

North Shore Fire Department

Benefits and Enrollment Guide

2020 Plan Year



About This Guide

This Benefits & Enrollment Guide was prepared by R&R Insurance Services, Inc. specifically for North Shore Fire Department.

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

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

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefits & Enrollment Guide, or any materials contained therein, contact Human Resources.

Benefit Summary Guide Overview

We offer eligible employees a variety of benefits to provide you and your family with health care, accident coverage, financial protection and more.

A strong benefits program is an important part of your overall compensation, and we are regularly assessing the quality and cost of the benefits to ensure we offer the most competitive package possible. Changes and relevant information are addressed on the following pages; you are encouraged to review this guide in its entirety.

Annual Enrollment Information

Enrollment for coverage is only available during Open Enrollment. This is the only opportunity-- except for specific Qualifying Events-- that you will have during the year to make changes to your benefit elections.

Contents

Eligibility
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Benefit Descriptions
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Employee Contributions

Employees are required to share the cost of some elected insurance benefits. Your contribution amounts are outlined in the enrollment form provided with these materials.

Your Available Benefits:

- Medical: WEA Trust
 - Dental: Delta Dental
 - Vision: Superior Vision
 - Flexible Spending Account: Diversified Benefit Services
 - Health Reimbursement Arrangement: Diversified Benefit Services
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Customer Service

In order to help you with your benefit questions, claim issues, and general inquiries, you and your covered dependents may contact the insurance carriers directly (see last page of this booklet) or our broker, R&R Insurance Services, at (800) 566-7007.

Administration Contact

For questions about enrolling or making changes to the benefits provided by North Shore Fire Department , please contact:

KateLynn Harrigan, Finance director
414-357-0113 x1106
Kharrigan@nsfire.org

Eligibility

North Shore Fire Department is pleased to offer our employees an excellent benefit program. These health and welfare benefits are designed to protect you and your family while you are an active employee.

Employee Eligibility: Health and welfare plans are available to all employees who work 30+ hours per week or are eligible retirees (some benefits are excluded).

Dependent Eligibility: If you wish, dependents may be covered under some benefit plans. Eligible dependents include:

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

New Hire Coverage

As a new hire, your plan eligibility date is the 1st of the month following the required service period. Once the necessary enrollment form has been completed, benefits are effective on your plan eligibility date. Information on each plan's required service period appears on the following pages.

New hires have up to 30 days from their eligibility date to enroll. If you do not enroll by that deadline, you may not be eligible again for coverage until the next annual enrollment period.



Qualifying Events

It is important that you make your benefit selections carefully, since changes to those elections can generally only be made during the annual enrollment period. Exceptions will be made for changes in family status, allowing you to make a mid-year benefit change. A family status change can include:

- Marriage/ Divorce
- Birth or adoption
- Death of a dependent
- Change in your spouse's employment
- Loss of coverage by a spouse

If you have a family status change, you must change your benefit election within 30 days of the qualifying event, or else wait until the next annual enrollment period.

COBRA/ Continuation Coverage

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

Section 125 Information

The Section 125 - Cafeteria Plan allows you to contribute "before-tax" dollars to pay for your coverage under a portion of the Company's Benefit Plans (e.g. medical, dental and vision coverage). By paying your premiums with "before-tax" dollars, you generally may reduce the amount of income and social security taxes that you otherwise would be required to pay.

The elections you make during the Cafeteria Plan enrollment period are effective for the entire 12-month Plan Year. You generally cannot change your elections during the year unless you experience a qualifying change in status event. The circumstances that permit a change of election vary from one benefit to another. If you believe you have experienced a change in status event and you wish to change your elections, notify HR within 30 days of the change.

Medical

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

For a list of participating medical providers in our network, visit www.weatrust.com/members/find-a-doctor.

Benefits Overview

Please review the following page for coverage information.

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

Coverage and benefits availability should always be confirmed directly with the insurance carrier prior to receiving medical or prescription services.



When do Medical Benefits Begin?

