

# City of Oak Creek

2025

## Employee Benefit Guide



OAKCREEK  
— WISCONSIN —

A photograph of a diverse group of business professionals sitting around a conference table in a modern office setting. They are engaged in a meeting, with some looking at documents and others looking towards the camera. The scene is brightly lit, suggesting a large window or skylight in the background.

# Benefit Summary

It's Time To Talk  
About Your Benefits

City of Oak Creek  
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**If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 54 - 55 for more details.**

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. 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 issues. 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.

# City of Oak Creek

## Benefits Overview

The City of Oak Creek is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week. The complete benefits package is briefly summarized in this booklet. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

### How to Enroll

**October 28th - November 8th, 2024**

- Check your email on October 28th for Employee Navigator login and registration instructions.
- All benefit eligible employees are required to log into Employee Navigator and make an active election. ***Please be sure to login by 12:00 pm on November 8th and enroll to continue benefits in 2025. Failure to enroll in benefits by the deadline will result in loss of coverage effective January 1, 2025***
- If you have questions about your benefits and you'd like to speak with a Clarity Benefit Counselor, please click on the link below or scan the QR code to schedule a time.



<http://tiny.cc/cityofoakcreek>



The benefits you elect during open enrollment will be effective from January 1, 2025 through December 31, 2025.

### How to Make Changes

Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

If you have a qualified change in status, please contact Tara Murphy, HR Generalist.

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Voluntarily cancelling other coverage is not considered as a qualifying event. If you have a qualified change in status, please see Tara Murphy to obtain more information and required forms.

City of Oak Creek  
**Benefits Overview (Continued)**

**NEW THIS YEAR:** If you wish to participate in a 2025 Flexible Spending Account (FSA) you will make your elections via the Employee Navigator enrollment site. See page 21 for more information about the FSA option.

Open enrollment period for FSA runs from October 28 through November 8th. This is a shortened period from last year, so make sure to time your enrollments carefully.

**Waiving**

**Medical and/or Dental Coverage**

If you waive medical coverage, you will receive \$3,000 for family coverage or \$1,500 for single coverage which the City will pay into a deferred compensation account on behalf of the employee.

If you waive dental coverage, you will receive 35% of the premium cost which the City will pay into a deferred compensation account on behalf of the employee.





City of Oak Creek  
**Employee Navigator**

EMPLOYEE NAVIGATOR

# QUICK START INSTRUCTIONS

Enroll online in your **City of Oak Creek** employee benefits through Employee Navigator. Please contact

[tmurphy@oakcreekwi.gov](mailto:tmurphy@oakcreekwi.gov) or [tvanderboom@oakcreekwi.gov](mailto:tvanderboom@oakcreekwi.gov) with any questions.

## REGISTERING

- 1 Scan the QR code below or visit [www.employeenavigator.com](http://www.employeenavigator.com) and click on the **'Login'** button to get started. If you receive the "Invalid Login Request" error, then click continue and follow Step 2.



- 2 If this is your first time, click on the **'Register as a New User'** link.

If you **forgot your password**, you can request to reset it. A reset password email will be sent to your email address on file.

City of Oak Creek  
**Employee Navigator (Continued)**

**EMPLOYEE NAVIGATOR - QUICK START INSTRUCTIONS**

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier

PIN

Birth Date

**3** Your first and last **name must match your City of Oak Creek employee file**

The Company Identifier is **COOC**  
**Leave out the spaces** between the words.

PIN is the **last 4 digits of your SSN**.

Enter your Birth Date in **mm/dd/yyyy** format.

Click the **Next** button.

Create Your Account

Enter your desired username and password.

Username

Password

Confirm Password

Email Address

**4** Create a User Name & Password

**Password Specifications:**

- 8 to 12 characters in **length** (No spaces allowed)
- Include at least one **number**
- Include at least one **symbol**

**Save your password.** You may need it again to view your benefits or make changes. You can click the "eye" to the right of the password to see the password you typed.

**An email address is not required.**

## EMPLOYEE NAVIGATOR - QUICK START INSTRUCTIONS

### WELCOME

1

After you login click **"Start"** to complete any required tasks.



2

Click **"Get Started"** to begin your enrollment.

After clicking **"Get Started"** you'll need to complete some personal and dependent information before moving to your benefit elections.

#### **Required**

**Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number. Your dependent's information is mandatory to complete your enrollment.**

### Let's Begin Your Open Enrollment

You will:

1. Verify and enter some personal information for you and your dependents
2. Enter Social Security Numbers and dates of birth for eligible family members
3. Select your benefits

Elections will be finalized **only** after you sign and authorize them.

**Get Started**



## EMPLOYEE NAVIGATOR - QUICK START INSTRUCTIONS

### BENEFIT ELECTIONS

#### Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Gwen Reynolds (Child)

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **"Who am I enrolling?"**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **"Select Plan"** underneath plan cost.

The screenshot shows a benefit selection interface. At the top, it displays a cost of \$138.46 per pay period. Below this, there are 'Complete' and 'Cancel' buttons. A section titled 'How much will it cost?' contains a table with columns for Plan Cost, Employer Contribution, and My Cost. The Plan Cost is \$138.46, the Employer Contribution is \$88.00, and the My Cost is \$50.00. There is a 'View employer contribution summary' link. At the bottom right, there are 'Save & Continue' and 'Don't want this benefit?' buttons.

Click **"Save & Continue"** at the bottom of each screen to save your elections.

If you do not want a benefit, click **"Don't want this benefit?"** at the bottom of the screen and select a reason from the drop-down menu. **This selection will serve as your waiver form.**

### REVIEW & CONFIRM ELECTIONS

The screenshot shows the 'Enrollment Summary' page. It features a progress bar at the top right indicating 'Progress: 5 of 8'. A prominent yellow warning box states 'Enrollment Not Complete!'. Below this, there is a section for 'Enrolled Plans' which lists 'Medical' with a 'Details' link. At the bottom, it shows 'Key Core HSA PPO2017-4642435 Long Plan Name'. On the right side, there is a list of steps with checkmarks, where the '5 of 8' step is highlighted in yellow.

#### TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment.

You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



**Medical Plan: UMR - Group # 76414387**  
 800-826-9781  
 Website: [www.umar.com](http://www.umar.com)



**Prescription Drug Plan: CVS/Caremark**  
 (866) 818-6911  
 Website: [www.caremark.com](http://www.caremark.com)



**Pharmacy Advocacy Program: Tria Health**  
 888-799-8742  
 Website: [www.triahealth.com](http://www.triahealth.com)



**Teledoc**  
 (800) 835-2362  
 website: [www.teladoc.com](http://www.teladoc.com)



**Flexible Spending Account (FSA): Diversified Benefit Services**  
 (800) 234-1229  
 website: [www.dbsbenefits.com](http://www.dbsbenefits.com)



**Dental Plan: Delta Dental of Wisconsin - Group #92105**  
 (800) 236-3712  
 website: [www.deltadentalwi.com](http://www.deltadentalwi.com)



**Dental Plan: CarePlus Dental Plan - Group # 85219**  
 (414) 771-1711  
 website: [careplusdentalplans.com](http://careplusdentalplans.com)



**Vision Plan: Superior Vision Plan of Wisconsin, Inc.**  
 (800) 507-3800  
 website: [www.superiorvision.com](http://www.superiorvision.com)



**Life Insurance Plan: Wisconsin Department of Employee Trust Funds and Wisconsin Public Employers Group Life Insurance Program**  
 (877) 533-5020  
 website: [www.etf.wi.gov/members/benefits\\_life\\_ins.htm](http://www.etf.wi.gov/members/benefits_life_ins.htm)



**Employee Assistance Program (EAP): Ascension**  
 (800) 540-3758  
 website: [www.ascensionwieap.org](http://www.ascensionwieap.org)



**Voluntary Accident, Voluntary Critical Illness and Voluntary Hospital Indemnity: Voya**  
 (877) 236-756  
 website: [www.voya.com](http://www.voya.com)



**DEFERRED COMPENSATION REPRESENTATIVES**

Mission Square	Nationwide Retirement Solutions	WI Deferred Compensation Program
Kevin Linsmeier Retirement Plans Specialist (202) 759-7147 <a href="mailto:KLinsmeier@missionsq.org">KLinsmeier@missionsq.org</a>	Michael Hawes (414) 477-5299 <a href="mailto:HawesM1@nationwide.com">HawesM1@nationwide.com</a>	(877) 457-9327 <a href="http://wdc457.org">wdc457.org</a>

City of Oak Creek  
**Employee Benefit Contributions**

UMR - MEDICAL PLAN									
Non-Represented Employees					Represented Employees				
	Bi-Weekly*	Monthly				Bi-Weekly*	Monthly		
	Employee Cost	Employee Cost	Employer Cost	Total Cost		Employee Cost	Employee Cost	Employer Cost	Total Cost
Employee	\$ 50.13	\$ 108.62	\$ 977.59	\$1,086.21	Employee	\$ 45.01	\$ 97.51	\$ 877.61	\$ 975.12
Employee + 1	\$ 91.50	\$ 198.25	\$1,784.24	\$1,982.49	Employee + 1	\$ 82.10	\$ 177.88	\$1,600.95	\$1,778.83
Family	\$ 129.69	\$ 281.00	\$2,528.96	\$2,809.96	Family	\$ 116.35	\$ 252.08	\$2,268.76	\$2,520.84

\* Based on 26 pay periods per year

DENTAL PLANS - ALL EMPLOYEES							
Delta				Care Plus			
	Monthly				Monthly		
	Employee Cost	Employer Cost	Total Cost		Employee Cost	Employer Cost	Total Cost
Employee	\$ -	\$ 35.04	\$ 35.04	Employee	\$ -	\$ 33.84	\$ 33.84
Employee + Spouse	\$ -	\$ 68.94	\$ 68.94	Employee + Spouse	\$ -	\$ 66.61	\$ 66.61
Employee + Child(ren)	\$ -	\$ 68.94	\$ 68.94	Employee + Child(ren)	\$ -	\$ 66.61	\$ 66.61
Family	\$ -	\$ 114.06	\$ 114.06	Family	\$ -	\$ 110.17	\$ 110.17



# City of Oak Creek Online Resources



**Download the UMR app today!**

Simply scan the QR code or visit your app store to get started.

