



Benefits Summary 2023

Health Insurance:	Dean Health Plan: deancare.com, Member Services: 1-800-279-1301	
Eligibility:	Employees working at least 40 or more hours per payroll period are eligible to participate in the health plan.	
Benefits Start Date:	1 st of the month following 30 days of employment except in cases where the 1 st of the month falls on a weekend or a holiday, in which case, coverage begins on the 1st of the month following date of hire.	
Plan Options:	There are two plan options: 1) HMO tiered plan or 2) Point of Service Plan. Sauk County currently pays 88% of the premiums for employees who work 60 or more hours per bi-weekly pay period and 67.50% of the premiums for employees who work 40 or more hours per bi-weekly pay period. See the chart (page 2) for payroll check contributions.	
Plan	HMO Tiered Plan	Point of Service Plan \$15.00 Co Pay
Annual Deductible (Calendar Plan Year)	\$500 single / \$1,000 family	In Network: \$500 single / \$1,000 family Out of Network: \$750 single / \$1,500 family
Coinsurance	0% coinsurance after deductible	In Network: 0% coinsurance after deductible Out of Network: 20% coinsurance after deductible
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$1,700 single / \$3,500 family No Coverage out of network	In Network: \$4,500 single / \$9,200 family Out of Network: \$10,000 single / \$20,000 family
Office Visit Charge (Primary/Specialist)	0% coinsurance after deductible No Coverage out of network	In Network: \$15 Copay Out of Network: 20% coinsurance after deductible
Office Visit and Related Services	Tier 1: \$0 copay, Tier 2: \$20 copay No Coverage out of network	In Network: 0% coinsurance after deductible Out of Network: 20% coinsurance after deductible
Preventative Services	No Co Pay – In Network, No Coverage Out of Network	In Network: \$0 Copay Out of Network: 20% coinsurance after deductible
Diagnostic X rays and Lab Tests Advanced radiology* – CT, PET scan or MRI	0% coinsurance after deductible No Coverage out of network	In Network: 0% coinsurance after deductible Out of Network: 20% coinsurance after deductible
Urgent Care	Tier 1: \$50 copay and/or 0% coinsurance after deductible, Tier 2: \$100 copay and/or 0% coinsurance after deductible Out of Network: \$100 copay and/or 0% coinsurance after in-network deductible	In Network: \$30 copay and/or 0% coinsurance after deductible Out of Network: \$30 copay and/or 0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	\$200 copay In or Out of Network	In Network: \$125 copay and/or 0% coinsurance after deductible Out of Network: \$125 copay and/or 0% coinsurance after in-network deductible
Lifetime Benefit Maximum	No Limit	No Limit
Inpatient or Outpatient Hospital Services	0% coinsurance after deductible No Coverage out of network	In Network: 0% coinsurance after deductible Out of Network: 20% coinsurance after deductible
Prescription Drug Coverage	Tier 1 - \$10, Tier 2 - \$25, Tier 3 - \$50, Tier 4 - 30% coinsurance Rx Deductible: \$0 single / \$0 family	Tier 1 - \$10, Tier 2 - \$25, Tier 3 - \$50, Tier 4 - 30% coinsurance Rx Deductible: \$0 single / \$0 family Rx Maximum Out-of-Pocket: \$2,000 single / \$4,000 family
Mental Health Inpatient	0% coinsurance after deductible No Coverage out of network	In Network: 0% coinsurance after deductible Out of Network: 20% coinsurance after deductible
Mental Health Outpatient	\$0 copay No Coverage out of network	In Network: \$15 copay Out of Network: 20% coinsurance after deductible
Durable Medical Equipment	0% coinsurance after deductible No Coverage out of network	In Network: 0% coinsurance after deductible Out of Network: 20% coinsurance after deductible
Qualified Max Dependent Age - Covered until the end of the month they turn 26 for eligible dependent		

2023 Sauk County Summary of Benefits, Continued

Employee Health Insurance Contributions:

