

2026 Benefits Guide



Sauk County

Benefits Enrollment Checklist

This guide will help you get to know your benefits and your choices for the 2026 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

During Enrollment

Enroll in these plans or waive coverage:

- Medical
- Flexible Spending Account (FSA) – Medical & Dependent Care
- Dental
- Vision
- Income Continuation Insurance (ICI)
- Manhattan Life Accident Insurance
- Manhattan Life Whole Life Insurance
- Manhattan Life Critical Illness Insurance
- ETF Term Life Insurance
- WRS Retirement
- Additional Contributions
- Deferred Compensation – WDC or Mission Square

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Carrier Contacts

<i>Coverage</i>	<i>Carrier</i>	<i>Contact</i>
Medical	Dean Health Plan	Refer to your Dean ID Card www.deancare.com
Flexible Spending Account (FSA)	EBC	800.346.2126 www.ebcflex.com
Dental Insurance	Delta Dental of WI	800.236.3712 www.deltadentalwi.com
Vision Insurance	Delta Dental of WI	844.848.7090 www.deltadentalwi.com
Income Continuation Insurance (ICI)	Wisconsin Retirement System (WRS)	877.533.5020 etf.wi.gov
Accident, Whole Life, Critical Illness	Manhattan Life	713.683.7639 www.manhattanlife.com
ETF Term Life Insurance	Securian	866.295.8690 madisonbranch@securian.com
Retirement Savings Plan	Wisconsin Retirement System (WRS)	877.533.5020 etf.wi.gov
Additional Contributions	Wisconsin Retirement System (WRS)	877.533.5020 etf.wi.gov
Deferred Compensation 457(b) and Roth 457(b)	Mission Square	800.669.7400 www.missionsq.org
	Wisconsin Deferred Comp	877.457.WDCP (9327) www.wdc457.org
Employee Assistance Program (EAP)	AllOne Health	800.638.3327 www.myassistanceprogram.com/fei

For open enrollment and benefit related questions, please contact Mary Jane Camu 608-355-3270 or via email maryjane.camu@saukcountywi.gov

Medical Plans

Medical Plans

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family. Sauk County provides eligible employees the choice of two medical plans administered by Dean Health Plan.

- HMO
- POS

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the Dean network. Find a participating health care provider in your area by going to: <https://www.deancare.com/Find-A-Doctor>

Refer to the Summary Plan Descriptions (SPDs) (located on the Sauk County website) or Summary of Benefits Coverage (SBCs) (included) for detailed medical plan coverage information.

Eligibility

- All full-time employees
- Part-time employees working at least 40 hours but less than 60 hours in a pay period

And Your...

- Spouse
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to the end of the month the dependents turn age 26.

Terms To Know

Deductible

The amount ***you pay*** out of your pocket each year ***before the plan begins*** sharing costs for most services. Payments to in-network and out-of-network providers count toward your annual deductible and annual out-of-pocket maximum.

Copay

The dollar amount you must pay for certain covered services. Payments count toward your annual out-of-pocket maximum but ***not*** toward your deductible.

Out-of-Pocket Maximum

The most you'll have to pay out of your pocket in a calendar year for covered services.

Coinsurance

The cost share between you and the plan after you meet the calendar year deductible. In other words, after you meet your deductible, you share any remaining covered expenses with the plan. The plan covers the percentage of the expense shown.

In-Network Coinsurance

Plan Pays 100%

You Pay 0%

Medical Plan Highlights

Dean Health Plan Network: Dean HMO	HMO Plan In-Network Coverage Only	
Deductible		
Single	\$500	
Family	\$1,000	
Out-of-Pocket Maximum		
Single	\$1,750	
Family	\$3,500	
Coinsurance		
	100%	
Physician Services	Preferred Provider	Network Provider
Routine / Preventive Care	<i>Select Services Are FREE</i>	
*Primary Care Physician	\$0 copay	\$20 Copay
Specialist	\$0 copay	\$40 Copay
Hospital Services	Deductible and Coinsurance Applies	
Urgent Care ER		
Urgent Care	\$50 Copay	\$100 Copay
Emergency Care	\$200 Copay	\$200 Copay
Prescription Drugs	Retail – 34 Day Supply	Mail Order – 90 Day Supply
Generic	\$10 Copay	2 Copays (\$20)
Brand	\$25 Copay	2 Copays (\$50)
Non-Preferred	\$50 Copay	3 Copays (\$150)

***Please Note:** upon enrollment, members are required to elect a **Primary Care Physician (PCP)**. Otherwise, a randomized provider will be assigned by Dean Health Plan. Each member within a household may have a different PCP. The role of the PCP is to manage and direct your care by referring to other physicians or specialists within the network.

Refer to the Summary Plan Descriptions (SPDs) (located on the Sauk County website) or Summary of Benefits Coverage (SBCs) (located on the next page) for detailed medical plan coverage information.

