2020 CITY OF GREEN BAY RETIREE HEALTH AND DENTAL INSURANCE

The City of Green Bay will hold its annual open enrollment for 2020 health and dental benefits from **November 11 through November 29, 2019.**

The City offers two health insurance plans to eligible retirees either the same plan provided to active employees or the retiree plan. Effective January 1, 2020 there will be a premium increase to both retiree health plans. If you wish to change to the retiree health plan, you need to do so during the open enrollment period. Once you enroll in the retiree plan the health plan provided to active employees is closed to retirees. Once you drop out of the active or retiree health plan you may not re-enroll in either plan at a later date.

During the open enrollment period you may also change the carrier for your dental coverage. Dental Associates and Humana Dental will have 3% premium increases. If you drop dental coverage you may not re-enroll at a later date.

No election is necessary if you are not making changes for 2020.

You are invited to attend the retiree benefit meeting being held in the City Hall Council Chambers:

RETIREE BENEFIT MEETING	
November 18, 2019	9:00 a.m. City Hall Council Chambers

This is a summary and all benefits are subject to the limitations and exclusions set forth in the Summary Plan Description (SPD). The SPD is located on the City's website at www.greenbaywi.gov .

PERSONAL BENEFIT ACCOUNT (PBA) AND RETIREE REIMBURSEMENT ESCROW ACCOUNT

Personal Benefit Account (PBA)

Retirees participating in the City's Health Insurance program can earn $200-single and $400-family in their (PBA) as follows:

INCENTIVE	REQUIREMENT
$200 for Retiree $200 for covered Spouse	• Employee must complete HRA and appropriate exams • Spouse must complete HRA and appropriate exams

RETIREE REIMBURSEMENT ESCROW ACCOUNT: Benefit Advantage will continue to administer your Retiree Reimbursement Escrow Account. All requests for reimbursements of post-tax health and dental premiums will be must be submitted directly to Benefit Advantage:

Benefit Advantage
3431 Commodity Lane
Green Bay, WI 54304
Fax: 920-339-0038
Email: claims@benadvan.com

Your reimbursement can be processed and deposited directly into your Savings or Checking Account (whichever you choose).

Please see below for information on how to log in to Benefit Advantage and file a claim or request reimbursement from your retiree reimbursement escrow account.

Login Directions:

- Visit: www.benefitadvantage.com
- Click "Member Login"
- Select Flexible Benefits on the drop down, this tab will give you the option to select PBA or Retiree Reimbursement Escrow Account
- Login as an "Existing User"
- First time logging in you will use the following information
  - **Username**: Social Security Number (no dashes)
  - **Password**: Last four digits of your Social Security number

  You will be prompted to change both immediately.

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

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

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PERSONAL BENEFIT ACCOUNT (PBA) AND RETIREE REIMBURSEMENT ESCROW ACCOUNT MOBILE ACCESS

iPhone & Android Mobile Apps Plus Tablets

Get Started with Benefit Advantage Consumer Portal in Minutes. Download the BenAdvan Mobile App from your Apple App Store or Google Play

Download on the App Store

ANDROID APP ON Google Play

Benefit Advantage Mobile:

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

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

1. Download the Benefit Advantage App
2. Enter in your username and password. For new users, your 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.

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HEALTH AND DENTAL MONTHLY PREMIUMS

2020 RETIREE HEALTH PREMIUMS			
Active Employee Health Plan		**Retiree Health Plan**	
$2250/$4500 Coverage	**Monthly Premium**	**$2000/$4000 Coverage**	**Monthly Premium**
Single	$1,136.66	Single	$850.22
Family	$2,753.29	Single + 1	$1,700.46
		Family	$2,933.03

2020 RETIREE DENTAL PREMIUMS			
Humana Dental Plan		**Dental Associates**	
Coverage	**Monthly Premium**	**Coverage**	**Monthly Premium**
Single	$43.93	Single	$34.66
Family	$133.51	Family	$105.30

Deductible Reimbursement Account (DRA) under Active Employee Health Plan:
Under the health insurance plan provided to active employees, a single retiree will be eligible for up to $500-single and $1,000-family to offset the health insurance deductible amount. For example: A single retiree will pay the first $1,750 in medical claims and the remaining $500 will automatically be paid from the DRA. A family will pay the first $3,500 in medical claims and the remaining $1,000 will automatically be paid from the DRA. Unused dollars from this account do not roll over to the next calendar year and can only be used for the health insurance deductible under the active employee health plan. The DRA does not apply to the retiree health plan.

