

# 2020 CITY OF GREEN BAY BENEFIT ENROLLMENT BOOKLET

City of Green Bay Employee,

November, 2019

Elections made during open enrollment will become effective January 1, 2020. The City of Green Bay is dedicated to providing you and your family with valuable benefit packages. The City’s goal is to balance the needs of employees against the ever rising cost of health care.

**All Employees** will be required to complete the online enrollment process, whether you are electing benefits, keeping benefits the same, making changes, or waiving all benefits. Employees waiving health insurance coverage must complete the online enrollment process and select “Decline Benefit” or you will automatically default to single coverage.

2020 Changes

- Health Insurance premiums will increase by 4%.
- Dental Insurance premiums will increase by 3%
  - Plans now cover 3 cleanings!
- Effective 11/1/2019 \$0 copay on Prevea Primary Care Visits
- Effective 01/01/2020 \$0 copay with Bellin Primary Care visits

Open enrollment will be held **NOVEMBER 11 – NOVEMBER 29, 2019**. Deadline to submit your online enrollment is **November 29, 2019**.

SCHEDULE FOR EMPLOYEE BENEFIT MEETINGS	
Monday November 11, 2019	7:00 a.m. DPW West Side Garage 10:30 a.m. Police Station Training Room
Tuesday November 12, 2019	12:30 p.m. Transit
Wednesday November 13, 2019	7:00 a.m. Water Utility 11:00 a.m. City Hall Council Chambers 2:00 p.m. Parks Maintenance Shop
Friday November 15, 2019	8:00 a.m. Fire Station 1 12:00 p.m. City Hall Council Chambers

## BENEFIT ENROLLMENT DEFINITIONS AND PROCEDURES

**Open Enrollment:** During the City's open enrollment period, employees may make changes or apply for benefit coverage for the next calendar year. Enrollment for insurance coverage is subject to requirements of the specific summary plan document, agreements between the vendor and City, or the vendor's requirements. To accommodate requirements the following definitions will apply.

**New Employees:** New employees in a benefit eligible position may enroll within 30-calendar days of date of hire for health, dental, long term disability, life, vision and Section 125 FSA. Effective date of coverage is the first day of the month following date of enrollment. Eligibility for benefits is in accordance with each summary plan document.

**Current Employees:** Following initial employment, employees may change or apply for coverage during the City's annual open enrollment for the next calendar year, except in the case of a qualifying event that permits earlier enrollment.

**Definition of Full-Time Employee for Health Care Coverage:** For purposes of health care coverage, a full time employee is defined as an employee in a regular position scheduled to work more than an average of 30-hours per week in a calendar year.

### **Qualifying Events under HIPAA:**

- Marital status change: marriage, death of spouse, divorce, annulment or legal separation.
- Number of dependents change, birth, adoption, death of dependent child, newly eligible dependents due to plan design change. HIPAA allows employees who elect single coverage initially to not only add a new dependent, but also allows employees to add the spouse at the time the new dependent is added. HIPAA does not require all eligible dependents be added.
- Loss of coverage: if the employee loses other coverage (e.g. Spouse's health plan coverage terminates, or Medicare or Medicaid eligibility ends).

**Premium Deductions:** Employee benefit deductions will be taken out in 24 equal installments.

**Section 125 Flexible Spending Account (FSA):** During open enrollment an employee may enroll in the flexible spending account for the next calendar year. Enrollment eligibility and changes to the flexible spending account during the calendar year are subject to qualifying events.

### **Qualifying Events under Section 125:**

- Dependent status change: dependent no longer satisfies rules for eligibility as a dependent due to attainment of age, loss of student status, marriage of dependent child.
- Employment status: commencement or termination of employment, commencement or return from leave of absence, change from part-time to full-time status or vice versa, strike or lockout.
- Judgment decree or order requiring coverage: QMSCO.
- Change in residence: may qualify if there is a loss of eligibility for a region specific plan.
- Other additional circumstances as allowed under section 125.

## 2020 ELIGIBILITY AND BENEFIT OPTIONS

### Who Can You Add to Your Plan?

**Eligible:**

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

**Ineligible:**

- Divorced or legally separated spouse
- Common law spouse
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

When you sign up, add or remove a spouse and/or dependent children to your health and dental plans you need to provide a copy of the following documentation; add spouse–copy of marriage certificate; dependent children–copy of birth certificate(s); and to remove spouse–divorce decree.

## Health | 1265 HEALTH RISK ASSESSMENT

You can reduce your health insurance premium and earn PBA/HSA dollars by completing a Health Risk Assessment (HRA). If you carry family coverage your spouse will also help to reduce the health insurance premium by completing an HRA.

The last date to schedule your HRA screening appointment to ensure that you will receive your premium discount for the subsequent calendar year is **September 25, 2020**. If you are a new employee your premium discount will apply after you and, if applicable your spouse takes the HRA.

HRA includes the screening & MD Sign-off form (if age applicable).

**Health | 1265:** Under this program you can earn additional premium discounts and incentives for being active and participating in wellness programs and activities.

**Personal Benefit Account/Health Savings Account**

Employees participating in the City’s Health Insurance program can earn \$200-single and \$400-family in their Personal Benefit Account (PBA) or Health Savings Account (HAS) as follows:

INCENTIVE	REQUIREMENT
\$100 for Employee \$100 for covered Spouse	<ul style="list-style-type: none"> <li>• Employee must complete HRA and appropriate exams</li> <li>• Spouse must complete HRA and appropriate exams</li> </ul>
\$100 for Employee only \$100 for covered family member	<ul style="list-style-type: none"> <li>• \$50 per dental cleaning (employee must submit 2)</li> <li>• \$50 per family member dental cleaning</li> </ul>

Upload into your myInertia account the completed Dental Cleaning Sign-Off Form by **October 30, 2020** to receive your PBA/HSA dollars. Once the form is uploaded you will receive credit under the **Health | 1265** program, if eligible, and corresponding PBA/HSA dollars will be deposited into your account. Instead of the form you may upload into your myInertia account a copy of your Explanation of Benefits (EOB) or a bill from your provider reflecting your visit. The EOB or bill must include the date of service and list the provider.

