

Village of Ashwaubenon

An aerial photograph of Ashwaubenon, Wisconsin, taken at sunset. The sky is a mix of orange and yellow. In the foreground, there's a large, multi-story building, likely a hospital or university building, surrounded by greenery. A road with traffic is visible in the middle ground. The text "ASHWAUBENON" is overlaid on the left side of the image in large, bold, orange and yellow letters. The word "ASH" is orange, "WAU" is yellow, "BEN" is orange, and "ON" is orange. The text is partially obscured by a large, stylized orange and yellow graphic on the left side of the image.

ASHWAUBENON

In the Heart of It All

2025 EMPLOYEE BENEFITS GUIDE

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Coverage	Vendor Name	Phone Number	Website
Medical	UMR	800-207-3172	www.umar.com
Dental	Delta Dental	800-236-3712	www.deltadentalwi.com
Vision	Delta Vision (EyeMed)	866-939-3633	www.eyemedvisioncare.com
A+ Clinic	Bellin Health	800-528-7883	www.bellin.org/ashwaubenon for on-line scheduling
Flexible Spending	Diversified Benefit Services	800-234-1229	www.dbsbenefits.com
EAP	ERC	800-222-8590	www.ercincorp.com

Benefit Introduction

The Village of Ashwaubenon offers a comprehensive suite of benefits to promote health and financial wellness for you and your family. This booklet provides a summary of your benefits. Please review it carefully so you can choose the coverage that is right for you.

Benefit Basics

As a full-time Village of Ashwaubenon employee you are eligible for a variety of benefits.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

Your legal spouse

Your children until December 31st in the year they attain age 26.

Once your benefit elections become effective, they remain in effect until the end of the year. You may only change coverage within 30 days of a qualified life event, or during annual open enrollment.



Qualified Life Events

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- ✓ Marriage
- ✓ Divorce or Legal Separation
- ✓ Birth of your child
- ✓ Death of your spouse, or dependent child
- ✓ Adoption of or placement for adoption of your child
- ✓ Change in employment status of employee, spouse or dependent child
- ✓ Qualification by the Plan Administrator of a child support order for medical coverage
- ✓ Entitlement to Medicare or Medicaid

A complete list of qualified life events can be found in your Summary Plan Description. You must notify Human Resources within 30 days of the qualified life event. You may be asked to provide proof of the event. If you do not contact HR within 30 days of the event, you will have to wait until the next open enrollment period to make changes.

If there is a conflict between the information presented here and the information contained in the plan documents and Village of Ashwaubenon policies, the plan documents and Village of Ashwaubenon policies always govern and are the controlling legal documents.

Enrollment Eligibility

Enrollment Eligibility

Who Can Enroll?

You are eligible for the Village of Ashwaubenon health insurance benefits if you are classified on both payroll and personnel records as an employee who regularly works full-time at least 30 hours or more per week, or 30 hours or more per week on a twelve month look back.

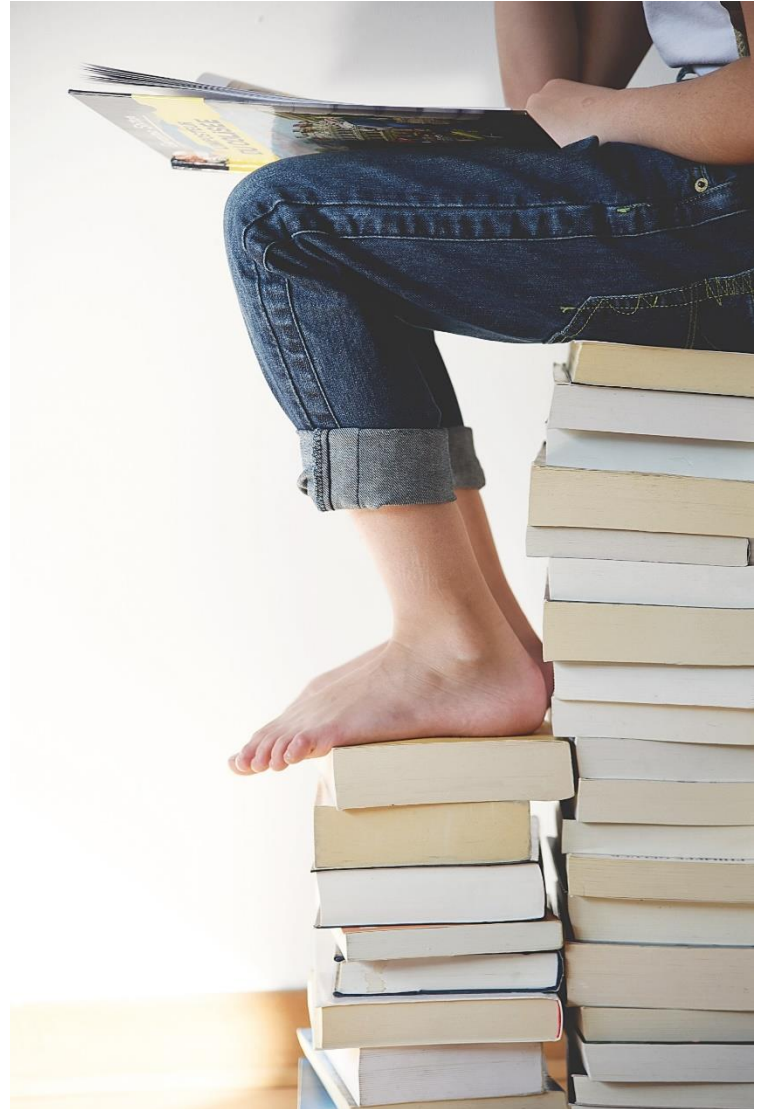
Union employees are eligible for the Village of Ashwaubenon benefits as defined by the collective bargaining agreement.

If you have any questions concerning your eligibility or concerns regarding any of the benefits described herein, please contact the HR department.

Dependent Eligibility

Your Dependent's coverage will be effective on the date your coverage under the Plan begins if you enroll the dependent at that time. Employees may enroll dependents who join their family through marriage, birth, legal adoption, legal guardianship, or a court or administrative order. Coverage for the dependent begins on the date of the event provided the employee notifies Human Resources within 30 days of the qualifying event.

Children of employees are covered under the medical plan until December 31st in the year they attain age 26 regardless of student status, residency, employment status or marital status.



Coverage	Initial Eligibility
Medical	1 st of the month coinciding or following the date of hire
Dental	1 st of the month coinciding or following the date of hire
Vision	1 st of the month coinciding or following the date of hire
FSA	1 st of the month coinciding or following the date of hire
EAP	Date of Hire

Medical Plan Benefits



Medical Plan – Administered by UMR

For most people, medical insurance is no longer a “want” – it is a need, and now is required under the Affordable Care Act (ACA). We need medical coverage to help protect us physically and financially. Prescription drug coverage is also provided under the medical plan.

Preventive Care

The Village of Ashwaubenon has made a commitment toward supporting good health and encouraging periodic checkups and early identification of problems. We offer a 100% benefit toward the cost of routine and preventive services obtained through preferred providers. This benefit is provided regardless of whether you have paid your deductible or any coinsurance for the year.