## UMR Mobile – Stay Connected to your Health Plan

Take your insurance with you everywhere you go. You can log into the UMR mobile site using your smart phone, or view the full UMR site on your iPad or other tablet device.

The UMR mobile site offers quick and easy access to your claim, benefit information, ID cards, find a provider, and free wellness resources. There is no app to download and no waiting. Just go to [umr.com](http://umr.com) on your mobile device to get started.

## UMR App – UMR on the go!

The UMR app has a smart fresh look, simple navigation, and faster access to your health care benefits information. View your plan details on demand - anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- Look up in-network health care providers
- Find out if there's a co-pay for your upcoming appointment
- View your recent medical and dental claims
- Chat, call or message UMR's member support team

## Teladoc

Teladoc gives you access to U.S. board-certified doctors through convenience of phone, video or mobile app visits 24/7/365. It's an affordable alternative to costly urgent care and ER visits when you need care now.

### MEET THE DOCTORS

Teladoc is simply a new way to access qualified doctors.

All Teladoc doctors:

- Are practicing PCPS, pediatricians and family medicine physicians
- Average 15 years experience
- Are U.S. board certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

### GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Sinus problems
- Ear infection
- Urinary tract infection
- Respiratory infection
- Skin problems
- And more!

### WHEN CAN TELADOC BE USED?

Teladoc does not replace your primary physician; it is convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip or away from home
- For short term prescription refills



Talk to a doctor anytime!

Teladoc.com  
1-800-TELADOC (835-2362)





## NexusACO™

We're here to help you feel good about your health care.



You can count on us to help make your health experience easier. We'll give you tools and support to help you save time, save money and find care when you need it.

### Preventive care is covered 100% in our network.\*

- Immunizations
- Preventive exams and health screenings

### Help is a call, email or web chat away.

- Have questions about your health care benefits?
- Need help resolving a claim?
- Have questions about a recent screening or test?
- Need to find a doctor or schedule an appointment when Plan Advisor is selected?

You can call or web chat with a registered nurse 24/7.

### Save on covered services when you use network providers.

- Doctors' office visits
- Emergency services
- Hospital care
- Lab services
- Pregnancy care services
- Outpatient care services
- Rehabilitative services and devices
- Wellness services
- Mental health and substance use disorder services and more

If you're wondering, this is not the complete list of covered services.

Make sure to choose a primary care physician (PCP) from the network.

**Choosing a Tier 1 PCP may offer you the greatest value for your health care benefits.**



### Manage your health and plan online

Access your benefits and get help anytime, anywhere with **umr.com**

\*Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost sharing to you. These services are based on your age, gender and other health factors. UMR also covers other routine services that may require a co-pay, co-insurance or deductible.

## Choosing your care provider

**Your plan requires you to choose a primary care physician.**

**Why?** Your PCP works with you as a single point of contact to help guide your care, saving you time and money for each covered family member.

These doctors provide preventive care, treat chronic conditions, manage your medications and connect you with a specialist, if needed.

Having one main doctor with in-depth knowledge of your health also helps you avoid duplicating tests or services.

## Understand your costs when getting care.

### Co-payment (or co-pay)

You'll usually pay a fixed amount of money for each covered doctor visit or prescription. You may pay a lower co-pay when you use Tier 1 providers.

### Deductible\*

This is the amount you will need to pay for covered services before your plan begins to pay.

### Co-insurance\*

After you've paid your deductible, you only pay a percentage of the cost for each covered service. You may pay a lower percentage when you use Tier 1 providers.

### Out-of-pocket limit

You'll never pay more than your out-of-pocket limit during the plan year for covered services. The out-of-pocket limit includes all of your co-payment, deductible and co-insurance payments.

Choose Tier 1 providers to help save on your care. For all of the **coverage details**, see your official health plan documents.

## Find insurance terms confusing?

Visit [justplainclear.com](https://www.justplainclear.com).

\* These costs don't apply for preventive care services that are received in the network. You may be required to receive approval for some services before they can be covered.



City of Oak Creek  
Selecting a Primary Care Physician

# Selecting a Primary Care Physician with your NexusACO plan

Your NexusACO™ plan requires you to choose a primary care physician (PCP). In addition to offering preventive services, PCPs help guide your care so you can avoid duplicate tests and services, helping save you time and money.

When you enroll you will be asked to select a PCP for each covered family member.

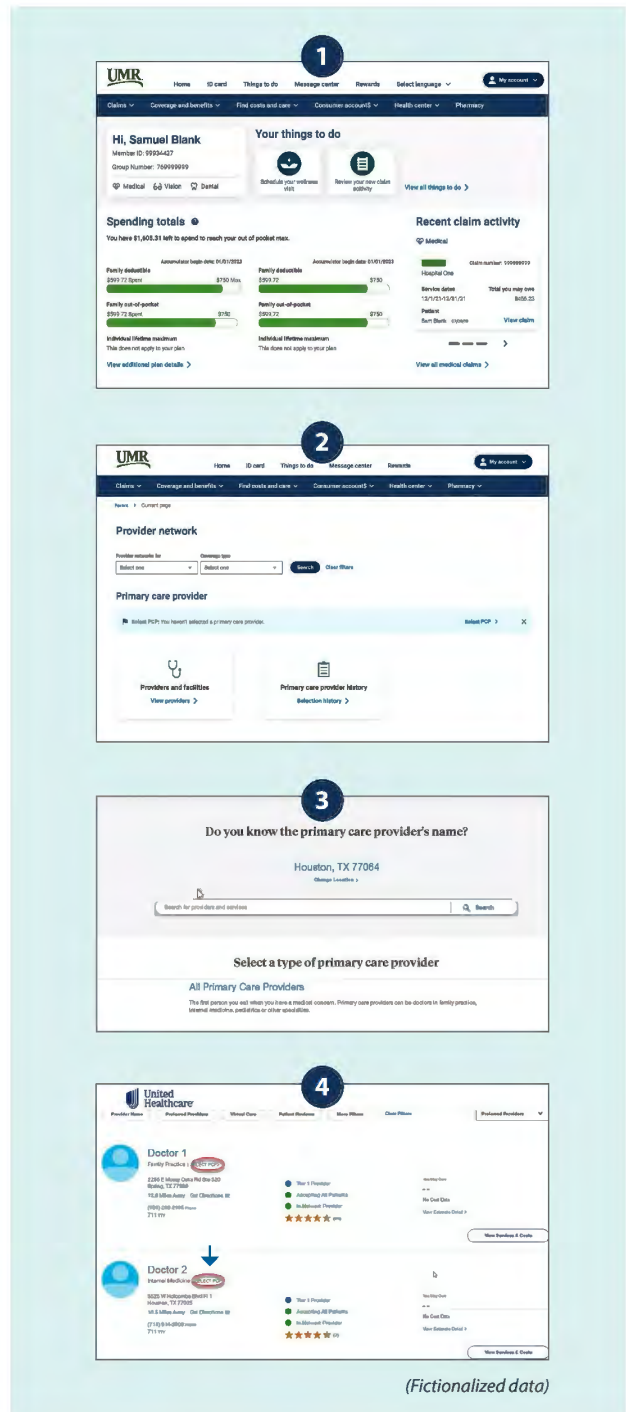
**1** Once signed in to your account on **umr.com**, a message will appear under **Things to do** indicating you need to select a PCP. Select **Find costs and care**.

**2** The next screen indicates the network your plan uses. Select the link labeled **Select PCP**.

**3** On this screen, you will search for a provider. Note there are three selections to make:

1. Your computer will attempt to identify your location (in this example, it's Houston, TX). Select **Change Location** to change, if appropriate.
2. Next, use the **Search** field to enter a provider's last name and first name, and then select **Search**.
3. Then select the type of provider you're searching for.

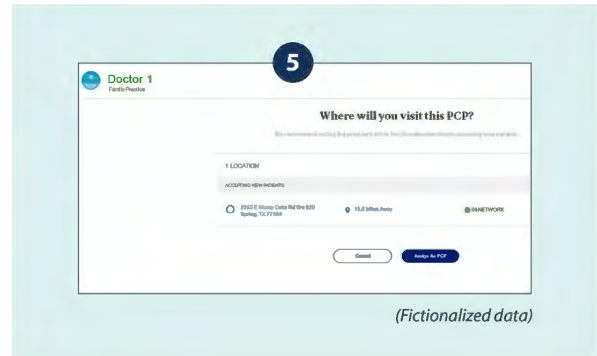
**4** Search results display similar to what is shown here. This search was done for all PCPs in the Houston, TX area. Your results will be different. Once you see the PCP you'd like to select, click the **SELECT PCP** hyperlink as shown in the red circles.






# City of Oak Creek Selecting a Primary Care Physician

- 5** You will then be asked where you will visit this PCP. If the PCP you selected practices at multiple locations, you may have to indicate your choice. Select the radio button to select the location. Note you are not locked in to visiting only this location.
- Then select the blue **Assign As PCP** button. You're all done! A new ID card will be generated and mailed to you soon.