Monthly Premiums	Category 1 Employee Cost	Employer Cost
Single	\$108.36	\$794.76
Family	\$279.60	\$2,050.45

Monthly Premiums	Category 2 Employee Cost	Employer Cost
Single	\$293.50	\$609.62
Family	\$757.27	\$1,572.78

Plan Code: HMO05947 / PHA04887 **Plan Type:** Value Choice **Network:** HMO-MultiTier **Contract:** Contract Year **Plan 1-0**

Plan Overview

Plan Providers - You Pay

Non-Plan Providers - You Pay

Embedded Deductible*	\$500 single / \$1,000 family	Not Applicable
Coinsurance	0% coinsurance after deductible	Not Applicable
Primary Office Visit Charge	Tier 1: \$0 copay / Tier 2: \$20 copay	Not Covered
Specialist Office Visit Charge	Tier 1: \$0 copay / Tier 2: \$40 copay	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$1,750 single / \$3,500 family	Not Applicable

*The plan begins making payments as soon as one family member has reached their individual deductible

**Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select

Rx Deductible	\$0 single / \$0 family		Not Applicable	
Rx Maximum Out-of-Pocket	No Separate Rx Out-of-Pocket Max		No Separate Rx Out-of-Pocket Max	
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered			
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>
In-Network	\$10 copay	\$25 copay	\$50 copay	30% coinsurance
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

*Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

*This new plan includes prescription drug coverage that is creditable

Diagnostic Services

Plan Providers - You Pay

Non-Plan Providers - You Pay

Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered

Emergency Services

Urgent Care	Tier 1: \$50 copay / Tier 2: \$50 copay (and/or 0% coinsurance after deductible)	\$100 copay and/or 0% coinsurance after deductible
Emergency Room Services*	Tier 1: \$200 copay / Tier 2: \$200 copay (and/or 0% coinsurance after deductible)	\$200 copay and/or 0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible

* copay is waived if admitted

Additional Plan Design Attributes

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This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.

Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at <https://app.deancare.com/sites/sbc/employergroup>

Medical Plan Highlights

Dean Health Plan Network: Dean POS	POS Plan	
	In-Network	Out-of-Network
Deductible		
Single	\$500	\$750
Family	\$1,000	\$1500
Out-of-Pocket Maximum		
Single	\$4,600	\$10,000
Family	\$9,200	\$20,000
Coinsurance	100%	20%
Physician Services		
Routine / Preventive Care	\$0 copay	20% coinsurance after deductible
Primary Care Physician	\$15 copay	
Specialist	\$15 copay	20% coinsurance after deductible
Hospital Services	0% Coinsurance after Deductible	20% coinsurance after deductible
Walk-in Clinics Urgent Care ER		
Urgent Care	\$30 copay*	\$30 copay*
Emergency Care	\$125 copay*	\$125 copay*
Prescription Drugs		
Tier 1	\$10 copay	50% Coinsurance
Tier 2	\$25 copay	50% Coinsurance
Tier 3	\$50 copay	Not covered
Tier 4	30% Coinsurance	50% Coinsurance

Refer to the Summary Plan Descriptions (SPDs) (located on the Sauk County website) or Summary of Benefits Coverage (SBCs) located on the next page) for detailed medical plan coverage information.

*You may be responsible for other charges in addition to the visit

Monthly Premiums	Category 1 Employee Cost	Employer Cost
Single	\$236.65	\$794.76
Family	\$610.58	\$2,050.46
Monthly Premiums	Category 2 Employee Cost	Employer Cost
Single	\$421.79	\$609.62
Family	\$1,088.26	\$1,572.78

Plan Code: POS04621 / PHA05075

Plan Type: Copay

Network: POS

Contract: Contract Year **Plan 2-0**

Plan Overview

Plan Providers - You Pay

Non-Plan Providers - You Pay

Embedded Deductible*	\$500 single / \$1,000 family	\$750 single / \$1,500 family
Coinsurance	0% coinsurance after deductible	20% coinsurance after deductible
Primary Office Visit Charge	\$15 copay	20% coinsurance after deductible
Specialist Office Visit Charge	\$15 copay	20% coinsurance after deductible
Preventive Services	\$0 copay	20% coinsurance after deductible
Deductible & Coinsurance Limit	Not Applicable	Not Applicable
Maximum Out-of-Pocket**	\$4,600 single / \$9,200 family	\$10,000 single / \$20,000 family

*The plan begins making payments as soon as one family member has reached their individual deductible

**Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted

Prescription Drugs, Insulin & Disposable Diabetic Supplies*

4 Tier Select

Rx Deductible	\$0 single / \$0 family		\$0 single / \$0 family	
Rx Maximum Out-of-Pocket	\$2,000 single / \$4,000 family		\$2,000 single / \$4,000 family	
Mail Order	90-day supply (Tiers 1 & 2) for 2 copays; 90-day supply (Tier 3) for 3 copays; Tier 4 Not Covered			
	<u>Tier 1</u>	<u>Tier 2</u>	<u>Tier 3</u>	<u>Tier 4</u>
In-Network	\$10 copay	\$25 copay	\$50 copay	30% coinsurance
Out-of-Network	50% coinsurance	50% coinsurance	Not Covered	50% coinsurance

*Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier

*This new plan includes prescription drug coverage that is creditable

Diagnostic Services

Plan Providers - You Pay

Non-Plan Providers - You Pay

Diagnostic Services (Xrays/Labs)	0% coinsurance after deductible	20% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	20% coinsurance after deductible

Hospital & Surgical Center

Inpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	20% coinsurance after deductible

Emergency Services

Urgent Care	\$30 copay and/or 0% coinsurance after deductible	\$30 copay and/or 0% coinsurance after in-network deductible
Emergency Room Services*	\$125 copay and/or 0% coinsurance after deductible	\$125 copay and/or 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible

* copay is waived if admitted

Additional Plan Design Attributes

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This is a highlight of your benefits and should not be relied upon to fully disclose your coverage.

Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at <https://app.deancare.com/sites/sbc/employergroup>

CARE ACROSS A SPECTRUM

Know the Right Care For Your Needs



Knowing your care options before you need them saves you time and money.

SSM Health Express Virtual Care

SSM Health Express Virtual Care offers two convenient and affordable options for patients to access non-emergency care via smart phone or computer without scheduling an appointment. These services are available to everyone, whether or not they are an established SSM Health patient. **Visit [DeanCare.com/VirtualCare](https://deancare.com/virtualcare) for more information.**



E-VISIT



VIDEO VISIT



PRIMARY CARE



URGENT CARE



EMERGENCY CARE



Too sick to drive to the doctor?

Fill out an online questionnaire, receive a written diagnosis, treatment, and a prescription.

Cold/flu, allergies, lice, etc.



Prefer a face-to-face conversation?

Start a video visit and quickly connect with a SSM Health provider. No appointment necessary.

Abnormal headaches, earaches, chronic conditions, etc.



Wish to see your doctor for care?

Schedule an appointment at your primary care clinic. Same-day appointments are usually available.

In-person treatments and annual checkups.



Primary care clinic full or closed?

Visit your nearest Urgent Care facility.

When your normal clinic is full or closed.



Life-threatening illness or injury?

Go to the nearest emergency room or call 911.

Heart attack, stroke, head injury, severe pain.

All care subject to copay and deductible if filed with insurance.



We are here to help

Visit [DeanCare.com/RightCare](https://deancare.com/rightcare) or scan this QR code to start your visit



Unsure of the type of care you need?

Call the Nurse Advice Line at **1 (800) 576-8773 (TTY: 711).**

Discover what a healthier you can do



We partner with WebMD to offer a variety of programs focused on the whole person across eight dimensions of wellness, making healthy living achievable and fun.

Wellness programs and features

- **Health Assessment**
Based on your individual questionnaire results, WebMD provides recommendations for each lifestyle category and a variety of interactive self-management tools are customized to your needs
- **Case Management**
Provides support through complex health situations
- **Wellness Care Package**
A monthly brochure highlighting programs, education, and health observances
- **Partner Perks**
Discounts for gyms, spas, golfing, devices, equipment, nutrition, and more
- **Nicotine Cessation**
Nicotine cessation and vape free programs for families including no-cost medications when appropriate
- **R.E.A.L. Goals (Realistic, Easy, Attainable, Life Goals)**
Preset goals covering all eight dimensions along with tips and trackers to help you achieve success
- **Preventive Health Toolkits**
Download our toolkits that include education and awareness for many national observances and seasonally-appropriate topics
- **Events Calendar**
 - Access live, virtual events such as:
 - Move with a Doc
 - Learning Loft
 - Webinars covering the eight dimensions of wellnessLearn more at [DeanCare.com/Events](https://www.deancare.com/events)
- **Nutrition**
Members can access WebMD resources, challenges, webinars and a monthly Made from Scratch newsletter

Health Assessment Example

YOUR LOWEST RISKS ARE...



Emotional Health



Tobacco



Cervical Cancer Screening

YOU SHOULD WORK ON...



Blood Pressure



Stress



Safety

OPTIMAL YOU IS 100

You scored a 41 out of 100



Members 18 and older may be eligible to earn gift cards*

See back for details

DeanHealthPlan
by  Medica.

Living Healthy

Your comprehensive wellness program.

You may be eligible to earn rewards*

We want to reward you for your healthy lifestyle. It's one of the many reasons Living Healthy has its rewards.



Here's how it works:

Choose the healthy activities you want to complete



Each completed activity is worth reward points



Rewards come in the form of gift card(s) of your choice to many national retailers, restaurants and other popular merchants

All rewards **MUST** be redeemed **by the end of the calendar year.**

Living Healthy Rewards will focus on Preventive Health Services

Prevention or early detection of common diseases is the best way to live your healthiest life. We offer common preventive and screening services that are proven to improve health. Always check with your primary care provider to determine which tests are appropriate for you.