Getting Answers

Go to www.umar.com, or call UMR Customer Service at 1-800-207-3172, if you need to:

- Find an in-network provider
- Print a temporary ID card or request additional ID cards
- Have a hospital stay pre-authorized (this is required)
- File a claim
- Check the status of a claim and view your claims history
- Print an Explanation of Benefits (EOB)
- Get answers to coverage and benefit level questions
- Obtain answers to claims or eligibility level questions

Per the APSOA Collective Bargaining Agreement for sworn public safety officers, the Village shall make a \$1,400 HSA payment contribution if you are enrolled in the health plan. Said payment will be divided into 4 equal installments (first payroll of January, April, July and October).

	HDHP (HSA) Plan	
	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Calendar Year: <ul style="list-style-type: none"> • Per Employee • Per Employee + One* • Per Family* 	\$2,000 \$4,000 \$4,000	\$4,000 \$8,000 \$8,000
Annual Out-of-Pocket Maximum: <ul style="list-style-type: none"> • Per Employee • Per Employee + One* • Per Family* 	\$6,550 \$13,100	\$10,000 \$20,000
Coinsurance <ul style="list-style-type: none"> • Paid by the plan after satisfying the deductible 	90%	70%
Preventive Care	100%	Deductible & 70%
Office Visits (non-preventive care) <ul style="list-style-type: none"> • Co-pay Per Visit (Primary) • Co-pay Per Visit (Specialist) • Paid by Plan After Deductible 	Deductible & 90%	Deductible & 70%
Emergency Services / Treatment Urgent Care: <ul style="list-style-type: none"> • Co-pay Per Visit • Paid by Plan After Deductible 	90%	70%
Emergency Room / Emergency Physicians: <ul style="list-style-type: none"> • Paid By Plan After In-Network Deductible 	90%	70%
Inpatient Hospital Services <ul style="list-style-type: none"> • Paid By Plan After Deductible 	90%	70%
Outpatient Hospital Services <ul style="list-style-type: none"> • Paid By Plan After Deductible 	90%	70%

Prescription Drug Coverage- Administered by Optum Rx

You will use the same medical insurance card issued by UMR to obtain benefits under the prescription plan. This card should be presented to the pharmacist at the time of service. There are over 66,000 pharmacies in the network.

Prescription Schedule of Benefits: Optum Rx	
	HSA Plan
Generic	Deductible applies, then you pay 10%
Preferred Brand	Deductible applies, then you pay 10%
Non-Preferred Brand	Deductible applies, then you pay 10%
Specialty	Deductible applies, then you pay 10%

OptumRx Website - Maximize Benefits Online

Manage Pharmacy Benefits

- View Claims History
- Refill and renew prescriptions online
- Locate a Retail Pharmacy
- Download Order Forms

Mail Order Pharmacy

- Personalized dashboard
- Secure process to refill prescriptions
- Check Order Status
- Identify prescriptions for renewal

Tools & Resources

- Price a medication
- Find lower cost alternatives
- Buy OTC drugs in the Health Store
- Manage both OTC and Rx Medications in My Medicine Cabinet



By online registration:

Visit optumrx.com, register and follow the simple step-by-step instructions. You can manage your medication online, including filling new prescriptions and transferring other prescriptions to home delivery. You can also set up text message reminders to help manage your medication schedule. Be sure to have your health plan ID card and medication bottles on hand.



By phone:

Just call the member phone number on the back of your plan ID card to talk with a customer service representative right now. It's helpful to have your plan ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription.



By mail:

Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to optumrx.com and download the new prescription order form. Mail it to the address provided on the bottom of the form.



By fax / ePrescribe:

Ask your doctor to call **1-800-791-7658** for instructions on how to fax your prescription directly to OptumRx. Or your doctor can send an electronic prescription to OptumRx.

Health Savings Account (HSA)

HSA Eligibility – In order to qualify for an HSA, you must be an adult who meets the following qualifications:

- Have coverage under the HSA-qualified, high deductible health plan (HDHP) that the Village offers
- Have no other health insurance plan (this exclusion does not apply to certain other types of insurance, such as dental, vision, disability or long-term care coverage)
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

Saving With an HSA - HSAs serve as a tax-advantaged fund that can be used to pay for current or future medical expenses. The account is consumer-controlled. If the funds are not used, the money will roll over to the next year and continue to grow over time. One of the most attractive features of the HSA is that these funds grow through the accrual of tax-free interest or investment earnings.

The HSA is proving itself to be a wise investment tool, not only for current health care needs, but also for long-term retirement planning. The HSA fund is tax-deductible, compounds tax-free interest and earnings and is tax-free to withdraw from for medical bills. Also, people who are age 55 and older can make additional contributions, called “catch-up payments”, to their accounts in order to accelerate the rate of savings.

HSA Advantages - Security – Your HSA can provide a savings buffer for unexpected or high medical bills.

Affordability – In most cases, you can lower your monthly health insurance premiums when you switch to health insurance coverage with a higher deductible, and these HDHPs can be paired with an HSA.

Flexibility – You can use your HSA to pay for current medical expenses, including your deductible and expenses that your insurance may not cover, or you can save your funds for future medical expenses, such as:

- Health insurance or medical expenses if unemployed
- Medical expenses after retirement (before Medicare)
- Out-of-pocket expenses when covered by Medicare
- Long-term care expenses and insurance

Portability – Accounts are completely portable, meaning you can keep your HSA even if you change jobs, or change your medical coverage. Funds remain in the account from year to year, just like an IRA. There are no “use it or lose it” rules for HSA's, making it a great way to save money for future medical expenses.

Also, you do not have to use your HSA to pay for medical expenses. You can withdraw money from your HSA at any time and for any reason. However, if your HSA money is not used for medical expenses, you will have to pay income tax on your withdrawal. You will also have to pay a 20 percent additional tax, unless the withdrawal is made after you attain age 65, become disabled or after your death.

