
EMPLOYEE BENEFITS GUIDE



2024
PLAN YEAR

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Welcome

Dear Sheboygan County Employees,

I hope this message finds you in good health. We are delighted to share this valuable resource designed for you – Sheboygan County’s 2024 Benefits Guide.

The Benefits Guide is more than just a document; it is a testament to our ongoing commitment to provide you with a comprehensive and competitive benefits package. In recognition of your hard work and dedication, we are proud to offer these benefits to support you and your well-being

I encourage each of you to take the time to review the pages of the Benefits Guide carefully. It outlines a wide array of benefits and perks that encompass healthcare, wellness, financial security, and much more. It's a thorough guide that can help you make informed decisions about your health and your future.

As we move forward, we will continue to explore innovative ways to support you, your families, and your professional growth. Your input and feedback are valued, so please do not hesitate to reach out to our Human Resources department with any questions or suggestions.

Thank you for being an essential part of Sheboygan County.

Sincerely,

Alayne Krause

Alayne Krause, County Administrator

Eligibility

Who is Eligible:

You may enroll in the Sheboygan County Employee Benefits Program if you are an employee working at least 18* hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your lawful spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is January 1, 2023. Newly hired employees and dependents will be effective in Sheboygan County's benefits programs First of Month Following Thirty days. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.



*18-29 hours are part-time and employees regularly scheduled 30+ hours are full-time. 30 hours are required for long-term disability

Open Enrollment

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

1. Add, change or delete coverage and add or drop dependents from coverage by completing the Enrollment Change Form
2. Enroll or re-enroll in dependent or medical flexible spending accounts (FSA). **New elections are required each plan year.** Visit www.ebcflex.com, to create and account or re-enroll. Enter program code: 157204.
3. Enroll or re-enroll in fitness reimbursement program. Visit the facility of your choosing to **complete membership enrollment each plan year.** Complete and return Fitness Reimbursement Payroll Agreement to HR.
4. The benefit options you choose during this open enrollment are effective January 1, 2024 – December 31, 2024

IMPORTANT REMINDER

The 2024 Open Enrollment Election period begins November 8, 2023 and ends November 29, 2023.

MEDICAL COVERAGE

Medical

Sheboygan County offers a health plan through WCA Group Health Trust for all benefit-eligible employees. The plan is administered by UMR.

Get a plan with a primary care physician (PCP) and save with In-Network Nexus ACO Tier 1 providers. Choose a PCP who helps manage your care. Choosing Tier 1 doctors, hospitals and other health care providers may offer you the greatest value for your health care benefits. To find a Tier 1 PCP, go to umr.com. [Preventive care is covered at 100% and no deductible applies.](#)

The chart below is a brief outline of the plan. **Please note that Out of Network benefits are not covered.** Refer to the summary plan description for complete plan details.

Features	Sheboygan InHealth Clinic	In-Network Nexus ACO Tier 1	In-Network UHC Choice+ Tier 2
Deductible <i>per calendar year</i>	You pay \$0	\$1,350 /single \$2,700/family	\$1,350 /single \$2,700/family
Medical Out-of-Pocket Max <i>per calendar year</i>	n/a	\$3,000/single \$6,000/family	\$3,000/single \$6,000/family
Preventive Services <i>Well child, Immunizations, Prenatal, Screening, Routine Vision Exams</i>	You pay \$0	You pay \$0	You pay \$0
Office Visits	You pay \$0	You pay 10% after deductible	You pay 40% after deductible
Specialist Office Visits	n/a	You pay 10% after deductible	You pay 40% after deductible
Chiropractic Manipulations	You pay a \$10 Copay per visit	You pay 10% after deductible	You pay 10% after deductible
Mental/Behavioral Health Outpatient Services	n/a	You pay 10% after deductible	You pay 10% after deductible
Physical Therapy	You pay \$0 with Hinge Health – see page 10	You pay 10% after deductible	You pay 10% after deductible
Occupational, Speech and Respiratory Therapies	n/a	You pay 10% after deductible	You pay 10% after deductible
Inpatient and Outpatient Hospital Benefit	n/a	You pay 10% after deductible	You pay a \$500 Copay per visit and then 40% after deductible
Urgent Care Center	You pay \$0	You pay 10% after deductible	You pay 10% after deductible
Emergency Room	You pay a \$150 Copay per visit and then 10% after deductible		
Ambulance Coverage	You pay 10% after deductible		

NexusACO Wisconsin Service Area



- Tier 1 providers available in Milwaukee, Kenosha, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha counties
- ACOs include:
 - **Advocate Aurora**
 - **Froedtert**
 - **Medical College of Wisconsin**
 - **Children’s Hospital & Medical Group**
 -
- Look for the **blue dot Tier 1** symbol when searching the network on the umr.com **For Members** website.