Immunizations:

Influenza, Varicella, Tetanus, Meningococcal and Pneumococcal



Cancer screenings:

Mammogram, Colon Cancer (FIT testing, Cologuard, Colonoscopy) and PAP smear



Other screenings:

Chlamydia, Gonorrhea, HIV, Hepatitis C, Diabetes and Depression

* Check with your plan administrator for reward offerings specific to your plan. Only Dean Health Plan members, ages 18 and older, are eligible for Living Healthy Rewards. Your employer may be required to report health plan-issued incentives as taxable income. Dean Health Plan may be required to report incentive payment information to your employer. Your health information is protected by federal law and will not be shared with your employer. Adult dependents (ages 18 and older) who are covered under a family member's policy may earn rewards with Dean Health Plan's Living Healthy Rewards program.



Questions about Living Healthy?

Visit DeanCare.com/LivingHealthy to learn how to access your Living Healthy portal.



Flexible Spending Account (FSA)

With an FSA, you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by March 15th or you will lose the balance.

Sauk County offers two types of FSAs administered by EBC – General Purpose and Dependent Care FSA.

General Purpose FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care, and vision care.

General Purpose FSA Contribution Limits

Sauk County follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for both the General Purpose FSA and Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum for 2026 is \$3,400. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately up to \$3,400.

Dependent Care FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$7,500 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$3,750. You cannot contribute more than you or your spouse earned in income for the year. ***If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

Dental Plan Highlights

Delta Dental Plan of WI

Benefit Eligibility

- All full-time employees
- Part-time employees working at least 40 hours but less than 60 hours in a pay period

And Your...

- Spouse
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to the end of the month the dependents turn age 26.

Individual Annual Maximum

\$1,250

Deductible

Per Member

\$50

Preventive Care Services

Exams	100%
Cleanings – twice per calendar year!	100%
Fluoride Treatments	100%
X-Rays	100%
Space Maintainers	100%
Sealants	80%
Emergency Treatment to Relieve Pain (<i>Deductible Applies</i>)	80%

Basic Restorative Services

Fillings	80%
Endodontics – Surgical / Non-Surgical	50%
Periodontics – Surgical / Non-Surgical	50%
Extractions – Surgical / and other oral surgery (<i>Deductible Applies</i>)	50%
Extractions - Non-Surgical	80%

Major Restorative Services

Crowns, Inlays, Onlays	50%
Bridges and Dentures	50%
Repairs and Adjustments to Bridges and Dentures	50%
Implants	50%

Orthodontic Services

Coinsurance	50%
Individual Lifetime Maximum	\$1,000

*All dental members, including spouses and dependents have access to orthodontic services!
Dependents are eligible up to age 26.*

Monthly Premiums	Employee Cost
Employee	\$40.05
Employee + Spouse	\$91.49
Employee + Child(<i>ren</i>)	\$92.62
Family	\$145.20

New for 2026 - Vision Plan Highlights

Your eyes provide doctors with a clear picture of your overall health. A comprehensive eye exam can identify serious medical problems such as high blood pressure, diabetes, heart disease and much more. That's why Sauk County provides vision care administered by Delta Dental of WI. Find a participating vision provider in your area by going to: www.deltadentalwi.com/s/find-a-deltavision-provider-near-you.

Benefit Eligibility

- All full-time employees
- Part-time employees working at least 40 hours but less than 60 hours in a pay period

And Your...

- Spouse
- Biological children, stepchildren, legally adopted children (effective from the placement date for adoption), and foster children up to the end of the month the dependents turn age 26.

Delta Dental of WI	Insight Network	Out-of-Network
Frequency		
Vision Exam	Once every 12 months	
Frame	Once every 12 months	
Lenses	Once every 12 months	
Contact Lenses	Once every 12 months	
Annual Vision Exam	Covered in Full	Up to \$35
Contact Lens (<i>standard fit and follow-up</i>)	Covered in Full	Up to \$40
Allowance Summary		
Frames	\$150 Retail Allowance, then 20% off	Up To \$75
Medically Necessary Contacts	Covered in Full	\$200
Elective Contacts	\$150 Retail Allowance, then 15% off	\$120

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at www.glasses.com.
- Members can purchase contact lenses online and apply their in-network contact benefits at www.contactsdirect.com.

Monthly Premiums	Employee Cost
Employee	\$9.37
Employee + Spouse	\$18.74
Employee + Child(ren)	\$19.13
Family	\$28.50

Protection Plans

ETF Income Continuation Insurance (ICI) Program

Sauk County’s Short- and Long-Term Disability plan is administered by **ETF**. This benefit pays 75% of your previous calendar year earnings if you become temporarily disabled, meaning that you are not able to work for a short period of time (first 12 months) or for long period of time (beyond 12-month period) due to sickness or injury.

ETF	Benefit Highlights
Premium	Currently in premium holiday through 2026 (no premium due)
Benefit	The maximum benefit is \$7,500 per month. Earnings up to a maximum of \$120,000 per year are covered.
Sickness Benefit Begins On	30 Day
Accident Benefit Begins On	30 Day

NOTE: Disability includes pre-existing condition limitations. Please review the plan summary for more details. Earnings for disability benefits are based on your previous calendar year earnings and do not include other income such as bonuses and commissions.