For New hires:	Coverage begins 1st of the month following date of hire.
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (11/01 - 11/30), effective as of 01/01/2020. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Important Medicare Information for Our Medical Plan Participants

15 Minute Screencast on What you need to know Regarding Medicare

Click button



You or your spouse may be eligible for Medicare if you are age 65 or older. Medicare-eligible individuals may remain covered under the North Shore Fire Department medical plan, but need to understand the following information:



- Once you become Medicare-eligible, you can continue to be enrolled in our group medical plan. You also have the option to stop participation in our medical plan altogether, enrolling instead under the various parts of Medicare. You are encouraged to speak with a licensed insurance advisor to determine which option is best for you.
- Individuals are typically enrolled in Medicare Part A automatically when they reach age 65. Part A generally does **not** have a premium cost, and covers inpatient hospital care, skilled nursing facilities, and hospice care.
- You *may* be able to initially delay Part B enrollment without penalties-- and other adverse effects-- while remaining covered under an employer-sponsored medical plan. However, in specific situations, Medicare-eligible individuals should enroll in Part B even if they are keeping their employer coverage. Generally, a person needs to enroll under Part B if they are:
 - 1) Age 65+ while covered under a group medical plan sponsored by an employer with fewer than 20 employees; or
 - 2) Under age 65 and Medicare-eligible due to disability while covered under a group medical plan sponsored by an employer with fewer than 100 employees.
- Once an individual is enrolled under **any** part of Medicare (including Part A), they are no longer able to make any new contributions to their Health Savings Accounts (HSA).* Medicare-enrolled individuals can, however, spend down *existing* money in their HSA for eligible expenses.
- When an individual becomes Medicare-eligible, they should carefully examine their options for Medicare Part D (prescription drug plan coverage). If your medical plan coverage is not considered "creditable", and you fail to enroll in a Part D plan when first eligible, you may be subject to future enrollment penalties at a time when you do decide to enroll under a Part D plan.

Notification of plan creditable/ non-creditable status is provided annually to our medical plan participants. Please see HR with any questions about the current plan's creditable/ non-creditable status.

* When an individual defers Social Security retirement benefits for six or more months past their normal retirement age, they will ultimately receive six months of "back pay" from Social Security when they *do* enroll. When this happens, an individual's Medicare Part A enrollment will also be backdated six months. *To avoid tax penalties, Medicare-eligible individuals should stop contributing to their Health Savings Account six months before applying for Social Security retirement benefits .*

Preventive Care Benefits Under our Medical Plan

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

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



To find out which specific services are eligible for you to receive at no cost, visit:

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

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

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

Penalty for Not Having Medical Coverage

The Affordable Care Act requires individuals to be enrolled under "qualifying health coverage" throughout the year or else pay a penalty. Anyone with a gap in coverage less than two consecutive months can claim an exemption on this penalty for the gap period they were without coverage (with only one such exception permitted each calendar year).

You do not have to be enrolled specifically under **our** medical plan to meet the ACA coverage requirement. Medical plans obtained through Medicaid, Medicare, an individual plan, or a spouse/ parent's plan can also be considered qualifying health coverage.

What is the ACA Individual Penalty Amount?

	2016	2017	2018	2019
Penalty for not having medical coverage:	2.5% of family income tax filing threshold or \$695 per adult for the year (whichever is greater)	2.5% of your yearly household income or \$695 per adult for the year (whichever is greater)	2.5% of your yearly household income or \$695 per adult for the year (whichever is greater)	Financial penalty repealed/ no longer applies.