- All other in-network providers may pay at the Tier 2 level of benefit; see Schedule of Benefits for details.

Pharmacy

The prescription drug plan offered by Sheboygan County is administered by CVS/Caremark. Please refer to the summary plan description for complete plan details.

Features	In-Network
<p>Retail (30 day supply)</p> <p><i>Mandatory Maintenance Choice is Required for long-term medications.</i></p> <p>Specialty Drugs <i>Specialty pharmacy drugs may only be received through mail order. One retail fill is allowed prior to utilizing mail order.</i></p> <p>Preventative Drugs</p> <p>Prescription Out-of-Pocket Max <i>per calendar year</i></p>	<p>Generic: You pay 10% copay per fill</p> <p>Preferred Brand You pay 20% copay per fill</p> <p>Non-Preferred Brand You Pay 30% per fill</p> <p>You pay 30% copay per fill unless participating in Prudent Rx program, then you pay 0%</p> <p>Copays might not apply to certain Preventative Prescriptions, Over-the-Counter products or Contraceptives</p> <p>\$1,000 /single \$2,000/family</p>

Mandatory Maintenance Choice

The County's Mandatory Maintenance Choice Program requires certain chronic or long-term 90-day medications be set up through mail order/home delivery service or pick-up at your local CVS or Target pharmacy. These medications usually require regular daily use for treatment of chronic conditions. Examples of maintenance medications are those used to treat high blood pressure, heart disease, asthma, diabetes etc. Please contact Caremark for a complete list.



PrudentRX has collaborated with CVS/Caremark to offer a third-party (manufacturer) copay assist program that may help you save money when you fill your prescription for specialty drugs through CVS Specialty.

How it works

Prudent RX will work with you to obtain third-part copay assistance for your medication if available. Once you're enrolled, you'll pay nothing out-of-pocket – that's right, \$0! – for medications on your plan's specialty drug list dispensed by CVS Specialty.

How to get started

Your enrollment in the program will be started automatically but some additional steps may be required. You can choose to opt-out at any time.

Health Benefit Premiums

Sheboygan County continues to pay 85% of the total annual health insurance premium cost for those employees who participate in the annual wellness exam, with employees paying the remaining 15% of the premium. For those employees who choose not to participate in the annual wellness exam, the County will pay 80% of the total premium. Complete your annual wellness exam with your personal primary care provider from November 1 - October 31 each plan year and upload required paperwork to your mymarqueehealth.com portal.

2024 employee premiums are:

	Family		Single	
	Per Paycheck	Monthly	Per Paycheck	Monthly
Full-time <i>with</i> Annual Wellness Exam	\$182.23	\$394.83	\$73.46	\$159.16
Full-time <i>without</i> Annual Wellness Exam	\$242.97	\$526.43	\$97.94	\$212.21
Part-time <i>with</i> Annual Wellness Exam	\$285.49	\$618.56	\$115.08	\$249.35
Part-time <i>without</i> Annual Wellness Exam	\$340.16	\$737.01	\$137.12	\$297.10

TelaDoc



Access to quality care at your fingertips

General Medical free/visit

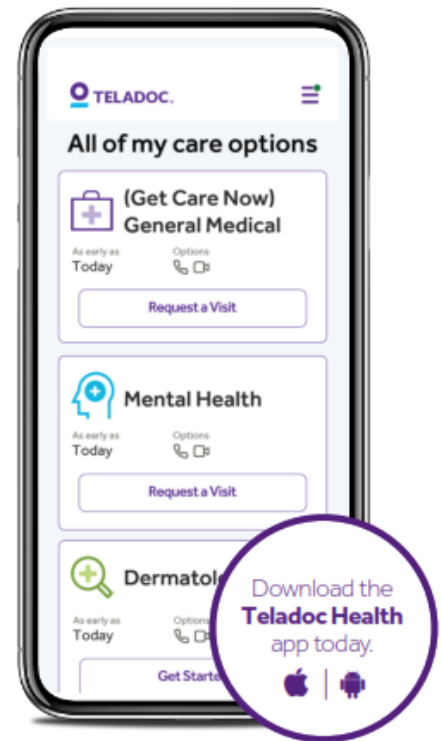
Talk to a licensed doctor for non-emergency conditions 24/7
Flu • Sinus infections • Sore throats • And more

Mental Health free/ therapist visit free/ psychiatrist first visit free/ psychiatrist ongoing visit

Talk to a therapist 7 days a week


Dermatology free / consult


Upload images of a skin issue online and get a custom
treatment plan within two days
Eczema • Acne • Rashes • And more




Employee Health Clinic


Sheboygan InHealth Clinic by SolidaritUS means more health services for you and your family.


