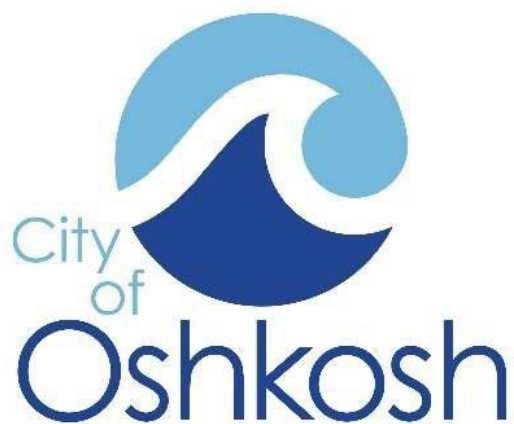




# City of Oshkosh

# 2026

## Employee Benefits Guide

# Welcome

## TABLE OF CONTENTS

|                                        |    |
|----------------------------------------|----|
| Welcome .....                          | 3  |
| Employee Self Service (ESS).....       | 4  |
| Contact Information .....              | 5  |
| Eligibility .....                      | 6  |
| Changes in Benefit Elections.....      | 6  |
| Insurance Terms .....                  | 7  |
| Medical .....                          | 8  |
| Three Waves Clinic .....               | 13 |
| Dental.....                            | 15 |
| Vision .....                           | 17 |
| Flexible Spending Accounts .....       | 18 |
| Employee Assistance Plan (EAP) .....   | 21 |
| Life Insurance .....                   | 22 |
| Income Continuation Insurance .....    | 24 |
| WI Retirement System Trust Funds ..... | 25 |
| MissionSquare .....                    | 26 |

Welcome to the City of Oshkosh employee benefits program. This guidebook is meant to help you get to know your benefits and choices for the 2026 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

At City of Oshkosh we recognize our ultimate success depends on our talented and dedicated workforce. We appreciate the contribution each employee makes to our accomplishments. Our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs, we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access, and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

If you have any questions regarding the City of Oshkosh benefits, please contact Kim Kautza at 920-236-5138 or [kkautza@oshkoshwi.gov](mailto:kkautza@oshkoshwi.gov) or Adrienne Hinz at 920-236-5136 or [ahinz@oshkoshwi.gov](mailto:ahinz@oshkoshwi.gov).

# Eligibility

## Who is Eligible:

You may enroll in the City of Oshkosh Employee Benefits Program if you are a benefits eligible employee working at least 1,200 or more hours per year.

## When Coverage Begins:

**Open Enrollment-**  
Benefits elected during open enrollment are effective January 1, 2026.

**New Hire-**

Benefits elected within 30 days of hire are effective on the 1<sup>st</sup> of the month after your date of hire.

All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualifying life event.

## Eligible Dependents:

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

## Changes in Benefit Elections

### Making changes to your coverage during the plan year

To protect the tax advantages of your benefits, your employer 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
- 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

### Notification of a mid-year event must be made within 30 days of the event.

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

---

# IMPORTANT REMINDER

---



## TERMS YOU NEED TO KNOW

### **Allowable Charges:**

Charges for services rendered or supplies furnished by a health provider that would qualify as covered expenses and for which the health insurer pays in whole or in part, subject to any deductible, coinsurance, or copayments.

### **Coinsurance:**

A percentage of medical plan costs that you pay after your deductible is met.

### **Copayments (Copay):**

A predetermined, flat fee an individual pays for healthcare services, in addition to what insurance covers. A copay is the amount that must be paid to the provider each time certain services are received. Copays do not apply toward satisfaction of deductibles, but they do track toward out-of-pocket maximums.

### **Deductible:**

A fixed dollar amount that you pay before the plan will begin paying benefits.

### **Drug Formulary:**

A list of prescription drugs approved for use and/or coverage under a particular health insurance policy. The development of prescription formularies are based on evaluations of efficacy, safety, and cost effectiveness of drugs.

### **Family Deductible:**

A deductible that is satisfied by the combined expenses of all covered family members. For example, a program with a \$1,000 deductible may limit its application to a maximum of two deductibles (\$2,000) for the family, regardless of the number of family members. An aggregate family deductible may be met by two or more family members.

### **In-Network:**

Doctors, hospitals, and other providers with whom the medical plan has an agreement to care for its members. Covered employees and dependents have lower out-of-pocket costs when using in-network providers.

### **Out-of-Network:**

Care received from a doctor, hospital, or provider with whom the plan does not have an agreement. Covered employees and dependents pay more to use out-of-network providers, including anything over usual and customary.

### **Out-of-Pocket Maximum:**

The total amount of deductible and coinsurance the covered person incurs. This accumulates on an individual and family level. The family out-of-pocket maximum is an aggregate. The medical plan has separate medical and prescription drug out-of-pocket maximums.

### **Primary Care Physician (PCP):**

PCPs are Family Practitioners, Internists, Pediatricians, OB/GYNs, Nurse Practitioners, or Physician Assistants.

### **Preferred Provider Organization (PPO):**

A group of hospitals and physicians that contract on a fee-for-service basis with employers, insurance companies, or other third party administrators to provide comprehensive medical service. Providers exchange discounted services for increased volume and prompt payment. Participants' out-of-pocket costs are usually lower than with a fee-for-service plan.

Employees enrolled in the City's health plan have access to the **UnitedHealthcare Choice Plus Network** through UMR.

You can search for participating providers on the UMR website. <https://www.umar.com/find-a-provider>

### **Premium:**

This is the amount the City withdraws from your paycheck to help cover the cost of the insurance. This does not apply to your deductible or out of pocket maximum.

### **Prior Authorization:**

Some medical services may need to be approved before you receive the services. For more information, please review the Prior Authorization section of your plan document. Please remember, a Prior Authorization is not a guarantee of coverage.