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2020 HEALTH INSURANCE OPTIONS

Health Insurance Carrier – UMR
Benefit Plan – Group Health Self-Funded Provider Network – United HealthCare Choice Plus

	Active Employee Health Plan		Retiree Plan		
Deductible	Single	Family	Single	Single+1	Family
In Network	$2,250	$4,500	$2,000	$4,000	$5,000
Deductible Reimbursement	*$500*	*$1,000*	N/A	N/A	N/A
Out of Network	$4,500	$9,000	$2,000	$4,000	$5,000
Co-Insurance					
In Network/Out of Network	80%/60%		80%/60%		
Out-of-Pocket Maximum	Single	Family	Single	Single+1	Family
In Network	$4,500	$9,000	$5,000	$8,000	$10,000
Out of Network	$9,000	$18,000	$5,000	$8,000	$10,000
Lifetime Maximum	***Unlimited***				
Office Visits: (*Some labs, x-rays, MRI's etc. are subject to deductible and coinsurance* after co-pay)					
Primary Care/Urgent Care: *Bellin*[i]	$0 co-pay		$50 Visit Fee		
Prevea[ii]	$0 co-pay		$75 visit Fee		
Aurora (and any other in network provider)	Deductible and co-insurance		Deductible and co-insurance		
Out of Network	Deductible and co-insurance		Deductible and co-insurance		
Teladoc (Access Board Certified Doctors 24/365)[iii]	$0 co-pay		$45		
Bellin Fast Care	$0 co-pay		$50		
Specialty Care: In Network	$35 co-pay		Deductible and co-insurance		
Out of Network	Deductible and co-insurance		Deductible and co-insurance		
Routine/Preventive Care: ***Mammogram and Colonoscopy – the first one covered at 100% per calendar year***					
In Network	100%		100%		
Out of Network	Deductible and co-insurance		Deductible and co-insurance		
Prescription Drugs					
In Network	$5/$25/$45		$5/$25/$45		
Mail Order	90-day supply for 2 co-pays		90-day supply for 2 co-pays		
Specialty	10% not to exceed $75 co-pay		10% not to exceed $75 co-pay		
Prescription Drug Out-of-Pocket Maximum	Tracks to out-of-pocket maximum		Single - $1,000 Family - $2,000		
Hospital Services	In-network and out-of-network deductible and co-insurance				
Emergency Room (ER)	$200 co-pay (waived if admitted or coded a true emergency)		Deductible and co-insurance		
Other: Deductible and co-insurance	*Durable Medical Equipment; ER.; Outpatient Ancillary Services; Nervous and Mental Benefits; Ambulance*				

[i] See Page 8 & 9
[ii] See page 10 &11 for more information
[iii] See page 6 & 7 for more information

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TELADOC

TELADOC.

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

SET UP YOUR ACCOUNT

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

Online:
Go to Teladoc.com and click **"set up account"**.

Mobile app:
Download the app and click **"Activate account"**. Visit teladoc.com/mobile to download the app.

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

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

1-800-Teladoc

App Store

Google play

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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 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 | 1-800-Teladoc | Download the app

TELADOC.

