NORRIS

Individual • Family • Community

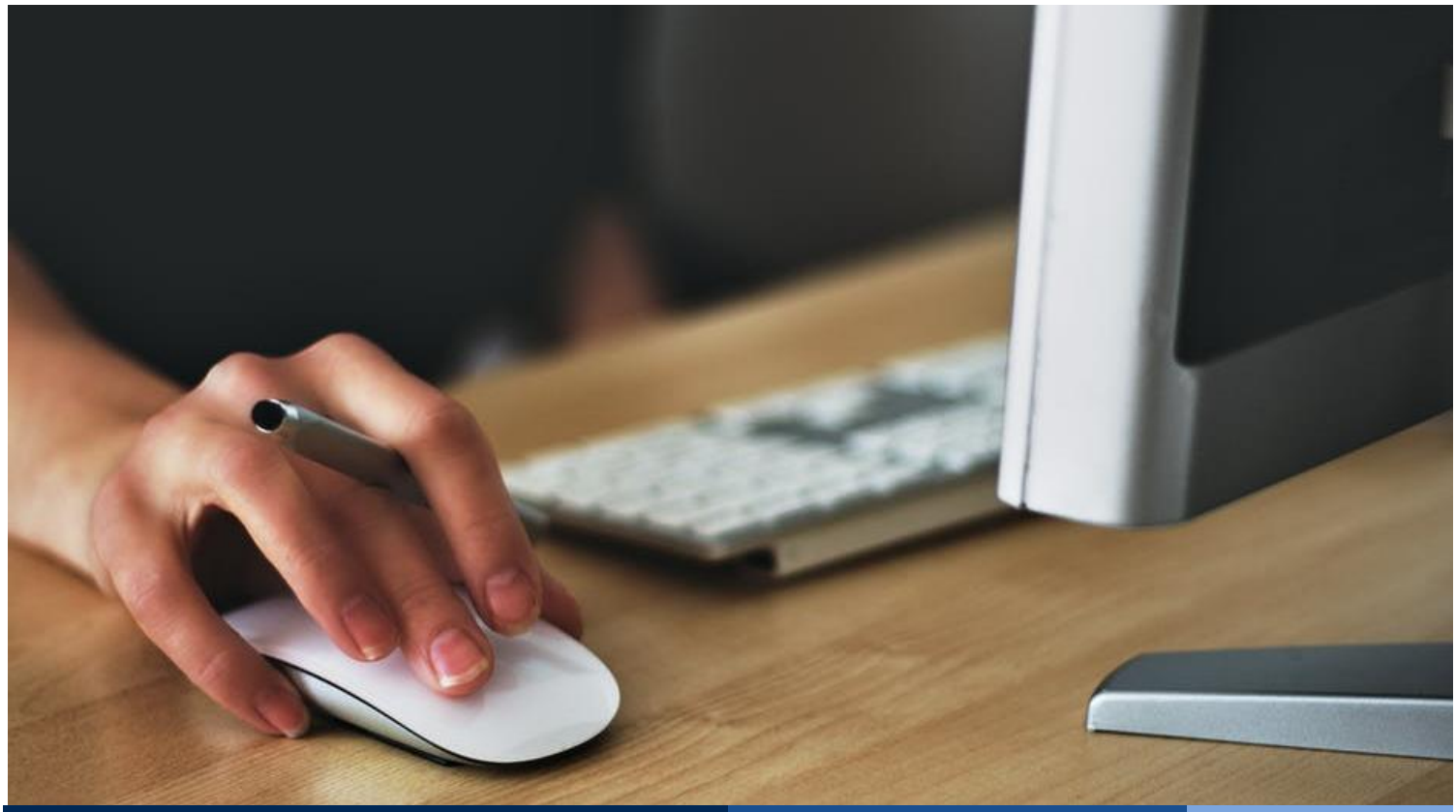
100 Years of Caring

# Employee Benefit Guide

January 1, 2023 - December 31, 2023

**Norris, Inc.**

# How to Enroll



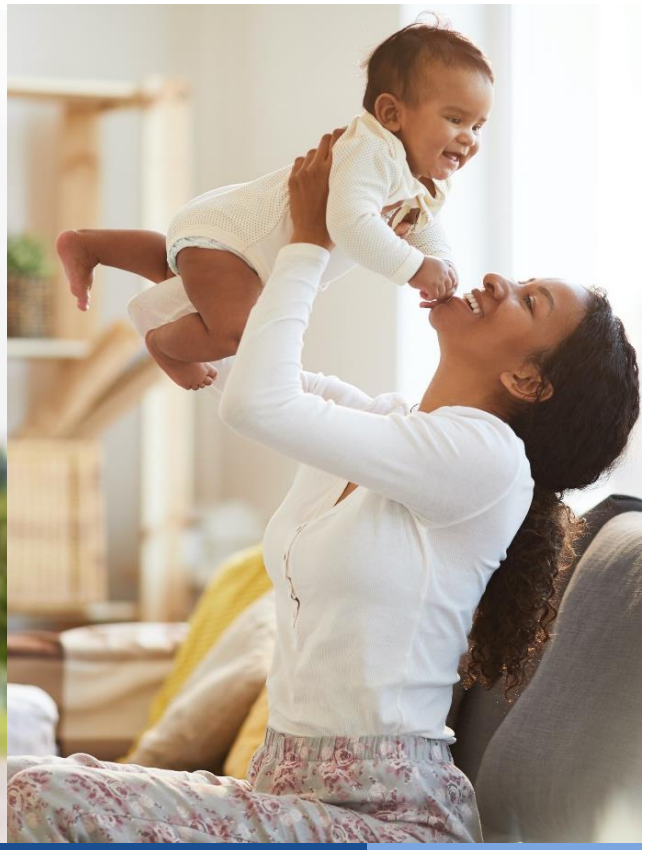
Full time employees are eligible to participate in benefit following 30 days of employment. Full time employment is defined as working a minimum of 30 hours per week. Your eligible dependents include your spouse, and dependent children. Dependent children are eligible to age 26.

Eligible employees need to complete their enrollment forms to make changes. Changes will go into effect January 1, 2023. Enrollment must be completed by: December 2, 2022.

All employees must complete a 2023 Benefits Enrollment and Waiver Form. If they are waiving benefits, they also must complete the same form, AND attach proof of other medical insurance. They must also include the Request For Compensation In-Lieu of Health Insurance form. This will ensure they receive the $100 biweekly payment for waiving medical insurance. If we don't have a form on file, they will not receive insurance in 2023 or the health incentive. All forms should be submitted via email or interoffice mail to Robyn Zelechowski in the Human Resources Department. Robyn can be reached at x806 or via email.

**If you do not complete your enrollment during your designated window, you may not be able to enroll or make changes unless you experience a qualifying event, or until the next open enrollment period.**

# Mid-Year Changes



**Unless you have a qualifying event, you cannot make changes to the benefits you elect until the next open enrollment period.** The Health Insurance Portability And Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. If you experience a qualified "change in status," you must make any associated enrollment or benefit changes within 30 days of the event except for a Medicare or Medicaid entitlement event, in which case you must make changes within 60 days