in-network doctor/ provider.

Hospital Price Transparency

What is this?

- Hospital price transparency helps Americans know the cost of a hospital item or service before receiving it. Starting January 1st, 2021, each hospital operating in the US is required to provide clear, accessible pricing information online about the items and services they provide.

How will this help me?

- This information will make it easier for consumers to shop and compare prices across hospitals and estimate the cost of care before going to the hospital.

Show me how!

- Click the image to the right to watch a short video one of our R&R benefit partners put together that demonstrates how they were able to save over \$1,000 using this information!



How I Saved \$1K

Medical Plan Highlights

Medical coverage is provided through Dean Health Plan. Our plan complies with federal and state mandates, including the Affordable Care Act's (ACA) requirements for coverage of 'Essential Benefits'.

PLAN OPTIONS	Plan #1 HDHP HMO
Deductible	In-Network
Single	\$ 3,000
Family	\$ 6,000
Out-of-Pocket Maximum	
Single	\$ 3,000
Family	\$ 6,000
Coinsurance	0%
Physician Services	
Preventive Services	\$0 Copay
Primary Care Office Visit	0% coinsurance after deductible
Specialty Care Office Visit	0% coinsurance after deductible
Hospital Services	
Inpatient	0% coinsurance after deductible
Outpatient	0% coinsurance after deductible
Emergency & Urgent Care	
Emergency Room	0% coinsurance after deductible
Urgent Care	0% coinsurance after deductible
Retail Pharmacy	
Tier 1	0% coinsurance after deductible
Tier 2	0% coinsurance after deductible
Tier 3	0% coinsurance after deductible
Tier 4	0% coinsurance after deductible
What Is My Cost Per Paycheck	Plan #1 HDHP HMO
Employee	Monthly - \$79.44 / Pay Period - \$39.72
Family	Monthly \$195.42 / Per Pay Period - \$97.71

Click the button for more plan information and out-of-network coverage if applicable →

Summary of Benefits
and Coverage

Pre-Tax Accounts

These accounts allow you to pay (or be reimbursed) for eligible expenses and/or dependent care expenses tax-free. For all healthcare-related accounts, eligibility is determined in-part by which medical plan you choose. Diversified Benefits Services is the plan administrator.

	HDHP*
Health Savings Account (HSA)	✓
Health Reimbursement Account (HRA)	
Health Care Flexible Spending Account (HCFSA)	
Limited Care Flexible Spending Account (LPFSA)	✓
Dependent Care Flexible Spending Account (DCFSA)	✓

* High Deductible Health Plan (HDHP)

Health Savings Account (HSA)

City of Portage offers a High Deductible Health Plan (HDHP) that features a Health Savings Account (HSA). This investment tool allows you to contribute money, earn interest, and pay for qualified health care expenses, all tax-free.

OPTION 1

If enrolled in the HDHP option, an HSA must be established independently at the financial institution of your choosing.

Money Goes In*	Money Goes Out**	Have Money Left? IT ROLLS OVER!
<p>\$4,300/year max. for individual coverage</p> <p>\$8,550/year max. if you enroll your spouse and/or child(ren)</p> <p>An extra \$1,000/year max. age 55 or older.</p>	<p>You decide whether to use your HSA for qualified expenses or pay with other resources. The amount you spend on qualified medical expenses is also tax-free.</p>	<p>There's no deadline or limit on how large your account can grow. If you leave City of Portage, you take the money with you because the account is yours.</p>

*Enrolling mid-year may make you ineligible for a full-year contribution to your HSA. Talk to your tax advisor before signing up for pre-tax deductions. See IRS Publication 969 for more information. **HSA funds are eligible to reimburse qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

HSA



Health Savings Account

Click the laptop to watch a Video on HSA's:



When are you eligible for HSA?