HSA 2025 IRS Limits	Individual	Family
Annual IRS Limit	\$4,300	\$8,550
There is a catch-up contribution up to \$1,000 for those age 55 or older		
Note: Your HSA is portable and remaining funds roll over from one year to the next		

UMR Benefits coverage for International Travel

What you need to know about traveling outside the United States

- Your plan covers emergency treatment – routine physicals and immunizations or screenings are not covered
- Coverage is not provided if the sole purpose of travel is to obtain medical services
- Because of the difference in provider systems when traveling outside the US, your plan ID card only serves as evidence that you have a plan. It cannot be used to bill the plan directly for any services or supplies obtained

If you or a dependent incur a claim while traveling outside the United States, follow these steps:

- Request a detailed bill from the provider, enumerating all services and supplies that you have been asked to pay for. A summary will not be accepted by the plan (or any other insurance for that matter). A complete claims must be submitted in writing and should include the following information:
 - Your name/patient name, sex, date of birth, address and relationship to you
 - A description of the type of emergency (i.e., broken bones, laceration, heart palpitation, etc.)
 - Date of service
 - Place of service, provider billing name, address, telephone number
 - Procedures, services or supplies (narrative description)
 - Charges for each listed service
 - Number of days or units
 - Total billed charges
 - Signature of provider
- You are responsible for ensuring the provider is paid. If the provider will not coordinate payment directly with the plan, you will need to pay the claim up front by presenting your credit card or cash.
- Ask for the bill to be provided in English, if possible
- When you return to the U.S., submit the bill to UMR, noting your plan number and your employee ID number (or with a copy of your plan ID card):

UMR – Claims Unit
P.O. Box 30546
Salt Lake City, UT 84130-0546
- You will receive an explanation of benefits (EOB) and a reimbursement for eligible services you (or your dependent) received for any covered amount in U.S. currency. The reimbursed amount will be based on the U.S. equivalency rate that is in effect on the date you paid the claim, or on the date of service if the paid date is not known.
- If you have any other questions, please call the customer service number on the back of your ID card



UMR Benefits coverage for Therapy

Message a dedicated therapist anytime, anywhere. With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No office visit required.

Simply register (first visit only) and choose a provider and message anywhere, anytime at www.talkspace.com/connect



- Support for anxiety, depression, PTSD, substance use disorders, eating disorders, compulsive disorders and other conditions.
- Start therapy within hours of choosing your therapist
- Choose real-time face-to-face video visits by appointment, when needed



Brief assessment

Answer a few questions about your preferences.



Personalized match

We'll match you with a provider (typically within 48 hours).



Start therapy

Begin the journey towards a happier you.

Online Therapy

Ongoing support from a licensed provider.

Couples Therapy

Relationship-centered therapy that connects you and your partner.

Teen Therapy

Specialized therapy for ages 13-17.

Psychiatry[®]

Evaluations and psychiatric medication management.

*Data rates may apply.

**Copayment may apply and will be charged via credit card. You may use Talkspace as often as desired per week once copayment for that week has been paid. iOS is a trademark or registered trademark of Cisco in the U.S. and other countries and is used under license. Android is a registered trademark of Google LLC.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

If you are experiencing thoughts of suicide or if this is urgent and an emergency, call 911 or 1-800-SUICIDE (784-2433) or 1-800-273-TALK (8255). UMR does not recommend or endorse any treatment, medication, suggested approach, specific or otherwise. The information provided herein is for educational purposes only. For advice about specific treatments or medications, please consult your physician and/or mental health care provider. Certain conditions and restrictions may apply. Also, certain treatments may not be covered in some benefit plans. Check your health plan regarding your coverage of services.

UMR Benefits coverage for Therapy

Are you feeling stressed, overwhelmed, or exhausted? You are not alone. AbleTo is a 1-on-1 virtual coaching program that allows you to meet weekly with a compassionate behavioral coach who will focus on understanding your unique needs and tailor the program to your goals.

- Confidential and convenient weekly meetings with your coach via phone or video plus unlimited messaging
- A digital program grounded in cognitive behavioral therapy to support you week by week and for practice between sessions to complement your coaching calls
- 24/7 instant access to content via smartphone, tablet or computer
- Visit www.ableTo.com/UMR to start feeling better today!
- An 8-week virtual therapy program to make life more manageable so that you can enjoy it all the more.



Personalized

A tailored care experience with just the right touch of coach and therapist support



Confidential

Your trust is our priority, and all sessions are private and confidential



Convenient

Virtual appointments allow you to connect anytime, anywhere



Tools and Resources – UMR

Plan Advisor

The UMR plan advisors are able to guide and support you in making the right decisions when you need to see a doctor or have questions about your benefit plan. They're available 7:00 a.m. to 7 p.m. central time at 1-800-207-3172

Give UMR a call

We strive to offer trusted and caring customer service, so you can get the answers you need and can enjoy the best health possible. With a single call, you can:

- ✓ Ask an advisor about a claim for a recent treatment or procedure
- ✓ Find out if a doctor or facility is in-network
- ✓ Get help finding a primary care physician and making an appointment
- ✓ Learn whether you're due for routine care or preventive screenings
- ✓ Hear messages about timely health topics

Visit UMR online

The UMR online services can give you the answers you're looking for, anytime, night or day. With umr.com, you can quickly:

- ✓ Look up in-network providers
- ✓ View your benefits and claims information
- ✓ Access commonly used forms
- ✓ Find other tools for improving your health

myHealthcare Cost Estimator Tool

Like anything else, it pays to shop around. Your costs may depend on what doctor you see and where you go for care. Search for treatments or procedures from local providers

- ✓ View estimates, including your out-of-pocket costs and what your plan will pay
- ✓ Choose a provider and get a final estimate

"How can I help?"

UMR plan advisors are available for you weekdays from 8am to 5pm. Simply call the toll-free number on the back of your ID card

The screenshot displays the 'Back Pain - Doctor Visit' search results page. At the top, a green header bar shows 'Back Pain - Doctor Visit' with a question mark icon. To the right, it displays 'Your Out-of-Pocket: Based on Your Plan \$20', 'In-Network Total Cost: Market Average \$60', and 'Plan Pays: \$40'. Below the header, there are two icons: a person icon labeled 'Back Pain - Doctor Visit' and a document icon labeled 'Final Estimate'. The main content area is titled 'Back Pain - Doctor Visit' and includes a 'Save' button. A 'Refine Your Search' button is also present. Below this, it states 'Your search returned (100) physicians ranging from: \$50 - \$130'. A 'Compare' button is available for up to 5 physicians. The current viewing is 1 to 10 of 100. The first physician listed is Murugasu Nagul, MD, with a 'Select Physician' button. The second physician listed is Joseph Sun, MD, also with a 'Select Physician' button. The interface includes various filters and sorting options for the search results.

Physician	Specialty	Distance	Local Average	Below Average	Plan Pays	Your Out-of-Pocket
Murugasu Nagul, MD	Endocrinology, Diabetes, and Metabolism	2.48 Miles from 85000, Phoenix, AZ	\$60	\$50	\$30	\$20
Joseph Sun, MD	Family Practice	0.75 Miles from 85000, Phoenix, AZ	\$60	\$55	\$35	\$20

UMR.com

Get your benefits information anywhere, anytime

- Easy access – key information in two clicks or less
- Icons and charts make finding and understanding information easier
- Most functions available on-the-go
- Consistent navigation between mobile and desktop sites

Get all your answers quick and easy, you can:

- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life



Tools and Resources – OptumRx

Online Portal

- Convenient user-friendly tools help simplify and improve the member experience
- Review pharmacy benefit highlights, coverage, prescription drug list, order status, claims history
- Enroll or access Home Delivery Pharmacy prescriptions; price prescriptions
- Refill, fill new, renew, transfer from retail to home delivery, and switch to a lower cost option
- Manage house hold or caregiver access
- Locate a retail pharmacy
- Refill select specialty pharmacy medications
- Access health tools / medication reminder enrollment

