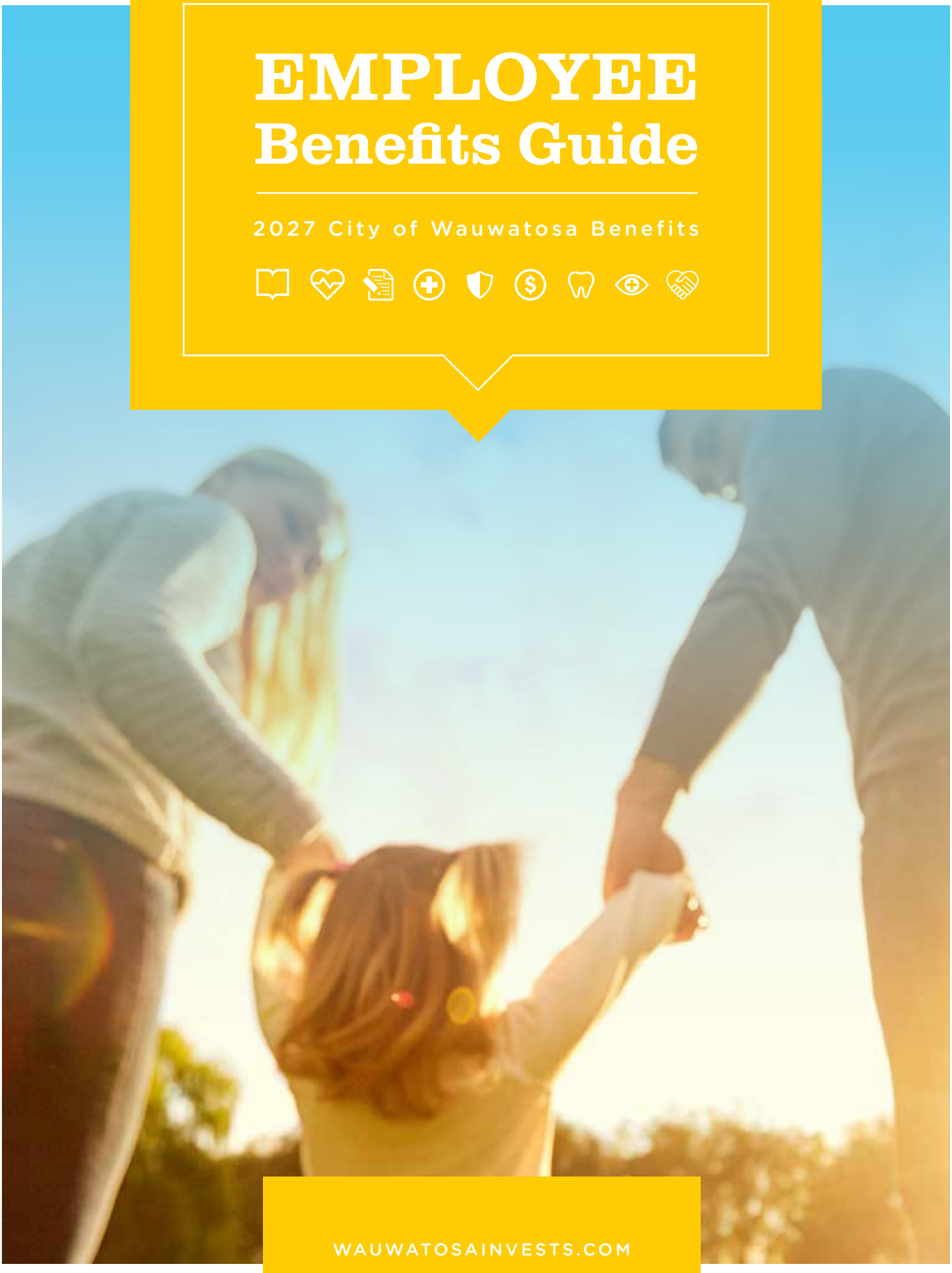
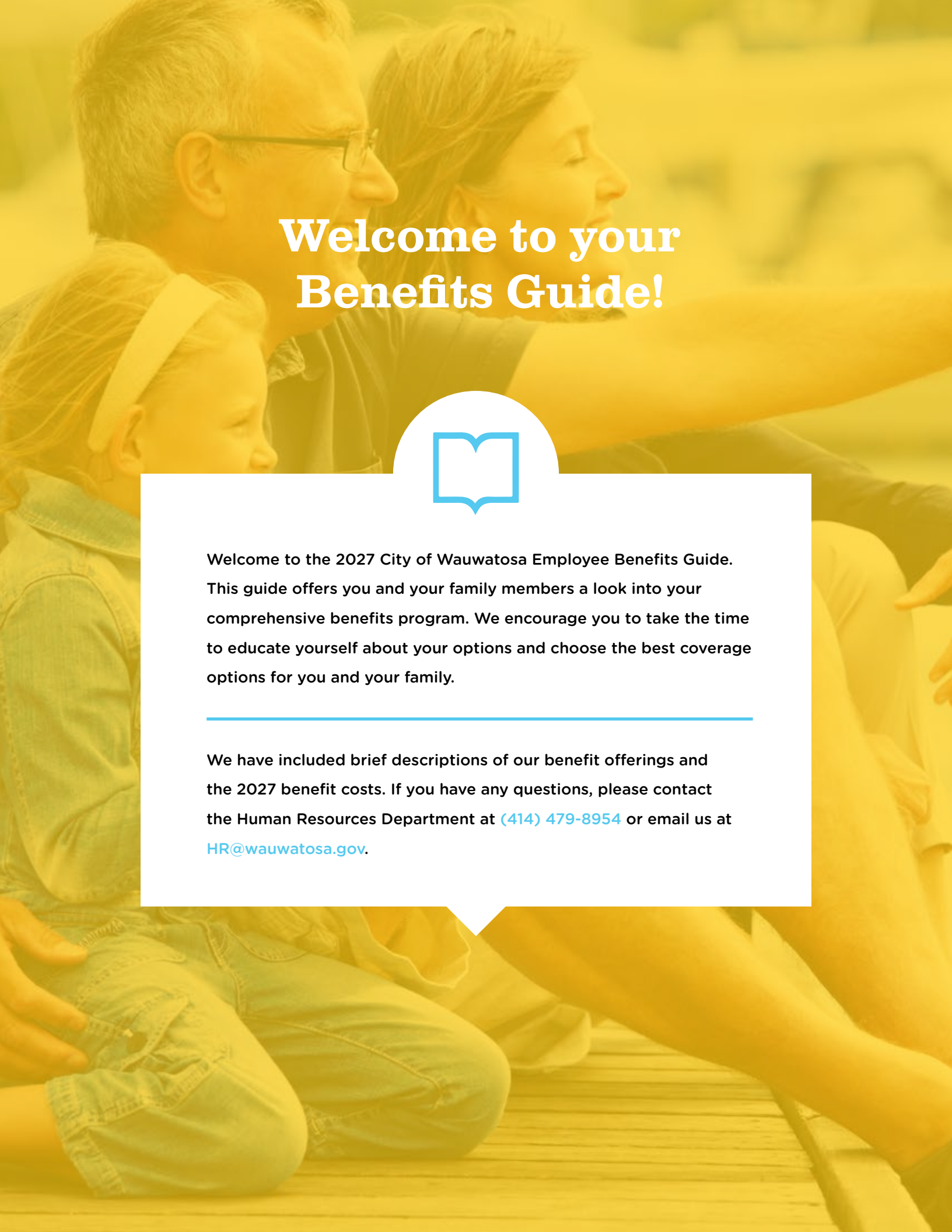
EMPLOYEE Benefits Guide