-  **Call us with any questions**  
**NexusACO plans:** Call the toll-free number on your ID card.

## **TIER 1** Look for the Tier 1 network symbol

Where you go for care can make a difference in what you pay. Tier 1 providers are doctors, hospitals and other health care providers who may offer you the greatest value for your health care benefits. Look for the "blue dot" Tier 1 symbol when searching the network on [umr.com](http://umr.com).

**Important:** Choosing a Tier 1 PCP may offer you the greatest value for your health care benefits. If you have chosen a PCP who does not have the Tier 1 symbol, you may pay more.

Remember, you can't log onto [umr.com](http://umr.com) until you receive your insurance card. Once your card is received, you can go online and elect a primary care physician.

If you fail to elect a primary care physician within 60 days after enrollment, a primary care physician will be assigned to you. However, you can log on at any time and change your primary care physician.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card TTY 711, Monday through Friday, 8 a.m. to 8 p.m.  
ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.  
The UnitedHealth Premium\* designation program is intended as a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at [umr.com](http://umr.com). You should always visit [umr.com](http://umr.com) for the most current information. Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician. Please visit [umr.com](http://umr.com) for detailed program information and methodologies. Only individual physicians that meet UnitedHealth Premium designation criteria, or physicians in designated specialties who are part of medical groups that meet UnitedHealth Premium criteria for group practices and who have sufficient claims data for analysis, may be designated. All physicians that contract with UnitedHealthcare have met credentialing requirements. Regardless of designation, plan enrollees have access to physicians in the UnitedHealthcare network as described in their benefit plan. Specialties for which there are no quality guidelines currently established in the program are excluded from evaluation and are noted as such. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthCare Services, Inc. or their affiliates.

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City of Oak Creek

# Medical Benefits - Non-Represented Employees

**Administered by UMR**

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

NEXUSACO 3 TIER BP 011,012		
	In-Network	Out-of-Network
Deductible 1/1/25 to 12/31/25	<b>Tier 1 / Tier 2:</b> \$1,000 single / \$1,500 single +1 / \$2,000 family	<b>Tier 3:</b> \$2,000 single / \$3,000 single +1 / \$4,000 family
Out-of-Pocket Maximum	<b>Tier 1:</b> \$1,000 single / \$1,500 single +1 / \$2,000 family <b>Tier 2:</b> \$3,000 single / \$3,500 single +1 / \$4,000 family	<b>Tier 3:</b> \$6,000 single / \$7,000 single +1 / \$8,000 family
Coinsurance	<b>Tier 1:</b> 0% <b>Tier 2:</b> 30%	<b>Tier 3:</b> 50%
<b>Office Services</b>		
Primary Care Office Visit <b>PCP REQUIRED</b>	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Specialist Office Visit	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Preventive Care Services (screening, immunization)	0%	50% after deductible
Urgent Care Center Services	0% after deductible	50% after deductible
Virtual Care Services	0% after deductible	50% after deductible
Lab, X-Ray and Diagnostic (X-Ray, blood work)	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Major Diagnostic and Imaging (CT/PET scans, MRIs)	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
<b>Prescription Drugs—Available to Active Employees ONLY (Administrator: CVS/caremark <a href="http://www.caremark.com">www.caremark.com</a>)</b>		
Retail—Generic Drug (34-day supply)	\$10	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or co-payment amount.
Retail—Formulary Drug (34-day supply)	\$40	
Retail—Nonformulary Drug (34-day supply)	\$70	
Specialty	\$100	
Mail Order—Generic Drug (90-day supply)	\$20	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or co-payment amount.
Mail Order—Formulary Drug (90-day supply)	\$80	
Mail Order—Nonformulary Drug (90-day supply)	\$140	
Specialty	n/a	
<b>Prescription Drug Annual Out-of-Pocket Max</b>		
Single	\$1,000	\$1,000
Single +1	\$1,500	\$1,500
Family	\$2,000	\$2,000
<b>Prescription Drugs for Retirees under age 65 ONLY</b>		
Prescription Drugs	Deductible, then covered at 100%	Deductible, then covered at 100%

This is just a summary of coverages. Refer to your UMR SBC and COC for additional details.

# Medical Benefits - Non-Represented Employees

Administered by UMR

NEXUSACO 3 TIER BP 011,012		
	In-Network	Out-of-Network
<b>Hospital Services</b>		
Emergency Room Care	0% after deductible	0% after deductible
Inpatient Care	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Outpatient Surgery	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Ambulance Service	0% after deductible	0% after deductible
<b>Mental Health Care &amp; Substance Related and Addictive Disorder Services</b>		
Inpatient Services	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Outpatient Services	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
<b>Other Services</b>		
Physical, Speech, Occupational and Pulmonary Rehabilitation Services 25 visits	0% after deductible	50% after deductible
Skilled Nursing Care 60 days per calendar year	0% after deductible	50% after deductible



# City of Oak Creek

## Medical Benefits - Police & Fire Union

### Administered by UMR

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

NEXUSACO 3 TIER BP 009,010		
	In-Network	Out-of-Network
Deductible 1/1/25 to 12/31/25	<b>Tier 1 / Tier 2:</b> \$2,000 single / \$3,000 single +1 / \$4,000 family	<b>Tier 3:</b> \$4,000 single / \$5,000 single +1 / \$6,000 family
Out-of-Pocket Maximum	<b>Tier 1:</b> \$2,000 single / \$3,000 single +1 / \$4,000 family <b>Tier 2:</b> \$4,000 single / \$5,000 single +1 / \$6,000 family	<b>Tier 3:</b> \$8,000 single / \$9,000 single +1 / \$12,000 family
Coinsurance	<b>Tier 1:</b> 0% <b>Tier 2:</b> 30%	<b>Tier 3:</b> 50%
<b>Office Services</b>		
Primary Care Office Visit <b>PCP REQUIRED</b>	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Specialist Office Visit	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Preventive Care Services (screening, immunization)	0%	50% after deductible
Urgent Care Center Services	0% after deductible	50% after deductible
Virtual Care Services	0% after deductible	50% after deductible
Lab, X-Ray and Diagnostic (X-Ray, blood work)	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Major Diagnostic and Imaging (CT/PET scans, MRIs)	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
<b>Prescription Drugs—Available to Active Employees ONLY (Administrator: CVS/caremark <a href="http://www.caremark.com">www.caremark.com</a>)</b>		
Retail—Generic Drug (34-day supply)	\$10	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or co-payment amount.
Retail—Formulary Drug (34-day supply)	\$40	
Retail—Nonformulary Drug (34-day supply)	\$70	
Specialty	\$100	
Mail Order—Generic Drug (90-day supply)	\$20	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or co-payment amount.
Mail Order—Formulary Drug (90-day supply)	\$80	
Mail Order—Nonformulary Drug (90-day supply)	\$140	
Specialty	n/a	
<b>Prescription Drug Annual Out-of-Pocket Max</b>		
Single	\$1,000	\$1,000
Single +1	\$1,500	\$1,500
Family	\$2,000	\$2,000
<b>Prescription Drugs for Retirees under age 65 ONLY</b>		
Prescription Drugs	Deductible, then covered at 100%	Deductible, then covered at 100%

This is just a summary of coverages. Refer to your UMR SBC and COC for additional details.

City of Oak Creek  
**Medical Benefits - Police & Fire Union**

Administered by UMR

NEXUSACO 3 TIER BP 009,010		
	In-Network	Out-of-Network
<b>Hospital Services</b>		
Emergency Room Care	0% after deductible	0% after deductible
Inpatient Care	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Outpatient Surgery	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Ambulance Service	0% after deductible	0% after deductible
<b>Mental Health Care &amp; Substance Related and Addictive Disorder Services</b>		
Inpatient Services	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
Outpatient Services	<b>Tier 1:</b> 0% after deductible <b>Tier 2:</b> 30% after deductible	<b>Tier 3:</b> 50% after deductible
<b>Other Services</b>		
Physical, Speech, Occupational and Pulmonary Rehabilitation Services 25 visits	0% after deductible	50% after deductible
Skilled Nursing Care 60 days per calendar year	0% after deductible	50% after deductible

# City of Oak Creek CVS Caremark

Active Employees Only

Your health is important to us, which is why we believe managing your medications and prescriptions is important too. We want to do everything we can to help you manage it and save cost. We have contracted with CVS Caremark to offer the prescriptions you need, when you need them.

Generic drugs over Brand drugs will be your least expensive option. Be sure to ask your doctor to write your prescription for the generic. In some cases, when a generic is available, but you choose the Brand, you may be asked to cover the cost difference.

## Prescription Savings Guide

- Clear direction on how to take advantage of savings opportunities
- Available at [Caremark.com](https://www.caremark.com) or through the mobile app
- Personalized estimated savings opportunities
- Brand to Generic, Retail to Mail, Maintenance Choice



## Mail Order Prescriptions save you money

Mail Order Pharmacy can be used to save money on your monthly or maintenance prescriptions. Caremark operates mail service pharmacies across the U.S. to provide quick service to plan participants wherever you live. To ensure safety, the mail service pharmacies are staffed by registered pharmacists who will check to make sure your prescriptions are filled accurately.

**At CVS and Target pharmacies, you can get a 90 day supply for 2 copays!**

## Benefits:

- Manage your prescriptions and track orders 24/7 at [Caremark.com](https://www.caremark.com) or using the mobile app
- 90 day supply of your prescriptions delivered to your door
- Set automatic refills so you have the medicine you need, when you need it
- Those enrolled in the mail order plan receive 3 months of a monthly/maintenance prescription for the price of 2 months through [Caremark.com](https://www.caremark.com), CVS or Target.