Medical Plan Benefits Summary

	Base Plan		Optional Plan	
Carrier	WEA Trust		WEA Trust	
Plan Name	\$3000 PPO		\$1500 PPO	
Plan Type	Copay Plan		Copay Plan	
Network	Essential PPO/Trust Preferred		Essential PPO/Trust Preferred	
Coverage Level	In Network	Out of Network	In Network	Out of Network
Deductible (Single/ Family)	\$3,000 / \$6,000	\$6,000 / \$12,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance	80%	60%	80%	60%
Out of Pocket (OoP) Max (Single/ Family)	\$6,000 / \$12,000	\$14,000 / \$28,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Family Ded & OoP Max Accumulation	<i>Embedded</i>	<i>Embedded</i>	<i>Embedded</i>	<i>Embedded</i>
Office Visits				
Primary Care Physician	\$25 copay	\$50 copay, then deductible / coinsurance	\$25 copay	\$50 copay, then deductible / coinsurance
Specialist	\$50 copay	\$100 copay, then deductible / coinsurance	\$25 copay	\$50 copay, then deductible / coinsurance
Convenient Care / Telehealth	\$0 copay	Not covered	\$0 Copay	Not covered
Preventive Care	100%, no deductible / coinsurance	\$50 copay, then deductible / coinsurance	100%, no deductible / coinsurance	\$50 copay, then deductible / coinsurance
Hospital, Surgical, and Maternity Services (Require Pre-authorization)				
Inpatient/ Outpatient Hospital	Deductible / coinsurance	Deductible / coinsurance	Deductible / coinsurance	Deductible / coinsurance
Surgical/ Maternity/ Delivery	Deductible / coinsurance	Deductible / coinsurance	Deductible / coinsurance	Deductible / coinsurance
Urgent Care & Emergency Room Visits				
Urgent Care Visit	\$100 copay, then deductible / coinsurance	Same as In-network	\$50 copay, then deductible / coinsurance	Same as In-network
Emergency Room	\$200 copay, then deductible / coinsurance	Same as In-network	\$150 copay, then deductible / coinsurance	Same as In-network
Imaging and Labwork				
X-Ray, Imaging, & Labwork	Deductible / coinsurance	Deductible / coinsurance	Deductible / coinsurance	Deductible / coinsurance
Prescription Drugs (Retail Pharmacy)				
Benefits Apply After:	N/A		N/A	
Tier 1 Prescriptions	\$0 copay (Value Drugs) or \$10 copay		\$0 copay (Value Drugs) or \$10 copay	
Tier 2 Prescriptions	\$30 copay		\$30 copay	
Tier 3 Prescriptions	\$60 copay		\$60 copay	
Mandatory Mail Order	No		No	

This Benefit Summary is for illustration purposes only. Refer to the insurance carrier's Certificate of Coverage for a full description of plan coverage and exclusions.

Additional Resources from WEA Trust

If you participate in our group medical plan through WEA Trust, you'll have additional access to valuable resources and programs:

WEA Trust Value Ads and Programs



- ✓ **TeleHealth**
\$0 Cost to you! Connecting you to board-certified doctors via high-quality, secure streaming video for services including urgent care, women's health, behavioral health, therapy and more using your phone, tablet or computer. Enroll at weatrust.amwell.com, enter "Trust" as the Service Key.
- ✓ **Novo Health**
\$250 Visa debit card when you choose Orthopedic and Sports Institute (OSI) for orthopedic hip, knee or spine pain procedures
- ✓ **Smart Choice MRI**
\$100 Visa incentive card when you use Smart Choice MRI, providing high-quality MRI scans and expert results at an accessible price
- ✓ **Diabetes Management**
\$0 cost to you! Diabetes management resources through Livongo keeps you on track. Includes interactive cellular glucose meter, unlimited test strips, and lancets - for free. With 24/7 proactive monitoring and sharing data in real time with family, friends and physicians
- ✓ **Low Back Pain**
\$0 cost to you! Free mobile app powered by Kiio digitally coaches you through exercises designed individually and specifically for your back pain
- ✓ **Cancer Care**
Guidance and direction to a Center of Excellence and provides review and monitoring of treatment plans
- ✓ **Vitality Wellness**
Track physical activity and gain rewards. Provides educational content and health assessments at your fingertips

Health Reimbursement

North Shore Fire Department (NSFD) provides its employee/retiree medical plan participants with a co-insurance reimbursement program for those employees electing the Optional Plan. The plan is contingent upon participation in a Wellness Program and is designed to insulate our members and their covered dependents from specific out-of-pocket expenses not otherwise paid for by the medical plan. NSFD also provides its employees (retirees excluded) with an opt-out reimbursement program if enrolled in another employer sponsored group health plan. Both reimbursement plans are administered by Diversified Benefit Services.

Reimbursement Description



Co-Insurance In-network Level (for WEA Trust Optional Plan Only)

Medical Coverage Tier	Employee/Retiree Responsibility	Your Eligible Reimbursement
Employee-Only Coverage	Active employee/Retiree participation in NSFD Wellness Program	\$1,500 per in-network co-insurance
Family Coverage		\$3,000 per in-network co-insurance (maximum of \$1,500 per person)

Co-insurance Eligible Expenses

Which types of medical expenses can be reimbursed?

