

Focus on Benefits 2026



Contact Information

<u>Organization</u>	<u>Phone</u>	<u>Website</u>
Human Resources	(715) 261-6630	www.ci.wausau.wi.us
Aspirus Health Plan	(866) 631-5404	www.aspirushealthplan.com/group
Delta Dental	(800) 236-3712	www.deltadentalwi.com
NVA (National Vision Administrators)	(800) 672-7723	www.e-nva.com
Diversified Benefit Services (Flexible Spending Provider)	(800) 234-1229	www.dbsbenefits.com
EAP – Employee Assistance Program	(800) 540-3758	www.aeas-eap.com
Nationwide Retirement Solutions (Deferred Compensation Provider)	(608) 358-4821	www.nrsforu.com
Wisconsin Deferred Compensation Program (WRS)	(608) 241-6604 Shawn Bresnahan	www.wdc457.org
Mutual of Omaha	(800) 521-3535	www.mutualofomaha.com

Disclaimer – This information is intended for general information for all City of Wausau employees. Depending on where you work and your union contract, some of the terms or provisions may be different.

We encourage you to read the entire enrollment guide before you enroll.

This is a summary of your benefits only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your Summary Plan Description or Certificate of Coverage. If information in this summary differs from the Summary Plan Description or Certificate of Coverage, the Summary Plan Description or Certificate of Coverage is the ruling document.

At the City of Wausau, we value our employees and are committed to providing a comprehensive and competitive benefits package. Since the benefits provided to you are an important part of your total compensation, you are encouraged to take some time to read this Focus on Benefits and become familiar with its contents. This guide gives you a brief description of the benefits offered and is not intended to be a complete source of information on the plans. For more detailed information on each of the plans, please refer to the Summary Plan Descriptions and Certificate of Coverage.

2026 BENEFIT OVERVIEW

The chart below provides an overview of the basic benefits and optional coverages offered to you and your eligible dependents (as defined by your Collective Bargaining Agreement):

Benefit	Your options	Coverage levels	Monthly Cost sharing
Medical	Aspirus Signature HMO	Employee Family	\$106.28 \$327.32
Dental	Delta Dental	Employee Family	\$20.38 \$65.44
Vision	NVA	Employee Employee + Spouse Employee + Child(ren) Family	\$4.89 \$9.76 \$9.97 \$14.85
FSA healthcare	Up to \$3,300 per year	Employee & dependents	Employee's decision
FSA dependent care	Up to \$7,500/calendar year	Employee & dependents	Employee's decision
Basic term life insurance	Coverage for 1x your earnings rounded to next \$1,000	Employee	
Supplemental life insurance	Units of 1x your salary rounded to next \$1,000. May purchase Supplemental, 1, 2 or 3 units for a total of <u>4</u> additional units.	Employee and eligible dependents	Cost is based on age and amount of coverage purchased
Long term disability	Standard Insurance Company	Employee	Based on age and amount of coverage purchased
Voluntary short-term disability (ICI)	State of Wisconsin Department of Employee Trust Funds (ETF)	Employee	Paid by City of Wausau PF/V

CHANGING BENEFIT ELECTIONS

Making changes to your coverage during the plan year

To protect the tax advantages of your benefits, City of Wausau is required to follow certain IRS rules. These rules affect when you may change your benefits and what changes you may make.

You may change your benefit elections mid-year for the following events:

- The addition of dependents due to the birth or adoption of a child
- Your marriage
- The death of one of your dependents
- A change in the employment status of your spouse or dependent, including the termination or commencement of employment, loss of work due to a strike or lockout
- The commencement or return from an unpaid leave of absence
- Your dependent loses or gains benefit eligibility of an employer's benefit plan
- Your spouse or dependent's employer's open enrollment
- Your divorce, legal separation, annulment (loss of coverage must be from an employer sponsored plan)
- Dependent turning 26 years old

Notification must be made within 30 days of the event.

ENROLLMENT INSTRUCTIONS

The Human Resources Department will open enrollment in Workday for any benefit you are interested in changing or electing. All employees who want to make changes with their Health insurance benefits Flexible Spending or HSA pre-tax payroll deductions for 2026 will be required to complete in Workday.

If you enroll in your benefits and change your mind, you are able to make changes anytime during the open enrollment period in Workday.