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PPO Plan Bellin Primary Care
$0 for Primary Care

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	**PRIMARY CARE including Pediatrics and Internal Medicine** **All preventative care visits are $0.** Full primary care (physicals, chronic disease management and acute care), pediatrics, and internal medicine services. Includes all labs and routine vaccinations. **bellin.org/primarylocations**
$0	$0	**ALL LABS AND ROUTINE VACCINATIONS** Excludes travel medicine.
$10	$10	**PHYSICAL AND OCCUPATIONAL THERAPY** Conditions treated include but are not limited to, sports injuries, work injuries, tendonitis, bursitis, sprains, strains, post-op rehabilitation and chronic pain conditions. **bellin.org/locations/bellin-health-physical-therapy-locations** **bellin.org/locations/bellin-health-titletown-sports-medicine-orthopedics**
$0	$50	**FASTCARE®** 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. **bellinfastcare.org**
$0	$50	**URGENT CARE** Care for colds, flu, broken bones, cuts requiring stitches, and other ailments that are not life threatening. **bellin.org/urgentcare**
$0	$0	**VIRTUAL VISITS including E-Visits and Video Visits** An **E-visit** is a questionnaire you fill out and submit through your MyBellinHealth account. A **Video Visit** is a live, interactive appointment conducted by video and scheduled for a specific time. Patients must be 18 or older. **bellin.org/virtualvisits**

bellinhealth

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

11/05/19

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BELLIN PHYSICAL THERAPY $10 Therapy

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

NO referral necessary.

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

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

bellinhealth

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

bellin.org

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PREVEA PRIMARY CARE AND PHYSICAL/OCCUPATIONAL THERAPY SERVICES

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.*

Copay plan $0; HDHP $75 visit fee PRIMARY CARE SERVICES FOR:	*Copay plan $10; HDHP $75 visit fee* PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR:
• Preventive care such as physical exams, well-child exams, health screenings and sports physicals • 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 • Routine medical care for children, adults and elderly including medication management • Chronic disease management for high blood pressure and cholesterol, hyperlipidemia, diabetes, dyslipidemia, COPD, asthma, thyroid problems • Minor office procedures such as skin lesion removal/biopsy, stitches • Cardiovascular disease prevention • Nicotine cessation • Basic mental health including anxiety and depression • Immunizations including flu shots *(see back page)* • Labs *(see back page)*	• Blood flow restriction therapy • Dry needling • Ergonomic assessments • Gait assessment • Injury assessment and consultation • Injury prevention • Manual therapy • Muscle, bone or joint pain • Pre- and post-surgical therapy • Posture and body mechanics training • Range-of-motion, flexibility, balance and strength training • Spinal stabilization instruction

Copay plan $0; HDHP $75 visit fee URGENT CARE SERVICES FOR:		
• Allergies	• Flu	• Sinus infections
• Bites and stings	• Headache	• Skin infections
• Burns and sunburn	• Injuries and musculoskeletal care	• Sore throats
• Coughs and colds	• Minor lacerations and repair	• UTI/bladder infection
• Ear pain	• Pink eye/stye	

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PREVEA INFORMATION – (CONT.)

LABS 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.	IMMUNIZATIONS 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.
• ALT/SGPT • Antibiotic sensitivity • AST/SGOT • BMP • CBC, Auto, No diff • CBC w/ diff • CMP • Creatinine • Complete UA • C. Trachomatis RNA • Hbg A1c • General health panel • Glucose blood draw • Glucose (fingerstick) • Group A strep culture • Hepatic function panel • Influenza A/B • Lipid panel • N. Gonorrhoeae RNA • Occult blood (feces) • Potassium • Prothrombin time (fingerstick) • Rapid strep • TSH • Urine culture • Urine dip • Urine microalbumin • Urine pregnancy test	• Hepatitis A & B, adult and pediatric • Hib (haemophilus influenzae type B) • Human Papilloma Virus (HPV) • Influenza • Measles, mumps and rubella • Meningococcal • Pneumococcal • Poliovirus • Rotavirus • Shingles • Tetanus, diptheria and pertussis, adult and pediatric • Varicella

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 to schedule an appointment.**

