

RICHLAND COUNTY

Finance & Personnel Standing Committee



March 6, 2023

NOTICE OF MEETING

Please be advised that the Richland County Finance and Personnel Committee will convene on **March 7th, 2023 at 5:15 p.m.** in the Richland County Board Room of the Courthouse at 181 West Seminary, Richland Center, WI 53581 and via videoconference and teleconference using the following information:

Via webex with information available at <https://administrator.co.richland.wi.us/minutes/finance-personnel/>

If you have any trouble accessing the meeting, please contact MIS Director Barbara Scott at 608-649-5922 (phone) or barbara.scott@co.richland.wi.us (email).

Agenda:

1. Call to order
2. Proof of notification
3. Agenda approval
4. Public Comment
5. Previous Minutes

Reports:

6. Wisconsin Counties Association – Spring Conference
7. Employer Recruitment Practices Seminar
8. Employee Retention Statistics
9. Report on Health Insurance Transition

Financial:

10. Discussion and possible action on deficiency appropriations resolution

Personnel:

11. Discussion and possible action on Employee Longevity and Retire report and recognition.
12. Discussion and possible action on Human Resources Director job description
13. Discussion and possible action on Health & Human Services staff changes.
14. Discussion and possible action on Authorization Table Update
15. Discussion and possible action on progression of wage schedule for Sheriff's Administrative Assistant to Step 8
16. Closed Session pursuant of Wisconsin State Statute 19.85(1)(c) Considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility – regarding Sheriff's Office personnel
17. Return to Open Session
18. Discussion and possible action on items from closed session

Closing:

19. Future agenda items
20. Adjournment

Meeting materials may be found at <https://administrator.co.richland.wi.us/minutes/finance-personnel/>.

A quorum may be present from other Committees, Boards, or Commissions. No committee, board or commission will exercise any responsibilities, authority or duties except for the Finance and Personnel Standing Committee.

CC: Committee Members, County Board, Department Heads, Richland Observer, WRCO, Valley Sentinel, Courthouse Bulletin Board

Richland County

Finance & Personnel Standing Committee

February 7th, 2023

The Richland County Finance and Personnel Standing Committee convened on Tuesday, February 7th in person and teleconference.

Committee members present included County Board Supervisors Marty Brewer, Steve Williamson, Steve Carrow, Shaun Murphy-Lopez and Gary Manning with David Turk and Tim Gottschall by WebEx.

Also present was Administrator Clinton Langreck, Assistant to the Administrator Cheryl Dull taking minutes, several County Board members, department heads, county employees and general public. Barb Scott was present from MIS running the teleconferencing.

Not present: Melissa Luck and Marc Couey

1. **Call to Order:** Committee Chair Brewer called the meeting to order at 5:15 p.m.
2. **Proof of Notification:** Chair Brewer verified that the meeting had been properly noticed. Copies of the agenda were sent by email to all Committee members, County Board members, WRCO, County department heads, Richland Observer, Valley Sentinel and a copy was posted on the Courthouse Bulletin Board.
3. **Agenda Approval:** Chair Brewer asked for approval of the agenda changing 6a to 2022 Year end Cash Trial Balance. Moved by Supervisor Manning to approve the agenda with the change to 6a, 2nd by Supervisor Williamson. All voting aye, motion carried.
4. **Public Comment:** None
5. **Previous minutes:** Hearing no changes, Chair Brewer declared them approved as published.
6. **Report:**
 - a. **2022 Year end Cash Trial Balance:** Administrator Langreck presented and reviewed 06a draft Preliminary Cash Balance. There will be a finalized report at the March meeting.
 - b. **Wisconsin County Ambassador Program:** Administrator Langreck updated the Committee concerning discussion at the Program, plans for shared revenue increases and initiative requests presented to our state representatives as priority items. Discussion followed concerning the .01 sales tax the Governor proposed. Moved to accept the report by Supervisor Williamson, 2nd by Supervisor Manning. Motion carried.
 - c. **2022 Exit Interview Data Summary:** Administrator Langreck reviewed the results from exit interviews with the committee. Assistant to the Administrator Dull shared proposed changes for 2023 to try to get a better return.
 - d. **Shared Revenue:** Supervisor Murphy-Lopez presented a Shared Revenue slide show he prepared after doing some research explaining how shared revenue is calculated and the changes since 2004. 06d.
7. **Discussion and possible action on transfer from Fund 63 Transportation to Fund 18 County Aging Unit:** Administrator Langreck reviewed the request from HHS & Veterans Standing Committee. Director Clements addressed the committee concerning the funds which they receive every year. Historically it is transferred through the audit process but they have found it has not been done since 2016 and the auditor suggest they do the transfer through a fund transfer request with the Committees. Moved by Supervisor Williamson to approve a Transfer of Funds from Fund 63 Transportation Program to Fund 18 Co. Aging Unit – Car Replacement Fund totaling \$46,078.96, and forward the request onto the County Board for approval, 2nd by Supervisor Murphy-Lopez. All voting aye, motion carried.
8. **Discussion and possible action on transfer from Fund 93 ARPA to Fund 10 General for 2023 operations:** Administrator Langreck presented the request for the transfer. Moved by Supervisor Manning to transfer \$524,088.07 from Fund 93 ARPA to Fund 10 General 2023 Operation, 2nd by Supervisor Carrow. All voting aye, motion carried.
9. **Discussion and possible action on transfer from Fund 37 Swimming Pool Operations to Fund 36 Swimming pool projects:** Administrator Langreck presented the fund transfer request. Director Gobin

Richland County

Finance & Personnel Standing Committee

explained this fund is to be used to fund swimming lessons from donations. Moved by Supervisor Williamson to transfer \$900.00 from account 37.4500.0000.4627 Partnership with Youth to 36.4500.0000.4619 Class fees in the 2022 budget year, 2nd by Supervisor Carrow . All voting aye, motion carried.

10. Discussion and possible action on extension of ARPA Grant Funds:

- a. **Discovery Playschool:** Assistant to the Administrator Dull updated the Committee about a thank you Discovery Playschool has placed in the paper.
- b. **Ithaca School District:** Administrator Langreck presented to the Committee a request from Ithaca School Districts for an extension due to the supply chair issue. Moved by Supervisor Murphy-Lopez to approve the extension request for Ithaca School District until June 30, 2023 to allow completion of their project due to supply chain delays, 2nd by Supervisor Williamson. All voting aye, motion carried.

11. Discussion and possible action on reclassification of the combined office GIS technician and assistant zoning administrator/sanitarian:

Administrator Langreck reviewed the request, reasoning and presented supporting documents. The other 2 positions will be reviewed with one being removed and the job description rewrote. Currently the GIS is being contracted out and the future is uncertain. Zoning Administrator Bindl explained to the Committee that the pay grade went up with the review from Carlson Dettman. With the reclassification, it brings us into range with other counties and is a pay increase from the previous position. Moved by Supervisor Williamson to approve the classification request for the Assistant Zoning Administrator/Sanitarian and send to County Board for approval, 2nd by Supervisor Murphy-Lopez. All voting aye, motion carried.

12. Discussion and possible action on progression of wage schedule for Sheriff's Administrative Assistant to Step 8:

Sheriff Porter explained to the Committee that Sue Curtis has been with the department for 32 years and she is still at a step 4. He has gone back and forth with Carlson Dettman with no resolve. Carlson Dettman recommended the County review the Counties step progression which is not being followed. Administrator Langreck reminded the committee that this decision could affect other employees in the county in this same situation.

Moved by Supervisor Williamson to approve a wage adjustment for the Administrative Assistant in the Sheriff's Department to a step 8, 2nd by Supervisor Manning. Supervisor Murphy-Lopez has concerns of the reasoning behind this request. Sheriff Porter stated this is complex situation and had we followed the recommendation of the step progression she would be closer to step 8 at this point. Supervisor Carrow also has concerns and feels there needs to be something more unique than this request. Sheriff Porter stated his employee could go to another department and make more money and if the department were to replace her, the new person will be at her current step in pay in a couple years. Administrator Langreck stated that he will be bringing a seniority presentation to the Committee in March.

Moved by Supervisor Williamson withdrew his previous motion and to table until the March meeting, 2nd by Supervisor Carrow. All voting aye, motion carried.

13. Closed Session pursuant of Wisconsin State Statute 19.85(1)(c) Considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility:

Moved by Supervisor Manning to move into closed session with all county Board members to remain, 2nd by Supervisor Williamson . All voting aye, motion carried.

- a. Performance Evaluation and contract review– County Administrator -
- b. Performance Evaluation – Corporation Counsel –

14. Return to Open Session:

Moved by Supervisor Manning to come out of closed session, 2nd by Supervisor Carrow. All voting aye, motion carried.

15. Discussion and possible action on items from closed session:

No action taken

16. Future agenda items:

None

17. Adjournment:

Next meeting to be Tuesday, February 14th @ 5:15 p.m. in the County Board Room. Moved by Supervisor Manning to adjourn at 6:30 p.m., seconded by Supervisor Murphy-Lopez. All voting aye, motion carried.

Richland County

Finance & Personnel Standing Committee

Minutes respectfully submitted by
Cheryl Dull
Richland County Assistant to the Administrator

Richland County

Finance & Personnel Standing Committee

February 14th, 2023

The Richland County Finance and Personnel Standing Committee convened on Tuesday, February 14th in person and teleconference.

Committee members present included County Board Supervisors Marty Brewer, Steve Williamson, Steve Carrow, David Turk and Marc Couey with Shaun Murphy-Lopez and Timothy Gottschall by WebEx.

Also present was Administrator Clinton Langreck and Linda Gentes.

Not present: Melissa Luck and Gary Manning

1. **Call to Order:** Committee Chair Brewer called the meeting to order at 5:16 p.m.
2. **Proof of Notification:** Chair Brewer verified that the meeting had been properly noticed. Copies of the agenda were sent by email to all Committee members, County Board members, WRCO, County department heads, Richland Observer, Valley Sentinel and a copy was posted on the Courthouse Bulletin Board.
3. **Agenda Approval:** Chair Brewer asked for approval of the agenda. Moved by Supervisor Turk to approve the agenda, 2nd by Supervisor Williamson. All voting aye, motion carried.
4. **Public Comment:** None
5. **Closed Session pursuant of Wisconsin State Statute 19.85(1)(c) Considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility:**
 - a. Performance Evaluation and contract review – County Administrator
Moved by Supervisor Carrow to move into closed session with Supervisor Gentes being allowed to remain, 2nd by Supervisor Gottschall. Request for roll call vote, all voting aye, motion carried.
6. **Return to Open Session:** Moved by Supervisor Williamson to come out of closed session, 2nd by Supervisor Carrow. All voting aye, motion carried.
7. **Discussion and possible action on items from closed session:** Moved by Supervisor Williamson to renew Administrator Clinton Langreck's contract for 3 years, increasing the salary by \$2,000 to \$98,900 in 2023, 2nd by Supervisor Turk. All voting aye, motion carried.
8. **Future agenda items:** None
9. **Adjournment:** Next meeting to be Tuesday, March 7th @ 5:15 p.m. in the County Board Room. Moved by Supervisor Carrow to adjourn at 6:20 p.m., seconded by Supervisor Turk. All voting aye, motion carried.

Minutes respectfully submitted by

Cheryl Dull

Richland County Assistant to the Administrator

Richland County Committee

Agenda Item Cover

Agenda Item Name: Report Wisconsin Counties Association – Spring

Department	Administration	Presented By:	Administrator
Date of Meeting:	07 March 2023	Action Needed:	Vote to accept
Disclosure:	Open Session	Authority:	Admin Agreement
Date submitted:	07 March 2023	Referred by:	
Action needed by no later than (date)		Resolution	<u>N/A</u>

Recommendation and/or action language:

Motion to... accept report.

Background: *(preferred one page or less with focus on options and decision points)*

The Richland County Administrator attended the 2023 WCA legislative meeting held in Madison on February 27th through March 1st. The agenda included a verity of political, budgetary and legal issues facing the State of Wisconsin and Wisconsin Counties. The major issues that were noted as “further explore” and “possibly actionable” included:

- 1. Interesting:** Uniquely Wisconsin: Washington County Executive Josh Schoemann, again promoted the Uniquely Wisconsin Advertising/Tourism Initiative. “Built upon generations of rich storytelling from Discover Wisconsin, a new brand, “*Uniquely Wisconsin, is highlighting the stories of the people, the culture and the history of our state, sprinkled in with a bit of economic development and tourism.*” <https://www.wicounties.org/new-uniquely-wisconsin-brand-highlights-the-people-culture-and-history-of-our-state/> Several administrators spoke in favor of the project. Participation remains around \$60,000.
- 2. Center Piece:** Many speakers and members in attendance commented on the proposal of reform in shared revenues. Associated president Mark Graham commented that some of the reasoning in fixing the revenue to sales tax is to link economic success with government growth, and also commented that challenges in Milwaukee remain a center conversation (regarding their pension situation). Governor Evers talked optimistically on the reform commenting to the affect, “It’s going to happen.” I’m not getting anyone on the other side saying “no.” There was some tamping down of expectations made by Assembly Speaker Robin Voss, commenting on how a large portion of the 7-billion-dollar surplus is from onetime sources and does not have continued revenue flow (only 2-3 billion will be reoccurring), as well as commenting on how sustained budget increases to the state prison system and Medicaid will also have to be considered when budgeting. We currently await the Joint Finance Committee’s response to the Governor’s Budget.
- 3. Future Action:** Andy Phillips, Attolles Law, s.c. presented on topic of Tribal lands held by Tribal members and taxation. Currently there is a conflict with Uniformity of Taxation language in the Wisconsin Constitution and historic treaty language. There may be a need to amend the Uniformity of Taxation language in the constitution, which may open up an opportunity to consider allowing local government to allow for taxation at different rates based on residency.

Additional information will be made available at the WCA website, see link below.

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Agenda Item Cover

Attachments and References:

WCA past materials web page (not posed as of date) https://www.wicounties.org/past-event-materials/	WCA Conference Agenda: https://docs.google.com/document/d/e/2PACX-1vSOzUVETOCp29gebJpk36anD1JAc4y-zkxnUecSn8j33ac_fAC19UstIbameWjdKkWJ8pvy8Zn0JNQT/pub

Financial Review:

(please check one)

<input type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input type="checkbox"/>	Other funding Source		
<input checked="" type="checkbox"/>	No financial impact		

(summary of current and future impacts)

Approval:

Review:

Clinton Langreck

Department Head

Administrator, or Elected Office (if applicable)

Richland County Committee

Agenda Item Cover

Agenda Item Name: Recruitment Practices Seminar

Department	Administration	Presented By:	Administrator
Date of Meeting:	07 March 2023	Action Needed:	Vote to accept
Disclosure:	Open Session	Authority:	Admin Agreement
Date submitted:	07 March 2023	Referred by:	
Action needed by no later than (date)		Resolution	<u>N/A</u>

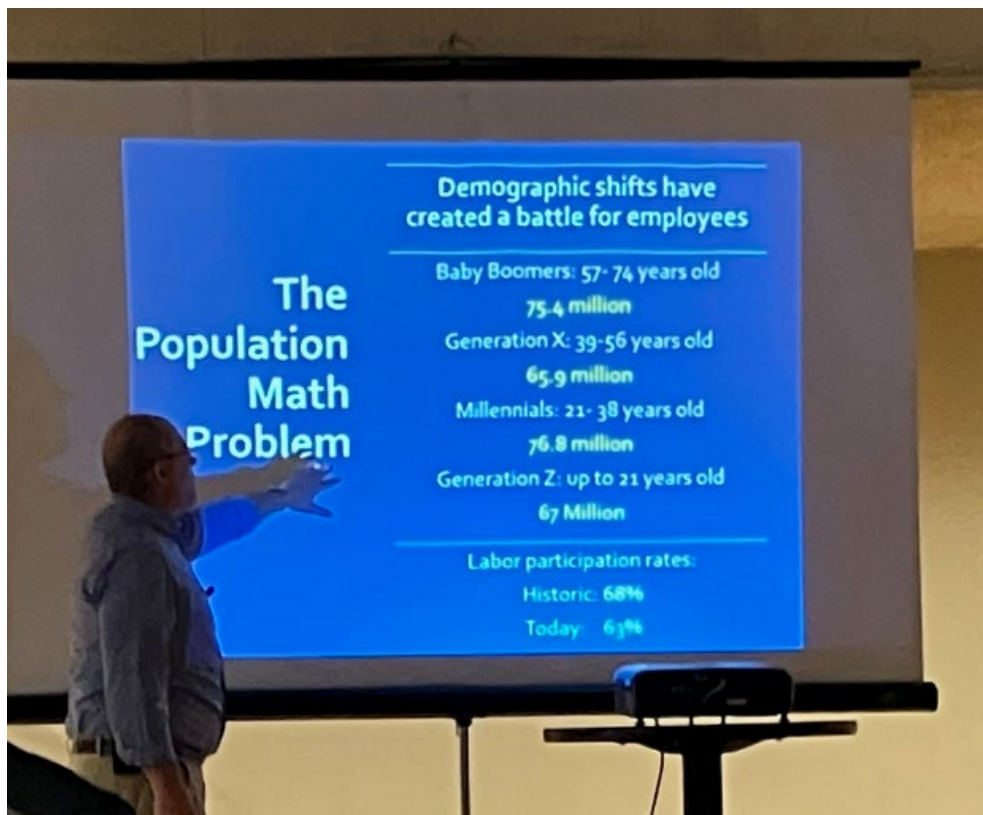
Recommendation and/or action language:

Motion to... accept report.

Background: *(preferred one page or less with focus on options and decision points)*

The Richland County Administrator attended a workforce attraction and retention seminar sponsored by Prosperity Southwest. The seminar was directed by Ela Kakde, Regional Economic Development Director and featured Chris Czarnik, author of *Winning the War for Talent*, and Paul Scharfman, President of Specialty Cheese Company, Inc. The major issues that were noted as “further explore” and “possibly actionable” included:

1. **Interesting:** Statistics of less people to fill current jobs:



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Agenda Item Cover

2. **Center Piece:** The main point of the seminar was understanding the workforce is changing. The labor market no longer contains a swell of baby-boomers and successful recruitment of employees will require the same tactics and technics as aggressive advertising for sales. The featured speaker emphasized trying to understand your employee pool perspective and noted statistical data that support a premise that “job change” is most often an “emotional decision not a financial one.” Provided that you are in a 40-60 percentile with a compensation package there are other elements that make a person leave their established work environment. He encouraged employers to focus on several initiatives including: 1) advertise to reach emotional appeal, 2) understand the cost of doing nothing, 3) understand if people are unable or unwilling to work for you, and 4) and understand why your current employees you have, remain with you.

3. **Future Action:** We will read, analyze and possibly implement some of the practices encouraged through his book, “Winning the War for Talent” in efforts to help our recruitment and retention efforts.

Attachments and References:

https://www.prosperitysouthwest.com/	

Financial Review:

(please check one)

<input type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input type="checkbox"/>	Other funding Source		
<input checked="" type="checkbox"/>	No financial impact		

(summary of current and future impacts)

Approval:

Review:

Clinton Langreck

Department Head

Administrator, or Elected Office (if applicable)

Richland County Committee

Agenda Item Cover

Agenda Item Name: Employee Retention Statistics

Department	Administration	Presented By:	Administrator
Date of Meeting:	07 March 2023	Action Needed:	Vote to accept
Disclosure:	Open Session	Authority:	Admin Agreement
Date submitted:	07 March 2023	Referred by:	
Action needed by no later than (date)		Resolution	<u>N/A</u>

Recommendation and/or action language:

Motion to... accept report.

Background: *(preferred one page or less with focus on options and decision points)*

The following reports have been prepared to identify trends and statistics on compensations, and employee entry and exit data. The **first spread** sheet shows the gross payroll for the past five years, plus a breakdown of additional pays such as overtime, comp paid out and bonuses. The sheet also includes the total “New Hires” and “Terminations” and issued W2’s and average employee head count, that were processed through the county payroll.

Notes:

“New Hires” = Employees that are starting a new position. (does not include transferring or taking on second positions)

“Terminations” = Any position that an employee is terminating from.

The data used arrives from reports made monthly to the of labor statistics on the 12th of each month. (includes count on: FT, PT, and Temp-Casuals and Women).

The **second sheet** includes a more detailed breakdown of “New Hires” and “Terminations” by department, as processed through the county payroll. The data reflects employee entry and exit over the past five years.

Notes:

- In 2022 the Fair and Recycling department removed judges as employees and they are now paid as a contract service.
- Symon’s Center also reviewed and terminated some lifeguards that did not recertify or have not worked in multiple years.
- We are experiencing more and more *Hired and Quit* in the same year.

According to a Bureau of Labor Statistics report in September of 2022, “In January 2022, wage and salary workers in the public sector had a median tenure of 6.8 years, higher than the median of 3.7 years for private-sector employees. One factor behind this difference is age. About 3 in 4 government workers were age 35 and over, compared with about 3 in 5 private wage and salary workers. Federal government employees had a higher median tenure (7.5 years) than state (6.3 years) or local government (6.9 years) employees. (See table 5.)”

Richland County Committee

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Table 5. Median years of tenure with current employer for employed wage and salary workers by industry, selected years, 2012-2022 -- Continued

Industry	January 2012	January 2014	January 2016	January 2018	January 2020	January 2022
Leisure and hospitality.....	2.4	2.3	2.2	2.2	2.3	2.0
Arts, entertainment, and recreation.....	3.1	3.0	3.2	3.0	3.3	2.8
Accommodation and food services.....	2.3	2.1	2.0	2.1	2.1	1.9
Accommodation.....	3.8	3.5	3.0	3.1	3.2	3.1
Food services and drinking places.....	2.1	2.0	1.8	2.0	2.0	1.7
Other services.....	3.8	4.0	3.9	4.0	4.1	3.9
Other services, except private households.....	3.8	4.2	4.1	3.9	4.1	4.0
Repair and maintenance.....	3.7	4.0	3.5	3.3	3.3	4.3
Personal and laundry services.....	3.5	3.7	3.8	3.6	3.8	3.3
Membership associations and organizations.....	4.3	4.9	4.9	4.5	4.8	4.7
Other services, private households.....	3.3	3.0	3.3	4.5	4.0	3.2
Public sector.....	7.8	7.8	7.7	6.8	6.5	6.8
Federal government.....	9.5	8.5	8.8	8.3	8.2	7.5
State government.....	6.4	7.4	5.8	5.9	5.6	6.3
Local government.....	8.1	7.9	8.3	6.9	6.6	6.9

Includes other industries, not shown separately.

NOTE: Beginning with data for January 2020, industries reflect the introduction of the 2017 Census industry classification system into the Current Population Survey. This industry classification system is derived from the 2017 North American Industry Classification System (NAICS). No historical data have been revised. Tenure data for 2014-2018 use the 2012 Census industry classification system, derived from the 2012 NAICS. Tenure data for 2012 use the 2007 Census industry classification system, derived from the 2007 NAICS. Updated population controls are introduced annually with the release of January data.

Please see Attachment 08A with additional statistical data.