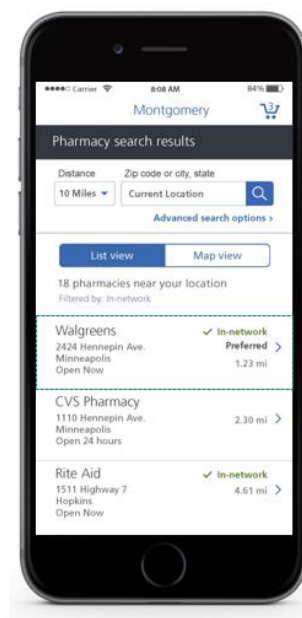
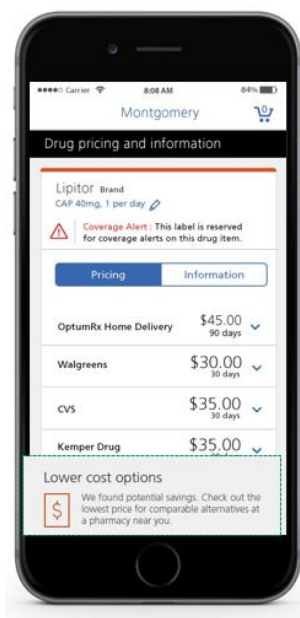
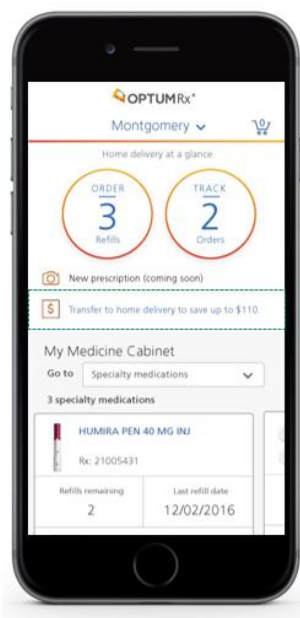


The OptumRx App

- Easy-to-use pharmacy features make the consumer experience simpler, faster and easier
- View search tools on all pages
- Quickly check-out prescriptions
- Access ID card/update multiple credit cards for payment
- Manage household
- Price drugs for home delivery and multiple retail locations
- View personalized lower cost messaging
- Easily transfer a retail script to home delivery
- Set up and receive text message reminders
- Easily track orders

Drug Search and Pricing

- Drug Pricing: View the cost of filling a prescription at up to 5 retail pharmacies
- Compare the pricing between a medication and :
 - Generic alternative(s)
 - Similar brand name drugs



Dental Plan Benefits

Dental Plan- Delta Dental

Village of Ashwaubenon is proud to partner with Delta Dental to offer a voluntary, employee paid dental plan. By going to an in-network dentist you will realize a greater cost savings and all of your treatments will be guaranteed.

Benefit Plan Design	PPO & Premier Dentists	Out of network
Individual Annual Maximum: Preventive does not apply to annual max.	\$1,200	\$1,200
Annual Deductible: • Per Person • Per Family	\$0 \$0	\$0 \$0
Diagnostic and Preventive Services: • Exams, Cleanings, X-rays, Fluoride Treatments	100%	100%
Basic Restorative Procedures: • Fillings, Endodontics, Periodontics, Extractions	80%	80%
Major Restorative Services: • Crowns, Inlays, Onlays, Repairs to bridges and dentures, Bridges, Dentures, Implants	80%	80%
Orthodontic Services: • Per employee, spouse & dependent child to age 26	75% to a lifetime max. of \$1,500	75% to a lifetime max of \$1,500

Discover the advantages of going to a dentist who belongs to a Delta Dental Network. With two dentist networks available, which one is right for you?

- **Delta Dental PPO network:** greatest savings and claims are processed for you.
- **Delta Dental Premier network:** largest dentist network, but the savings to you aren't as significant as the PPO network.
- **Claims are directly paid and no balance billing can occur under the PPO and Premier networks**
- **Both networks ensure that treatments are guaranteed.**
- Your extent of benefits are the same whether you use a Delta Dental PPO dentist, Premier dentist or an out of network dentist, but benefit dollars go farther under the PPO and Premier networks due to lower costs.
- **Generally you must file your own dental claims if you use an out of network dentist.** Claim reimbursements for an out of network dentist will be sent to you and not the provider.

Finding a network dentist is easy!

- **Mobile app:** download the deltadentalwi.com app on your iphone, ipad or android phone and use the Provider Search.
- **On the web:** www.deltadentalwi.com
- **By phone:** call 800-236-3712 and follow the automated instructions.

CheckUp Plus Promoting Wellness

- CheckUp Plus lets you obtain diagnostic and preventive services – including exams, X-rays, regular cleanings and other related treatments without the cost of those services applying to your individual annual maximum.
- The full value of your annual maximum is applied to the benefits you receive for basic and major restorative services

Evidence-Based Integrated Care Plan (EBICP)

- EBICP provides additional preventive benefits for those who need them most
 - Cancer therapy, suppressed immune system, periodontal disease, high-risk cardiac conditions, kidney failure or dialysis, diabetes and pregnancy
 - Enrollment is easy. Enroll online at www.deltadentalwi.com or by calling Delta Benefit Center at 1-888-360-3510



Stay In Touch with Delta

Go to www.deltadentalwi.com to:

- Create your Member Connection account
- Access benefit and claims information
- Print new ID cards
- Access oral health resources

Download the Delta Dental

Mobile App

- Find a dentist
- View claims and coverage
- View your ID card
- Access the toothbrush timer
- Access the cost estimator tool

The app is available for download through the App Store and Google Play



Vision Plan Benefits

Vision Plan - Delta Vision

The Village of Ashwaubenon Vision plan through Delta Vision offers benefits on vision exams, eyewear, along with an extensive network of providers. This is a voluntary vision plan which means the employee pays the full premium.

Frequency (exams/lenses or contacts/frames); Based on last date of service, not calendar year	12/12/24 months
Dependent Age Limit	To age 26

BENEFIT DETAILS	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays \$10, plan pays balance	\$35
Retinal Imaging	Member pays up to \$39	None
Standard Contact Lens* Fit and Follow-Up	Member pays \$0	\$40
Premium Contact Lens** Fit and Follow-Up	10% discount off retail, plus \$40 allowance	\$40
Frames (any available frame at provider location)	\$120 allowance, then 20% off balance	\$60
Laser Vision Correction – Lasik or PRK	15% off retail price or 5% off promotional price	None
Diabetic Eye Care Benefits included that provide an additional office visit and diagnostic testing for those who have diabetes.		
Standard Plastic Lenses		
Single Vision	Member pays \$25, plan pays balance	\$25
Bifocal	Member pays \$25, plan pays balance	\$40
Trifocal	Member pays \$25, plan pays balance	\$55
Standard Progressive	Member pays \$90, plan pays balance	None
Lens Options		
UV Coating	Member pays \$15	None
Tint (solid & gradient)	Member pays \$15	None
Standard Scratch Resistance	Member pays \$15	None
Standard Polycarbonate	Member pays \$40	None
Standard Anti-Reflective Coating	Member pays \$45	None
Other Add-Ons and Services	20% off retail price	None
Contact Lenses – In lieu of spectacles (Contact lens allowance covers materials only)		
Conventional	\$135 allowance, then 15% off balance	\$108
Disposable	\$135 allowance	\$108
Medically Necessary***	Paid in full	\$200



Using the Delta Vision benefit is easy:

- To find an eye care provider go to www.eyemedvisioncare.com or call 866-939-3633
- Click on "Member"
- Click on Provider Search and select "Find a Vision Provider"

Benefits & Information Contact EyeMed's Customer Care Center for questions concerning benefits, claims payments, and ID cards.