Coverage and Plan Options:	2023 Monthly Total Premiums	Sauk County Contributes 88% Category 1*	Category 1 Employee Bi-Monthly Contribution	Sauk County Contributes 67.50% Category 2*	Category 2 Employee Bi-Monthly Contribution
HMO Tiered Co-Pay Single	\$715.05	\$629.24/month	\$42.90	\$482.66/month	\$116.20
HMO Tiered Co-Pay Family	\$1,844.82	\$1,623.44/month	\$110.69	\$1,245.25/month	\$299.78
Point of Service \$15 Co Pay Single	\$816.68	\$629.24/month	\$93.72	\$482.66/month	\$167.01
Point of Service \$15 Co Pay Family	\$2,107.04	\$1,623.44/month	\$241.80	\$1,245.25/month	\$430.89

*Category 1 Employees - Employees who work at least 60 hours per bi-weekly pay period, Category 2 Employees - Employees who work at least 40 hours per bi-weekly pay period. *Payroll deductions are made one month prior to the effective date of coverage split between the 1st & 2nd payroll checks of the month.*

Dental Insurance:	Delta Dental of Wisconsin: deltadentalwi.com , Member Services Phone: 800-236-3712	
Eligibility:	Employees working at least 40 or more hours per bi-weekly payroll period are eligible to participate in the dental plan. Dental insurance is 100% employee paid.	
Benefits Start Date:	1 st of the month following 30 days of employment except in cases where the 1 st of the month falls on a weekend or a holiday, in which case, coverage begins on the 1 st of the month following date of hire.	
	Delta PPO (In Network)	Delta Premier (All other dentists)
Annual Deductible: Calendar Plan Year Per Individual	\$50	\$50
Individual Annual Maximum	\$1,000	\$1,000
Dependent Eligibility - Dependents are eligible through the end of the month in which they attain age 26 and full-time students through the end of the month in which they attain age 26; except as noted for orthodontics		
<u>Diagnostic and Preventative - Exams, Cleanings, Fluoride treatments, X-rays * Deductible does not apply</u>	100% Coverage	100% Coverage
<u>Basic and Major Services Sealants, Fillings</u>	80% Coverage	80% Coverage
Endodontics, Crowns and Bridges *Deductible applies	50% Coverage	50% Coverage
<u>Orthodontic Services</u>	50% Coverage	50% Coverage
Lifetime Maximum	\$1,000	\$1,000
Orthodontic Services - Dependents are eligible to age 19. No adult orthodontic benefit. Deductible applies.		

Dental Coverage and Plan Options:	2023 Monthly Total Premiums	Per 24 Payroll Period
Employee	\$38.42	\$19.21
Employee/Spouse	\$87.77	\$43.89
Employee/Children	\$90.26	\$45.13
Family	\$141.10	\$70.55

Payroll deductions are made one month prior to the effective date of coverage from each bi-weekly payroll check.

2023 Sauk County Summary of Benefits, Continued

Vision Insurance:	Superior Vision: visionplans.com, 800-883-5747
Eligibility:	Employees working at least 40 or more hours per bi-weekly payroll period are eligible to participate in the vision plan. 100% Employee paid. See chart below in this section.
Benefits Start Date:	1 st of the month following 30 days of employment except in cases where the 1 st of the month falls on a weekend or a holiday, in which case, coverage begins on the 1st of the month following date of hire.
Plan options:	Full Service or Materials Only. Exams are not covered under the Material Only Plan. *

Vision Plan Service/ Material:	Participating Provider	Non Participating Provider
Vision Exam	Paid in Full (Full Service Plan only , once per calendar year)	Up to \$35 Retail Value (Full Service Plan only , once per calendar year)
Frames (every 12 months)	Retail allowance of \$125	Up to \$70 Retail Value

Lenses (clear, glass or plastic, standard, once every 12 months)		
Single Vision	Paid in Full	Up to: \$25 Retail Value
Bifocal	Paid in Full	Up to: \$40 Retail Value
Trifocal	Paid in Full	Up to: \$ 45 Retail Value
Progressive	The trifocal benefit is applied to the purchase of progressive lenses (Insured pays difference in retail price between standard trifocal lens and progressive lens.)	

Contact Lenses*		
	Participating Provider	Non Participating Provider
Elective	Retail Allowance of \$150	Up to: \$125 Retail Value
Medically Necessary	Paid in Full	Up to: \$150 Retail Value

* Including related diagnostic, fitting and evaluation services, once per calendar year, in lieu of frame and eyeglass lens benefit. The contact lens fitting fees are included in contact Lens benefit, not the vision exam benefit.