**2020 HEALTH INSURANCE INFORMATION – PPO CO-PAY OPTION**  
**UMR - United HealthCare Choice Plus (Benefit Plan – Group Health Self-Funded)**

<b>Embedded Deductible – No single individual on a family plan will pay a deductible higher than the individual deductible amount.</b>		<b>Single</b>	<b>Family</b>					
In Network		\$2,250	\$4,500					
Deductible Reimbursement Account (DRA)		\$500	\$1,000					
Out of Network		\$4,500	\$9,000					
<b>Co-Insurance</b>								
In Network		80%						
Out of Network		60%						
<b>Out-of-Pocket Maximum</b>		<b>Single</b>	<b>Family</b>					
In Network		\$4,500	\$9,000					
Out of Network		\$9,000	\$18,000					
<b>Lifetime Maximum</b>		<b>Unlimited</b>						
<b>Office Visits: (Some labs, x-rays, MRI's etc. are subject to deductible and co-insurance after co-pay)</b>								
Primary Care: Prevea or Bellin		\$0 Co-pay						
Specialty Care		\$35 Co-Pay and Deductible and Coinsurance						
In Network		Deductible and Coinsurance						
Out of Network		Deductible and Coinsurance						
Teladoc (Access Board Certified Doctors 24/7/365)*		\$0 Co-pay						
Bellin FastCare		\$0 Co-pay						
<b>Routine/Preventative Care: (Mammogram and Colonoscopy – the first one covered at 100% per calendar year)</b>								
In Network		Select Services covered at 100%						
Out of Network		Deductible and Coinsurance Apply						
<b>Prescription Drugs: Prescription Co-Pays Track Toward Health Insurance Out of Pocket Maximum</b>								
In Network		\$5 Generic/\$25/\$45						
Mail Order		90-day supply for 2 co-pays						
(4 <sup>th</sup> Tier) Specialty Pharmacy		10% not to exceed \$75 co-pay						
<b>Hospital Services: In Network and Out of Network Deductible and Coinsurance Apply</b>								
<b>Emergency Room: \$200 Co-pay (waived if admitted or coded as a true emergency)</b>								
<b>Urgent Care: (Some labs, x-rays, MRI's etc. are subject to deductible and co-insurance)</b>								
Prevea and Bellin		\$0 Co-pay						
In Network/Out of Network		Deductible and Coinsurance						
<b>2020 MONTHLY PREMIUM RATES</b>								
Total Monthly Premium		Single \$662.88	Family \$1,605.66					
<b>2020 BI-WEEKLY PREMIUM RATES</b>								
	11.5%	12.5%	13.75%	15%				
	EE	City	EE	City	EE	City	EE	City
Single	\$38.11	\$293.33	\$41.43	\$290.01	N/A	N/A	\$49.71	\$281.73
Family	\$92.32	\$710.51	\$100.35	\$702.48	\$110.39	\$692.44	\$120.42	\$682.41

\* See Pages 12-13 for more information on Teladoc

**2020 HIGH DEDUCTIBLE HEALTH PLAN (HDHP)**  
**UMR - United HealthCare Choice Plus (Benefit Plan – Group Health Self-Funded)**

<b>Non-embedded deductible - Total Family Deductible must be paid out-of-pocket before co-insurance will kick in</b>		<b>Single</b>	<b>Family</b>	
In Network		\$2,500	\$5,000	
Out of Network		\$5,000	\$10,000	
<b>Co-Insurance</b>				
In Network		80%		
Out of Network		60%		
<b>Out-of-Pocket Maximum</b>		<b>Single</b>	<b>Family</b>	
In Network		\$5,000	\$10,000	
Out of Network		\$10,000	\$20,000	
<b>Lifetime Maximum:</b>		<b>Unlimited</b>		
<b>Office Visits: These costs will track toward your Out-of-Pocket; Some labs, x-rays, MRI's etc. are subject to deductible and co-insurance after visit fee</b>				
Prevea Primary Care		\$75 Per Visit		
Bellin Primary Care		\$50 Per Visit		
Prevea Physical/Occupational Therapy		\$75 Per Visit		
Bellin Physical/Occupational Therapy		\$10 Per Visit		
Out of Network		Deductible & Coinsurance		
Teladoc (Access Board Certified Doctors 24/7/365)		\$45		
Bellin FastCare		\$50		
<b>Routine/Preventative Care: (Mammogram and Colonoscopy – the first one covered at 100% per calendar year)</b>				
In Network		Select Services covered at 100%		
Out of Network		Deductible and Coinsurance Apply		
<b>Prescription Drugs: Prescription Co-Pays Track Toward Health Insurance Out of Pocket Maximum</b>				
In Network		Deductible & Coinsurance		
Mail Order		Deductible & Coinsurance		
Specialty Pharmacy		Deductible & Coinsurance		
<b>Hospital Services: Deductible &amp; Coinsurance</b>				
<b>Emergency Room: Deductible &amp; Coinsurance</b>				
<b>Urgent Care: These costs will track toward your Out-of-Pocket; Some labs, x-rays, MRI's etc. are subject to deductible and co-insurance after visit fee</b>				
Prevea		\$75 per visit		
Bellin		\$50 per visit		
In Network		Deductible & Coinsurance		
Out of Network		Deductible & Coinsurance		
<b>2020 MONTHLY PREMIUM RATES</b>				
Total Monthly Premium		Single \$582.00	Family \$1,409.76	
<b>2020 BI-WEEKLY PREMIUM RATES</b>				
	11.5%	12.5%	13.75%	15%
	EE	EE	EE	EE
	City	City	City	City
Single	\$33.46	\$36.37	N/A	\$43.65
	\$257.54	\$254.63	N/A	\$247.35
Family	\$81.06	\$88.11	\$96.92	\$105.73
	\$623.82	\$616.77	\$607.96	\$599.15

## OBTAIN THE RIGHT HEALTH CARE AT THE RIGHT COST

<i>Type of care starting with the most cost effective</i>	<i>Reasons to go</i>	<i>Cost Breakdown (Lowest cost to highest cost services)</i>	
		<b>PPO</b>	<b>HDHP</b>
<b>TELADOC (Call or Video a Board Certified Doctor from the comfort of your own home) Doctors can prescribe medication(s)</b>	Sinus infection, pink eye, bowel digestive issues, laryngitis, bronchitis, rash, influenza, cold symptoms, acne, head lice, diaper rash, allergies, etc.	\$0 Phone or Video	\$45 Phone or Video
<b>Virtual Care (Bellin)</b>	Same as above	\$0 E-Visit or Video Visit	\$0 E-Visit \$0 Video Visit
<b>Bellin Fast Care (Must be 18 months or older to use this service)</b>	Bladder infection (urinalysis), strep throat (rapid strep test included), ear Infection, blood pressure checks, mononucleosis (monospot), etc.	\$0	\$50
<b>Primary Care</b>	Preventative care, well-child visits, chronic disease management (diabetes, cholesterol, thyroid problems), anxiety, depression, nicotine cessation, minor stitches	Bellin \$0	Bellin \$50
		Prevea \$0	Prevea \$75
<b>Therapy (Occupational &amp; Physical)</b>	Tendonitis, sprains, strains, work injuries, rehab and chronic pain	Bellin \$10	Bellin \$10
		Prevea \$10	Prevea \$75
<b>Urgent Care</b>	Sprains and strains, urgent health concerns, broken bones	Bellin \$0	Bellin \$50
		Prevea \$0	Prevea \$75
<b>Emergency Room</b>	Sudden change in vision, difficulty breathing, severe head injury, chest pain, heavy bleeding, etc.	\$200 co-pay waived if admitted or coded as a true emergency	Deductible and Coinsurance