of the event. You have the right to elect coverage during the plan year if your or your dependent's Medicaid/Children's Health Insurance Program (CHIP) coverage terminates due to discontinuation of eligibility under the program or if you become eligible for a Medicaid/CHIP premium assistance subsidy (if available in your state) providing you request enrollment within 60 days of the loss of coverage or eligibility for premium subsidy.

**Qualified changes in status include:** Change in legal marital status; Change in number of dependents; Change in employment status of employee, spouse, or dependent; A dependent newly satisfies or ceases to satisfy eligibility requirements; Change in place of residence; Loss of certain other health coverage; Court judgment, decree, or order; Medicare or Medicaid entitlement; Significant cost or other coverage changes; Family Medical Leave Act (FMLA) leave of absence; Reduction of hours; Exchange/Marketplace enrollment. Please note that there are several conditions and/or limitations that apply to the events listed above. **Please contact Human Resources if you have any questions or believe that you may qualify for an election change.**

# Annual Open Enrollment

**During the annual open enrollment period, you may make changes to your benefit plan elections and/or the family members you cover.** Changes can only be made outside of the annual enrollment period if you experience a qualified family status change that permits changes in your plan election. So now is the time to carefully review your plan options.

Open Enrollment for our benefit plans will be conducted November 17th through December 2nd. Elections you make during open enrollment will become effective January 1, 2023. This Guide provides a brief description of the benefit plans available to you and your family members. Please read it carefully, since understanding the options available to you can help ensure that you choose the right benefit options for you and your family.