- Coinsurance Only

Opt-Out

Coverage Tier	Employee Responsibility	Your Eligible Reimbursement
Employee-Only Coverage	Active Employees that opt out of the NSFD Employer Sponsored Group Health Plan and are covered by another Employer Sponsored Group Health Plan	\$750 per plan year
Family Coverage		\$2,000 per plan year

Opt-Out Eligible Expenses

Which types of expenses can be reimbursed?

- Medical Deductibles, Medical Co-pays, Medical Co-insurance, Prescriptions and Post Tax Group Health Insurance Premiums. If you enter the Plan after 6/30, reimbursements will be prorated per month of participation **Note:** Reimbursement requests for spousal premium taken *post-tax* may apply directly to DBS, however if spousal premiums are *pre-tax*, contact KateLynn Harrigan as reimbursement will need to be post-tax.

How Does the Plan Work?

The reimbursement program is funded directly with North Shore Fire Department money. You will be provided with additional information on how the Health Reimbursement Arrangement is administered, including how to file claims and receive your repayments for eligible expenses.

At the end of each plan year, you have a 60-day run-out period in which you may submit your claims. **Deadline to submit claims for the prior plan year is February 28.**

When do Health Reimbursement Benefits Begin?

For New hires:	Coverage begins 1st of the month following date of hire.
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (11/01 - 11/30), effective as of 01/01/2020. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Flexible Spending Accounts

Flexible Spending Account benefits are available to employees (retirees excluded), administered by Diversified Benefit Services and offer reimbursement of specific expense types from money deductible from your earnings on a pre-tax basis. An annual election is required to participate in this program.

Visit www.dbsbenefits.com for online tools and resources.

Benefits Overview

Account Type	Description	Maximum Annual Election
Health	Reimbursement for out-of-pocket expenses incurred from health, dental or vision care, as described by IRS Code Section 213 (summarized annually in IRS Publication 502).	\$2,750
Dependent Care	Reimbursement for expenses related to daycare for eligible dependents as described by IRS Code Section 129 (summarized annually in IRS Publication 503).	\$5,000

How does the plan work?

Enroll

Decide the amount of pre-tax deductions up to the annual max. Your plan year deductions are divided equally by payroll. You will need the following PIN# (**nsfiredept**) to create an account at **www.dbsbenefits.com**. You may also view your account balance, claims, reimbursements and access claim forms via the website.

Claim

Eligible claim reimbursements received Friday by 9:00 a.m. will have reimbursements released by the following Friday. Optional Direct Deposit is available. By providing your email, you are automatically enrolled to receive email notifications to inform you of claims received, reimbursements issued or requests for additional information.

Run-out

At the end of each plan year, you have a 90-day run-out period in which you may submit your claims. Deadline to submit claims for the prior plan year is March 31.

Carry-over

Balances of up to \$500 in your HEALTH Flexible Spending Account may be carried over to the next plan year. Any unused money remaining in your dependent care account or over \$500 in your health account at the end of the plan year, will be forfeited.

When do Flexible Spending Accounts Benefits Begin?

For New hires:	Coverage begins 1st of the month following date of hire.
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (11/01 - 11/30), effective as of 01/01/2020. You may also be eligible to enroll or change elections mid-year based on specific Qualifying Event as determined by the Internal Revenue Service. See HR for additional information.

Dental

Dental coverage is provided through Delta Dental and includes coverage for exams, cleanings, and restorative services. For a list of participating providers, visit www.deltadentalwi.com

Benefits Overview

Service Category	Category Includes	In-Network Coverage (What the Carrier Pays)
Preventive Services	Cleanings, Fluoride Treatments, Sealants, Space Maintainers *	100%, no deductible
Basic Services	Restorations, Non-Surgical Extractions, Periodontal Maintenance	100% (deductible applies)
Major Services	Oral Surgery, Surgical Extractions, Surgical Periodontics, Endodontics, Inlays, Onlays, Crowns, Bridges, Dentures, Implants	60% (deductible applies)
Orthodontia (Child only)	Corrections & alignments	50%, no deductible to a lifetime max of \$1,000

**Fluoride treatments, Sealants and Space Maintainers are available benefits for children only.*

Calendar Year Deductible	\$25 per person, no more than \$75 per family
Maximum Annual Benefit	\$1,750 Per person



When do Dental Benefits Begin?