PREVEA health

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

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OBTAIN THE RIGHT HEALTH CARE AT THE RIGHT COST

Type of care starting with the most cost effective	*Reasons to go*	*Cost Breakdown (Lowest cost to highest cost services)*	
		Active Retiree Plan	**Retiree Plan**
TELADOC (Call or Video a Board Certified Doctor from the comfort of your own home) Doctors can prescribe medication(s)	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
Virtual Care (Bellin)	Same as above	$0 E-Visit or Video Visit	$0 E-Visit $0 Video Visit
Bellin Fast Care (Must be 18 months or older to use this service)	Bladder infection (urinalysis), strep throat (rapid strep test included), ear Infection, blood pressure checks, mononucleosis (monospot), etc.	$0	$50
Primary Care	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
Therapy (Occupational & Physical)	Tendonitis, sprains, strains, work injuries, rehab and chronic pain	Bellin $10	Bellin $10
		Prevea $10	Prevea $75
Urgent Care	Sprains and strains, urgent health concerns, broken bones	Bellin $0	Bellin $50
		Prevea $0	Prevea $75
Emergency Room	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

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HEALTH COST(S)

	PREVEA		***BELLIN***		***TELADOC***		***AURORA (ANY IN NETWORK PROVIDER OTHER THAN PREVEA/BELLIN)***	
	Active Retiree Plan	**Retiree Plan**	**Active Retiree Plan**	**Retiree Plan**	**Active Retiree Plan**	**Retiree Plan**	**Active Retiree Plan**	**Retiree Plan**
Virtual Care:			$0 E-Visit $0 Video Visit	$0 E-Visit $0 Video Visit	$0 Phone or Video	$45 Phone or Video		
Fast Care:			$0	$50				
Primary Care:	$0	$75	$0	$50			Deductible and Coinsurance	Deductible and Coinsurance
Specialty Care:	$35 Deductible and Coinsurance	Deductible and Coinsurance	$35 Deductible and Coinsurance	Deductible and Coinsurance			$35 Deductible and Coinsurance	Deductible and Coinsurance
Therapy (Occupational & Physical):	$10	$75	$10	$10			Deductible and Coinsurance	Deductible and Coinsurance
Urgent Care:	$0	$75	$0	$50			Deductible and Coinsurance	Deductible and Coinsurance
Emergency Room:	$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

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2020 DENTAL INSURANCE OPTIONS		
DENTAL CARRIER	**DENTAL ASSOCIATES**	**HUMANA DENTAL**
Deductible		
Single Family	$0 $0	$50 $150 aggregate
Annual Maximum		
Per Person Per Year	$2,500	$2,500
Preventative Services		
Bite Wing X-Rays [iv]Cleanings Oral Exams Topical Fluoride	100%	100%
Basic Services		
All other X-Rays Extractions Fillings Oral Surgery Periodontics *(Exam and Maintenance covered under Preventative)* Stainless Steel Crowns Sealants Space Maintainers	100%	After deductible, covered expense is payable at 80%
Major Services		
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%
Orthodontics		
Per Course of Treatment	50% to $2,500 a separate Ortho Lifetime Max	After deductible, covered expense payable at 50%

[iv] Plan allows 3 cleanings per year now

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WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, call your Plan Administrator

IMPORTANT NOTICE FROM CITY OF GREEN BAY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Green Bay and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Green Bay has determined that the prescription drug coverage offered by the City of Green Bay is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Green Bay coverage will not be affected.

Because your existing coverage is considered Creditable Coverage, you have several options. Your options include, but are not limited to the following:

- Maintain your current benefits with the City of Green Bay Health Plan (POS Health Plan - Retiree Health Plan) and delay enrollment in Medicare prescription drug coverage.
- Keep your current benefits with City of Green Bay Health Plan (POS Health Plan - Retiree Health Plan) and enroll in Medicare prescription drug coverage.
- Enroll in a Medicare prescription drug plan and drop your current benefits with City of Green Bay Health Plan (POS Health Plan - Retiree Health Plan).

IMPORTANT NOTICE FROM CITY OF GREEN BAY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

If you do decide to join a Medicare drug plan and drop your current City of Green Bay coverage, be aware that you and your dependents will not be able to get this coverage back.

You should compare your current coverage, including which drugs are covered, with the coverage costs of the plans offering Medicare prescription drug coverage in your area. If you need assistance, you should contact your local State Health Insurance Program (SHIP) counselor. You can find your local SHIP counselor at www.shiptalk.org.

The current prescription benefits coverage under the City of Green Bay Health Plans is as stated below. For additional coverage information, refer to your Summary Plan Description.