## CVS Caremark App

The CVS Caremark App allows you to refill your prescriptions on the go. You can also track your orders, see your ID Card, and more. Search for “CVS Caremark App” in your App store today.

Watch this short Youtube video to learn more about the tools and resources available in managing your prescriptions through CVS Caremark.

<https://youtu.be/YhvRSgWiV2Y>





# PrudentRx Copay Program

City of Oak Creek

Active Employees Only

## Get Specialty Prescription Drug Medications at No Cost to You

If you're taking specialty medications for a chronic or complex condition (like multiple sclerosis, rheumatoid arthritis or cancer), you know how costly they can be – and that the cost continues to rise. Because we want to make sure you can get the medications you need at an affordable cost, we're pleased to offer a new program that reduces your out-of-pocket cost for specialty medications to \$0.

### Pay \$0 with The PrudentRx Copay Program

On January 1, 2025, you will have access to the PrudentRx Copay Program as part of your prescription benefit plan. To participate, all you need to do is enroll. You'll pay \$0 for any medication on the Specialty Drug List for as long as you're enrolled.

PrudentRx works with manufacturers to get copay card assistance for your medication<sup>1</sup>. Once you get started, they'll manage enrollment and renewals on your behalf. But even if there is no copay card program available for your medication, your cost will be \$0 for as long as you are enrolled in the program.

## Getting started is easy

If you take a specialty medication call PrudentRx at 800-578-4403, Monday through Friday, from 8 a.m. to 8 p.m. EST to enroll – it only takes about 10 minutes. **If they don't hear from you, a PrudentRx Advocate may give you a call.** If you don't currently take a specialty medication, but your doctor prescribes one, you can enroll at any time. Participation is voluntary, but you will pay more for your specialty medications if you choose not to enroll in the program<sup>2</sup>.

If you are taking a specialty medication, watch your mailbox for more information on The PrudentRx Copay Program. If you have any questions, you can call PrudentRx at the number above.



<sup>1</sup> Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any government payor plan. For specialty medications not deemed essential health benefits, amounts paid by you, a manufacturer or a plan sponsor will not apply to your out-of-pocket maximum while you are enrolled in the program. The out-of-pocket maximum is the total amount you must pay in a plan year for certain covered services called "essential health benefits." Once the specified out-of-pocket limit is reached, your health plan will pay 100% of the cost of these covered services. More information on the out-of-pocket limit is available in your plan benefit materials.

<sup>2</sup> Members who decline participation will incur a 30% cost share. The 30% cost share will not be applied to annual deductible or out of pocket maximum if the medication is listed as non-essential.

City of Oak Creek  
**Tria Health Rx Advocacy**



smarter. medication. management.

### Expert Pharmacist Advice is a Phone Call Away!

Tria Health is a free and confidential benefit available for employees and/or dependents on City of Oak Creek's health insurance.

Tria Health's pharmacists can help:

- Make sure your medications are working as intended.
- Help you save money - Tria saves patients an average \$250 per year!<sup>1</sup>
- Answer any questions you have about your health.
- Coordinate care with your doctor(s) - Over 95% of recommendations made by Tria Health were accepted by an individual's physician.<sup>1</sup>



### Who Should Participate?

Tria Health is recommended for members who have any of the following conditions:

- Asthma/COPD
- Heart Disease
- High Cholesterol
- Migraines
- Diabetes
- High Blood Pressure
- Mental Health
- Osteoporosis

### Savings for Your Health and Your Wallet!

#### Save Money on Your Medications

By participating, active members will receive:

- \$50 after your initial pharmacist consultation
- Free generics on qualifying medications
- Reduced costs on select brand medications

#### Free Diabetes Meter & Testing Supplies

Active participants with diabetes will have access to a FREE blood glucose meter and testing supplies.

You also have access to a digital dashboard to help you better understand your diabetes & share readings with your care team.

#### Tria's Help Desk is Ready to Assist You

The help desk is available for employees and/or dependents on the health insurance. Pharmacists are available on-call to help ensure your medications are safe, effective, and affordable.

Monday - Thursday | 8am - 9pm CST  
Friday | 8am - 7pm CST  
Saturday | 9am - 5pm CST



**Ready to Get Started?**

Call 913.322.8456 or Visit [www.triahealth.com](http://www.triahealth.com)



**OAKCREEK**  
— WISCONSIN —

<sup>1</sup>. Tria Health BOB & Patient Satisfaction Survey



City of Oak Creek  
**Flexible Spending Accounts**

Active Employees Only

Administered by Diversified Benefit Services [www.dbsbenefits.com](http://www.dbsbenefits.com)



The City of Oak Creek provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts.

You must enroll in the plan to participate for the plan year January 1, 2025 through December 31, 2025.

A health care FSA is used to reimburse out-of-pocket medical, dental and vision expenses incurred by you and your dependents.

The maximum that you can contribute to the **Health Care Flexible Spending account is \$3,300.**

A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

The maximum that you can contribute to the **Dependent Care Flexible Spending Account is \$5,000.**

If you do not use up the money in your 2025 Health Care Flexible Spending Account, you will be allowed to carry forward up to \$660 to use during the 2026 plan year!

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, social security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period.

You have a 60-day run out period, which means you have until February 28, 2026 to submit claims for expenses incurred during the current Plan Year (1/1/2025 – 12/31/2025).

If you wish to participate in a 2025 Flexible Spending Account (FSA) you will make your elections via the Employee Navigator enrollment site.

Open enrollment period for FSA runs from October 28 through November 8th, This is a shortened period from last year, so make sure to time your enrollments carefully.



You can find a full list of eligible expenses on the bottom of the page at [www.irs.gov](http://www.irs.gov).



# City of Oak Creek Dental Plans

Active Employees Only

Keep your teeth healthy and your smile bright with the City of Oak Creek dental benefit plan because good oral care enhances overall physical health, appearance and mental well-being.

**These plans are available to ACTIVE employees only. These plans are not available to Retirees.**

**The premium for these plans are paid 100% by the City of Oak Creek.**

Administered by Delta Dental of Wisconsin - [www.deltadentalwi.com](http://www.deltadentalwi.com)

Administered by CarePlus - [www.careplusdentalplans.com](http://www.careplusdentalplans.com)



Services	PPO	Premier Network
Annual Deductible Single Family	\$0 \$0	\$0 \$0
Annual Benefit Maximum	\$1,500	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	Covered at 100%	Covered at 100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	Covered at 80%	Covered at 80%
Major Dental Services (extractions, crowns, inlays, onlays, implants, bridges, dentures, repairs)	Covered at 50%	Covered at 50%
Orthodontia Services Coverage Coinsurance Deductible Applies Individual Lifetime Maximum Dependent eligible to age Adult Ortho	50% No \$1,500 26 Yes	50% No \$1,500 26 Yes

Services	Dental Associates
Annual Deductible Single Family	\$0 \$0
Annual Benefit Maximum	\$1,750
Diagnostic and Preventive Dental Services (oral exams, x-rays, cleanings, sealants, fluoride treatments, space maintainers)	Covered at 100%; do not apply towards annual maximum
Restorative Dental Services (amalgam, composite fillings)	Covered at 100%
Major Dental Services (crowns, dentures, relines and repairs, bridgework, scaling and root planning, gingivectomy, oral surgery)	Covered at 80%
Orthodontia Services Coverage Coinsurance Deductible Applies Individual Lifetime Maximum Tier 1 Dentist Tier 2 Dentist Eligible to age Adult Ortho	50% No \$2,000 \$1,750 26 Yes

Dependent Eligibility: Dependents are eligible through the end of the month in which they attain age 26.

**Orthodontia benefit maximum is separate from the annual benefit maximum.**

**Note:** Non-network dentists have not agreed to accept the PPO or Premier allowed amounts and can balance bill you.

Dependent Eligibility: Dependents are eligible through the end of the month in which they attain age 26.

Dental Associates' Network dentists will provide an electronic toothbrush following the member's first cleaning appointment.

You can visit [www.careplusdentalplans.com](http://www.careplusdentalplans.com) and click on the Network Dentists tab, then select the page for the dental center closest to you.



# City of Oak Creek Vision Plan

Active Employees Only



Administered by Superior Vision [www.superiorvision.com](http://www.superiorvision.com)



Regular eye examinations can determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

This Plan is available to **NON-POLICE** employees only. This plan is not available for Retirees. This plan cannot be dropped mid-year. The employee pays the full cost of the monthly premium.

Monthly Employee Premium Cost		Service	In-Network	Out-of-Network	Benefit Availability
		Deductible Information	\$10 Exam Deductible and \$10 Materials Deductible applies to first service per person per year		
Employee	\$ 7.85	Vision Exams	Deductible, then covered at 100%	Up to \$35 retail value	Once every 12 months
Employee + Spouse	\$ 15.70	Single Vision Lenses	Deductible, then covered at 100%	Up to \$25 Retail Value	Once every 12 months
		Lined Bifocal Lenses		Up to \$40 Retail Value	
Employee + Child(ren)	\$ 15.70	Lined Trifocal Lenses		\$150 Allowance	
Family	\$ 20.80	Frames		Up to \$45 Retail Value	
		Contact Lenses	\$175 Allowance	Up to \$150 Retail Value	Once every 12 months

This Plan is available to **POLICE** employees only\*. This plan is not available for Retirees. This plan cannot be dropped mid-year. See Labor Agreement for employee contribution details.