Voluntary Accident Insurance – Manhattan Life

Your medical insurance will cover some of the expenses incurred from an accident, but you will be left to foot the bills for your copays and deductibles. Those can add up fast, especially if you are unable to work while you recover. That is where Accident insurance comes in. It helps protect your bank account from the out-of-pocket expenses that come with an injury. Whether you are coping with a broken arm or recovering from a serious car accident.

Plan Highlights

Eligibility	Employees working a minimum of 20 hours per week
Effective Date of Coverage	First of the month following 30 days of employment
Premium	Varies by benefit election Contact a member of HR
Benefit Increments	Lump-sum payment upon injury depends on type of accident

Covered Injuries

- Broken bones
- Burns
- Cuts
- Torn ligaments
- Eye injuries
- Accidental Death

Protection Plans (continued)

Voluntary Whole Life Insurance – Manhattan Life

You have the option to purchase Supplemental Whole Life Insurance coverage for you and your eligible family members. Please see a representative from HR with any questions.

Plan Highlights

Employee Coverage	\$5,000-\$300,000
Spouse Coverage	\$5,000-\$50,000
Child Coverage	\$5,000-\$25,000

Age	Employee Per \$	Spouse Per \$
00-24	See HR for Age Based Rate Chart	
25-29	\$	\$
30-34	\$	\$
35-39	\$	\$
40-44	\$	\$
45-49	\$	\$
50-54	\$	\$
55-59	\$	\$
60-64	\$	\$
65-69	\$	\$
70-74	\$	\$
75 and over	\$	\$

For a full listing of weekly premiums, please contact HR.

Voluntary Critical Illness Insurance – Manhattan Life

You may have medical insurance. But that does not mean you are covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for. Things like copays, deductibles, loss of income, childcare and travel expenses. Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.

Plan Highlights

Eligibility	Employees working a minimum of 20 hours per week
Effective Date of Coverage	First of the month following one month of employment
Premium	Varies by benefit election Contact a member of HR
Benefit Increments	Lump-sum payment upon diagnosis: \$10,000-\$50,000
Wellness Benefit	Plan includes a \$100 Wellness Screening Benefit per calendar year – Complete the Wellness Benefit Screening for reimbursement

Covered Conditions

- Heart Attack
- Stroke
- Cancer
- Major organ failure
- End state renal (kidney) failure

NOTE: Initial diagnosis and initial recommendation must occur after your coverage for these benefits becomes effective.



WELLNESS CLAIM FORM

If you have any questions regarding our determination of your claim, or if you would like to appeal any determination, please contact our Customer Service Department at 1-800-999-2971
 8:00 a.m. to 5:00 p.m. CST Monday - Thursday.
 8:00 a.m. to 2:00 p.m. CST Friday.
 Claim forms and other valuable information may be found on www.manhattanlife.com

The furnishing of this form, or its acceptance by the Company as proof, must not be construed as an admission of any liability on the part of the Company, nor a waiver of any of the conditions of the insurance contract.

POLICYHOLDER

Insured's Name: _____ Patient: _____ Male Female
 Policy Number(s): 1. _____ 2. _____
 Insured's Social Security Number: _____ Patient's Date of Birth: ____/____/____
MO/DAY/YR
 Home Number: (____) _____ E-mail: _____

Filing a claim for your calendar year Wellness Benefit is easy! If you have had one of the listed preventative tests or HPV Vaccination shown below, please check the appropriate boxes and attach any documentation you may have showing the provider, patient's name, the date of the test, and exam performed.

Thank you for selecting ManhattanLife and for having your annual wellness exam!

WELLNESS SCREENINGS

<input type="checkbox"/> Annual Physical Exam	<input type="checkbox"/> Echocardiogram
<input type="checkbox"/> Biopsy for skin cancer	<input type="checkbox"/> Flexible sigmoidoscopy
<input type="checkbox"/> Blood test for triglycerides	<input type="checkbox"/> Hemocult stool analysis
<input type="checkbox"/> Bone Marrow Testing	<input type="checkbox"/> HPV (Human Papillomavirus) Vaccination
<input type="checkbox"/> CA125 (cancer antigen 125 - blood test for ovarian cancer)	<input type="checkbox"/> Lipid Panel (total cholesterol count)
<input type="checkbox"/> CA15-3 (cancer antigen 15-3 - blood test for breast cancer)	<input type="checkbox"/> Mammography, including Breast Ultrasound
<input type="checkbox"/> CEA (carcinoembryonic antigen – blood test for colon cancer)	<input type="checkbox"/> Pap Smear, including ThinPrep Pap Test
<input type="checkbox"/> Chest X-ray	<input type="checkbox"/> PSA (prostate specific antigen – blood test for prostate cancer)
<input type="checkbox"/> Colonoscopy	<input type="checkbox"/> Serum Protein Electrophoresis (test for myeloma)
<input type="checkbox"/> Dental Exam	<input type="checkbox"/> Stress test on bike or treadmill
<input type="checkbox"/> Doppler screening for carotids	<input type="checkbox"/> Thermography
<input type="checkbox"/> Doppler screening for peripheral vascular disease	<input type="checkbox"/> Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms
<input type="checkbox"/> EKG (Electrocardiogram)	<input type="checkbox"/> Vision Exam

Important: To avoid delay, please sign authorization below.