## HEALTH COST(S)

	PREVEA		BELLIN		TELADOC		AURORA (ANY IN NETWORK PROVIDER OTHER THAN PREVEA/BELLIN)	
	PPO	HDHP	PPO	HDHP	PPO	HDHP	PPO	HDHP
<b>Virtual Care:</b>			\$0 E-Visit \$0 Video Visit	\$0 E-Visit \$0 Video Visit	\$0 Phone or Video	\$45 Phone or Video		
<b>Fast Care:</b>			\$0	\$50				
<b>Primary Care:</b>	\$0	\$75	\$0	\$50			Deductible and Coinsurance	Deductible and Coinsurance
<b>Specialty Care:</b>	\$35 Deductible and Coinsurance	Deductible and Coinsurance	\$35 Deductible and Coinsurance	Deductible and Coinsurance			\$35 Deductible and Coinsurance	Deductible and Coinsurance
<b>Therapy (Occupational &amp; Physical):</b>	\$10	\$75	\$10	\$10			Deductible and Coinsurance	Deductible and Coinsurance
<b>Urgent Care:</b>	\$0	\$75	\$0	\$50			Deductible and Coinsurance	Deductible and Coinsurance
<b>Emergency Room:</b>	\$200 co-pay waived if admitted or coded as a true emergency	Deductible and Coinsurance	\$200 co-pay waived if admitted or coded as a true emergency	Deductible and Coinsurance			\$200 co-pay waived if admitted or coded as a true emergency	Deductible and Coinsurance



## PREVEA INFORMATION – PRIMARY VISIT

# Prevea *Partnered Health*

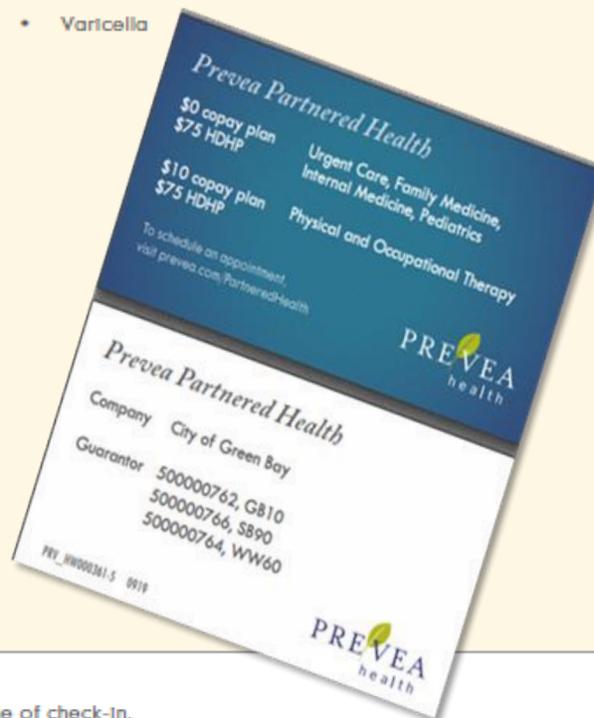
City of Green Bay has partnered with Prevea Health for various health care services available to you for a minimal fee. Appointments for urgent care, primary care (family medicine, internal medicine and pediatrics) and physical and occupational therapy are available at all Prevea Health locations where those services are offered.\*

<i>Copay plan \$0; HDHP \$75 visit fee</i> PRIMARY CARE SERVICES FOR:	<i>Copay plan \$10; HDHP \$75 visit fee</i> PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR:	
<ul style="list-style-type: none"> <li>• Preventive care such as physical exams, well-child exams, health screenings and sports physicals</li> <li>• Acute care such as allergies, bites and stings, burns and sunburn, coughs and colds, ear pain, flu, headache, injuries/non-surgical fracture and musculoskeletal care, laceration evaluations, pink eye/stye, sinus infections, skin infections, sore throats, UTI/bladder infection</li> <li>• Routine medical care for children, adults and elderly including medication management</li> <li>• Chronic disease management for high blood pressure and cholesterol, hyperlipidemia, diabetes, dyslipidemia, COPD, asthma, thyroid problems</li> <li>• Minor office procedures such as skin lesion removal/biopsy, stitches</li> <li>• Cardiovascular disease prevention</li> <li>• Nicotine cessation</li> <li>• Basic mental health including anxiety and depression</li> <li>• Immunizations including flu shots (see back page)</li> <li>• Labs (see back page)</li> </ul>	<ul style="list-style-type: none"> <li>• Blood flow restriction therapy</li> <li>• Dry needling</li> <li>• Ergonomic assessments</li> <li>• Gait assessment</li> <li>• Injury assessment and consultation</li> <li>• Injury prevention</li> <li>• Manual therapy</li> <li>• Muscle, bone or joint pain</li> <li>• Pre- and post-surgical therapy</li> <li>• Posture and body mechanics training</li> <li>• Range-of-motion, flexibility, balance and strength training</li> <li>• Spinal stabilization instruction</li> </ul>	
<i>Copay plan \$0; HDHP \$75 visit fee</i> URGENT CARE SERVICES FOR:		
<ul style="list-style-type: none"> <li>• Allergies</li> <li>• Bites and stings</li> <li>• Burns and sunburn</li> <li>• Coughs and colds</li> <li>• Ear pain</li> </ul>	<ul style="list-style-type: none"> <li>• Flu</li> <li>• Headache</li> <li>• Injuries and musculoskeletal care</li> <li>• Minor lacerations and repair</li> <li>• Pink eye/stye</li> </ul>	<ul style="list-style-type: none"> <li>• Sinus infections</li> <li>• Skin infections</li> <li>• Sore throats</li> <li>• UTI/bladder infection</li> </ul>



## PREVEA INFORMATION – (CONT.)

LABS	IMMUNIZATIONS
<p>The following labs are available at no additional cost to you as the patient. Labs not listed will be billed to your personal health insurance.</p> <ul style="list-style-type: none"> <li>• ALT/SGPT</li> <li>• Antibiotic sensitivity</li> <li>• AST/SGOT</li> <li>• BMP</li> <li>• CBC, Auto, No diff</li> <li>• CBC w/ diff</li> <li>• CMP</li> <li>• Creatinine</li> <li>• Complete UA</li> <li>• C. Trachomatis RNA</li> <li>• Hbg A1c</li> <li>• General health panel</li> <li>• Glucose blood draw</li> <li>• Glucose (fingerstick)</li> <li>• Group A strep culture</li> <li>• Hepatic function panel</li> <li>• Influenza A/B</li> <li>• Lipid panel</li> <li>• N. Gonorrhoeae RNA</li> <li>• Occult blood (feces)</li> <li>• Potassium</li> <li>• Prothrombin time (fingerstick)</li> <li>• Rapid strep</li> <li>• TSH</li> <li>• Urine culture</li> <li>• Urine dip</li> <li>• Urine microalbumin</li> <li>• Urine pregnancy test</li> </ul>	<p>The following immunizations are available at no additional cost to you as the patient. Immunizations not listed will be billed to your personal health insurance.</p> <ul style="list-style-type: none"> <li>• Hepatitis A &amp; B, adult and pediatric</li> <li>• Hib (haemophilus influenzae type B)</li> <li>• Human Papilloma Virus (HPV)</li> <li>• Influenza</li> <li>• Measles, mumps and rubella</li> <li>• Meningococcal</li> <li>• Pneumococcal</li> <li>• Poliovirus</li> <li>• Rotavirus</li> <li>• Shingles</li> <li>• Tetanus, diphtheria and pertussis, adult and pediatric</li> <li>• Varicella</li> </ul>