Attachments and References:

See attachments sheets below	
News Release – Bureau of Labor Statistics (above)	https://www.bls.gov/news.release/pdf/tenure.pdf

Financial Review:

(please check one)

<input type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input type="checkbox"/>	Other funding Source		
<input checked="" type="checkbox"/>	No financial impact		

(summary of current and future impacts)

Approval:

Review:

Clinton Langreck

Department Head

Administrator, or Elected Office (if applicable)

Richland County Committee

Agenda Item Cover

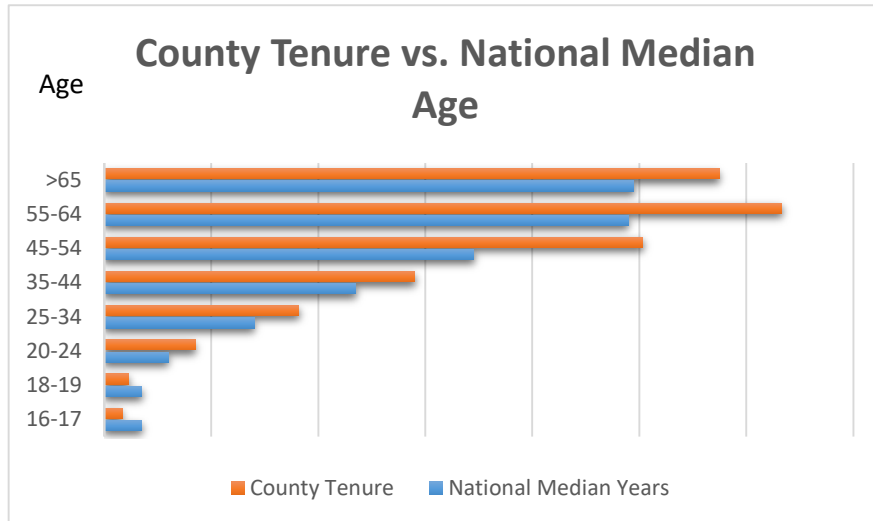
	2023	2022	2021	2020	2019	2018			
GROSS PAYROLL		\$ 13,617,952.88	\$ 13,293,120.46	\$ 13,362,415.48	\$ 12,295,296.67	\$ 12,124,286.47			
	2023	2022	2021	2020	2019	2018			
OVER TIME		\$ 623,189.87	\$ 546,279.92	\$ 574,280.59	\$ 533,214.39	\$ 560,624.60			
COMP PAID OUT		\$ 89,545.22	\$ 122,270.22	\$ 96,549.26	\$ 89,774.95	\$ 70,661.50			
SICK PAID OUT		\$ 19,554.44	\$ 18,681.85	\$ 13,653.50	\$ 15,635.95	\$ 15,772.02			
LONGEVITY		\$ 8,450.00	\$ 9,450.00	\$ 10,250.00	\$ 11,550.00	\$ 10,650.00			
SIGN ON BONUS		\$ 15,100.00	\$ 7,150.00	\$ 5,050.00	\$ 6,800.00	\$ -			
COVID BONUS		\$ 34,000.00	\$ -	\$ -	\$ -	\$ -			
HAZARD PAY		\$ -	\$ -	\$ 85,500.00	\$ -	\$ -			
GIFT CARD BONUS		\$ 2,155.00	\$ 3,100.00	\$ -	\$ -	\$ -			
		\$ 791,994.53	\$ 706,931.99	\$ 785,283.35	\$ 656,975.29	\$ 657,708.12			
	2023	2022	2021	2020	2019	2018			
W2'S ISSUED		593	612	584	611	641			
AVERAGE # EMP		367.83	370.42	365.67	387.33	388.08			
NEW HIRES	25	133	138	108	98	137			
TERMINATIONS	23	202	137	103	124	135			
Report is based off of active employees in January 2023.									
	TOTAL # EMP	0-1 YEARS	2-5 YEARS	6-10 YEARS	11-15 YEARS	16-20 YEARS	21-25 YEARS	25+ YEARS	
CTY BOARD	64	20	21	18	2	2	1	0	
CRTHOUSE	63	17	12	13	8	3	5	5	
FAIR	11	1	0	6	2	0	2	0	
HIGHWAY	27	6	12	3	2	1	2	1	
HHS	67	23	16	14	5	2	3	4	
MONTHLY	23	8	2	6	3	0	1	3	
PINE VALLEY	169	61	58	19	5	10	5	11	
SYMONS	39	16	6	10	1	3	1	2	
SHERIFF	43	18	6	8	6	1	2	2	
TOTAL #	506	170	133	97	34	22	22	28	
		34%	26%	19%	7%	4%	4%	6%	
		79% of employees have been here 10 years or less							
		21% of employees have been here more than 10 years							

Richland County Committee

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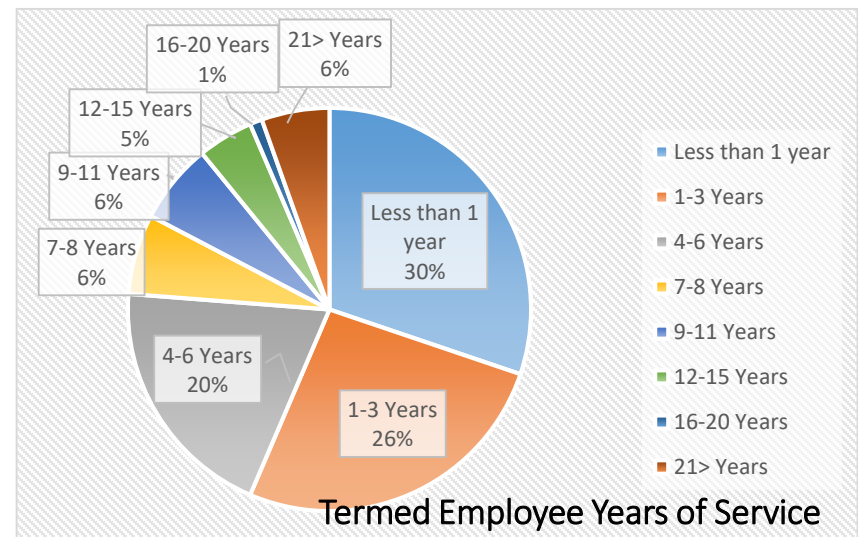
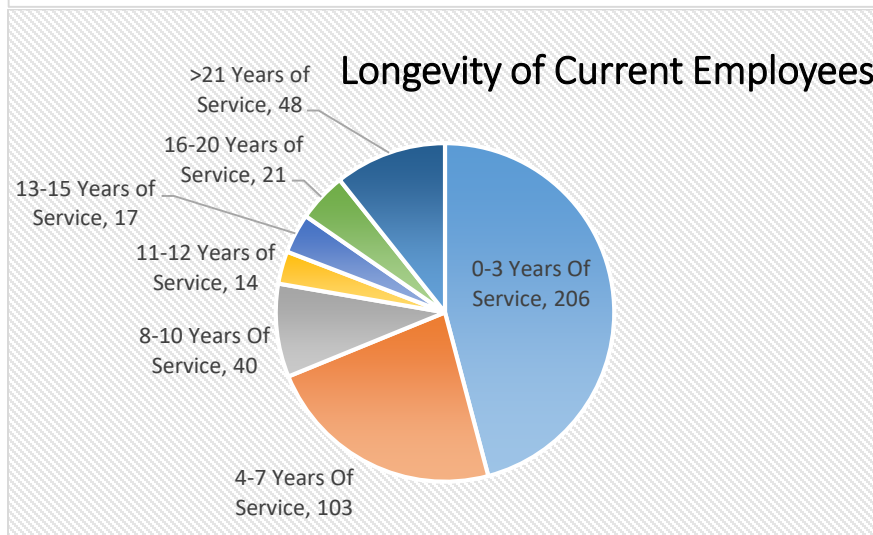
NEW HIRES AND TERMINATIONS FROM 2018 - 2022																			
2018	NEW HIRES	TERM	HIRED & QUIT IN 2018	2019	NEW HIRES	TERM	HIRED & QUIT IN 2019	2020	NEW HIRES	TERM	HIRED & QUIT IN 2020	2021	NEW HIRES	TERM	HIRED & QUIT IN 2021	2022	NEW HIRES	TERM	HIRED & QUIT IN 2022
CTY BOARD	11	24		CTY BOARD	5	2	0	CTY BOARD	12	8	0	CTY BOARD	9	15	4	CTY BOARD	18	15	1
CRTHOUSE	4	5		CRTHOUSE	4	10	0	CRTHOUSE	5	6	0	CRTHOUSE	14	16	3	CRTHOUSE	12	10	4
FAIR	5	7		FAIR	5	14	0	FAIR	0	0	0	FAIR	7	4	0	FAIR	1	61	0
HIGHWAY	8	6	1	HIGHWAY	4	4	0	HIGHWAY	2	2	0	HIGHWAY	5	6	1	HIGHWAY	3	7	1
HHS	22	16	3	HHS	10	15	1	HHS	9	8	1	HHS	16	19	4	HHS	16	16	3
MONTHLY	2	3		MONTHLY	0	2	0	MONTHLY	0	0	0	MONTHLY	3	2	1	MONTHLY	6	3	0
PINE VALLEY	65	59	14	PINE VALLEY	51	57	12	PINE VALLEY	53	56	18	PINE VALLEY	56	45	11	PINE VALLEY	49	45	11
SYMONS	12	8		SYMONS	14	14	4	SYMONS	17	12	2	SYMONS	17	20	3	SYMONS	20	35	11
SHERIFF	8	7	1	SHERIFF	5	6	1	SHERIFF	10	11	1	SHERIFF	11	10	0	SHERIFF	8	10	0
	137	135	19		98	124	18		108	103	22		138	137	27		133	202	31
3/7/2023	FULL-TIME	PART-TIME	TEMP CASUAL	TERMED															
CTY BOARD	0	0	64	0															
CRTHOUSE	41	3	19	3															
FAIR	0	0	11	0															
HIGHWAY	27	0	0	1															
HHS	57	0	14	6															
MONTHLY	1	0	23	0															
PINE VALLEY	74	7	88	10															
SYMONS	3	0	41	2															
SHERIFF	30	0	12	1															
515	233	10	272	23															

From Bureau of Labor and Statistics: In January 2022, wage and salary workers in the public sector had a median tenure of 6.8 years, higher than the median of 3.7 years for private-sector employees. One factor behind this difference is age. About 3 in 4 government workers were age 35 and over, compared with about 3 in 5 private wage and salary workers. Federal government employees had a higher median tenure (7.5 years) than state (6.3 years) or local government (6.9 years) employees.



62.6% of Richland County Employees are over Age 35.

Only 11.7% of the people that quit Richland County last year have worked over 7 years and were over the age of 35.



Richland County Committee

Agenda Item Cover

Agenda Item Name: Health Insurance Transition

Department	Administration	Presented By:	Administrator / Payroll Ben. Specialist
Date of Meeting:	07 March 2023	Action Needed:	Vote to accept
Disclosure:	Open Session	Authority:	Admin Agreement
Date submitted:	07 March 2023	Referred by:	
Action needed by no later than (date)		Resolution	<u>N/A</u>

Recommendation and/or action language:

Motion to... accept report.

Background: *(preferred one page or less with focus on options and decision points)*

This last week the Administrator was contacted by a Board Supervisor, relaying a concern from a constituent in their district. The concerned constituent was a spouse of one of our employees, and they are member of the County's health insurance plan. The constituent/member elected the GHS plan with the understanding that their provider in Richland Center, the constituent was under the impression base on conversation with folks from the hospital. These unfortunately proved to not be entirely accurate and GHS currently does not cover that provider-patient relationship. The member had a couple of questions or possible remedies and clarifications.

The exchanged sparked an appropriate initiative to report on the transition to the ETF Health insurance plan to discuss some of our challenges, learning points, benefits and future actions:

Challenges / Learning Points:

- 19 Insurance Options
- Rates
- Health Insurance Complexities and Expenses
- HRA Submissions
- Dean Health Insurance Cards
- Health Insurance Cards
- No Legal Resources
- Prescription Coverage
- Communication

Benefits:

- Employee Choice – 19 plans to choose from
- Participating in a larger pool / rate stability and expense

Future Actions / Preparing for the next open enrollment:

- Internal Education Component / Direct Education
- Next open Enrollment (October)
- Decisions on HRA

Richland County Committee

Agenda Item Cover

Attachments and References:

Resources	https://etf.wi.gov/benefits-by-employer
Decision Guide	Ins Rates
COBRA Term	COBRA HIPAA notice
Required Notice	

Financial Review:

(please check one)

<input type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input type="checkbox"/>	Other funding Source		
<input checked="" type="checkbox"/>	No financial impact		

(summary of current and future impacts)

Approval:

Review:

Clinton Langreck

Department Head

Administrator, or Elected Office (if applicable)

It's Your Choice: Benefits That Fit Your Lifestyle

Changes Happening in 2023

ACTION REQUIRED

Your health plan may not
be available in 2023. You
may need to choose
a new health plan.



2023 Health Benefits Decision Guide

Local High Deductible Health Plan
Insurance for Employees, Retirees,
and COBRA Continuants

ET-2169 (9/23/2022)
P07, P017



About This Guide

This guide provides a high-level overview of benefits available to you for 2023; open enrollment is **September 26 to October 21, 2022**. For complete information, visit etf.wi.gov/insurance

Your Enrollment Checklist

I'm happy with my benefits

Review changes for next year

Each year there are changes to your benefits. Make sure that your plan is still available in your area.

- You do not need to re-enroll in health, dental, or vision insurance each year if you want to keep the same coverage you have now. Double check that your providers are still available.
- Every year, you *do* need to re-enroll for other options, such as an FSA, if offered by your employer.

Make sure your doctors are still covered

Go to our website to see the provider directory for your health plan.

If you are not changing health coverage, no action is needed.

I'd like to make a change or I'm new

Follow the steps in this guide

This guide was designed for you. There are steps and guidance throughout.

Are you an employee? Are you a retiree without Medicare and all members on your health insurance do not have Medicare?

Pick a health plan for participants without Medicare. All members will have the same health plan.

Are you a retiree with Medicare and non-Medicare members on your health insurance?

Pick a Medicare health plan.

- If IYC Medicare Advantage or Medicare Plus is selected, then pick a second plan for your non-Medicare members.
- If Health Plan Medicare is selected, your non-Medicare members will have the same health plan, just the non-Medicare version.

Are you a retiree with Medicare and all members on your health insurance are enrolled in Medicare Parts A and B?

Pick a Medicare health plan. All members will have the same health plan.

Enroll

Employees: Contact your payroll/benefits office.

Retirees: Complete a *Group Health Insurance Application/Change for Retirees (ET-2331)*, available online or from ETF.

Questions?



Employees: Contact your payroll/benefits office.

Retirees: Contact ETF at 1-877-533-5020.

What's Changing in 2023

WEA Trust No Longer Available - Action Required

!

If you are currently enrolled in a WEA Trust health plan, you must enroll in a new health plan during open enrollment. WEA Trust Plans include:

- Access Plan by WEA Trust
- State Maintenance Plan (SMP) by WEA Trust
- Medicare Plus by WEA Trust
- WEA Trust – East
- WEA Trust West – Chippewa Valley
- WEA Trust West – Mayo Clinic Health System

If you do not enroll in a new health plan, you will not have coverage as of January 1, 2023. See page 11 for health plans by county and visit etf.wi.gov/upcoming-health-plan-changes for more help selecting a new plan.

New Administrators

If Your 2022 Plan is:	To Continue Coverage in 2023, You Must Enroll in:
Access Plan by WEA Trust	Access Plan by Dean Health Plan
State Maintenance Plan (SMP) by WEA Trust	SMP by Dean Health Plan*
Medicare Plus by WEA Trust	Medicare Plus by UnitedHealthcare

*SMP will be offered in Florence, Marquette, Waupaca, and Waushara counties. SMP will no longer be available in the following counties: Forest, Pierce, Polk, Rusk, St. Croix, and Wood. Use the health plan search on our website to find health plans and covered providers where you receive care.

New Health Plan and Service Areas

There is one new health plan, and several health plans are offering new service areas. See Health Plans by County on page 11 for coverage details.

	Common Ground Healthcare Cooperative	Dean Health Plan - Prevea360 West and Mayo Clinic	GHC of Eau Claire River Region	HealthPartners Southeast	Security Health Plan
Coverage Area	Eastern WI	Western WI	West Central WI	Southeast WI	West Central WI
Major Health Systems	Advocate Aurora Health ThedaCare BayCare Clinic	Prevea Health Clinics Mayo Clinic Health System OakLeaf Clinics	Marshfield Clinic Health System OakLeaf Clinics Hospital Sisters Health System	Advocate Aurora Health Children's Wisconsin	Marshfield Clinic Health System

Common Ground Healthcare Cooperative is in partnership with GHC of Eau Claire

What's Changing in 2023 (Continued)

WEA Trust Alternatives

The chart below lists some commonly available alternatives in the current WEA Trust service areas. Provider access varies by plan. Before selecting a plan, verify your providers are covered. More providers are available.

If Your 2022 Plan is:	WEA Trust – East	WEA Trust West – Chippewa Valley	WEA Trust West – Mayo Clinic Health System
For 2023, You May Want to Consider:	<p>Includes Advocate Aurora Health providers:</p> <ul style="list-style-type: none"> • Common Ground • HealthPartners Southeast • Robin with Health Partners <p>Includes Marshfield Clinic providers:</p> <ul style="list-style-type: none"> • GHC of Eau Claire Greater Wisconsin • Security Health Plan 	<p>Includes Marshfield Clinic providers:</p> <ul style="list-style-type: none"> • GHC of Eau Claire Greater Wisconsin • GHC of Eau Claire River Region • Security Health Plan 	<p>Includes Mayo Clinic Health System providers:</p> <ul style="list-style-type: none"> • Dean Health Plan – Prevea360 West and Mayo Clinic Health System

Medical Benefit Changes

Health plans may now waive prior authorization for remote patient monitoring when appropriate.

Separate behavioral therapy sessions for a patient's immediate family are now allowed as part of an ongoing mental health and substance use disorder treatment plan.

Accident Plan

Beginning January 1, 2023, cash payment amounts for most claims will increase.

New for 2023: Surgical anesthesia, joint replacement, and home or vehicle modification allowance.

Pharmacy Benefit Changes

A new specialty drug program (clear bagging) has been added through the University of Wisconsin Specialty Pharmacy for non-Medicare members receiving care within the UW Health System. This new program is limited to certain non-oncology specialty drugs. Contact your specialty drug administrator for more information.

Health Plan Name Changes

A few health plans have changed their names. If you are enrolled in one of the health plans listed below, you do not need to take any action to stay enrolled, but you should verify county and provider availability during open enrollment.

Old Name	New Name
Dean Health Plan – Prevea360	Dean Health Plan – Prevea360 East
GHC of Eau Claire	GHC of Eau Claire Greater Wisconsin
HealthPartners	HealthPartners West

Attend a Health Benefit Webinar

ETF will be hosting a number of webinars during the open enrollment period for you to learn about the 2023 plan year, including six webinars focused on changing from WEA Trust to a new health plan. You'll have the opportunity to ask questions directly to health plans and vendors like Delta Dental and WebMD. Visit etf.wi.gov/insurance to register.



Boost Your Protection!

The best way to stop the spread of COVID-19 is to get vaccinated and keep up to date on booster doses. COVID-19 vaccines are covered by the medical and pharmacy benefit for all non-Medicare members, and by the medical benefit (Part B) for Medicare members.

Visit etf.wi.gov/insurance/health-pharmacy/your-health-benefits-and-covid-19 for the latest COVID-19 information.



Well Wisconsin 2023: Your healthiest moments are ahead.

Well Wisconsin, powered by WebMD ONE, supports you on the path to good health and rewards you with a \$150 incentive. Through Well Wisconsin, you have access to tools to support your well-being, from fun challenges to health coaching and personalized guidance.

Note: Retirees will see taxes removed from the total gift card amount. Medicare Advantage participants are not eligible for the Well Wisconsin incentive and have wellness incentives available through UnitedHealthcare.

webmdhealth.com/wellwisconsin | 1-800-821-6591

All health and wellness incentives are considered taxable income to the subscriber and are reported to your employer, who will issue a W-2. The Wisconsin Retirement System acts as the employer for retirees and continuants. Personal health information is protected by federal law and will not be shared with ETF, the Group Insurance Board, or your employer.



For Participants without Medicare

Step 1: Choose a Plan Design

A plan design determines:

- How much you pay per month
- How much you pay when you visit a provider
- Whether you can see providers locally or nationwide
- If you can see providers out-of-network

Quick Comparison


A high-level overview of the available plan designs. See the next page for a breakdown of costs when you visit the doctor, have labs drawn, or fill a prescription.

	Local High Deductible Health Plan	Local Access High Deductible Health Plan
Monthly Cost (Premium)	\$\$\$	\$\$\$
Cost Per Visit	\$\$\$	\$\$\$
Provider Availability	Local	Nationwide
Nationwide Pharmacies	✓	✓
Out-of-Network Benefits	Emergency and urgent care	✓
Available Health Plan(s)	10 plans	Dean Health Plan

Breakdown of Your Medical Costs

The table below lists how much you will pay for common services received in-network.

	Local High Deductible Health Plan	Local Access High Deductible Health Plan
<p>Annual Medical Deductible Individual / Family</p> <p>Amount you pay for services before your health plan starts to pay. Counts toward out-of-pocket limit (OOPL)</p>	\$1,500 / \$3,000	Deductible must be met before coverage begins Families: Must meet full family deductible
<p>Annual Out-of-Pocket Limit (OOPL) Individual / Family</p> <p>The most you will pay in a year for covered medical and prescription drug services</p>	\$2,500 / \$5,000	
<p>Medical Coinsurance</p> <p>Percentage of costs of a covered service you pay, beyond the office visit copay such as X-rays and lab work</p>	100% until deductible met After deductible: 10%	
<p>Preventive Services</p> <p>Routine health care like check ups to prevent illness and disease. See healthcare.gov/preventive-care-benefits</p>	\$0 Plan pays 100%	
<p>Telemedicine Services</p>	Varies by service type, see etf.wi.gov/telemedicine	
<p>Primary Care Office Visit</p>	100% until deductible met After deductible: \$15 copay	
<p>Specialty Provider Office Visit</p>	100% until deductible met After deductible: \$25 copay	
<p>Urgent Care</p>	100% until deductible met After deductible: \$25 copay	
<p>Emergency Room</p> <p>Copay waived if admitted to inpatient directly from emergency room or for observation for 24 hours or longer</p>	100% until deductible met After deductible: \$75 copay, coinsurance applies to services beyond the copay	

 The Local Access HDHP offers out-of-network benefits. To learn about the out-of-network benefits, visit our website.

Breakdown of Your Pharmacy Costs

You must use an in-network pharmacy. Visit etf.benefits.navitus.com to find an in-network pharmacy near you. In-network pharmacies are available nationwide. Both plan designs have the same pharmacy benefits.

Prescription Deductible (Individual / Family)	Combined medical & pharmacy: \$1,500 / \$3,000 You pay 100% of most pharmacy costs until deductible is met ¹
Prescription Copay / Coinsurance	
Level 1	After deductible: \$5 or less
Level 2	After deductible: 20% (\$50 max)
Level 3	After deductible: 40% (\$150 max) ²
Level 4	After deductible: \$50 ³
Preventive (As federally required)	\$0 - Plan pays 100%
Prescription Out-Of-Pocket Limit	
Levels 1, 2, 3 & 4 (Individual / Family)	Combined medical and pharmacy: \$2,500 / \$5,000

¹Before you meet your deductible, preventive drugs are covered 100% and certain maintenance medications only require a copayment or coinsurance. See our website for more information.

²For Level 3 “Dispense as Written” or “DAW-1” drugs, your doctor must submit a one-time FDA MedWatch form to Navitus. If there is no form on file with Navitus, you will pay more. Contact Navitus for details.

³Must fill at Lumicera Health Services specialty pharmacy or UW Health Specialty Pharmacies.

START SAVING WITH

SERVE YOU 
DIRECT

Save time and money by using the home delivery pharmacy benefit offered by your health benefit program. As a Serve You Rx plan member, you can have the medications you take on a regular basis delivered right to your door with Serve You DirectRx Pharmacy.*



Easy Refills, Pharmacist Support 24/7, and Secure Packaging**

Call 800-481-4940 to get started today!