Questions regarding the enrollment process

Contact: Anne Keenan at (715) 261-6632

ELIGIBILITY

Eligibility is determined by your Collective Bargaining Agreement or Employee Handbook. See Human Resources if you have questions about eligibility. Our provider is Security Health for health insurance and Delta Dental for dental insurance. Generally, coverage for the plan must be applied for within 30 days of employment or status change.

Ultimately determination of eligibility is based on the terms, conditions, and limitations of the plan document.

When coverage begins and ends

The benefit options you choose during this open enrollment are effective January 1, 2026, through December 31, 2026.

New employee benefits become effective the first day of the month following 30 days of employment and are effective through December 31, 2026.

Remember, due to Internal Revenue Service (IRS) regulations, changes can only be made to your elections during open enrollment or if you experience a qualifying event that allows you to make a change mid-year.

BENEFIT RESOURCE CENTER

The City of Wausau is offering a new service to all team members. It is called the Benefit Resource Center. Our Benefit Resource Center is staffed with experienced professionals who are well versed in employee benefits. They are committed to providing superior customer service and participant advocacy.



Why won't they pay my claim?
Services denied?!

How can my claim still be "in process"?
It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

Call the Benefit Resource Center ("BRC"),
We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims



Benefit Resource Center

BRCMidwest@usi.com | Toll Free: 855-874-0829
Monday through Friday 8:00am to 5:00pm Eastern & Central
Standard Time

Locate preferred providers, clinics and hospitals:

1. Go www.aspirushealthplan.com/group
2. Click on “Find a Doctor” in the upper right corner
3. Click the “I Agree” button
4. You will be taken to a search page where you can search for a health care provider or hospital
5. Select the “Signature” or “First Health” Network
6. Populate additional information as needed
7. Click “Search”

Medical Plan Benefits:

Preventive services

Aspirus offers no-charge preventive services whether you have been previously diagnosed with an illness or not. With Aspirus, both preventive and diagnostic screenings are covered at 100 percent. Members’ first preventive care visit is covered for each calendar year.

MDLIVE (telemedicine visit)

MDLive is an alternative to traditional health care. Board certified doctors can visit with you either by phone or secure video to help treat any non-emergency medical conditions. Licensed behavioral health therapists offer online video therapy sessions, on your schedule from wherever you’re located! Visits range from \$62/visit to \$257/visit. Call them at 1-800-657-6169.

Active & Fit Exercise Rewards Program

The program is an Exercise Rewards program that rewards members for working out. Aspirus Health Plan members are eligible to participate.

Aspirus Online

A fast, easy way to manage your health plan.

- live chat with Customer Service
- check deductibles
- track claims
- find an in-network provider
- find a pharmacy
- view and request ID cards
- enroll in wellness support programs
- access your prescription drug benefits



Visit today at www.aspirushealthplan.com.

MEDICAL & DRUG BENEFITS	PARTICIPATING SIGNATURE NETWORK PROVIDERS	NON-PARTICIPATING PROVIDERS															
Deductible	\$1,700 for single coverage \$3,400 for family coverage	Not Applicable															
Coinsurance	20%	Not Applicable															
Annual Out of Pocket Cost <i>(Includes Deductible & Coinsurance)</i>	\$2,150 for single coverage \$4,300 for family coverage	Not Applicable															
Maximum Out of Pocket Cost <i>(Includes Deductible, Coinsurance and Copayments)</i>	\$2,650 for single coverage \$5,300 for family coverage	Not Applicable															
Office Visits	Primary Care: Deductible, then \$30 copayment Specialty Care: Deductible, then \$60 copayment	Not Covered															
Emergency Room	Deductible, Coinsurance, then \$200 copayment <i>(related services subject to deductible and coinsurance)</i>																
Urgent Care	Deductible, then \$100 copayment <i>(related services subject to deductible and coinsurance)</i>																
Prescription Drugs	After deductible, the following copayments apply:																
<ul style="list-style-type: none"> ▪ Can fill up to a 90-day supply via retail and home delivery ▪ Specialty medications must be obtained through Optum Specialty Pharmacy and are limited to a 30-day supply 	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;"><u>30-day</u></th> <th style="text-align: center;"><u>31-90 days</u></th> </tr> </thead> <tbody> <tr> <td>Generic:</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$20</td> </tr> <tr> <td>Preferred Brand:</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">\$60</td> </tr> <tr> <td>Non-preferred Brand:</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$120</td> </tr> <tr> <td>Specialty:</td> <td style="text-align: center;">25% to \$250</td> <td style="text-align: center;">N/A</td> </tr> </tbody> </table>		<u>30-day</u>	<u>31-90 days</u>	Generic:	\$10	\$20	Preferred Brand:	\$30	\$60	Non-preferred Brand:	\$60	\$120	Specialty:	25% to \$250	N/A	
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Specialty:	25% to \$250	N/A															



Active&Fit ExerciseRewards™ Program Q&A

PROGRAM DESCRIPTION

Q: What is the Active&Fit ExerciseRewards program?