POS Health Plan:

- Participating Retail Pharmacy (up to 34-day supply)
  - $5 copay – generic
  - $25 copay – preferred name brand
  - $45 copay – non-preferred name brand
- Participating Retail Pharmacy (up to 102-day supply of Rx maintenance products)
  - $15 copay – generic
  - $75 copay – preferred name brand
  - $135 copay – non-preferred name brand
- Participating Mail Order Pharmacy (up to 90-day supply of Rx maintenance products)
  - $10 copay – generic
  - $50 copay – preferred name brand
  - $90 copay – non-preferred name brand

All prescription co-pays track towards the out of pocket max.

POS Health Plan (Retiree Health Plan):

- $5 copay – generic
- $25 copay – preferred name brand
- $45 copay – non-preferred name brand

Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Green Bay and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

IMPORTANT NOTICE FROM CITY OF GREEN BAY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Green Bay changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Name of Entity/Sender:	City of Green Bay
Contact--Position/Office:	Benefit Specialist – Human Resources
Address:	100 N Jefferson Street, Room 500 Green Bay, WI 54301-5026
Phone Number:	(920) 448-3023

HIPAA NOTICE

CITY OF GREEN BAY

Notice of Privacy Practices

The City of Green Bay may have access to the protected, individually identifiable health information of members of the public through emergency medical and other City services. The City may also have access to the protected, individually identifiable health information of City employees through billing and plan administration relating to their participation in the City's group health and dental plans. This notice describes the rules the City follows regarding access to health information and use and disclosure of health information.

Access to and Use of Protected Health Information

The City may have access to and may use or disclose health information to offer group health or dental insurance, to facilitate payment for services or insurance, to provide health-related services through City programs and to meet government requirements. The City may disclose health information to law enforcement and certain government agencies if there is a threat to public health or safety.

General Requirements

In general, you can –

1) See your health information on request.
2) Request restrictions on who can see your health information.
3) Request corrections to your health information.
4) Request a list of certain disclosures the City has made of your health information.
5) The City must get your written permission to share your health information for purposes other than those described in this Notice.
6) You may ask questions about the City's privacy practices. If you disagree with any decision the City makes about your rights, you can contact the City directly or contact the federal government as provided in this Notice.

You may call or write to the City at the address provided in this Notice with questions about your privacy rights. Fulfilling your request may result in a cost to you. If there is a charge to respond to your question, we will let you know in advance and provide you with an estimate of the charges.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The City's Health Information Responsibilities

The City has an obligation under the federal HIPAA law and Wis. Stats. § 146.81, et seq. to protect the privacy of your health information and to give you this Notice. The City has a duty to follow this Notice of Privacy Practices.

"Health information" means information about your past or present health status, condition, diagnosis, treatment, prognosis, or payment for health care (with some exceptions).

Who Will Follow This Notice

This Notice describes the City's data privacy practices and the practices of:

- all affected Departments, Divisions, Operating Units and functional areas of the City including, but not limited to, Human Resources; Parks, Recreation and Forestry; Transit; Wellness Nurse and the City's active employee group health and dental plans;
- all City employees, officials and representatives;
- all City volunteers; and
- any other City worker.

This Notice does not apply to the City's Fire Department because that department is covered under a separate HIPAA compliance program specific to its functions.

Your Health Information Rights

Restrictions on Use or Disclosure. This Notice describes some restrictions on how the City can use and disclose your health information. You may ask us for extra limits on how the City uses or to whom it discloses the information. You need to make that request in writing. If you request that information about a service not be sent to your insurer and you pay for the service in full, we will agree to this restriction. We are not required to agree to other requests. If we do agree, we will follow the restriction except:

- in an emergency where the information is needed for your treatment;
- if you give us written permission to use or disclose your information;
- if you decide or we decide to end the restriction;
- as otherwise required by law.

If you restrict us from providing information to your insurer, you also need to explain how you will pay for the services provided by the City.

Alternative Communication. Normally, the City will communicate with you at the address and phone number you provide. You may ask us to communicate with you in other ways or at another location. We will agree to your request if it is reasonable.