I authorize any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has records or knowledge of me or my health to give to ManhattanLife Insurance and Annuity Company (MIAC), its subsidiaries or its reinsurers any information relating to my claim. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom a claim is filed. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying MIAC in writing of my desire to do so. I or my representative may receive a copy of this authorization by supplying policy number(s) and Insured's name in a written request to the company. (In MAINE – I understand that revocation of this authorization may be a basis for denying insurance benefits. Failure to sign an authorization statement may impair the ability of a regulated insurance agency to evaluate claims and may be a basis for denying a claim for benefits.)

Sign here: _____ Date: _____ Check here if address is new
Claimant

Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone No: (____) _____

You may **FAX** your claim to:
 ManhattanLife Insurance and Annuity
 713-583-0677
 MAC-WCF 1013

You may **MAIL** your claim to:
 ManhattanLife Insurance and Annuity
 10777 Northwest Freeway, Houston, Texas 77092

Claim Form Addendum: Fraud Warning and State Versions

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony.

Alabama Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **Alaska** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. **Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Arizona** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **California** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Colorado** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **Delaware** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **District of Columbia** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Idaho** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. **Indiana** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony. **Kentucky** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **Louisiana** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Maine** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Maryland** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Minnesota** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **New Hampshire** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. **New Jersey** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **New Mexico** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **New York** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **Ohio** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Oklahoma** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Pennsylvania** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Puerto Rico** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. **Rhode Island** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Tennessee** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Texas** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Virginia** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Washington** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. **West Virginia** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Wisconsin Public Employers Group Term Life Insurance Program



Life can change in an instant. Be prepared by purchasing life insurance coverage for yourself and your family through the Wisconsin Public Employers Group Term Life Insurance Program.



Your optional coverages

Coverage options	Active employees	Retirees
Basic term life	1x previous year's WRS earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000). At age 70, coverage for employees automatically continues and reduces to 25%.* No further premiums are due from the employee to continue this coverage.	<ul style="list-style-type: none"> • If retired, coverage continues at 100% until age 65. • Coverage reduces to 75% at age 65, 50% at age 66, and 25%* at age 67. • Premiums are deducted from monthly annuity until age 65. Thereafter, insurance is free for the lifetime of the retiree.
Supplemental term life	1x previous year's WRS earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000). At age 70, coverage for employees terminates.	<ul style="list-style-type: none"> • If retired, coverage continues at 100% until age 65 and then coverage ends.
Additional term life	1x, 2x or 3x previous year's WRS earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000).	<ul style="list-style-type: none"> • If retired, coverage continues at 100% until age 65 and then coverage ends.

*50 percent for local employers who have opted for the higher post-retirement benefit.

Coverage type	Coverage amount	Additional information
Spouse and dependent term life	Coverage options available: Spouse: \$10,000 Each dependent child: \$5,000 Spouse: \$20,000 Each dependent child: \$10,000	<ul style="list-style-type: none"> • Coverage is for an insured employee's eligible spouse and dependent(s). • Dependent children are eligible up to age 26. Coverage may continue beyond age 26 for disabled children. • Coverage ceases when employee reaches age 70 or retires, whichever occurs first.

Monthly cost of coverage

Rates increase with age and are subject to change

Basic, and Supplemental term life (Rates/\$1,000/month)

Age	Employee
Under 30	\$0.05
30-34	0.06
35-39	0.07
40-44	0.08
45-49	0.12
50-54	0.22
55-59	0.39
60-64	0.49
65-69	0.57

Additional term life (Rates/\$1,000/month)

Age	Employee
Under 30	\$0.05
30-34	0.06
35-39	0.07
40-44	0.08
45-49	0.12
50-54	0.22
55-59	0.39
60-64	0.49
65-69	0.57
70	1.00
71	1.15
72	1.25
73	1.45
74	1.60
75	1.80
76	1.95
77+	2.06

Spouse and dependent term life (Rates/month)

One monthly premium covers all eligible insureds

Spouse:	\$10,000	\$1.60
Each dependent child:	\$5,000	
Spouse:	\$20,000	\$3.20
Each dependent child:	\$10,000	

Rates are effective through June 30, 2025.

Additional features

Beyond paying a benefit in the event of your death, your group life insurance plan has other important features:

- **Early benefit payments if diagnosed as terminally ill** – If an insured person becomes terminally ill with a life expectancy of 12 months or less, you may request early payment of up to 100 percent of the life insurance amount.
- **No premiums if you become disabled** – If you become totally and permanently disabled from earning any income according to the terms of your certificate, life insurance premiums may be waived.
- **Accidental death and dismemberment and loss of use** – If you die as a result of a covered accident or suffer a loss of a limb in a covered accident, additional payments may be made.

Need some guidance on how much life insurance you need?