A: The Active&Fit ExerciseRewards program rewards members for working out. Aspirus Health Plan members are eligible to participate.

Q: What's included in the program?

A: The program provides its members with fitness options and resources to empower them to get fit. Members can access a fitness membership through a robust network of participating fitness centers. They can also enjoy a variety of on-demand workout videos on the Active&Fit Enterprise™ website and a tailored workout plan. Members may view the quarterly newsletter and exclusive articles and resources in the online library.

Q: What kinds of fitness centers take part in the program?

A: Options include:

- **Full Coed Fitness Centers**, which may offer exercise classes in addition to their standard membership with cardiovascular and resistance training equipment.
- **Gender-Specific Fitness Centers**, which offer a standard membership and the opportunity to work out with others of the same gender.
- **Fitness Studios**, which may include pools, yoga studios, and/or Pilates studios.
- **Premium Fitness Network Choices**, an expanded network of options, like full-service fitness centers and studios, and unique fitness experiences, such as rock climbing and martial arts. Fees vary, depending on the fitness location members choose.

PROGRAM MEMBERSHIP

Q: How do members join the program?

A: Members go to ActiveandFit.com and click Check Eligibility to register to use the website and online features. Members must use the name and ZIP code information that matches what is found on their Health Plan ID. After website registration, members have the option of enrolling with a participating fitness center for a monthly fee. After logging in, the Fitness ID Number can be found on the top-right of the member dashboard.

Enrollment in a fitness center is not a requirement for participating in the Active&Fit ExerciseRewards program. Members can also use a Visit Submission Form to track their workouts at a qualifying fitness center and submit for credit. Members don't need online access to participate in this way.

Q: Do members get an Active&Fit Enterprise card?

A: The Welcome Letter includes the card, along with the name and location of the member's chosen fitness center and their fitness ID number. Members who join the program online can print a paper copy of their card, or download it on their phone, and bring it to the fitness center they selected.

Q: Can members enroll in more than one Premium Fitness Network location?

A: Yes. Members can join multiple Premium Fitness Network locations. They will be responsible for paying fees for each location. Premium locations can be added at any time and the change is effective immediately.

Q: Can members change their Standard fitness center? If so, how often?

A: Yes. Members can go to ActiveandFit.com and change their Standard fitness center once per month. The change is effective the first of the following month.

Q: Can new members keep using their current fitness center?

A: If the fitness center is part of the Active&Fit Enterprise network, then yes. Members can advise the fitness center to freeze their membership. After registering on the website, selecting a fitness center, and paying applicable fee(s), they can print a paper copy of their Active&Fit Enterprise card, or download it on their phone, and bring it with them to their first visit. If the fitness center is not part of the network and members would like to use their Active&Fit Enterprise benefit, they will need to switch to a participating fitness center. Members should go to ActiveandFit.com for more information.

Q: How do members nominate a fitness center to be part of the Active&Fit Enterprise network?

A: Members can nominate a fitness center by going to the fitness center search on the website or by calling Customer Service.

Q: If a member's fitness center leaves the network, how does the member find out?

A: Members will get a letter letting them know that the fitness center is leaving the network, 30 days in advance (when possible). This letter includes a listing of fitness centers closest to the member's address. It also shares information on how to select a new fitness location.

HEALTH SAVINGS ACCOUNTS (HSA)

The Aspirus plan allows for you to have a Health Savings Account (HSA) where you can contribute money on a pre-tax basis to pay for qualified medical, prescription, dental and vision expenses. Employees may choose any bank to open an HSA Account.

Important notes on HSA's:

HSA balances roll over year after year and can be saved for future medical expenses or your retirement. Funds withdrawn for qualified medical, dental and vision expenses are tax-free. Funds used for non-qualified expenses are subject to income tax and a 20% penalty. We recommend keeping your receipts of your qualified expenses in case of an IRS audit.