# Contact Information

Because the world of healthcare and insurance can be confusing and hard to navigate, we are pleased to introduce your Account Manager at Brown & Brown Insurance who will be able to assist you with all things related to your benefits. Your Account Manager will be working in conjunction with the Human Resources Department so that benefit needs are addressed in a timely fashion.


**Brian Neppl**
Account Manager
(612) 758-8564
Brian.Neppl@bbrown.com

**Robyn Zelechowski**
Director of Human Resources
(262) 910-3806
rzelechowski@norriscenter.org


| Plan | Carrier | Phone | Website |
|---|---|---|---|
| **Medical** | UnitedHealthcare | (866) 203-2706 | www.myuhc.com |
| **Dental** | Delta Dental of Wisconsin | (800) 236-3712 | www.deltadentalwi.com |
| **Health Savings Account** | Waukesha State Bank | (262) 363-8432 | www.waukeshabank.com |
| **Vision** | Superior Vision | (800) 507-3800 | www.superiorvision.com |
| **Life & Disability** | Principal | (800) 245-1522 | www.principal.com |
| **Employee Assistance Program** | Magellan Health | (800) 450-1327 | Member.MagellanHealthcare.com |

# Medical Plan- PPO

The $2,000 Premier PPO plan through UnitedHealthcare use the **Choice Network**. This network does not provide out-of-network services. Certain services have a designated network benefit. By using a designated network provider, you have access to additional savings.

| Benefits | $2,000 Premier PPO | |
|---|---|---|
| | In-Network (Designated Network) | Out-of-Network |
| **Annual Deductible** | $2,000 Individual<br>$4,000 Family | N/A |
| **Annual Out of Pocket Maximum (Includes Deductible & Copays)** | $7,150 Individual<br>$14,300 Family | N/A |
| **Preventive Care** | *Plan pays 100% | N/A |
| **Physician Office Visit** | $15 copay | N/A |
| **Specialist Office Visit** | $100 copay ($50) | N/A |
| **Outpatient Surgery** | 20% after the deductible | N/A |
| **Inpatient Hospitalization** | 20% after the deductible | N/A |
| **Emergency Room** | $300 per occurrence, in addition to the deductible and 20% coinsurance | |
| **Urgent Care** | $25 copay | N/A |
| **Lab** | 20% after the deductible | N/A |
| **Advanced Imaging** | $500 per occurrence, in addition to the deductible and 50% coinsurance<br>(20% after the deductible) | N/A |
| **Prescription Drugs**<br>**Generic**<br>**Brand Name**<br>**Non-Formulary** | <br>$10 copay<br>$35 copay<br>$70 copay | N/A |

* Non-Preventive and/or diagnostic services performed at annual exam may not be covered 100%.

# Medical Plan- High Deductible Health Plan

The $3,500 HDHP plan through UnitedHealthcare use the **Choice Plus Network**. This is a large national network that provides in and out of network benefits. By utilizing in-network providers you have lower deductible, out-of-pocket maximums, copays, and coinsurance. By enrolling in a HDHP you are able to enroll in a Health Savings Account (HSA). Certain services have a designated network benefit. By using a designated network provider, you have access to additional savings.

| Benefits | $3,500 HDHP | |
|---|---|---|
| | In-Network (Designated Network) | Out-of-Network |
| **Annual Deductible** | $3,500 Individual<br>$7,000 Family | $7,500 Individual<br>$15,000 Family |
| **Annual Out of Pocket Maximum (Includes Deductible & Copays)** | $6,350 Individual<br>$12,700 Family | $12,700 Individual<br>$25,400 Family |
| **Preventive Care** | *Plan pays 100% | 20% after the deductible |
| **Physician Office Visit** | $30 copay after the deductible | 20% after the deductible |
| **Specialist Office Visit** | $60 copay after the deductible | 20% after the deductible |
| **Outpatient Surgery** | 0% after the deductible | 20% after the deductible |
| **Inpatient Hospitalization** | 0% after the deductible | 20% after the deductible |
| **Emergency Room** | $350 copay after the deductible | |
| **Urgent Care** | $100 copay after the deductible | 20% after the deductible |
| **Lab** | 50% after the deductible<br>(0% after the deductible) | 20% after the deductible |
| **Advanced Imaging** | $500 per occurrence, in addition to the deductible and 50% coinsurance<br>(0% after the deductible) | $500 per occurrence, in addition to the deductible and 20% coinsurance<br>(0% after the deductible) |
| **Prescription Drugs**<br>**Generic**<br>**Brand Name**<br>**Non-Formulary** | After the deductible<br>$10 copay<br>$35 copay<br>$70 copay | After the deductible<br>$10 copay<br>$35 copay<br>$70 copay |

