

2025 BENEFIT & ENROLLMENT GUIDE

Village of Elm Grove



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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 30 continuous days of employment.

When can you enroll?

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

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

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

Enrollment Changes

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

Examples of Qualifying Events Include:



Marriage or Divorce



Birth/Adoption or Death



Change in Spouse's Employment



Loss of Coverage

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Click on the laptop image to watch an overview of your benefits.





A strong benefits program is an important part of your overall compensation; Village of Elm Grove 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 Village of Elm Grove 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

Brian Lahey

Finance Director

262-782-6700

blahey@elmgrovewi.org

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

Medical Plan Overview

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

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

Is there a Penalty for Refusing Coverage?

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

Key Terms to Remember

Annual Deductible - A deductible is the amount of money you pay out-of-pocket for certain covered health care services before your health plan starts to pay. Understanding how deductibles work may help you choose the plan that best fits your needs and budget.

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

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

Prescription drugs are included in the annual out-of-pocket.

Are You Medicare Eligible?

When you or a family member become eligible for Medicare, our insurance broker, R&R Insurance has a dedicated Medicare Division that can help determine which plan is best for you.

Medicare Checklist

Download the Medicare Checklist that will guide you through exactly what you should be doing and when! Click on the video camera icons within the checklist to watch informational videos.

Download the checklist [here!](#)

MEDICAL



Medical

UnitedHealthcare

Policy #: 1576754

Find a Provider Online:

www.myuhc.com

No-Cost Preventive / Routine Care

Insurance plans must cover certain in-network 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 in-network routine and preventive services at no cost to covered members. The specific types of free services available vary based on a member's age, gender and other risk factors, but can include:

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



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

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

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

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

Hospital Price Transparency

What is this?

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

How will this help me?

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

Show me how!

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



How I Saved \$1K

Medical Plan Highlights

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

PLAN OPTIONS	NexusACO DWJG/RX-AU	
Deductible	Designated Network	Network
Single	\$ 5,000	\$ 5,000
Family	\$ 10,000	\$ 10,000
Out-of-Pocket Maximum		
Single	\$ 7,900	\$ 7,900
Family	\$ 15,800	\$ 15,800
Family Deductible and Out-of-Pocket Max Accumulation	Embedded	Embedded
Coinsurance	100%	70%
Physician Services		
Preventive Services	No charge	No charge
Primary Care Office Visit	\$0 - Dep <19 / \$10	\$ 40
Specialty Care Office Visit	\$ 40	\$ 100
Hospital Services		
Inpatient	\$ 500 then 70% after deductible	\$ 500 then 70% after deductible
Outpatient	\$ 250 then 70% after deductible	\$ 250 then 70% after deductible
Emergency & Urgent Care		
Emergency Room	\$ 500 then 70% after deductible	\$ 500 then 70% after deductible
Urgent Care	\$ 50	\$ 50
Retail Pharmacy	\$250 Single/\$750 Family Rx Deductible	
Tier 1	\$ 10	\$ 10
Tier 2	\$ 35	\$ 35
Tier 3	\$ 70	\$ 70
What Is My Cost Per Paycheck	Nexus ACO DWJG/RX-AU	
Employee	\$ 51.20	
Family	\$ 134.48	

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

Summary of Benefits and Coverage →

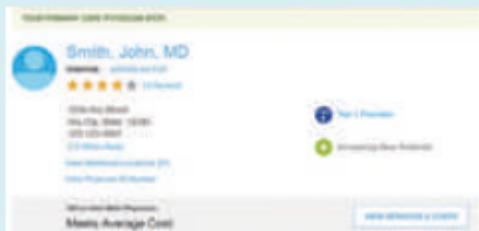
Understand your costs when getting care



Look for Tier 1 care first



Look for the Tier 1 symbol when doing a network search at myuhc.com.