The Prevea Partnered Health access card must be presented at time of check-in. Otherwise, the service will be billed to your personal health insurance.

No referral needed. Visit [prevea.com/PartneredHealth](http://prevea.com/PartneredHealth) to schedule an appointment.

\* HSHS St. Clare Memorial Hospital Prevea Health Centers are excluded.



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## BELLIN INFORMATION - PRIMARY VISIT

**BEGINNING JANUARY 2020**

**IMPORTANT:** You do NOT need to be a Bellin Health patient to access services.

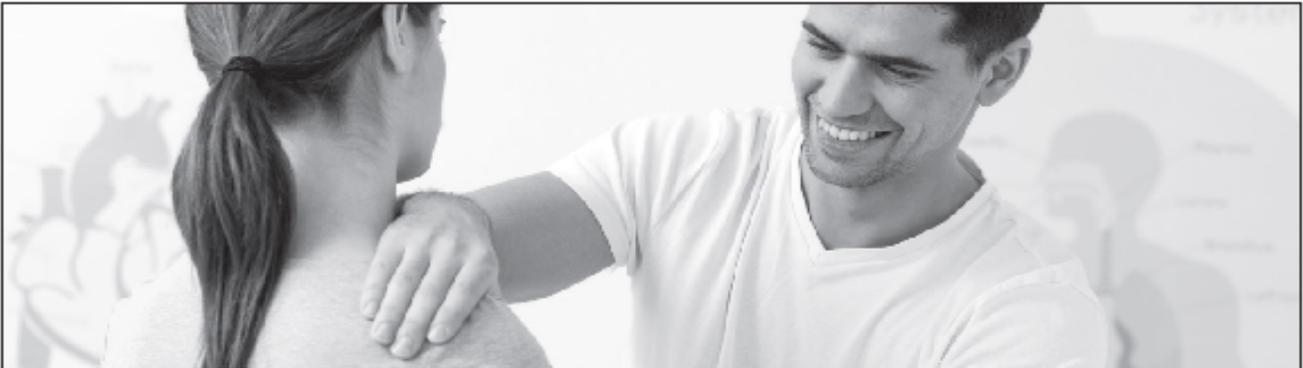
# CITY OF GREEN BAY HEALTH CARE OPTIONS

CO-PAY PLAN	HDHP with HSA PLAN	SERVICES
\$0	\$50	<p><b>PRIMARY CARE including Pediatrics and Internal Medicine</b> All preventative care visits are \$0.</p> <p>Full primary care (physicals, chronic disease management and acute care), pediatrics, and internal medicine services. Includes all labs and routine vaccinations.</p> <p><a href="http://bellin.org/primarylocations">bellin.org/primarylocations</a></p>
\$0	\$0	<p><b>ALL LABS AND ROUTINE VACCINATIONS</b></p> <p>Excludes travel medicine.</p>
\$10	\$10	<p><b>PHYSICAL AND OCCUPATIONAL THERAPY</b></p> <p>Conditions treated include but are not limited to, sports injuries, work injuries, tendonitis, bursitis, sprains, strains, post-op rehabilitation and chronic pain conditions.</p> <p><a href="http://bellin.org/locations/bellin-health-physical-therapy-locations">bellin.org/locations/bellin-health-physical-therapy-locations</a> <a href="http://bellin.org/locations/bellin-health-ttietown-sports-medicine-orthopedics">bellin.org/locations/bellin-health-ttietown-sports-medicine-orthopedics</a></p>
\$0	\$50	<p><b>FASTCARE®</b></p> <p>Walk-ins only. Sore throats, ear aches, sinus infections, cold symptoms, bladder infections (females ages 12 and older), insect bites and more. Immunizations and screenings are also available. Patients must be 18 months or older and age restrictions exist for select services.</p> <p><a href="http://bellinfastcare.org">bellinfastcare.org</a></p>
\$0	\$50	<p><b>URGENT CARE</b></p> <p>Care for colds, flu, broken bones, cuts requiring stitches, and other ailments that are not life threatening.</p> <p><a href="http://bellin.org/urgentcare">bellin.org/urgentcare</a></p>
\$0	\$0	<p><b>VIRTUAL VISITS including E-Visits and Video Visits</b></p> <p>An <b>E-visit</b> is a questionnaire you fill out and submit through your MyBellinHealth account. A <b>Video Visit</b> is a live, interactive appointment conducted by video and scheduled for a specific time. Patients must be 18 or older.</p> <p><a href="http://bellin.org/virtualvisits">bellin.org/virtualvisits</a></p>



*Plan coverage includes access at all Bellin Health locations offering the above services.*

11/08/19



**BEGINNING JANUARY 2020**

## **NEW NEARSITE PHYSICAL THERAPY**

**\$10 COPAY\*, CONFIDENTIAL APPOINTMENTS**

Available to **ALL** employees, spouses and dependents on the health plan.

- ✓ Acute injury consultation
- ✓ Options for chronic pain and muscle or joint discomfort throughout the body
- ✓ Treatment options based on individual patient needs including joint mobilizations and manipulations, dry needling, muscle energy techniques and more
- ✓ Therapy for headaches, jaw pain, and dizziness
- ✓ Postsurgical therapy

**bellinhealth**



\*\$10 co-pay due at the time of service via electronic payment.

**NO referral necessary.**

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You do **NOT** need to be a Bellin Health patient to access services.

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Plan coverage includes access at **ALL** Bellin Health locations offering therapy services.

[bellin.org](http://bellin.org)

11/02/19



# Getting started with Teladoc



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away.



1

**Online:**  
Go to [Teladoc.com](https://www.teladoc.com) and click "set up account".

**Mobile app:**  
Download the app and click "Activate account". Visit [teladoc.com/mobile](https://www.teladoc.com/mobile) to download the app.

**Call Teladoc:**  
Teladoc can help you register your account over the phone.

### SET UP YOUR ACCOUNT

Set up your account by phone, web or mobile app.