Customer service available: Monday-Friday 7:30 a.m. - 9 p.m., Saturday 8 a.m. - 6 p.m., and Sunday 9 a.m. - 3 p.m.

*Serve You DirectRx Pharmacy, located in Milwaukee, WI, administers your home delivery prescription benefit. **Free standard shipping to your home or other address of your choice.

ServeYouRx.com



For Retirees with Medicare

Step 1: Choose a Plan Design

A plan design determines:

- How much you pay per month
- How much you pay when you visit a provider
- Whether you can see providers locally or nationwide
- If your health plan will help pay for services not covered by Medicare

Quick Comparison

A high-level overview of the available plan designs. See the next page for a breakdown of costs when you visit the doctor, have labs drawn, or fill a prescription.

	IYC Medicare Advantage	Medicare Plus	Health Plan Medicare
Monthly Cost (Premium)	\$\$\$	\$\$\$	\$\$\$
Provider Availability (Provider must accept Medicare payments)	Nationwide	Worldwide	Local
Nationwide Pharmacies	✓	✓	✓
Available Health Plan(s)	UnitedHealthcare	UnitedHealthcare	10 plans
Helps Pay for Services Not Covered by Medicare	✓ Also helps pay for: hearing aids, routine hearing and vision exams, durable medical equipment	None	✓ Also helps pay for: hearing aids, routine hearing and vision exams, durable medical equipment
Covered Length of Stay at a Skilled Nursing Facility	120 days at any facility	120 days at a Medicare-approved facility 30 days at a facility not approved by Medicare	120 days at any facility

Breakdown of Your Medical Costs

	IYC Medicare Advantage & Health Plan Medicare	Medicare Plus
Annual Medical Deductible	\$0	\$0
Annual Medical Coinsurance	\$0*	\$0*
Annual Medical Out-of-Pocket Limit (OOPL)	None*	None*
Outpatient illness/injury related services	\$0	\$0
Emergency Room Copay	\$60 copay (Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.)	\$0
Licensed Skilled Nursing Facility Medicare-covered services in a Medicare-approved facility	\$0 for the first 120 days, 100% after 120 days 3-day hospital stay required for Health Plan Medicare. (Not required for IYC Medicare Advantage)	\$0 for the first 120 days, 100% after 120 days Requires a 3-day hospital stay
Licensed Skilled Nursing Facility (Non-Medicare approved facility) If admitted within 24 hours following a hospital stay	\$0 for the first 120 days, 100% after 120 days	\$0 for eligible expenses for the first 30 days, 100% after 30 days
Hospital Semiprivate room and board, and miscellaneous hospital services and supplies such as drugs, X-rays, lab tests and operating room	\$0 Must be medically necessary and in-network unless emergency	\$0 for first 90 days and up to 150 days with “lifetime reserve” “Lifetime reserve” days are a one-time additional 60 days of hospital coverage paid by Medicare Once “lifetime reserve” is exhausted, you pay 100% after 120 days
Medical Supplies Durable medical equipment, durable diabetic equipment and related supplies	Medicare-approved supplies: 20% up to \$500 OOPL per individual, after OOPL: \$0 Supplies NOT covered by Medicare: 20% up to \$500 OOPL per individual, after OOPL: \$0	Medicare-approved supplies: \$0 Supplies NOT covered by Medicare: 100%
Routine Hearing Exam	\$0	You pay 100%
Hearing Exam for Illness or Disease	\$0	\$0

	IYC Medicare Advantage & Health Plan Medicare	Medicare Plus
Hearing Aid Per ear, every 3 years	20% until plan pays \$1,000, then 100% of the costs	You pay 100%
Home Health Care If receiving care under a doctor for part-time skilled nursing care, part-time home health aide care, physical therapy, occupational therapy, speech-language pathology services, medical social services	<p>Medicare pays: 100% for visits considered medically necessary by Medicare, generally fewer than 7 days a week, less than 8 hours a day and 28 or fewer hours per week for up to 21 days</p> <p>Plan pays: 100% for 50 visits per year, plan may approve an additional 50 visits</p> <p>IYC Medicare Advantage has no visit limits</p> <p>You pay: Full costs of visits not covered by Medicare and the plan beyond the 50 (or if approved, 100) visits per year</p>	<p>Medicare pays: 100% for visits considered medically necessary by Medicare, generally fewer than 7 days a week, less than 8 hours a day and 28 or fewer hours per week for up to 21 days</p> <p>Plan pays: 100% for up to 365 visits per year</p> <p>You pay: Full costs of visits beyond 365 visits per year</p>

*Different for medical supplies and hearing aids

Breakdown of Your Pharmacy Costs

Visit members.navitus.com to find an in-network pharmacy near you. In-network pharmacies are available nationwide. All Medicare plan designs have the same pharmacy benefits.

Prescription Deductible	None
Prescription Copay / Coinsurance	
Level 1	\$5
Level 2	20% (\$50 max)
Level 3	40% (\$150 max)
Level 4	\$50*
Preventive As federally required	\$0 - Plan pays 100%
Prescription Out-Of-Pocket Limit	
Levels 1 & 2 (Individual / Family)	\$600 / \$1,200
Level 3 (Individual / Family)	\$9,100 / \$18,200
Level 4 (Individual / Family)	\$1,200 / \$2,400

*Price if you fill at Lumicera Health Services specialty pharmacy or UW Health Specialty Pharmacies. If you do not fill at one of these pharmacies, you will pay 40% (\$200 max). The amounts paid will not apply to the Level 4 OOP, rather, to a limit of \$9,100 individual / \$18,200 family.



For all participants

Step 2: Choose a Health Plan

Complete this step if you selected the Local Health Plan or Health Plan Medicare. Skip the map and turn to pages 15-17 for rates if you selected:

- IYC Medicare Advantage (available nationwide), or
- Medicare Plus (available worldwide).

A health plan determines:

- Where you can receive care
- What providers you can see

Provider directories can be found on our website. Some plans let you see providers in nearby states.

Health Plans by County



*limited provider availability

Available in every county: **IYC Medicare Advantage** (available nationwide), or the **Access Plan** or **Medicare Plus** (both available worldwide).

Adams

- Dean Health Plan*
- GHC of Eau Claire Greater WI
- Quartz Central

Ashland

- GHC of Eau Claire Greater WI
- HealthPartners West

Barron

- Dean Health Plan - Prevea360 West and Mayo Clinic
- GHC of Eau Claire River Region
- Security Health Plan

Bayfield

- GHC of Eau Claire Greater WI
- HealthPartners West*

Brown

- Common Ground
- Dean Health Plan - Prevea360 East
- Network Health
- Robin with HealthPartners

Buffalo

- Dean Health Plan - Prevea360 West and Mayo Clinic*
- GHC of Eau Claire Greater WI
- Quartz West

Burnett

- GHC of Eau Claire Greater WI
- HealthPartners West

Calumet

- Dean Health Plan - Prevea360 East
- Network Health
- Robin with HealthPartners

Chippewa

- Dean Health Plan - Prevea360 West and Mayo Clinic
- GHC of Eau Claire River Region
- Quartz West
- Security Health Plan

Clark

- Aspirus Health Plan*
- GHC of Eau Claire Greater WI
- Quartz West*
- Security Health Plan

Columbia

- Dean Health Plan
- GHC of South Central Wisconsin
- Quartz Central

Crawford

- Dean Health Plan*
- Dean Health Plan - Prevea360 West and Mayo Clinic*
- GHC of Eau Claire Greater WI
- Medical Associates Health Plan
- Quartz West

Dane

- Dean Health Plan
- GHC of South Central Wisconsin
- Quartz - UW Health

Dodge

- Dean Health Plan
- Network Health
- Quartz Central

Door

- Dean Health Plan - Prevea360 East
- Network Health

Douglas

- GHC of Eau Claire Greater WI
- HealthPartners West

Dunn

- Dean Health Plan - Prevea360 West and Mayo Clinic
- GHC of Eau Claire River Region

Eau Claire

- Dean Health Plan - Prevea360 West and Mayo Clinic
- GHC of Eau Claire River Region
- Quartz West
- Security Health Plan

Florence

- Aspirus Health Plan*
- Robin with HealthPartners*
- GHC of Eau Claire Greater WI*
- State Maintenance Plan (SMP) by Dean

Fond du Lac

- Common Ground
- Dean Health Plan
- Network Health
- Quartz Central
- Robin with HealthPartners

Forest

- Aspirus Health Plan
- GHC of Eau Claire Greater WI

Grant

- Dean Health Plan
- GHC of Eau Claire Greater WI
- GHC of South Central Wisconsin
- Medical Associates Health Plan
- Quartz Central

Green

- Dean Health Plan
- GHC of Eau Claire Greater WI
- MercyCare Health Plan
- Quartz Central

Green Lake

- Common Ground
- Dean Health Plan*
- Network Health
- Quartz Central
- Robin with HealthPartners

Iowa

- Dean Health Plan
- GHC of Eau Claire Greater WI*
- GHC of South Central Wisconsin
- Medical Associates Health Plan
- Quartz Central

Iron

- Aspirus Health Plan*
- GHC of Eau Claire Greater WI

Jackson

- Dean Health Plan Prevea360 West*
- GHC of Eau Claire Greater WI
- Quartz West

Jefferson

- Dean Health Plan
- GHC of South Central Wisconsin
- MercyCare Health Plan
- Quartz Central

Juneau

- Dean Health Plan
- GHC of Eau Claire Greater WI
- GHC of South Central Wisconsin
- Quartz Central

Kenosha

- HealthPartners Southeast
- Network Health

Kewaunee

- Common Ground
- Dean Health Plan - Prevea360 East
- Network Health
- Robin with HealthPartners

La Crosse

- Dean Health Plan - Prevea360 West and Mayo Clinic*
- GHC of Eau Claire Greater WI
- Quartz West

Available in every county: **IYC Medicare Advantage** (available nationwide), or the **Access Plan** or **Medicare Plus** (both available worldwide).

*limited provider availability

Lafayette

- Dean Health Plan
- GHC of Eau Claire Greater WI
- GHC of South Central Wisconsin
- Medical Associates Health Plan
- Quartz Central

Langlade

- Aspirus Health Plan
- GHC of Eau Claire Greater WI

Lincoln

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Security Health Plan

Manitowoc

- Common Ground
- Dean Health Plan - Prevea360 East
- Network Health
- Robin with HealthPartners

Marathon

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Security Health Plan

Marinette

- Common Ground
- Dean Health Plan - Prevea360 East*
- Network Health
- Robin with HealthPartners

Marquette

- Dean Health Plan*
- Network Health*
- Quartz Central
- Robin with HealthPartners*
- State Maintenance Plan (SMP) by Dean

Menominee

- Dean Health Plan - Prevea360 East
- Network Health*
- Robin with HealthPartners

Milwaukee

- Common Ground
- HealthPartners Southeast
- Network Health

Monroe

- Dean Health Plan - Prevea360 West and Mayo Clinic*
- GHC of Eau Claire Greater WI
- Quartz West

Oconto

- Dean Health Plan - Prevea360 East
- Network Health
- Robin with HealthPartners

Oneida

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Security Health Plan

Outagamie

- Common Ground
- Dean Health Plan - Prevea360 East
- Network Health
- Robin with HealthPartners

Ozaukee

- Common Ground
- HealthPartners Southeast
- Network Health

Pepin

- Dean Health Plan - Prevea360 West and Mayo Clinic
- GHC of Eau Claire Greater WI
- Quartz West

Pierce

- Dean Health Plan - Prevea360 West and Mayo Clinic*
- GHC of Eau Claire Greater WI
- HealthPartners West

Polk

- GHC of Eau Claire of Greater WI
- HealthPartners West

Portage

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Network Health*
- Security Health Plan

Price

- Aspirus Health Plan*
- GHC of Eau Claire Greater WI
- Security Health Plan

Racine

- HealthPartners Southeast
- Network Health

Richland

- Dean Health Plan
- GHC of Eau Claire Greater WI
- Quartz Central

Rock

- Dean Health Plan
- MercyCare Health Plan
- Quartz Central

Rusk

- GHC of Eau Claire River Region
- Security Health Plan

Sauk

- Dean Health Plan
- GHC of South Central Wisconsin
- Quartz Central

Sawyer

- GHC of Eau Claire Greater WI

Shawano

- Aspirus Health Plan
- Common Ground
- Dean Health Plan - Prevea360 East*
- Network Health
- Robin with HealthPartners

Sheboygan

- Common Ground
- Dean Health Plan - Prevea360 East
- HealthPartners Southeast
- Network Health

Available in every county: **IYC Medicare Advantage** (available nationwide), or the **Access Plan** or **Medicare Plus** (both available worldwide).

*limited provider availability

St. Croix

- Dean Health Plan - Prevea360 West and Mayo Clinic*
- GHC of Eau Claire Greater WI
- HealthPartners West

Taylor

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Security Health Plan*

Trempealeau

- Dean Health Plan - Prevea360 West and Mayo Clinic*
- GHC of Eau Claire Greater WI
- Quartz West

Vernon

- Dean Health Plan
- Dean Health Plan - Prevea360 West and Mayo Clinic
- GHC of Eau Claire Greater WI
- Quartz West

Vilas

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Security Health Plan*

Walworth

- Dean Health Plan*
- MercyCare Health Plan
- Quartz Central

Washburn

- GHC of Eau Claire Greater WI
- HealthPartners West

Washington

- Common Ground
- HealthPartners Southeast
- Network Health

Waukesha

- Common Ground
- Dean Health Plan
- HealthPartners Southeast
- Network Health
- Quartz Central

Waupaca

- Common Ground
- Network Health*
- Robin with HealthPartners
- State Maintenance Plan (SMP) by Dean

Waushara

- Aspirus Health Plan*
- Common Ground
- Network Health*
- Quartz Central
- Robin with HealthPartners
- State Maintenance Plan (SMP) by Dean

Winnebago

- Common Ground
- Network Health
- Robin with HealthPartners

Wood

- Aspirus Health Plan
- GHC of Eau Claire Greater WI
- Quartz Central
- Security Health Plan

Available in every county: **IYC Medicare Advantage** (available nationwide), or the **Access Plan** or **Medicare Plus** (both available worldwide).

*limited provider availability



Health Plan Quality

Each year, participating health plans are evaluated on key care delivery areas, such as wellness, prevention, disease management, customer satisfaction, and efficient use of resources. Participating health plans report health care quality outcomes to leading national organizations, such as the National Committee for Quality Assurance (NCQA) and the Centers for Medicare & Medicaid Services (CMS). Visit etf.wi.gov for more information about health plan quality. You can use these quality resources to help make an informed decision about which health plan is right for you.

Monthly Premiums (Participants without Medicare)

Total monthly premiums are shown without Uniform Dental. Uniform Dental premiums are added to your medical premiums if you choose coverage.

See dental premiums on page 20.

Check each website to see if they have work or residency requirements to be eligible to enroll in their insurance

	Local High Deductible Health Plan	
	Individual	Family
Aspirus Health Plan	\$952.32	\$2,347.86
Common Ground	\$889.16	\$2,189.96
Dean Health Plan	\$699.32	\$1,715.36
Dean Health Plan - Prevea360 East	\$709.34	\$1,740.42
Dean Health Plan - Prevea360 West and Mayo Clinic	\$811.20	\$1,995.06
GHC of Eau Claire Greater WI	\$706.78	\$1,734.02
GHC of Eau Claire River Region	\$917.52	\$2,260.86
GHC of South Central Wisconsin	\$603.56	\$1,475.96
HealthPartners Southeast	\$966.24	\$2,382.66
HealthPartners West	\$938.48	\$2,313.26
Medical Associates Health Plans	\$641.20	\$1,570.06
MercyCare Health Plans	\$636.94	\$1,559.42
Network Health	\$752.90	\$1,849.32
Quartz Central	\$1,006.00	\$2,482.06
Quartz UW Health	\$671.12	\$1,644.86
Quartz West	\$799.14	\$1,964.92
Robin with HealthPartners	\$1,084.10	\$2,677.32
Security Health Plan	\$996.72	\$2,458.86
State Maintenance Plan (SMP) ¹ - Dean Health Plan	\$748.10	\$1,837.34
	Local Access High Deductible Health Plan	
	Individual	Family
Dean Health Plan ¹	\$941.18	\$2,320.04

¹Members with the Access Plan or SMP coverage who enroll in Medicare Parts A and B will automatically be moved to the Medicare Plus plan. All other non-Medicare family members will remain covered under the Access Plan or SMP.

Monthly Premiums (Retirees with Medicare)

“**Medicare All**” is family coverage where all insured members are enrolled in Medicare Parts A, B, and D.

“**Medicare Some**” is family coverage with at least one insured family member enrolled in Medicare Parts A, B, and D. The “Medicare Some” rates below include the Local HDHP for non-Medicare members.

Uniform Dental premiums are added to your medical premiums if you choose coverage. See premiums on page 20.

	Individual	Medicare Some	Medicare All
IYC Medicare Advantage by UnitedHealthcare	\$231.52	See next page	\$441.08
Medicare Plus by UnitedHealthcare	\$416.26	See next page	\$810.56
	Health Plan Medicare		
Aspirus Health Plan	\$689.02	\$1,619.38	\$1,356.08
Common Ground	\$650.04	\$1,517.24	\$1,278.12
Dean Health Plan	\$524.18	\$1,201.54	\$1,026.40
Dean Health Plan - Prevea360 East	\$530.20	\$1,217.58	\$1,038.44
Dean Health Plan - Prevea360 West and Mayo Clinic	\$591.58	\$1,380.82	\$1,161.20
GHC of Eau Claire Greater WI	\$537.46	\$1,222.28	\$1,052.96
GHC of Eau Claire River Region	\$667.54	\$1,563.10	\$1,313.12
GHC of South Central Wisconsin	\$473.74	\$1,055.34	\$925.52
HealthPartners Southeast	\$495.12	\$1,439.40	\$968.28
HealthPartners West	\$484.64	\$1,401.16	\$947.32
Medical Associates Health Plans	\$407.52	\$1,026.76	\$793.08
MercyCare Health Plans	\$445.84	\$1,060.82	\$869.72
Network Health	\$565.92	\$1,296.86	\$1,109.88
Quartz Central	\$622.96	\$1,607.00	\$1,223.96
Quartz UW Health	\$453.44	\$1,102.60	\$884.92
Quartz West	\$518.30	\$1,295.48	\$1,014.64
Robin with HealthPartners	\$539.90	\$1,602.04	\$1,057.84
Security Health Plan	\$715.94	\$1,690.70	\$1,409.92

Monthly Premiums

“Medicare Some” Rates for Medicare Plus & IYC Medicare Advantage

When you select IYC Medicare Advantage or Medicare Plus to coordinate with your Medicare coverage, you can select a different plan for your non-Medicare members.

Uniform Dental premiums are added to your medical premiums if you choose coverage. See premiums on page 20.

Non-Medicare Health Plan	with IYC Medicare Advantage	with Medicare Plus
Aspirus Health Plan	\$1,161.88	\$1,346.62
Common Ground	\$1,098.72	\$1,283.46
Dean Health Plan	\$908.88	\$1,093.62
Dean Health Plan - Prevea360 East	\$918.90	\$1,103.64
Dean Health Plan - Prevea360 West and Mayo Clinic	\$1,020.76	\$1,205.50
GHC of Eau Claire Greater WI	\$916.34	\$1,101.08
GHC of Eau Claire River Region	\$1,127.08	\$1,311.82
GHC of South Central Wisconsin	\$813.12	\$997.86
HealthPartners Southeast	\$1,175.80	\$1,360.54
HealthPartners West	\$1,148.04	\$1,332.78
Medical Associates Health Plans	\$850.76	\$1,035.50
MercyCare Health Plans	\$846.50	\$1,031.24
Network Health	\$962.46	\$1,147.20
Quartz Central	\$1,215.56	\$1,400.30
Quartz UW Health	\$880.68	\$1,065.42
Quartz West	\$1,008.70	\$1,193.44
Robin with HealthPartners	\$1,293.66	\$1,478.40
Security Health Plan	\$1,206.28	\$1,391.02
State Maintenance Plan (SMP) - Dean Health Plan	\$957.66	\$1,142.40
Access Plan by Dean Health Plan	\$1,150.74	\$1,335.48



For all participants

Step 3: Consider Supplemental Benefits

You may be eligible for even more coverage if your employer chooses to offer dental, vision, and/or accident insurance.

Retirees are eligible for dental and vision insurance.

Dental Insurance

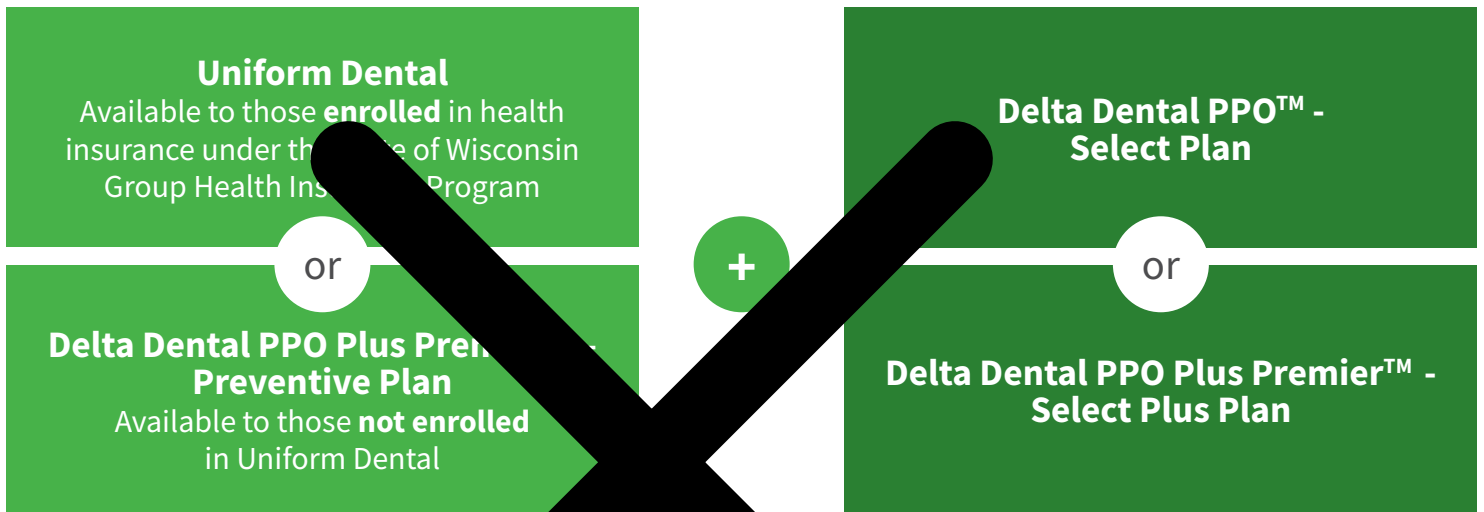
Richland County Dental plan is a separate stand alone plan. This information does not pertain to Richland County.

Step 1: Sign up for basic coverage

Get covered for basic procedures such as cleanings, fluoride treatment, fillings, and orthodontia

Step 2: Add more coverage if needed

Get covered for items such as crowns, bridges, dentures, implants, and root canals



Things to Note

- Uniform Dental coverage is included in your health insurance coverage. Except if you elect family health insurance with dental, you will be enrolled in family dental coverage.
- Enrollment continues each year unless you cancel during the open enrollment period. You cannot cancel the Preventive, Select, or Select Plus plans mid-year without a qualifying event.
- Make sure your dentist is covered. The Select Plan has fewer in-network dentists than the Select Plus, Uniform Dental, and Preventive plans.