2027 City of Wauwatosa Benefits



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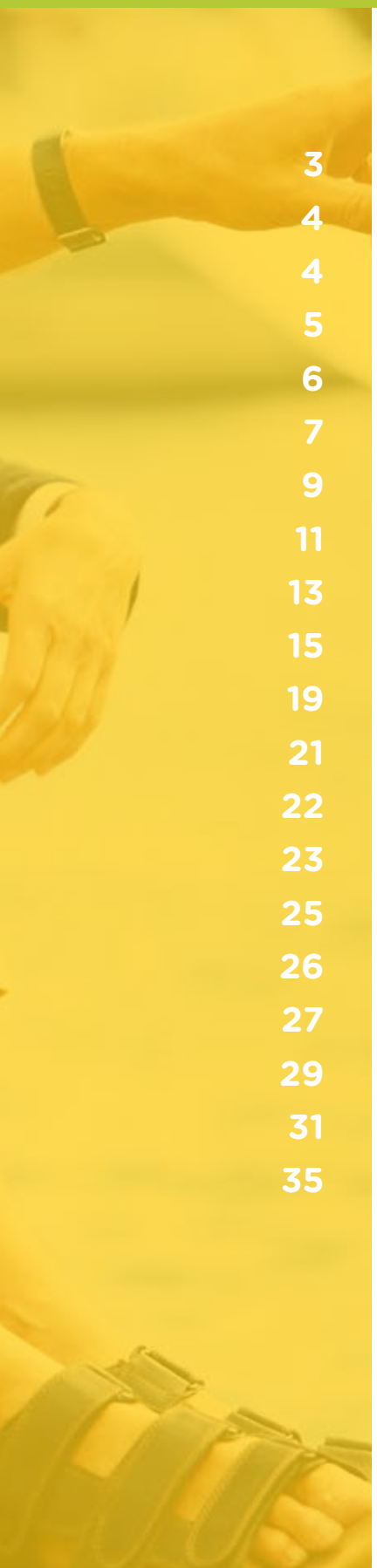


Welcome to your Benefits Guide!

Welcome to the 2027 City of Wauwatosa Employee Benefits Guide. This guide offers you and your family members a look into your comprehensive benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage options for you and your family.

We have included brief descriptions of our benefit offerings and the 2027 benefit costs. If you have any questions, please contact the Human Resources Department at (414) 479-8954 or email us at HR@wauwatosa.gov.

Table of Contents



3	Benefit Eligibility
4	Dependent Eligibility
4	When Will My Benefits Begin?
5	How to Enroll for 2027
6	Qualifying Events
7	Paying for Benefits
9	Health and Prescription Drug Insurance
11	Health Reimbursement Account (HRA)
13	Workplace Clinic
15	Invest In Wellness Program: Core Wellness Steps & Incentives
19	Dental Insurance
21	Vision Insurance
22	Life Insurance
23	Flexible Spending Account (FSA)
25	457(b) Deferred Compensation
26	Wisconsin Retirement System (WRS)
27	Retirement Health Savings Plan
29	Employee Assistance Program (EAP)
31	Legal Notices
35	Benefit Contact Information

Who is eligible?

The benefit eligibility tables below summarize general eligibility requirements for both employees and their dependents.

New Hires are eligible to enroll in the City's benefit programs within the first 31 days of employment.

For more details on plan eligibility, please refer to the Summary Plan Description.

Benefit	Employee Eligibility
Health Insurance	Full-time employees; part-time employees regularly scheduled for 20 or more hours per week and full-time employees as defined by the Affordable Care Act (ACA) can participate at their own expense
Workplace Clinic	Employees, spouses and dependents ages 2 and up who are enrolled on the City's health insurance plan
Invest In Wellness Program – Core Wellness Steps	Full-time and part-time employees on the City's health insurance plan
Invest In Wellness Program – Other Programming	Full-time and part-time employees. Refer to the Wellness Resource Guide for additional information.
Dental Insurance	Full-time employees; part-time employees regularly scheduled for 20 or more hours per week
Vision Insurance	Full-time employees; part-time employees regularly scheduled for 20 or more hours per week
Life Insurance	Full-time employees
Flexible Spending Account (FSA)	Full-time; part-time employees regularly scheduled for 20 or more hours per week
457(b) Deferred Compensation	Full-time and part-time employees
Wisconsin Retirement System (WRS)	Full-time employees and part-time employees regularly scheduled for 1200 hours of work per year
Retirement Health Savings Plan	Full-time employees following completion of one year of service
Employee Assistance Plan (EAP)	All employees and their dependents

Dependent eligibility

Dependents may include:

- Your spouse
- Natural children
- Stepchildren
- Adopted children
- Children placed for adoption
- Children for which legal guardianship has been awarded

Benefit	Qualified Dependent Eligibility
Health Insurance	Dependents are generally eligible to remain on the City's plan until the end of the month in which they turn age 26.
Dental Insurance	Dependents are generally eligible to remain on the City's plan until the end of the month in which they turn age 26.
Vision Insurance	Dependents are generally eligible to remain on the City's plan until the end of the month in which they turn age 26.
Flexible Spending	An individual who is a tax dependent of the Participant as defined in Code Section 152. Further rules apply for dependents of divorced parents and dependent care reimbursement accounts.

When will my benefits begin?

Benefit	Coverage Begins
457(b) Deferred Compensation **Employee Assistance Program (EAP)** **Invest in Wellness Programming** **Life Insurance** **Wisconsin Retirement System (WRS)**	Date of hire
Dental Insurance **Health Insurance** **Flexible Spending Accounts (FSA)** **Vision Insurance**	First of the month following date of hire
Retirement Health Savings Plan	Following completion of one year of service

How to enroll for 2027



Enrollment must be completed online via the Employee Self Service (ESS) portal: munisselfservice.wauwatosa.net/ess/

If you would like to enroll in benefits or make changes to your existing benefit elections, you must complete your enrollment online via the Employee Self Service (ESS) portal, unless otherwise instructed by the Human Resources Department. Changes can only be made during the Open Enrollment period, unless you have a ***qualifying event*** as defined on the next page.



Qualifying events

Based on IRS rules, mid-year plan changes must correspond with a qualifying event. A qualifying event, also referred to as a life event or a status change includes:

- Marriage or divorce
- Birth, adoption, or placement for adoption
- Death of spouse or covered dependent
- Change in employment status for you, your spouse or your dependent, such as new employment, termination of employment, moving from full-time to part-time status, moving from part-time to full-time status, or change in working hours affecting benefit eligibility
- Change in dependent eligibility as defined by the plan
- A judgment, decree or order, including a qualified medical child support order
- Termination of your or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility*
- You or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP*
- Entitlement to Medicare or Medicaid*

Employees experiencing a qualifying event must notify the Human Resources Department and submit documentation substantiating the event within the following timeframes:

- General qualifying events: within 31 days of the event or change in status
- Medicaid/Medicare changes: within 60 days of the event

Benefits changes related to the qualifying event must be made within these same timeframes. If changes are not made within the applicable deadline, you must await until the next Open Enrollment period to make benefit changes.

Paying for benefits

Health Insurance Bi-Weekly Rates

FT Non-Represented Employees

Tier	Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Platinum	15%	$62.52	$156.30	$125.04	$187.56
Gold	15% + $600	$85.60	$179.37	$148.11	$210.63
Silver	27%	$112.53	$281.33	$225.07	$337.60

Health Insurance Bi-Weekly Rates

FT Police & Fire Represented Employees

Tier	Premium	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Platinum	15%	$62.52	$156.30	$125.04	$187.56
Gold	15% + $500 HRA Reduction	$62.53 ($0 HRA Contribution)	$156.30 ($500 HRA Contribution)	$125.04 ($500 HRA Contribution)	$187.56 ($500 HRA Contribution)
Silver	27%	$112.53	$281.33	$225.07	$337.60

For more information on the health insurance contribution tiers, please refer to the Invest In Wellness section on pages 15-18.