Monthly Employee Premium Cost		Service	In-Network	Out-of-Network	Benefit Availability
		Deductible Information	\$0 Exam Deductible and \$0 Materials Deductible applies to first service per person per year		
Employee	\$ -	Vision Exams	Covered at 100%	Up to \$35 retail value	Once every 12 months
Employee + Spouse	\$ -	Single Vision Lenses	Covered at 100%	Up to \$25 Retail Value	Once every 12 months
		Lined Bifocal Lenses		Up to \$40 Retail Value	
Employee + Child(ren)	\$ -	Lined Trifocal Lenses		\$100 Allowance	
Family	\$ 4.97	Frames		Up to \$100 Retail Value	Once every 12 months
		Contact Lenses	\$125 Allowance	Up to \$100 Retail Value	Once every 12 months

\*Police non-represented employees vision plan is covered at 100%

# City of Oak Creek Life Insurance

## Insured by Wisconsin Department of Employee Trust Funds and Wisconsin Public Employers Group Life Insurance Program

This plan is available to all Wisconsin Retirement System (WRS) participants.

All employees should consider completing a beneficiary form if they have not already done so or need to make changes to a previously completed form.

**No change in premiums unless you are moving to a higher age and/or wage band.**

New Lifestyle Benefits services offered by Securian Financial for local employees. Services include legacy planning resources, legal, financial and grief resources, travel assistance, and beneficiary financial counseling.

Coverage Options	Plan Summary
Basic Plan	Provides coverage equal to your earnings for the previous year, rounded up to the next thousand. <b>Basic Plan is covered 100% by the City.</b>
Supplemental Plans	Provides coverage equal to your earnings for the previous year, rounded up to the next thousand.
Additional Plan	Provides up to three units of coverage. Each unit of coverage equals your earnings for the previous year, rounded to the next thousand.
Spouse and Dependent Plans	Provides coverage for your spouse and all dependent(s). If you elect one unit of coverage, your spouse will have \$10,000 in coverage and each dependent (regardless of the number) will have \$5,000 in coverage. If you elect two units, your spouse will have \$20,000 in coverage and each dependent will have \$10,000 in coverage.



Local Government Employee	
Monthly Rates Per \$1,000	
Basic, Supplemental and Additional	
Age	July 1, 2025 - June 30, 2026
Under 30	\$.05
30-34	\$.06
35-39	\$.07
40-44	\$.08
45-49	\$.12
50-54	\$.22
55-59	\$.39
60-64	\$.49
65-69*	\$.57
70 and older	**

Each Unit of Spouse and Dependent Insurance is \$1.60 per month.

Premiums for age 65-69 are required as long as employment continues.

\*\*Active employees aged 70 and older should request additional information from Human Resources.

City of Oak Creek  
**Long Term Disability**



**Optional Buy Up Coverage**

Insured by National Insurance Services

In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income.

Currently, your core plan, which is provided by and paid for by the City, covers 75% of your annual salary to a maximum covered salary of \$27,000. This means that any salary above \$27,000 is not covered.

You have a unique opportunity to increase your Long-Term Disability coverage beyond what the City provides.

This is where the Optional Buy-Up can be a valuable and economical means to safeguard your income in the event of a disability.

The Optional Buy-Up allows you to cover the portion of your salary that exceeds \$27,000 per year, to a maximum of \$125,000 per year. Premiums for the Optional Buy-Up are paid through payroll deduction. Evidence of Insurability is required if you did not enroll when initially offered.

If you enroll for the Optional Buy-Up, your full salary (to a maximum of \$125,000) will be covered at 75%. Please see the following example.

John Doe is an employee of the City of Oak Creek. His annual salary is \$40,000. The following illustrates the benefits payable if he is disabled:

Note : All benefits are reduced by amounts that may be paid by other disability plans, including Social Security and the State Retirement System.

Core Plan Only	Core Plan PLUS Buy Up
\$27,000 of John's \$40,000 salary is covered. Therefore, the monthly amount he is due under the Plan is \$27,000 times .75 (the benefit %) divided by twelve.	John's full \$40,000 salary is covered. Therefore, the monthly benefit is:
$\$27,000 \times .75 \div 12 = \$1,688/\text{month}$	$\$40,000 \times .75 \div 12 = \$2,500/\text{month}$
Compared to John's actual salary of \$3,333/month, the Plan would be replacing 45% of the income lost due to disability	Notice that this replaces the full 75% of salary, and provides \$812 more benefits per month than the Core Plan alone.



# City of Oak Creek Employee Assistance Program

This plan is available to ALL employees.

Provided by Ascension/Ministry Health

The Employee Assistance Program offers you and your immediate family the opportunity to talk with a professional consultant to help you evaluate, understand and develop a plan of action to resolve problems. It is a service offered by your employer, who recognizes that employees are one of their most important assets and that sometimes they run into difficulties that are too big or complex to manage on their own.

The services provided by Ascension/Ministry Health are confidential and free of charge to you and your immediate family. This service is available to you regardless of what health insurance you may carry. Your employer will not be notified that you used this service. You may call us to ask questions even if you are not ready to use the service.

Your problem does not need to be job-related. Below are some of the most common concerns that people bring to the EAP:

- Stress, depression or anxiety
- Marital or relationship difficulties
- Behavior or attitude problems of children
- Problems with alcohol or other drugs
- Anger management or family violence
- Concerns about relationships with aging parents
- Financial pressures
- Coping with difficult co-workers
- Other work issues



## How does the EAP help?

At your initial consultation we can assist you with any serious, immediate crisis, and then help you to develop an “Action Plan” of what to do next. At times, one or two sessions may be all you need. If additional help beyond three visits is needed, the consultant will offer appropriate referral information and resources to you. At that point, he or she will discuss with you how to use your insurance benefits or make other arrangements for payment. Of course, it’s always your choice whether to follow up with the referral suggestions. The discussion with the consultant and any referrals for further services are always completely confidential.

## Will using the EAP Affect My Career or Job Status?

Absolutely NOT! Your employer offers this service because they understand that we all have problems at some point in our lives. The Center for Employee Assistance provides a team of professionals that you can turn to for free confidential assessment and referral.

## What if my problem has already affected my work performance?

If you feel that your problem has had a negative effect on your work performance, you may consider notifying your supervisor that you are seeking services from the Center for Employee Assistance. Remember, using the services will not affect your job, but it will not make you exempt from any standard disciplinary procedures. Call us before the problem gets out of hand because every day you wait is a day lost forever.

To arrange a confidential appointment, call (800) 540-3758.  
For more information, visit [ascensionwieap.org](http://ascensionwieap.org).



City of Oak Creek  
**Retirement Plans**

**457 Deferred Compensation Plans**



**Administrators:** Mission Square  
 Nationwide Retirement Solutions  
 Wisconsin Deferred Compensation Program



**This plan is available to ALL employees**

Saving through your retirement plan is a smart way to invest money for your future. Your retirement plan allows you to accumulate wealth for retirement by having tax-deferred money deducted from your paycheck

**Roth options are now available. Contact the provider for more information.**

Question	Answer
<p><b>How Much Can I Contribute Pre-Tax in 2025?</b></p>	<p>\$23,000 or 100% of your gross compensation, whichever is less.</p>
	<p>Or, if you will be age 50 or older, you may contribute up to an additional \$7,500, for a total of \$30,500.</p>
	<p>Employees taking advantage of the special pre-retirement catch-up may be eligible to contribute up to double the normal limit, for a total of \$46,000.</p>
<p><b>Can I Transfer Assets from Other Retirement Plans to my 457 Plan?</b></p>	<p>Yes, and consolidating may enable you to simplify and better manage your investments! Your account representative can help evaluate whether it makes sense.</p>
<p><b>When Can I Withdraw Money From the Plan?</b></p>	<p>When you separate from service with your employer. However, you are not required to begin withdrawing until after age 70 1/2, allowing tax deferral until you need the money in retirement!</p> <p>Also: 457 plan withdrawals are not subject to penalty taxes, regardless of age. While employed, funds may only be withdrawn due to an emergency.</p>

# City of Oak Creek Voluntary Accident

Group Name: City of Oak Creek  
Group Number: 746380

## Accident Insurance

### Help minimize the financial impact that can come with an accidental injury



### What is it?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. Accident Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

### Who can be covered?

You have the option to enroll yourself as well as your spouse and children in Accident Insurance coverage to meet your needs.

\*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider.

\*\*The definition of "child" may vary by state. Please contact your employer for more information.

### Why should I consider it?



Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



Your coverage can go with you if you leave your employer or retire, and you'll be billed directly.



### Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if they complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$75 for employees, \$75 for spouses, 100% of your benefit amount per child.

### How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Bi-Weekly Rates	
Employee	Employee and Spouse
\$4.21	\$8.42
Employee and Children	Family
\$9.05	\$13.26

# City of Oak Creek Voluntary Accident

## What kinds of injuries and treatments does it cover?

Your Accident Insurance coverage is always guaranteed issue, and it provides a benefit payment after a covered accident outside of work that results in specific injuries and treatments. The following list presents a sample of the benefits provided by Accident Insurance. State variations may apply. For a complete description of your available benefits, see your certificate of insurance and any riders.