 Preventive, Episodic Sick, and Urgent Care


 Chronic Disease Prevention and Management


 Telehealth: Care from Anywhere


 Vaccinations


 1,000 In-Clinic Lab Tests (including blood draws)

 Medication Management

 Champion Your Activities



 Chiropractic Services

 Healthy Lifestyle and Risk-Reduction Consultation

 Coordination of Specialist/Hospital Care



Monday 7 am-6 pm
Tuesday 8 am-4 pm
Wednesday 7 am-6 pm
Thursday 7 am-3 pm
Friday 7 am-3 pm

 <p>same/next business day appointments (easy scheduling)</p>	 <p>no wait times (we'll wait for you!)</p>	 <p>quality time with your provider (meet all your health needs)</p>
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At the Sheboygan InHealth Clinic by SolidaritUS, we believe every patient deserves the respect of **stress-free, timely appointments** and **more time** with your personal primary care provider.

Advanced primary care for your whole family

(Starting age 24 months and includes school/sports/camp physicals)

No out-of-pocket copays or deductibles for preventative services

(Just a \$10 copay for chiropractic care)

Same/Next business day appointments for urgent care

Customized Health Action Plans to take charge of your health

ANNUAL WELLNESS EXAM

Employees enrolled in the medical plan who complete their Annual Wellness at the Sheboygan InHealth Clinic ONLY are eligible to receive a \$50 VISA Gift Card.

A Mammogram or Colonoscopy can take place at the medical facility of your choice to be eligible to receive a \$50 VISA gift card!

Experience the difference. Make an appointment.

 920.547.4210



Sheboygan County Wellness Program



START YOUR HEALTH JOURNEY THROUGH YOUR PORTAL

Access your portal page to explore all the health and wellness resources in your new wellness program! Check out the Health Tools tile to explore the video and newsletter archives, read through the wellness blogs, take a free online health risk assessment, and so much more!

Wellness Portal Features:

- Health Improvement Programs
- Wellbeing Place Blog
- Personal Health Assessment
- On-Demand Wellness Videos
- Wellness Challenges
- Monthly Webinars and Newsletters

CONFIDENTIAL HEALTH COACHING

Confidential health coaching is available to all employees. Our Health Educators will work with you to develop a personal action plan that includes discussing your current health and wellness interests; assisting you in developing a tailored wellness plan; providing you with educational materials and guidance to support your wellness plan; and offering ongoing support and resources to help you achieve your goals.

GET STARTED TODAY!

Employees can download the MyWellPortal app or log in to: mymarqueehealth.com.

New users will select 'Register for a new account', enter the code 'sheboygan' then use your full legal first and last name to create a profile and explore the portal.

NEW! Hinge Health



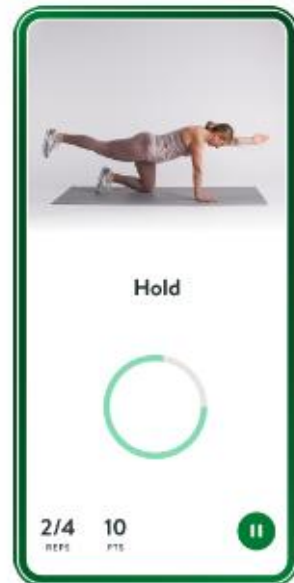
Ready, set, enroll!

Open enrollment is here.

Join Hinge Health for exercise therapy without leaving home. No copays. No office visits. Reduce your back and joint pain in just 15 minutes a day. Best of all, there's no cost to you — your Hinge Health benefit is 100% covered by your employer.

Join Hinge Health to:

- Overcome pain or limited movement
- Recover from a recent or past injury
- Keep your joints healthy and pain free



Enrollment opens January 1, 2024!

Scan the QR code to learn more!

hinge.health/resources

Questions? Call (855) 902-2777

Employees and eligible dependents must be 18+ and enrolled in a medical plan through their employer.

Real Appeal



Get fit. Get results.

Fitness should be easy, flexible and doable for everyone. Real Appeal® is an online weight management and healthy lifestyle program designed to spark a healthy transformation—at no additional cost to you and eligible family members. It all starts with simple, realistic goals.

Support to get you moving:



Fitness on Demand™ Fitness on your schedule

Get moving and motivated with hundreds of on-demand workouts, available anytime, anywhere, at no additional cost.



Online coaching Get personalized tools

Set fitness goals and track progress with the help of a coach.



Success kit Crush your fitness goals

Start your health journey with scales, a balanced portion plate and access to online fitness content.