Health Insurance Bi-Weekly Rates

PT Employees

Employee Only	$416.79

Care Plus Dental Bi-Weekly Rates

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
$5.22	$10.45	$12.02	$18.76

Humana Dental Bi-Weekly Rates

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
$5.90	$11.79	$14.44	$21.81

Superior Vision Bi-Weekly Rates

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
$0.32	$0.64	$0.71	$1.12



Health and Prescription Drugs

The City offers the Nexus ACO health plan with a Health Reimbursement Account (HRA). This plan is administered by UnitedHealthcare.

What is an ACO? An ACO (Affordable Care Organization) is a group of healthcare providers that work together to give better, more efficient care, focusing on quality results.

In-Network Providers

The Nexus ACO plan has two levels (tiers) of in-network providers in Southeastern Wisconsin:

Tier 1 Providers: Advocate Aurora Health, Froedtert* and Medical College of Wisconsin, Children's Hospital of Wisconsin
*Note: Froedtert South is not included as a Tier 1 provider

Tier 2 Providers: UHC Choice Plus providers

Why Choose Tier 1 Providers?

TIER 1

Using Tier 1 providers can save you money. Before receiving care, log in to myuhc.com and check for the Tier 1 symbol when searching for doctors or facilities.

Choose a Primary Care Provider (PCP)

You must choose a Primary Care Provider (PCP) within 60 days of enrolling in the plan. Your PCP will:

- Help manage your overall health
- Refer you to specialists if needed

Log in to myuhc.com to search for a provider and choose your PCP.

See the City of Wauwatosa Summary Plan Description (SPD), available on wauwatosainvests.com for full coverage details and exclusions.

Don't forget! By participating in the City's Invest in Wellness program and completing the annual Core Wellness Steps, you can earn the wellness incentive which will save you money on your health insurance premium contribution.

		Tier 1 Provider	Tier 2 Provider	Out of Network
Deductible	Single	$1,500	$2,000	$3,000
	Family	$3,000	$4,000	$6,000
Coinsurance		20%	40%	50%
Maximum Out of Pocket	Single	$4,000	$4,500	$5,500
	Family	$8,000	$9,000	$11,000
Office Visit	PCP	Deductible/Coinsurance		
	Specialist	Deductible/Coinsurance		
Urgent Care		Deductible/Coinsurance		
ER		$200 Copay plus Deductible/Coinsurance		
Retail Pharmacy (up to a 31-day supply)	Tier 1	$10 Copay		
	Tier 2	$30 Copay		
	Tier 3	20% Coinsurance (Minimum $50, Maximum $100)		
Mail Order Pharmacy (up to a 90-day supply)	Tier 1	$25 Copay		
	Tier 2	$75 Copay		
	Tier 3	20% Coinsurance (Minimum $125, Maximum $250)		

To view the prescription drug list and check pricing, visit myuhc.com.

Benefit & Service Category	Always a Tiered Benefit	Never Tiered
PCP Office Visit	X	
Specialist Office Visit	X	
Physician Fees for Surgical and Medical Services	X	
Outpatient Surgery	X	
Inpatient Hospital	X	
Radiology, Anesthesiology, Pathology & Laboratory (Follow tier of associated facility)	X	
Urgent Care		X
Emergency Room		X
Ambulance Services		X
Virtual Visit		X
Lab / X-Ray / MRI / DME		X
Mental Health/Substance Abuse Services		X
Rehabilitation Services (e.g. Physical Therapy, Occupational Therapy, Cardiac Therapy, Speech Therapy)		X
Chiropractic Manipulation		X
Skilled Nursing Facility, Home Health, Hospice		X

Non-tiered services are covered at the highest benefit level if received in-network.

Questions?

Call UnitedHealthcare at 866-734-7670 or visit myuhc.com.

Health Reimbursement Account

A Health Reimbursement Account (HRA) is an employer-funded account designed to reimburse you for eligible out-of-pocket medical, dental and vision expenses. The HRA is directly connected to your health insurance plan. If enrolled in the city's health insurance plan, you will automatically be enrolled in the HRA.

Qualified Medical Expenses

Qualified medical expenses include amounts applied to your deductible, copays and coinsurance. Please reference IRS Publication 502 titled 'Medical and Dental Expenses' defined by IRS Code Section 213 (d) for further details.

HRA Employer Contributions

Non-Represented Employees	Annual Employer Contribution
Single Plan	$500
Family Plan	$1,000

Police & Fire Represented Employees	Tier	Annual Employer Contribution
Single Plan	Platinum & Silver	$500
Family Plan	Platinum & Silver	$1,000
Single Plan	Gold	$0
Family Plan	Gold	$500

Individuals enrolling in the plan after January 1st will receive a prorated contribution the first year.

How Does an HRA Work?

- Your account is funded by the city on an annual basis. Please refer to the HRA employer contribution charts for more details. Employees cannot contribute to the account.
- Your HRA will be set up for automatic payment. With automatic payment, claims for medical expenses are automatically submitted to your HRA for payment. Once the claim is processed the HRA payment will be sent to your provider on your behalf. If you pay a copay at time of service (i.e. pharmacy copay), the HRA payment will be sent to you - either via reimbursement check or direct deposit. You have the option to disable automatic payment on myuhc.com. If automatic payment is disabled, all claims must be manually filed.
- For dental or vision claims (i.e. claims outside the health plan), HRA claims can be submitted online at myuhc.com. You will need documentations, including proof of payment that lists data of purchase or service, name of the provider and description of service.
- Sign up for direct deposit. When you turn on direct deposit, your HRA payments are paid back directly into your personal checking or savings account. This gets you your money faster. It's secure and quick to activate on myuhc.com.
- View your FSA account balance, transaction history and submit claims online at myuhc.com.

Does the HRA help offset my deductible?

Yes. The deductible is the amount you pay for covered health care services before the health plan will start to pay. Your HRA will automatically pay for all covered services first. You will not pay as long as you have money in your HRA.

Illustrative Example

Employee, covered on a single plan, goes to the doctor for a diagnostic office visit.

The employee sees a Tier 1 provider.

Deductible: $1,500 (not yet met as of time of visit)

HRA Balance: $500

Illustrative Example

***Provider Visit: $150**

The employee has not yet met their deductible, so they will owe $150 for the office visit. The employee still has money remaining in their HRA, so the HRA will cover the cost of the visit in full. The HRA payment will be sent to the provider directly.

The employee has now met $150 of their $1500 deductible ($1350 remaining) and has a remaining HRA balance of $350.

*Allowed amount will vary based on provider network contract agreements

HRA Balances

If you don't spend all of the funds in your HRA during the calendar year and you enroll in the plan for the following year, a portion of your remaining HRA balance rolls over into your account for the next calendar year. If you do not re-enroll in the plan for the next calendar year, you forfeit any unused funds remaining in the account.

The maximum amount that can be rolled over is limited as follows:

Plan Level	HRA Rollover Maximum
Single Plan	$2,000
Family Plan	$4,000

What Happens When my HRA is Exhausted?

Once you spend your HRA money, it is your turn to pay. You will pay for covered services until you've paid the remaining deductible. The plan will then move to co-insurance.

Co-insurance is when you and the plan share the cost of covered services. For example, for Tier 1 services, the plan pays 80% of the cost of services, you will pay 20%.