If you enroll in the Health Savings Account, you are only allowed to enroll in the Limited Purpose healthcare FSA, meaning you can only use the FSA money for qualified dental and vision expenses.

Who is not eligible to open and contribute to an HSA Bank Account?

- Employees who are enrolled in Medicare Part A, Tri-Care or VA Benefits
- If you or your spouse is enrolled in a regular medical FSA (limited purpose FSA enrollment is okay.)
- Anyone who has dual coverage (HSA participant covered by another plan not HSA compatible)

2026 Health Savings Account			
Coverage	IRS annual maximum	City of Wausau's contribution*	Employee annual maximum contribution
Employee	\$4,400	\$600	\$3,800
Family	\$8,750	\$1,200	\$7,550

Catch up contribution —Employees age 55 or older can contribute an additional \$1,000 into their HSA account.

*The City of Wausau's matching employer contribution is provided bi-monthly. The employer contribution is only made if the employee contributes at least \$600 if on the employee plan and \$1,200 if on the family plan.

Employees cannot have other insurance that provides "1st dollar" benefits for healthcare and have an HSA. Examples of "1st dollar" coverage include traditional health insurance, Medicare, Medicaid and Tricare.

- **Employees need to set up an HSA account for the HSA tax free benefit. (Employees may contact a provider of their choice. HSA's are subject to IRS regulations.)**

SPOUSAL SURCHARGE

The City of Wausau charges members of our medical plan a \$50 per month surcharge if the spouse is eligible for coverage through his/her employer. All employees with a spouse on their medical plan will be charged unless the employee requests a waiver to the spousal surcharge because there is no other health insurance available to the spouse, and has it approved by Human Resources. A member may have the spousal surcharge waved if the required documentation, as indicated on the Spousal Surcharge Waiver Form is submitted. The request for waiver may be made anytime during the plan year. Removal is only on a prospective basis and the City of Wausau will not make refunds for previous health deductions as Internal Revenue Service rules do not allow changes to be made retroactively.

- **A Spouse that has coverage under both their employer and the City of Wausau plan will still be subject to the \$50 surcharge per month.**
- **Spousal Surcharge Form must be submitted each enrollment period.**

DENTAL PLAN BENEFITS AND FEATURES



DENTAL PLAN BENEFITS AND FEATURES

The City provides you the opportunity to purchase dental insurance for you and your eligible dependents. The City pays 50% of the monthly premium. If you elect this coverage, you would be responsible for the remaining 50% of the premium which is paid on a pre-tax basis, unless you opt out of pre-tax deductions.

Our group dental plan provider for 2026 is Delta Dental.

Members can search for network dental providers by following these instructions:

1. Go to www.deltadentalwi.com
2. Click on “Provider Search” at the top of the page
3. Click the green arrow next to Find A Network Dentist
4. You can search by your location or by the dentist or practice name

2026 DENTAL PLAN BENEFIT SUMMARY

City of Wausau Dental Plan Summary

Service	In-Network	Out-of-network
Deductible limit (does not apply to preventive services)		
Single		\$50
Family		\$100
Diagnostic and preventive		
Exams and cleanings (2x annually)	100%	100%
X-rays	100%	100%
Fluoride treatments	100%	100%
Basic services		
Restorative Services	80%	80%
General Services	80%	80%
Endodontics	80%	80%
Periodontics	80%	80%
Oral surgery	80%	80%
Major services		
Crowns	50%	50%
Inlays and onlays	50%	50%
Prosthodontics	50%	50%
Implants	50%	50%
Annual benefit maximum	\$1,500 per person	
Orthodontics		
Dependents to age 26	50% up to a \$2,000 lifetime maximum	

DENTAL PLAN RATES

Full-time employees — Monthly rates

Coverage level	
Employee	\$20.38
Family	\$65.44

VISION PLAN BENEFITS AND FEATURES



VISION PLAN BENEFITS AND FEATURES

The City provides you the opportunity to purchase vision insurance for you and your eligible dependents. If you elect this coverage, you would be responsible for the full premium which is paid on a pre-tax basis, unless you opt out of pre-tax deductions.

Vision plan networks

Our vision plan is offered through NVA.



Members can search for network dental providers by following these instructions:

1. Go to <https://www.e-nva.com/nva/content/home/find-provider.xhtml>
2. Search for a provider.
3. Search via plan or group.