* Non-Preventive and/or diagnostic services performed at annual exam may not be covered 100%.

# Dental Plan

The dental plans are arranged through Delta Dental of Wisconsin.

**Preferred Provider Organization (PPO) Plans** provide you with the freedom to use a dentist of your choice or access the PPO network of dentists. If you use a dentist participating in the PPO network, your out-of-pocket expenses will be reduced, as fees are subject to a negotiated rate. If you use a non-network provider, you are responsible for paying the difference in cost between the non-network provider's charges and the allowed amount.

| Benefit | In-Network | Out-of-Network |
|---|---|---|
| **Deductible** | $25 single/$75 family | $25 single/$75 family |
| **Annual Maximum** | $1,500 | $1,500 |
| **Preventive Services** | 100% | 100% |
| **Basic Services (fillings)** | 90% | 80% |
| **Endodontics (root canal, gum disease)** | 90% | 80% |
| **Periodontics (oral surgery, extractions)** | 90% | 80% |
| **Major Services (crowns, Inlays)** | 60% | 50% |
| **Orthodontia (to age 19)** | 50% | 50% |
| **Orthodontia Lifetime Maximum** | $1,000 | $1,000 |

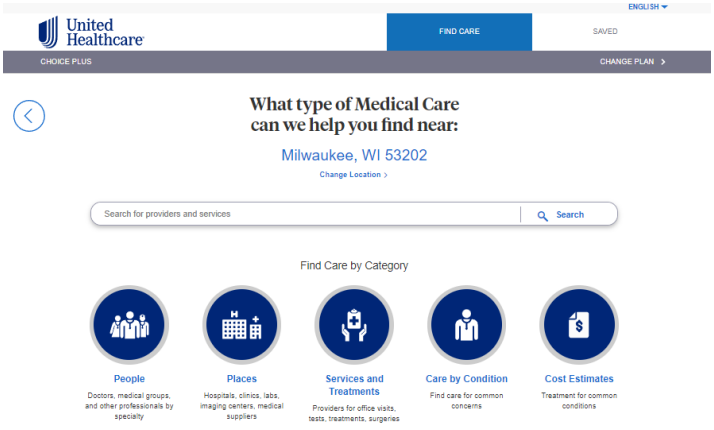
# Vision Plan

The vision plan is arranged through Superior Vision.

The vision plan provide you with the freedom to use an eye doctor of your choice or access the Superior Vision Network of providers. If you use a provider participating in the network, your out-of-pocket expenses will be reduced. If you use a non-network provider, in-network benefits and discounts will not apply and benefits will be paid according to a set benefit reimbursement schedule.

| Vision Care Services | In-Network Providers | Out-Of-Network Providers |
|---|---|---|
| **Deductible** | $10 | |
| **Exam (with dilation, if nec)** | $10 copay | $35 allowance |
| **Contact Lens Option Exam** | | |
| **Standard Fit and Follow-up** | Up to $40 | N/A |
| **Premium Fit and Follow-Up** | 10% off retail | N/A |
| **Frames** | | |
| **Discounts available on all frames except when prohibited by the manufacturer** | $125 allowance<br>20% off balance | $70 allowance |
| **Standard Plastic Lenses** | | |
| **Single / Bifocal / Trifocal** | $10 copay | $25/$40/$45 allowance |
| **Lens Options** | | |
| **UV Coating** | $15 copay | N/A |
| **Tint (solid and gradient)** | $15 copay | N/A |
| **Standard Scratch Resistance** | $15 copay | N/A |
| **Standard Polycarbonate** | $40 copay | N/A |
| **Standard Anti-Reflective Coating** | $45 copay | N/A |
| **Standard Progressive (add-on to bifocal)** | $75 copay | N/A |
| **Contact Lenses (materials only)** | | |
| **Conventional** | $150 allowance, 15% off balance | $125 allowance |
| **Disposable** | $150 allowance | $125 allowance |
| **Medically Necessary** | Paid-in-full | $150 allowance |
| **Laser Vision Correction** | Up to $200, plus any program pricing provider is offering | Up to $200 |
| **Frequency** | | |
| **Exam** | Once every 12 months | |
| **Lenses or Contact Lenses** | Once every 24 months | |
| **Frames** | Once every 24 months | |