You and eligible family members have access to Real Appeal®, a proven program built to help you succeed through workouts, ongoing support and helpful resources — at no additional cost as an eligible member.



Sign up today

Visit enroll.realappeal.com or scan the QR code



Have your health insurance ID card handy when enrolling.

Fitness Reimbursement



FITNESS REIMBURSEMENT PROGRAM DETAILS All Benefit Eligible Employees

Option A: Sheboygan County YMCA

Employees and their family can join the Sheboygan County YMCA with no joining fee and a 15% discount on their annual membership rate. At time of enrollment: bring your driver’s license or state ID and your Sheboygan County ID badge prior to the effective date!

Participating employees will complete a payroll agreement authorizing Sheboygan County via employee paychecks deductions (taxable) for membership rate and reimbursements based on the number of visits (see payment schedule).

- Employees and family members 18+ years and older must each complete 8 visits a month for 100% reimbursement or 4-7 visits a month for 50% reimbursement.
- Membership provides full access to Sheboygan County YMCA and Sheboygan Falls YMCA.
- AWAY privileges at Y’s across the nation – employees are responsible to submit monthly participation reports to Lindsey Nygaard at the Sheboygan County YMCA lnygaard@sheboygancountyyymca.org
- Membership will run through December 31, 2024.

Sheboygan County YMCA offers daycare, for information and pricing, contact Sarah Foree at sforee@sheboygancountyyymca.org

Sheboygan YMCA submits monthly participation reports to Sheboygan County Human Resources.

Sheboygan County YMCA						
Employee / Family Membership Options	15% Discount on Annual Rate	Monthly Payroll Deduction	100% Reimbursement Per month	Exercise Days Per Month to Receive 100% Reimbursement	50% Reimbursement Per Month	Exercise Days Per Month to Receive 50% Reimbursement
Young Adult (Age 18-24) Senior Adult (Age 65+)	\$377.70	\$31.45	\$31.45	8	\$15.72	4 – 7
Adult (Age 25-64)	\$428.40	\$35.70	\$35.70	8	\$17.85	4 – 7
Married Couple or Single Adult & 1 Minor Child	\$663.00	\$55.25	\$55.25	8	\$27.62	4 – 7
Family (includes dependent children Ages 18-26)	\$785.40	\$65.45	\$65.45	8	\$32.72	4 – 7

Option B: Sheboygan Planet Fitness

Employees can only join the Sheboygan Planet Fitness. At time of enrollment: bring your driver's license or state ID and your Sheboygan County ID badge prior to the effective date!

Participating employees will complete a payroll agreement authorizing Sheboygan County via employee paychecks reimbursements based on the number of visits (see payment schedule).

Sheboygan Planet Fitness submits monthly participation reports to Sheboygan County Human Resources.

Sheboygan County Planet Fitness					
Employee Only Membership Options	Annual Price	100% Reimbursement Per month	Exercise Days Per Month to Receive 100% Reimbursement	50% Reimbursement Per Month	Exercise Days Per Month to Receive 50% Reimbursement
Classic Membership: \$10 per month plus \$49 annual fee	\$169.00	\$14.08	8	\$7.04	4 – 7
Black Card: \$24.99 per month plus \$49 annual fee	\$348.88	\$29.07	8	\$14.54	4 – 7

Option C: Other Fitness Center

Employees only can join a Fitness Center (a facility where payment is required to maintain membership). Participating employees will complete a payroll agreement authorizing Sheboygan County via employee paychecks reimbursements based on the number of visits (see payment schedule).

Employees are responsible to submit monthly participation report from the Fitness Center letterhead to include Fitness Center name and/or logo, employee name, and the number of visits by the 10th of the next month to marcia.schreiber@sheboygancounty.com.

Fitness Center				
Employee Only Membership	100% Reimbursement Per month	Exercise Days Per Month to Receive 100% Reimbursement	50% Reimbursement Per Month	Exercise Days Per Month to Receive 50% Reimbursement
	\$30.00	8	\$15.00	4 – 7