To establish and deposit money into an HSA, you:

- Must be enrolled in a High Deductible Health Plan
- Cannot have any other "impermissible coverage," which includes a spouse's non-HDHP plan or HCFSA coverage
- Cannot be currently enrolled in Medicare, Medicaid, or Tricare
- Cannot be claimed as a dependent on another person's tax return

REMEMBER to only use your HSA for eligible expenses.

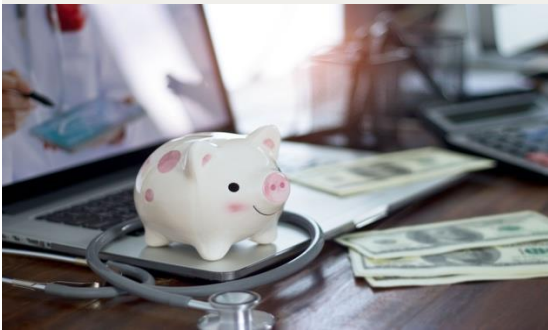
HSA funds used prior to age 65 for non-eligible expenses (like a TV) are subject to income taxes plus an additional 20% federal excise tax and depending on your state, a state penalty. Keep all receipts for your HSA reimbursements—you will need them to validate HSA expenses in the event of an IRS audit!

Employer Contribution To Your HSA

City of Portage Helps Fund Your HSA!

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

In order to qualify for the company's contributions, you must 1) be enrolled under our HSA-qualified health plan and 2) have an established Health Savings Account. Remember that the annual total of your own HSA deposits, plus those made by the company, cannot exceed the IRS' annual maximums.



Health Savings Account

HSA Contributions from City of Portage for the current calendar year	Single Coverage	Family Coverage
	\$ 1,500	\$ 3,000

Contact HR for additional forms required to receive the company's HSA funding.

Please keep in mind that it is ultimately an employee's responsibility to establish and manage their own Health Savings Account. City of Portage does not have control or oversight of employees' Health Savings Accounts except to facilitate payroll deductions deposits into those accounts upon request.

Pre-Tax Accounts

Flexible Spending Account (FSA)

With Flexible Spending Accounts (FSA), you can set aside tax-free money to pay for eligible medical and dependent care expenses. You decide how much you want to contribute each plan year and the money is deducted from your pay before taxes are taken out saving you approximately 15-30% in taxes.

Traditional Health Care FSA (HCFSA)

Can use to pay any qualified health care expense, including copays and deductibles, dental care, and vision care. You're not eligible for the Traditional Health Care FSA if you are currently contributing to an HSA.

Limited Health Care FSA (LPFSA)

Eligible to be used if you're enrolled in the HDHP option; use the Limited Health Care FSA along with an HSA and maximize your tax savings! The LPFSA can be used for dental and vision care expenses in the plan year only.

Dependent Care FSA (DCFSA)

The DCFSA covers the eligible daycare expenses for your qualified dependent(s). This can include a dependent under the age of 13, or a parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

How the FSA Works

Money Goes In*
Health Care FSA: \$3,200/year max. \$640 rollover
Dependent Care FSA: \$5,000/year max.
Money Goes Out*
Use your FSA dollars for qualified expenses (see explanations above). Any amount you spend on qualified expenses is also tax-free. Any amount above the rollover limit will be lost if not spent within the calendar year and/or runout period.

**Talk to your tax advisor before signing up for pre-tax deductions. See IRS Publication 502 for more information. This is meant as a high-level overview—for more details and plan rules, please reference your plan documents.*

FSA



Flexible Spending Account

Diversified Benefit Services

Find a Provider Online

www.dbsbenefits.com

Why Participate in an FSA?

FSA's let you budget a fixed dollar amount each pay period to be withdrawn 'pre-tax' from your check. These deductions accumulate in your FSA for you to use on eligible expenses. Tax savings from your FSA payroll deductions can be as high as 40% (varies by individual tax bracket).





Advantages of pre-tax FSA Deductions:

Payroll deductions are tax-free
(no income tax or FICA)

Payments/reimbursements from
your flex account are tax-free!