Workplace Clinic

Convenient, Cost-Effective Care

Comprehensive health care services available **free-of-charge** to all City of Wauwatosa employees, retirees, their spouses and dependents ages two and older that are on the City's health insurance plan.

The Workplace Clinic is staffed by Froedtert & the Medical College of Wisconsin licensed, board-certified Advanced Practice Providers.

Patients who visit the Workplace Clinic have access to MyChart®, a web-based portal, to view their health history and test results.

City of Wauwatosa Workplace Clinic

City Hall (lower level)
7725 W. North Avenue
Wauwatosa, WI 53213

Parking is available in the City Hall / Library parking lot.

Clinic Hours

M 8:00 AM – 3:30 PM
(closed for lunch 12:45pm - 1:45pm)

T 7:00 AM – 12:00 PM
W 8:00 AM - 12:00 PM
TH 9:00 AM – 4:30 PM
(closed for lunch 12:45pm - 1:15pm)

The clinic will be closed on all City holidays.

Appointments

For in-person, telephonic or virtual visit appointments and questions, call 414-777-3406

If you are an established Workplace Clinic patient, you can schedule online through MyChart® or the Froedtert & MCW app.

Same-day appointments are often available.

Workplace Clinic Services

Primary and Preventive Care:

- **Annual wellness visits**
  Yearly check-ups, including physical exams and women's health exams.
- **Preventive health screenings and referrals**
  Such as mammograms, colonoscopies and depression screening.
- **Chronic condition management**
  Ongoing care for high blood pressure, diabetes, high cholesterol, asthma and mental health conditions.
- **Care coordination**
  Collaboration with other health care providers and specialists, regardless of health system affiliation.
- **Tobacco and alcohol cessation**
  Counseling and resources to support quitting smoking, vaping or drinking.
- **Healthy living guidance**
  Nutrition, physical activity, and weight management support.
- **Confidential support**
  Assistance for personal and family well-being.

* Some services are only available to those who are 18 years of age and older.

Minor Procedures:

- **Abscesses**
- **Ear wax removal**
- **Suture and staple removal**
- **Wart and skin tag removal**

Medication*

- **On-site dispensing of select medications**
- **Breathing treatments**
- **Medication prescribing**
  (sent to your preferred pharmacy)

* No narcotics are stored or dispensed in the clinic.

Treatment for Sudden Illnesses, Infections and Minor Injuries:

- **Acne**
- **Acute allergies**
- **Burns** (minor)
- **Cold and flu symptoms**
- **Cold sores**
- **Ear infections**
- **Eye infections/pink eye**
- **First aid**
- **Influenza**
- **Insect bites**
- **Lacerations** (simple)
- **Muscular sprains/strains**
- **Nosebleeds**
- **Rashes/skin conditions**
- **Shingles**
- **Sinus infections**
- **Sore throat**
- **Upper respiratory infections**
- **Urinary tract infections**

Wellness Physicals:

- **Camp, school and sports**

Laboratory and Rapid Testing:

- **Select labs are drawn in the clinic and sent to our local laboratory**
- **Rapid tests are available during your visit and deliver immediate results**

Lab work ordered by outside providers may be able to be completed at the Workplace Clinic. Contact the clinic for more information.

Vaccinations & Injections

- **COVID-19**
- **Depo-Provera**
- **Gardasil**
- **Hepatitis A and B**
- **Influenza**
- **Measles, Mumps & Rubella**
- **Meningitis and Varicella**
- **Pneumonia**
- **Shingles**
- **TB skin test**
- **Tetanus**

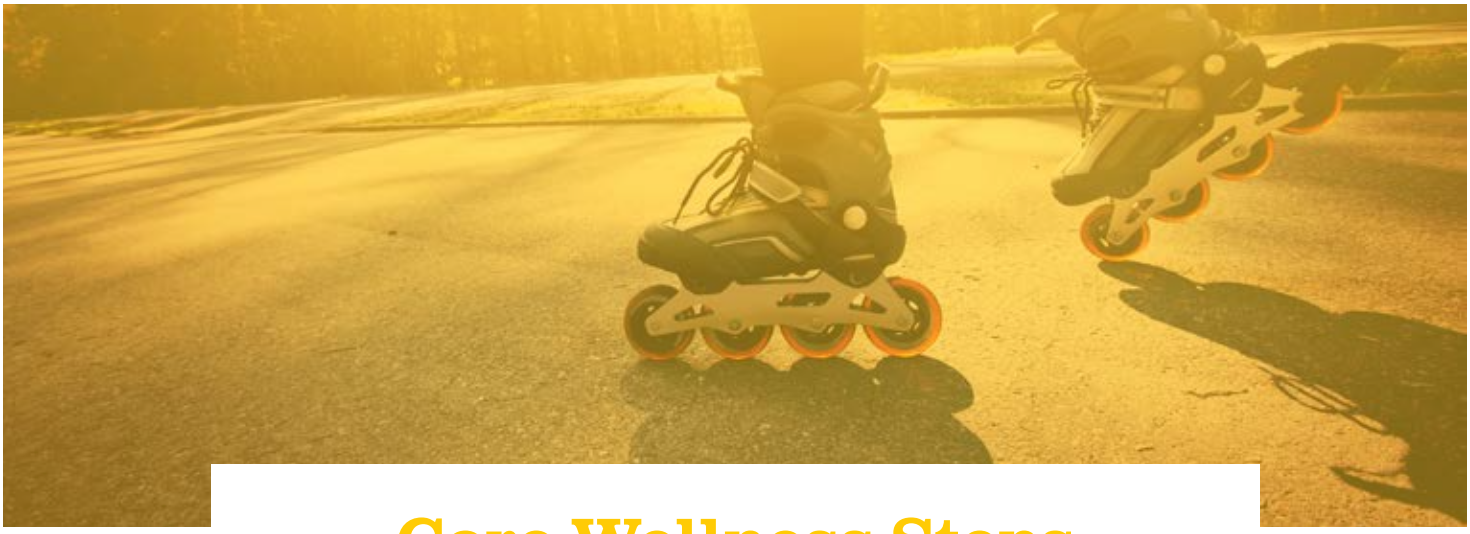


Invest In Wellness Program:

Core Wellness Steps & Incentives

The City cares about your health and well-being and in that spirit, we want to help you understand your health risks. Our annual program, which consists of three Core Wellness Steps, will help provide you with a snapshot of your overall health, help keep you up to date with your age appropriate cancer screenings and give you access to wellness coaches who can help you understand your lab results and reach your personal wellness goals.

The City also offers a wide variety of wellness resources to assist you on your wellness journey. For more information on wellness resources available to you, please see the Wellness Resource Guide.



Core Wellness Steps

These 3 steps need to be completed
to receive the wellness incentive

Nº1

Online Health Questionnaire

Nº2

Biometric and Health Education Appointment (conducted onsite)

Nº3

Compliance with Age Appropriate Cancer Screenings

The Core Wellness Steps are paid for by the City and your results are completely confidential. The City will not receive individual results, but only a de-identified aggregate report.

The Core Wellness Steps are typically completed in late summer/early fall each year. Employees will receive additional information about how to participate.

Invest In Wellness Program

Premium Incentive for Completion of Core Wellness Steps

Participation in the Core Wellness Steps is voluntary, but it comes with incentives. **If you invest by satisfying the Core Wellness Steps, you will be eligible for a reduced health insurance premium contribution of 15% rather than 27%.**

Personal Health Risk Score (PHRS) Incentive

There is an additional incentive available based on the results of your lab and biometric results, known as the Personal Health Risk Score (PHRS). The PHRS is a tool used to determine whether your current health status poses health risks for you now or down the road.