### Accident hospital care which includes:

	Benefit Amount
Hospital admission	\$1,000
Hospital Confinement (per day, up to 365 days)	\$200
Blood, plasma, platelets	\$600
General Anesthesia	\$200
Critical Care unit confinement (per day, up to 30 days)	\$400

### Accident care which includes:

	Benefit Amount
Initial Doctor Visit	\$100
Emergency Room Treatment	\$300
Ground Ambulance	\$500
X-ray	\$75
Mental Health Therapy (per treatment up to 10)	\$50

### Common injuries which include:

	Benefit Amount
Burns (2nd degree, at least 36% of body)	\$1,250
Emergency Dental Work (Extraction)	\$90
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$225
Laceration <sup>1</sup> (sutures over 6")	\$480
Concussion	\$300

### Dislocations which include:

Complete <sup>2</sup> /Complete Requiring Surgical Repair <sup>3</sup>	Benefit Amount
Shoulder	\$1,600/\$3,200
Elbow	\$1,100/\$2,200
Knee	\$2,400/\$4,800
Hip Joint	\$3,850/\$7,700
Wrist	\$1,100/\$2,200

### Fractures which include:

Non-Surgical Repair <sup>4</sup> /Surgical Repair <sup>5</sup>	Benefit Amount
Collarbone	\$1,440/\$2,880
Ankle	\$1,800/\$3,600
Forearm, hand, wrist except fingers	\$1,800/\$3,600
Hip	\$3,000/\$6,000
Rib or ribs	\$400/\$800

<sup>1</sup> Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

<sup>2</sup> Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>3</sup> Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>4</sup> Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

<sup>5</sup> Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.



# City of Oak Creek

## Voluntary Accident

### What else is included?

The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

**Sports Accident Benefit** increases the benefit amounts listed in the accident hospital care, accident care or common injuries sections by the percentage indicated in the Certificate of Coverage (and up to a maximum additional benefit amount) if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage).

#### Accidental Death and Dismemberment (AD&D)

If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.

### Additional Non-Insurance Services

**Voya Travel Assistance** offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

### Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Your Benefits are not payable for any loss caused in whole or directly by any of the following\*:

- Any Sickness of declining process caused by Sickness.
- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded. Performing these acts as part of your employment with the employer is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.



# City of Oak Creek Voluntary Accident

## Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-756

Visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

<https://presents.voya.com/EBRC/OakCreek>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, Wellness Benefit Rider Form #RL-ACC3-WELL2-23, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

### Accident 2.3 only

For the employees of City of Oak Creek

Acct # 001, Date Prepared: 07/24/2024

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# City of Oak Creek Voluntary Critical Illness

Group Name: City of Oak Creek  
Group Number: 746380

## Critical Illness Insurance

### Help minimize the financial stress that may follow the diagnosis of a serious illness



#### What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

#### What conditions does it cover?

Unless noted, your payment will be at 100% of your benefit amount.



- Heart attack\*
- Cancer
- Stroke
- Sudden cardiac arrest
- Major organ transplant\*\*
- Coronary artery bypass (25%)
- Carcinoma in situ (25%)
- Type 1 Diabetes
- Transient ischemic attacks (10%)
- Ruptured or dissecting aneurysm (10%)
- Severe burns
- Pacemaker placement (10%)
- Benign brain tumor
- Skin cancer (10%)
- Bone marrow and stem cell transplant (25%)
- Permanent paralysis
- Loss of sight, speech or hearing
- Coma
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's Disease
- Advanced Dementia
- Muscular dystrophy
- Infectious disease (hospitalization requirement) (25%)\*\*\*



#### Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if you complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$75 for employees, \$75 for spouses, 100% of your benefit amount per child, per policy calendar year.

For a list of standard exclusions and limitations, please refer to the limitations and exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

#### Covered conditions for your insured children:

Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis, Down Syndrome, Gaucher Disease - Type II or III, Infantile Tay Sachs, Niemann-Pick Disease, Pompe Disease, Type IV Glycogen Storage Disease

#### Why should I consider it?

- Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.
- Coverage is always guaranteed issue.
- Your coverage goes with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing by the insurance company.

\* A sudden cardiac arrest is not in itself considered a heart attack.

\*\* Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

\*\*\* Diagnosis of a severe infectious disease by a Doctor, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital or a transitional facility for 5 or more consecutive days.

# City of Oak Creek Voluntary Critical Illness

## Who can be covered?

You have the option to enroll in coverage in the amount(s) below.

<b>You</b>	Choice of \$10,000, \$20,000 or \$30,000
<b>Your spouse*</b>	50% of Employee Amount
<b>Your children**</b>	25% of Employee Amount

\* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This includes a domestic partner as defined by the group policy. Please contact your employer for more information.

\*\* Children birth to age 26 and as defined by your employer's plan. Coverage is available only if employee coverage is elected.

## How many times can I receive this benefit?

You may receive a benefit payment for each different diagnosis of a covered condition shown on your Schedule of Benefits. (A definition of "different diagnosis" is provided in the certificate of coverage).

There is no total maximum benefit amount or limit to the number of payments you may receive for each covered condition under your plan, except for skin cancer.

For skin cancer, the benefit is payable up to 1 time per calendar year with a total benefit amount of 10 times the benefit amount you're enrolled in. Once the maximum for skin cancer has been reached, no further benefits are payable.

## How much does it cost?

The table below shows how much you'll pay for Critical Illness Insurance. The premium is deducted directly from your paycheck. Your rates will depend on your age and how much coverage you select. If your rates are "attained age" that means that the rates will go up based on your age each policy year.

Employee Coverage Bi-Weekly Rates Child Rate Embedded Includes Wellness Benefit Rider			
Select one	\$10,000	\$20,000	\$30,000
Under 25	\$2.17	\$4.34	\$6.51
25-29	\$2.54	\$5.08	\$7.62
30-34	\$3.00	\$6.00	\$9.00
35-39	\$3.60	\$7.20	\$10.80
40-44	\$5.03	\$10.06	\$15.09
45-49	\$6.32	\$12.65	\$18.97
50-54	\$8.22	\$16.43	\$24.65
55-59	\$10.06	\$20.12	\$30.18
60-64	\$11.86	\$23.72	\$35.58
65-69	\$15.14	\$30.28	\$45.42
70+	\$18.37	\$36.74	\$55.11

Spouse Coverage Bi-Weekly Rates Includes Wellness Benefit Rider			
Select one	\$5,000	\$10,000	\$15,000
Under 25	\$1.08	\$2.17	\$3.25
25-29	\$1.27	\$2.54	\$3.81
30-34	\$1.50	\$3.00	\$4.50
35-39	\$1.80	\$3.60	\$5.40
40-44	\$2.52	\$5.03	\$7.55
45-49	\$3.16	\$6.32	\$9.48
50-54	\$4.11	\$8.22	\$12.32
55-59	\$5.03	\$10.06	\$15.09
60-64	\$5.93	\$11.86	\$17.79
65-69	\$7.57	\$15.14	\$22.71
70+	\$9.18	\$18.37	\$27.55

## What else is included?

**Portability** If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.



# City of Oak Creek Voluntary Critical Illness

## Exclusions and limitations

Exclusions and Limitations for the Certificate, Spouse Critical Illness Insurance Rider and Children's Critical Illness Insurance Rider are listed below (these may vary by state.) Benefits are not payable or are reduced for any loss based on the following provisions. Exclusions and limitations vary by state and by your employer's plan. Please review your certificate of coverage for details.

This offer is contingent upon participation requirements being met.

### Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

**Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.**

<https://presents.voya.com/EBRC/OakCreek>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT2-20; Spouse Rider form #RL-CI4-SPR2-20; Children's Rider form #RL-CI4-CHR2-20; Continuation Rider form #RL-CI4-CNT2-20; Absence from Employment Premium Waiver Rider form #RL-CI4-AEPW-20; Wellness Benefit Rider form #RL-CI4-WELL2-20; Waiver of Premium Rider form #RL-CI4-WOP-16; Infectious Condition Additional Benefit Rider form #RL-CI4-ICBR-22; Specified Condition Benefit Rider form #RL-C14-SCR-23; Benefit Enhancement Rider form #RL-C14-BER-23; and Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

#### CI 2.1 Only

#### For the employees of City of Oak Creek

Date Prepared: 07/29/2024

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City of Oak Creek  
**Voluntary Hospital Indemnity**

**IMPORTANT: This is a fixed indemnity policy,  
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

# City of Oak Creek Voluntary Hospital Indemnity

Group Name: City of Oak Creek  
Group Number: 746380

## Hospital Indemnity Insurance

**Help minimize the financial impact that can come with a stay in a hospital or medical facility**



### What is it?

Hospital Indemnity Insurance pays a fixed daily benefit if you have a covered stay in a hospital, critical care unit\* or rehabilitation facility. Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

### Who can be covered?

You have the option to enroll yourself as well as your spouse\* and children\*\* in Hospital Indemnity Insurance coverage to meet your needs.

\* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy.

\*\* The definition of "child" may vary by state. Please contact your employer for more information.

### Why should I consider it?



Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



Your coverage goes with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.



**OAKCREEK**  
— WISCONSIN —



### Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if you complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$75 for employees, \$75 for spouses, 100% of your benefit amount per child.

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

### How much does it cost?

This table shows how much you'll pay for Hospital Indemnity Insurance. The premium is deducted from your paycheck.

Coverage Type	Daily Benefit	Bi-Weekly Rates (26 Pay period)
Employee	\$100	\$6.64
Employee + Spouse	\$100	\$14.61
Employee + Children	\$100	\$13.28
Employee + Family	\$100	\$21.25

City of Oak Creek  
**Voluntary Hospital Indemnity**

**What does it cover?**

Your Hospital Indemnity Insurance coverage provides a benefit payable upon a stay in a covered medical facility or other covered loss. The following is a summary of the benefits provided by this insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. The coverage amounts are listed below.

Only one type of facility confinement or admission benefit is payable per day. Any combination of confinement and admission benefits payable will not exceed a total of 77 days during a period of confinement.

**First day of confinement (Admission Benefit)**

Type of admission	Admission Benefit amount
Hospital admission	\$1000
Critical Care Unit (CCU) admission	\$2000

This benefit is payable once per confinement, up to 1 admission(s) per year.