Dental Insurance

Sheboygan County will continue to offer a dental program. This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, using a PPO or Premier provider gives you the benefit of receiving Delta’s contracted rate for services and provides the security of a warranty on services.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Features	PPO or Premier	Out-of-Network
Annual Maximum per covered person	\$2,000	\$2,000
Annual Deductible <i>Does not apply to preventive and diagnostics</i>	\$25/person; \$75/family	\$25/person; \$75/family
Diagnostic & Preventive	You pay \$0	You pay \$0
Basic Restorative Care <i>X-rays, Simple Extractions, Fillings, Periodontal Maintenance & Crowns</i>	You pay 10%	You pay 10%
Oral Surgery	You pay 20%	You pay 20%
Endodontic Therapy <i>Root Canal</i>	You pay 20%	You pay 20%
Periodontics <i>Gum disease</i>	You pay 20%	You pay 20%
Major Restoratives	You pay 20%	You pay 20%
Prosthetics and Implants	You pay 20%	You pay 20%
Orthodontics <i>Dependent Children to age 19 Per Dependent Child Lifetime Benefit of \$1,500</i>	You pay 50%	You pay 50%
Check-up Plus		
Diagnostic and preventative services, including examinations, x-rays, regular cleanings and other related treatments do not apply to your individual annual maximum, allowing you to use your \$2,000 benefit toward needed non-routine dental care		
Evidence-Based Integrated Care (EBICP)		
EBICP provides benefits for additional teeth cleanings for persons with certain medical conditions that have oral health complications. Conditions include Diabetes, Pregnancy, Cancer, Periodontal disease, some specific heart conditions, Kidney failure or dialysis or a condition causing a suppressed immune system. EBICP requires self-enrollment by calling 800-236-3712. No medical claims need to be submitted or filed.		

Dental Premiums

Sheboygan County contributes to your premiums. For all Benefit Eligible employees, your cost share for 2024 is:

	Family		Single	
	Per Paycheck	Monthly	Per Paycheck	Monthly
Full-time or Part-time	\$37.49	\$81.23	\$14.97	\$32.43

VISION COVERAGE

Voluntary Vision

Sheboygan County provides a comprehensive, voluntary plan for all vision services through Delta Vision. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.

Features	In-Network	Out-of-Network Reimbursement
Eye Exam Retinal Imaging	You pay \$0 You pay up to \$39	Up to \$35
Plastic Lenses – 1x /12 mos <i>Single, Bifocal and Trifocal</i>	You pay \$0	Up to \$25-\$55 depending on service
Lens Options <i>UV coating, Tint, Standard Scratch Resistance</i> <i>Standard Polycarbonate</i> <i>Standard Anti-Reflective</i> <i>Standard Progressive</i> <i>Premium Progressive</i> <i>Other add-ons and services</i>	You pay \$15 You pay \$40 You pay \$45 You pay \$65 You receive 20% discount off retail; plus \$55 allowance 20% off retail price	Not covered
Frames – 1x/12 mos	You receive up to \$130 allowance, then 20% off balance	Up to \$65
Contacts – 1x/12 mos (<i>Elective or necessary, in lieu of glasses. Covers materials only.</i>) <i>Conventional</i> <i>Disposable</i>	You receive up to \$120 allowance, then 15% off balance \$120 allowance Paid in Full	\$96 \$96 \$200
Diabetic Benefits – <i>Up to 2 services every 12 months (based on date of service)</i> <i>Office Service Visit (medical follow-up exam, retinal imaging, Extended ophthalmoscopy, Gonioscopy and Scanning Laser</i>	You pay \$0	Up to \$15-\$77 depending on service

VOLUNTARY VISION PREMIUMS

2024 employee premiums (100% paid by employee):

	Family	Single
	1 st Payroll of the Month	1 st Payroll of the Month
Full-time or Part-time	\$21.04	\$8.45



Always use an in-network provider to obtain the highest level of benefits. When accessing care out-of-network, you receive an amount that the provider will pay up to. You are then responsible for the difference.

Note: This is a voluntary plan, participation is optional. You may waive this coverage if you don't need eyeglasses or contacts.

FLEXIBLE SPENDING ACCOUNT

Flexible Spending Account

The Flexible Spending Account (FSA) plan with Employee Benefits Corporation allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your **NEW** flexible spending debit card (Benefit Card) to pay at the point of service OR you can still choose to submit the appropriate paperwork to be reimbursed by the plan
- Learn more about the new Benefits Card by pressing control+click here: <https://www.ebcflex.com/fsabenefitscard/>
- **IMPORTANT: When using the Benefit Card, you are still required to upload receipts to show proof your purchase was an eligible expense**

Important rules to keep in mind:

- At the end of the plan year, \$640 may be carried over in the Medical Care account. If you have any amount over \$640, it will be forfeited at the end of the plan year (i.e., “use it or lose it”).
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- Each component of the FSA requires a separate election. Funds cannot be moved from one component to another. Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

Maximum Annual Election

Health Care FSA	\$3,200
Dependent Care FSA	\$5,000



Wisconsin Retirement System (WRS)

Employees must be enrolled in the WRS if they are expected to work or do work at least 1200 hours for the County in a year and are expected to be employed by the County for at least one year following the date of hire. You must have 5 years of WRS creditable service to be vested. The Core and Variable Trust Funds are the two funds in which assets of the Wisconsin Retirement System are placed and managed by the State of Wisconsin Investment Board (SWIB).