The PHRS is based on the following measures: Blood Pressure, Total Cholesterol, HDL Cholesterol, Triglycerides, LDL Cholesterol, Non-HDL Cholesterol, Blood Glucose, Waist Circumference, Body Mass Index (BMI), and Nicotine Use. The PHRS ranges from 0-100 points and serves and an indicator of your overall health status. The higher your PHRS, the better.

> **The additional incentive for general employees is $600. For police and fire represented employees the additional incentive is $500 contributed into your HRA.** (See tables on page 18 for details).

You receive the additional incentive if you:

- Achieved PHRS of at least 75 points, or
- Enrolled in the Optional Coaching Program and completed all four coaching sessions

Optional Coaching Program

If you do not qualify for the Platinum Tier based on your PHRS alone, you can still achieve the Platinum Tier by participating in the Optional Coaching Program. The Optional Coaching Program consists of one (1) Health Appraisal follow-up visit at the Workplace Clinic and three (3) wellness activities, which can include wellness, fitness or nutrition coaching or participating in a qualifying wellness presentation or challenge. For more information on this program, please contact Froedtert Workforce Health at (414) 777-3447.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Froedtert Workforce Health at (414) 777-3447. We will work with you (and, if you wish, your healthcare provider) to determine if there is a reasonable alternative with the same reward that is right for you in light of your health status.



Health Insurance Tiers

Non-Represented Employees			
Tier	**Premium**	**HRA Funding**	**Eligibility**
Platinum	15%	$500 Single Plan $1,000 Family Plan	• Completed Core Wellness Steps AND • Achieved PHRS of at least 75 points, or • Enrolled in the Optional Coaching Program and completed all four coaching sessions
Gold	15% + $600	$500 Single Plan $1,000 Family Plan	• Completed Core Wellness Steps
Silver	27%	$500 Single Plan $1,000 Family Plan	• Did not complete Core Wellness Steps

Police & Fire Represented Employees			
Tier	**Premium**	**HRA Funding**	**Eligibility**
Platinum	15%	$500 Single Plan $1,000 Family Plan	• Completed Core Wellness Steps AND • Achieved PHRS of at least 75 points, or • Enrolled in the Optional Coaching Program and completed all four coaching sessions
Gold	15%	$0 Single Plan $500 Family Plan	• Completed Core Wellness Steps
Silver	27%	$500 Single Plan $1,000 Family Plan	• Did not complete Core Wellness Steps

Enrollment

Full-time employees enrolled on the City's health insurance plan are eligible to participate in the Core Wellness Steps. If you participated in the wellness program in the prior calendar year, you will automatically be enrolled in the program for the current calendar year unless you notify the Human Resources Department that you would like to opt out of the program. Employees who have not previously participated in the program are able to enroll during the City's annual Open Enrollment period.

New employees have the opportunity to enroll in the program at the time they first become benefit eligible.

Part-time employees enrolled on the City's health insurance plan and spouses are welcome to participate, however there is no additional incentive for doing so.

Questions?

Contact the Human Resources Department
Monday – Friday, from 8:00AM – 4:30PM at (414) 479-8954.

Dental

The City of Wauwatosa offers two dental plans for employees: Care Plus and Humana. The main difference between the two plans is the choice of providers.

The Care Plus plan is an HMO plan and has no out-of-network benefits available. You must receive services from a Dental Associates provider.

The Humana plan is a PPO plan and you may choose between using an in-network or out-of-network provider.



2027 Dental Insurance Plans

Service	Care Plus	Humana
Deductible	$0	In-Network: $0 Out-of-Network: $50 Individual /$150 Family
Annual Coverage Maximum (per covered individual)	$2,000 per year	$2,000 per year in-network $1,000 out-of-network
Preventive Services	100%	100%
Diagnostic Services	100%	80% after deductible
Restorative Services	100%	80% after deductible
Crowns	100%	80% after deductible
Prosthodontics	100%	80% after deductible
Periodontics, Oral Surgery and Endodontics	100%	80% after deductible
Orthodontics	Employee pays $500 deductible. All services associated with orthodontics must be completed by age 19. No orthodontic coverage after age 19.	Plan pays up to 50% of up to $5,000 (no deductible). $2,500 individual lifetime maximum. No age limit.
Service Provider	Coverage only for service provided at Dental Associates location. To find a location visit dentalassociates.com/locations	Employee selects dentist of choice. To find an in-network provider, log on to humana.com or call (800) 233-4013

See the City of Wauwatosa Summary Plan Description (SPD), available on wauwatosainvests.com for full coverage details and exclusions.

2027 Vision Insurance

The City's vision insurance benefit is administered by Superior Vision.
To find an in-network provider log on to superiorvision.com or call (800) 507-3800.

Service	In-network	Out-of-Network
Deductible	$10	$10
Vision Exam (Once every 12 months)	Covered in full	Up to $35 retail
Frames (Once every 24 months)	$100 retail allowance	Up to $50 retail
Lenses (standard) per pair, once every 12 months		
Single Vision	Covered in full	Up to $25 retail
Bifocal	Covered in full	Up to $40 retail
Trifocal	Covered in full	Up to $45 retail
Progressive	Covered to provider's in-office standard retail lined trifocal amount. Member pays difference between progressive and standard retail lined trifocal plus applicable deductible	Up to $45 retail
Contact Lenses (once every 12 months)	$125 retail allowance	Up to $100 retail
Medically Necessary Contact Lenses	Covered in full	Up to $150 retail
Lasik Vision Correction: $200 allowance. Members may elect to receive laser vision correction services in lieu of the eyewear benefit, subject to routine regulatory filing and certain exclusions and limitations.		

Out of Network Claims: Out of network claims must be manually submitted to Superior Vision.

See the City of Wauwatosa Summary Plan Description (SPD), available on wauwatosainvests.com for full coverage details and exclusions.

2027 Life Insurance Coverage

The City provides life insurance for full-time employees through Voya and pays the entire premium for coverage. Please see the table below for coverage specifications.

*Please refer to the City of Wauwatosa Summary Plan Description (SPD) for a full description of coverage and exclusions.

Plan	Employee Benefit	Dependent Benefit
Basic Life Insurance (Non-Represented Employees & Police Represented Employees)	An amount equal to 100% of your annual base salary rounded to the next highest $1,000.	$1,500 for spouse (until age 70) $750 for each dependent child age 6 months until age 26 $100 for children age live birth until 6 months
Basic Life Insurance Fire Represented Employees Option 1	An amount equal to 100% of your annual base salary rounded to the next highest $1,000.	$3,000 for spouse (until age 70) $1,500 for each dependent child age 6 months until age 26
Basic Life Insurance Fire Represented Employees Option 2	An amount equal to 120% of your annual base salary rounded to the next highest $1,000.	No dependent coverage
Additional Benefits		
Travel Assistance	Available to you and your dependents if traveling more than 100 miles from home for trips 180 days or less. Contact Voya Travel Assistance 24/7/365 for emergency medical transport, medical assistance, travel assistance and security assistance services. **1 (317) 659-5841 | imglobal.com/member (referral code: VOYATRAVEL)**	
Bereavement Support	Navigating a loss can be challenging and knowing where to start can be difficult. From planning a funeral to winding down an estate, Empathy offers an impactful solution to you and your family after the loss of a loved one. **Empathy General Care Team Support** 251-299-8482 **Loss Support** 769-305-2683 join.empathy.com/voyasupport-loss **Pre-Planning Support** 802-797-4027 join.empathy.com/voyasupport-preplanning	

To learn more, visit wauwatosainvests.com

IRC section 79 provides exclusion for the first $50,000 of group-term life insurance coverage provided under a policy carried directly or indirectly by an employer. There are no tax consequences if the total amount of such policies does not exceed $50,000. The imputed cost of coverage in excess of $50,000 must be included in income, using the IRS Premium Table (https://www.irs.gov/pub/irs-pdf/p15b.pdf) and is subject to Social Security and Medicare taxes.