Lasik – Members may elect laser vision correction services (*LASIK Services) in lieu of the prescription eye wear described above (frame/spectacle lenses or contact lenses) during a single benefit period. Members electing to receive LASIK Services are entitled to an allowance of \$200 if received from either a participating or non-participating provider. When LASIK Services are received from a participating provider, the Member is also entitled to receive the participating provider's program pricing. The LASIK Services allowance will be paid only one time per Member.

Vision Plan Options	2023 Monthly Total Premiums	Per 24 Payroll Period
Material Only Plan:		
Employee	\$9.33	\$4.67
Limited *	\$18.65	\$9.33
Family	\$25.76	\$12.88
Full Service Material and Exam Plan:		
Employee	\$13.29	\$6.65
Limited *	\$26.58	\$13.29
Family	\$35.19	\$17.60

Payroll deductions are made one month prior to the effective date of coverage from each bi-weekly payroll check.

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

2023 Sauk County Summary of Benefits, Continued

Life Insurance:	Wisconsin Public Employers Group Life Insurance Program, Wisconsin Department of Employee Trust Funds, 1-877-383-1888, etf.wi.gov.		
Eligibility:	Under age 70, enrolled in the WRS with current employer.		
Benefit Start Date:	1 st of the month following 30 days of employment.		
Coverage Options:			
Basic Plan:	Coverage equal to your earnings for the previous calendar year, rounded up to the next \$1,000.		
Supplemental Plan: (Must have basic coverage to participate)	Coverage equal to your earnings for the previous calendar year, rounded up to the next \$1,000.		
Additional Plan: (Must have basic coverage to participate)	Up to three units of coverage. Each unit of coverage equals your earnings for the previous year, rounded up to the next \$1,000.		
Spouse and Dependent Plan:	Coverage for spouse and all dependent(s). One unit provides \$10,000 in coverage for your spouse and \$5,000 of coverage for each dependent. Two units provides \$20,000 in coverage for your spouse and \$10,000 of coverage for each dependent.		
Basic, Supplemental, and Additional:			
(Includes Accidental Death, Dismemberment and Loss of Use coverage equal to the total amount of your insurance under the Basic, Supplemental and Additional coverages)			
<i>Each unit of Spouse and Dependent Insurance is \$1.60 per month.</i>			
Monthly Employee Premium Rates per \$1,000 of Insurance (contributions are deducted one month in advance from the first payroll check of each month)			
Age	Rate per \$1,000	Age	Rate per \$1,000
Under 30	\$.05	50-54	\$.22
30-34	\$.06	55-59	\$.39
35-39	\$.07	60-64	\$.49
40-44	\$.08	65-69	\$.57
45-49	\$.12	Active employees reaching age 70, contact Personnel for rates.	

Voluntary Benefits	Manhattan Life (formerly Humana) 713-683-7639 – Andrea Hoskins, Account Rep
Eligibility:	Employees working at least 40 or more hours per bi-weekly payroll period are eligible to participate in the voluntary benefits plan.
Benefits Start Date:	1 st of the month following 30 days of employment except in cases where the 1 st of the month falls on a weekend or a holiday, in which case, coverage begins on the 1 st of the month following date of hire.
Options Available:	Short Term Disability, Whole Life, Group Accident Insurance, and Critical Illness.
100% Employee Funded, premiums are deducted per payroll check for the current month of coverage.	

Employee Assistance Plan	LifeMatters, mylifematters.com, HELPLINE 800-634-6433 (24/7/365)
Services through the EAP are voluntary, free and confidential. All employees and their families are eligible to utilize the EAP for personal matters.	

2023 Sauk County Summary of Benefits, Continued

Retirement Savings Plan:	Wisconsin Retirement System (WRS), Wisconsin Department of Employee Trust Funds (ETF), 1-877-383-1888, etf.wi.gov .
Eligibility:	All benefit eligible employees participate. The mandatory employee contribution is determined by ETF on an annual basis depending on employment category. The current employee contribution is 6.5% of WRS earnings.
Contribution Start Date:	Immediate.
Employer Match:	Sauk County contributes 6.8% (13.2% for Protectives with Social Security) of your WRS earnings to your retirement plan, immediately. Annual contribution rates determined by ETF.
Vesting:	Vesting requirements vary based on your date of hire and/or previous employment with a WRS Employer. Only employee contributions are subject to vesting.