# How to Locate a Provider




## UHC Medical

www.myuhc.com

1. Click on Find a Provider
2. Click on Medical Directory
3. Click on Employer and Individual Plans
4. Select UHC Member
5. Select your network, Choice or Choice Plus
6. Enter your search criteria

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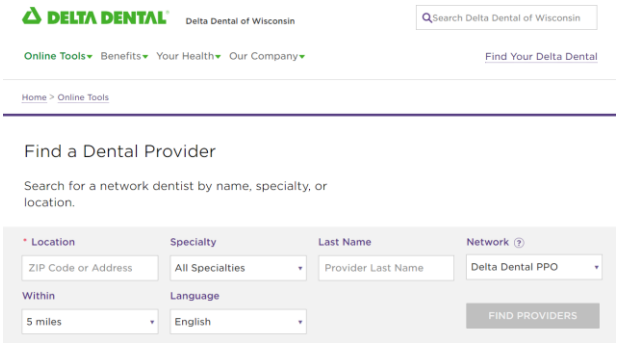


## Delta Dental

www.deltadentalwi.com/s/find-a-provider

1. Enter location
2. Select PPO Network
3. Search for providers

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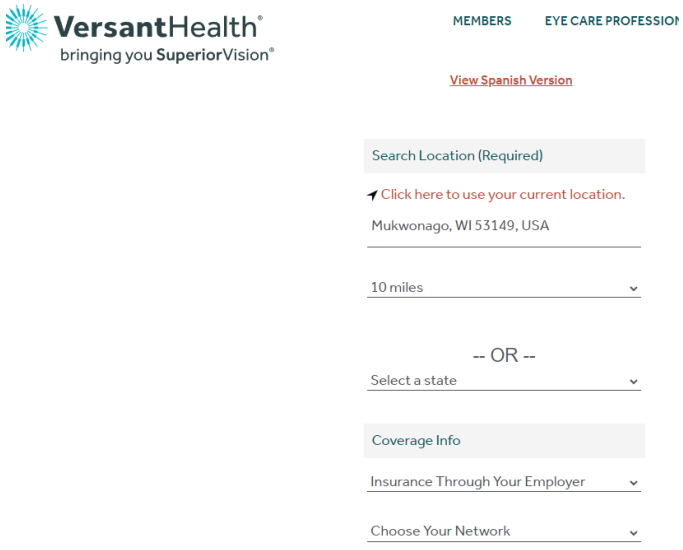


## Superior Vision

https://superiorvision.com/locator/

1. Enter location
2. Under Coverage info select Insurance through your Employer
3. Select Superior National network

# Life/AD&D and Disability Insurance

## Group Life and AD&D Insurance

Group Life and AD&D Insurance is arranged through Principal. Norris provides full-time employees with 200% of your annual salary, rounded to the next $1,000, to a maximum of $200,000 of group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. Contact Human Resources to update your beneficiary information.

## Group Short Term Disability Insurance

Group Short Term Disability (STD) Insurance is arranged through Principal. After a 14 day elimination (benefit waiting) period for accident or sickness, the plan pays 60% of weekly earnings, less other income sources while you are meeting the definition of disability. The benefit amount may be reduced by other income such as sick leave and state disability income. The maximum weekly benefit is $750.  The maximum benefit duration is 11 weeks. This benefit is provided at no cost to you.

## Group Long Term Disability Insurance

Group Long Term Disability (LTD) Insurance  is arranged through Principal. After a 90 day elimination period, the plan pays 60% of monthly earnings, reduced by other income (i.e., SDI, Social Security) while you are meeting the definition of disability. The maximum monthly benefit is $5,000.  The maximum benefit period is to Social Security Normal Retirement Age (SSNRA). A pre-existing condition limitation applies. This benefit is provided at no cost to you.