The Core Trust Fund is the larger of the two funds that make up the WRS.

- It is a fully diversified, balanced fund which includes a mixture of holdings such as stocks, bonds, real estate, and private equity. The mixture of holdings helps stabilize the effects of market changes.
- The basic objective of the Core Fund is to earn the best long-term returns while taking acceptable risk.
- All members have at least half, if not all, of their retirement contributions deposited in the Core Fund.
- The Core Fund has the added protection of the “core floor” at retirement. This makes sure that the Core part of your annuity (monthly payment) does not fall below the starting amount if there are negative market returns.

The Variable Trust Fund is an optional fund.

- Funds are only invested in domestic and international stocks. The stocks held by the Core and Variable Funds are the same.
- The investment objective for the Variable Fund is to achieve returns equal to or more than that of similar stock portfolios each year.
- Participants in the Variable Fund are exposed to a higher degree of risk because of possible losses in the stock market. In exchange for the greater risk, members may earn greater returns

The WRS sets the contribution rates on an annual basis. It is the employee’s responsibility for the employee share of the contribution rate.

The cost of this benefit, currently 13.80% of each general employee’s wages; 6.90% is paid by Sheboygan County with the remaining 6.90% paid by the employee. The cost of this benefit for WPPA is currently 21.22%; 14.30% is paid by Sheboygan County with the remaining 6.90% paid by the WPPA employee.

SUMMARY OF BENEFITS COVERAGE

Refer to your Employee Trust Fund (ETF) [Benefit Handbook](#) and the Wisconsin Public Employers Group Life Insurance for a more detailed explanation about your retirement and life insurance benefits.

TERM LIFE INSURANCE

Life Insurance

Employees under the Wisconsin Retirement System may enroll in the group life insurance program. Term Life insurance of up to five times the employee's annual earnings is available through the Wisconsin Retirement Fund on a voluntary basis.

Premiums are paid by the employee through payroll deduction 1x per month, are calculated based on employee's age and each \$1,000 of earnings.

Example:

Basic - Age 32, annual salary of \$54,000/1000 * \$.06 = \$3.24

Supplemental - Age 32, annual salary of \$54,000/1000 * \$.06 = \$3.24

Additional (per unit) - Age 32, annual salary of \$54,000/1000 * \$.06 = \$3.24

Life insurance is available to the employees' spouse and dependents:

1 Unit (Spouse = \$10,000; Dependent = \$5,000) \$1.60/month

2 Unit (Spouse = \$20,000; Dependent = \$10,000) \$3.20/month

WHOLE LIFE INSURANCE

What is whole life insurance?

Whole life insurance is more than just life insurance at an affordable price. It combines the guaranteed premiums, coverage, and values that have always been so attractive in whole life insurance with the advantages of accumulation at current interest rates.

With whole life coverage you choose the amount of insurance or the premium that best suits your needs and budget.



FAMILY MATTERS. NO MATTER WHAT.™

Boston Mutual Whole Life workplace insurance is an endowment at age 95 life insurance policy, which means the face value would be paid to the insured, if living, at age 95.

With Boston Mutual's Whole Life Coverage:

- **Family coverage available.** You don't have to apply in order to cover your spouse, children, and grandchildren.
- **Guaranteed premium.** As long as you pay your premiums, the cost of your life insurance policy can never go up.
- **Guaranteed cash value.** The cash value illustrated at the time of purchase, when you reach age 65, is guaranteed as long as your coverage stays in force.*
- **Guaranteed portability.** Even if your employment changes, you can keep this coverage and pay us directly for the premiums.
- **Guaranteed additional purchase.** If you buy a minimum amount of coverage, you guarantee yourself the right to purchase any remaining portion of the guarantee issue limit at future approved enrollments (subject to product and payroll deduction availability).

*The actual cash value may be decreased by loans or withdrawals.

DEFERRED COMPENSATION

Deferred Compensation

Employees are eligible to participate in the deferred compensation programs and can enroll at any time. This allows employees to defer a portion of their income to the plans before taxes.

Deferred Compensation is a voluntary retirement program as outlined in Section 457(b) of the Internal Revenue Code.

Deferred Compensation programs allow employees to save and invest before-tax and after-tax (Roth) dollars, through voluntary payroll deductions.

You may consider both Wisconsin Deferred Compensation and Northshore Bank programs as a supplement to your Wisconsin Retirement System benefits.

There is a \$10.00 per pay period minimum contribution requirement.

DISABILITY COVERAGE

Voluntary Long-Term Disability



Long-term disability insurance is designed to provide income replacement in situations where you are disabled from a health condition or off-the-job injury and are not able to work for an extended period.