Where you go for care can make a difference. Tier 1 providers are doctors, hospitals and other health care facilities that may offer you the greatest value for your health care benefits.*

- \$** Tier 1 (lowest-cost option when a Tier 1 provider is seen inside the ACO service area; outside the ACO service area, see a UnitedHealth Premium® provider)
- \$\$** Network (access to all other network providers)
- \$\$\$** Out-of-network (highest-cost option)

Copayment (or copay)

You'll usually pay a fixed amount of money for each covered doctor visit or prescription. You may pay a lower copay when you use Tier 1 providers from a list of Tier 1 facilities and physicians.



Deductible*

This is the amount you will need to pay for covered services before your plan begins to pay.



Coinsurance*

After you've paid your deductible, you only pay a percentage of the cost for each covered service. You may pay a lower percentage when you use Tier 1 providers. Some things will have a cost share after the deductible if you go to a non preferred provider.

Out-of-pocket limit

You'll never pay more than your out-of-pocket limit during the plan year for covered services. The out-of-pocket limit includes all of your copayment, deductible and coinsurance payments.

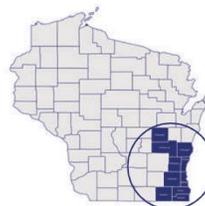
Choose Tier 1 providers to help save on your care. For all of the coverage details, see your official health plan documents.

Quality care close to home

Wherever you live or work in the Milwaukee area, there's likely easy access to quality care from a NexusACO Tier 1 facility or physician.

NexusACO providers include:

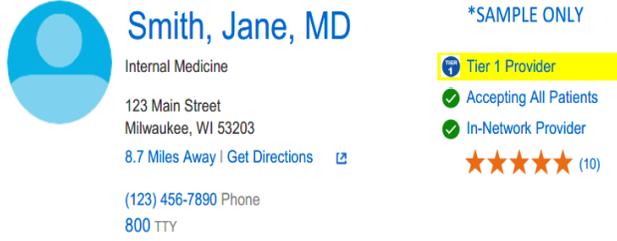
- Advocate Aurora Health
- Children's Wisconsin
- Froedtert and Medical College of Wisconsin



Understanding NexusACO Medical Provider Tiers

How to differentiate between medical providers to maximize your benefits

Provider Type: Symbol to look for: What it looks like when you search:

IN-NETWORK	Highest Benefit Level	Nexus - Tier 1 In-Network Providers		 <p>Smith, Jane, MD Internal Medicine 123 Main Street Milwaukee, WI 53203 8.7 Miles Away Get Directions</p> <p>(123) 456-7890 Phone 800 TTY</p> <p>*SAMPLE ONLY</p> <ul style="list-style-type: none">Tier 1 ProviderAccepting All PatientsIn-Network Provider <p>★★★★★ (10)</p>	Highlighted on the right side, is the <u>Tier 1 Provider</u> symbol. If this symbol is there, this provider provides the highest level of benefit. If the symbol is <u>not</u> there, the provider is <u>not</u> a Tier 1 Provider.
	Base Benefit Level	All Other In-Network Providers (All Employees)		 <p>Jones, John, MD Family Medicine 123 Main Street Honolulu, HI 96795 10.5 Miles Away Get Directions</p> <p>(123) 456-7890 Phone 800 TTY</p> <p>*SAMPLE ONLY</p> <ul style="list-style-type: none">Accepting All PatientsIn-Network Provider <p>★★★★★ (8)</p>	On the right side, you do <u>NOT</u> see any additional symbols. This provider is a standard In-Network provider. The base benefit level will apply.

Provider Search Information: Selecting a Primary Care Provider (PCP)

-  Tier 1 Provider
-  Accepting All Patients
-  In-Network Provider

Click the image to the left for information on how to select your Primary Care Provider.

With the NexusACO plan, you can select your Primary Care Provider (PCP). This provider will show up on your insurance card. If you do not select one, UHC will automatically select one for you. You do NOT need to exclusively see this provider. Look for the blue 'Tier 1 Provider' to maximize your savings.