# Employee Assistance Program

The Employee Assistance Program (EAP) is arranged through Principal. The EAP offers confidential support to help you meet life's challenges. A simple phone call connects you with a team of experienced professionals ready to assist you with a wide range of personal, family, and work issues. The EAP is available 24 hours a day, 7 days a week and includes face-to-face counseling visits, an unlimited number of phone consultations, assistance with financial and legal matters, and referrals to community resources. You are automatically enrolled in the plan and this benefit is provided at no cost to you.

## Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

### In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

### Legal, financial, and identity theft services

You and your family have access to these services:

- Legal services. Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.
- Financial wellness. Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- Identity theft resources. Receive a free 60-minute consultation to help restore your identity if stolen.

### Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

## Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.

800-450-1327

International: 800-662-4504

TTY: 711

Member.MagellanHealthcare.com

When you create an account, enter **Principal Core** as the program name.

# Health Savings Account (HSA)

Employees who participate in a qualified High Deductible Health Plan (HDHP) may be eligible to set aside money in a Health Savings Account (HSA). The money you contribute to an HSA is exempt from taxes; you save FICA and Federal taxes when contributing through payroll, and you spend the money tax-free when you spend it on qualified expenses. **Qualified expenses include unreimbursed medical, dental and vision expenses incurred by you and your eligible dependents** - even if you don't cover your dependents. An HSA is similar to a Flexible Spending Account (FSA); however, the HSA is a personal bank account, not a plan, so there's no "use-it or lose-it" rule. The money in your HSA remains in your HSA until you're ready to spend it; there's no time limit. If you change jobs or retire, you take the HSA with you. HSA funds can also be spent on Medicare, Cobra and Long-Term Care insurance premiums.

The HSA is not an automatic feature of enrolling in a HDHP; it is a separate application that you must make with Waukesha State Bank or your own bank. If you would like to set-up direct deposit into your HSA, you must provide payroll with your HSA account and routing numbers. Similar to other direct deposits you may already have, you can increase, decrease, start or stop your HSA contributions throughout the year.

**Who is eligible to open and fund an HSA?** Anyone who is:

- covered by a qualified HDHP and
- not covered under another medical plan that is not a qualified HDHP - including Medicare, Medicaid, TriCare, VA and/or a Health Care Flexible Spending Account (FSA)

Norris will contribute $500 annually for single and $1,000 for family. This will be deposited on a biweekly basis.

**How much can I contribute to a HSA?** The IRS sets a contribution limit every calendar year. For 2023, the contribution limits are:

- $3,850 for Individual Coverage; $7,750 for Family Coverage
- If you're age 55 or older, you can contribute up to $1,000 more than the limits listed here

**What if I establish a HSA mid-year?** Your HSA contributions are generally determined on a monthly basis. If you establish an HSA mid-year, you're allowed to make the full year's contribution, provided you are eligible on December 1 of that year and you remain eligible to make HSA contributions throughout the next calendar year.

**How do I make contributions to my HSA?** You can contribute to your HSA through payroll deductions.

**Where can I find a list of qualified expenses?** Refer to the list found at irs.gov - search Publication 502.

**When can I start using the funds in my HSA?** You can use the funds in your HSA once they are available. If you incur expenses under the qualified HDHP prior to having enough funds in your HSA, you can reimburse yourself months or years later, once you do have the funds available - so long as you were enrolled in the qualified HDHP at the time of service and the HSA was established at the time of service.

**Can I use my HSA to pay for non-qualified expenses?** Money withdrawn from an HSA for non-qualified expenses is taxable and subject to a 20% penalty. Although the 20% penalty goes away at age 65, the non-qualified expenses are always subject to income tax.

**What happens to my HSA if I leave my employer?** The HSA is yours to keep. If you continue to meet the eligibility criteria for funding the account, you can continue making contributions to your HSA. If you are no longer eligible to fund the account, you're still eligible to spend the money (tax-free) on qualified expenses.

**Can I use the money in my HSA to pay for my dependents' health care expenses?** You can use the money in your HSA to pay for the health care expenses belonging to your eligible spouse and/or dependent children - even if they are not covered as your dependents. Refer to Internal Revenue Code Section 152 to determine if your spouse and/or child is an eligible dependent.