Where to Seek Care

Where you go for medical services can make a BIG difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs.

Type of Care	Wait Time	Member Cost
 Virtual Visits Visit with a licensed physician allowing you to receive care, and if needed, get prescriptions. Available 24/7.	15 minutes Or less on average	\$49 on average
 Urgent Care Urgent Care centers are often open in the evenings and on weekends. When to go: <ul style="list-style-type: none"> ○ Sprains & strains / minor broken bones or cuts ○ Mild asthma attacks ○ Sore throats 	20-30 minutes approx. wait time	\$156 on average
 Primary Care Doctor Seeing your doctor is important. Your doctor knows medical history and any ongoing health conditions. When to go: <ul style="list-style-type: none"> ○ Preventive services & vaccinations ○ Medical problems or symptoms that are not immediate, and/or serious threat to your health or life. 	1 week+ approx. wait time for an appt.	\$166 on average
 Emergency Room (ER) Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours. When to go: <ul style="list-style-type: none"> ○ Sudden change in vision ○ Sudden weakness or trouble walking ○ Large, open wounds ○ Difficulty breathing ○ Heavy bleeding ○ Spinal Injuries ○ Chest Pain ○ Major burns ○ Broken bones 	3-12 hours approx. wait time for non-critical cases	\$570 on average

How GoodRx Works

GoodRx gathers and compares prices for every FDA-approved prescription drug at more than 70,000 pharmacies. They then provide those current prices and discounts to help you find the lowest cost pharmacy, near you, for your prescriptions. GoodRx is 100% free. No registration required.



Drug Prices Vary Widely Between Pharmacies. GoodRx Finds the Lowest Prices & Discounts!



Compare Prices



Get Free Coupons



Show to Your Pharmacist

75%

GoodRx customers with insurance

70,000+

U.S. pharmacies accept GoodRx

\$100+

How much prices can differ between pharmacies



GoodRx for Pets

We love our pets, but they can be expensive! It has been hard to compare prices on pet medications — until now. GoodRx brings together prices from major online pet medication retailers, local pharmacies and other sources to help find you the lowest prices on all your pet medications.



Click the button for more information →

GoodRx Information

Your health journey is more rewarding than ever with Living Healthy

Dean Health Plan has partnered with WebMD to offer a variety of programs focused on the whole person across the eight dimensions of wellness.

Getting started with Living Healthy

Your Living Healthy account and the health assessment are available on your member account. You'll see the "Living Healthy" link after you sign in. Start by completing your health assessment, and WebMD will provide recommendations for each lifestyle category and a variety of interactive tools.

Earning rewards with Living Healthy

After you sign up, you can start earning points for daily habits and regular preventive care.

- Up to \$150 in rewards (redeemable as a gift card for various vendors)
- An easy-to-use member portal, makes it more rewarding to take care of what matters to you
- Earn points while focusing on:
 - Challenges
 - Tracking your goals
 - Getting preventative care



Earn Up to
\$150
Per Year

Living Healthy Programs & Features



- Health Assessment
- Case Management
 - Provides support through complex health situations
- Wellness Care Package
 - Monthly brochures
- Partner Perks
 - Discounts for gyms, spas, equipment, and more!
- Nicotine Cessation
 - Free programs
- R.E.A.L. Goals
 - Goal trackers to help you achieve success
- Preventative Health Toolkits
- Events Calendar
 - Access to virtual events, webinars, and more!
- Nutrition
- Mental Health Podcast

Dental Plan Overview

Dental coverage is provided through Delta Dental and includes coverage for services like routine exams, cleanings, and restorative services.