For New hires:	Coverage begins 1st of the month following date of hire.
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (11/01 - 11/30), effective as of 01/01/2020. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Additional Resources from Delta Dental

If you participate in our group dental plan through Delta Dental, you'll have access to some great tools and resources:

Delta Dental's Provider Networks

A Dental Plan with Two Networks-- What's the Deal?

[Watch the Video](#)

Delta Premier Network	Delta PPO Network
More dentists	Fewer dentists
Lower discounts on services	Higher discounts on services



Delta Dental PPO dentists agree to the deepest discounts for patients. Premier dentists agree to a maximum fee ceiling-- but not the additional discounts available from PPO dentists.

A Smarter Dental Plan

A Healthy Body Begins with a Healthy Mouth

- Preventive cleanings and other services covered at 100%
- Additional cleanings for pregnant women
- Additional cleanings for specific diabetes including periodontal disease, cancer, and diabetes

[Watch the Video](#)



Vision

Vision coverage is provided through Superior Vision. The vision care network consists of private practicing optometrists, ophthalmologists, opticians and optical retailers.

You have the option of visiting any provider, however, by choosing a network provider you'll receive the highest level of benefit and save on out-of-pocket costs. To see a list of participating providers go to www.superiorvision.com/account/login



Benefits Overview

Deductibles	Monthly Premiums	Services/Frequency
Exam/ Materials* \$10	Emp. only \$8.32	Exam 12 months
	Emp. + limited family \$16.64	Frame 24 months
	Emp. + family \$22.05	Lenses 12 months
		Contact Lenses 12 months

(Based on date of service)

Benefits through [Superior Select Midwest](#)

	In-Network	Out-of-Network
Exam	Covered in full	Up to \$35 retail
Frames	\$150 retail allowance	Up to \$75 retail
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$25 retail
Bifocal	Covered in full	Up to \$40 retail
Trifocal	Covered in full	Up to \$45 retail
Progressive	See description ¹	Up to \$45 retail
Lenticular	Covered in full	Up to \$80 retail
Contact Lenses ²	\$175 retail allowance	Up to \$150 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail
Lasik Vision Correction ³	\$200 allowance	

Deductibles apply to in-network benefits only

¹Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable deductible

²Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

³Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

*Limited family – Employee and spouse or employee and child(ren)

Discount Features

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

When do Vision Benefits Begin?

For New hires:	Coverage begins 1st of the month following date of hire.
For Current Employees:	Coverage can be elected each year during our next Open Enrollment period (11/01 - 11/30), effective as of 01/01/2020. You may also be eligible to enroll mid-year based on a Qualifying Event like marriage, birth of a child, or loss of other coverage. See HR for additional information.

Contact Information

Insurance Carriers & Administrators

Coverage	Carrier Name	Member Services Phone #	Group Policy #	Website
Medical	WEA Trust	800-279-4000	38101	www.weatrust.com
Dental	Delta Dental	800-236-3712	15617-00000	www.deltadentalwi.com
Vision	Superior Vision	800-507-3800	222660	www.superiorvision.com
Flexible Spending Accounts	Diversified Benefit Services	800-234-1229	NSFD	www.dbsbenefits.com
Health Reimbursement	Diversified Benefit Services	800-234-1229	NSFD	www.dbsbenefits.com

Benefits Consultant/ Broker

R&R Insurance Services, Inc.
www.myknowledgebroker.com



Contact Name	Role	Phone #	Email
Stephanie Riesch-Knapp	Broker Consultant	262-953-7169	stephanie.Riesch-Knapp@rrins.com
Jen Dash	Client Services Manager	920-931-3266	jen.dash@rrins.com

If you have questions or concerns about your benefits please feel free to contact a team member listed above. The office hours for R&R Insurance are 8:00 to 4:30 PM, Monday through Friday.