Where to Seek Care

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

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

Virtual Office Visit Overview

Virtual Visits provide care 24/7 for a wide range of non-emergency conditions from wherever you are. You can connect with a provider via your mobile device, visiting online, or calling. If a prescription is needed, providers can send it to the pharmacy of your choice. The following are some examples of instances when it would be appropriate to call:

Allergies	Colds	Pink Eye	Sinus Problems
Sore Throat	Diarrhea	Rash	Urinary Tract Infection
Bronchitis	Fever	Migraines	Stomachache

How to Use Virtual Visit Services

No appointment is necessary. Go to the website, call, or download the app to get registered. Virtual Visits requires you to complete a brief medical history prior to requesting your first visit. Before each visit, the doctor will review your medical history, so they are aware of any chronic illnesses, current medications, and allergies. After your visit, Virtual Visits can share the results of your visit with your primary care physician with your consent.

VIRTUAL



Virtual Visit

Talk to a licensed doctor for non-emergency conditions 24/7 from anywhere you are!

How this Service Works:

[UHC guide](#)



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.



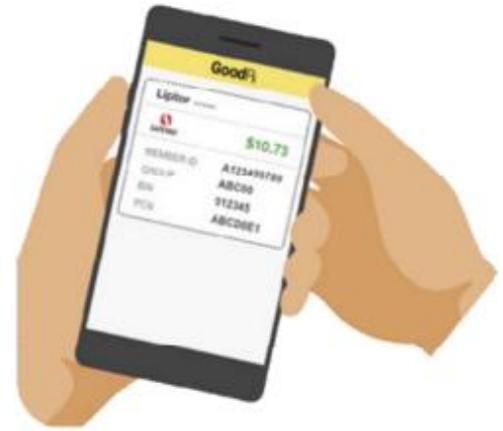
Drug Prices Vary Widely Between Pharmacies. GoodRx Finds the Lowest Prices & Discounts!



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

UHC Rewards - Earn up to \$300 per year!

Available to employees enrolled in the UHC Health Plan

Get in on UHC Rewards -

What's better than earning rewards for reaching goals and taking care of your health? Being able to choose how those rewards are earned and spent. UnitedHealthcare Rewards is designed to meet members where they're at.



There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards.

Here are some ways you and your enrolled spouse can earn rewards:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Complete a health survey
- Get a biometric screening
- Go paperless
- Connect a tracker
- 24/7 Virtual Visit
- Flu shot
- Annual checkup

Personalize your experience by selecting activities that are right for you – and look for new ways of earning rewards to be added throughout the year.

Good news—your health plan comes with a new way to earn up to \$300. UnitedHealthcare Rewards is included in your health plan at no additional cost.

There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways of earning rewards to be added throughout the year.

Earn up to \$300

United Healthcare



How to get started:

UnitedHealthcare plan members can register and get started with UHC Rewards in 2 ways—through the UHC app or myuhc.com.



- Scan this code to download the app or open your mobile app store and search "UHC Mobile App"
- Sign in or register
- Select **UHC Rewards**
- Activate **UHC Rewards** and start earning
- Though not required, connect a tracker and get access to even more reward activities

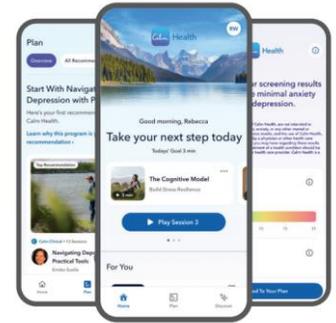
Additional Resources from UnitedHealthcare

Calm Health – Mental Well-Being Support, On Your Time

Calm is a widely recognized mental well-being app with resources for sleep, meditation, and mindfulness. Members will have access to content from Calm in addition to new features and benefits, including mental health screenings, self-guided learning modules, evidence-based content, and referrals.

To access Calm Health, members will be directed from myuhc.com® to a Calm Health landing page in the web browser to register for a Calm Health account. The member information will automatically pass through from myuhc.com. Once registered, members can continue using the website or download the Calm Health app and sign in.