Flexible Spending Account

A Flexible Spending Account (FSA) an employer-sponsored savings account that let's you use pre-tax money set aside from your paycheck to pay for qualified health care or dependent care expenses. The City's FSA benefit is administered by UnitedHealthcare.

There are two different account options:

Health Care FSA:

Use your pre-tax health care FSA dollars to pay for eligible medical, dental and vision expenses. This may include items such as copays and coinsurance, prescription copays, over-the-counter medications, routing dental care or procedures, eye exams and prescription glasses or contacts. A full list can be obtained on the IRS website: http://www.irs.gov/publications/p502/index.html

Dependent Care FSA:

Use you pre-tax dependent care FSA dollars to pay for eligible dependent care services when you or your spouse are working, including daycare, before/after school care and summer camps. For additional information, please refer to the IRS guidelines: https://www.irs.gov/publications/p503

How Does an FSA Work?

- Choose a dollar amount to contribute based on your expected healthcare or dependent care expense in the upcoming plan year. This is your annual contribution.
- Your annual contribution will be divided by the number of paychecks you will receive in the calendar year and will be deducted on a pre-tax basis and held in your FSA.
- Sign up for direct deposit. When you turn on direct deposit, your FSA reimbursement are paid back directly into your personal checking or savings account. This gets you your money faster. It's secure and quick to activate on myuhc.com.
- If you are enrolled in the City's health insurance plan along with a Health Care FSA, your FSA will be set up for automatic payment. With automatic payment, claims for medical expenses are automatically submitted to your FSA for reimbursement. This usually eliminates the need to submit manual claims for these types of services. Once the claim is processed you will receive your reimbursement - either via reimbursement check or direct deposit. You have the option to disable automatic payment on myuhc.com. If automatic payment is disabled, all claims must be manually filed.
- FSA Debit Cards are issued by UnitedHealthcare to Health Care FSA participants. This card can be used to pay directly for eligible health care FSA expenses. Payments made with your FSA debit card are debited directly from your FSA account. Dependent Care FSA claims must be submitted manually online at myuhc.com.
- View your FSA account balance, transaction history and submit claims online at myuhc.com.

What is the maximum amount you can elect to have taken out pre-tax for Flexible Spending Accounts?

- **$3,400** per year Health Care FSA
- **$5,000** per year for Dependent Care FSA or **$2,500** if married and filing separately for federal income tax purposes

If I don't spend all of my pre-tax election in a particular plan year, can I use some of that money the following plan year?

Yes, a maximum of **$680** of unused Health Care FSA funds may be rolled over into your account for another plan year.

There is no rollover allowed for unused Dependent Care FSA funds. Unused funds are forfeited.

What are the possible tax advantages of an FSA?

	Without FSA
Gross Monthly Salary	$2,000
Less Applicable Taxes	
Federal Income	$260
State Income	$140
Social Security	$150
Net Income	$1,450
Less Expenses	
Dependent Care	$400
Health Care	$150
"Spendable" Monthly Income	$900

Tax savings are general estimates for illustrative purposes only. Your taxes may be more or less depending on various factors and filing status.

	With FSA
Gross Monthly Salary	$2,000
Less FSA Contributions for Expenses	
Dependent Care	$400
Health Care	$150
Taxable Income	$1,450
Less Applicable Taxes	
Federal Income	$188.50
State Income	$101.50
Social Security	$108.75
"Spendable" Monthly Income	$1,051.25
Monthly Increase	$151.25
Annual Increase	$1,815.00

You should consult your tax advisor to determine whether you would receive a better tax benefit by using the Flexible Spending benefit versus other tax credit options.

457(b) Deferred Compensation Plan

Want to grow your retirement savings? Consider putting money into a 457(b) plan. A 457(b) deferred compensation plan is a tax-advantaged retirement savings account that allows options for deferring pre-tax and after-tax income for retirement savings. Enrollment is simple and contributions are automatically deducted from your paycheck - making it easy to save consistently for retirement.

2027 Contribution Maximums	
Standard Deferral	$24,500
Over Age 50 Catch-Up	$8,000
Special Pre-Retirement Catch-Up (age 60-63)	$11,250

Nationwide

Learn More

Customer Service Team

For task-related support such as beneficiary updates, password resets or general account questions:

Hours: Mon–Fri 8 AM–10 PM, Sat 8 AM–5 PM EST
Phone: 877-677-3678
Email: nrsforu@nationwide.com

Retirement Resource Team

For retirement planning education, enrollment support, and guidance:

Hours: Mon–Fri 8 AM–5 PM EST
Phone: 1-888-401-5272
Schedule a consultation: http://retirementspecialists.MyRetirementAppt.com

Local Retirement Specialist

For personalized conversations about your account, digital tools and your retirement plan:

Josh Aust
Phone: 616-438-2961
Email: austj@nationwide.com





Wisconsin Retirement System

The City of Wauwatosa and employees contribute to the Wisconsin Retirement System (WRS) Retirement Benefit. The WRS is a pension plan, in which the benefits come from required contributions from both the employee and employer.

To learn more, visit: eft.wi.gov/retirement/wrs-retirement-benefit

2027 WRS Contribution Rates		
Employment Classification	**Employee Contribution**	**City Contribution**
Non-Represented	7.25%	7.25%
Police	7.25%	14.73%
Fire	7.25%	19.13%

You can choose to deposit 50% of your contributions into the Variable Trust Fund, which is an all-stocks fund. Contact WRS to learn more.

Wisconsin Department of Employee Trust Funds

Phone: 877-533-5020
Website: etf/wi.gov

My Benefits for Members Portal – provides 24/7 access to your benefits
Website: eft.wi.gov/my-benefits

Retirement Health Savings Plan

The Retirement Health Savings (RHS) plan is an employer-sponsored health benefit savings vehicle that allows you to accumulate assets to pay for qualifying medical expenses for you, your spouse and/or your eligible dependents in retirement. Depending on your eligibility, the City may contribute money to your account through:

1) Annual Sick Leave Conversion

2) One-time lump sum payments by the City

3) Sick Leave Conversion at retirement for employees hired after 1/1/2008 and before 1/1/2015*

Annual Sick Leave Conversion: You may be eligible to contribute to your account by converting unused sick leave. This annual conversion has a number of advantages which include the contributions and investment earnings are tax-deferred and withdrawals for medical expenses are tax-free.

Annual conversions are made by taking your eligible unused sick leave (as determined in the tables below) and multiplying it by your hourly base rate at the end of the year.

Annual Sick Leave Conversion		
Employment Group	**Annual Conversion Rate**	**Minimum Remaining Sick Leave Balance for Conversion**
Police and Fire Supervisors and Represented Employees	1/4 of unused sick leave Fire Union has a max conversion of 36 hours	Any unused sick leave that was accrued during the year will be converted.
Non-Rep Employees hired BEFORE January 1, 2008	1/6 (up to 2 days) of unused sick leave	Employees must have at least 6 days of accrued leave remaining during the plan year to convert unused sick leave.
Non-Rep Employees hired AFTER January 1, 2008	1/4 (up to 3 days) of unused sick leave	Employees must have at least 6 days of accrued leave remaining during the plan year to convert unused sick leave.