Access. You may request to look at or get copies of the health information the City has on file for you. If you request an electronic copy of your health information, we will provide the information in an electronic format at your request. You will have to make this request in writing. If you request copies, we may charge a copying fee and postage if the copies are mailed. If you ask for another format that the City can provide, the City may charge a reasonable fee based on our costs. If your request is denied, we will send a denial letter that describes the reasons for the denial and any rights you may have to a review of the denial.

Amendment. You may ask the City to change certain health information. You will have to make this request in writing. Your written request must include an explanation regarding why the information should be changed. If the City accepts your requested change, the City will try to inform prior recipients (including people you list in writing) of the change. The City will include the changes in future releases of your health information. If your request is denied, we will send a denial letter that describes the reasons for the denial and any rights you may have to a review of the denial.

Disclosure List. You are entitled to receive a list of disclosures of your health information, with some exceptions, made by the City or the City's business associates. The list will not include:

- disclosures made for emergency treatment, payment or health care-related operations;
- disclosures made before April 14, 2003, and
- other disclosures as allowed by law.

You will have to make this request in writing. If you ask for a list more than once in a 12-month period, we may charge you a fee for each extra list. You may withdraw or change your request to reduce or eliminate the charge.

Paper Copy of Notice. You may receive a paper copy of the City's Notice of Privacy Practices on request.

Use and Disclosures of Health Information

The City must disclose health information to provide emergency medical care, to provide group health and dental insurance to employees and in other instances relating to providing City services. The City safeguards your health information whenever we obtain, use or disclose it. We follow our Notice of Privacy Practices and the law when we use and disclose health information.

Treatment, Payment and Other Operations. The City may use and disclose your health information as follows:

- to arrange for emergency treatment including working with any provider;
- payment (such as insurance billing for services provided);
- health care-related operations including offering employee health and dental insurance.

These are non-treatment activities that allow the City to operate and provide services. They may include quality assessment and improvement, reviewing the competence and qualifications of City personnel, obtaining insurance-related services and conducting training programs. Health information may be shared with the City as the group insurance Plan Sponsor by the City's employee health and dental insurance plan administrators.

Medical Emergency. The City may use or disclose your health information to help you in a medical emergency.

Information Directory. The City may disclose the following information to people who ask about you by name:

- location in a health care facility
- general condition
- religious affiliation (given only to clergy)

You may choose not to have City personnel disclose some or all of this information. For example, if you do not want the City to tell people your location after an emergency situation, the City will agree to your instructions. In some cases for medical emergencies, the City may not get your instructions until you communicate with a City employee.

Health Care Workplace Medical Surveillance/Injury/Illness. If you work for the City or another employer in a health-related capacity, the City may share health information required by state

or federal law for workplace medical surveillance activities or about a work-related illness or injury.

Law Enforcement. The City may disclose certain health information to local, state or federal law enforcement agencies including, but not limited to, information about a missing child, information that may relate to a crime, or when there may be a serious threat to the health or safety of another person or people.

Correctional Facility. The City may disclose the health information of an inmate or other person in custody to local, state or federal law enforcement or a correctional institution.

Abuse, Neglect or Threat. The City may disclose health information to the proper authorities about possible abuse or neglect of a child or vulnerable adult. If there is a serious threat to a person's health or safety, the City may disclose information to the person or to law enforcement.

Food and Drug Administration (FDA) Regulation. The City may disclose health information to entities regulated by the FDA to measure the quality, safety and effectiveness of their products.

Military Authorities/National Security. The City may disclose health information to authorized people from the U.S. military, foreign military and U.S. national security or protective services.

Public Health Risks. The City may disclose health information about you for public health purposes, such as:

- reporting and controlling disease (such as cancer or tuberculosis), injury or disability;
- reporting vital events such as births and deaths;
- reporting adverse events or surveillance related to food, medications or problems with health products;
- notifying persons of recalls, repairs or replacements of products they may be using; or
- notifying a person who may have been exposed to a disease or may be at risk for catching or spreading a disease or condition.