Plan Administrator



1-844-337-4333

etf.wi.gov/insurance/dental-insurance

All plans are offered through Delta Dental.

Create an account to find in-network providers, print ID cards, view your claims, and more!

What is Covered

	Uniform Dental & Preventive Plan	Select Plus Plan	Select Plus Plan
In-Network providers (No out-of-network coverage)	Delta Dental PPO & Premier providers	Delta Dental PPO	Delta Dental PPO & Premier providers
Annual deductible	None	\$100 / person	\$25 / person
Annual benefit max	\$1,500 / person	\$1,000 / person	\$2,500 / person
Waiting period	None	None	None
Routine evaluations, dental cleaning, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests	100%	No coverage	No coverage
Fillings	100%	No coverage	No coverage
Anesthesia (general and IV sedation)	80%	50%	80%
Emergency pain relief	80%	No coverage	No coverage
Periodontal maintenance	100%	No coverage	No coverage
Crowns, bridges, dentures, implants	No coverage	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage	50%	80%
Non-surgical extractions (above gumline)	90%	No coverage	No coverage
Orthodontics coverage	50% (Under age 19)	No coverage	50% (Any age)
Orthodontics lifetime maximum	\$1,500	No coverage	\$1,500

Monthly Cost (Premium)

The Uniform Dental premium is added to your health insurance premium. Preventive Plan, Select Plan, and Select Plus Plan are separate options.

For Employees

	Uniform Dental	Preventive Plan	Select Plan	Select Plus Plan
Individual	\$31.16*	\$34.72	\$9.76	\$20.98
Individual + Spouse	---	---	\$19.52	\$41.96
Individual + Child(ren)	---	---	\$13.16	\$38.96
Family	\$77.90*	\$86.80	\$23.40	\$64.28

*Added to your health insurance premium and is partially paid by your employer

For Retirees

	Uniform Dental	Preventive Plan	Select Plan	Select Plus Plan
Retiree	\$31.16	\$34.72	\$16.22	\$31.12
Retiree + Spouse	---	---	\$32.96	\$62.24
Retiree + Child(ren)	---	---	\$22.26	\$57.58
Family	\$77.90*	\$86.80	\$39.56	\$94.94

*Medicare Some or Medicare All recipients pay a family rate of \$62.32



Sign up for Navitus' texting program to get occasional messages with valuable tips about your pharmacy benefits. It's easy to get started! Simply text "START" to 35385 to get the enrollment link.

SIGN UP TODAY!

NAVITUS
PHARMACY BENEFITS REINVENTED™

Vision Insurance



Supplemental vision is administered by DeltaVision®, with EyeMed Vision Care.

What is Covered

Note: This is a partial list of covered benefits. For more information on vision benefits, visit etf.wi.gov/insurance/vision-insurance or call 1-844-337-8383.

There are different costs if you choose to see an in-network provider or an out-of-network provider. Visit www.eyemedvisioncare.com to find in-network providers.

	In-Network Providers	Out-of-Network Providers
Yearly routine exam copay	\$15 / person (covered twice a year for children)	Up to \$45 / person
Eyeglasses exam copay	\$15 / person	Up to \$45 / person
Contact lens exam copay	\$40 / person	Up to \$45 / person
Retinal imaging copay	Up to \$39 / person	No coverage
Frames	\$0 copay \$150 allowance* 20% off any cost over \$150	Up to \$70 / person
Single vision eyeglasses copay	\$25 / person	Up to \$30 / person
Bifocal eyeglasses copay	\$25 / person	Up to \$50 / person
Conventional contacts	\$0 copay \$150 allowance* 15% off any cost over \$150	Up to \$105 / person
Disposable contacts	\$0 copay \$150 allowance*	Up to \$105 / person

*\$150 allowance allotted for one transaction per benefit period

Monthly Cost (Premium)

The DeltaVision premium is an additional monthly cost and is not included in your health insurance premium.

Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$5.72	\$11.42	\$12.88	\$20.58
Retiree	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
\$5.72	\$11.42	\$11.42	\$13.41

Things to Note

- Must re-enroll in vision at retirement.
- Enrollment continues each year unless you cancel during the open enrollment period. You cannot cancel vision insurance mid-year without a qualifying event.

Accident Plan

Provides a cash payment to help cover out-of-pocket expenses, regardless of any other insurance coverage. Beginning January 1, 2023, cash payment amounts for medical claims will increase. Active employees may be eligible for coverage if your employer chooses to offer this benefit.

Coverage Includes:

- Concussions, dislocations, lacerations, X-rays, emergency care, hospitalization, surgeries, follow-up care, support care, accidental death and dismemberment (up to \$100,000), and many other medical and support benefits including identity theft protection.

Monthly Premium:

Individual	Individual + Spouse	Individual + Spouse + Child(ren)	Family
\$4.38	\$6.26	\$8.44	\$12.32

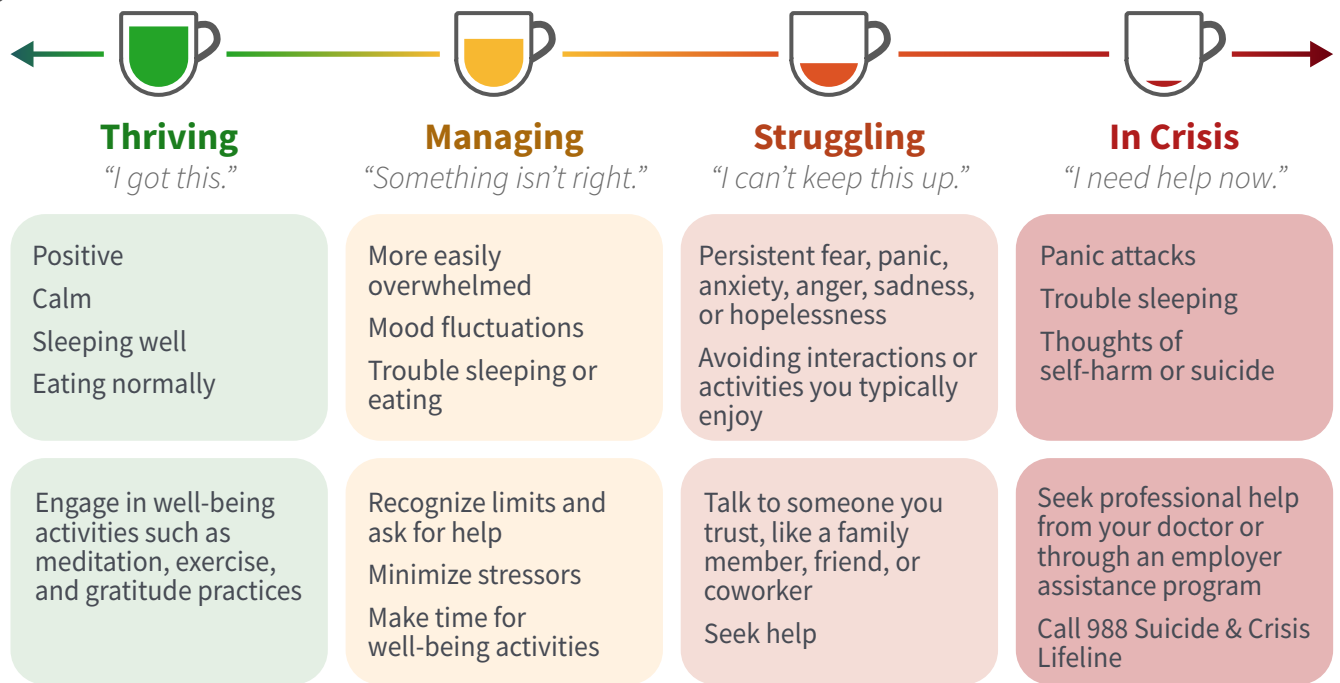
Plan Administrator



1-800-555-8690 • madisonbranch@securian.com
etf.wi.gov/insurance/accident-plan

Your Mental Health Matters

Mental health is just as important as physical health. Recognize signs and symptoms that may start interfering in your daily life.



Call or Text 988 for Mental Health Support

Call or text 988 for free and confidential support for anyone experiencing a suicidal, mental health, and/or substance use crisis. Learn more or use the chat feature at 988lifeline.org.



Open Enrollment: September 26 - October 21, 2022

Mailed application must be postmarked by October 21, 2022



1-877-533-5020

7:00 a.m. to 5:00 p.m. (CST)
Monday-Friday



**PO Box 7931
Madison, WI 53707-7931**



etf.wi.gov



@wi_etf

Health Plan and Vendor Contact Information

Aspirus Health Plan

1-866-631-8583

p1.aspirushealthplan.com/etf

Common Ground Healthcare Cooperative

Offered in partnership with GHC of Eau Claire

See GHC of Eau Claire for contact information

Dean Health Plan

1-800-279-1301

deancare.com/wi-employees

Dean Health Plan - Prevea360

1-877-230-7555

prevea360.com/wi-employees

Delta Dental

1-844-337-8383

deltadentalwi.com/state-of-wi

DeltaVision with EyeMed Vision Care

1-844-337-8383

deltadentalwi.com/state-of-wi-vision

GHC of Eau Claire

1-888-203-7770, 715-552-4300

group-health.com

GHC of South Central Wisconsin

1-800-605-4327, 608-828-4853

ghcscw.com

HealthPartners Health Plan

1-855-542-6922, 952-883-5000

healthpartners.com/stateofwis

HealthChoice (long-term care insurance)

1-800-833-5823

Medical Associates Health Plans

1-866-421-3992

mahealthcare.com

MercyCare Health Plans

1-800-895-2421 option 5

mercycahealthplans.com

Navitus Health Solutions

1-866-333-2757

www.navitus.com

Navitus MedicareRx (PDP)

(Prescription drug coverage for Medicare eligible retirees)

1-866-270-3877

medicarerx.navitus.com

Network Health

1-844-625-2208, 920-720-1811

networkhealth.com/employer/state

Optum Financial

1-833-881-8158

myoptumfinancial.com/etf

Quartz

1-844-644-3455

ChooseQuartz.com

Robin with HealthPartners

1-855-542-6922

healthpartners.com/etfrobin

Securian Financial

1-866-295-8690

www.LifeBenefits.com/plandesign/WIETF

Security Health Plan

1-844-813-7286

www.securityhealth.org/state

ServeYou (mail-service pharmacy)

1-800-481-4940

serve-you-rx.com/navitus/

UnitedHealthcare

1-844-876-6175

UHCRetiree.com/etf

WebMD

1-800-821-6591

webmdhealth.com/wellwisconsin

Nondiscrimination and Language Access ETF provides free language services to people whose primary language is not English, such as qualified interpreters. If you need these services, contact ETF at 1-877-533-5020.

Spanish – ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-533-5020 (TTY: 711).

Hmong – LUS CEEV: Yog tias koj xav tau kev pab txhais lus. Peb pab koj tau, peb pab koj dawb xwb, thov hu rau 1-877-533-5020 (TTY: 711).

For EEOC, COBRA, ACA marketplace and more federal and state notices, visit etf.wi.gov

Every effort has been made to ensure information in this guide is accurate. In the event of conflicting information, federal law, state statute, state health contracts and/or policies and provisions established by the State of Wisconsin Group Insurance Board shall be followed. The most current information can be found at etf.wi.gov.

2023 ETF HEALTH INSURANCE

BECAUSE OF ACA FAMILY IS
BROKEN OUT AS TOTAL
PREMIUM - SINGLE PREMIUM
= REMAINDER

FULL-TIME 30+ HOURS P/WK	TOTAL SINGLE W/\$160 SURCHARGE	EMPLOYEE TOTAL SINGLE PREMIUM	COUNTY TOTAL PREMIUM
Aspirus Health Plan	\$ 1,112.32	\$ 356.12	\$ 756.20
Common Ground	\$ 1,049.16	\$ 292.96	\$ 756.20
Dean Health Plan	\$ 859.32	\$ 103.12	\$ 756.20
Dean Health Plan - Prevea 360 East	\$ 869.34	\$ 113.14	\$ 756.20
Dean Health Plan - Prevea360 West & Mayo Clinic	\$ 971.20	\$ 215.00	\$ 756.20
GHC of Eau Claire Greater WI	\$ 866.78	\$ 110.58	\$ 756.20
GHC of Eau Claire River Region	\$ 1,077.52	\$ 321.32	\$ 756.20
GHC of South Central WI	\$ 763.56	\$ 7.36	\$ 756.20
Health Partners Southeast	\$ 1,126.24	\$ 370.04	\$ 756.20
Health Partners West	\$ 1,098.48	\$ 342.28	\$ 756.20
Medical Associates Health Plans	\$ 801.20	\$ 45.00	\$ 756.20
MercyCare Health Plans	\$ 796.94	\$ 40.74	\$ 756.20
Network Health	\$ 912.90	\$ 156.70	\$ 756.20
Quartz Central	\$ 1,166.00	\$ 409.80	\$ 756.20
Quartz UW Health	\$ 831.12	\$ 74.92	\$ 756.20
Quartz West	\$ 959.14	\$ 202.94	\$ 756.20
Robin with HealthPartners	\$ 1,244.10	\$ 487.90	\$ 756.20
Security Health Plan	\$ 1,156.72	\$ 400.52	\$ 756.20
State Maintenance Plan by Dean Health Plan	\$ 908.10	\$ 151.90	\$ 756.20
Access Plan by Dean Health Plan	\$ 1,101.18	\$ 344.98	\$ 756.20

TOTAL FAMILY W/\$400 SURCHARGE	EMPLOYEE TOTAL FAMILY PREMIUM	EMPLOYEE FAMILY SINGLE PREMIUM	EMPLOYEE FAMILY REMAINDER	COUNTY TOTAL PREMIUM
\$ 2,747.86	\$ 886.34	\$ 356.12	\$ 530.22	\$ 1,861.52
\$ 2,589.96	\$ 728.44	\$ 292.96	\$ 435.48	\$ 1,861.52
\$ 2,115.36	\$ 253.84	\$ 103.12	\$ 150.72	\$ 1,861.52
\$ 2,140.42	\$ 278.90	\$ 113.14	\$ 165.76	\$ 1,861.52
\$ 2,395.06	\$ 533.54	\$ 215.00	\$ 318.54	\$ 1,861.52
\$ 2,134.02	\$ 272.50	\$ 110.58	\$ 161.92	\$ 1,861.52
\$ 2,660.86	\$ 799.34	\$ 321.32	\$ 478.02	\$ 1,861.52
\$ 1,875.96	\$ 14.44	\$ 7.36	\$ 7.08	\$ 1,861.52
\$ 2,782.66	\$ 921.14	\$ 370.04	\$ 551.10	\$ 1,861.52
\$ 2,713.26	\$ 851.74	\$ 342.28	\$ 509.46	\$ 1,861.52
\$ 1,970.06	\$ 108.54	\$ 45.00	\$ 63.54	\$ 1,861.52
\$ 1,959.42	\$ 97.90	\$ 40.74	\$ 57.16	\$ 1,861.52
\$ 2,249.32	\$ 387.80	\$ 156.70	\$ 231.10	\$ 1,861.52
\$ 2,882.06	\$ 1,020.54	\$ 409.80	\$ 610.74	\$ 1,861.52
\$ 2,044.86	\$ 183.34	\$ 74.92	\$ 108.42	\$ 1,861.52
\$ 2,364.92	\$ 503.40	\$ 202.94	\$ 300.46	\$ 1,861.52
\$ 3,077.32	\$ 1,215.80	\$ 487.90	\$ 727.90	\$ 1,861.52
\$ 2,858.86	\$ 997.34	\$ 400.52	\$ 596.82	\$ 1,861.52
\$ 2,237.34	\$ 375.82	\$ 151.90	\$ 223.92	\$ 1,861.52
\$ 2,720.04	\$ 858.52	\$ 344.98	\$ 513.54	\$ 1,861.52

PART-TIME 23.25-29.99 HOURS P/WK	TOTAL SINGLE W/\$160 SURCHARGE	EMPLOYEE TOTAL SINGLE PREMIUM	COUNTY TOTAL PREMIUM
Aspirus Health Plan	\$ 1,112.32	\$ 442.05	\$ 670.27
Common Ground	\$ 1,049.16	\$ 378.89	\$ 670.27
Dean Health Plan	\$ 859.32	\$ 189.05	\$ 670.27
Dean Health Plan - Prevea 360 East	\$ 869.34	\$ 199.07	\$ 670.27
Dean Health Plan - Prevea360 West & Mayo Clinic	\$ 971.20	\$ 300.93	\$ 670.27
GHC of Eau Claire Greater WI	\$ 866.78	\$ 196.51	\$ 670.27
GHC of Eau Claire River Region	\$ 1,077.52	\$ 407.25	\$ 670.27
GHC of South Central WI	\$ 763.56	\$ 93.29	\$ 670.27
Health Partners Southeast	\$ 1,126.24	\$ 455.97	\$ 670.27
Health Partners West	\$ 1,098.48	\$ 428.21	\$ 670.27
Medical Associates Health Plans	\$ 801.20	\$ 130.93	\$ 670.27
MercyCare Health Plans	\$ 796.94	\$ 126.67	\$ 670.27
Network Health	\$ 912.90	\$ 242.63	\$ 670.27
Quartz Central	\$ 1,166.00	\$ 495.73	\$ 670.27
Quartz UW Health	\$ 831.12	\$ 160.85	\$ 670.27
Quartz West	\$ 959.14	\$ 288.87	\$ 670.27
Robin with HealthPartners	\$ 1,244.10	\$ 573.83	\$ 670.27
Security Health Plan	\$ 1,156.72	\$ 486.45	\$ 670.27
State Maintenance Plan by Dean Health Plan	\$ 908.10	\$ 237.83	\$ 670.27
Access Plan by Dean Health Plan	\$ 1,101.18	\$ 430.91	\$ 670.27

TOTAL FAMILY W/\$400 SURCHARGE	EMPLOYEE TOTAL FAMILY PREMIUM	EMPLOYEE FAMILY SINGLE PREMIUM	EMPLOYEE FAMILY REMAINDER	COUNTY TOTAL PREMIUM
\$ 2,747.86	\$ 1,097.88	\$ 442.05	\$ 655.83	\$ 1,649.98
\$ 2,589.96	\$ 939.98	\$ 378.89	\$ 561.09	\$ 1,649.98
\$ 2,115.36	\$ 465.38	\$ 189.05	\$ 276.33	\$ 1,649.98
\$ 2,140.42	\$ 490.44	\$ 199.07	\$ 291.37	\$ 1,649.98
\$ 2,395.06	\$ 745.08	\$ 300.93	\$ 444.15	\$ 1,649.98
\$ 2,134.02	\$ 484.04	\$ 196.51	\$ 287.53	\$ 1,649.98
\$ 2,660.86	\$ 1,010.88	\$ 407.25	\$ 603.63	\$ 1,649.98
\$ 1,875.96	\$ 225.98	\$ 93.29	\$ 132.69	\$ 1,649.98
\$ 2,782.66	\$ 1,132.68	\$ 455.97	\$ 676.71	\$ 1,649.98
\$ 2,713.26	\$ 1,063.28	\$ 428.21	\$ 635.07	\$ 1,649.98
\$ 1,970.06	\$ 320.08	\$ 130.93	\$ 189.15	\$ 1,649.98
\$ 1,959.42	\$ 309.44	\$ 126.67	\$ 182.77	\$ 1,649.98
\$ 2,249.32	\$ 599.34	\$ 242.63	\$ 356.71	\$ 1,649.98
\$ 2,882.06	\$ 1,232.08	\$ 495.73	\$ 736.35	\$ 1,649.98
\$ 2,044.86	\$ 394.88	\$ 160.85	\$ 234.03	\$ 1,649.98
\$ 2,364.92	\$ 714.94	\$ 288.87	\$ 426.07	\$ 1,649.98
\$ 3,077.32	\$ 1,427.34	\$ 573.83	\$ 853.51	\$ 1,649.98
\$ 2,858.86	\$ 1,208.88	\$ 486.45	\$ 722.43	\$ 1,649.98
\$ 2,237.34	\$ 587.36	\$ 237.83	\$ 349.53	\$ 1,649.98
\$ 2,720.04	\$ 1,070.06	\$ 430.91	\$ 639.15	\$ 1,649.98

LESS THAN 23.25 HRS P/WK IN WRS	TOTAL SINGLE W/\$160 SURCHARGE	EMPLOYEE TOTAL SINGLE PREMIUM	COUNTY TOTAL PREMIUM
Aspirus Health Plan	\$ 1,112.32	\$ 682.66	\$ 429.66
Common Ground	\$ 1,049.16	\$ 619.50	\$ 429.66
Dean Health Plan	\$ 859.32	\$ 429.66	\$ 429.66
Dean Health Plan - Prevea 360 East	\$ 869.34	\$ 439.68	\$ 429.66
Dean Health Plan - Prevea360 West & Mayo Clinic	\$ 971.20	\$ 541.54	\$ 429.66
GHC of Eau Claire Greater WI	\$ 866.78	\$ 437.12	\$ 429.66
GHC of Eau Claire River Region	\$ 1,077.52	\$ 647.86	\$ 429.66
GHC of South Central WI	\$ 763.56	\$ 333.90	\$ 429.66
Health Partners Southeast	\$ 1,126.24	\$ 696.58	\$ 429.66
Health Partners West	\$ 1,098.48	\$ 668.82	\$ 429.66
Medical Associates Health Plans	\$ 801.20	\$ 371.54	\$ 429.66
MercyCare Health Plans	\$ 796.94	\$ 367.28	\$ 429.66
Network Health	\$ 912.90	\$ 483.24	\$ 429.66
Quartz Central	\$ 1,166.00	\$ 736.34	\$ 429.66
Quartz UW Health	\$ 831.12	\$ 401.46	\$ 429.66
Quartz West	\$ 959.14	\$ 529.48	\$ 429.66
Robin with HealthPartners	\$ 1,244.10	\$ 814.44	\$ 429.66
Security Health Plan	\$ 1,156.72	\$ 727.06	\$ 429.66
State Maintenance Plan by Dean Health Plan	\$ 908.10	\$ 478.44	\$ 429.66
Access Plan by Dean Health Plan	\$ 1,101.18	\$ 671.52	\$ 429.66

TOTAL FAMILY W/\$400 SURCHARGE	EMPLOYEE TOTAL FAMILY PREMIUM	EMPLOYEE FAMILY SINGLE PREMIUM	EMPLOYEE FAMILY REMAINDER	COUNTY TOTAL PREMIUM
\$ 2,747.86	\$ 1,690.18	\$ 682.66	\$ 1,007.52	\$ 1,057.68
\$ 2,589.96	\$ 1,532.28	\$ 619.50	\$ 912.78	\$ 1,057.68
\$ 2,115.36	\$ 1,057.68	\$ 429.66	\$ 628.02	\$ 1,057.68
\$ 2,140.42	\$ 1,082.74	\$ 439.68	\$ 643.06	\$ 1,057.68
\$ 2,395.06	\$ 1,337.38	\$ 541.54	\$ 795.84	\$ 1,057.68
\$ 2,134.02	\$ 1,076.34	\$ 437.12	\$ 639.22	\$ 1,057.68
\$ 2,660.86	\$ 1,603.18	\$ 647.86	\$ 955.32	\$ 1,057.68
\$ 1,875.96	\$ 818.28	\$ 333.90	\$ 484.38	\$ 1,057.68
\$ 2,782.66	\$ 1,724.98	\$ 696.58	\$ 1,028.40	\$ 1,057.68
\$ 2,713.26	\$ 1,655.58	\$ 668.82	\$ 986.76	\$ 1,057.68
\$ 1,970.06	\$ 912.38	\$ 371.54	\$ 540.84	\$ 1,057.68
\$ 1,959.42	\$ 901.74	\$ 367.28	\$ 534.46	\$ 1,057.68
\$ 2,249.32	\$ 1,191.64	\$ 483.24	\$ 708.40	\$ 1,057.68
\$ 2,882.06	\$ 1,824.38	\$ 736.34	\$ 1,088.04	\$ 1,057.68
\$ 2,044.86	\$ 987.18	\$ 401.46	\$ 585.72	\$ 1,057.68
\$ 2,364.92	\$ 1,307.24	\$ 529.48	\$ 777.76	\$ 1,057.68
\$ 3,077.32	\$ 2,019.64	\$ 814.44	\$ 1,205.20	\$ 1,057.68
\$ 2,858.86	\$ 1,801.18	\$ 727.06	\$ 1,074.12	\$ 1,057.68
\$ 2,237.34	\$ 1,179.66	\$ 478.44	\$ 701.22	\$ 1,057.68
\$ 2,720.04	\$ 1,662.36	\$ 671.52	\$ 990.84	\$ 1,057.68



Richland County Administrator's Office

Clinton Langreck, Administrator

PO Box 310

Richland Center, WI 53581-0310

Phone: (608)649-5960 FAX: (608)647-6134

Email: clinton.langreck@co.richland.wi.us

COBRA Continuation Coverage Election Notice

IMPORTANT INFORMATION: COBRA Continuation Coverage and other Health Coverage Alternatives

February 8, 2023

Dear Employee, Spouse and/or Dependents:

This notice has important information about your right to continue your health care coverage in Richland Counties Group Health Plan (the Plan), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice.