Use our online benefits-decision tool, Benefit Scout®. By answering a few simple questions about your family and finances, you can determine the coverage that meets your needs. Visit LifeBenefits.com/Scout1

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life Insurance Company to the Wisconsin Public Employers Group Term Life Insurance Program. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. All elections or increases are subject to the actively-at-work requirement of the policy.

Insurance products are underwritten by Minnesota Life Insurance Company, a subsidiary of Securian Financial Group, Inc. Products are offered under policy form series 2832-L.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Minnesota Life Insurance Company is a subsidiary of Securian Financial Group, Inc.



INSURANCE
INVESTMENTS
RETIREMENT

lifebenefits.com

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Retirement Savings Plan –

Wisconsin Retirement System (WRS) - ETF

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 7.2% of WRS earnings.
Contribution Start Date	Immediately
Employer Match	Sauk County contributes 7.2% (14.70% for Protectives with Social Security) of your WRS earnings to your retirement plan, immediately. Annual contributions rates are determined by the 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.

Wisconsin Retirement System (WRS), Wisconsin Department of Employee Trust Funds (ETF)
For additional information, call 1.877.533.5020 or visit www.etf.wi.gov

Eligibility	Employees working 24 or more hours a week 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).
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Additional Contributions - ETF

Voluntary, after-tax, additional contributions to supplemental retirement benefits. These contributions can be used for creditable service purchases (forfeited/qualifying). Contributions to this fund are made directly to ETF.

For additional information or to set up additional contributions
ETF at 877-533-5020

Deferred Compensation Program – 457 Plan

A 457 **deferred compensation** plan allows you to save money directly from your paycheck for retirement and offers tax benefits and different investment options.

For additional information
Mission Square - 800.669.7400 or visit www.missionsq.org
Wisconsin Deferred Compensation (WDC) – 877.457.9327 or visit www.wdc457.org

Life comes with challenges.

Your Assistance Program is here to help.

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions

Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.

Legal Referrals

Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

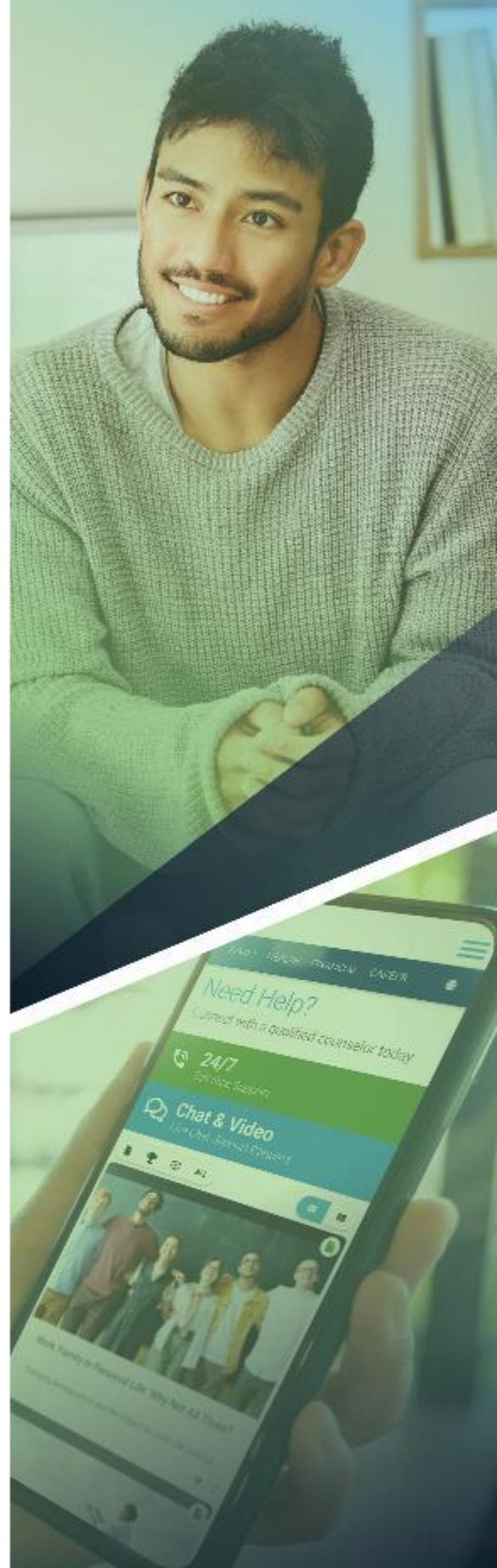
Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Medical Advocacy

Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

Member Portal

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.