Plan Highlights

Delta PPO		
Deductible †	Single	\$ 25
	Family	\$ 75
Maximum Benefit †		\$ 1,000
Life Orthodontia Maximum		\$ 2,000

† Per Covered Member Per Year

Delta PPO and Delta Premier Benefits

Delta PPO	
Preventive Services	100%
Basic Services	90%
Major Services	60%
Orthodontia (max. lifetime benefit)	50%

What is My Cost Per Paycheck

Employee	Monthly - \$4.54 / Pay Period - \$2.27
Family	Monthly - \$71.43 / Pay Period - \$35.72

Click the button for more plan and network information

Benefit Summary

DENTAL



Dental

Delta Dental

Policy #: 91421

Find a Provider Online

www.deltadentalwi.com

Oral Health Impacts Your Overall Health!

When you practice good oral health, harmful bacteria are less likely to enter your body through the mouth and cause problems with your digestive, respiratory, and cardiovascular systems.



Protect your health with regular visits to the dentist, plus:

- Brush twice daily
- Floss daily
- Limit sugary foods
- Avoid tobacco use

Diagnostic & Preventive do not count towards annual max!

The "Company" plan allows you to seek treatment from the dentist of your choice. However, if you see a dentist who is NOT contracted, the non-contracted dentist will have the right to balance bill you.

Voluntary Vision Plan Overview

Vision coverage is provided through Delta Vision and a summary of benefits is below.

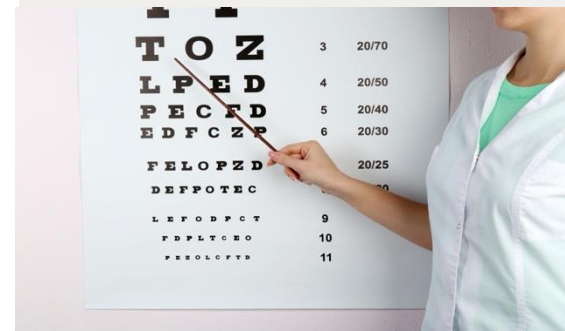
In-Network Benefits

	Coverage	Frequency
Routine Exam	\$15 copay	Every 12 months
Eyeglass Frames	\$130 Allowance	Every 24 months
Eyeglass Lenses		
- Standard	\$25 copay	Every 12 months
- Bifocal	\$25 copay	
- Trifocal	\$25 copay	
- Progressive	\$0 copay	
Contact Lenses		
- Elective	\$150 Allowance then 15% off balance	Every 12 months
- Medically Necessary	Paid in Full	

What is My Cost Per Paycheck

Employee	Monthly - \$5.72 / Pay Period - \$2.86
Employee + Spouse	Monthly - \$11.42 / Pay Period - \$5.71
Employee + Child(ren)	Monthly - \$12.88 / Pay Period - \$6.44
Family	Monthly - \$20.58 / Pay Period - \$10.29

VISION



Vision

Delta Vision

EyeMed Vision Care

Find a Provider Online

Etf.wi.gov/vision-insurance

Regular Eye Exams are Important!

An annual eye exam keeps your prescription current, and can detect early medical issues like diabetes, high blood pressure and glaucoma!



Protect your eyes' health with regular visits to the eye doctor, plus:

- Eat 5+ servings of fruits / vegetables daily
- Use sunglasses outdoors
- Don't smoke
- Follow instructions for contact lens cleaning

Protection

Critical Illness

Critical Illness coverage is provided through Colonial Benefits.

Critical Illness insurance pays a cash benefit if you, your spouse, you're your child are diagnosed with a specific disease. You can use the cash benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., copays or deductibles) or everyday expenses (e.g., childcare or groceries). Please refer to the insurance carrier's benefit summary for specific details on these coverages.

❖ **Employee pays this premium.**

Accident

Accident coverage is provided through Colonial Benefits. Accident insurance pays a cash benefit when you, your spouse, or your child:

- Receive an injury as the result of an accident (e.g., fractures or dislocations)
- Receive treatments (e.g., ER visit, follow-up doctor appt., or ambulance ride)
- For the loss of life or dismemberment

Use the benefit however you see fit—to help pay for out-of-pocket medical expenses (e.g., copays or deductibles) or everyday expenses (e.g., childcare or groceries). Please refer to the insurance carrier's benefit summary for specific details on this coverage.