Toll-free: 844-848-7090

EyeMed Hours: Monday-Saturday 7 a.m. to 10 p.m. (CT) Sunday 10 a.m. to 7 p.m. (CT)

Vision Plan - Frequently Asked Questions

What is the key to maximizing my vision benefits?

- Always go in-network! The real benefits come from the discounts **plus** the coverage not the coverage alone.
- Their benefits cover frames just once every two years;
- Standard plastic eye glass lenses **OR** contact lenses once every 12 months. NOT Both!
- If you purchase eye glass lenses in a given year then order contacts through 1-800-Contacts. The same lenses that would cost \$135 through a provider generally will cost about \$70 through 1-800-Contacts.
- Order additional glasses during the same visit. You will receive a 40% discount on a second pair of glasses when ordered at the same time. Discount will not apply if you order the second pair a week or two months or six months later.
- Use the plan! Many members forget they enrolled for the vision plan. Coverage is based upon date of service. Your coverage is 12 months from the last date of service.

How do I enroll?

You may enroll within 30 days of your start date or during the annual open enrollment period. You must remain enrolled for the calendar year. In other words, you can't go get glasses and an exam and then drop the enrollment. You will receive a separate benefits card for the vision plan. It will be mailed to your home. *However, if you lose your card, any network provider will still be able to look you up in the Delta system.*

How do I find a provider?

Go to www.eyemedvisioncare.com and click on [Find a Provider](#) located on the green strip at the top or in the large purple box on the right hand side of the home page. Enter your zip code and choose "Select" as your network.

Can I see my claims online?

Yes. Set up an account and password at www.eyemedivisoncare.com. You will be able to see your claim and more importantly the date of service of your claim. Benefits are based upon one year from the last date of service.

Can I have secondary coverage for vision insurance?

No.

Does this apply to eye laser surgery (Lasik or PRK)?

There are significant discounts for in-network Lasik, but is no actual benefits coverage. The discount provides 15% off retail price or 5% off promotional price in network. Call 1-855-450-3937 to find a provider in our area.



Using the Delta Vision benefit is easy:

- To find an eye care provider go to www.eyemedvisioncare.com or call 866-939-3633
- Click on "Member"
- Click on Provider Search and select "Find a Vision Provider"



Visit www.deltadentalwi.com

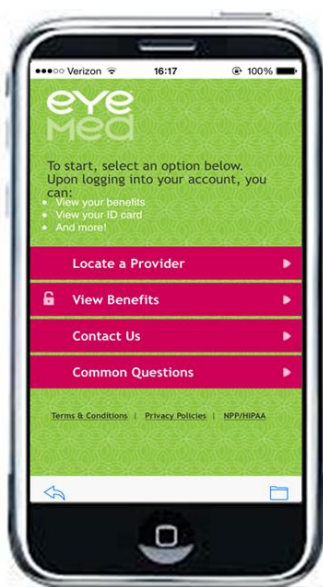
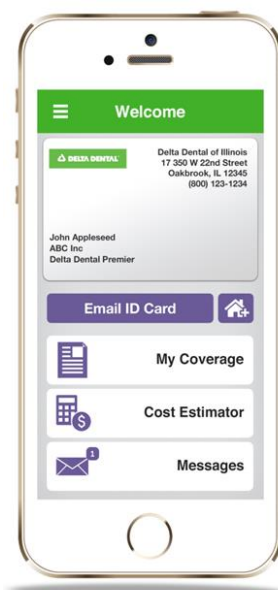
To create your Member Connection Account



Delta Dental Mobile App

- ✓ Find a Dentist
- ✓ View your claims and coverage
- ✓ View your ID card
- ✓ Toothbrush timer
- ✓ Cost estimator

Available for download through the App Store and Google Play



Mobile-optimized website and mobile app provide all-encompassing user-friendly tools:

- ✓ Locate a provider
- ✓ Online exam scheduling (at participating providers)
- ✓ View ID card
- ✓ View benefits
- ✓ Contact EyeMed
- ✓ Find answers to common questions

Employee Assistance Program

Employee Assistance Program (EAP) – ERC

The Village of Ashwaubenon provides all employees and their family members free access to the Employee Resource Center (ERC). Help that's there when you need it. For more information or to access benefits, call 800-222-8590 to speak with a counselor and be connected with services. You can also visit the website for a wealth of information at <https://ercincorp.com/>. ***This service is completely confidential!***

STEP ONE: HOW TO USE YOUR EAP

When you have a problem and need help, call ERC at 1-800-222-8590. Many times, short-term counseling is all you need to get back on the right track. Services are strictly confidential and no identifying information is provided to your employer. All sessions are held with a master level clinician.

STEP TWO: WE'LL TALK WITH YOU ABOUT YOUR CONCERNS

In the first session, you and your counselor will discuss your specific concerns. Together you will develop an ongoing plan to help you meet your goals and schedule future appointments.

STEP THREE: IF NECESSARY, WE'LL REFER YOU TO ADDITIONAL SOURCES OF HELP

Sometimes additional services may be recommended to best help you reach your goals or address your problem. Your EAP counselor will help you weigh the options and refer you to the right resource for additional help. Your counselor will continue to be available to you in the future. If an outside referral is made, your counselor will follow up with you to make sure you are receiving quality services and are making progress toward your goals.



Top 10 Reasons Why Employees & Families Use an Employee Assistance Program (EAP):



ERC is a free benefit to employees and members of their household

Flexible Spending Accounts

Flexible Spending Accounts (FSA) – Diversified Benefit Services (DBS)

Limited Purpose Healthcare Flexible Spending Account (FSA) – Dental and Vision Only

- If you are enrolled in a qualified high deductible health plan such as the Village's HSA plan, you can contribute to a limited purpose FSA **only** for eligible **dental** and **vision** expenses not paid by insurance.
- This benefit is helpful if you are already contributing the maximum amount allowable to your personal health savings account as it provides additional pre-tax advantages if you anticipate a large amount of expenses in the upcoming year such as orthodontia. However, unlike your personal health savings account, these dollars are “use it or lose it”, but you are able to rollover up to \$640 into next years FSA account.
- At enrollment, you decide what amount you would like deducted pre-tax from your bi-weekly pay check, up to the federal maximum allowable amount. Currently, this amount is \$3,300.