**Starting day two (Daily Confinement Benefit)**

Type of facility	Daily benefit amount is \$100
Hospital confinement, up to 30 days per confinement	1 x the daily benefit amount
CCU confinement, up to 15 days per confinement	2 x the daily benefit amount
Rehabilitation facility confinement, up to 30 days per confinement	½ of the daily benefit amount
<b>Observation Unit</b>	
At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.	\$100

**If you add a child to your family**

If child coverage is effective before your child is born OR child coverage is elected within 31 days of the birth:	If child coverage IS NOT effective before your child is born:
All covered children, sick or healthy, will receive either the same as or a percentage of the employee's coverage. Newborn confinement begins on the date of the baby's birth to the discharge date. Confinement begins on day 2 if an admission benefit applies.	<b>Welcome Newborn benefit</b> \$150 one-time benefit payable upon birth of child. No admission benefit is payable.



# City of Oak Creek

## Voluntary Hospital Indemnity

### Exclusions and limitations

The standard exclusions and limitations are listed below. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders. (These may vary by state and/or your employer's plan.)

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- War or any act of war, whether declared or undeclared, undeclared (excluding acts of terrorism).
- Loss that occurs while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Cosmetic surgery, except when required for appropriate care as determined by a doctor as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting, or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Work for pay, profit, or gain.

The definition of "hospital" does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a freestanding surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged; or care or treatment for persons suffering from mental diseases or disorders or drug or alcohol addiction. "Critical care unit" and "rehabilitation facility" are also defined in the certificate.

\*See the certificate and any riders for a complete description of benefits, exclusions, and limitations.



### Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

**Visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.**

<https://presents.voya.com/EBRC/OakCreek>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-HI2-POL-18; Certificate form RL-HI2-CERT2-24; Spouse Hospital Confinement Indemnity Rider form RL-HI2-SPR2-24; Children's Hospital Confinement Indemnity Rider form RL-HI2-CHR2-24; Wellness Benefit Rider form RL-HI2-WELL2-24; Diagnostic Test Benefit Rider form RL-HI2-DGR2-24; Accident Benefit Rider form RL-HI2-ACD2-24; Critical Illness Rider form RL-HI2-CIR2-24; Waiver of Premium Rider form RL-HI2-WOP2-24. Continuation of Insurance Rider form: RL-HI2-CNT2-24; Absence from Employment Premium Waiver form: RL-HI2-AEPW-24. Form numbers, provisions and availability may vary by state and by your employer's plan.

#### HI 2.1 only

For the employees of City of Oak Creek

Group #746380, Date Prepared: 07/29/2024

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# City of Oak Creek How to File a Claim

## Are you ready to file a claim?

Submitting a claim is as easy as 1, 2, 3



Voya Employee Benefits offers an easy, formless claim submission process for Accident Insurance, Hospital Indemnity Insurance, and Critical Illness Insurance. If you are enrolled in Accident Insurance, Hospital Indemnity Insurance, and/or Critical Illness Insurance, this means you can complete and submit your entire claim online without having to print any forms.

### Making the claim submission process as easy as possible



Submit claim



Claim confirmed



Check status



#### Submit claim

1. Visit the Voya Online Claims Center at [voya.com/claims](https://voya.com/claims). Click on "Get Started" under "Start a Claim". **You will need to enter your group name and policy number.**
2. After answering a few questions, you will be asked to upload supporting documentation for your claim.
3. Electronically sign and submit your claim. You will immediately receive an email with a **confirmation number** letting you know the claim submission was successful.



#### Claim confirmed

Once the claim is set up, you will receive a second email within 1-2 business days with your **claim number**.



#### Check status

By entering your **claim number**, you can then check the status of your claim with accessible, real-time monitoring by visiting the Online Claims Center at [voya.com/claims](https://voya.com/claims).

#### Group policy name:

City of Oak Creek

#### Group policy number:

746380

The online claim submission process usually takes about 15 minutes. If your claim is approved, you should receive your paid benefit within 10 business days of the approval.

Visit the Online Claims Center to file your claim today

This communication does not confirm eligibility for a benefit. Filing a claim may require any necessary medical records or proof of claim as determined during the review process. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. Insurance is issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Form numbers, provisions and availability may vary by state and employer's plan.

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City of Oak Creek, Group #746380, Account #001, Date Prepared 07/29/2024  
213288-07152021

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FINANCIAL



# City of Oak Creek Travel Assistance

## Security when you travel

Voya Travel Assistance



### We live in a highly connected world where frequent domestic and international travel is the norm

Voya Travel Assistance offers you enhanced security for your leisure and business trips when traveling 100 miles or more from your primary residency or in another country, for trips 180 days or less. You and your dependents will have access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year – from anywhere in the world. Voya Travel Assistance services are provided by International Medical Group, Inc. (IMG), Indianapolis, IN.

Group name: City of Oak Creek  
Group number: 746380



#### Emergency Medical Transport Services

- Dispatch of a Physician
- Emergency Medical Evacuation
- Medical Repatriation
- Return of Dependent Children
- Return of Travel Companion
- Vehicle Return Services
- Visit of a Family Member or Friend
- Repatriation of Remains



#### Medical Assistance Services

- Convalescence Arrangements
- Outpatient & Inpatient Care
- Interpretation Services
- Medical Monitoring
- Medical & Dental Referrals
- Prescription Transfer & Shipping
- Replacement of Medical Devices



#### Travel Assistance Services

- Emergency Cash Transfer
- Consulate and Embassy Location
- ID Theft Assistance
- Legal Referrals
- Lost Luggage and/or Document Assistance
- Pet Housing and Return
- Pre-Trip Informational Services
- Urgent Message Relay



#### Security Assistance Services

- Emergency Political Evacuation/ Repatriation
- Location Intelligence App
- Natural Disaster Evacuation

This document is for informational purposes only and describes IMG's general capabilities and a broad overview of the services it offers. The actual services and payments that IMG arranges or provides for you will be determined by your services contract.

ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies

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# City of Oak Creek Travel Assistance

## If you need emergency or pre-trip services...

...use the contact information on the reverse and identify yourself as an eligible participant in the Voya Travel Assistance program. You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, Voya Travel Assistance will arrange and provide the emergency transportation services previously described. Please note: Services are only eligible for payment through Voya Travel Assistance if Voya Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of those costs if initially paid by Voya Travel Assistance; Voya Travel Assistance will ask for your credit card and debit your account for the required amount.



## Voya Travel Assistance

Contact Voya Travel Assistance 24 hours a day, 365 days a year for: Emergency Medical Transport, Medical Assistance, Travel Assistance, and Security Assistance Services.

**From anywhere in the world:** +1 (317) 659-5841

**Email:** [assist@imglobal.com](mailto:assist@imglobal.com)

**Visit Online and Register:** [imglobal.com/member](http://imglobal.com/member)

- Select "Create an account"
- Enter referral code: **VOYATRAVEL**
- Click "continue" to enter your personal information, email address, and create your password.

## Access Voya Travel Assistance on the go

Be supported on the go with Voya Travel Assistance by downloading the IMG mobile app from the Apple App Store and Android Google Play Store.



## How it works

At any time before or during a trip, you may contact Voya Travel Assistance for assistance services. It is recommended that you keep a copy of this summary with your travel documents. Use the wallet card to have convenient access to the numbers that you need.

## Exclusions and limitations

Travelers are eligible when traveling 100 miles or more from their primary residence or in another country, for trips 180 days or less. Voya Travel Assistance shall not be responsible for any claim, damage, loss, costs, liability, or expense which arises as a result of Voya Travel Assistance's inability to contact the Group Policyholder's authorized Contact for any reason beyond Voya Travel Assistance's control or as a result of the failure and/or refusal of the Group Policyholder to authorize services proposed by Voya Travel Assistance.

## Medical Transport Service

All transportations must be coordinated by Voya Travel Assistance in order to be eligible. IMG will not be responsible for medical transportations that are not coordinated by Voya Travel Assistance. Services are not available to the traveler for sickness, injuries, or losses resulting from:

- Normal childbirth, normal pregnancy (except complications of pregnancy), or voluntary induced abortion
- Traveling for the purposes of securing medical treatment
- A member's mental or nervous condition, unless hospitalized
- Active participation in war and/or terrorism
- Traveling against the advice of a physician

This proposal is for informational purposes only and describes IMG's general capabilities and a broad overview of the services it offers. The actual services and payments that IMG arranges or provides will be determined by the services contract between IMG and Voya. Please review the services contract for complete details and exclusions.

Products and services may not be available in all states.

Voya Travel Assistance services are provided by International Medical Group, Inc. (IMG), Indianapolis, IN. ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies.

**For use by Group name: group only.**

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## Security Assistance Services

All emergency medical transport, political, natural disaster, or security evacuation services will be coordinated by IMG. Services listed in this brochure are only valid if IMG remains a client of Voya Financial.

Evacuation services are provided to the nearest safe location and then to covered member's resident country, if needed.

Level 4 Restriction: Services will be denied if the Member's destination country is at a Level 4 Travel Advisory (other than for COVID) on the US State Department website at the time of your Scheduled Departure Date to travel there.

Voya Travel Assistance will not be responsible for political or natural disaster evacuations that are not coordinated and provided by Voya Travel Assistance or its security partner.

Voya Travel Assistance is not responsible for any medical expenses incurred by travelers under this quote.

Services are not available to the extent they would expose Voya Travel Assistance or any of its insurers to any sanction, prohibition or restriction under U.N. resolutions or the trade or economic sanctions, laws, or regulations of the E.U., U.K., or U.S.A. All services are governed by the terms and conditions outlined in the contract between IMG and Voya.