## MEDICAL COVERAGE

The City of Oshkosh offers medical coverage through UMR utilizing the UnitedHealthcare (UHC) Choice Plus PPO Network. The UHC Choice Plus PPO Network is a National network with participating providers throughout the United States. For more information or for assistance in finding a provider you may also contact UMR at 800-826-9781 or access information online at [www.umar.com](http://www.umar.com) and select the **UnitedHealthcare Choice Plus Network**. The chart below is a brief outline of the plan. Please refer to the UMR Summary Plan Description (SPD) for plan details.

| Benefit                                        | UMR<br>Group #76-415159          |                                      |                                                                                                     |
|------------------------------------------------|----------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------|
|                                                | In-Network Benefits              |                                      | Out-of-Network Benefits                                                                             |
| Annual Deductible                              |                                  |                                      |                                                                                                     |
| Individual                                     | \$1,000                          |                                      | \$2,000                                                                                             |
| Family                                         | \$2,000                          |                                      | \$4,000                                                                                             |
| Coinsurance                                    | 80%                              |                                      | 60%                                                                                                 |
| Maximum Out-of-Pocket                          |                                  |                                      |                                                                                                     |
| Individual                                     | \$4,000                          |                                      | \$8,000                                                                                             |
| Family                                         | \$8,000                          |                                      | \$16,000                                                                                            |
| Physician Office Visit                         |                                  |                                      |                                                                                                     |
| Primary and Specialty Care                     | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Preventive Care                                |                                  |                                      |                                                                                                     |
| Refractive Eye Exam                            | 100% coverage                    |                                      | 100% coverage                                                                                       |
| Adult Periodic Exams                           | 100% coverage                    |                                      | 60% after deductible                                                                                |
| Well-Child Care                                | 100% coverage                    |                                      | 60% after deductible                                                                                |
| Diagnostic Services                            |                                  |                                      |                                                                                                     |
| X-ray and Lab Tests                            | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Complex Radiology (MRIs, CAT Scans)            | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Urgent Care                                    | 80% after deductible             |                                      | 80% after deductible                                                                                |
| Emergency Room                                 | 80% after deductible             |                                      | 80% after deductible                                                                                |
| Inpatient Hospital                             | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Outpatient Hospital                            | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Surgery                                        | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Mental / Behavioral Health and Substance Abuse |                                  |                                      |                                                                                                     |
| Inpatient                                      | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Outpatient                                     | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Other Services                                 |                                  |                                      |                                                                                                     |
| Physical, Occupational & Speech Therapy        | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Chiropractic Care                              | 80% after deductible             |                                      | 60% after deductible                                                                                |
| Ambulance                                      | 80% after deductible             |                                      | 80% after deductible                                                                                |
| Pharmacy Maximum Out-of-Pocket                 |                                  |                                      |                                                                                                     |
| Individual                                     | \$4,150                          |                                      |                                                                                                     |
| Family                                         | \$8,300                          |                                      |                                                                                                     |
| Pharmacy                                       | In-Network                       |                                      | Out-of-Network                                                                                      |
|                                                | Retail Pharmacy<br>30 Day Supply | Mail Order Pharmacy<br>90 Day Supply | Reimbursement is not guaranteed<br>Mail Order Not Covered                                           |
| Generic (Tier 1)                               | \$15 copay                       | \$30 copay                           | Contracted rate minus any applicable<br>copayment.<br>Employee is responsible for the cost upfront. |
| Preferred (Tier 2)                             | \$40 copay                       | \$80 copay                           |                                                                                                     |
| Non-Preferred (Tier 3)                         | \$70 copay                       | \$140 copay                          |                                                                                                     |
| Generic Specialty (Tier 4)                     | \$150 copay                      | 30 Day Supply Only                   | Not covered                                                                                         |
| Preferred Specialty (Tier 5)                   | \$150 copay                      | 30 Day Supply Only                   | Not covered                                                                                         |
| Non-Preferred Specialty (Tier 6)               | \$250 copay                      | 30 Day Supply Only                   | Not covered                                                                                         |

| Bi-weekly Contributions<br>(24 pay periods) |                                                                   |                            |                                                                      |                            |
|---------------------------------------------|-------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------|----------------------------|
| Full-Time Employees                         | WITH Health Risk Assessment Participation of<br>Employee & Spouse |                            | WITHOUT Health Risk Assessment Participation of<br>Employee & Spouse |                            |
|                                             | Employee Contribution<br>(12%)                                    | City Contribution<br>(88%) | Employee Contribution<br>(15%)                                       | City Contribution<br>(85%) |
| Single                                      | \$58.71                                                           | \$430.54                   | \$73.39                                                              | \$415.86                   |
| Employee & Spouse                           | \$118.37                                                          | \$868.09                   | \$147.97                                                             | \$838.49                   |
| Employee & Child(ren)                       | \$118.37                                                          | \$868.09                   | \$147.97                                                             | \$838.49                   |
| Family                                      | \$147.58                                                          | \$1,082.26                 | \$184.48                                                             | \$1,045.36                 |

| Part-Time Employees   | Employee Contribution<br>(12% of Single Rate) | City Contribution<br>(88% of Single Rate) | Employee Contribution<br>(15% of Single Rate) | City Contribution<br>(85% of Single Rate) |
|-----------------------|-----------------------------------------------|-------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Single                | \$58.71                                       | \$430.54                                  | \$73.39                                       | \$415.86                                  |
| Employee & Spouse     | \$555.91                                      | \$430.55                                  | \$570.60                                      | \$415.86                                  |
| Employee & Child(ren) | \$555.91                                      | \$430.55                                  | \$570.60                                      | \$415.86                                  |
| Family                | \$799.30                                      | \$430.54                                  | \$813.98                                      | \$415.86                                  |

## PPO Provider Network to receive the In-Network Benefit Level

To receive the maximum benefit available / **in-network benefits** under your medical plan, it is recommended that you receive care by a UnitedHealthcare preferred (contracted) provider by accessing the **UnitedHealthcare Choice Plus** network.

It is important to note that when searching for in-network providers you will want to look for those providers with a two blue heart stamp ♥♥. This stamp signifies Premium Care Physicians in your network who offer their services at a lower cost while maintaining the highest quality. While the City's medical plan benefits are not designed to steer you to these providers, you may pay less in out-of-pocket costs and have better outcomes by using a provider who meets the standards for quality and cost efficiency.



## Medical Coverage – Create an online profile at [umr.com](http://umr.com)

Once you have your UMR member ID card, we encourage you to register through UMR's website at [www.umar.com](http://www.umar.com). This website provides you with access to the provider network and other benefit information specific to your medical plan.

If you already have an account, simply enter your username and password in the upper-right corner. If it is your first time logging in, click on **Login/Register** in the upper right corner of the screen. On the next screen select **Member**. Make sure you have your ID card handy and follow the steps to get started.

In addition, the website includes many features such as a health cost estimator, health education library, forms, and the ability to view your claims and download Explanation of Benefits (EOBs).



The Health cost estimator allows you to research treatment options and learn about recommended care and estimated costs associated with your selected treatment option. It's easy to get started; just look for the Health cost estimator tile on your personal home page.

UMR has also gone mobile. You have Secure Mobile Web Access to look up claims, check your benefits, find providers, and view ID cards. You can use the same username and password that you use on the UMR website.

# Additional Medical Plan Features

## Real Appeal



Real Appeal is a free online lifestyle program designed to help you lose weight, feel better, and improve your health - one small step at a time. This program is eligible for employees and dependents who are enrolled in the City of Oshkosh Medical Plan.

Enroll at: [realappeal.com](https://realappeal.com) Please have your health insurance ID card handy when enrolling.