2

### PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



3

### REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care. And talk to a doctor by phone, web or mobile app.

Talk to a doctor anytime!

[Teladoc.com](https://www.teladoc.com)  
 1-800-Teladoc



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# Member Frequently Asked Questions

## What is Teladoc?

Teladoc provides 24/7 access to U.S. board-certified doctors by phone or video for many non-emergency illnesses, including flu, allergies, sinus infections, and more.

## Who are the Teladoc doctors?

Teladoc doctors are licensed internists, family doctors, and pediatricians. They average 20 years of experience and are licensed to practice in your state.

## Does Teladoc replace my doctor?

No. Teladoc doesn't replace your primary care doctor. Teladoc should be used for non-emergency illnesses when it is not convenient to get to the doctor or it is outside of regular office hours.

## How do I talk to a Teladoc doctor?

You can connect with a doctor via phone or video.

## How do I set up my Teladoc account?

Visit the website listed below and click "Member Login." You can also download the mobile app or call the number below.

## How do I request a visit?

Log in to your account online or via the app and click "Request a Consult." You can also request a visit by calling the number below.

## Is there a time limit when talking with a doctor?

There is no time limit for visits.

## Am I charged more for talking longer?

There is no extra charge for longer doctor visits.

## Can Teladoc doctors write a prescription?

Yes, Teladoc doctors can prescribe medication when medically necessary.

Visit [teladoc.com/prescription-policy.com](http://teladoc.com/prescription-policy.com) for details.

## How do I pay for the visit?

You can pay with your HSA (health savings account) card, credit card, prepaid debit card, or by PayPal.

## If the Teladoc doctor recommends that I see my primary care doctor or a specialist, do I still have to pay the Teladoc consult fee?

Yes. Just like any doctor appointment, you must pay for the consulting doctor's time.

## Can my primary care doctor get a record of my Teladoc visit?

With your consent, we'll send an electronic copy of your Teladoc visit to your primary care doctor.

## Talk to a doctor for \$45 or less

 [Teladoc.com](http://Teladoc.com)  1-800-Teladoc   Download the app



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## 2020 DENTAL INSURANCE

DENTAL CARRIER	DENTAL ASSOCIATES		HUMANA DENTAL
<b>Deductible</b>			
Single	\$0		\$50
Family	\$0		\$150 aggregate
<b>Annual Maximum</b>			
Per Person Per Year	\$2,500		\$2,500
<b>Preventative Services</b>			
Bite Wing X-Rays Cleanings Oral Exams Topical Fluoride	100%		100%
<b>Basic Services</b>			
All other X-Rays Extractions Fillings Oral Surgery Periodontics ( <i>exam and maintenance covered under Preventative</i> ) Stainless Steel Crowns Sealants Space Maintainers	100%		After deductible, covered expense is payable at 80%
<b>Major Services</b>			
Endodontics Full & Partial Denture Repair Implants Inlays/Onlays Partial or Complete Dentures Porcelain Crowns Prosthodontic Services Removable or Fixed Bridgework	100%		After deductible, covered expense is payable at 50%
<b>Prosthodontic Services</b>			
	100%		After deductible, covered expense is payable at 50%
<b>Orthodontics</b>			
Per course of treatment	50% to \$2,500 a separate Ortho Lifetime Maximum		After deductible, covered expense payable at 50% to \$2000 (tracks to max)

Premium Rates	DENTAL ASSOCIATES			HUMANA DENTAL		
	Monthly Premium	EE Bi-Weekly	City Bi-Weekly	Monthly Premium	EE Bi-Weekly	City Bi-Weekly
Single	\$34.66	\$2.16	\$15.17	\$43.93	\$ 2.73	\$19.23
Family	\$105.30	\$6.58	\$46.07	\$133.51	\$ 8.34	\$58.41

## SUPERIOR VISION INSURANCE PLAN OF WISCONSIN VOLUNTARY BENEFIT

Plan Description	Full Service	Materials Only
<b>Frequency Limitations</b>		
Eye Examination	Once Every 12 Months	Not Covered
Lenses	Once Every 12 Months	Once every 12 Months
Frame	Once Every 24 Months	Once every 24 Months
Contact Lenses	Once Every 12 Months	Once Every 12 Months
<b>Vision Benefits</b>		
Vision Exam In-Network	100%	Not Covered
Vision Exam Out-of-Network	Up to \$35	Not Covered
Frames In-Network	Up to \$125	Up to \$125
Frames Out-of-Network	Up to \$70	Up to \$70
<b>Lens Benefits (Clear, Standard, Glass or Plastic)</b>		
Single Vision In-Network	100%	100%
Single Vision Out-of-Network	Retail value to \$25	Retail value to \$25
Bifocal In-Network	100%	100%
Bifocal Out-of-Network	Retail value to \$40	Retail Value to \$40
Trifocal In-Network	100%	100%
Trifocal Out-of-Network	Retail value to \$45	Retail value to \$45
<b>Contact Lenses Benefit</b>		
Medically Necessary w/Pre-Auth In-Network	100%	100%
Medically Necessary w/Pre-Auth Out-of-Network	\$150 Maximum	\$150 Maximum
Elective In-Network	\$150 Maximum	\$150 Maximum
Elective Out-of-Network <i>(In lieu of spectacle lenses)</i>	Retail Value to \$125	Retail Value to \$125
<b>Bi-Weekly Rates (Full Premium is paid by the Employees)</b>		
Employee Only	\$4.16	\$2.94
Limited Family	\$8.32	\$5.88
Family	\$11.02	\$7.78
<i>(Limited Family is defined as Employee + Spouse OR Employee + Children)</i>		

### **SUPERIOR VISION - FIND A PROVIDER**

Go to [https://www.superiorvision.com/member/locate\\_provider](https://www.superiorvision.com/member/locate_provider)

- Click on “Find a Provider”
- Enter location
- Coverage Type “**Insurance Through Your Employer**”
- Choose Your Network “**Superior Select Midwest**”
- Click on “Find Providers”



**METLIFE**  
**LIFE AND AD&D BENEFITS**

**City Provided Basic Term Life & Accidental Death & Dismemberment Insurance (AD&D)**

Class 1 – All Employees	\$30,000 or 1x salary up to a maximum of \$100,000
AD&D Coverage – Employee Only	100% of an employee’s Basic Life amount

**Voluntary Supplemental Term Life and AD&D Insurance**

Employee Base Plan w/AD&D	Flat \$20,000	\$2.72 Bi-weekly
Employee Buy-up Option w/AD&D	<ul style="list-style-type: none"> <li>• May purchase in \$10,000 increments without medical evidence <u>if enrolled within 30 days of hire</u>. Max \$250,000.</li> <li>• May purchase up to a maximum of the lesser of 5x salary or \$500,000 in \$10,000 increments. Medical Evidence required if late enrollee or if applying for more than \$250,000.</li> <li>• Employee must enroll in the Base Plan if annual salary is less than \$50,000 in order to elect the Spouse \$50,000 Life Plan.</li> </ul>	