Dependent Care Account (DCA)

- Set aside pre-tax dollars to pay for eligible day care expenses for children (up to age 13) or disabled adult dependents while your work or go to school full-time.
- Pre-tax, annual maximum of \$5,000.
- Expenses must be incurred at a licensed child-care facility (up to age 13) including preschool, day camp and before/after school care or licensed adult care if your spouse or financially dependent parent or child is mentally or physically incapable of caring for him/herself and has the same primary residence as the participant.

You can be reimbursed up to the amount you have contributed to this account. If you file a claim that exceeds this amount currently in your account, the rest of the claim will be paid as more money accumulates in the account.

Reminder that these funds are “use it or lose it,” and changes in care giving arrangements, without a qualifying event, will not allow for an increase or decrease in your contribution amount.



Flexible Spending Accounts

Flexible Spending Accounts (FSA)- Claim Reimbursement

The Village's Flexible Spending Accounts are managed by Diversified Benefit Services (DBS). DBS is notified of your enrollment and contribution amounts. All claims for reimbursement shall be submitted to DBS. DBS makes it fast and easy to get reimbursement by using the Benefits Debit Card for health care expenses. You may need to supply additional documentation relating to debit card expenses if there are questions regarding the eligibility of the expense.

If you need to provide additional documentation or if you wish to submit a dependent care claim or dental or vision claim for which you did not use the Benefits Debit Card, you use any of these reimbursement methods.

File on the go with the Mobile Phone App on your smartphone or tablet

- Download the app from Google Play or the App Store
- Log in using your ASAP name and password, click "File a Claim"
- Take a picture or use an existing photo, click "Attach Image"
- Select the Benefit Plan Type
- Enter dollar amount, answer questions, click "Submit".



File Online

- Log into your online account at www.DBSbenefits.com.
- Select the Benefit Plan Type.
- Select "Claims – Claims View/Submit – Submit"
- Complete the required information
- Attach an image with supporting document (.pdf or .jpg)
- Click submit.

File via mail or fax:

- Download a claim form at www.DBSbenefits.com.
- Select the "Participant Resources Tab – Forms".
- Complete the form and attach copies of your documentation.
- Mail to Diversified Benefit Services, PO Box 260 Hartland, WI 53029
- Or fax to 262-367-5938





EMPLOYER CLINIC

SCHEDULE NOW



The Village of Ashwaubenon and Ashwaubenon School District have joined forces to provide onsite clinic services to Village and District health plan members. Services include a full primary care, preventative and wellness, vaccinations and lab work, as well as physical therapy for injury prevention, chronic pain and rehabilitation from injury or surgery.

Schedule your appointment:

www.bellin.org/ashwaubenon and click “Schedule Now” to make an appointment. Or you may call 1-800-528-7883 and ask to schedule an appointment at the Ashwaubenon Onsite Clinic.

Do you just need to renew your prescription or have a question for your provider?

Log into “MyBellinHealth.” Click “**Register Now**” to create **your own free account**. After you sign up, you’ll receive your own personal activation code via email in 1-2 business days. You’ll then have 60 days to open your account.

When you access your account, you’ll find information and tools for help in managing appointments, billing, questions, prescriptions, and more. You can even manage the health of your children or adult family members.



lets you & your family

- Communicate with your clinic and physician through a protected website.
- Schedule your clinic appointments online.
- Refill prescriptions online.
- View lab test results.
- View your health information.
- Track your health.
- View and pay your bills online.
- Manage your family’s health via “proxy access.” Go to mybellin.org and click **Manage Family Accounts** to learn how.
- Have a virtual e-visit right from your home.

MyBellinHealth is FREE. Sign up at mybellin.org.

For questions or help signing up, call (888) 899-9114 – 24 hours a day, 7 days a week.

Wellness - Health Club Reimbursement

Health Club Membership Reimbursement Policy

Village employees and spouses are eligible for reimbursement up to \$25 per month household maximum for all health and fitness reimbursements or Village recreational exercise classes. The employee and spouse must participate in the HRA (Health Risk Assessment) and meet with the onsite nurse to discuss the HRA results to be eligible for reimbursement.

Join a health club at any time. For **reimbursement**, please submit the following information along with the health club reimbursement form to the Village finance department:

- Name of the health club
- Type of membership
- Monthly fee (reimbursement is half of the monthly fee, up to \$25)
- Health club attendance record (from health club) showing at least 8 visits per month
- Health club payment receipt (showing proof of payment to health club)
- In the case of Village recreational exercise class submit proof of payment and verification of attendance of the class.

Please note, IRS regulations consider health club reimbursements a taxable benefit. Reimbursements will be part of a regular paycheck and taxes will be deducted.

Please call Dolly Jackson at extension 4423 if you have any questions.



Wellness – Real Appeal

Looking to lose weight? Real Appeal, offered through UMR, is free weight loss plan through the Village health plan for qualifying employee's and their dependents.

How it works

Real Appeal helps people make small changes necessary for larger, long-term health results, based on weight-loss research studies commissioned by the National Institutes of Health. Real Appeal uses a highly interactive weekly Internet show, videos and live online coaching to drive small behavior changes, week by week, up to a full year. You can sign up at any time by going to the Real Appeal website.

Website: www.support.realappeal.com

Answer Center: 844-344-REAL (7325), help@realappeal.com

Monday through Friday, 4 am - 8 pm Pacific Time

After you have completed your second coaching session, you will be sent a Real Appeal Success Kit that includes fitness guides, quick family meal ideas, fast-food eating tips, weight scale and more.

Over 1 Million pounds have been lost by over 100,000 participants in Real Appeal!



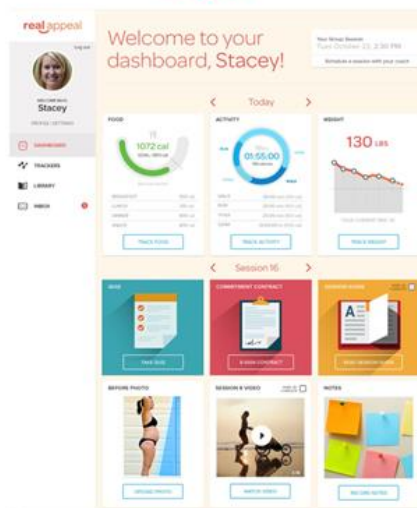
- *Overweight and obese workers have medical claims that are 7x higher than their fit co-workers.²*
- *Health care costs directly related to excess pounds are estimated to double each decade, reaching \$957 billion in 2030.³*
- *Being overweight increases the risk of developing diseases such as heart disease, type 2 diabetes, hypertension (high blood pressure) and sleep apnea.⁴*

Real Appeal Success Kit

At Home



Digital



Long Term Disability & Life Insurance

Long Term Disability

The Village provides eligible employees coverage for long term disability after 180 days. Employees may elect to shorten this period down to 30, 60, 90 or 120 days.

For more information, go to: http://etf.wi.gov/members/benefits_ltdci.htm

OR

Check out this brochure: <http://etf.wi.gov/publications/et2129.pdf>

Initial Enrollment at Start of Employment

You may enroll by completing the *Income Continuation Insurance Application (ET-2366)* available under Employee Resources, through the above link or the Village intranet

Return this completed form to your payroll/personnel office within 30 days of hire (or within 30 days of becoming a WRS-participating employee at the time you were initially hired).