## 2nd.MD



Connect with nationally recognized specialists from the comfort of your home. City of Oshkosh employees and their family members enrolled in the UMR medical plan have access to 2nd.MD, a virtual expert medical consultation and navigation service. With 2nd.MD, you can connect with board-certified, elite specialists about your diagnosis or treatment plan all within a matter of days at no cost to you!

### When to use 2nd.MD

When dealing with illness, injury, or chronic pain, 2nd.MD makes it easy to get a virtual expert medical consultation from the best in medicine. 2nd.MD can help when you have medical questions like:

- Do I have the right diagnosis?
- Am I on the best treatment path and medications?
- Is this surgery or procedure the best option for me?

2nd.MD specialists are from top medical institutions and leaders in their field of practice. Many own their own practices and have won prestigious awards. 2nd.MD specialists take a non-bias approach that includes:

- Reviewing and confirming your treatment plan
- Providing you with thorough answers and another level of expertise and advocacy regarding your healthcare needs
- Giving you confidence and, in some cases, additional treatment options as you move forward with your next steps

City of Oshkosh extends 2nd.MD's services at no cost to employees and their dependents covered by the UMR medical plan. To activate your account and request a consultation:

- Visit <https://www.2nd.md/activate/>
- Call 866-269-3534
- Download the 2nd.MD app via App Store or Google Play



## Hearing Aids

Through UnitedHealthcare Hearing, you have access to hundreds of name-brand and private-label hearing aids, plus convenient ordering options and personalized care to help you improve your hearing.

### Hearing Health Care Made Easier

Treating your hearing loss may allow you to reconnect with the world around you and make it easier to engage with family and friends. UnitedHealthcare Hearing gives you options, care and convenience so you can start hearing the sounds you've been missing.

- More than 5,000 credentialed hearing provider locations
- Convenient ordering
- Custom-programmed hearing aids for your unique hearing loss

Start today by calling **1-855-523-9355, TTY 71**  
or learn more at **[uhchearing.com](https://uhchearing.com)**.

# Samaritan Fund



samaritan  
fund  
program



## Giving the Peace of Mind to Heal

The Samaritan Fund Program sources funds from Samaritan Sponsors to pay for all medical expenses for individuals with serious medical conditions with high-cost treatments.

### HOW IT WORKS



If you have a serious medical condition with high cost treatment, electronically submit a confidential Medical Insurance Release form.



A Samaritan Fund Program Representative reaches out to explain the program, answer questions, and gather your information.



If approved a personalized Samaritan Fund Program offer is issued.



If you wish to accept you will sign and submit your offer letter.



Your account is set up and we issue your debit card for medical expenses.



Enjoy the Peace of Mind to Heal and submit your feedback on your Samaritan Fund Program experience.

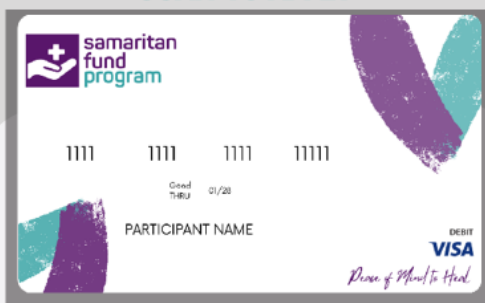
"We are now not on edge, not stressed. Now we can focus on medical care and actually enjoy time with our daughter instead of stressing about the financial piece..."

**Thank you, Thank you, Thank you"**

**- PARTICIPANT**



**SCAN TO APPLY**



866-764-9290 | [samaritanfundprogram.com](http://samaritanfundprogram.com)  
[service@samaritanfundprogram.com](mailto:service@samaritanfundprogram.com)



# Accessing Your Prescription Drug Benefits



You may access information about your prescription drug coverage through the CVS Caremark website at [Caremark.com](https://caremark.com). By registering online and creating an account, you can keep up to date on new and unique ways to save. CVS Caremark also has a mobile app that you can use to manage prescriptions, receive text refill reminders, and check drug cost and coverage.

## Preferred Medication Lists

If you are not registered with CVS Caremark, you can also view preferred medication lists online using the links below:

### Advanced Control Formulary

Please visit <https://info.caremark.com/acdruglist> to see the current quarter or next quarter's preferred drug list. Under the Know What's Covered heading, CLICK on the applicable list depending on the date you plan to purchase your medication.

- Generics will be reflected on the preferred medication list in *lower case italics*.
- Preferred brand name medications will be reflected on the preferred medication list in ALL CAPS.
- Non-preferred brand name medications will not appear on the preferred medication list. Please contact Customer Care at 866-818-6911 for more information about cost/coverage of non-preferred options or discuss with your provider if a generic or preferred brand is right for you.

### Specialty Medications

Please visit <https://info.caremark.com/acsdruglist> to access the Advanced Control Specialty Formulary. Under the Know What's Covered heading, CLICK on the applicable list depending on the date you plan to purchase your medication.

To learn more about CVS Specialty and for additional tools and resources, visit <https://CVSSpecialty.com>. If you or your doctor have questions, call CVS/Specialty toll-free at 800-237-2767.

Here are some tips to help you save time and money on your medications:

1. **Be sure any retail pharmacy you use is in your network.** Network pharmacies are included in your prescription plan to help keep costs low. If you fill out-of-network, you will have to pay 100% of the cost. Find a network pharmacy before you fill at [Caremark.com](https://caremark.com).
2. **Know which medications are covered.** Your plan's list of covered medications can help you and your doctor find the most cost-effective drug option. Find your plan's list of covered medications at [Caremark.com](https://caremark.com).
3. **Use the *Check Drug Cost* tool available at [Caremark.com](https://caremark.com).** You'll be able to do a side-by-side comparison of your medications to see where you could be saving.
4. **Ask your doctor if there is a generic option for your brand-name medication.** Proven just as safe and effective as brand-name medications, generics may be an affordable option for your treatment.
5. **Have 90-day supplies delivered by mail.** Save on medications you take regularly when you fill in 90-day supplies through our mail service pharmacy. 90-day supplies typically cost less and there is no extra cost for shipping. Visit [Caremark.com/mail-service](https://caremark.com/mail-service) to get started.

In addition to obtaining a 90-day supply by mail, you have the option of obtaining a 90-day supply at any CVS Pharmacy location, including those located inside Target stores.

# Employee Clinic



Three Waves Health Clinic & Wellness Center (Three Waves Clinic) is a partnership between the City of Oshkosh, Oshkosh Area School District and Winnebago County to enhance the level of healthcare provided to employees and their family members.

The Three Waves Clinic is available to City of Oshkosh employees, spouses, and dependent children aged 24 months and up enrolled in the medical plan.

We want the Three Waves Clinic to be the top choice for you and your family's primary, preventive, and acute care needs. Our high-quality providers can offer you the time and attention your health deserves. They can help manage your general primary care plus most urgent care needs. Additionally, the clinic providers can provide support and care for a variety of chronic conditions. While the clinic is not a walk-in clinic, they do their best to accommodate same day or next day appointments whenever possible.