**Spouse and/or Dependent Children Term Life Insurance**

Spouse and Dependent Children (Eligible under age 19)	<ul style="list-style-type: none"> <li>• <b>Spouse:</b> Flat \$50,000 not to exceed 100% of employee’s Basic &amp; Supplemental Life Benefit.</li> <li>• <b>Children:</b> Flat \$10,000 for dependent children</li> </ul>	\$3.04 Bi-weekly
Spouse and Dependent Buy-up Plan	<ul style="list-style-type: none"> <li>• <b>Spouse:</b> \$10,000 increments to a max of the lesser of \$200,000 or 100% of employee’s Supplemental Life Benefit. <b>Medical evidence required.</b></li> <li>• <b>Children:</b> \$5,000 increments to max of \$15,000.</li> </ul>	Rates based on employee’s age \$0.135/\$1000

**Employee & Spouse (Buy-Up Option) Age Banded Rates, per \$1,000**

(Spouse rate based off employee age)

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>Employee Rate w/AD&amp;D</b>	\$0.062	\$0.097	\$0.132	\$0.167	\$0.202	\$0.237	\$0.272	\$0.682	\$1.087	\$2.02
<b>Spouse Rate</b>	\$0.040	\$0.075	\$0.110	\$0.145	\$0.180	\$0.215	\$0.250	\$0.660	\$1.065	\$1.998

Calculation example: Employee age 36

Buy-Up Amount:  $\$100,000/1000 = \$100 \times \text{age based rate } \$0.132 = \$13.20/2 = \$6.60$  Bi-weekly Premium

**Free Will Prep Service provided if enrolled in the voluntary life insurance plan(s).**

**More detailed information is available on Employee Self Service:** click “Resources” in the upper right corner

Contact Hyatt Legal Plans Toll-Free Number: 1-800-821-6400

City of Green Bay Group Number: 154869

**THE HARTFORD  
LONG TERM DISABILITY BENEFITS (LTD)  
FINANCIAL PROTECTION DURING ILLNESS OR INJURY**

Active full-time employees working at least 37.5 hours per week are eligible for coverage. Long Term Disability covers injuries and illnesses, both work and non-work related. Employees have 2-voluntary LTD plan options each provides 60% of pre-disability earnings up to \$6,000 a month. An employee is eligible for benefits if there is a significant change in physical or mental conditions and the employee cannot perform the material duties of their occupation because of that illness, injury, or disabling pregnancy related condition. As a result employee's work earnings are 80% or less than pre-disability earnings. Generally pre-disability earnings include total income before taxes and any deductions for pre-tax contributions.

- Option 1, benefit payments begin after a **90-day elimination period**
- Option 2, benefit payments begin after **180-day elimination period**

This benefit will extend beyond 24-months only if employee cannot perform the material duties of any reasonable occupation and work earnings are 60% or less of pre-disability earnings. If employee's occupation requires a professional license or certification the employee will not be considered solely disabled because of loss of license or certification. Once the claim is approved the employee is eligible to receive LTD benefits starting on day 90 or 180 after the date disability began depending on the chosen plan option. Generally the benefit payment continues for as long as the employee remains disabled and meets the requirements of the LTD policy or until reaching social security normal retirement age, whichever is sooner. If the disability occurs at age 62 or above, the benefit may be reduced based on a pre-determined schedule. Benefits may be reduced if receiving income from other sources – following are examples of other sources of income.

Any government retirement system earned as a result of working for your current employer.	Any disability or retirement benefit received under a retirement plan.
Any Social Security benefits or similar plan or Act.	Workers Compensation.
Earnings from any form of employment.	Payment from Statutory Disability Plans.

**Plan Option 1 / 90-Day Elimination Period**

<b>Employee Age</b>	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>Cost per \$100 of covered monthly payroll</b>	\$0.115	\$0.167	\$0.252	\$0.395	\$0.582	\$0.798	\$0.947	\$0.926
<b>Example</b>	<ul style="list-style-type: none"> <li>○ <math>\\$36,000/12 = \\$3,000</math> (Covered Monthly Payroll)</li> <li>○ <math>\\$3,000/100</math> Units = 30 (Number of \$100 units of monthly covered Payroll)</li> <li>○ <math>\\$30 \times .252</math> (age 35 rate) = \$7.56 Cost per month or \$3.78 per paycheck (<math>\\$7.56 \times 12</math> months / 24 pay periods = \$3.78 per pay check cost)</li> </ul>							

**Plan Option 2 / 180-Day Elimination Period**

<b>Employee Age</b>	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>Cost per \$100 of covered monthly payroll</b>	\$0.095	\$0.141	\$0.216	\$0.343	\$0.496	\$0.717	\$0.822	\$0.830
<b>Example</b>	<ul style="list-style-type: none"> <li>○ <math>\\$36,000/12 = \\$3,000</math> (Covered Monthly Payroll)</li> <li>○ <math>\\$3,000/100</math> Units = 30 (Number of \$100 units of monthly covered Payroll)</li> <li>○ <math>\\$30 \times .216</math> (age 35 rate) = \$6.48 Cost per month or \$3.24 per pay check (<math>\\$6.48 \times 12</math> months / 24 pay periods = \$3.24 per pay check cost)</li> </ul>							

## OTHER BENEFITS

### WISCONSIN RETIREMENT SYSTEM (WRS), DEFERRED COMPENSATION, AND EMPLOYEE ASSISTANCE PROGRAM (EAP)

#### **Wisconsin Retirement System (WRS):**

The Wisconsin Retirement System covers employees of the State of Wisconsin and local government employers. Administered by the Department of Employee Trust Funds (ETF), this plan is rated as one of the top retirement plans in the United States. Contributions begin as of the date of hire for eligible employees. Elected officials, general employees and protective employees pay 50% of the general contribution rate. For more information regarding the Wisconsin Retirement System, please visit the WRS website.

Employment Category	Employee Contribution	City Contribution
General Employee	6.75% of earnings	6.75% of earnings
Protective with Social Security	6.75% of earnings	11.65% of earnings
Protective without Social Security	6.75% of earnings	16.25% of earnings
Elected Official	6.75% of earnings	6.75% of earnings

**Deferred Compensation:** The City of Green Bay participates in two Section 457 deferred compensation plans administered by Wisconsin Deferred Compensation (WDC) and ICMA. These plans allow you to save and invest funds for retirement while deferring Federal and State income taxes until retirement. Contact WDC or ICMA directly for questions about their deferred comp plan. Enrollment and changes to your plan can be made at any time by submitting the enrollment/change form to HR. Contact information can be found on the last page of the employee benefit booklet. 2020 maximum contribution limits are listed below.