If you are employed at more than one WRS employer and fall under a different ICI plan with a different elimination period, you must file an enrollment application for each position held.

Late Enrollment

If you do not enroll within 30 days of hire, you may enroll if you are medically insurable.

Complete an *ICI Application and Evidence of Insurability (ET-2308)* form, through the above link, from the Department of Employee Trust Funds. This form asks you and your physician to answer questions concerning your past and present health.

An employee with standard ICI coverage may not use Evidence of Insurability to enroll in supplemental coverage.



Life Insurance



The Village provides each employee with life insurance through the Wisconsin Department of Employee Trust Fund in an amount equal to the employee's previous year's reportable earnings. The employee may elect supplemental coverage for the employee and dependents. Rates vary by age of the employee and the amount selected.

- Go to http://etf.wi.gov/members/benefits_life_ins.htm for more information.
- For an application or to terminate coverage go to: <http://etf.wi.gov/publications/et2304.pdf>

Supplemental Plan

- You must have Basic coverage and your employer must participate in the Supplemental Plan to be eligible for the Supplemental Plan
- This plan provides life insurance coverage in addition to the Basic Plan at one times your previous year's earnings, rounded to the next higher \$1,000.
- If you are employed when you reach age 70, your premiums will stop and your Supplemental insurance coverage will terminate
- If you have continued the Supplemental Plan following termination of employment or retirement, coverage will end at age 65

Life Changes

Who do I contact for life event changes?

Use Isolved to update your address, change your tax deductions or notify HR & payroll of a qualifying event.

To **update your name or address**, log into your Isolved account and click “Name/Address Updates” under the Employee Self Service menu. This will walk you through the name and address change. Isolved will also provide this change in information to all of health, dental, vision, and flex account providers as well.

If you have a life event such as **marriage, divorce, or birth/adoption** of a child, click on “Life Events Wizard” under the employee self service menu. Select the appropriate life event and the date of the actual event and click next as it walks you through tax and dependent information you may wish to make as a result of this life event.

Upon completion of the life event wizard, a **qualifying life event** for benefit purposes will also re-open “Open Enrollment” under the self-service menu. You can then make any changes to your health, dental, vision, and flex accounts that you may wish to make. Open Enrollment will also show you how many days are remaining to make these changes based upon the date of your life event. Remember you must make changes within 30 days of the life event!

HR & Payroll will be notified of any of these changes and will process them as soon as possible. If you have any questions please contact HR or payroll.



Wisconsin Retirement System (WRS)

Employees regularly working over 23 hours per week must participate in the Wisconsin Retirement System. The Village of Ashwaubenon contributes to your Wisconsin Retirement System (WRS) account as well . WRS annually establishes the employer required contribution as well as your employee required contribution. These are pre-tax contributions of a defined benefit plan.

Your retirement benefit is calculated by WRS using a formula that includes your final average monthly earnings, your employment category (general or protective service), your years of creditable service, and any applicable age reduction factor if you are retiring before your normal retirement age.

Alternatively, you may choose a money purchase retirement benefit. This is calculated by multiplying the money purchase balance in your WRS account (plus accrued interest) by a “money purchase factor” based on your age and your benefit effective date. You can find your money purchase balance on your annual Statement of Benefits.

For more information on your WRS benefits or to estimate your retirement benefits go to: <http://etf.wi.gov/>



Wisconsin Deferred Compensation – 457b plan

Wisconsin Deferred Compensation – 457b plan

You may also choose to enroll in a deferred compensation plan. This is a voluntary plan with no employer contribution. Your payroll contributions are pre-tax. You may enroll at any time by completing an enrollment form found on the WDC website: www.wdc457.org. Turn in your completed form to payroll or mail to WDC as listed on the form.

Following enrollment, you may increase or decrease your contribution at any time by making the change online at www.wdc.457.org. These changes will be communicated from WDC to payroll. Payroll cannot make these changes for you.

A representative from Wisconsin Deferred Compensation holds on site meetings at the Village twice a year. Payroll will notify you when a representative is coming so you can schedule a one-on-one appointment to discuss your individual retirement plan.



Contribution Amounts				
How much can I contribute?	If you are...	You are eligible to contribute the...	2025 limit	Total annual limit
	Any Age	Regular Contribution Limit	\$23,500	\$23,500
	Age 50 and Older	Age 50+ Catch-Up Contribution	\$7,500	\$31,000
	Nearing Retirement	Special Catch-Up Contribution	\$23,500	\$47,000
	<i>If you are within three years of your normal retirement age, you may be eligible to use the Special Catch-Up Contribution option.¹ You may not contribute to both the Special Catch-Up option and the Age 50+ Catch-Up option in the same calendar year, even if you are eligible for both options.² Catch-up contribution limits are in addition to the regular contribution amount depending on how much you undercontributed in prior years. You are responsible for monitoring your contributions to ensure that you stay within the annual limits. The Special Catch-Up option requires a completed form. Please contact the WDC for more information before contributing more than \$31,000.</i>			

If I leave public employment, must I transfer or roll over my WDC account?	Upon leaving public employment, your options are to:
	<ol style="list-style-type: none">1. Leave your money in the WDC and continue to take advantage of the WDC's diverse selection of investment options, account management tools and dedicated service representatives. Transferring your account balance is not required.2. Transfer or roll over your account balance to another eligible governmental section 457 plan if your new employer accepts this type of transfer and/or rollover.3. Roll over your account balance to a section 401(a), 401(k) or 403(b) plan or IRA. Remember that your section 457 assets may be subject to an early withdrawal penalty if distributed from your new plan prior to you reaching age 59½.⁷ Also, be aware that some services available in the WDC may not be available in another plan. There is a Fee Comparison Worksheet located on www.wdc457.org to help you weigh your options. You are encouraged to discuss rolling money from one account to another with your financial advisor/planner and to consider any potential fees and/or limitations of available investment options.