## Personal Health-Care That's Different

### Affordable:

- No cost to eligible members

### Convenient:

- Easy scheduling: online, phone app, or telephone
- Convenient location
- Minimal wait times
- Same or next day appointments may be available
- Virtual health visits during and after hours
- Secure messaging with care team available

### Quality:

- More dedicated time with the provider
- Appointments are not double booked so the provider can focus solely on you and your needs for an extended amount of time

### Private & Secure:

- Operated by a third party, Premise Health
- Your personal health records are confidential and private, protected by HIPPA

### Location and Contact Information

292 Ohio Street  
Oshkosh, WI 54902  
P: 920.267.5332  
F: 920.267.5287

## Virtual Care—Primary care around the clock

Virtual care through Premise Health, you now have on demand access to a team of providers who are available 24/7, so you can get the care you need, when and where you need it.

Sign in to [MyPremisehealth.com](https://www.mypremisehealth.com)  
and select "Get Care Now"

## Personal Health

### Preventive Care

- Routine wellness exams

### Acute Illness

- Allergy care
- Cold, flu, etc.
- Headaches
- Infections (bacterial, ear, eye, sinus, urinary tract, viral, etc.)
- Rashes and skin conditions
- Sore throat

### Minor Injuries / Procedures

- Mole removals
- Muscle and joint pain
- Sprains and strains

### Coordination with Outside Providers

### Referral to Specialists

### Lab Work & Vaccinations

- Routine vaccinations
- Order, conduct, interpret and consult on routine diagnostic lab work, including, but not limited to:
  - Blood sugar
  - Cholesterol
  - Complete blood count
  - COVID-19 testing
  - Flu testing
  - Pregnancy testing
  - Preventive labs
  - Strep throat testing
  - Triglycerides
  - Thyroid
  - Urinalysis
- Can complete lab draw with orders from outside provider

### Physical Therapy

### Medication Management

- Prescribe medication, after thorough assessment
- Onsite Pre-Packaged RXs

### Chronic Condition Management

- Anxiety / depression
- Asthma
- Blood pressure
- Cholesterol
- Diabetes

### Care Coordination

### 24/7 Virtual Primary Care

### Wellness Programing

- Onsite Wellness Coach

## MEDICATIONS OFFERED

| Medication Name               | Package Qty | Strength  | Form |
|-------------------------------|-------------|-----------|------|
| AMOXICILLIN                   | 20          | 875MG     | TAB  |
| AMOXICILLIN/POTASSIUM CLAV    | 20          | 875-125MG | TAB  |
| CITALOPRAM HYDROBROMIDE       | 90          | 20MG      | TAB  |
| CIPROFLOXACIN HCL             | 20          | 500MG     | TAB  |
| LOSARTAN POTASSIUM            | 90          | 50MG      | TAB  |
| FLUCONAZOLE                   | 1           | 150MG     | TAB  |
| METRONIDAZOLE                 | 14          | 500MG     | TAB  |
| METFORMIN HCL                 | 90          | 500MG     | TAB  |
| ERYTHROMYCIN BASE             | 3.5         | 5MG/GRAM  | OINT |
| SUMATRIPTAN SUCCINATE         | 9           | 50MG      | TAB  |
| CEPHALEXIN                    | 30          | 500MG     | CAP  |
| ATORVASTATIN CALCIUM          | 90          | 20MG      | TAB  |
| METOPROLOL TARTRATE           | 30          | 50MG      | TAB  |
| AMLODIPINE BESYLATE           | 90          | 10MG      | TAB  |
| PREDNISONE                    | 10          | 20MG      | TAB  |
| OMEPRazole                    | 90          | 20MG      | CAP  |
| OMEPRazole                    | 90          | 40MG      | CAP  |
| ALBUTEROL SULFATE             | 8.5         | 90MCG     | HFA  |
| ERYTHROMYCIN BASE             | 3.5         | 5MG/GRAM  | OINT |
| SULFAMETHOXAZOLE/TRIMETHOPRIM | 10          | 800-160MG | TAB  |
| GUAIFENESIN/DEXTROMETHORPHAN  | 120         | 20/200MG  | SYRU |
| DOXYCYCLINE/MONOHYDRATE       | 20          | 100MG     | CAP  |
| LISINAPRIL/HCTZ               | 90          | 20MG-25MG | TAB  |
| LISINAPRIL                    | 90          | 20MG      | TAB  |
| AZITHROMYCIN                  | 6           | 250MG     | TAB  |
| SIMVASTATIN                   | 90          | 20MG      | TAB  |
| SIMVASTATIN                   | 90          | 40MG      | TAB  |
| ONDANSETRON ODT               | 10          | 4MG       | TAB  |
| SERTRALINE HCL                | 90          | 50MG      | TAB  |

Please Note: This is a separate service from your pharmacy benefit through your health plan. Your health plan or pharmacy benefit manager (PBM) cannot assist you with questions regarding medications dispensed at the clinic.

\*Subject to change

## DENTAL COVERAGE



**About the Dental Plan:** This is a comprehensive plan for all dental services and covers preventive care at 100% in-network, with no deductible. You may use any dentist for your dental services; however, your lowest out-of-pocket cost comes from seeing a Delta Dental PPO dentist. You will also save on out-of-pocket cost by seeing a Delta Premier dentist. Always use an in-network provider to obtain the highest level of benefits.

When accessing care out-of-network, there are no provider discounts, and the member is responsible for the difference between what is charged/billed over the Usual and Customary percentile.

Access your dental account information online at [www.deltadentalwi.com/](http://www.deltadentalwi.com/) or via smartphone or mobile device through Delta Dental's app. Using these tools, you can view your summary of benefits or claims, access your ID card, and find in-network dentists. For more information or for assistance in finding a provider, you may also contact Delta Dental at 800-236-3712.