Plan	2020 Contribution Limit
Annual Deferral Limit for 457 Plans	\$19,500
Pre-Retirement Catch-Up Limit	\$19,500
Age 50 Catch-Up Limit	\$ 6,500

**Employee Assistance:** In today's complex world we all can use an ASSIST every now and then. ASSIST, your EAP, provides confidential, professional counseling services to help resolve personal concerns that affect your family life, health or work life. The City sponsors this program and there is **no cost** to you or anyone that lives in your household for your counseling visits. You are allowed 8 free sessions per issue, per year. Why pay out of pocket, spend your health care savings dollars or tap into your insurance benefits when you can receive high-quality, confidential counseling services at no cost through your EAP? How assist works.

- **Call ASSIST.** Call **1-800-222-8590** or **920-403-7600** to schedule an appointment or receive guidance over the phone.
- **We'll talk.** Together you and your counselor will develop a plan to help meet your goals. Counseling sessions may be all you need to get back on track – at **no cost to you**.
- **We'll assist you in other ways.** Sometimes we may recommend other resources.
- **We Respect your Privacy.** No one will know you are using services unless you want them to know. The ASSIST EAP is confidential in accordance with all state and federal laws.
- **Visit the ASSIST website.** Visit [www.AssistERC.com](http://www.AssistERC.com) for self-help information, self-awareness tools and other resources.

## 2020 FLEXIBLE SPENDING ACCOUNT (FSA) AND DEPENDENT CARE ACCOUNT (DCA)

### **Flexible Spending Account (FSA)**

You are NOT eligible for an FSA if you are enrolled in a High Deductible Health Plan (HDHP). Benefit Advantage (BA) administers our FSA accounts. Elections **must** be made annually. Your FSA will terminate on December 31, 2019 if you do not re-enroll for 2020. By participating in the FSA you can lower your taxable income and help pay your health care expenses on a pre-tax basis. With an FSA, you have a portion of your salary set aside on a pretax basis in an FSA account. That money is deducted from your paycheck over 24-pay periods and can be used to pay for eligible out-of-pocket medical expenses like prescription drugs, eye glasses, acupuncture and more.

- FSA accounts are setup on a use it or lose it basis, so it's important to calculate how much money to set aside each year. The IRS allows you to rollover up to \$500 into the next plan year for the Flexible Spending Health plan. This does not include the Dependent Day Care plan.
- Pretax dollars you contribute are not subject to social security, federal, state, or local income taxes which adjust your annual taxable salary.
- 2020 annual maximum contribution to the health care reimbursement FSA is \$2,750 per participant.
- The annual maximum contribution to the dependent day care is \$5,000 per participant.
- Eligible expenses include deductibles, copayments, immunizations and more.
- Funds will be taken from your flexible spending account first, then from your Personal Benefit Account (PBA) Account.

Enrollment eligibility and changes to the flexible spending account during the calendar year are subject to qualifying events.

#### **Qualifying Events under Section 125:**

- Dependent status change: dependent no longer satisfies rules for eligibility as a dependent due to attainment of age, loss of student status, marriage of dependent child.
- Employment status: commencement or termination of employment, commencement or return from leave of absence, change from part-time to full-time status or vice versa, strike or lockout.
- Judgment decree or order requiring coverage: QMSCO.
- Change in residence: may qualify if there is a loss of eligibility for a region specific plan.
- Other additional circumstances as allowed under section 125.

Please note, if you choose the High Deductible Health Plan (HDHP) and have rollover dollars in your Flexible (Medical) Spending Account, or have Personal Benefit Account (PBA) dollars you have two options to use that money and must elect that option at open enrollment.

- Option 1: You can move the money to a Limited Purpose Flexible Spending account, which can be used only for vision and dental.
- Option 2: Once your 2020 deductible medical expenses reach \$1350 you can use that money toward your deductible.

## 2020 HEALTH SAVINGS ACCOUNT (HSA)

**Health Savings Account (HSA)** is a pre-tax savings account. It is available only to employees who enroll in the High Deductible Health Plan (HDHP). The City of Green Bay will provide an employer contribution to your HSA.

- In 2020 individuals can contribute up to \$3,550 and families can contribute up to \$7,100 to their HSA (these totals represent the total of employee and employer contributions).
- For 2020, if you are 55 or older, you can make a \$1,000 catch-up contribution.
- Money deposited in the HSA fund is done so on a pre-tax basis, and funds within the HSA grow without incurring taxes. Funds are withdrawn tax-free for healthcare related needs without having to file receipts, although you should keep your receipts in case you are ever audited.
- Money deposited in the HSA by the employee AND employer immediately become the employee’s asset and is portable.
- City of Green Bay will contribute \$500 for single and \$1,000 for family.

Pre-Tax Plan	What is this account and how does it work?	Maximum Contribution Allowed (2020)	Can money in accounts be “rolled over”?
Health Savings Account (HSA) Contribution Limit (Employer + Employee)	An HSA account can be funded with pre-tax dollars by you, your employer or both to help pay for eligible medical expenses.	Employee only coverage: \$3,550 Family coverage: \$7,100 Catchup contribution (55 year of age or older): \$1,000	Yes, amounts left in your HSA account can be rolled over year to year and is portable if you leave employment of the company.

## 2020 LIMITED-PURPOSE FLEXIBLE SPENDING

A limited-purpose flexible spending account (referred to as a limited-purpose FSA) is much like a typical, general-purpose health FSA. However, under a limited-purpose FSA, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse, and your eligible dependents.

Here’s how a limited-purpose FSA works. Money is set aside from your paycheck before taxes are taken out. You can then use your pre-tax FSA dollars to pay for eligible vision or dental expenses throughout the plan year. You save money on expenses you’re already paying for, like dental checkups, vision exams, eyeglasses, and much more.



## 2020 FLEXIBLE SPENDING ACCOUNT (FSA), PERSONAL BENEFIT ACCOUNT (PBA), DEPENDENT CARE ACCOUNT (DCA), LIMITED FLEXIBLE SPENDING AND MOBILE ACCESS

You will be able to log in to the BA website to upload reimbursements, view balance information for your 2020 elections and upload claims. Log in information is listed below.

Benefit Advantage has a one-stop portal that provides you with:

- Anytime, anyplace access to your account(s), including 24/7/365
- Paperless administration, including online account summary reports
- Upload receipts and track expenses
- View up-to-the-minute account balances and activity details

### Login Directions:

Visit: [www.benefitadvantage.com](http://www.benefitadvantage.com)

- Click "Member Login"
- Select Flexible Benefits on the drop down, this account also covers PBA
- Login as an "Existing User"
- First time logging in you will use the following information
  - **Username:** Social Security Number (no dashes)
  - **Password:** Last four of your Social Security number
- You will be prompted to change both immediately.