Lump Sum Payments	
Employment Group	**One Time Lump Sum Contribution**
All employees hired BEFORE January 1, 2008	$250
All employees hired AFTER January 1, 2008	$500 following 1-year waiting period

Use your sick time as you need, keeping in mind that staying healthy at work means that you have the ability to save money toward retirement health care expenses.

*With the exception of Police & Fire Supervisors and Represented Employees.

Sick Leave Conversion at Retirement

Employment Group	Eligibility	Minimum Remaining Sick Leave Balance for Conversion	
Fire Supervisors & Fire Represented Employees	Full-time employees hired after 1/1/2008 shall convert all accumulated unused sick leave, up to a max of 1940 hours. Full-time employees hired after 1/1/2021 shall convert 50% of accumulated unused sick leave. Conversion will be at the employee's regular rate of pay as of the date of retirement.	Sick Leave Conversion upon Retirement	100% up to 1940 hours or 50% (based on hire date)
		City Contribution of Health Insurance Premium	50% or $700 premium discount (based on hire date)
Police Supervisors & Police Represented Employees	Full-time employees hired after 1/1/2008 shall convert all accumulated unused sick leave. Full-time employees hired after 8/7/2019 shall convert 50% of accumulated unused sick leave. Conversion will be at the employee's regular rate of pay as of the date of retirement.	Sick Leave Conversion upon Retirement	100% or 50% (based on hire date)
		City Contribution of Health Insurance Premium	50% or $700 premium discount (based on hire date)

Non-Represented Employees	Full-time employees hired after 1/1/2008 and prior to 1/1/2015 shall convert accumulated unused sick leave, up to a max of 120 days. Conversion will be at the employee's regular rate of pay as of the date of retirement. Conversion is based upon total years of service at time of retirement.	**Years of Service**	**15**	**20**	**25**	**30**
		Sick Leave Conversion upon Retirement	100%	80%	60%	50%
		City Contribution of Health Insurance Premium	15%	30%	40%	50%

Employee Assistance Plan



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

All services are free, confidential, and available to you and your family members. This includes access to five (5) short term counseling visits per year.



Employee Assistance Plan

The Employee Assistance Plan provides confidential assistance to you and your family members 24/7. You may contact the EAP for any number of reasons including:

Mental Health Sessions

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

Life Coaching

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

Financial Consultations

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

Legal Referrals

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

Work-Life Resources and Referrals

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

Personal Assistance

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

Medical Advocacy

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

Access the EAP

Begin by calling the EAP at (800) 451-1834 to access services and to speak directly with an EAP counselor for an initial phone interview.

You may also access the program through the AllOne Health app or online at allonehealth.com/portal.

Company Code: wauwatosa

Download the AllOne Health App

Legal Notices

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP contact your State Medicaid or CHIP office to find out if premium assistance is available.

WISCONSIN – Medicaid and CHIP
Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

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

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

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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





Summary of Benefits and Coverage (SBC) Notice

Under the health care reform law, group health plans and health insurance issuers offering group or individual health insurance coverage are required to use standards in compiling and providing a Summary of Benefits and Coverage (SBC) that accurately describes the benefits and coverage under the applicable plan or coverage. These standards ensure that information is presented in a clear and uniform format that helps plans and individuals better understand their health coverage and compare the coverage options across different types of plans and insurance products.

The SBC provision went into effect under the health reform law September 23, 2012. The final regulations require that the SBC be provided in several instances:

At Employee Enrollment/Application:

SBCs must be provided to eligible enrollees, including new hires, at the time written application materials for enrollment are distributed.

If no written application materials are distributed for enrollment, then the SBC must be given no later than the first date on which the subscriber is eligible to enroll.

Special Enrollees:

Special enrollees must be given an SBC within 90 days of enrollment.

Renewal:

SBC must be provided 30 days prior to the renewal date for the plan the member is currently enrolled in or the first day of open enrollment if that occurs sooner, unless the group has not provided its intent to renew by that time, in which case the SBC must be delivered within seven business days of receiving their intent to renew. If the employer makes plan changes after providing a renewal SBC, then a new SBC must be distributed by the first day of coverage.

Upon Request:

An SBC must be given to your employees and their dependents within seven business days of a request for the SBC.

Mid-Year Plan Change:

If a material modification to a plan is made, an SBC must be given to employees and their dependents 60 days in advance of the start date. We will supply you with an updated SBC to share with your employees and their dependents notifying them of the material modification.

Legal Notices

HIPAA Special Enrollment Rights Notice

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 or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 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 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 31 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

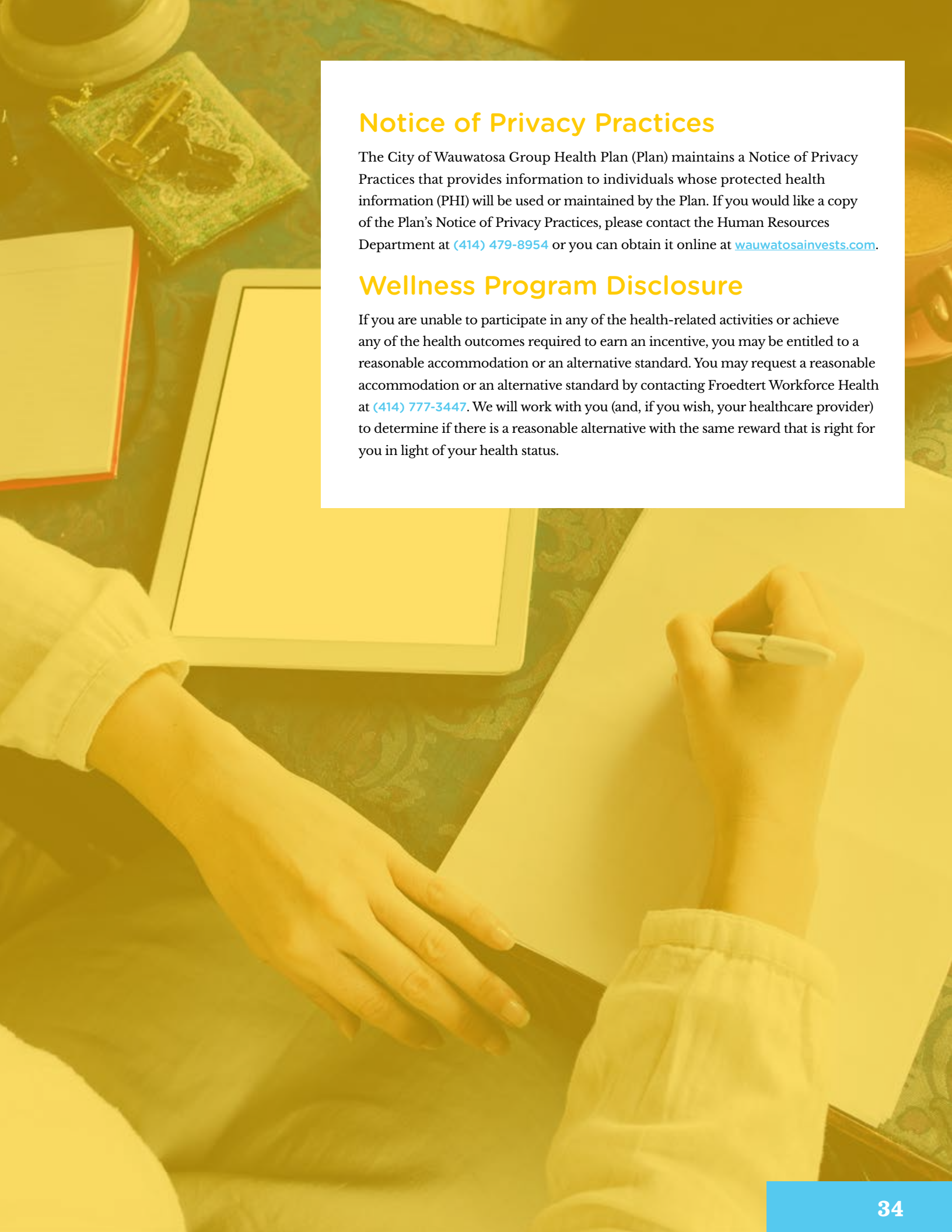
- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 31 day period applies to most special enrollments.