Why am I getting this notice?

You're getting this notice because your coverage under the Plan will end on **FEBRUARY 28, 2023** due to:

- | | |
|--|---|
| <input type="checkbox"/> End of employment | <input type="checkbox"/> Reduction in hours of employment |
| <input type="checkbox"/> Death of employee | <input type="checkbox"/> Divorce or legal separation |
| <input type="checkbox"/> Entitlement to Medicare | <input type="checkbox"/> Loss of dependent child status |

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

What's COBRA continuation coverage?

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

Who are the qualified beneficiaries?

Each person ("qualified beneficiary") in the category(ies) checked below can elect COBRA continuation coverage:

- Employee or former employee
- Spouse or former spouse
- Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage
- Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA because the new coverage may impose a new deductible.

When you lose job-based health coverage, it’s important that you choose carefully between COBRA continuation coverage and other coverage options, because once you’ve made your choice, it can be difficult or impossible to switch to another coverage option.

If I elect COBRA continuation coverage, when will my coverage begin and how long will the coverage last?

If elected, COBRA continuation coverage will begin first of the month following when coverage terminates as stated above and will continue for 18 29 or 36 months (check one) following the month, day, year that coverage terminates. COBRA coverage for the Flexible Spending Account will end at the end of the plan year.

You may elect any of the following options for COBRA continuation coverage:

<input type="checkbox"/>	Health Insurance (plan ___QUARTZ HEALTH_____)
<input type="checkbox"/>	Health Reimbursement Account (plan ___EBC HRA_____)
<input type="checkbox"/>	Dental Insurance (plan _____DELTA DENTAL_____)
<input type="checkbox"/>	Flexible Spending Account (plan _____Health Care_____)

Enrolling in COBRA: If this is your initial enrollment opportunity for COBRA continuation coverage and you wish to enroll, complete the continuation election form and application form, if required, for the coverage(s) that you wish to continue.

1. Submit the completed COBRA Continuation-Conversion Notice and the ETF Health Insurance application to continue your Health Insurance coverage to Employee Trust Funds, PO Box 7931, Madison, WI 53707-7931
2. Submit the completed Cobra Continuation Coverage Election Form to continue your Health Reimbursement Account (HRA) administered through Employee Benefits Corporation (EBC) to the Richland County Administrator’s office, PO Box 310, Richland Center, WI 53581-0310.

3. Submit the completed Cobra Continuation Coverage Election Form and Dental application to continue your Dental insurance coverage to the Richland County Administrator’s Office, PO Box 310, Richland Center, WI 53581-0310.
4. Submit the completed flexible spending account election form to continue your Health Care Flexible Spending Account coverage to the Richland County Administrator’s Office, PO Box 310, Richland Center, WI 53581-0310. Payments made to your Flexible Spending Account are on an after-tax basis. COBRA rights do not apply to dependent day care flexible spending accounts.

DECLINING COBRA: If, after reviewing the attached information, you do not wish to enroll in COBRA continuation coverage, you do not need to take any further action

Continuation coverage may end before the date noted above in certain circumstances, like failure to pay premiums, fraud, or the individual becomes covered under another group health plan.

Can I extend the length of COBRA continuation coverage?

If you elect continuation coverage, you may be able to extend the length of continuation coverage if a qualified beneficiary is disabled, or if a second qualifying event occurs. You must notify **RICHLAND COUNTY ADMINISTRATOR’S OFFICE, PO BOX 310, RICHLAND CENTER, WI 53581 PHONE (608)647-2197** of a disability or a second qualifying event within a certain time period to extend the period of continuation coverage. If you don’t provide notice of a disability or second qualifying event within the required time period, it will affect your right to extend the period of continuation coverage.

For more information about extending the length of COBRA continuation coverage visit <http://www.dol.gov/ebsa/publications/cobraemployee.html>.

How much does COBRA continuation coverage cost?

COBRA continuation coverage will cost:

Plan	Total Monthly Premium
Health Insurance (plan ____ see attached _____)	\$
Health Reimbursement Account (__ see attached __)	\$
Dental Insurance (plan ____ see attached _____)	\$
Flexible Spending Account (__ see attached _____)	\$

Other coverage options may cost less. If you choose to elect continuation coverage, you don’t have to send any payment with the Election Form. Additional information about payment will be provided to you after the election form is received by the Plan. Important information about paying your premium can be found at the end of this notice.

You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. You can learn more about the Marketplace below.

What is the Health Insurance Marketplace?

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you’ll also learn if you qualify for free or low-cost coverage from [Medicaid](#) or the [Children’s Health Insurance Program \(CHIP\)](#). You can access the Marketplace for your state at www.HealthCare.gov.

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won’t limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a “special enrollment” event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an “open enrollment” period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for COBRA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA continuation coverage?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” But be careful though - if you terminate your COBRA continuation coverage early without another qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you’ve exhausted your COBRA continuation coverage and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse’s plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you’re eligible, you’ll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

What factors should I consider when choosing coverage options?

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 1-866-444-3272 to discuss your options.
- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

For more information

This notice doesn't fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, contact **Richland County Administrator's Office, 181 W Seminary St, PO Box 310, Richland Center, WI 53581-0310 (608) 647-2197.**

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and to locate an assister in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect your and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

COBRA Continuation Coverage Election Form

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to: Richland County Administrator, PO Box 310, Richland Center, WI 53581

This Election Form must be completed and returned by mail. It must be post-marked no later than 60 days after the date of the notice or 60 days after the coverage ends, whichever is later.

If you don't submit a completed Election Form by the due date shown above, you'll lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you submit a completed Election Form before the due date.

However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you submit the completed Election Form.

Read the important information about your rights included in the pages after the Election Form.

I (We) elect COBRA continuation coverage in the Health Dental Flex Plan HRA:

Name (Print) Date of Birth Relationship to Employee SSN

a. _____

Coverage option elected: _____]

b. _____

Coverage option elected: _____]

c. _____

Coverage option elected: _____]

d. _____

Coverage option elected: _____]

e. _____

Coverage option elected: _____]

f. _____

Coverage option elected: _____]

Signature (Employee) (Address) Date

Signature (Spouse) (Address) Date

Signature (Adult Dependent) (Address) Date

Important Information About Payment

First payment for continuation coverage

You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked). If you don't make your first payment in full no later than 45 days after the date of your election, you'll lose all continuation coverage rights under the Plan. You're responsible for making sure that the amount of your first payment is correct for dental, health reimbursement account (HRA) and flex. You may contact ***Richland County Administrator's, PO Box 310, Richland Center, WI 53581 (608) 647-2197*** to confirm the correct amount of your first payment.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you'll have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is **due by the 15th of the preceding month for that coverage period**. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan will *or* will not send periodic notices of payments due for these coverage periods.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you'll be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. You'll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period. If you pay a periodic payment later than the first day of the coverage period to which it applies, but before the end of the grace period for the coverage period, your coverage will be suspended as of the first day of the coverage period and then retroactively reinstated (going back to the first day of the coverage period) when the periodic payment is received. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated.

If you don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to continuation coverage under the Plan.

Your first payment and periodic payments for DENTAL, HRA and FLEX continuation coverage should be sent to:

Richland County Administrator, PO Box 310, Richland Center, WI 53581-0310

By no later than the 15th of each month

You will be billed monthly by Employee Trust Funds for your health insurance.

2023 COBRA RATES

ORIGINAL COST OF COBRA CONTINUATION COVERAGE

Health Insurance Premiums Employer #0038-000

**YOUR COBRA HEALTH INSURANCE PREMIUMS WILL BE BILLED
DIRECTLY TO YOU BY THE EMPLOYEE TRUST FUNDS**

ETF Health Insurance plans	SINGLE	FAMILY
Aspirus Health Plan	\$ 1,112.32	\$ 2,747.86
Common Ground	\$ 1,049.16	\$ 2,589.96
Dean Health Plan	\$ 859.32	\$ 2,115.36
Dean Health Plan - Prevea 360 East	\$ 869.34	\$ 2,140.42
Dean Health Plan - Prevea360 West & Mayo Clinic	\$ 971.20	\$ 2,395.06
GHC of Eau Claire Greater WI	\$ 866.78	\$ 2,134.02
GHC of Eau Claire River Region	\$ 1,077.52	\$ 2,660.86
GHC of South Central WI	\$ 763.56	\$ 1,875.96
Health Partners Southeast	\$ 1,126.24	\$ 2,782.66
Health Partners West	\$ 1,098.48	\$ 2,713.26
Medical Associates Health Plans	\$ 801.20	\$ 1,970.06
MercyCare Health Plans	\$ 796.94	\$ 1,959.42
Network Health	\$ 912.90	\$ 2,249.32
Quartz Central	\$ 1,166.00	\$ 2,882.06
Quartz UW Health	\$ 831.12	\$ 2,044.86
Quartz West	\$ 959.14	\$ 2,364.92
Robin with HealthPartners	\$ 1,244.10	\$ 3,077.32
Security Health Plan	\$ 1,156.72	\$ 2,858.86
State Maintenance Plan by Dean Health Plan	\$ 908.10	\$ 2,237.34
Access Plan by Dean Health Plan	\$ 1,101.18	\$ 2,720.04

Health Reimbursement Account (HRA) – Group R122

HRA PLAN TYPE		SINGLE	FAMILY
HRA TOTAL		\$ 500.00	\$ 1,000.00
MONTHS IN A YEAR		12	12
		\$ 41.67	\$ 83.33
PERCENTAGE	÷	25%	25%
COST OF COBRA HRA	x	\$ 10.42	\$ 20.83

Dental Insurance Premiums Group Policy COBRA #5714-700

	SINGLE	FAMILY
Delta Dental	36.62	104.77

**YOUR DENTAL PREMIUM NEEDS TO BE PAID TO THE RICHLAND COUNTY ADMINISTRATOR'S
OFFICE
NO LATER THAN THE 15TH OF THE PRECEDING MONTH OF COVERAGE**

Health Care Flexible Spending Account Group #R122 – if you don't reopen your Healthcare Flex account you will have 90 days from your termination date to submit eligible receipts from the beginning of your plan year through your term date.

Annual Total Election – Payroll Deposits ÷ Remaining Full Months in the Plan Calendar Year

Annual Election		
Payroll Deposits -		
Total		
# of Full Months ÷		
Monthly Payment Amount		

**To Pay your premiums please write a check to:
Richland County, PO Box 310, Richland Center, WI 53581-0310**

ALL HRA, DENTAL AND FLEXIBLE SPENDING ACCOUNT PREMIUMS ARE TO BE PAID TO THE RICHLAND COUNTY ADMINISTRATOR'S OFFICE NO LATER THAN THE 15TH OF THE MONTH.

Flexible Spending Account COBRA Election Form

Date ____/____/____

QUALIFIED BENEFICIARY INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Marital status: Single Married Number of Dependent Children: _____

Date of Hire: _____

Entitlement to COBRA Coverage

As explained in the Notice of Right to Elect COBRA accompanying this form, you and your spouse and dependent child(ren), if any, could be entitled to continue health FSA coverage under the company's health FSA due to the a qualifying event.

This qualifying event will result in the loss of health FSA coverage unless you elect continuation coverage. If you would like to elect continuation coverage, please read, sign, and return this form to your Plan Administrator at the County Administrator's office as soon as possible.

If this election form is not returned within sixty (60) days of the date of this notice, you will lose your right to elect coverage, and your Health FSA coverage under the company's group health FSA plan will terminate.

Continuation coverage under COBRA is provided subject to your eligibility. The Plan Administrator (County Administrator's Office) reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible for coverage.

**IF YOU DO NOT RETURN THIS ELECTION FORM WITHIN SIXTY (60) DAYS
YOU WILL LOSE YOUR RIGHT TO ELECT CONTINUATION COVERAGE.**

Length of COBRA Coverage

You and your spouse and dependent child(ren), if any, are eligible to receive continuation coverage until the end of the Plan Year in which the qualifying event occurred.

COBRA Coverage Premiums

Within forty-five (45) days after the date that you elect COBRA Coverage, you must pay an initial premium, which includes:

- The period of coverage from the date of your qualifying event to the date of your election.
- Any regularly scheduled monthly premium that becomes due between your election and the end of the forty-five (45) day period.

Once the Plan Administrator at the County Administrator's Office receives this election form, you will be notified of the amount of the initial FSA premium you must pay. Your coverage will terminate if you fail to pay the FSA initial

premium, or any subsequent FSA monthly premium, in a timely fashion.

FSA Premium payments are generally due on a schedule determined by the employer. You will be notified of any change in FSA premium amount.

You are eligible for health FSA coverage at the same level as was in effect immediately before the qualifying event. Unless you expressly elect otherwise, this coverage will be continued for you (and your spouse and child(ren), if any).

**IF FSA PREMIUM PAYMENT IS NOT RECEIVED ON TIME,
COVERAGE WILL TERMINATE AND MAY NOT BE REINSTATED.**

COBRA Coverage Election Agreement

I have read this form and the notice of my election rights. I understand my rights to elect continuation coverage and would like to take the action indicated below. I understand that if I elect continuation coverage and I fail to pay any FSA premium payment on time, this coverage will terminate. I also agree to notify the Plan Administrator (County Administrator's Office) if I or any member of my family become(s) covered under another group health plan or entitled to Medicare after the date of COBRA election.

Please check ONE only.

I elect to continue health FSA coverage under the plan.

List dependents to be covered:

Name	Date of Birth	Relationship
1) _____		
2) _____		
3) _____		
4) _____		

I have read this form and the Notice of Right to Elect COBRA. I am waiving my right to continuation coverage under the health FSA.

Signature: _____ Date: _____

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Return this form to the Plan Administrator (Richland County Administrator's Office) once completed.

Richland County Administrator • 181 W Seminary St, PO Box 310 • Richland Center, WI 53581 • 1-608-647-2197 •

Fax: 608-647-6134 • <http://co.richland.wi.us/>

The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only. Any other use or disclosure is prohibited.

COBRA ELECTION FORM FOR HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Employer: **Richland County**

Employee Name: _____

Employee Date of Birth: _____ Employee SSN _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Email: _____

2023 HRA COBRA COVERAGE ELECTION (Choose One)

_____ **Single: HRA Benefit Amount: \$500 per year - Monthly Premium: \$10.42**

_____ **Family: HRA Benefit Amount: \$1000 per year - Monthly Premium: \$20.83**

****COVERED MEMBERS:**

ALL INFORMATION BELOW IS REQUIRED FOR HRA ENROLLMENT**

Please print all required information legibly

1. Covered Dependent or Spouse Name: _____

SSN _____ Date of Birth _____

Relationship to the Employee: _____

2. Covered Dependent Full Name: _____

SSN _____ Date of Birth _____

Relationship to the Employee: _____

3. Covered Dependent Full Name: _____

SSN _____ Date of Birth _____

Relationship to the Employee: _____

4. Covered Dependent Full Name: _____

SSN _____ Date of Birth _____

Relationship to the Employee: _____

5. Covered Dependent Full Name: _____

SSN _____ Date of Birth _____

Relationship to the Employee: _____

6. Covered Dependent Full Name: _____

SSN _____ Date of Birth _____

Relationship to the Employee: _____

I have enrolled in a qualified employer-sponsored COBRA insurance benefit (i.e. Employee Trust Funds Health Plan). I understand that by participating in my employer-sponsored COBRA health plan that I am considered an eligible participant in the COBRA Health Reimbursement Arrangement (HRA). The HRA will reimburse up to the specified amount detailed above and based upon Richland County’s plan design. I understand that the monies reimbursed under the HRA are provided by my employer for the purpose of medical expenses and that this benefit is free from federal, state and FICA taxation. I further understand that if I fail to make premium payments to Richland County Administrator’s Office as outlined by the payment schedule, coverage will terminate the end of the month the last payment covered.

Employee/Enrollee

Signature _____ **Date** _____

Please return this form along with other COBRA Election Paperwork to...
Richland County Administrator’s Office
181 W Seminary St, PO Box 310, Richland Center, WI 53581-0310

Notice to Employees About Applying for Wisconsin Unemployment Benefits

When To Apply

- You are totally unemployed,
- You are partially unemployed (your weekly earnings are reduced), or
- You expect to be laid off within the next 13 weeks and would like to start your benefit year early

IMPORTANT: Your claim begins the week you apply. To avoid any loss of benefits, apply the first week you are unemployed. Do not wait until the week is over.

Have This Information Ready To Apply:

- A username and password for filing online
- A valid email or mobile number
- Your social security number
- Your Wisconsin driver license or identification number
- Your work history for the last 18 months:
 - Employers' business names **
 - Employers' addresses (including zip code) **
 - Employers' phone numbers
 - First and last dates of work with each employer
 - Reason no longer working with each employer
- Your alien registration number, document number and expiration date, if you are not a U.S. citizen
- Form DD214 (Member 4 copy), if you served in the military in the last 18 months
- Form SF-50 or SF-8, if you are a federal civilian employee
- Name and local number of your union hall, if you are a union member

Notice to Employers: All employers covered by Wisconsin's Unemployment Insurance law are required to prominently display this poster where employees will easily see it. If employers do not have a permanent work site regularly accessed by employees, an individual copy is to be provided to each employee. For additional copies go online at: <https://dwd.wi.gov/dwd/publications/ui/notice.htm> or call (414) 438-7705. Please enter your UI Account business name and address in the box (at right) for employee reference.

Notice to Employees: The federal Social Security Act requires that you give us your social security number. It will be used to verify your identity and determine your eligibility. If you do not provide your social security number, we cannot take your claim.

How To Apply

Steps to Apply Online:

1. Type into the internet browser: my.unemployment.wisconsin.gov
2. Read & accept Terms and Conditions
3. Create a username and password
4. Logon to access online benefit services
5. Complete your application

Apply Online During These Times

Sunday	9:00 AM - 5:00 PM
Monday – Friday	6:00 AM - 7:00 PM
Saturday	9:00 AM - 2:30 PM

For help using online services or if you are truly unable to go online call (414) 435-7069 during business hours.

For more information about unemployment insurance, visit our website: dwd.wisconsin.gov/ui



Department of Workforce Development

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Unemployment Insurance Division at (414) 435-7069 to request information in an alternate format, including translated to another language.

HEALTH PLAN COMPLIANCE NOTICES

Richland County

10/3/2022

Provided by: Wallace Cooper & Elliott Insurance Agency



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Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

Newborns' and Mothers' Health Protection Act Notice

Notice of Patient Protections

Notice of Privacy Practices

Special Enrollment Rights Notice

Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice

WHCRA Notice

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102

INDIANA-Medicaid	MINNESOTA-Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739

IOWA-Medicaid and CHIP (Hawki)	MISSOURI-Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

KANSAS-Medicaid	MONTANA-Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov

KENTUCKY-Medicaid	NEBRASKA-Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

LOUISIANA-Medicaid	NEVADA-Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900

MAINE-Medicaid	NEW HAMPSHIRE-Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	TEXAS-Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	UTAH-Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: http://www.cohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

General Notice of COBRA Rights

(For use by single-employer group health plans)

Continuation Coverage Rights Under COBRA

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);

- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

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

When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
Death of the employee;
- The employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

**Tami Hendrickson
181 W Seminary St PO Box 310
Richland Center, WI 53581**

How is COBRA continuation coverage provided?

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

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

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible

under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don’t enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don’t enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

Richland County Health Insurance Plan - Tami Hendrickson
181 W Seminary St PO Box 310
Richland Center, WI 53581

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

The United States Department of Labor Wage and Hour Division

Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Health Insurance Exchange Notice

For Employers Who Offer a Health Plan to Some or All Employees

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.²

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

² An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Tami Hendrickson
 181 W Seminary St PO Box 310
 Richland Center, WI 53581

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Richland County	4. Employer Identification Number (EIN) 396005735	
5. Employer address 181 W Seminary St PO Box 310	6. Employer phone number 608-647-2197	
7. City Richland Center	8. State WI	9. ZIP code 53581
10. Who can we contact about employee health coverage at this job? Tami Hendrickson		
11. Phone number 608-647-2197	12. Email address tami.hendrickson@co.richland.wi.us	

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

- As your employer, we offer a health plan to:
 - Some employees. Eligible employees are: Employees are eligible for the health insurance plan offered by Richland County if they work at least 17.5 hours per week.
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: Eligible dependents are covered until the end of the month in which they turn 26.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

Medicare Part D Creditable Coverage Notice

Important Notice from Richland County About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Richland County has determined that the prescription drug coverage offered by the Richland County 2023 Health Insurance Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

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

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

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Richland County coverage will be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Richland County coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

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

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information call Tami Hendrickson at 608-647-2197. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Richland County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

For more information about Medicare prescription drug coverage:

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

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

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

Date: 10/3/2022

Name of Entity/Sender: Richland County

Contact--Position/Office: Tami Hendrickson, Payroll & Benefits Specialist

Address: 181 W Seminary St, PO Box 310, Richland Center, WI 53581

Phone Number: 608-647-2197

Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the Richland County 2022 Health Insurance Plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at 608-647-2197 x .

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Patient Protections

Richland County 2023 Health Insurance Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Richland County designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Tami Hendrickson at 181 W Seminary St, Richland Center, WI 53581.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Richland County or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Tami Hendrickson at 181 W Seminary St, Richland Center, WI 53581, 608-647-2197, tami.hendrickson@co.richland.wi.us.

Notice of Privacy Practices

Richland County
181 W Seminary St PO Box 310
Richland Center, WI 53581

Privacy Official:

Tami Hendrickson
181 W Seminary St PO Box 310
Richland Center, WI 53581

Effective Date: 10/01/2022

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law

- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at:
Tami Hendrickson
181 W Seminary St PO Box 310
Richland Center, WI 53581
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and share your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Other Information

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact Tami Hendrickson at 181 W Seminary St, PO Box 310, Richland Center, WI 53581.

USERRA Notice

Your Rights Under USERRA

A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

C. Right to Be Free from Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
 - Initial employment;
 - Reemployment;
 - Retention in employment;
 - Promotion; or
 - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address:

<http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

Women's Health and Cancer Rights Act (WHCRA) Notices

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$1500 deductible (in-network) and 10% coinsurance (in-network). If you would like more information on (WHCRA) call your plan administrator at 608-647-2197.