### How to submit a claim:

As you incur qualifying expenses, just mail, email, upload through the mobile app, consumer portal or fax your receipts or explanation of benefits from your insurance company to Benefit Advantage. Your reimbursement can be processed and deposited directly into your Savings or Checking Account (whichever you choose).

#### Benefit Advantage

3431 Commodity Lane

Green Bay, WI 54304

Fax: 920-339-0038

Email: [claims@benadvan.com](mailto:claims@benadvan.com)

### Benefit Advantage Mobile:

- Check Available Balances
- Access Account Details
- Submit claims and receipts for FSA and PBA using a camera
- Text Message Alerts: Balance and Transaction Inquiry

### Instructions to log-in to "BenAdvan" Mobile App:

1. Download the Benefit Advantage App (BenAdvan) from your Apple App Store or Google Play
2. Enter in your username and password. For new users, username is your Social Security Number (no dashes). Password is the last four digits of your Social Security Number.
3. You will be asked 3 security questions. This is used in the event you cannot remember your username and password.
4. You will be asked to enter in a 4 digit code.
5. You will be asked to update your password.

## 2020 PAYROLL CALENDAR

PAY PERIOD	PR #	(B)/Water Pay Date	Health/Dental Vision/Life/LTD Deductions	PR #	(B1) Pay Date	Health/Dental Vision/Life/LTD Deductions
Dec 8 – Dec 21, 2019	26	December 26	(December – Half)	26	January 2, 2020	No Deductions- **NO DEFERRED COMP**
Dec 22 – Jan 4, 2020	1	January 9	(January – Half)	1	January 16	(January – Half)
Jan 5 – Jan 18	2	January 23	(January – Half)	2	January 30	(January – Half)
Jan 19 – Feb 1	3	February 6	(February - Half)	3	February 13	(February - Half)
Feb 2 – Feb 15	4	February 20	(February - Half)	4	February 27	(February - Half)
Feb 16 – Feb 29	5	March 5	(March - Half)	5	March 12	(March - Half)
March 1 – March 14	6	March 19	(March - Half)	6	March 26	(March - Half)
March 15 – March 28	7	April 2	(April - Half)	7	April 9	(April - Half)
March 29 – April 11	8	April 16	(April - Half)	8	April 23	(April - Half)
April 12 – April 25	9	April 30	No Deductions	9	May 7	(May - Half)
April 26 – May 9	10	May 14	(May - Half)	10	May 21	(May - Half)
May 10 – May 23	11	May 28	(May - Half)	11	June 4	(June - Half)
May 24 – June 6	12	June 11	(June - Half)	12	June 18	(June - Half)
June 7 – June 20	13	June 25	(June - Half)	13	July 2	(July - Half)
June 21 – July 4	14	July 9	(July - Half)	14	July 16	(July - Half)
July 5 – July 18	15	July 23	(July - Half)	15	July 30	No Deductions
July 19 – Aug 1	16	August 6	(August - Half)	16	August 13	(August - Half)
Aug 2 – Aug 15	17	August 20	(August - Half)	17	August 27	(August - Half)
Aug 16 – Aug 29	18	September 3	(September - Half)	18	September 10	(September - Half)
Aug 30 – Sept 12	19	September 17	(September - Half)	19	September 24	(September - Half)
Sept 13 – Sept 26	20	October 1	(October - Half)	20	October 8	(October - Half)
Sept 27 – Oct 10	21	October 15	(October - Half)	21	October 22	(October - Half)
Oct 11 – Oct 24	22	October 29	No Deductions	22	November 5	(November - Half)
Oct 25 – Nov 7	23	November 12	(November - Half)	23	November 19	(November – Half)
Nov 8 – Nov 21	24	November 27	(November - Half)	24	December 3	(December – Half)
Nov 22 – Dec 5	25	December 10	(December – Half)	25	December 17	(December – Half)
Dec 6 – Dec 19	26	December 24	(December – Half)	26	December 31, 2020	No Deductions
Dec 20 – Jan 2, 2021	1	January 7, 2021	(January – Half)	1	January 14, 2021	(January – Half)

*Please Note: Deferred Comp deductions are taken from 26 pay periods.*

**(B): Administrative Services, Common Council, Community & Economic Development, Fire, Human Resources, Law, Mayor, Municipal Court, Police, Public Works Engineering Division.**

**(B1): Parks, Recreation & Forestry, Public Works Operations, Parking, Sewer and Storm Divisions, and Transit.**

## QUICK REFERENCE GUIDE

Medical Plan	UMR (800) 826-9781 or call # on your ID card <a href="http://www.umar.com">www.umar.com</a>
HRA Appointment – <i>Schedule online</i>	Bellin Health HRA Clinic 2020 S Webster Ave Green Bay WI 54301 <a href="https://www.myhealics.com">https://www.myhealics.com</a>
Prescription Carrier (Retail & Mail Order)	Optum Rx (877) 559-2955 Optum Rx Mail Order (877) 390-9200
Dental Plans	<b>Dental Associates - Care Plus Plan</b> (920) 431-0345 <b>Humana Dental</b> (800) 233-4013
Flexible Spending Account (FSA) Personal Benefit Account (PBA) Limited Purpose Flexible Spending	Benefit Advantage (BA) 920-339-0351 <a href="http://www.benefitadvantage.com">http://www.benefitadvantage.com</a>
Voluntary Long Term Disability (LTD)	The Hartford (888) 301-5615 <a href="https://abilityadvantage.thehartford.com">https://abilityadvantage.thehartford.com</a>
Voluntary Life Insurance	MetLife (800) 438-6388 <a href="http://www.metlife.com">www.metlife.com</a>
Voluntary Vision Insurance	Superior Vision Insurance Plan of Wisconsin (800) 883-5747 <a href="http://www.visionplans.com">www.visionplans.com</a>
Organ Transplant Carrier	OptumHealth Care Solutions 877-801-3507
Deferred Compensation 457 Plans	<b>ICMA-RC</b> (800) 669-7400 <a href="http://www.icmarc.org">www.icmarc.org</a> <b>Wisconsin Deferred Comp</b> (877) 457-9327 <a href="http://www.wdc457.org">www.wdc457.org</a>
Retirement Plan	Wisconsin Retirement System (WRS) (877) 533-5020 <a href="http://www.etf.wi.gov">www.etf.wi.gov</a>
Employee Assistance Program (EAP)	Employee Resource Center (ERC) (920) 403-7600
Occupational Health Nurse	(920) 448-3127 or <a href="mailto:lorikr@greenbaywi.gov">lorikr@greenbaywi.gov</a>
Wellness Coordinator	(920) 448-3101 or <a href="mailto:amberva@greenbaywi.gov">amberva@greenbaywi.gov</a>
Human Resources Benefits	(920) 448-3147 or <a href="mailto:humanresources@greenbaywi.gov">humanresources@greenbaywi.gov</a>