As stated earlier in this notice, a special enrollment opportunity may be available in the future if you or your dependents lose other coverage. This special enrollment opportunity will not be available when other coverage ends, however, unless you provide a written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage may eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you may not have this special enrollment opportunity for the person(s) covered by the statement. (See the paragraphs above, however, regarding enrollment in the event of marriage, birth, adoption, placement for adoption, loss of eligibility for Medicaid or a state CHIP, and gaining eligibility for a state premium assistance subsidy through Medicaid or a state CHIP.)

To request special enrollment or obtain more information, contact Human Resources at (414) 479-8954.





Notice of Privacy Practices

The City of Wauwatosa Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the Human Resources Department at (414) 479-8954 or you can obtain it online at wauwatosainvests.com.

Wellness Program Disclosure

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Froedtert Workforce Health at (414) 777-3447. We will work with you (and, if you wish, your healthcare provider) to determine if there is a reasonable alternative with the same reward that is right for you in light of your health status.

Benefit contact information

Vendor	Benefit	Phone Number	Website
Nationwide	457(b) Deferred Compensation	(877) 677-3678	www.nrsforu.com
Care Plus	Dental Insurance	(800) 318-7007	www.careplusdentalplans.com
Humana	Dental Insurance	(800) 233-4013	www.humana.com
AllOne Health	Employee Assistance Program (EAP)	(800) 451-1834	allonehealth.com/portal Code: wauwatosa
UnitedHealthcare	FSA Debit Card	(866) 755-2648	www.myuhc.com
UnitedHealthcare	Health Insurance / HRA / FSA	(888) 331-3408	www.myuhc.com
Wisconsin Retirement System (WRS)	Pension	(877) 533-5020	https://etf.wi.gov/
MissionSquare Retirement	Retirement Health Savings Plan	(800) 669-7400	www.missionsq.org
UHC / OptumRx	Rx / Mail Order Prescriptions	(855) 842-6337	www.myuhc.com
Superior Vision	Vision Insurance	(800) 507-3800	www.superiorvision.com
Froedtert Workforce Health	Wellness Coaching / Health Appraisals / Wellness Portal	(414) 777-3447	www.workforcehealth.org/citywauwatosa
Froedtert Workforce Health	Workplace Clinic	(414) 777-3406	www.my.froedtert.com



Benefit Summary Plan Description (SPD) Requests

The City of Wauwatosa Benefits Guide provides an overview of your benefits. Summary Plan Descriptions (SPD's) provide detailed information on the coverage, inclusions and exclusions under the benefit plans. If there is a conflict or question about any of the materials contained in this guide, the plan document(s) will govern. Information in this guide does not represent a contractual obligation of the City of Wauwatosa.

Summary Plan Descriptions are available online at wauwatosainvests.com or from the Human Resources Department.

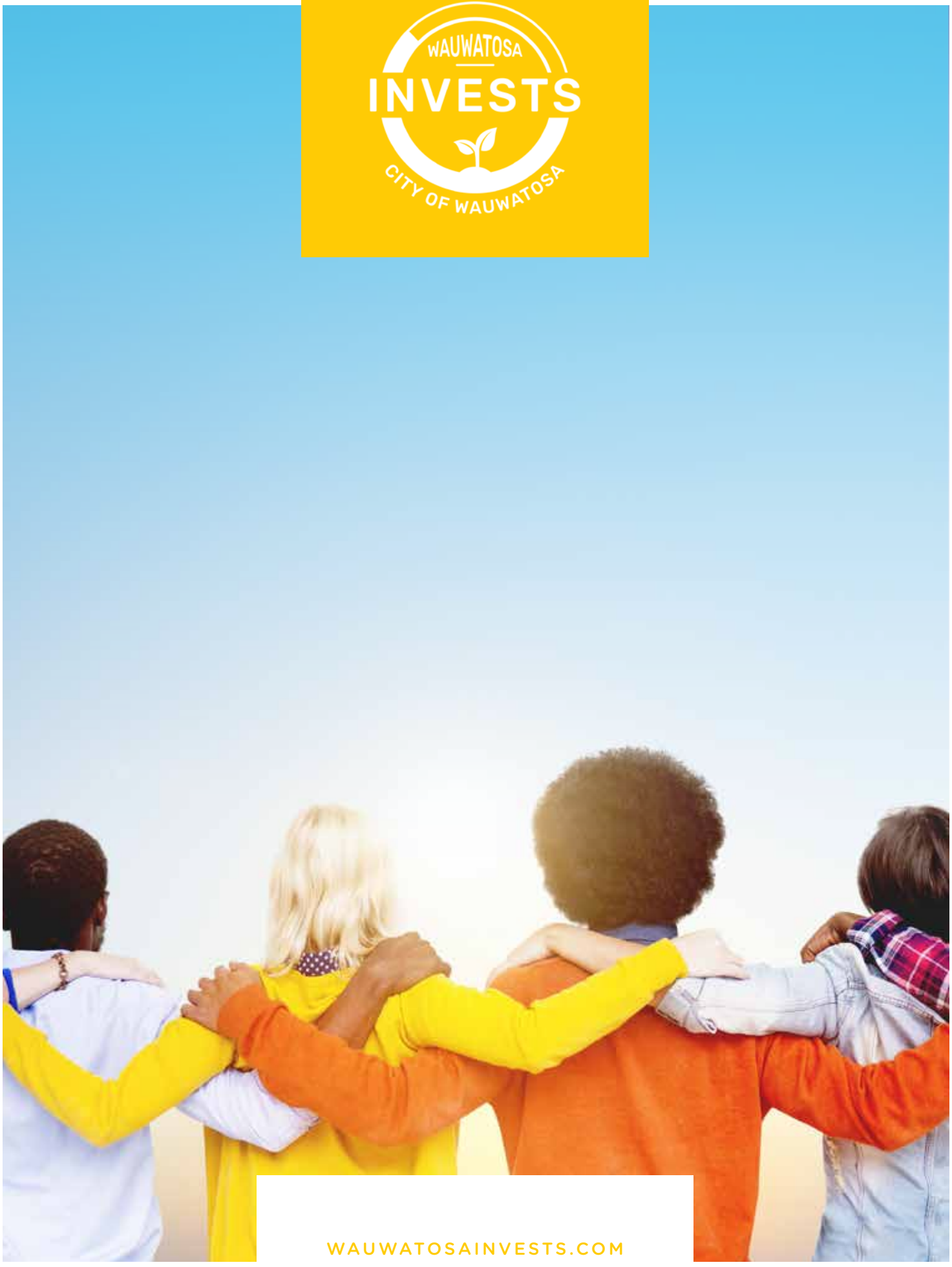
Thank you for reviewing your Benefits Guide.

Thank you for reviewing the 2027 City of Wauwatosa Employee Benefits Guide. We hope you were able to learn all about the benefit options available to you. We're here to help you make the best coverage choices, so if you have any additional questions, please contact the Human Resources Department at (414) 479-8954.



WAUWATOSA INVESTS

CITY OF WAUWATOSA



WAUWATOSAINVESTS.COM