VISION PLAN BENEFIT SUMMARY

City of Wausau Vision Plan Summary

Benefits	Frequency	In-Network	Out-of-Network
Eye Examination	12 months	100% after \$20 Copay	Reimbursement up to \$35
Standard Lenses			
Single Vision		100% after \$20 Materials Copay	Reimbursement up to \$25
Bifocal	12 Months	100% after \$20 Materials Copay	Reimbursement up to \$40
Trifocal & Lenticular		100% after \$20 Materials Copay	Reimbursement up to \$55
Frames	24 Months	\$150 frame allowance	Reimbursement up to \$75
Contact Lenses in Lieu of Eyeglasses			
Elective	12 Months	\$150 allowance Contact lens fit copay: \$20 standard daily wear \$30 standard extended wear \$50 specialty wear	Reimbursement up to \$120
Medically Necessary		100% after \$20 copay	Reimbursement up to \$200

VISION PLAN RATES

Full-time employees — Monthly rates

Coverage level	Monthly Premium
Employee	\$4.89
Employee + Spouse	\$9.76
Employee + Child(ren)	\$9.97
Family	\$14.85

FLEXIBLE SPENDING ACCOUNTS (FSA) – Diversified Benefit Services

Flexible Spending Accounts allow you to set aside money to pay for eligible expenses with tax-free dollars.

The spending accounts offer significant tax advantages because you don't pay Social Security, Federal or State taxes on the portion of your income that you contribute to your spending account.

Because you don't pay taxes on the money you contribute to your account, you gain an easy way to save money while paying for expenses you expect to incur.

FLEXIBLE SPENDING ACCOUNTS (FSA) – Diversified Benefit Services

Your choices

1. **Healthcare Flexible Spending Account:** Use this account to cover the cost of health, dental, vision and hearing expenses which are not covered under an insurance plan for you and your dependents which are considered eligible healthcare FSA expenses. You may contribute up to \$3,300 per year. You can roll over \$660 of unused funds from your current plan year to your new plan year. **If you have the HSA account, you can only use this account for dental and vision expenses, which is the Limited Purpose Healthcare FSA.**
2. **Dependent Care Spending Account:** Use this account to cover the cost of dependent care while you work. You may use this for expenses for the care of a child under age 13 or a disabled spouse, child or parent. If you are married, your spouse must be employed or attending classes full time for you to use the Dependent Care Spending Account. You may contribute up to \$7,500 per year per household to this account or \$3,750 per year if you are married and file your taxes separately.

The Flexible Spending Account is administered by Diversified Benefit Services. For more information, please visit www.dbsbenefits.com.

Eligible healthcare FSA expenses include:

- Deductibles, coinsurance, and copays
- Prescription drug copays
- Over-the-counter medicines, if prescribed by a doctor
- Medical care items that are not prescription drugs, such as equipment (crutches), supplies (bandages and contact lens solution), and diagnostic devices (blood sugar testing kits)
- Dental expenses, including orthodontia
- Vision expenses, including eye exams, glasses, and contact lenses
- Hearing expenses, including hearing aids and exams
- Mental health expenses (does not include marriage counseling)
- Orthopedic expenses
- Weight loss programs (if medically necessary)
- Medical expenses for certain procedures not covered by your plan, such as laser vision correction

IRS Publication 502, Medical and Dental Expenses, contains a list of Section 213(d) eligible healthcare FSA expenses. Go to www.irs.gov for a complete copy of the list.



Eligible dependent care FSA expenses include:

- Child or adult care center that complies with State and Local regulations (not including nursing homes)
- Sitter inside or outside the home
- Day care during school vacation, provided it is not primarily for educational purposes
- Nursery school, even if the school provides educational services
- Relative who cares for eligible dependents, as long as that relative is not your dependent and is age 19 or older

IRS Publication 503, Child and Dependent Care Expenses, contains a list of expenses eligible for reimbursement under the FSA — Dependent Care. Go to www.irs.gov for a complete copy of the list.

If you are interested in enrolling in the FSA plan, please refer to the FSA enrollment directions sheet that is included in your Open Enrollment envelope (handed out at the open enrollment meetings).