Contact AllOne Health
Call: 800-638-3327
Visit: fei.mylifeexpert.com
Code: SaukEAP



EAP Services

Welcome to your **Employee Assistance Program (EAP)**. By accessing its information, resources and referrals, you can find the support you need to become your best—in all facets of life. Your member portal and app provide access to information and resources, including many expanded services, such as health and lifestyle assessments, soft skills courses and a discount marketplace. Services are free, confidential and available to you and your family members. When you use your EAP, everyone benefits. We have stronger employees, families, workplaces and communities. **We're here for you: 24/7/365.**

Here's a closer look at your benefits:

Short-Term Counseling

Up to 5 sessions per issue to help you:

- Alleviate emotional stress
- Enhance interpersonal relationships
- Tackle family/parenting challenges
- Deal with substance misuse
- Manage strong feelings
- Build on personal strengths
- Navigate life transitions
- Work through grief and loss

Life Coaching

Up to 5 sessions per year to help you:

- Define your goals and plan a strategy
- Achieve personal and professional goals
- Manage life transitions
- Improve stress and time management
- Overcome obstacles
- Strengthen relationships
- Improve communication
- Manage multiple projects and demands

Work-Life Benefit

Unlimited consultations and referrals for:

- Childcare
- Adoption
- Elder care
- Dependent care
- K-12 & higher education resources
- Medical Advocacy
- Personal Assistant

Legal Benefit

One session per issue:

- Bankruptcy, foreclosure
- Home sale/purchase or lease agreement
- Separation or divorce
- Adoption
- Child custody/child support
- Free simple will
- Traffic, civil or criminal matters
- Elder law
- Legal document review
- Simple dispute resolution

Financial Benefit

One consultation per issue:

- Manage expenses and debt
- Prepare a realistic budget
- Deal with tax-related questions
- Plan for retirement
- Identity theft solutions
- Invest in a college education
- Student loan coaching
- Home purchase education
- Credit report review

Contact AllOne Health
Call: 800-638-3327
Visit: fei.mylifeexpert.com
Code: SaukEAP



Holidays

Part-Time* and Full-Time employees in paid status are eligible for 11 paid holidays. Our holiday schedule includes the following for 2026:

Holiday	Observance Date
New Year's Day	January 1, 2026
Martin Luther King Jr. Day	January 19, 2026
Good Friday	April 3, 2026
Memorial Day	May 25, 2026
Independence Day	July 3, 2026
Labor Day	September 7, 2026
Thanksgiving Holidays	November 26-27, 2026
Christmas Holidays	December 24-25, 2026
New Year's Eve	December 31, 2026

NOTE: In some departments, due to shifts and/or bargaining agreements, there may be differences in the dates observed as holidays.

*Part-time employees shall receive prorated holiday pay.

Paid Time Off (PTO)

Employees may accrue up to 25 days of vacation. No additional vacation may be earned until the accrual drops below the 25-day maximum unless approved by the Finance, Personnel and Insurance Committee.

Length of Service	Employee shall accrue:
1+ month	1 day per month
2+ calendar years	1.25 days per month
5+ calendar years	1.5 days per month
10+ calendar years	1.75 days per month
13+ calendar years	2 days per month
18+ calendar years	2.25 days per month

REQUIRED FEDERAL NOTICES

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Mary Jane Camu, HR Benefits Specialist, 608-355- 3270.

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date of Notice: 1/1/2026

Who will follow this notice:

This notice describes the health information practices of Dean Health Plan, Delta Dental, and EBC (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your Medical, Dental, Vision, & FSA benefits.

Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Sauk County (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to project future benefit costs.

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act ("GINA") for underwriting purposes.

YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a "designated record set," for as long as the Plan maintains your medical information in the designated record set.

"Designated record set," means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

HIPAA NOTICE OF PRIVACY PRACTICES (continued)

To obtain a paper copy of this notice, contact the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355- 3270.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Mary Jane Camu, HR Benefits Specialist, 608-355-3270.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) ENROLLMENT 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. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call Mary Jane Camu, HR Benefits Specialist, at 608-355-3270.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sauk County 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. Sauk County has determined that the prescription drug coverage offered by the Sauk County 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 to 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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 Sauk County coverage will not be affected. Employees can continue their prescription drug coverage under Sauk County and an elected part D coverage will coordinate with the Sauk County coverage.

If you do decide to join a Medicare drug plan and drop your current Sauk County coverage, be aware that you and your dependents may be able to get this coverage back if you experience a qualifying event or at the next open enrollment period.

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 Sauk County and don't 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.

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 Sauk County changes. You also may request a copy of this notice at any time.)

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

MEDICARE PART D: CREDITABLE COVERAGE NOTICE (continued)

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).

Date: 10/13/2025

Name of Entity/Sender: Sauk County
Contact--Position/Office: Mary Jane Camu, HR Benefits Specialist
Address: 505 Broadway Street, Baraboo, WI 53913
Phone Number: 608-355-3270

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

MARKETPLACE COVERAGE NOTICE

GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you are eligible for depends on your household income.

DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"¹ standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit healthcare.gov for the annual affordability percentage or contact the employer identified on the following page of this notice.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MARKETPLACE COVERAGE NOTICE (continued)

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: Sauk County
Employer Identification Number (EIN): 39-600-5740
Employer Address: 505 Broadway Street, Baraboo, WI 53913
Employer Phone Number: 608-355-3270
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Mary Jane Camu

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>

KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>

MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>

TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p>Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/</p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137

OMB Control Number 1210-0137 (expires 1/31/2026)

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact

Mary Jane Camu, HR Benefits Specialist, 608-355-3270 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.