**Can couples establish a "joint" HSA and both make contributions, including "catch-up" Contributions?** "Joint" HSAs are not permitted. Each spouse should consider establishing an HSA in his or her own name. This allows you to both make catch-up contributions when you are age 55 or older.

**For more information on HSAs, visit:**

- irs.gov - search Publication 502 and Publication 969
- hsacenter.com - view videos, presentations, and frequently asked questions

# HSA Overview

| Provisions | Health Savings Account (HSA) |
|---|---|
| **Plan Requirements** | HDHP |
| **Other Requirements** | Cannot be enrolled in any other health insurance including an FSA |
| **Account Owner** | You |
| **Qualified Expenses** | · Unreimbursed medical, dental and vision expenses<br>· Some insurance premiums: Medicare, long term care and COBRA |
| **OTC Medicines** | Only with a prescription |
| **2023 Annual Contribution Limits** | $3,850 individual<br>$7,750 family<br>Plus $1,000 catch-up at age 55 |
| **Access to Funds** | Available balance only |
| **Ability to Use Funds for Non-Qualified Expenses** | Yes, but taxable and subject to a 20% penalty (no penalty after age 65) |
| **Ability to Change Contribution** | Same as all direct deposit banking |
| **Rollover of Funds** | Yes |
| **Recordkeeping** | Retain receipts in case of IRS audit |
| **Eligible Dependents** | Legal spouse and dependent children (IRC Section 152) |

# Employee Contributions

The Norris Benefits Plan is designed under “Section 125” of the IRS Code. This allows you to take advantage of federal and state laws by purchasing some of your benefits with pre-tax dollars. Under Section 125, any required contributions for medical, dental, and vision, will be made with pre-tax dollars. **You may only change your pre-tax benefit elections once per year, during open enrollment, unless you experience a qualified “change in status.”** You may waive participation in the Section 125 Plan and elect to pay all contributions with after-tax dollars. Contact Human Resources for a waiver form if you elect to pay for your benefits with after-tax dollars.

## Medical Plans Bi-Weekly Contributions

| Coverage Level | 3500 HDHP | 2000 Premier |
|---|---|---|
| **Employee Only** | $83.84 | $147.99 |
| **Employee & Spouse** | $184.45 | $325.59 |
| **Employee & Child(ren)** | $159.30 | $281.19 |
| **Employee & Family** | $251.52 | $443.98 |

## Dental Plans Bi-Weekly Contributions

| Coverage Level | Delta Dental |
|---|---|
| **Employee Only** | $20.27 |
| **Employee & Spouse** | $40.54 |
| **Employee & Child(ren)** | $45.60 |
| **Employee & Family** | $75.68 |

## Vision Plan Bi-Weekly Contributions

| Coverage Level | Superior Vision |
|---|---|
| **Employee** | $3.02 |
| **Employee + 1** | $6.04 |
| **Family** | $8.01 |

# Glossary of Terms

**Coinsurance:** After the deductible has been met, coinsurance is the percentage of the remaining covered medical expense a patient pays and the percentage the Plan pays.

**Copayment:** The cost-sharing specified portion a In-network Provider: A provider who is participating in the network. Using an in-network provider will usually cost members less in copayments or co-insurance.

**Deductible:** The annual amount a member must pay before the Plan begins to pay any benefits.

**EOB:** Explanation of Benefits. A statement sent to members explaining services provided, amounts billed, and payments made by the Plan.

**Formulary:** A list of drugs covered by the plan. Formularies are approved by the federal government and have different tiers of drugs that are covered.

**HIPAA:** Health Insurance Portability & Accountability Act of 1996, which governs the portability, privacy and security of health coverage.

**Lifetime Maximum Benefit:** The total amount of money a benefit plan will pay providers for the treatment of a patient.

**Out-of-network Provider:** Any health care provider that does not participate in the network. Members can go to out of network providers but will not receive in network discounts.

**Out-of-Pocket Maximum:** The total amount paid each year by the member for the deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services for the rest of that calendar year.

**PPO:** Preferred Provider Organization. An affiliation of healthcare providers, such as hospitals and physicians, member pays the provider for a specific service. The Plan pays the rest.

**Provider:** A doctor, hospital, laboratory or other person or company that takes care of healthcare needs.

Brown & Brown

*This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the carrier/administrator directly. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.*

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