LIFE AND DISABILITY BENEFITS

Short-Term Disability

In the event you become disabled from a non-work-related injury or illness, Short-Term Disability benefits are provided as a source of income. The City provides employees the opportunity to enroll in Short-Term Disability through the State of Wisconsin Department of Employee Trust Funds (ETF). This benefit will be offered to you at no additional cost for 2026. This plan covers 75% of your income to \$120,000 per year when a doctor determines you are unable to work.

See the Certificate of Coverage for full policy details including limits and exclusions. For a copy please see Human Resources.

Long-Term Disability (LTD)

How would you pay for your mortgage, bills, food and other monthly expenses if you are no longer receiving a paycheck while off of work on disability? Long-Term Disability insurance is designed to pay a monthly benefit to you in the event that you cannot work because of a covered illness or injury.

If approved, LTD benefits become payable after you have been continuously disabled for 90 days and remain continuously disabled. Your monthly benefit is 60% of your insured pre-disability earnings.

The City provides employees the opportunity to enroll in LTD through Standard Insurance Company. To be eligible you must be a regular employee.

Basic and Voluntary Life Insurance

Life insurance provides financial protection for you and your family in the event you or a covered dependent dies.

The Wisconsin Public Employers (WPE) Group Life Insurance program offers employee coverage of up to 5 times your annual earnings. The following is a summary of life insurance coverage available:

- **Basic Plan** – provides coverage equal to your earnings for the previous year rounded up to the next \$1,000.
- **Supplemental Plan** – provides coverage equal to your earnings for the previous year rounded up to the next \$1,000.
- **Additional Plan** – provides up to 3 units of coverage. Each unit of coverage equals your earnings for the previous year rounded to the next \$1,000. You may choose 1, 2 or 3 units of additional coverage.

LIFE INSURANCE RATES

Optional Employee Life Insurance Rates	
Age	Rates per \$1,000
0-29	\$0.05
30-34	\$0.06
35-39	\$0.07
40-44	\$0.08
45-49	\$0.12
50-54	\$0.22
55-59	\$0.39
60-64	\$0.49
65-69	\$0.57
70-99	See HR

Spouse & Dependent Life Insurance Rates		
Age	One Unit	Two Units
Spouse	\$10,000	\$20,000
Dependent	\$5,000	\$10,000

Spouse & Dependent Plan premiums are \$1.95 per unit, per month

VOLUNTARY ACCIDENT INSURANCE –

Accident Insurance provides cash payments for accidents that may require services such as ambulance, emergency, and hospital confinement as well as payments for medical fees, loss of life/limbs, dislocations or fracture or dental injuries that require repair to sound natural teeth. Payments are in addition to any other insurance. Coverage is guaranteed renewable to age 70.

Please contact Mutual of Omaha at 1-800-775-6000 or www.mutualofomaha.com with questions.

EMPLOYEE ASSISTANCE PLAN (EAP)

1-800-540-3758

Your EAP can aid you in finding solutions to a variety of issues by providing assessment, problem solving and support to assist you in managing your concerns. Using the EAP to deal with a worrisome situation could prevent it from becoming a major problem.

Through a free confidential process, you and/or your family members are able to discuss and evaluate problems, whether emotional, psychological, marital, alcohol & drug, financial, family or work related.

COBRA

COBRA is the continuation of group health/dental/flex plan when coverage would otherwise end because of a life event known as a “qualifying event”. Qualifying events are birth, death, marriage, divorce, loss of employment and a dependent no longer being an eligible dependent. Please contact Human Resources **within 30 days** of having a qualifying event.

RETIREMENT PLANS

Wisconsin Retirement System (WRS)

The City of Wausau participates in the Wisconsin Retirement System. Combined with Social Security benefits (where applicable) and personal retirement savings accounts, WRS benefits can help provide financial security during retirement. 2026 contribution amounts for both the City and employees are listed below.

Employee Category	Total Rate 2025*	Total Rate 2026*	Employee Share of Total Rate 2026	Employer Share of Total Rate 2026	% Change
General	13.9%	14.40%	7.20%	7.20%	Increase 0.5%
Elected Official/Executive/Judge	13.9%	14.40%	7.20%	7.20%	Increase 0.5%
Protective with Social Security	22.02%	22.10%	7.20%	14.90%	Increase 0.08%
Protective without Social Security	26.02%	25.90%	7.20%	18.70%	Decrease 0.08%

*Employee contribution rates are reflective of contract agreements and are not reflective of the actual rate. The difference is included in the employer contribution.