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 608-647-2197 for more information.

I have received the following Compliance Notices:

1. Premium Assistance Under Medicaid and the Children’s Health Insurance Program CHIP Notice
2. COBRA General Notice
3. General FMLA Notice
4. Genetic Information Nondiscrimination ACT GINA Disclosures
5. Health Insurance Exchange Notice
6. Medicare Part D Creditable Coverage Notice
7. Mental Health Parity and Addiction Equity Act Disclosure
8. Newborns’ and Mothers’ Health Protection Act Notice
9. Notice of Patient Protections
10. Notice of Privacy Practices
11. Special Enrollment Rights Notice
12. Uniformed Services Employment and Reemployment Rights Act Notice
13. Women’s Health and Cancer Rights Act Notice

Employee Name: _____

Employee Signature: _____

Date: _____

Distributing Required Notices: What You Need to Know



There are a lot of notices and materials that employers are required to distribute to their employees each year. The requirements for distributing these materials can vary – some are provided only when participants first become eligible for a health plan, some are provided when an employee enrolls in coverage, and others need to be distributed annually. In addition, all notices must be provided to participants upon request. The amount of time employers have to respond to a participant's request can vary, so prompt attention to requests for information is the best practice.

Employers sometimes choose to rely on a third party, such as their COBRA administrator, insurance carrier, or broker, to prepare and provide participants with required notices. However, this requirement ultimately falls on the employer and failure to provide required notices in a timely manner may result in financial penalties.

The notices described below detail some of the more common employer notices related to employer sponsored health and welfare plans. Keep reading to learn more about which notices are required to be distributed to [new hires](#), upon [initial enrollment and special enrollment](#), and [annually / open enrollment](#). Please note that some notices must be distributed at multiple times to employees.

Initial enrollment occurs when an active, eligible employee enrolls in their employer's plan for the first time, whether they are a new hire or switch to their employer's plan. This is different from **open enrollment**, which occurs annually and offers all benefit eligible employees the opportunity to enroll or change their health plan for the next year. **Special enrollment** creates an opportunity for an employee to sign up or change their health insurance options due to a qualifying event (getting married, having a baby, adopting a child, etc.). Understanding the differences between the various types of enrollment periods is vital to accurately distributing materials to the right people at the right time.

New Hires

The notices mentioned below must be provided to all new, benefit-eligible employees regardless of whether or not they enroll in coverage. If new hires enroll in coverage, please see the additional information in the sections that follow.

Notice Regarding Availability of Health Insurance Marketplace ⤴

Due within 14 days of hire.

This notice provides employees with information on the health insurance options available in the Marketplace as well as the impact of enrolling in the exchange rather than an employer-sponsored plan.

Notice of HIPAA Special Enrollment Rights ⤴

Due at or before an employee is offered an opportunity to enroll in a group health plan.

This notice provides information on HIPAA special enrollment rights. It may be incorporated into the plan's [Summary Plan Description \(SPD\)](#). Many employers opt to include this notice annually during open enrollment to ensure that employees understand their enrollment rights.

Initial & Special Enrollment

The following documents need to be distributed during an employee's initial enrollment or during a special enrollment period.

As a reminder, initial enrollment occurs when an employee first enrolls in their employer's health plan, which can occur when they first become employed, or if they newly switch to the plan. Special enrollment is a period that occurs when an employee is offered the chance to sign up for health insurance outside of the annual open enrollment period because of a qualifying life event (getting married, having a baby, adopting a child, loss of coverage under another group health plan, etc.).

Summary Plan Description (SPD)

Due:

- Within 90 days of enrollment of an existing plan
- Within 120 days of enrollment of a new plan
- Every 5 years if there are changes to the plan
- Every 10 years if there are no plan changes

An SPD is a document that needs to be distributed for plans covered under the Employee Retirement Income Security Act of 1974 (ERISA). The SPD is a common-language resource that provides all the important information that employers and plan participants need to know about their benefit plan.

For more information on SPD's and distribution requirements, visit www.ebcflex.com/SPD.

Summary of Benefits Coverage (SBC)

Due at initial enrollment and open enrollment.

This notice is provided in accordance with the Affordable Care Act (ACA), which requires health plans and health insurance carriers to provide employees and participants an explanation of benefits offered under the plan. This includes major medical plans, health reimbursement arrangements (HRA) and non-excepted health care flexible spending accounts (FSA).

The SBC should be included with plan application materials during open enrollment. If coverage automatically renews for participants, the SBC must be provided no later than 30 days prior to the start of the new plan year. Employers must provide the SBC within 90 days of enrollment for special enrollees. The SBC must be provided 60 days in advance of any mid-year change to the plan.

HIPAA Wellness Program Notice

Due prior to wellness plan participation and anytime a description of the wellness plan is distributed.

This notice is only required for employers with wellness plans that require individuals to satisfy a standard related to a health factor (like not smoking) in order to obtain a reward. The HIPAA Wellness Program notice discloses the availability of a reasonable alternative standard (or waiver of the original standard), and states that meeting the alternative standard allows the individual to obtain the reward.

This notice should be provided to participants before they provide any health-related information or undergo medical examinations.

Women's Health and Cancer Rights (WHCRA) Notice

Due at initial enrollment and open enrollment.

Employers must provide this notice to health plan participants regarding their rights to mastectomy-related benefits under the WHCRA.

Children's Health Insurance Program (CHIP) Notice

Due at initial enrollment and the first of every year (often distributed during open enrollment).

An annual notice must be provided by employers who have group health plans that cover residents in a state that provides premium subsidies to low-income children and their families.

HIPAA Privacy Notice

Due:

- At initial enrollment
- Within 60 days of changes
- At least every 3 years

This notice (or a *Notice of Availability of a Notice of Privacy Policy*) must be distributed at least every three years to inform participants that the notice is available and how they can request a copy. For fully-insured plans, the insurance carrier, not the employer, is responsible for providing the HIPAA Privacy Notice.

Americans with Disabilities Act (ADA) Wellness Program Notice

Due prior to wellness plan participation and anytime a description of the wellness program is distributed.

This notice is only required for employers with 15 or more employees who are subject to the ADA and who have wellness programs with health-related questions or medical examinations. These employers must inform participating employees of the following:

- What information will be collected in the wellness program
- Who the information will be shared with (and why)
- Any limits on the disclosure
- How the information will be kept confidential

This notice should be provided to participants before they answer any health questions or undergo any medical examinations.

Initial COBRA Notice

Due within 90 days of initial enrollment.

This notice is only required for employers with 20 or more employees who are subject to COBRA and who sponsor group health plans.

Employers must provide an Initial COBRA Notice to new participants and their covered dependents within 90 days after commencement of coverage under the plan. This notice is required to be distributed to both employees as well as dependents who enroll in COBRA-eligible plan.

Grandfathered Plan Notice

Due whenever a summary of plan benefits are provided (initial eligibility, open enrollment).

This notice is only required for employers with a grandfathered health insurance plan.

These employers must include information about the plan's grandfathered status in documents describing coverage under the plan, including SPDs and open enrollment materials. Grandfathered plans are uncommon since the Affordable Care Act (ACA) has been in place.

Open Enrollment / Annual

There are several notices that must be provided to plan participants on an annual basis. It's important to note that some of these notices have a calendar date deadline (such as Medicare Part D Notice of Creditable / Non-Creditable Status). Before deciding if you are able to distribute a notice during open enrollment, check to ensure the distribution date complies with the deadline.

Summary of Benefits Coverage (SBC)

Due at initial enrollment and open enrollment.

This notice is provided in accordance with the Affordable Care Act (ACA), which requires health plans and health insurance carriers to provide employees and participants an explanation of benefits offered under the plan. This includes major medical plans, health reimbursement arrangements (HRA) and non-excepted health care flexible spending accounts (FSA).

The SBC should be included with plan application materials during open enrollment. If coverage automatically renews for participants, the SBC must be provided no later than 30 days prior to the start of the new plan year. Employers must provide the SBC within 90 days of enrollment for special enrollees. The SBC must be provided 60 days in advance of any mid-year change to the plan.

Women's Health and Cancer Rights (WHCRA) Notice

Due at initial enrollment and open enrollment.

Employers must provide this notice to health plan participants regarding their rights to mastectomy-related benefits under the WHCRA.

Children's Health Insurance Program (CHIP) Notice

Due at initial enrollment and the first of every year (often distributed during open enrollment).

An annual notice must be provided by employers who have group health plans that cover residents in a state that provides premium subsidies to low-income children and their families.

Summary Annual Report (SAR)

Due annually (within 9 months of the end of the plan year).

Employers that are required to file a Form 5500 must provide participants with a SAR. This report is a summary of the information contained in the Form 5500. If the employer receives an extension to file the Form 5500, then the SAR is due within 2 months after the close of the extension period.

Patient Protections Notice

Due whenever an SPD or similar plan description is provided. Consider distributing during open enrollment materials with SBC.

Group health plans that require the designation of a primary care physician must include this notice anytime an SPD or similar description of benefits are provided to participants. This notice identifies what types of providers meet the plan requirements of a primary care physician, such as pediatricians and/or obstetrical or gynecological providers.

Grandfathered Plan Notice

Due whenever a summary of plan benefits are provided (initial eligibility, open enrollment).

This notice is only required for employers with a grandfathered health insurance plan.

These employers must include information about the plan's grandfathered status in documents describing coverage under the plan, including SPDs and open enrollment materials. Grandfathered plans are uncommon since the Affordable Care Act (ACA) has been in place.

Medicare Part D Notice of Creditable / Non-Creditable Status

Due annually before October 15.

Employers with group health plans that cover prescription drugs must provide an annual notice to Medicare Part D eligible participants informing them whether the employer-sponsored prescription drug coverage is creditable or non-creditable.

Creditable coverage means that the employer-sponsored coverage is at least as good as Medicare Part D coverage.

This is not an all-inclusive list of notices that employers need to distribute to employees regarding their benefits. When an employer makes changes to the plan, there are additional distribution requirements they need to provide such as a Summary of Material Modification (SMM). For more information on change-related notices, consult your benefits or legal advisor.

Additionally, notice requirements may change from time-to-time. Employers can verify their notices are current or find templates on the Department of Labor (www.dol.gov) or Centers for Medicare & Medicaid Services (www.cms.gov) websites.

Understanding Your SPD



Everything you need to know about SPDs

What's an SPD and why is it important?

Summary Plan Descriptions (SPDs) are documents that include all of the important information that employers and plan participants need to know about their benefit plan. Not only are SPDs beneficial to plan participants, SPD distribution is legally required for certain benefit plans and protects employers against liability. Failure to distribute SPDs to employees can lead to fines and other penalties.

At Employee Benefits Corporation, we help our clients meet their SPD requirements by providing a *Summary Plan Description* and *My Company Plan* for distribution. Both of these documents must be provided to employees to meet regulatory requirements.

Employee Benefits Corporation also provides clients with a Summary of Material Modification (SMM) template. If an employer makes a change to their plan, they could choose to distribute a summary of the changes with an SMM rather than the full SPD (including the My Company Plan).

You can expect the following in these three documents:

Document Name	Document Content
<i>Summary Plan Description</i>	Information about the plan and how it is administered
<i>My Company Plan</i>	Details specific to the employer's plan like plan dates, features, and plan limits
<i>Summary of Material Modification (SMM) Template</i>	Information about specific material changes made after the plan is initially implemented

Who needs to distribute and receive SPDs?

Employers are required to *distribute* SPDs to all plan participants if they are subject to the Employee Retirement Income Securities Act of 1974 (ERISA).*

The following people must *receive* an SPD:

- Employees covered by the plan
- COBRA qualified beneficiaries covered by the plan
- Covered retirees
- Other former employees who remain eligible under a plan
- Alternate recipient under a qualified medical child support order
- Surviving spouses covered by the plan
- Representatives or guardians of incapacitated individuals

* Plans/employers that are not subject to ERISA, such as governmental employers and deemed church plans, are not required to distribute an SPD. However, employers may choose to distribute an SPD to plan participants so that they understand the specific details of their plan.

When do employers need to distribute SPDs and where can they find it?

There are several instances when employers are required to distribute SPDs to participants:

- Within 120 days of implementing a plan subject to ERISA
- Within 90 days of an employee becoming a new participant
- Within 30 days of a written request
- Within 60 days of a reduction in covered services or benefits (alternatively, an employer can distribute an SMM)
- 210 days after the end of any plan year in which the plan has an amendment (alternatively, an employer can distribute an SMM)
- Every five years after the plan has changed
- Every 10 years if there are no changes made to the plan

These are the minimum requirements for how often SPDs legally need to be distributed. However, it's recommend that SPD distribution occurs as soon as possible, especially when participants are new or if there is a new plan.

Employee Benefits Corporation clients can find their *SPD*, *My Company Plan* and *SMM* template in their employer portal at the following locations:

Document Name	Where you can Access
<i>Summary Plan Description</i>	My Account Administrator > Resources > Forms and Materials > Product
<i>My Company Plan</i>	My Account Administrator > Plan Information > Product > Plan Year
<i>Summary of Material Modification (SMM) Template</i>	My Account Administrator > Resources > Forms and Materials > Product

How do I need to distribute SPDs?

There are several options to distribute SPDs (and SMMs) to employees. If it's being distributed by mail, it's important to ensure that the mailing list is up to date and all participants will receive it. Employers can distribute SPDs to their participants by:

- Mail (first, second, or third class)
- Special inserts to company publications – as long as there is a notice prominently displayed on the cover that the SPD is included
- Hand-delivery
- Electronic distribution (download the [Digital Distribution Guide](#) for electronic distribution requirements)

Reminder: It's important to always keep delivery records when available.

The Employee Benefits Corporation Way

When it comes to SPDs, Employee Benefits Corporation provides the best in the industry. We tailor the required content to provide as much detail as possible about your specific plan design, including details about card usage, claim submission deadlines, and which expenses are eligible. The SPD gives employers the opportunity to share information with participants in consumer-friendly language that they can use as a reference for plan specifics and end of plan year details.

Employee Benefits Corporation provides a written SPD for the BESTflex, EBC HRA, and CommuteEase plans. While transportation benefits are not subject to ERISA, we provide an SPD to employers to help participants understand their qualified transportation plan. We also provide wrap plan SPDs as a standalone service. Our [wrap plans](#) combine health and welfare benefits into a single plan document and SPD. [Contact us](#) for more information.

Retired in 2022

January

Debra Hardy 7 Years and 4 Months Pine Valley

March

Edna Gobin 10 Years and 5 Months Pine Valley

April

Duane McCauley 7 Years and 7 Months Highway

May

Duane Kanable 25 Years and 5 Months Sheriff
Barbara Baumann 6 Years and 6 Months Pine Valley

July

Glen Niemeyer 36 Years and 9 Months Highway

August

Angela Arneson 22 Years and 8 Months UW Food Service

September

Lynn Newkirk 22 Years and 4 Months Zoning
Kenneth Moe 32 Years and 0 Months Sheriff

November

Maureen Dray 5 Years and 0 Months Pine Valley

December

Matthew Rott 11 Years and 2 Months Highway

As of 12/31/2022

40+ Years

<u>Start Date</u>	<u>Department</u>
Susan Triggs 1/2/1979	Register of Deeds
Angie Alexander 7/4/1981	Pine Valley
Sandra Campbell 11/22/1982	UW Extension

30+ Years in 2022

Diane Hrubes 2/28/1983	Pine Valley
Roger Smith 6/6/1983	Highway
Joanne Welsh 8/27/1984	Health & Human Services
Becky Dalberg 8/1/1985	Health & Human Services
Elizabeth Kloehn 4/20/1987	Pine Valley
Barbara Granger 8/11/1989	Pine Valley
Steven Alexander 11/1/1989	Pine Valley
Cathy Cooper 1/1/1990	Land Conservation
Philippine Shireman 2/1/1990	Emergency Medical Service
Diane Brown 4/20/1990	Symons
Karn Schauf 7/2/1990	Health & Human Services
Susan Curtis 10/30/1990	Sheriff
Barbara Wentz 4/6/1991	Symons
Tammy Cannoy Bender 10/14/1991	Land Conservation
Ronda Marish 2/20/1992	Pine Valley
Therese Deckert 7/14/1992	Pine Valley

20 Years in 2022

Kent Marshall 1/2/2002	Land Conservation
Debra Mueller 4/23/2002	Pine Valley
Kevin Melby 5/23/2002	Sheriff's Dept.
Amy Forehand 7/15/2002	District Attorney

Scott Miller	10/8/2002	Pine Valley
Rhonda Mick	10/9/2002	Symons

10 Years in 2022

Jason Marshall	1/1/2012	MIS
Michael Czys	1/24/2012	Sheriff
Kimberly Clark	1/26/2012	Emergency Medical Service
Brandon McCormick	6/4/2012	Highway
Jessica Tisdale	7/9/2012	Health & Human Services
Sally Auz	9/5/2012	Pine Valley
Jasmine Schaller	10/2/2012	Pine Valley
Rosemary Beier	11/9/2012	Symons
Chad Hying	11/23/2012	Symons
Diane Tatu	12/14/2012	Pine Valley

5 Years in 2022

Cassandra Sanders	1/9/2017	Health & Human Services
John Couey	1/30/2017	MIS
Jerry Crotsenberg, Jr	2/1/2017	Sheriff
John Ehrhardt	4/17/2017	Highway
Hayleigh Breininger	5/4/2017	Pine Valley
Jesse Storms	5/8/2017	Highway
Kelly Scoville	5/25/2017	Pine Valley
Donna Johns	5/25/2017	Pine Valley
Ellen Schauer	5/25/2017	Pine Valley
John Farrell	6/5/2017	Highway
Kyle Falk	6/15/2017	Highway
Natasha Oman	6/26/2017	Pine Valley
Norlene Emerson	7/17/2017	Symons
Ariel Rooney	8/1/2017	Pine Valley
Brianna Johann	8/3/2017	Emergency Medical Service
Austin Clary	8/7/2017	Highway
Lori Brinkley	8/14/2017	Health & Human Services
Kayla Williams	8/14/2017	Health & Human Services
Parker Goebel	8/21/2017	Pine Valley
Christopher Schildgen	9/21/2017	Sheriff
Doris Mernack	9/25/2017	Pine Valley
Katelynn Davison	9/28/2017	Pine Valley
Christina Garavalia	10/5/2017	Pine Valley
Kaci Wallace	10/13/2017	Pine Valley
Cerresa Nimocks	11/20/2017	Highway
Verdell Jazdzewski	12/19/2017	Pine Valley
Kyle Wacker	12/30/2017	Symons

RESOLUTION NO. 23-

A Resolution Celebrating Several Employees Longevity with Richland County in Various Departments.

WHEREAS, the following people started their career at Richland County in the following departments on the dates listed, and served the citizens of Richland County with a benchmark of 5, 10 and 20 years in 2022, and for more than 30+ and 40+ years respectively in 2022; and

WHEREAS, the actions of these public employees enhance the quality of life in jurisdictions across Richland County; and

WHEREAS, they have demonstrated dedication and support across multiple departments to provide exceptional customer service as an active and willing staff member; and

WHEREAS, the functions performed by these employees include general administration, information technology, human resources, public safety, public works, planning, recreation, land conservation, housing, education, deed registration and patient care; and

WHEREAS, additional consideration was given by Finance & Personnel Standing Committee to recognize the following employees;

<u>40+ Years in 2022</u>	<u>Start Date</u>	<u>Department</u>
Susan Triggs	1/2/1979	Register of Deeds
Angie Alexander	7/4/1981	Pine Valley
Sandra Campbell	11/22/1982	UW Extension
<u>30+ Years in 2022</u>		
Diane Hrubes	2/28/1983	Pine Valley
Roger Smith	6/6/1983	Highway
Joanne Welsh	8/27/1984	Health & Human Services
Becky Dalberg	8/1/1985	Health & Human Services
Elizabeth Kloehn	4/20/1987	Pine Valley
Barbara Granger	8/11/1989	Pine Valley
Steven Alexander	11/1/1989	Pine Valley
Cathy Cooper	1/1/1990	Land Conservation
Philippine Shireman	2/1/1990	Emergency Medical Service
Diane Brown	4/20/1990	Symons
Karn Schauf	7/2/1990	Health & Human Services
Susan Curtis	10/30/1990	Sheriff
Barbara Wentz	4/6/1991	Symons
Tammy Cannoy Bender	10/14/1991	Land Conservation
Ronda Marish	2/20/1992	Pine Valley
Therese Deckert	7/14/1992	Pine Valley
<u>20 Years in 2022</u>		
Kent Marshall	1/2/2002	Land Conservation
Debra Mueller	4/23/2002	Pine Valley
Kevin Melby	5/23/2002	Sheriff's Dept.
Amy Forehand	7/15/2002	District Attorney
Scott Miller	10/8/2002	Pine Valley
Rhonda Mick	10/9/2002	Symons
<u>10 Years in 2022</u>		
Jason Marshall	1/1/2012	MIS
Michael Czys	1/24/2012	Sheriff
Kimberly Clark	1/26/2012	Emergency Medical Service
Brandon McCormick	6/4/2012	Highway
Jessica Tisdale	7/9/2012	Health & Human Services
Sally Auz	9/5/2012	Pine Valley
Jasmine Schaller	10/2/2012	Pine Valley
Rosemary Beier	11/9/2012	Symons
Chad Hying	11/23/2012	Symons
Diane Tatu	12/14/2012	Pine Valley

5 Years in 2022

Cassandra Sanders	1/9/2017	Health & Human Services
John Couey	1/30/2017	MIS
Jerry Crotsenberg, Jr	2/1/2017	Sheriff
John Ehrhardt	4/17/2017	Highway
Hayleigh Breininger	5/4/2017	Pine Valley
Jesse Storms	5/8/2017	Highway
Kelly Scoville	5/25/2017	Pine Valley
Donna Johns	5/25/2017	Pine Valley
Ellen Schauer	5/25/2017	Pine Valley
John Farrell	6/5/2017	Highway
Kyle Falk	6/15/2017	Highway
Natasha Oman	6/26/2017	Pine Valley
Norlene Emerson	7/17/2017	Symons
Ariel Rooney	8/1/2017	Pine Valley
Brianna Johann	8/3/2017	Emergency Medical Service
Austin Clary	8/7/2017	Highway
Lori Brinkley	8/14/2017	Health & Human Services
Kayla Williams	8/14/2017	Health & Human Services
Parker Goebel	8/21/2017	Pine Valley
Christopher Schildgen	9/21/2017	Sheriff
Doris Mernack	9/25/2017	Pine Valley
Katelynn Davison	9/28/2017	Pine Valley
Christina Garavalia	10/5/2017	Pine Valley
Kaci Wallace	10/13/2017	Pine Valley
Cerresa Nimocks	11/20/2017	Highway
Verdell Jazdzewski	12/19/2017	Pine Valley
Kyle Wacker	12/30/2017	Symons

THEREFORE, BE IT FURTHER RESOLVED THAT the County Board expresses its appreciation to the above persons for their hard work, enthusiasm, and dedication to Richland County and its residents, and wishes them many more years of success as employees of Richland County, and

NOW, THEREFORE, BE IT FURTHER RESOLVED THAT, all residents are encouraged to join the County Board in celebrating the accomplishments and contributions of government employees at all levels.

BE IT FURTHER RESOLVED that the County Clerk shall send a copy of this Resolution to the above list employees.