❖ **Employee pays this premium.**

Term Life

City of Portage offers employees Term Life coverage through Colonial Benefits. This coverage is available to eligible employees, their spouse and dependent children.

Guarantee issue term life does not require health questions, blood, or urine tests. A benefit counselor will discuss options that meet your individual financial needs while staying within your budget.

- LifeWorks Employee Assistance Program
- Portability
- Life Planning Financial and Legal Service
- Conversion

❖ **Employee pays this premium.**

Cost depends on the level of coverage elected (Employee, Employee +Child(ren), Employee+Spouse, Family).

PROTECT



Why Do You Need Disability Coverage?

Did You Know...

1 in 4 adults will become disabled (for a year or more) before they retire.

Workers Compensation only covers an illness or injury that's work-related.

Pregnancy is the most commonly filed claim for short term disability.

Critical Illness

Colonial Benefits

www.coloniallife.com

Accident

Colonial Benefits

www.coloniallife.com

Term Life

Colonial Benefits

www.coloniallife.com

Protection

Whole Life

Whole Life coverage is provided through Colonial Benefits.

Whether your getting married, having children or planning for retirement it is important to ensure you have sufficient coverage as your life changes.

❖ Employee pays this premium.

Short Term Disability

Short Term Disability coverage is provided through Colonial Benefits.

Short Term Disability is there if you can't work because you're out sick. This coverage will help when your expenses start building up without a paycheck. When care and recovery should be your top priority, worrying about how to buy groceries or pay bill shouldn't even cross your mind.

❖ Employee pays this premium.

PROTECT



Why Do You Need Disability Coverage?

Did You Know . . .

1 in 4 adults will become disabled (for a year or more) before they retire.

Workers Compensation only covers an illness or injury that's work-related.

Pregnancy is the most commonly filed claim for short term disability.

Whole Life

Colonial Benefits

www.coloniallife.com

Short Term Disability

Colonial Benefits

www.coloniallife.com

Cost depends on the level of coverage elected (Employee, Employee + Child(ren), Employee+Spouse, Family).

Employee Assistance Program (EAP) Overview

An Employee Assistance Program (EAP) offers confidential support to you and your family members when you need help with life's challenges.

Please refer to the insurance carrier's benefit summary for specific details on these coverages.

What Kind of Questions can an EAP Help With?

24/7 Access to EAP Professionals

- Financial & Legal Concerns
- Stress Management
- Mental Health, Anxiety, Depression
- Substance Abuse
- Family Problems, Marital Conflict & Parenting Challenges

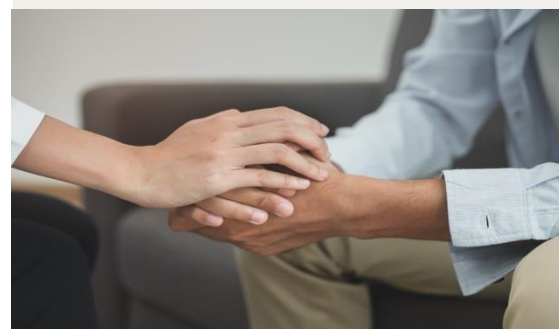
When Do Benefits Begin?

Coverage begins immediately upon employment

What is the Cost for this Benefit?

You pay nothing for using our Employee Assistance Program.

EAP



Employee Assistance Program



Our EAP offers confidential support to you and your family.

How To Get Help

Please contact HR

Why Do People Call?