Wisconsin Deferred Compensation – 457b plan

What is a section 457(b) deferred compensation program?	A number of voluntary retirement programs are defined in the Internal Revenue Code (IRC). These include section 457(b) programs, commonly called 457 deferred compensation programs. Deferred compensation programs allow eligible employees to save and invest before-tax and after-tax (Roth) dollars through voluntary paycheck contributions, supplementing any existing retirement/pension benefits.
Why should I participate?	Having a WDC account may help provide a more comfortable financial future. You receive quality investment options, access to local service representatives, local call center support, financial education services and planning tools that can help you better prepare for retirement.
Is there any reason why I should not participate in the WDC?	Participating may not be advantageous if you are experiencing financial difficulties, have excessive debt or do not have an adequate emergency fund (typically in an easy-to-access account).
Who is eligible to participate?	The WDC is a voluntary supplemental retirement savings program for all active state and university employees. Active local government and school district employees may also be eligible if your employer has elected to offer this optional benefit program.
Does participation in the WDC affect my pension or reduce my Wisconsin Retirement System or Social Security benefits?	No. The WDC is a voluntary supplemental retirement program and does not replace or reduce any of your Wisconsin Retirement System or Social Security benefits.
What are the advantages of before-tax savings?	With tax-deferred savings, you pay no income taxes on any contributions or their potential earnings until you withdraw the money. This further enhances the benefit of compounding—generating returns on money that you would have paid in taxes if those taxes had not been deferred. Any earnings are reinvested in your account, where they have the potential for continued growth because they are not reduced by taxes each year.
What are the advantages of after-tax (Roth) savings?	Roth contributions are made with after-tax dollars. Roth 457 contributions reduce your take-home pay because you pay taxes on any earnings immediately, rather than deferring those taxes until you take a distribution. Therefore, your contributions and any earnings are not taxed upon distribution. This can be beneficial if you expect to be in a higher tax bracket during retirement than in your working years.
What happens to my money when I die?	Your designated beneficiary(ies) will receive the remaining value of your account, if any. Your beneficiary(ies) should contact the WDC to discuss the available distribution options and apply for a distribution. If no beneficiary designation is on file, beneficiaries will be determined according to standard sequence as defined in Wisconsin statutes and detailed in the WDC Plan and Trust Document.
When can I withdraw the money from my before-tax account?	<p>Your before-tax money may be withdrawn only when you:</p> <ul style="list-style-type: none"> • Retire (and have received your final paycheck). • Experience an unforeseeable emergency within the WDC guidelines. • Die [your designated beneficiary(ies) will receive your benefits]. • Terminate employment (and have received your final paycheck). <p>You are not required to take a distribution until April 1 of the calendar year following the year you reach 70½; you can leave your account balance in the WDC until that time even if a distribution event has occurred.</p>
When can I withdraw the money from my after-tax (Roth) account on a tax-free basis?	<p>Your after-tax distributions are free from income taxes and penalties if you withdraw your after-tax contributions and earnings after holding the account for at least five years and:</p> <ul style="list-style-type: none"> • You are at least age 59½ and have severed employment (and received your final paycheck). • You become disabled. • You experience an unforeseeable emergency defined as a “severe financial hardship.” • You die [after which your beneficiary(ies) will take the withdrawal]. <p>If a distribution is made from your after-tax 457 account before you reach age 59½ and it is not due to an unforeseeable emergency, death, disability or you reaching the five-year period beginning with your first after-tax contribution, you will pay income taxes on any earnings that are distributed.</p>

EDVEST AT WORK



Why save for college with Edvest 529?

A 529 plan can be one of the best ways to save for higher education. Here is why Edvest 529 may be the right choice for you and your family:

Triple Tax Benefits

Wisconsin taxpayers may be eligible for a state income tax deduction, any earnings grow tax-deferred, and withdrawals are tax-free when used for qualified higher education expenses.

Low Fees & Expenses

Edvest 529 is one of the nation's lowest cost 529 plans!¹ Low fees can help more of your savings go toward education costs.

Contributions that Fit Your Budget

With a \$25 minimum contribution, Edvest At Work can work for all budgets.

Flexibility & Control

- Anyone can contribute, not just parents.
- Contributions can be made through recurring contributions or large lump sums.
- With Edvest's Ugift® option it is easy for family and friends to make contributions to your loved one's account.
- The account owner maintains control even when the beneficiary turns 18.
- This is a voluntary plan with no employer contribution.
- Your payroll contributions are post-tax.
- You may enroll at any time by completing an enrollment form on the Edvest website: www.Edvest.com
- Wisconsin residents may be eligible for a state tax deduction. Limitations apply.
- Edvest funds may be used at universities, colleges, technical schools, graduate and professional schools, as well as many certificate programs.
- Funds may be used at schools across the country and even some abroad.
- Up to \$10,000 annually per student, in aggregate from all 529 plans, can be withdrawn free from federal and Wisconsin income tax if used for tuition expenses at a public, private or religious elementary, middle, or high school.
- Use funds for tuition, books, room & board, computers, tablets, and other expenses.
- Build savings with recurring contributions from your bank account or payroll direct deposit.



Kevin Pytleski

608.234.6317

Kevin.Pytleski@tiaa.org

Edvest.com/Employer

Schedule a
complimentary
virtual 1:1
appointment



Glossary of Terms

Allowable Charge: maximum amount an insurance carrier will pay for a particular service.

Beneficiary: the person(s), estate, trust or organization designated to receive benefits in the event of death.

Benefit Year/Plan Year: 12-month period from January 1 through December 31 during which services are rendered and deductibles and coinsurance are accumulated.

Brand Name Drug: prescription drugs marketed with a specific brand name by a particular manufacturer and is protected by a patent.

Coinsurance: your share of costs for a covered service, calculated as a percent of the allowed amount for the service. You pay this plus any deductible you may owe

Copayment: the amount you pay for a medical service or prescription drug (typically a flat dollar amount).

Covered Expense: an expense for a service or supply for which the plan will provide benefits.

Deductible: the initial amount that a plan participant must pay for eligible expenses each plan year before plan benefits are paid.

Dependent Care Flexible Spending Account: a type of savings account governed by the IRS that allows plan participants to set aside a portion of their pre-tax salaries to pay for certain eligible dependent care expenses for a child or elder care.

Elimination Period: period of time that must expire prior to the commencement of a short-term or long-term disability benefit.

Employee Contribution or Employee Premium: the portion of the total premium that you pay through payroll deductions for your insurance coverage.

Evidence of Insurability: a statement or proof of a person's physical condition or other factors affecting his/her acceptance for life insurance.

Flexible Spending Account (FSA): An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed by your insurance plan. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

Formulary: generally, a drug list used as guide for determining the copayment or coinsurance amount health plan participants pay for each prescription. Health plan participants generally pay a lower amount for drugs listed on the formulary. A formulary may also be referred to as a preferred drug list.

Generic Drug: a prescription drug, which is chemically equivalent to a brand-name product, and is dispensed under its generic chemical name.

Incurred: the date on which a service or treatment is given, a supply is received, or a facility is used, without regard to when the service, treatment, supply or facility is billed, charged, or paid.

Medically Necessary (or medical necessity): Health care services provided for the purpose of preventing, evaluating, diagnosing or treating a sickness, injury, mental illness, substance-related and addictive disorders, condition, disease or its symptoms, that are in accordance with generally accepted standards of medical practice, clinically appropriate, and not for convenience.

Out-of-Pocket Maximum: generally the maximum dollar amount, including deductibles, copayments and coinsurance, that a plan participant pays in any calendar year towards the costs of eligible health care expenses. Once a plan participant reaches the out-of-pocket maximum, the health plan covers eligible expenses at 100% for the remainder of the calendar year. Prescription drug copayments and coinsurance apply to the out-of-pocket maximum.

Qualifying Event: a specific circumstance that allows an employee to make benefit election changes prior to the next open enrollment. The IRS refers to these changes as "Qualified Family Status Changes".

Waive coverage: the enrollment option elected by an employee who is declining coverage under a benefit plan.