The chart below is a brief outline of the plan. To learn more about the Delta Dental plan, please refer to the dental summary plan description (SPD) for complete plan details.

| Benefit                                                                                                             | Delta Dental of Wisconsin<br>Group #91921 |                               |                         |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|-------------------------|
|                                                                                                                     | Delta Dental PPO Provider                 | Delta Dental Premier Provider | Non-Contracted Provider |
| <b>Annual Deductible</b>                                                                                            |                                           |                               |                         |
| Individual                                                                                                          | \$50                                      | \$50                          | \$100                   |
| Family                                                                                                              | \$150                                     | \$150                         | \$300                   |
| <b>Annual Benefit Maximum</b>                                                                                       |                                           |                               |                         |
| Per Individual                                                                                                      | \$1,500                                   | \$1,000                       | \$1,000                 |
| <b>Diagnostic &amp; Preventive</b>                                                                                  |                                           |                               |                         |
| Exams, cleanings, x-rays, sealants, space maintainers, fluoride treatments, and emergency treatment to relieve pain | 100%, deductible waived                   | 100%, deductible waived       | 80%, deductible waived  |
| <b>Basic &amp; Major Services</b>                                                                                   |                                           |                               |                         |
| Fillings                                                                                                            | 80% after deductible                      | 80% after deductible          | 50% after deductible    |
| Extractions – nonsurgical                                                                                           | 80% after deductible                      | 80% after deductible          | 50% after deductible    |
| Extractions surgical & other oral surgery                                                                           | 80% after deductible                      | 50% after deductible          | 50% after deductible    |
| Endodontics & periodontics (surgical & nonsurgical)                                                                 | 80% after deductible                      | 50% after deductible          | 50% after deductible    |
| Crowns, inlays, onlays, dentures, bridges, & implants                                                               | 50% after deductible                      | 50% after deductible          | 50% after deductible    |
| <b>Orthodontia (Dependent Children to Age 19)</b>                                                                   |                                           |                               |                         |
| Benefit Percentage                                                                                                  | 50%                                       | 50%                           | None                    |
| Individual Lifetime Maximum                                                                                         | \$2,000                                   | \$2,000                       |                         |

| Bi-weekly Contributions (24 pay periods) |                                             |                                         |                                                            |                                                        |
|------------------------------------------|---------------------------------------------|-----------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| Tier                                     | Full-Time<br>Employee Contribution<br>(15%) | Full-Time<br>City Contribution<br>(85%) | Part-Time<br>Employee Contribution<br>(15% of Single Rate) | Part-Time<br>City Contribution<br>(85% of Single Rate) |
| Single                                   | \$2.68                                      | \$15.19                                 | \$2.68                                                     | \$15.19                                                |
| Employee + 1                             | \$5.44                                      | \$30.80                                 | \$21.05                                                    | \$15.19                                                |
| Family                                   | \$10.25                                     | \$58.08                                 | \$53.13                                                    | \$15.20                                                |





## Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions, you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

### how to enroll

1. Go to [www.deltadentalwi.com](http://www.deltadentalwi.com).
2. Select the purple "Sign In" button and enter your Username & Password.
3. On your dashboard under "Preventive Care and Plan Features" there will be a section for Additional Benefits. Select "Enroll Now."\*
4. In the "Enroll in EBICP" section, select the member and their condition, verify the information, and hit "Select."
5. This member will then be listed under "Your Current EBICP Benefits."

| Condition                    | Additional cleaning(s) | Topical fluoride |
|------------------------------|------------------------|------------------|
| Cancer-related treatments    | ✓                      | ✓                |
| Weakened Immune systems      | ✓                      | ✓                |
| Periodontal (gum) disease*   | ✓                      | ✓                |
| High-risk cardiac conditions | ✓                      |                  |
| Kidney failure or dialysis   | ✓                      |                  |
| Diabetes                     | ✓                      |                  |
| Pregnancy                    | ✓                      |                  |

*This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Frequency limitations may apply. Refer to your handbook.*

*\*Periodontal cleanings may fall under basic services and may not be covered 100% by the EBICP plan. If you have questions regarding coverage for periodontal cleanings, please contact the Benefit Center at 800-236-3712 before services are performed.*

Connect With Us



[www.deltadentalwi.com](http://www.deltadentalwi.com)

SS300H-1905

\*If your plan does not include EBICP, "Additional Benefits" will not show.

## VISION COVERAGE

The vision plan is offered through Delta Vision utilizing the Eye Med Access provider network.

**About the Vision Plan:** This is a comprehensive plan for all vision services. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.

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

For more information or for assistance in finding a provider, you may contact the EyeMed Customer Care Center at 844-848-7090 or access information on the Delta Dental website at [www.deltadentalwi.com](http://www.deltadentalwi.com) or [www.eyemed.com](http://www.eyemed.com) (Access Network).

| Delta Vision<br>Group # 41263<br>EyeMed ACCESS Network |                                                  |                           |
|--------------------------------------------------------|--------------------------------------------------|---------------------------|
| Benefit                                                | Network Benefit                                  | Non-Network Reimbursement |
| Routine Exam (every 12 months)                         |                                                  |                           |
| Routine Exam                                           | Member pays \$20, plan pays balance              | \$35                      |
| Retinal Imaging                                        | Member pays up to \$39                           | None                      |
| Laser Vision Correction (Lasik or PRK)                 | 15% off retail price or 5% off promotional price | None                      |
| Frames (every 12 months)                               |                                                  |                           |
| Frames                                                 | \$150 allowance, then 20% off balance            | \$75                      |
| Standard Plastic Lenses (every 12 months)              |                                                  |                           |
| Single Vision                                          | Member pays \$20, plan pays balance              | \$25                      |
| Bifocal                                                | Member pays \$20, plan pays balance              | \$40                      |
| Trifocal                                               | Member pays \$20, plan pays balance              | \$55                      |
| Standard Progressive                                   | Member pays \$85, plan pays balance              | \$40                      |
| Lens Options                                           |                                                  |                           |
| UV Coating                                             | Member pays \$15                                 | None                      |
| Tint (solid & gradient)                                | Member pays \$15                                 | None                      |
| Standard Scratch Resistance                            | Member pays \$15                                 | None                      |
| Standard Polycarbonate                                 | Member pays \$40                                 | None                      |
| Standard Anti-Reflective Coating                       | Member pays \$45                                 | None                      |
| Other Add-Ons and Service                              | 20% off retail price                             | None                      |
| Contact Lens Fitting                                   |                                                  |                           |
| Standard Contact Lens                                  | Member pays \$0                                  | \$40                      |
| Premium Contact Lens                                   | 10% discount off retail, plus \$55 allowance     | \$40                      |
| Contact Lenses – In lieu of glasses                    |                                                  |                           |
| Conventional                                           | \$150 allowance, then 15% off balance            | \$120                     |
| Disposable                                             | \$150 allowance                                  | \$120                     |
| Medically Necessary*                                   | Paid in full                                     | \$200                     |

### Employee Contributions (Monthly)

|              |         |
|--------------|---------|
| Single       | \$6.29  |
| Employee + 1 | \$11.98 |
| Family       | \$18.79 |

\* Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the vision plan for more information.

# Flexible Spending Accounts



## FLEXIBLE SPENDING ACCOUNT

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

### How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service. Alternatively, you may pay for the eligible expense out of pocket, then submit your receipt to be reimbursed by the plan via a paper claim form or by logging into your account to request reimbursement at [www.tasconline.com](http://www.tasconline.com), or by using the TASC mobile app.

### Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

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

| Maximum Annual Election |         |
|-------------------------|---------|
| Health Care FSA         | \$3,400 |
| Dependent Care FSA      | \$7,500 |

For more information, you may contact TASC at 800-422-4661 or access information online at <https://uba.tasconline.com/login>.



## EMPLOYEE EDUCATION

## FSA Eligible Expenses



## Save up to 30% on eligible expenses

When you participate in a Healthcare FSA or Dependent Care FSA, you can use pretax dollars to pay for everyday expenses and reduce your taxable income. Below is a partial list of eligible expenses.

### Eligible medical expenses

- Acupuncture
- Artificial limbs
- Bandages and dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze (only the mother's portion, not the coach/spouse; class must be only for birthing instruction, not child rearing)
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lenses and contact lens solution
- Copayments
- Crutches (purchased or rented)
- Deductibles and coinsurance
- Diabetic care and supplies, including insulin
- Eye exams
- Eyeglasses or safety glasses (prescription)
- Feminine care products (pads, tampons, etc.)
- First aid kits and supplies
- Hearing aids and hearing aid batteries
- Heating pads
- Incontinence supplies
- Infertility treatments
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery, LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Personal protective equipment (for the purpose of preventing the spread of coronavirus; includes face masks, hand sanitizer, sanitizing wipes, etc.)
- Physical exams



- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy tests
- Prescription drugs and medications
- Psychiatric care, psychotherapy (as medical treatment)
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Tobacco cessation programs/deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations and flu shots
- X-ray fees

### Eligible OTC medicines and drugs

**Over-the-counter (OTC) medicines and drugs are reimbursable without a prescription.** Eligible OTC products include items that are primarily for a medical purpose and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu and sinus medications
- Anti-diarrheals, anti-gas medications and digestive aids
- Canker/cold sore relievers and lip care
- Foot care (antifungal treatments, corn/wart medication, etc.)
- Hemorrhoid creams and treatments
- Itch relief (calamine lotion, cortisone cream, etc.)
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers (Advil®, BENGAY®, Tylenol®, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids and stimulants (nasal strips, etc.)
- Stomach and nausea remedies (antacids, Dramamine®, Pepto-Bismol®, etc.)
- Wound treatments/washes (hydrogen peroxide, iodine)



# Flexible Spending Accounts



## FSA Eligible Expenses

Page 2



Use your TASC Card® to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting reimbursement.



### Eligible dental expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles and coinsurance
- Dental implants
- Dentures and adhesives
- Fillings

### Eligible dependent care expenses

You cannot use Dependent Care FSA funds for medical expenses. You can use Healthcare FSA funds for medical expenses incurred by your dependents.

- Fees for licensed day care or adult care facilities
- Before- and after-school care programs for dependents younger than age 13
- Amounts paid for services provided in or outside of your home (including babysitters or nursery school)
- Nanny expenses attributed to dependent care
- Nursery school/preschool fees
- Summer day camp (primary purpose must be custodial care and not educational in nature)
- Late pickup fees

For more information regarding eligible expenses, review IRS Publications 502 and 503 at [www.irs.gov](http://www.irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

### Eligible disability expenses

- Automobile equipment and installation costs for a person with a disability in excess of the cost of an ordinary automobile; device for lifting a person with a mobility impairment into an automobile
- Braille books or magazines (in excess of cost of non-Braille editions)
- Note taker in school for a child with a hearing impairment
- Seeing-eye dog (buying, training and maintaining)
- Special devices, such as a tape recorder or typewriter, for a person with a visual impairment
- Visual alert system in the home or other items, such as a special phone required for a person with a hearing impairment
- Wheelchair or Autoette (cost of operating/maintaining)

### Requiring additional documentation

These expenses are eligible when incurred to diagnose or treat a diagnosed medical condition **only**. Such expenses require a **Letter of Medical Necessity** from your medical provider explaining the medical necessity of the expense (diagnosed condition, onset of condition, etc.) and must include the provider's signature.

- Counseling or therapy
- Earplugs
- Exercise classes, gym memberships, health club dues
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose (non-compression)
- Varicose vein treatment
- Veneers
- Vitamins and dietary supplements
- Wigs (for individual who loses hair because of a disease)



## EMPLOYEE ASSISTANCE PROGRAM

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices, or locating further help.

**It's free...**Your employer covers the cost of initial assessment, additional problem-solving sessions, and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

**It's confidential...**Your EAP has been set up with Empathia, an outside counseling resource to assure confidentiality. No one at work will know you have chosen to seek help unless you choose to tell them. Nothing concerning your use of EAP will appear in your personnel file.

---

First Responders' LifeMatters EAP focuses on the unique needs of police, fire, EMT and ambulance personnel, and their families.

---



# Life Insurance



The City of Oshkosh provides Basic Life insurance to eligible employees through the Wisconsin Department of Employee Trust Funds (ETF). Employees are enrolled for coverage equal to 1 times your previous year's WRS earnings rounded to the next higher \$1,000. Premiums are paid by the City. The benefit is effective the 1<sup>st</sup> of the month following 30 days of employment.

For more information about this benefit, go to the ETF website at <https://etf.wi.gov> and access the Wisconsin Public Employers Group Life Insurance Program (ET-2101) brochure or you may click on the following link: <https://etf.wi.gov/publications/et2101/download?inline>.

You may obtain supplemental term life and additional term life coverage by completing an application provided by the City. Applications must be submitted within 30 days of hire. If you do not enroll for available coverage within 30 days of first becoming eligible, or within 30 days of a family status change event, you may obtain coverage by providing Securian Financial with satisfactory evidence of insurability. Information about the available coverage and cost is provided on the next page. Contact Kim Kautza in Human Resources for additional information at 920-236-5138 or [kkautza@oshkoshwi.gov](mailto:kkautza@oshkoshwi.gov).



Life can change in an instant. Be prepared by purchasing life insurance coverage for yourself and your family through the Wisconsin Public Employers Group Term Life Insurance Program.