The top three reasons cited for individuals reaching out to an Employee Assistance Program (EAP) are:

- Psychological wellbeing
- Relationship problems with spouse or partner
- Family/child behavioral issues

CALL OR TEXT 24/7

NATIONAL
SUICIDE
PREVENTION
LIFELINE™
I-800-273-TALK
www.suicidepreventionlifeline.org



988
SUICIDE
& CRISIS
LIFELINE



Mental Health Tools & Resources

R&R has accumulated a number of tools and resources around Mental Health support that employers can provide to their employees to assist them in navigating their challenges, from mental health, depression and anxiety as well as caregiver stress and financial hardship.

Hover your phone over the QR Code in the bottom right to access the digital resources.



STATEWIDE Content & Courses

- ✓ Well Badger Resource Center
- ✓ Resilient Wisconsin
- ✓ Access
- ✓ Wisconsin's Family Caregiver Support Programs
- ✓ 211 Wisconsin
- ✓ Wisconsin Help for Homeowners
- ✓ UW Extension
- ✓ Coping with Stress – CDC
- ✓ Lifesaver Wellbeing Series

RESOURCES TO CONTACT

- ✓ **National Mental Health Hotline**
(free & confidential)
866.903.3787 or text NAMI to 741741
- ✓ **Local WI NAMI Chapter**
608.268.6000
www.namiwisconsin.org
- ✓ **Mental Health - Related Distress**
Call or Text: 988 or Chat 988lifeline.org
- ✓ **National Suicide Prevention**
Hours: Available 24hrs.
Languages: English/Spanish
800.273.8255
- ✓ **Prevent Suicide Wisconsin**
- ✓ **Wisconsin 211** (Free Referral Helpline)
Dial 211 from any phone
- ✓ **HOPELINE**
Text HOPELINE to 741741
- ✓ **Aging & Disability Resource Center**

CALL OR TEXT 24/7

NATIONAL

SUICIDE

PREVENTION

LIFELINE™

I-800-273-TALK

www.suicidepreventionlifeline.org

988

SUICIDE

& CRISIS

LIFELINE



Wisconsin Deferred Compensation (WDC)

Eligibility

The WDC is a voluntary supplemental retirement savings program for all employees. Self-Enrollment can take place at any time during the year.

Employee Contributions

Employee Contribution may be made to the traditional 457 “pre-tax” account or to a Roth “after-tax” account. Employees may contribute any whole dollar amount, but no more than the annual IRS limitations.

Enroll Today!!

- Go to wdc457.org
- Click on the REGISTER button
- Enter Group ID: **98971-01**
- Enter Plan Enrollment Code: (See HR for current Code)
- Select Division/Employer Name: **City of Portage**

SECURITY



Carrier

WDC

Find Information Online

www.Wdc457.org

1-877-457-9327

Contact Information



HR Contact Information



Rebecca Ness
Rebecca.ness@portagewi.gov
608.742.2176 x103

Insurance Broker Service Contact Information

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



Carmen Winkelman
Employee Benefits Consultant
Carmen.winkelman@rrins.com
262.569.6246



Kate Mecozzi
Client Service Manager
Kate.mecozzi@rrins.com
262.953.7199

Insurance Carrier Contact Information

 **Dean Health Plan**
A member of SSM Health Phone #800.279.1301
www.deancare.com

 **DELTA DENTAL**
Phone #800.236.3712
www.deltadentalwi.com
Group #91421

 **Colonial Life**
Phone #800.325.4368
www.coloniallife.com

 **DIVERSIFIED**
BENEFIT SERVICES, INC.
Phone #800.234.1229
www.dbsbenefits.com

Government Notices

Full versions of the below notices along with Summary Plan Descriptions (SPD) and Summary of Benefits (SBC) can be found by contacting Rebecca Ness for a printed copy.



HIPAA Special Enrollment Rights

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

HIPAA Notice of Privacy Practices

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

Notice of Healthcare Market Exchange

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

Children's Health Insurance Program Reauthorization Act Notice (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

Women's Health and Cancer Rights Act (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

Medicare Part D Coverage Notice

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.