Health Oversight Activities. The City may disclose health information to other government, licensing, auditing and accrediting agencies for actions allowed or required by law.

Required by Other Laws. The City may use or disclose health information as required by other laws. For example, the City may disclose health information:

- to the U.S. Department of Health and Human Services during an investigation;
- under workers' compensation or similar laws;
- to social services and other agencies or people allowed to receive information about certain injuries or health conditions for social service, health or law enforcement reasons;
- about an emancipated minor or a minor receiving confidential services to prevent a serious threat to the health of the minor.

Notice. The City is required to promptly notify you of a breach to your health information.

Legal Process. The City may disclose health information in response to a state or federal court order, legal orders, subpoenas or other legal documents.

With Your Authorization

Your Authorization. The City may use or disclose health information only with your written permission, except as described in this Notice. If you give written permission, you may withdraw it at any time by notifying the City in writing. A form to revoke your permission is available in the City of Green Bay Human Resources Department. Your permission will end when we receive the signed form or when we have acted on your request.

Questions and Complaints

If you have questions about the City's privacy practices, think your privacy rights have been violated, or if you disagree with a decision about any of your rights, you may file a complaint by calling the City of Green Bay Privacy and Security Officer at 920-448-3147 or submitting a complaint in writing to the following address:

City of Green Bay
Privacy and Security Officer
Human Resources Department
100 N. Jefferson Street, Room 500
Green Bay, WI 54301

For release of information questions (e.g., copy fees and release of records requests), contact 920-448-317 or HumanResources@greenbaywi.gov. You may also send a written complaint to the U.S. Department of Health and Human Services – Office of Civil Rights (OCR). The City will give you the address to file a complaint upon request. Please know that you will not experience retaliation for filing a complaint.

If you have any questions or concerns about the City's privacy practices or this Notice, please contact the Human Resources Department at 920-448-3147 or HumanResources@greenbaywi.gov.

Organizations Covered by this Notice

This Notice applies to the privacy practices of the City of Green Bay including, but not limited to, the Departments and functions listed below and their related sites. These Departments and functions are part of the City of Green Bay and health information may be shared within and among the City of Green Bay's Departments and other functional areas for treatment, payment or operational purposes.

Human Resources Department
Parks, Recreation and Forestry Department
Transit Department
Wellness Nurse
City of Green Bay Active Employee Group Health and Dental Plans

This Notice takes effect on May 2, 2018, and will remain in effect until the City replaces it. The City may change the terms of this Notice and make the new terms applicable for all health information. This includes health information created by the City or received by the City before the City changes the Notice. The City will make any revised Notice available in hard copy and display it in the City's facilities and on the City's web site. You may also request the revised Notice in person or by mail.

QUICK REFERENCE GUIDE

Medical Plan	UMR (800) 826-9781 or call # on your ID card www.umr.com
HRA Appointment (Schedule online myhealics.com)	Bellin Health HRA Clinic 2020 S Webster Ave Green Bay WI 54301
Prescription Carrier (Retail & Mail Order)	Optum Rx (877)559-2955 Optum Rx Mail Order (877) 390-9200
Dental Plans	**Dental Associates - Care Plus Plan** (920) 431-0345 **Humana Dental** (800) 233-4013
Personal Benefit Account (PBA) Retiree Reimbursement Escrow Account	Benefit Advantage (B.A.) 920-339-0351 http://www.benefitadvantage.com
Organ Transplant Carrier	OptumHealth Care Solutions 877-801-3507
Deferred Compensation 457 Plans	**ICMA-RC** (800) 669-7400 www.icmarc.org **Wisconsin Deferred Comp (WDC)** (877) 457-9327 www.wdc457.org
Retirement Plan	Wisconsin Retirement System (WRS) (877) 533-5020 www.etf.wi.gov
Wellness Administrator	(920) 448-3101 amberva@greenbaywi.gov
Human Resources Benefits	(920) 448-3023 or humanresources@greenbaywi.gov

 This is a summary and all benefits are subject to the limitations and exclusions set forth in the Summary Plan Description (SPD). The SPD is located on the City's website at www.greenbaywi.gov .