## Your optional coverages

| Coverage options                                                                                                  | Active employees                                                                                                                                                                                                                                                                  | Retirees                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Basic term life</b>        | <b>1x</b> previous year's WRS earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000).<br><br>At age 70, coverage for employees automatically continues and reduces to 25%.* No further premiums are due from the employee to continue this coverage. | <ul style="list-style-type: none"><li>• If retired, coverage continues at 100% until age 65.</li><li>• Coverage reduces to 75% at age 65, 50% at age 66, and 25%* at age 67.</li><li>• Premiums are deducted from monthly annuity until age 65. Thereafter, insurance is free for the lifetime of the retiree.</li></ul> |
|  <b>Supplemental term life</b> | <b>1x</b> previous year's WRS earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000).<br><br>At age 70, coverage for employees terminates.                                                                                                           | <ul style="list-style-type: none"><li>• If retired, coverage continues at 100% until age 65 and then coverage ends.</li></ul>                                                                                                                                                                                            |
|  <b>Additional term life</b>   | <b>1x, 2x or 3x</b> previous year's WRS earnings, rounded to the next higher \$1,000 (if not already a multiple of \$1,000).                                                                                                                                                      | <ul style="list-style-type: none"><li>• If retired, coverage continues at 100% until age 65 and then coverage ends.</li></ul>                                                                                                                                                                                            |

\*50 percent for local employers who have opted for the higher post-retirement benefit.

| Coverage type                                                                                                             | Coverage amount                                                                                                                                                            | Additional information                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Spouse and Dependent term life</b> | Coverage options available:<br><br>Spouse: <b>\$10,000</b><br>Each dependent child: <b>\$5,000</b><br><br>Spouse: <b>\$20,000</b><br>Each dependent child: <b>\$10,000</b> | <ul style="list-style-type: none"><li>• Coverage is for an insured employee's eligible spouse and dependent(s).</li><li>• Dependent children are eligible up to age 26. Coverage may continue beyond age 26 for disabled children.</li><li>• Coverage ceases when employee reaches age 70 or retires, whichever occurs first.</li></ul> |

# Life Insurance continued

## Monthly cost of coverage

Rates increase with age and are subject to change

| Basic, Supplemental and Additional term life<br>(Rates/\$1,000/month)                             |                      |        |
|---------------------------------------------------------------------------------------------------|----------------------|--------|
| Age                                                                                               | Employee             |        |
| Under 30                                                                                          | \$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               |        |
| Spouse and Dependent term life (Rates/ month)<br>One monthly premium covers all eligible Insureds |                      |        |
| Spouse:<br>Each dependent Child:                                                                  | \$10,000<br>\$5,000  | \$1.60 |
| Spouse:<br>Each dependent Child:                                                                  | \$20,000<br>\$10,000 | \$3.20 |

Rates are effective through March 31, 2026.

## Additional features

Beyond paying a benefit in the event of your death, your group life insurance plan has other important features:

- **Early benefit payments if diagnosed as terminally ill** - If an insured person becomes terminally ill with a life expectancy of 12 months or less, you may request early payment of up to 100 percent of the life insurance amount.
- **No premiums if you become disabled** - If you become totally and permanently disabled from earning any income according to the terms of your certificate, life insurance premiums may be waived.
- **Accidental death and dismemberment and loss of use** - If you are killed in a covered accident or suffer a loss of a limb in a covered accident, additional payments may be made.

## How much life insurance do I need?

Check out our life insurance calculator at [LifeBenefits.com/insuranceneeds](https://LifeBenefits.com/insuranceneeds)

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life Insurance Company to the Wisconsin Public Employers Group Life Insurance Program. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. All elections or increases are subject to the actively at work requirement of the policy.

Insurance products are underwritten by Minnesota Life Insurance Company, an affiliate of Securian Financial Group, Inc. Products are offered under policy form series 2832-G.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its affiliates. Minnesota Life Insurance Company is an affiliate of Securian Financial Group Inc.



[lifebenefits.com](https://lifebenefits.com)

400 Robert Street North, St. Paul, MN 55101-2098  
©2020 Securian Financial Group, Inc. All rights reserved.

F69465 Rev 12-2020 DOFUI-2020  
1062306



# Income Continuation Insurance

The City of Oshkosh offers the Income Continuation Insurance (ICI) benefit to eligible employees through the Wisconsin Department of Employee Trust Funds (ETF). This is a voluntary “income replacement” benefit payable if you become disabled.

The ICI program is authorized by Wisconsin Statute § 40.62 and is funded by premium contributions. ETF contracts with an external company (the plan administrator) to issue eligibility determinations and process individual claims.

ICI benefits provide **up to 75% of your average monthly earnings** based on your previous calendar year earnings rounded to the next highest \$1,000 and divided by 12. For newly hired employees, your estimated annual earnings are rounded to the next highest \$1,000 and divided by 12.

- Earnings up to a maximum of \$120,000 per year are covered.
- The maximum benefit is \$7,500 per month.
- The premiums are paid by the employer and employee\*.

ICI provides replacement income for short-term and long-term disabilities. The benefit usually lasts until you are no longer disabled, or you reach age 65 (with some exceptions), whichever is sooner.

Before the benefit starts, you must serve an elimination period (also called a waiting period). You may select an elimination period of up to 180 days. *You must be completely off work during the elimination period.*

The City pays for a 180-day elimination (waiting) period. Shorter elimination periods are available to purchase at a cost to the employee.\* You may obtain income continuation insurance coverage by completing an application provided by the City. Applications must be submitted within 30 days of hire (or within 30 days of becoming a WRS-participating employee if you were not considered a participating employee at the time you were initially hired). You apply to enroll or reduce your elimination period at any time in the future if you are medically insurable and provide evidence of insurability.

ICI benefits will not duplicate benefits available from other Wisconsin Retirement System (WRS) programs, the Social Security Administration, workers’ compensation, unemployment compensation, or certain other sources. You will be required to repay duplicate benefits back to the ICI program.

**Note:** Benefit durations for pregnancies - As with any disability claim, you must serve your elimination period prior to receiving an ICI benefit. Your ICI benefit for a normal, vaginal delivery will end 6 weeks after the date of delivery (8 weeks for an uncomplicated cesarean delivery). These time periods are standard durations used in the disability industry.

However, if you have complications prior to or after delivery, ICI benefits may be paid longer, depending on whether the complication is considered disabling.

For more information about this benefit, go to the ETF website at <https://etf.wi.gov> and access the Local Income Continuation (ET- 2129) brochure or you may click on the following link: <https://etf.wi.gov/publications/et2129/download?inline=>. Or you may contact Kim Kautza in Human Resources for additional information at 920-236-5138 or [kkautza@oshkoshwi.gov](mailto:kkautza@oshkoshwi.gov).

\*The Local ICI program is currently under a premium holiday. There is a premium holiday for 2026.

# WI Retirement System (WRS) Trust Funds

The WRS is a qualified retirement system under Section 401(a) of the Internal Revenue Code that is managed by the Department of Employee Trust Funds (ETF). The WRS is a pension plan that is intended to provide you with a lifetime retirement payment (annuity) once you are vested and have reached minimum retirement age. WRS benefits are calculated using two methods, the formula method and the money purchase method. ETF calculates your benefits using both methods and automatically pays you the higher amount.

- The employer and employee contribution rates are determined by ETF on an annual basis.
- Eligible employees are immediate participants and begin contributing with their first paycheck.
- Employee will be a participant in the Core Trust Fund (CTF), but may also elect to participate in the Variable Trust Fund (VTF). Electing VTF will give you more diversification in your retirement benefits. If electing VTF, 50% of the contributions go in the CTF and 50% in the VTF. ETF allows additional contributions to be made on an after-tax basis.