Specific details about WRS benefits, including benefit estimates may be obtained at the Department of Employee Trust Funds website, www.etf.wi.gov, or by calling (877) 533-2020.

Retirement Savings Accounts Section 457 – Deferred Compensation

The City of Wausau provides employees an additional way to save for retirement through a Section 457 Deferred Compensation Plan administered through two providers. The plan is designed to be a supplement to an employee's WRS benefits and Social Security. These plans are fully funded by you. The City does not contribute to these plans. You choose the amount to be deducted from your paycheck on a pre-tax or after-tax basis and the type of investment options that suit your financial plan. The City's deferred compensation providers are:

- State of Wisconsin Deferred Compensation
- Nationwide Retirement Solutions

Representatives from these companies can be contacted directly by using the telephone numbers listed at the front of this booklet. Contribution limits are set yearly by the IRS. In 2026, the maximum contributions are \$23,000*. Employees over age 50 can contribute a catchup amount subject to IRS rules.

*As of October 1st, these are the limits set by the IRS. Limits are subject to change at any time.

WHAT ARE THESE GOVERNMENT NOTICES ALL ABOUT?

Following this page, are several notices that the federal government requires us to give individuals who are covered under our group health plan(s). The purpose of these notices is to inform you of certain rights you and your family may have under federal law. In addition to rights under federal law, you may have rights under state law.

You may find it helpful to review this information as you make your benefit enrollment decisions. Please keep this information with your other written plan materials.

1. COBRA Notice
2. Notice of Exchange
3. Medicare Part D – Creditable Coverage Disclosure

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The City of Wausau and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Anne Keenan.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa (addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website). For more information about the Marketplace, visit www.HealthCare.gov.

Keep your plan informed of address changes.

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Anne Keenan, Senior Human Resources Generalist
City of Wausau
407 Grant St.
Wausau, WI 54403
(715) 261-6632
anne.keenan@ci.wausau.wi.us

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General information

The key parts of the health care law that took effect in 2014 will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2020 for coverage starting as early as January 1, 2020.

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

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

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

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

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

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Anne Keenan– Senior Human Resources Generalist .

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application

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

for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information about health coverage offered by your employer

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

3. Employer name: City of Wausau
4. Employer Identification Number (EIN): 39-6005648
5. Employer address: 407 Grant St.
6. Employer phone number: (715) 261-6632
7. City: Wausau
8. State: WI 9. ZIP code: 54403
10. Who can we contact about employee health coverage at this job?: Anne Keenan
11. Phone number (if different from above): _____
12. Email address: anne.keenan@ci.wausau.wi.us

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

As your employer, we offer a health plan to:

- All employees. Eligible employees are:
- Some employees. Eligible employees are: Regular full-time employees

With respect to dependents:

- We do offer coverage. Eligible dependents are: spouse, children and step-children to the end of the month that they turn age 26
- We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

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

MEDICARE PART D CREDITABLE COVERAGE NOTICE

Important Notice from City of Wausau about Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Wausau has determined that the prescription drug coverage offered by the City of Wausau Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current City of Wausau coverage will not - in most cases, be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current City of Wausau coverage, be aware that you and your dependents may not be able to get this coverage back right away or at all. Please review the City of Wausau health plan documents for details regarding eligibility and enrollment rights.

When will you pay a higher premium (Penalty) to join a Medicare drug plan?

You should also know that if you drop or lose your current coverage with City of Wausau and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

[For more information about this notice or your current prescription drug coverage...](#)

Contact the person listed below for further information Anne Keenan at (715) 261-6632. **NOTE:** You'll get this notice each year. You will also get it if this coverage through City of Wausau changes. You also may request a copy of this notice at any time.

[For more information about your options under Medicare prescription drug coverage...](#)

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


For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 16, 2024
Name of Entity/Sender: City of Wausau
Contact--Position/Office: Anne Keenan, Senior Human Resources Consultant
Address: 407 Grant St., Wausau, WI 54403
Phone Number: (715) 261-6632



This Focus on Benefits provides a brief summary of your benefits. It does not contain all of the details described in the official plan documents and contracts. If there is any discrepancy between what is summarized here or any verbal descriptions of the plan and the official plan documents and contracts, the plan documents and contracts will govern.

City of Wausau reserves the right to change, amend, suspend, or terminate any or all of the plans described in the guide at any time and for any reason. This Focus on Benefits is not a contract, and participation in any of the plans does not guarantee employment.