- All active, full-time employees regularly working 30 or more hours per week are eligible
- Benefits may begin after 60 days or after the conclusion of medical leave benefits and pay 66.67% of your earnings up to a maximum monthly benefit of \$7,000 in the event of a qualifying disability claim.
- Benefits offset with SSDI, WRS and Sick Leave.
- Benefits are payable until you no longer meet the criteria for disability coverage or terms of the policy or until Social Security Normal Retirement age.

This is a voluntary plan, meaning you pay 100% of the premiums. Premiums are deducted from your paycheck 1x per month. The cost of coverage is \$0.28 per \$100 of coverage.

How to Calculate Your Premium:

Monthly Rate per \$100 of Coverage: \$0.28 (A)

_____ your annual salary/12 X \$0.28 (A)/100= ___ (B) **Monthly Premium**

EMPLOYEE ASSISTANCE PROGRAM

Employee Assistance Plan (EAP)

The Employee Assistance Program is provided by ComPsych® Corporation and offers **NO COST** counseling, legal and financial consultation, work-life assistance and crisis intervention services to all our employees and their household family members.



Why provide an EAP?

Because we care about our employees and their dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. You are provided with five (5) free in-person or phone consultations per concern.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.



24/7 Live Assistance:
Call: 800-272-7255
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceNowSM
Web ID: COM589



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Benefits Mobile App

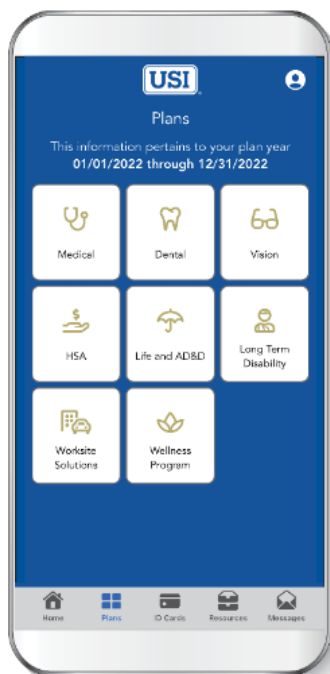
MyBenefits2GO mobile app gives you 24/7 on-the-go access to Sheboygan County's benefit and insurance policy details, contact information and more!

The mobile benefits app provides a quick and simple way for you and your enrolled dependents to access benefit summaries and other important information about our group plans. The app also offers the ability to take photos of ID cards to store on the phone, as well as a way to easily locate carrier and HR contact information—all in one place—24/7 and on the go. The **MyBenefits2GO** app is free and available for iPhone and Android platforms. App benefits include:

- **Staying Organized**
The app gives you access to benefit plan information and ID cards—all in one place.
- **Keeping Up-to-Date**
The app automatically connects you with the most updated plan information.
- **Lightening Wallets**
The app allows you to take and access images of your ID cards. Images are stored on the phone itself; no personal health information is transmitted or saved.
- **Getting in Touch**
The app provides you with a single location to find contact information for the Human Resources team and the Benefit Resource Center, as well as insurance carriers.

FIND IT IN THE APP STORE!

Search for 'MyBenefits2GO' and download our free app. After scrolling through the intro pages. Enter this code when prompted: **F25233**



Benefit Resource Center (BRC)



**The Benefit Resource Center
("BRC")
is Here to Help!**



It doesn't matter if you're a new hire or celebrating your 15th year, benefits and claims can be tricky to navigate. Our Benefits Specialists can help you translate confusing jargon and answer questions about benefits your employer offers.

Plus, they can work directly with you and the insurance carriers to resolve issues related to claims, denials of service, appeals - and more!

**Benefit Resource Center
BRCMT@usi.com | Toll Free: 855-874-0742
Monday through Friday
8:00am to 5:00pm CST**

College Partnership Programs



Lakeland University: Sheboygan County employees – and their immediate family members – will receive:

- Discounted tuition rates.
 - 20% on undergraduate courses, 10% on graduate courses
- Personalized admission and academic advising services.
- Apply for FREE
 - Use waiver code: LAKELANDU

Interested in learning more? Contact Lakeland University at:

Info.lakeland.edu

920.565.1000

getstarted@lakeland.edu



Concordia University: Sheboygan County Employees and their immediate family members – will receive:

- Scholarships available to employees
- Accelerated courses (8 weeks in length)
- Flexible learning options
 - 90+ fully online, higher-educational programs, 24/7 accessibility

Interested in learning more? Contact Concordia University at:

CUW.EDU/SHEBOYGANCOUNTY

262.243.5700

Childcare Discount

Growing Generations offers an onsite daycare center at Rocky Knoll. All Sheboygan County employees who enroll for daycare services at the Rocky Knoll site will receive a 25% discount off the Growing Generations regular childcare rates. Hours of operation are 6:15 am - 5:00 pm Monday - Friday. If you would like to enroll your infant(s) ages 0-2 and/or toddler(s) 2-4 in daycare at Rocky Knoll, please contact Growing Generations directly at (920) 892-4999.