VOTE ON FOREGOING RESOLUTION

AYES _____ NOES _____

RESOLUTION OFFERED BY THE
FINANCE AND PERSONNEL COMMITTEE
MARCH 7th, 2023

RESOLUTION _____

DEREK S. KALISH
COUNTY CLERK

DATED:

	FOR	AGAINST
MARTY BREWER	X	
SHAUN MURPHY-LOPEZ	X	
MARC COUEY	X	
GARY MANNING	X	
TIMOTHY GOTTSCHALL	X	
DAVID TURK	X	
STEVE WILLIAMSON	X	
MELISSA LUCK	X	
STEVE CARROW	X	

RESOLUTION NO. 23-

WHEREAS, the following people retired from their career at Richland County in the following departments in 2022, and served the citizens of Richland County for more than 187 years collectively; and

WHEREAS, the actions of these public employees enhance the quality of life in jurisdictions across Richland County; and

WHEREAS, they have demonstrated dedication and support of multiple departments to provide exceptional customer service as an active and willing staff member; and

WHEREAS, the functions performed by these employees include public safety, public works, housing, patient care and sanitation; and

WHEREAS, additional consideration was given by Finance & Personnel Standing Committee to recognize the following employees;

<u>January</u>		
Debra Hardy	7 Years and 4 Months	Pine Valley
<u>March</u>		
Edna Gobin	10 Years and 5 Months	Pine Valley
<u>April</u>		
Duane McCauley	7 Years and 7 Months	Highway
<u>May</u>		
Duane Kanable	25 Years and 5 Months	Sheriff
Barbara Baumann	6 Years and 6 Months	Pine Valley
<u>July</u>		
Glen Niemeyer	36 Years and 9 Months	Highway
<u>August</u>		
Angela Arneson	22 Years and 8 Months	UW Food Service
<u>September</u>		
Lynn Newkirk	22 Years and 4 Months	Zoning
Kenneth Moe	32 Years and 0 Months	Sheriff
<u>November</u>		
Maureen Dray	5 Years and 0 Months	Pine Valley
<u>December</u>		
Matthew Rott	11 Years and 2 Months	Highway

NOW, THEREFORE, BE IT FURTHER RESOLVED THAT all residents are encouraged to join the County Board in celebrating the accomplishments and contributions of government employees at all levels.

BE IT FURTHER RESOLVED THAT, That the County Board expresses its appreciation to the above persons for their hard work, enthusiasm, and dedication to Richland County and its residents, and wishes them all the best in their well-deserved retirement and future endeavors.

BE IT FURTHER RESOLVED that the County Clerk shall send a copy of this Resolution to the above list employees.

VOTE ON FOREGOING RESOLUTION

AYES _____ NOES _____

RESOLUTION _____

DEREK S. KALISH
COUNTY CLERK

DATED:

RESOLUTION OFFERED BY THE
FINANCE AND PERSONNEL COMMITTEE
MARCH 7th, 2023

FOR AGAINST

MARTY BREWER	X
SHAUN MURPHY-LOPEZ	X
MARC COUEY	X
GARY MANNING	X
TIMOTHY GOTTSCHALL	X
DAVID TURK	X
STEVE WILLIAMSON	X
MELISSA LUCK	X
STEVE CARROW	X

Richland County Committee

Agenda Item Cover

Agenda Item Name: Human Resources Director

Department:	Administration	Presented By:	Clinton Langreck
Date of Meeting:	7-Mar-23	Action Needed:	3/7/2023
Disclosure:	Approval	Authority:	Finance & Personnel
Date submitted:	27-Feb-23	Referred by:	
Action needed by no later than (date)	3/7/2023	Resolution	Approval

Recommendation and/or action language:

Recommend to... approve Human Resources Director job description and approve creating the Human Resources Department, publish the ad for employment and send to County Board for approval.

Background: *(preferred one page or less with focus on options and decision points)*

The Health and Human Services Admin and Building Operations Manager has resigned their position as of March 6th. The funding from that position will be used to the fund the Human Resources Director position. Filling this position will also create a new Human Resources department.

Carlson Dettman recommendation after review is to place the Human Resources Director at a Grade Q (starting wage at \$40.29) on the Wage Scale.

Attachments and References:

Resolution & Staff Authorization Table	Job Description & Carlson Dettman results

Financial Review:

(please check one)

<input checked="" type="checkbox"/>	In adopted budget	Fund Number	56.5501.0000.5111
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input checked="" type="checkbox"/>	Other funding Source	Move remaining salary funds from the Health & Human Services Admin and Building Operations 56.5501.0000.5111 to newly created line item for HR	
<input type="checkbox"/>	No financial impact		

(summary of current and future impacts)

Approval:

Clinton Langreck

Review:

Clinton Langreck

Department Head

Administrator, or Elected Office (if applicable)

APPENDIX C: NEW POSITION REQUEST FORM

1. Proposed Position Title: Human Resources Director		2. Department: Human Resources Department (New)	
3. Position reports to: County Administrator		4. Date all materials received by Personnel: 06 March 2023	
5. <input checked="" type="checkbox"/> Full-time; <input type="checkbox"/> Part-Time: <input type="checkbox"/> Other: LTE/Seasonal/Reserve/Intern		6. Estimated hours per week: 40+	
7. Benefits Eligibility: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	8. Is this position covered by grant or revenue funding: <input type="checkbox"/> yes % _____ <input checked="" type="checkbox"/> no <i>Levy</i>		9. Proposed date to fill position: 01 May 2023
Required Supporting Documentation:			
<input checked="" type="checkbox"/> <i>cl</i> Proposed job description and title, indication of addition or deletion of significant duties, skill requirements, responsibilities, and/or education or experience requirements			
<input checked="" type="checkbox"/> <i>cl</i> Proposed pay grade: Pay Grad P			
<input checked="" type="checkbox"/> <i>cl</i> Supporting documentation (i.e. job study data); including consultant review			
<input checked="" type="checkbox"/> <i>cl</i> Total financial impact to implement new position: \$ <u>70,114.60</u> Budget year: <u>2023</u>			
<input checked="" type="checkbox"/> <i>cl</i> Plan of how financial impact will be absorbed			
<input checked="" type="checkbox"/> <i>cl</i> Proposed change to department's organizational chart			
Department Head Signature: <i>N/A</i>		Date: 06 March 2023	
Administrator / Supervisory Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Date: 06 March 2023	
F+P Committee Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date: 07 March 2023	
Compensation Plan Consultant: <input type="checkbox"/> Endorsement <input type="checkbox"/> Denied		Date: 02 March 2023	

TO BE COMPLETED BY THE COUNTY ADMINISTRATOR OR DESIGNEE

Approved New Position Title:		Effective Date:	
Pay Grade:		Pay Class: <input type="checkbox"/> hourly; <input type="checkbox"/> salary; <input type="checkbox"/> other	
Job Code:		Union Code:	
Workmen's Comp Code:		EEOC Job/Salary Category:	
New EEOC Function Number:			
Signature of Administrator:		Date:	Approve // Disapprove
Administrator Comments:			



Richland County Administrator's Office

Clinton Langreck, Administrator

PO Box 310

Richland Center, WI 53581-0310

Office: (608) 647-2197 Phone: (608) 649-5960 FAX: (608) 647-6134

Email: clinton.langreck@co.richland.wi.us

To: Finance and Personnel – Chair Brewer

Subject: Supporting Documentation on Request for HR Director Position

Date: 07 Mar 2023

The following documentation is in support of the request for a new HR Director position:

1. **Placement** — Carlson Dettman has proposed placement of the position, based on the Job Description, as a "Q". I am recommending placement and recruitment efforts at a grade lower, "P." I feel the County should attempt to recruit at a "P" level to see if a pool of qualified candidates can be gathered. If we cannot, I will come back to the committee for consideration to place at a higher grade.
2. **Needs and Desires** — The needs and desires for a centralized Human Resources Director have been made known through the following:
 - A. County Strategic Plan — Streamline Organizational Structure — "Create a Finance, HR, and maintenance department." Prioritized for 2023.
 - B. Finance and Personnel Action — Committee took action on December 6th 2022 to include an assumption of centralizing and consolidating HR and Finance functions across all departments.
 - C. Recent notification of resignation of the Health and Human Services Administration and Building Operations Manager (500+ hours of HR duties annually), in conjunction with directive for HHS to reduce 5 positions.
 - D. Continued requested from several departments for more standardized HR support.
3. **Financials** — The financial impacts of the position:

The majority of the 2023 impact will be absorbed by transferring funds from HHS to the new HR Department in the loss of the Administration and Building Operations Manager position. Pending the compensation package and additional operation expenses of the proposed department, the Administrator will develop a budget with financial solution.



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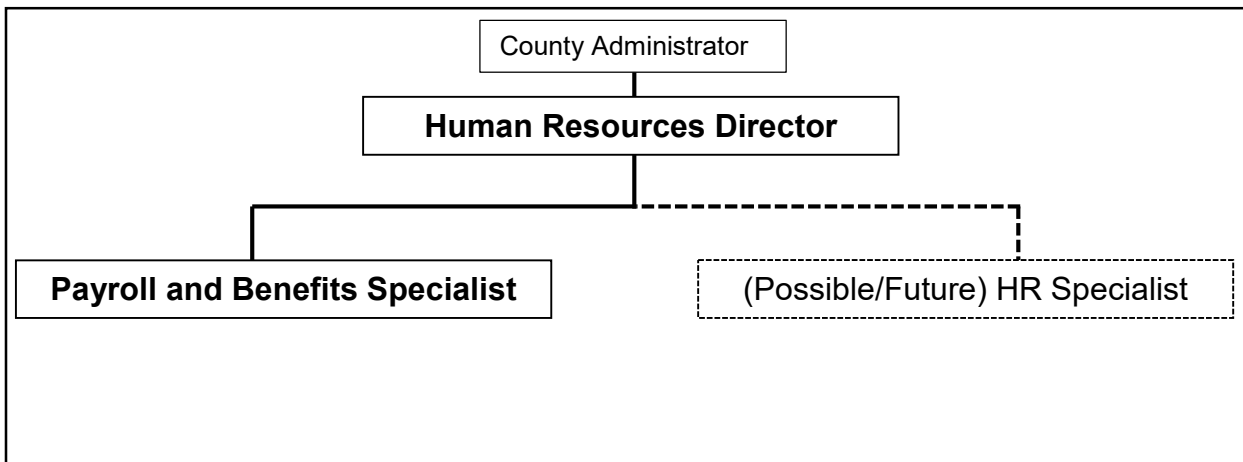
HR Director		Annual Hours	Hourly Rate		Employee (EE)	Employer (ER)	
2023 Annual Salary		2080	38.39			\$ 79,851.20	
FICA	7.65%					\$ 6,108.62	
Retirement-EE	6.80%				\$ 5,429.88		
Retirement-ER	6.80%					\$ 5,429.88	
Health Ins-EE	12.00%	\$ 2,161.89	12		\$ 3,113.12		
Health Ins-ER	88.00%	\$ 2,161.89	12			\$ 22,829.56	
Dental Ins-EE	50.00%	\$ 104.77	12		\$ 628.62		
Dental Ins-ER	50.00%	\$ 104.77	12			\$ 628.62	
Life Ins-EE	100.00%	\$ 4.08	12		\$ 48.96		
Life Ins-ER	20.00%	\$ 4.08	12			\$ 9.79	
HRA						\$ 2,000.00	
Total:					\$ 9,220.58	\$ 116,857.67	Annual
						\$ 70,114.60	2023

4. **Proposed change to the department's organizational chart** — The following proposed organizational chart is presented as the tentative plan for the proposed department:

Proposed Authorization:

						TOTAL	30.00	0.00	2.00	0.00	0.00
Human Resources	Human Resources Director	120	Q	Hourly	40	1.00	0.00	0.00	0.00	0.00	
	Payroll & Benefits Specialist	75	H	Hourly	40	1.00	0.00	0.00	0.00	0.00	
					TOTAL	2.00					

Proposed Organizational Chart (with possible future position):





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Email: clinton.langreck@co.richland.wi.us

5. Plan for Implementation — It is the Administrator's tentative plan for implementation in incremental phases:

Phase #1: Establishment — Hire a Director and stand up a department. Priorities focused on supporting: recruitment (posting, interviewing, skills testing), orientation (payroll, benefits, general policy), FMLA, benefits enrollment, worker's compensation, employee relations issues, separation process, and (HHS general orientations), payroll backup.

Phase #2: Evaluation of Centralized HR across the county — investigate further support of department specific HR functions including timecard support, training and certification tracking, etc.

Phase #3: Finalize and implement centralization of HR Plan of county support

Phase #4: Preparation of for transition into a new ERP system with human content management, timecard, and payroll functions.

Clinton Langreck
Richland County, Administrator

CC:

Richland County Position Description

Position Title: Human Resources Director

Exempt form FLSA

Department: Administration

Reports to: Administrator

Pay Grade: Q

Date: March 2, 2023

Hours per Week: 40

PURPOSE OF POSITION

The Human Resources Director oversees the County's human resources programs including employee labor relations, compensation, benefits administration, worker's compensation, employee safety and health, personnel policies, regulatory compliance, and union labor relations. This position is also the designated Equal Employment Officer, and Limited English Proficiency Coordinator.

ESSENTIAL DUTIES AND RESPONSIBILITIES

The following duties are normal for this position. These are not to be construed as exclusive or all-inclusive. Other duties may be required and assigned.

- Performs backup to all payroll functions and acts as the subject matter expert on the County's payroll and employee content management system.
- Plans, directs, and evaluates the County recruitment and retention program and new hire orientation training.
- Directs and oversees the County's labor relations program and contract negotiations, separation program, exit interview process, and employee benefits programs.
- Directs and oversees personnel policy development and distributes to management personnel.
- Develops, coordinates, and conducts training and development programs, such as leadership or employee development, annual training needs and advises department heads on interpretation.
- Directs and manages the operations and employees of the Personnel Department.
- Advises the County Board, Finance & Personnel Standing Committee, County Administrator, Department Heads and Supervisors regarding personnel matters, human resources strategies, and labor and payroll issues.
- Develops, administers, evaluates and oversees all employee benefit & compensation programs.
- Conducts research into human resources programs and activities; identifies and analyzes human resources problems and recommends changes or innovations where desirable
- Prepares formal recommendations for the Finance & Personnel Standing Committee, other committees, and County Board on employee matters.
- Reviews and places advertisements. Provides recommendations regarding applicant screening tools.
- Evaluates and coordinates the County's performance evaluation program.
- Prepares, directs, authorizes, oversees and monitors the annual department budget and other HR related budgets as designated by the Administrator.
- Provides human resources advice, direction, counsel, and support to Department Heads on all personnel matters, such as conflict, grievances and problem resolution, performance, and

Richland County Position Description

personnel issues; provides counsel to supervisory staff on appropriate action and documents issues.

- Direct and oversee the administration of the County's Equal Employment Opportunity, Civil Rights, and other policies and procedures as designated by the Administrator.
- Oversees, monitors, and facilitates the County's Family Medical Leave policy and other leave of absences.
- Controls or delegates control of employee personnel files.
- Administers and manages an equitable employee classification and compensation plan; develops and updates job descriptions and maintains classifications; evaluates requests for reclassification and new positions for proper classification.
- Represents the County in Unemployment hearings.
- Presents both management and employee viewpoints on grievances to the Finance & Personnel Standing Committee as needed.
- Maintains the Affordable Care Act Information.
- Responsible for distributing 1095's to employees and annual submit to the IRS.

MINIMUM TRAINING AND EXPERIENCE REQUIRED TO PERFORM ESSENTIAL JOB FUNCTIONS

- Bachelor's degree in public administration, business management, human resources, or related field and extensive experience in human resources, business operations, public administration, or equivalent combination of education and experience.
- Successful administrative management experience in county or municipal government and experience in working with employee benefits administration, employee law compliance and labor relations.
- Valid driver's license in the State of Wisconsin.

PHYSICAL AND MENTAL ABILITIES REQUIRED TO PERFORM ESSENTIAL JOB FUNCTIONS

Language Ability and Interpersonal Communication

- Ability to establish effective relationships with County Board, Committees and Commissions, department heads and other employees, union representatives and the public.
- Ability to analyze and categorize data and information in order to determine the relationship of the data with reference to criteria/standards. Ability to compare, count, differentiate, measure and/or sort data and information. Ability to assemble, copy, record and transcribe data. Ability to classify, compute and tabulate data.
- Work has standard vision requirements; vocal communication is required for expressing or exchanging ideas by means of the spoken word; hearing is required to perceive information at normal spoken word levels.

Mathematical Ability

- Ability to add, subtract, multiply and divide, calculate percentages, decimals and fractions and interpret basic descriptive statistical reports.

Richland County Position Description

Judgment and Situational Reasoning Ability

- Demonstrated competency in leadership and team building.
- Demonstrated effective oral, written and interpersonal communication skills.
- Demonstrated ability to plan, coordinate and lead others in the accomplishment of work.
- Demonstrated initiative for coordination of organizational functions and dedication to administrative teamwork and leadership.

Physical Requirements

- Ability to coordinate eyes, hands, feet, and limbs in performing moderately coordinated movements such as pressing, pumping and smoothing. Ability to grasp and place objects. Ability to recognize and identify sounds.
- This work requires the occasional exertion of up to 10 pounds of force. Ability to exert light physical effort in sedentary to light work, involving lifting, carrying pushing and pulling. Ability to handle, finger and feel.
- Ability to operate a variety of office equipment and machinery including personal computer, telephone, calculator, photocopier, fax, etc. Ability to move and guide material using simple tools.

Environmental Adaptability

- Ability, in regard to environmental factors such as temperature variations, odors, violence, noise, vibrations, wetness, disease and/or dust, to work under very safe and comfortable conditions.

Richland County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

Employee's Signature

Supervisor's Signature

Date

Date



March 2nd, 2023

MEMORANDUM

TO: Cheryl Dull, Richland County

FR: Ashley McCluskey, Compensation Analyst

RE: Classification Request – Human Resources Director

The County requested we evaluate job documentation provided for the above-mentioned position. This is a new position for the county.

This is a professional-level position requiring a bachelor's degree and extensive experience.

The position was evaluated in a number of areas including Thinking Challenges, Decision-Making, Interactions and Communications, and Education and Experience. As a result of the evaluation, it is our recommendation that this position be placed in **Grade Q** of the County's salary plan.

Please feel free to contact me with questions on this review.



Richland County Administrator's Office

Clinton Langreck, Administrator

PO Box 310

Richland Center, WI 53581-0310

Office: (608) 647-2197 Phone: (608) 649-5960 FAX: (608) 647-6134

Email: clinton.langreck@co.richland.wi.us

To: Finance and Personnel – Chair Brewer

Subject: Supporting Documentation on Request for HR Director Position

Date: 07 Mar 2023

The following documentation is in support of the request for a new HR Director position:

1. **Placement** — Carlson Dettman has proposed placement of the position, based on the Job Description, as a "Q". I am recommending placement and recruitment efforts at a grade lower, "P." I feel the County should attempt to recruit at a "P" level to see if a pool of qualified candidates can be gathered. If we cannot, I will come back to the committee for consideration to place at a higher grade.
2. **Needs and Desires** — The needs and desires for a centralized Human Resources Director have been made known through the following:
 - A. County Strategic Plan — Streamline Organizational Structure — "Create a Finance, HR, and maintenance department." Prioritized for 2023.
 - B. Finance and Personnel Action — Committee took action on December 6th 2022 to include an assumption of centralizing and consolidating HR and Finance functions across all departments.
 - C. Recent notification of resignation of the Health and Human Services Administration and Building Operations Manager (500+ hours of HR duties annually), in conjunction with directive for HHS to reduce 5 positions.
 - D. Continued requested from several departments for more standardized HR support.
3. **Financials** — The financial impacts of the position:

The majority of the 2023 impact will be absorbed by transferring funds from HHS to the new HR Department in the loss of the Administration and Building Operations Manager position. Pending the compensation package and additional operation expenses of the proposed department, the Administrator will develop a budget with financial solution.



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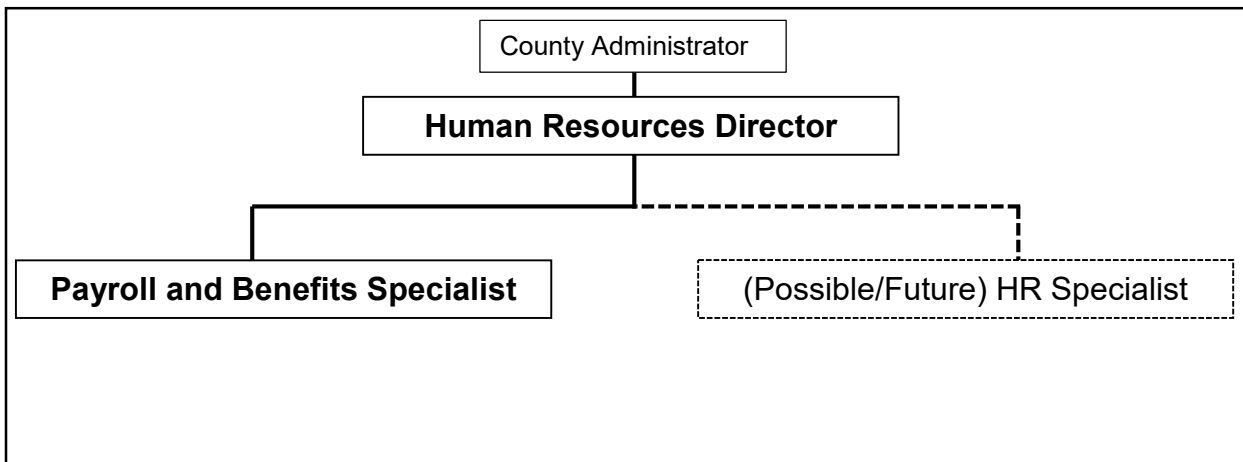
HR Director		Annual Hours	Hourly Rate		Employee (EE)	Employer (ER)	
2023 Annual Salary		2080	38.39			\$ 79,851.20	
FICA	7.65%					\$ 6,108.62	
Retirement-EE	6.80%				\$ 5,429.88		
Retirement-ER	6.80%					\$ 5,429.88	
Health Ins-EE	12.00%	\$ 2,161.89	12		\$ 3,113.12		
Health Ins-ER	88.00%	\$ 2,161.89	12			\$ 22,829.56	
Dental Ins-EE	50.00%	\$ 104.77	12		\$ 628.62		
Dental Ins-ER	50.00%	\$ 104.77	12			\$ 628.62	
Life Ins-EE	100.00%	\$ 4.08	12		\$ 48.96		
Life Ins-ER	20.00%	\$ 4.08	12			\$ 9.79	
HRA						\$ 2,000.00	
Total:					\$ 9,220.58	\$ 116,857.67	Annual
						\$ 70,114.60	2023

4. **Proposed change to the department's organizational chart** — The following proposed organizational chart is presented as the tentative plan for the proposed department:

Proposed Authorization:

						TOTAL	30.00	0.00	2.00	0.00	0.00
Human Resources	Human Resources Director	120	Q	Hourly	40	1.00	0.00	0.00	0.00	0.00	
	Payroll & Benefits Specialist	75	H	Hourly	40	1.00	0.00	0.00	0.00	0.00	
					TOTAL	2.00					

Proposed Organizational Chart (with possible future position):





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5. Plan for Implementation — It is the Administrator's tentative plan for implementation in incremental phases:

Phase #1: Establishment — Hire a Director and stand up a department. Priorities focused on supporting: recruitment (posting, interviewing, skills testing), orientation (payroll, benefits, general policy), FMLA, benefits enrollment, worker's compensation, employee relations issues, separation process, and (HHS general orientations), payroll backup.

Phase #2: Evaluation of Centralized HR across the county — investigate further support of department specific HR functions including timecard support, training and certification tracking, etc.

Phase #3: Finalize and implement centralization of HR Plan of county support

Phase #4: Preparation of for transition into a new ERP system with human content management, timecard, and payroll functions.