Calm Health will be available to eligible employees and their dependents at **no additional cost** for those who are enrolled on your employer's medical plan.



Access Calm Health on your myuhc.com account or download the UnitedHealthcare App!



Quit For Life®

Take a break without a cigarette.

Tired of your day revolving around smoking? If you want to enjoy life without it, we're here for you. Since 1995, we've helped over 2 million tobacco users.

The Quit For Life® program offers proven, personal support to help you quit for good — at no additional cost to you. Choose from a variety of tools to customize a plan to help you break free from tobacco.

- Online Support.** Get access to a website with an Action Plan and self-guided tools to help you deal with withdrawal symptoms and switch up your habits to avoid tobacco.
- Quit For Life® mobile app.** 24/7 urge management expert plus on-the-go access to your program. Download through the Apple® iTunes® App Store™ or Google Play™.
- Connect with tips, tools and support, anytime.** Download the Quit For Life® mobile app. Available for Android™ and iOS devices.

Get started at myuhc.com.

Quit For Life - Smoking Cessation Program

Take your last first step toward quitting for good. Discover a new approach to nicotine cessation that starts with you. Find research-based solutions and coaching to help you stay on track.

What is it?

- Free smoking cessation program
- Personalized support from a Quit Coach
- Self-Paced online courses
- Text2Quit (SM) and messages



Click on the laptop to learn more about Quit For Life

Join and start now at quitnow.net or search “Quit For Life” on myuhc.com.

Real Appeal

Get motivated.

Real Appeal® is an online weight loss program available for free* to eligible UnitedHealthcare members.

Real Appeal may help you reach your New Year's resolutions with:

- A Transformation Coach who tracks, coaches, and gives you support
- A Behavior Coach who tracks your food, activity and program progress
- A Success Kit with recipes, meal plans, DVDs and more — shipped right to your door

Consider these tips to help keep your resolutions:

1. Start small. Focus on one, specific goal at a time. Small steps keep things manageable.
2. Write out your goals. Make your goals clear and it will give you a greater sense of accountability.
3. Forgive yourself. Remember that you're human. One slip-up doesn't have to undo your progress.

Join Real Appeal at join.realappeal.com.

Real Appeal - Healthy Lifestyle & Weight Management Program

Take small steps for lasting change with Real Appeal - designed to help you build better habits across key areas, such as nutrition, fitness, sleep and stress, to support a healthier lifestyle. This program is available at **no additional cost** to eligible members and dependents as part of their health plan benefits.

What is it?

- Free weight loss program
- Expert one-on-one coaching
- Personalized support
- Engaging entertainment
- Tools & Tracking



Click on the laptop to learn more about Real Appeal

Join Real Appeal at join.realappeal.com or search “Real Appeal” on MyUHC.com.

Pre-Tax Accounts

Health Reimbursement Plan Arrangement (HRA)

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

Which Expenses Can Be Reimbursed?

- In-Network Deductible
- Coinsurance
- * You are responsible for paying the doctor and/or hospital bills.

Which Expenses Can Not Be Reimbursed?

- In-Network Copays
- Out of Network claims

Reimbursement Summary

Medical Deductible Expenses

Single / Family

- First \$0 of in-network deductible is employee responsibility
- Next \$5,000 single/\$10,000 family of in-network deductible is reimbursed by the HRA

Prescription Deductible Expenses

Single / Family

- First \$0 of in-network prescription deductible is employee responsibility
- Next \$250 single/\$500 of in-network prescription deductible is reimbursed by the HRA

Coinsurance Expenses

Single / Family

- First \$0 of in-network coinsurance is employee responsibility (Excluding copays)
- Up to the next \$2,900 single/\$5,800 family of in-network coinsurance is reimbursed by the HRA (Excluding copays)

How are Reimbursements Made?

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

HRA



Health Reimbursement

Health Reimbursement Benefits are administered by:

Diversified Benefit Services
Policy #: Village of Elm Grove

Additional Information

www.dbsbenefits.com

Reimbursements are for Our Plan Only

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

Do You Have to Pay Taxes on Reimbursements?