NEW! Benefit Hub



Enjoy discounts, rewards, and perks on 1,000s of brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Tickets
- Auto & Home Insurance



It's easy to access and start saving!

1. Go to: <https://shebco.benefithub.com/welcome/signup>
2. Enter your name and email address
3. Use Referral Code- 647DUX and start saving today!

Or scan here now!



Questions? Call 1-866-664-4621 or email customer care@benefithub.com

Contact Information

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

	CARRIER	GROUP NUMBER	PHONE NUMBER	WEBSITE
Sheboygan InHealth Clinic	SolidaritUS	N/A	1-920-547-4210	N/A
Medical – UMR	WCA Group Health Trust	76440060	1-800-207-3172	www.umar.com
Prescription Drug	CVS/Caremark	3707	1-866-818-6911	www.caremark.com
Mail Service	CVS/Caremark	3707	1-866-239-4543	www.caremark.com
Specialty/Caremark	CVS/Caremark	3707	1-800-237-2767	www.caremark.com
Prudent RX	CVS/Caremark		1-800-578-4403	www.prudentrx.com
Dental	Delta Dental	90512	1-800-236-3712	www.deltadentalwi.com
Vision	Delta Vision / Eye Med	40733	1-844-848-7090	www.eyemedvisioncare.com
Life Insurance	Employee Trust Fund WRS	0951000	1-877-533-5020	http://etf.wi.gov
Voluntary Whole Life Insurance	Boston Mutual	N/A	1-715-241-5372	bostonmutual.com
Retirement	Wisconsin Retirement System	0951000	1-877-533-5020	http://etf.wi.gov
Long Term Disability (LTD)	New York Life Insurance Company	VDT963288	1-888-842-4462	myNYLGBS.com
Employee Assistant Program (EAP)	ComPsych	COM589	1-800-272-7255	Guidanceresources.com
Wellness Program	Marquee Health LLC	N/A	1-800-882-2109	info@mywellportal.com
FSA/Dependent Care and Debit Card	Employee Benefits Corporation	S33539FSA	1-800-346-2126	www.ebcflex.com
Teladoc	WCA Group Health Trust	N/A	1-800-835-2362	Teladoc.com
Real Appeal	UMR	N/A	N/A	enroll.realappeal.com
Deferred Compensation	Wisconsin Deferred Compensation	0951000	1-877-457-9327	www.wdc457.org
	Northshore Bank	N/A	1-800-236-4672	www.northshorebank.com
Benefit Hub	Benefit Hub	647DUX	1-866-644-4621	https://shebco.benefithub.com
Hinge Health	Hinge Health	N/A	1-855-902-2777	hingehealth.com/resources

This brochure summarizes the benefit plans that are available to Sheboygan County eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program.

If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing 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).

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact the person listed at the end of this summary.

To request special enrollment or obtain more information, contact the Human Resource Department at **920-459-3105** or hr.help@sheboygancounty.com.

NOTICE REGARDING WELLNESS PROGRAMS

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

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

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official

- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- 1/1/2024
- Human Resources, hr.help@sheboygancounty.com, 920

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Part A: General information

Since 2014, individuals can purchase health insurance through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November for coverage starting as early as January 1st.

Can I save money on my health insurance premiums in the Marketplace?

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

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit¹.

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

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at (920) 459-3105 or hr.help@sheboygancounty.com.

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Part B: Information about health coverage offered by your employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: Sheboygan County
4. Employer Identification Number (EIN): 39-6005744
5. Employer address: 508 New York Avenue
6. Employer phone number: (920) 459-3105
7. City: Sheboygan
8. State: WI
9. ZIP code: 53081
10. Who can we contact about employee health coverage at this job? Human Resource Department
11. Phone number (if different from above):
12. Email address: hr.help@sheboygancounty.com

Here is some basic information about health coverage offered by this employer

As your employer, we offer a health plan to:

- All employees. Eligible employees are:
- Some employees: Eligible employees are: Employed by Sheboygan County who are benefit eligible full-time and part-time employees. (See Summary Plan Description).

With respect to dependents:

- We do offer coverage. Eligible dependents are: Employee's lawful spouse. Married or unmarried; natural born, blood related child; step-child, legally adopted child; child placed in employee's legal guardianship by court order; or employee has legal obligation to provide full or partial support; and whose age is not beyond 26. (See Summary Plan Description)
- We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