# City of Oak Creek Wellness Benefit

## Wellness Benefit

City of Oak Creek  
746380



### What is the Wellness Benefit?

The Wellness Benefit is included with your Accident, Critical Illness and Hospital Indemnity Insurance coverage. It provides an annual benefit payment if you complete a covered health screening test on or after your coverage effective date, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test, and may only receive a benefit payment once per calendar year, even if you complete multiple tests. You may also receive a benefit payment for your spouse and/or children if they are covered for the Wellness Benefit and complete a health screening test on or after your coverage effective date.

### Getting your Wellness Benefit is easy.

You, your covered spouse and/or your covered children complete a health screening test.

1

#### What types of health screening tests are eligible?

##### Covered Health screening tests include but are not limited to:

- Blood test for triglycerides
- Pap smear or thin prep pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemocult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Molecular or antigen test (Coronavirus)
- Immunizations
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams age 1 through age 18
- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam – Adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening

2

Visit your Employee Benefits Resource Center at [voya.com/claims](http://voya.com/claims).

Group policy name: **City of Oak Creek**

Group policy number: **746380**

3

Complete the questions regarding the health screening test, electronically sign and submit your Wellness Benefit claim. A confirmation number will be provided for your reference, as well as the option to save the form for your records.

4

Receive a benefit payment for each covered individual for whom an eligible claim was filed.

# City of Oak Creek Wellness Benefit

## How can the Wellness Benefit help?

Every day we learn more and more about the importance of regular health screenings and the increased chances of survival when serious illnesses are detected early. The Wellness Benefit encourages you to get regular health screenings. The benefit payment you receive for your health screening can be used to help pay for the cost of the test or however you like.

## It's automatically included.

The Wellness Benefit is included with your Accident, Critical Illness and Hospital Indemnity insurance, at no additional cost to you.

## How much is the Wellness Benefit?

Your group's plan specifies the benefit amount payable for each person who completes a health screening test.

### WELLNESS BENEFIT WITH YOUR ACCIDENT INSURANCE:

**\$75**

For yourself  
& for your covered  
spouse

+

**\$75**

100% of the benefit amount  
For each covered child

### WELLNESS BENEFIT WITH YOUR CRITICAL ILLNESS INSURANCE:

**\$75**

For yourself  
& for your covered  
spouse

+

**\$75**

100% of the benefit amount  
For each covered child

### WELLNESS BENEFIT WITH YOUR HOSPITAL INDEMNITY INSURANCE:

**\$75**

For yourself  
& for your covered  
spouse

+

**\$75**

100% of the benefit amount  
For each covered child



If you have any questions about the claim process, call **1-888-238-4840**.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and specific provisions may vary by state or employer's plan.

City of Oak Creek 746380

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212664-04302021

PLAN | INVEST | PROTECT





City of Oak Creek  
**PerkSpot - Employee Discount Program**



## Save Every Day of the Week.

You can save on everything from contact lenses to pet food. Get exclusive perks with your membership at the nation's leading warehouse stores. Are you taking advantage your Gallagher Discount Program to save on all these everyday expenses?



### Look Your Best for Less

Find huge savings on apparel, jewelry and more through your discount program.



### Grocery Shopping

Find cheap gift cards to your favorite grocery store or peruse gourmet chef selections. Plus, never run out of coffee.



### Pet Supplies and Insurance

Your pet deserves the best. Your broad range of pet-related discounts ensures you can always give them just that.

DOZENS OF EXCLUSIVE EVERYDAY DISCOUNTS LIKE:



Check it Out Today!

[gallagher.perkspot.com](http://gallagher.perkspot.com)

# City of Oak Creek Marketplace Overview



Scan here to check out  
Gallagher Marketplace

Giving you year-round access to additional benefits that could save you money with Gallagher Marketplace.

**Auto Insurance**



**Homeowners Insurance**



**Extended Vehicle Warranties**



## Program Overview

Gallagher Marketplace offers non-traditional benefits to every employee, like home and auto insurance, renters insurance, extended vehicle warranties, as well as boat, ATV and RV coverage. Because your employer partners with Gallagher, you have access to the best benefits available.

## The Value of Gallagher Marketplace

- Whether full-time, part-time or contract workers, all employees are eligible for this dynamic solution.
- View multiple quotes side-by-side from top carriers offering flexible payment plans and licensed agents to help guide.
- Get access to top benefits with the potential to save money on benefits you may need and want.

Insurance is subject to availability and individual eligibility.

## How It Works

- 1** Go to [ajg.com/GallagherMarketplace](http://ajg.com/GallagherMarketplace), see the benefits available, and select a product to view more details.
- 2** Enter preliminary details and receive a no-obligation quote.
- 3** Connect with an agent who will answer your questions, and assist you with the application process.

[ajg.com](http://ajg.com) The Gallagher Way. Since 1927.



Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.

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## Frequently Asked Questions

### Changes that CAN be made during Open Enrollment that will be effective January 1, 2025:

- All plan elections, including changes, will be effective January 1, 2025 for Medical, Dental, Vision, Flexible Spending (FSA), Life Insurance, and Long-Term Disability.

### What MUST be completed?

- Everyone must complete their Open Enrollment elections online via Employee Navigator, even if there are no changes to current coverages.. Waiving coverage through Employee Navigator also serves as a waiver form.

### When are my benefit enrollments due and where do I make them?

- All enrollments should be completed online via Employee Navigator at [www.employeenavigator.com](http://www.employeenavigator.com) no later than 12:00 p.m. CST Friday, November 8, 2024.

### Who do I contact with questions?

- Contact your HR Generalist, Tara Murphy, with any questions you may have.

Tara can be reached at [tmurphy@oakcreekwi.gov](mailto:tmurphy@oakcreekwi.gov) or 414-766-7058





# City of Oak Creek

## Important Notices

### Patient Protections Disclosure

The City of Oak Creek Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, UMR designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the UMR at 800-826-9781 or [www.umar.com](http://www.umar.com).

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from UMR or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the UMR at 800-826-9781 or [www.umar.com](http://www.umar.com).

### Women's Health & Cancer Rights Act

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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Non-Represented Employees (Tier 1: Individual: 0% coinsurance and \$1,000 deductible; Individual+1: 0% coinsurance and \$1,500 deductible; Family: 0% coinsurance and \$2,000 deductible / Tier 2: Individual: 30% coinsurance and \$1,000 deductible; Individual+1: 30% coinsurance and \$1,500 deductible; Family: 30% coinsurance and \$2,000 deductible)

Plan 2: Police and Fire Union (Tier 1: Individual: 0% coinsurance and \$2,000 deductible; Individual+1: 0% coinsurance and \$3,000 deductible; Family: 0% coinsurance and \$4,000 deductible / Tier 2: Individual: 30% coinsurance and \$2,000 deductible; Individual+1: 30% coinsurance and \$3,000 deductible; Family: 30% coinsurance and \$4,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 414-766-7058 or [tmurphy@oakcreekwi.gov](mailto:tmurphy@oakcreekwi.gov).

### Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

City of Oak Creek  
**Important Notices**

**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](http://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](http://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](http://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, 2024. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

# City of Oak Creek Important Notices

<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>            Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>            Family and Social Services Administration            Phone: 1-800-403-0864            Member Services Phone: 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>            Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>            Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or            1-855-618-5488 (LaHIPP)</p>
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>            Phone: 1-800-657-3672</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>            Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>            Phone: 603-271-5218            Toll free number for the HIPP program: 1-800-852-3345, ext. 15218            Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>



City of Oak Creek  
**Important Notices**

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://www.pa.gov/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="http://www.texas.gov/health-insurance-premium-payment-program-hipp">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program-hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

City of Oak Creek  
**Important Notices**

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

City of Oak Creek  
**Important Notices**

## **HIPAA Notice of Privacy Practices Reminder**

### **Protecting Your Health Information Privacy Rights**

City of Oak Creek is committed to the privacy of your health information. The administrators of the City of Oak Creek Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Tara Murphy - HR Generalist at 414-766-7058 or [tmurphy@oakcreekwi.gov](mailto:tmurphy@oakcreekwi.gov).

## **HIPAA Special Enrollment Rights**

### **City of Oak Creek Health Plan Notice of Your HIPAA Special Enrollment Rights**

Our records show that you are eligible to participate in the City of Oak Creek Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage 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 (or if the employer stops contributing toward 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).

**Loss of Coverage for Medicaid or a State Children’s Health Insurance Program.** 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.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance 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 to obtain more information about the plan’s special enrollment provisions, contact Tara Murphy - HR Generalist at 414-766-7058 or [tmurphy@oakcreekwi.gov](mailto:tmurphy@oakcreekwi.gov).



City of Oak Creek  
**Important Notices**

**Important Warning**

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

City of Oak Creek  
**Important Notices**

## **Notice of Creditable Coverage**

### **Important Notice from City of Oak Creek About Your Prescription Drug Coverage and Medicare**

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

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

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. City of Oak Creek has determined that the prescription drug coverage offered by the medical plan 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.

#### **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current City of Oak Creek coverage may be affected. You may reference your current Summary Plan Description for benefits in place at the current time. Or you may request a copy of the Summary Plan Description from Human Resources if you need to review or clarify the level of benefits currently being administered.

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

#### **When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with City of Oak Creek 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.

City of Oak Creek  
**Important Notices**

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 City of Oak Creek changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://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:** January 01, 2025  
**Name of Entity/Sender:** City of Oak Creek  
**Contact—Position/Office:** Tara Murphy - HR Generalist  
**Office Address:** 8040 S 6th St  
Oak Creek, Wisconsin 53154-2313  
United States  
**Phone Number:** 414-766-7058





**Gallagher**

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice.

To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.