457(b) Deferred Comp Plan:	(1) Mission Square – 800-669-7400. www.missionsq.org or (2) Wisconsin Deferred Compensation (WDC) – 877-457-WDCP(9327), www.wdc457.org
Eligibility:	All benefit eligible employees are able to participate.
Supplemental Retirement Plan. Roll overs from most plans are accepted. The Plan allows for hardship withdrawals (specific criteria must be met.).	

Section 125 Cafeteria Plan	Employee Benefits Corporation (EBC), 800-346-2126, https://www.ebcflex.com/
Plan Options:	Medical reimbursement, dependent care reimbursement, and pretax benefit contributions.
Eligibility:	All benefit eligible employees are able to participate.
Contribution Start Date:	1 st of the month following 30 days from date of hire.

Hours of Work	
All County Employees except Highway, Sheriff's Office, and Health Care Center	7.75 hours a day, 38.75 hours a week
Sheriff's Office and Health Care Center Employees	8.00 hours a day, 40.00 hours a week
Highway	Variable by season

Holidays	
Eligibility:	Part time and Full time employees in paid status.
Eleven paid holidays. New Year's Day, Martin Luther King, Jr. Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Friday after Thanksgiving Day, Christmas Eve, Christmas Day, and New Year's Eve. (In some departments due to shifts and/or bargaining agreements there may be differences of the dates observed as holidays).	

Vacation	
Eligibility:	Part time and Full time employees, based on length of continuous service
Benefit Accrual Period	Anniversary of employee's date of hire

2023 Sauk County Summary of Benefits, Continued

	Length of Service	Vacation Time Accrued
Non-Exempt Employees and Exempt Employees who earn overtime	Six months of service	1 week of vacation
	1 year of service	1 additional week of vacation earned on the employee's benefit accrual date
	2 – 5 years of service	2 weeks of vacation earned on the employee's benefit accrual date
	6 years of service	3 weeks of vacation earned on the employee's benefit accrual date
	7– 12 years of service	One additional day of vacation per year, maximum of 20 days per year, earned on the employee's benefit accrual date. Maximum accrual of 24 days of vacation, no additional vacation may be earned until the accrual drops below the 24 day accrual maximum
Exempt Employees excluding those exempt employees granted overtime pay authorization	Length of Service	Vacation Time Accrued
	Date of Hire – 5 years of service	1 day per month, can be used as accrued
	6 – 12 years of service	1 ½ days per month
	13 years of service	2 days per month. Maximum accrual of 24 days of vacation, no additional vacation may be earned until the accrual drops below the 24 day accrual maximum

Executive Leave	
Eligibility:	Exempt Employees who are not eligible for compensatory time.
Benefit:	3 days of paid leave per year earned on the benefit accrual date. Unused executive leave expires on the next anniversary date and is not paid out.

Sick Leave	
Eligibility:	Part time and Full time employees.
Benefits:	Accruals begin on date of hire. Employees are able to use earned sick time as it is accrued. Full time employees earn one day of sick leave per month for a maximum accumulation of 120 days. Part time employees earn leave on a prorated basis.
A special catastrophic sick leave account will be established for employees who have accumulated 120 days. A portion of accrued sick leave may be used at retirement to purchase continuing health insurance. (this includes the catastrophic account for members of the United Professionals bargaining group)	

Jury Duty Leave	
Eligibility:	Part time and Full time employees in paid status.
Benefit:	Up to two weeks of paid leave as needed to serve for jury duty.

Bereavement Leave	
Eligibility:	Part time and Full time employees in paid status.
Benefit:	Three days of paid leave for employee's spouse, child, parent, brother, sister, stepparent, stepchild, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandparent of spouse, or grandchild.

Pallbearer Leave	
Eligibility:	Part time and Full time employees in paid status.
Benefit:	One day per year is available to an employee who performs the duties of a pallbearer or a member of a burial honor guard.

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