## **Election to Participate in the Variable Trust Fund**

If you are a new WRS participant (and if you choose to participate in the Variable Trust Fund) and your election form is received by Employee Trust Funds (ETF) within 30 calendar days after your WRS coverage begin date, your Variable participation is effective on your first day of WRS-covered employment. If your form is received by ETF 31 or more calendar days after your WRS coverage begin date, your Variable participation becomes effective January 1 of the year after ETF received your election form.

## **When do You Become Vested?**

Vesting is the minimum number of years of employment you need to qualify for a retirement benefit. WRS members must be vested (and at minimum retirement age) to be eligible for a retirement benefit that includes employer contributions and the associated interest. You may have to meet one of two vesting laws depending on when your WRS employment first began:

- If you first began WRS employment after 1989 and terminated employment before April 24, 1998, then you must have some WRS-creditable service in five calendar years.
- If you first began WRS employment on or after July 1, 2011, then you must have five years of WRS creditable service.

If neither vesting law applies, you were vested when you first began WRS employment.

## **If You Joined the WRS After July 1, 2011**

If you first became WRS eligible on or after July 1, 2011, you need five years of creditable service to be eligible for a retirement annuity or lump-sum retirement benefit.

- The full-time equivalent of one year of creditable service is 1,904 hours.

If you are not vested when you terminate all WRS employment, you are only eligible for a separation benefit, which includes your employee contributions, additional contributions (if applicable), and interest. You will lose your employer contributions and associated interest (approximately half your WRS account value).

## **WRS Resources:**

1. **WRS Core - Your Benefit Handbook:** <https://etf.wi.gov/publications/et2119/download?inline>
2. **WRS Variable Trust Fund:** <https://etf.wi.gov/publications/et4930/download?inline>
3. **WRS Variable Trust Fund Election Form:** <https://etf.wi.gov/resource/election-participate-variable-trust-fund>
4. **WRS Additional Contributions:** <https://etf.wi.gov/publications/et2123/download?inline>
5. **WRS Performance (including Annual Returns, Rates and Adjustments):** <http://etf.wi.gov/wrs-performance>
6. **Buying Other Governmental Services:** <https://etf.wi.gov/publications/et2207/download?inline=>
7. **EFT Member Education and Email Updates:** <http://etf.wi.gov/member-education>

# MissionSquare

The City of Oshkosh offers three voluntary retirement plans, including a 457 Deferred Compensation Plan, a 457 Roth Plan, and a Payroll Roth IRA plan, which are administered by MissionSquare. Participating in retirement plans can have a significant positive impact on your future. Eligible employees may enroll at any time by selecting a flat dollar amount to be deducted from each paycheck. 457 plan contributions are withheld on a pre-tax basis; 457 Roth and Payroll Roth IRA contributions are withheld on an after tax basis. Annual maximum contribution limits apply.

To enroll in the 457 Deferred Comp Plan or the 457 Roth Plan (plan number 300037) visit <https://www.msqplanservices.org/myplan/300037>.

To enroll in the Roth IRA Plan (plan number 705290) visit <https://www.msqplanservices.org/myplan/705290>

Review the comparison chart below to get started in the plan(s) that are best for you. You may also transfer or roll over other eligible retirement accounts to your 457 plan.

More information about MissionSquare and the investment options available can be found on their website at [www.missionsq.org](http://www.missionsq.org).

| PLAN OVERVIEW                          | 457 Plan #300037                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                     | Roth IRA # 705290                                                                                                               |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Feature                                | Pre-Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Roth                                                                                                                                                                                                                                                                                                                | Roth                                                                                                                            |
| CONTRIBUTIONS                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 |
| Maximum Contribution (2025)            | Normal Limit: \$23,500<br>Age 50 Catch-Up: \$7,500 (\$31,000 total)<br>OR<br>Pre-Retirement Catch-Up: \$23,500 (\$47,000 total)<br>All contribution limits apply to the combination of pre-tax and Roth contributions to the plan. Catch-up provisions cannot be combined in the same plan year. For each of the three years prior to the year you reach your normal retirement age, as defined in the plan and based on extent to which maximum contributions not made in previous years. | Same as 457 Plan Pre-Tax                                                                                                                                                                                                                                                                                            | \$7,000<br>Age 50 Catch-Up: \$1,000 (\$8,000 total)<br>Pre-Retirement Catch-Up: N/A                                             |
| Contributions Reduce Taxable Income    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No                                                                                                                                                                                                                                                                                                                  | No                                                                                                                              |
| Income Limits (2025)                   | None. Participation is not limited by your annual income.                                                                                                                                                                                                                                                                                                                                                                                                                                  | Same as 457 Plan Pre-Tax                                                                                                                                                                                                                                                                                            | Modified Adjusted Gross Income must be less than \$236,000 (married filing jointly) or \$150,000 (single or head of household)* |
| WITHDRAWALS                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 |
| Taxation of Withdrawals                | Withdrawals are subject to federal and, in most cases, state income taxes.                                                                                                                                                                                                                                                                                                                                                                                                                 | Withdrawals are tax-free if the requirements for a qualified distribution are met. Distributions of Roth assets are qualified if a period of five years has passed since January 1 of the year of your first Roth contribution (including rollovers), and you are at least 59½ years old (or disabled or deceased). | Same as 457 Plan Roth, except Roth IRAs also permit qualified distributions for a “first time” home purchase.                   |
| Withdrawal Eligibility                 | Upon separation from service with the plan sponsor. In-service withdrawal options (e.g., after age 59½, emergency withdrawals) may also be available.                                                                                                                                                                                                                                                                                                                                      | Same as 457 Plan Pre-Tax                                                                                                                                                                                                                                                                                            | Withdrawals can be taken at any time. Contributions are always withdrawn first tax and penalty-free.                            |
| Required Minimum Distributions (RMDs ) | After age 72 or separation from service, whichever is later.                                                                                                                                                                                                                                                                                                                                                                                                                               | Same as 457 Plan Pre-Tax                                                                                                                                                                                                                                                                                            | None                                                                                                                            |
| 10% Early Withdrawal Penalty Tax       | 457 plan contributions and associated earning are not subject to the early withdrawal penalty tax. However, if you roll assets into your 457 plan from another type of account, the rolled-in assets are subject to the 10% early withdrawal penalty tax if withdrawn prior to age 59½, unless an exception to the penalty applies.                                                                                                                                                        | Same as 457 Plan Pre-Tax                                                                                                                                                                                                                                                                                            | Yes, the penalty may apply to the earnings portion of the withdrawal unless certain criteria are met.                           |

\*For more information, view IRS Publication 590 or visit [www.missionsq.org/ira](http://www.missionsq.org/ira)

MissionSquare does not provide specific tax advice



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It

does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.