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

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.

How the FSA Works

Money Goes In*

Health Care FSA: \$3,300/year max. \$660 rollover

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

Policy #: Village of Elm Grove

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!

Dental Plan Overview

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

Plan Highlights

Delta PPO / Premier

Deductible †	Single	\$ 50
	Family	\$ 150
Maximum Benefit †		\$ 1,000
Life Orthodontia Maximum		\$ 1,500

† Per Covered Member Per Year

Delta PPO and Delta Premier Benefits

Delta PPO / Premier

Preventive Services	100% / 100%
Basic Services	90% / 80%
Major Services	60% / 50%
Orthodontia (max. lifetime benefit)	50% / 50%

What is My Cost Per Paycheck

Employee	\$ 7.68
Family	\$ 22.55

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

Summary of Benefits
and Coverage

DENTAL



Dental

Delta Dental

Policy #: 91999-00000

Find a Provider Online

www.deltadentalwi.com

Oral Health Impacts Your Overall Health!

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



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

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

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

Voluntary Vision Plan Overview

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

In-Network Benefits

	Coverage	Frequency
Routine Exam	100% after \$20 copay	Every 12 months
Eyeglass Frames	\$200 Allowance then 20% off balance	Every 12 months
Eyeglass Lenses		
- Standard	100% after \$20 copay	Every 12 months
- Bifocal	100% after \$20 copay	
- Trifocal	100% after \$20 copay	
- Standard Progressive	100% after \$85 copay	
Contact Lenses		
- Elective	\$200 Allowance then 15% off balance	Every 12 months
- Medically Necessary	100% after \$0 copay	

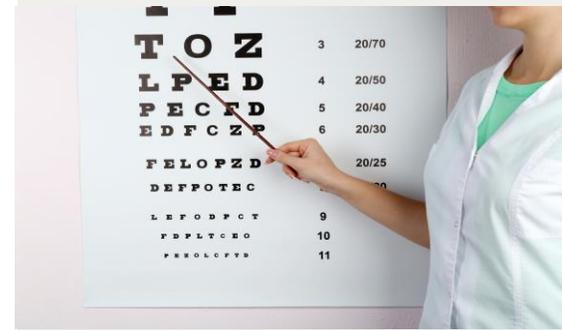
What is My Cost Per Paycheck

Employee	\$ 3.43
Family	\$ 8.56

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

Summary of Benefits and Coverage

VISION



Vision

Delta Vision

Policy #: 46583-00000

Find a Provider Online

www.deltavisionwi.com

Regular Eye Exams are Important!

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



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

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

EyeMed Cost Estimator Tool -

[Click Here](#)



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



Contact Information



HR Contact Information



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Insurance Broker Service Contact Information

R&R Insurance Services, Inc.

N14 W23900 Stone Ridge Drive, Waukesha, WI 53188

www.myknowledgebroker.com



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Insurance Carrier Contact Information



Phone # 877.797.8812
Website www.myuhc.com
Group # 1576754



Phone # 800.236.3712
Website www.deltadentalwi.com
Group #91999-00000



Phone #800.247.6875
Website www.sunlife.com
Group #STD 226612/LTD 950335



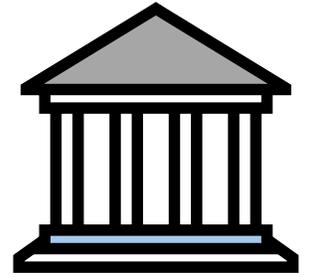
Phone # 800.236.3712
Website www.deltavisionwi.com
Group #46583-00000



Phone #800.234.1229
Website www.dbsbenefits.com
Group # Village of Elm Grove

Government Notices

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



HIPAA Special Enrollment Rights

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

HIPAA Notice of Privacy Practices

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

Notice of Healthcare Market Exchange

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

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

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

Women's Health and Cancer Rights Act (WHCRA)

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

Medicare Part D Coverage Notice

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