Clinton Langreck
Richland County, Administrator

CC:

RESOLUTION NO. 23 -

A Resolution Classifying a Position in the newly created Human Resources Department.

WHEREAS it is necessary from time to time for the County Board to review positions, change job descriptions and position title in order to better meet the needs of the department and meet the ever-changing needs of County government, and

WHEREAS County Administrator Clinton Langreck and the Finance and Personnel Committee have carefully considered this matter and are now presenting this Resolution to the County Board for its consideration.

WHEREAS Carlson-Dettman recommends the following position be placed in the Grade as follows of the County’s plan, and

WHEREAS additional consideration was given by Finance & Personnel Standing Committee to recommend the following position be placed in the Grade as follows of the County’s plan:

Human Resources

Human Resources Director

Grade P

NOW THEREFORE BE IT RESOLVED by the Richland County Board of Supervisors that approval is hereby granted for the above listed position, and

BE IT FURTHER RESOLVED that this Resolution shall be effective upon passage and publication.

VOTE ON FOREGOING RESOLUTION

RESOLUTION OFFERED BY THE FINANCE &
PERSONNEL STANDING COMMITTEE
(07 MARCH 2023)

AYES NOES

RESOLUTION _____
DEREK S. KALISH
COUNTY CLERK

FOR AGAINST

MARTY BREWER
SHAUN MURPHY-LOPEZ
GARY MANNING
TIMOTHY GOTTSCHALL
DAVID TURK
STEVE WILLIAMSON
STEVE CARROW

DATED: MARCH 21, 2023

Richland County Health & Human Services and Veterans Standing Committee

Agenda Item Cover

Agenda Item Name: *Richland County Staff Authorization Table*

Unit	HHS	Presented By:	Tricia Clements
Date of Meeting:	March 7, 2023	Action Needed:	Vote and Resolution
Disclosure:	Open Session	Authority:	Finance and Personnel Committee
Date submitted:	February 24, 2023	Referred by:	Tricia Clements, HHS

Recommendation and/or action language: Recommend a motion, "to present a resolution to the County Board for approval to update the Staff Authorization Table for HHS."

The Staff Authorization Table that is contained in the Policy on Personnel Classification, Compensation, and Staff Authorization of Richland County currently lists two Psychiatric RN positions. The request is to change the authorization from "2" to "1". In exchange for removing one of the psychiatric nurse positions, we would like to change the APS Crisis Professional to "1". The Psychiatric RN is a grade K. The APS/Crisis worker is a grade H. This exchange would result in savings to the HHS budget.

Background:

Since the summer of 2022, the crisis worker duties were completed by a Psychiatric RN as HHS was unable to fill a crisis position. HHS no longer has a need for two Psychiatric RNs and would like to eliminate one of the positions but have the authority to fill the Crisis/APS worker position. This position was originally added in 2021 and was never filled, changing the status of the position. Looking at the overall budget and the need for the agency, it would be a benefit to HHS to have this position filled.

The County is mandated to provide crisis response services. The crisis response workers' duties are to assess those in a crisis, create safety assessments and/or crisis response plans, and as a last resort assist in placements to ensure the safety of the individual. In addition, the worker then assists those returning to the community after they have had a hospital stay.

Attachments and References:

Policy on Personnel Classification, Compensation, and Staff Authorization of Richland County	APS/Crisis Worker Position Description
Psychiatric RN Position Description	

Financial Review:

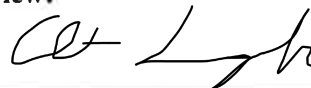
(please check one)

<input checked="" type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input type="checkbox"/>	No financial impact		

There will not be an increase in the Department budget as the Crisis/APS worker is at a lower grade than the Psychiatric RN position.

Approval:

Review:

Department Head

Administrator, or Elected Office (if applicable)

Richland County Committee

Agenda Item Cover

Agenda Item Name: Richland County Staff Authorization Table

Department:	Administration	Presented By:	Clinton Langreck
Date of Meeting:	7-Mar-23	Action Needed:	Vote and Resolution
Disclosure:	Open Session	Authority:	Finance & Personnel Standing Committee and County Board
Date submitted:	3-Mar-23	Referred by:	
Action needed by no later than (date)	3/7/2023	Resolution	Required

Recommendation and/or action language:

Recommend to... approve the Staff Authorization Table for the Human Resources position and creation of Human Resource Department, Health and Human Services staffing changes and to present a resolution to County Board for approval.

Background: *(preferred one page or less with focus on options and decision points)*

At the time of Human Resources presentation and discussion in December, Administrator Langreck was advised by the Finance and Personnel Committee to find more cost savings in multiple departments and bring back to the Committee. Since December the HHS Admin and Building Operations Manager has submitted her resignation. Rather than filling that position, it opened an opportunity to impliment the Human Resources position. This request goes along with Item #12, approving the Job Description. The table update also includes HHS's changes.

Attachments and References:

Authorization Table	Carlson Dettman Review

Financial Review:

(please check one)

<input type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input checked="" type="checkbox"/>	Other funding Source	56.5501.0000.5111 fund transfer	
<input type="checkbox"/>	No financial impact		

(summary of current and future impacts)

Approval:

Clinton Langreck

Review:

Clinton Langreck

Department Head

Administrator, or Elected Office (if applicable)

STAFF AUTHORIZATION TABLE

DEPT CODE	DEPARTMENT	DIVISION OR UNIT	POSITION TITLE	PAY RANGE	PAY GRADE	FLSA STATUS	WEEKLY CAPACITY	PERSONNEL - CATEGORY				
								REGULAR FULL-TIME	REGULAR PART-TIME	LIMITED TERM	RESERVE / CALL-IN / SEASONAL	CONTRACT / Lease
5115	Administration		County Administrator		By Res	Exempt	40	1.00	0.00	0.00	0.00	0.00
			Accounting Supervisor	85	J	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Assistant to the Administrator	75	H	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Payroll & Benefits Specialist	75	H	Hourly	40	0.00	0.00	0.00	0.00	0.00
			TOTAL:					3.00				
5245	Ambulance / Emergency Management		Emergency Medical Services / Emergency Management Director		K	Exempt	40	1.00	0.00	0.00	0.00	0.00
			Advanced Emergency Medical Tech (Admin)	60	E*F	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Advanced Emergency Medical Tech (Training Officer)	55	E*F	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Advanced Emergency Medical Technician	35	B*C	Hourly	40	3.00	6.00	0.00	0.00	0.00
			Ambulance Crew Member		\$20/call	Hourly		0.00	0.00	0.00	15.00	0.00
			Ambulance Driver		\$15/call	Hourly		0.00	0.00	0.00	1.00	0.00
		Contracted		All Hazards Planner		Contract		0.00	0.00	0.00	0.00	1.00
	TOTAL:					6.00	6.00	0.00	16.00	1.00		
5540	Child Support Office		Child Support Director	90	K	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Financial Specialist & Caseworker	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Child Support/Staff Attorney-Assistant Corporation Counsel		By Res	Exempt	40	0.20	1.00	0.00	0.00	0.00
			TOTAL:					2.20	1.00	0.00	0.00	0.00
5121	Clerk of Court		Clerk of Circuit Court		By Res	Elected		1.00	0.00	0.00	0.00	0.00
			Chief Deputy Clerk of Court	75	H	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Deputy Clerk of Court	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Bailiff	30	B	Hourly		0.00	0.00	0.00	8.00	0.00
			TOTAL:					3.00	0.00	0.00	8.00	0.00
State	Circuit Court		Judge		By State	Elected	State	1.00	0.00	0.00	0.00	0.00
			Court Reporter		By State	Hourly	State	1.00	0.00	0.00	0.00	0.00
	TOTAL:					2.00	0.00	0.00	0.00	0.00		
5127	Coroner		County Coroner		By Res	Elected	40	1.00	0.00	0.00	0.00	0.00
			Deputy Coroner		By Res	Hourly		0.00	0.00	0.00	5.00	0.00
			TOTAL:					1.00	0.00	0.00	5.00	0.00
5164	Corporation Counsel		Corporation Counsel		By Res	Exempt		0.00	1.00	0.00	0.00	0.00
			Child Support Administrator / Assistant Corporation Counsel		By Res	Appointed		0.00	1.00	0.00	0.00	0.00
			TOTAL:					0.00	2.00	0.00	0.00	0.00
5141	County Clerk		County Clerk		By Res	Elected		1.00	0.00	0.00	0.00	0.00
			Accounts Payable Specialist/ Deputy County Clerk	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00
			TOTAL:					2.00	0.00	0.00	0.00	0.00
5194	Courthouse Maintenance		Maintenance Supervisor	80	I	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Custodian	50	E	Hourly	40	1.00	0.00	0.00	0.00	0.00
			TOTAL:					2.00	0.00	0.00	0.00	0.00
5161	District Attorney		District Attorney		By State	Elected		1.00	0.00	0.00	0.00	0.00
			Assistant District Attorney		By State	Appointed	40	0.00	0.80	0.00	0.00	0.00
			Victim/Witness Supervisor	80	I	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Victim/Witness Coordinator	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Legal Assistant	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00
			TOTAL:					4.00	0.80	0.00	0.00	0.00
5762	Economic Development		Economic Development Director		By Res	Exempt	40	1.00	0.00	0.00	0.00	0.00
			TOTAL:					1.00	0.00	0.00	0.00	0.00
5614	Fair & Recycling		Fair & Recycling Coordinator	45	D	Hourly	28	0.00	1.00	0.00	0.00	0.00
			Clerical	25	A	Hourly		0.00	0.00	1.00	0.00	0.00
			Fair Groundskeeper	30	B	Hourly		0.00	0.00	1.00	0.00	0.00
			Fair Judge		see note	Hourly		0.00	0.00	48.00	0.00	0.00
			Fair Cashier		\$7.25/hr	Hourly		0.00	0.00	3.00	0.00	0.00
			Fair Misc Worker		\$7.25/hr	Hourly		0.00	0.00	15.00	0.00	0.00
			TOTAL:					0.00	1.00	68.00	0.00	0.00
5124	Family Court		Family Court Commissioner		By Res	Exempt		0.00	1.00	0.00	0.00	0.00
			TOTAL:					0.00	1.00	0.00	0.00	0.00

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								REGULAR FULL-TIME	REGULAR PART-TIME	LIMITED TERM	RESERVE / CALL-IN / SEASONAL	CONTRACT / Lease	
Health & Human Services													
5501			Director	125	R	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5501			Corporation Counsel		By Res	Exempt		0.00	0.00	0.00	0.00	0.00	
5501	Administration & Building Operations		Admin & Building Operations Manager	85	J	Exempt	40	4.00	0.00	0.00	0.00	0.00	
5501			Conf Administrative Secretary	70	G	Exempt	40	2.00	0.00	0.00	0.00	0.00	
5504			Clerical Assistant II (LONGTERM VACANCY)	50	E	Hourly	40	0.00	0.00	0.00	0.00	0.00	
5504			Secretary	50	E	Hourly	40	2.00	0.00	0.00	0.00	0.00	
5504			Spanish Translators		\$35/hr	Hourly		0.00	0.00	0.00	4.00	0.00	
			Secretary (SWWDB Leased Position)		\$16.57/hr	Hourly	28	0.00	0.00	0.00	0.00	1.00	
			Custodian	50	E	Hourly	40	0.00	0.00	0.00	0.00	0.00	
			Fill-In Custodian (SWWDB Leased Position)		\$20.00/hr	Hourly		0.00	0.00	0.00	0.00	0.00	
5501		Business & Financial Services		Business & Financial Services Manager	100	M	Exempt	40	1.00	0.00	0.00	0.00	0.00
5504				Fiscal Specialist	65	F	Hourly	40	3.00	0.00	0.00	0.00	0.00
5507	Aging & Disability Resource Center		ADRC Manager	95	L	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5507			Information & Assistance Specialist	75	H	Exempt	40	3.00	0.00	0.00	0.00	0.00	
5507			Clerical Assistant II	50	E	Hourly	40	1.00	0.00	0.00	0.00	0.00	
5529			Disability Benefit Specialist	75	H	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5403			Elderly Benefit Specialist	75	H	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5563			Secretary	50	E	Hourly	40	1.00	0.00	0.00	0.00	0.00	
5563			Driver/Escort Driver	25	A	Hourly		0.00	4.00	0.00	0.00	0.00	
5563			Clerical Assistant (SWWDB Leased Position)		\$15.00/hr	Hourly	8	0.00	0.00	0.00	0.00	1.00	
5477		Behavioral Health Services		Behavioral Health Services Manager	105	N	Exempt	40	1.00	0.00	0.00	0.00	0.00
5472				CCS Supervisor	100	M	Exempt	40	1.00	0.00	0.00	0.00	0.00
			Quality Coordinator (LONGTERM VACANCY)			Exempt	40	0.00	0.00	0.00	0.00	0.00	
5457			CLTS & BT3 Supervisor	95	L	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5477			Business Systems Analyst	75	H	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5472			Mental Health Case Manager	75	H	Hourly	40	3.00	0.00	0.00	0.00	0.00	
5472			Mental Health Therapist	95	L	Exempt	40	2.00	0.00	0.00	0.00	0.00	
5478			Substance Abuse Counselor	80	I	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5408			Treatment Court Coordinator	80	I	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5532			Adult Protective Services Worker	75	I	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5532		APS/Crisis Professional	75	H	Exempt	40	0.00	1.00	0.00	0.00	0.00		
5459		CLTS & BT3 Case Manager	75	H	Exempt	40	2.00	0.00	0.00	0.00	0.00		
5472		Psychiatric RN	90	K	Exempt	40	2.00	1.00	0.00	0.00	0.00		
		Psychiatric RN (SWWDB Leased Position)		\$25.58/hr	Exempt	20	0.00	0.00	0.00	0.00	1.00		
		Crisis Case Worker (SWWDB Leased Position)		\$26.69/hr	Exempt	40	0.00	0.00	0.00	0.00	1.00		
		CST Coordinator (SWWDB Leased Position)		\$18.00/hr	Exempt	32	0.00	0.00	0.00	0.00	1.00		
		Service Facilitator (SWWDB Leased Position)		\$21.13/hr	Exempt	40	0.00	0.00	0.00	0.00	1.00		
5502	Child & Youth Services		Child & Youth Services Supervisor	90	K	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5502			Child and Youth Services Manager	95	I	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5502			Child & Youth Services Case Manager	75	I	Exempt	40	5.00	0.00	0.00	0.00	0.00	
5502			Youth Aide Worker	70	G	Exempt	40	1.00	0.00	0.00	0.00	0.00	
		Family Preservation Worker (SWWDB Leased Position)		\$17.10/hr	Hourly	28	0.00	0.00	0.00	0.00	1.00		
5503	Economic Support		Economic Support Manager	90	K	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5503			Economic Support Lead Worker	75	H	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5503			Economic Support Specialist	65	F	Hourly	40	13.00	0.00	0.00	0.00	0.00	
5401	Public Health		Public Health Manager/Local Health Officer	105	N	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5401			Public Health Nurse (1-LONGTERM VACANCY)	90	K	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5401			Public Health Clinic Nurse	90	K	Exempt	40	1.00	0.00	0.00	0.00	0.00	
		Health & Wellness Coordinator (LONGTERM VACANCY)		75	H	Exempt	40	1.00	0.00	0.00	0.00	0.00	
5580		Nutrition Program Coordinator	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00		
5583		Nutrition Site Worker	25	A	Hourly		0.00	3.00	0.00	0.00	0.00		
5588		Nutrition Driver	25	A	Hourly		0.00	2.00	0.00	0.00	0.00		
		TOTAL:					59.00	9.00	0.00	4.00	7.00		
Highway													
5321	Highway		Commissioner	115	P	Exempt	40	1.00	0.00	0.00	0.00	0.00	
			Bookkeeper	75	H	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			Clerk	65	F	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			Patrol Superintendent	90	K	Exempt	40	1.00	0.00	0.00	0.00	0.00	
			Patrol Superintendent	90	K	Exempt	40	1.00	0.00	0.00	0.00	0.00	
			Shop Superintendent	85	J	Exempt	40	1.00	0.00	0.00	0.00	0.00	
			Lead Paving Foreman	80	I	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			Lead Shop Foreman	80	I	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			Lead Grade Foreman	80	I	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			Sign Foreman	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			Mechanic	70	G	Hourly	40	2.00	0.00	0.00	0.00	0.00	
			Equipment Operator/Patrolman	70	G	Hourly	40	11.00	0.00	0.00	0.00	0.00	
			Equipment Operator/Patrolman	70	G	Hourly	40	7.00	0.00	0.00	0.00	0.00	
			Seasonal	25	A	Hourly		0.00	0.00	2.00	0.00	0.00	
			TOTAL:					30.00	0.00	2.00	0.00	0.00	
Human Resources													
			Human Resources Director	120	Q	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			Payroll & Benefits Specialist	75	H	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			TOTAL:					2.00					
Land Conservation													
5741	Land Conservation		County Conservationist	95	L	Exempt	35	1.00	0.00	0.00	0.00	0.00	
			Secretary	50	E	Hourly	35	1.00	0.00	0.00	0.00	0.00	
5750			Conservation Technician	75	H	Hourly	35	2.00	0.00	0.00	0.00	0.00	
		TOTAL:					4.00	0.00	0.00	0.00	0.00		
Management Information Systems													
5182	Management Information Systems		Management Information Systems Director	100	M	Exempt	40	1.00	0.00	0.00	0.00	0.00	
			MIS Administrator	95	L	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			MIS Technical Support Specialist	75	H	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			MIS Assistant (SWWDB Leased Position)		\$14.00/hr	Exempt	20	0.00	0.00	0.00	0.00	0.50	
		TOTAL:					3.00	0.00	0.00	0.00	0.50		

STAFF AUTHORIZATION TABLE

DEPT CODE	DEPARTMENT	DIVISION OR UNIT	POSITION TITLE	PAY RANGE	PAY GRADE	FLSA STATUS	WEEKLY CAPACITY	PERSONNEL - CATEGORY				
								REGULAR FULL-TIME	REGULAR PART-TIME	LIMITED TERM	RESERVE / CALL-IN / SEASONAL	CONTRACT / Lease
Pine Valley Community Village												
5434	Pine Valley Community Village	Administration	Nursing Home Administrator	375	P	Exempt	40	1.00	0.00	0.00	0.00	0.00
			Human Resources Director	345	J	Exempt	40	1.00	0.00	0.00	0.00	0.00
			Nursing Admin Assistant	320	E	Hourly	36	1.00	0.00	0.00	0.00	0.00
5433			Manager of Informational Services	330	G	Hourly	40	1.00	0.00	0.00	0.00	0.00
5432		Administrative Assistant	335	H	Hourly	40	1.00	0.00	0.00	0.00	0.00	
		Payroll and Accounts Payable Clerk	325	F	Hourly	36	1.00	0.00	0.00	0.00	0.00	
		Billing Specialist	325	F	Hourly	36	1.00	0.00	0.00	0.00	0.00	
5420		Nursing	Director of Nursing	365	N	Exempt	40	1.00	0.00	0.00	0.00	0.00
5421			Clinical Reimbursement Coordinator	360	M	Hourly	40	0.00	0.00	0.00	0.00	0.00
			RN Manager	355	L	Hourly	40	2.00	0.00	0.00	0.00	0.00
			RN Supervisor	350	K	Hourly	40	2.00	0.00	0.00	0.00	0.00
			Registered Nurse	345	J	Hourly	38.75	3.00	0.00	0.00	0.00	0.00
			Registered Nurse	345	J	Hourly	27	0.00	1.00	0.00	0.00	0.00
			Registered Nurse	345				0.00	0.00	0.00	0.00	1.00
			Registered Nurse		By Res	Hourly		0.00	0.00	0.00	11.00	0.00
5422			LPN	330	G	Hourly	38.75	1.00	0.00	0.00	0.00	0.00
			LPN	330	G	Hourly	27	0.00	1.00	0.00	0.00	0.00
			LPN		By Res	Hourly		0.00	0.00	0.00	14.00	0.00
		LPN	330				0.00	0.00	0.00	0.00	1.00	
		Medication Aides		By Res	Hourly		0.00	0.00	0.00	3.00	0.00	
5423		CNA Nursing Assistant	315	D	Hourly	38.75	26.00	0.00	0.00	0.00	0.00	
		CNA Nursing Assistant	315	D	Hourly	27	0.00	2.00	0.00	0.00	0.00	
		CNA Nursing Assistant	315	D	Hourly	23.25	0.00	0.00	0.00	38.00	0.00	
		CNA Nursing Assistant		By Res	Hourly		0.00	0.00	0.00	0.00	5.00	
		Unit Clerk	320	E	Hourly	38.75	2.00	0.00	0.00	0.00	0.00	
		Resident Assistant	300	A	Hourly		0.00	0.00	0.00	8.00	0.00	
		Activity Director	335	H	Hourly	40	1.00	0.00	0.00	0.00	0.00	
5424		Activities	Activity Aide	310	C	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Activity Aide	310	C	Hourly	36	1.00	0.00	0.00	0.00	0.00
			Activity Aide	310	C	Hourly	27	0.00	1.00	0.00	0.00	0.00
		Activity Aide	310	C	Hourly		0.00	0.00	0.00	1.00	0.00	
5425	Social Work	Social Services Supervisor	345	J	Exempt	40	1.00	0.00	0.00	0.00	0.00	
		Social Worker	335	H	Hourly	40	1.00	0.00	0.00	0.00	0.00	
5427	Dietary	Food Service Supervisor	330	G	Exempt	40	1.00	0.00	0.00	0.00	0.00	
		Lead Cook	315	D	Hourly	38.75	1.00	0.00	0.00	0.00	0.00	
		Cook I	305	B	Hourly	38.75	1.00	0.00	0.00	0.00	0.00	
		Food Service Worker II	305	B	Hourly	38.75	5.00	0.00	0.00	0.00	0.00	
		Food Service Worker II	305	B	Hourly	23.25	0.00	1.00	0.00	0.00	0.00	
5428	Maintenance	Food Service Worker II	305	B	Hourly		0.00	0.00	0.00	5.00	0.00	
		Maintenance Supervisor	340	I	Exempt	40	1.00	0.00	0.00	0.00	0.00	
	Maintenance Worker	320	E	Hourly	38.75	2.00	0.00	0.00	0.00	0.00		
5429	CBRF	Unit Clerk	315	D	Hourly	38.75	1.00	0.00	0.00	0.00	0.00	
		Personal Care Worker	305	B	Hourly	38.75	3.00	0.00	0.00	0.00	0.00	
		Personal Care Worker	305	B	Hourly	31	0.00	4.00	0.00	0.00	0.00	
		Personal Care Worker	305	B	Hourly	27	0.00	0.00	0.00	3.00	0.00	
		Personal Care Worker	305	B	Hourly	23.25	0.00	2.00	0.00	0.00	0.00	
5430	Housekeeping	Housekeeper	300	A	Hourly	38.75	5.00	0.00	0.00	0.00	0.00	
		Housekeeper	300	A	Hourly	27	0.00	1.00	0.00	0.00	0.00	
		Housekeeper	300	A	Hourly		0.00	0.00	0.00	4.00	0.00	
		Housekeeper	300	A	Hourly	38.75	0.00	0.00	0.00	0.00	0.00	
5431		Laundry Worker	300	A	Hourly	38.75	0.00	0.00	0.00	0.00	0.00	
			TOTAL:					69.00	13.00	0.00	87.00	7.00
5171	Register of Deeds	Register of Deeds		By Res	Elected		1.00	0.00	0.00	0.00	0.00	
		Deputy Register of Deeds	65	F	Hourly	35	1.00	0.00	0.00	0.00	0.00	
			TOTAL:				2.00	0.00	0.00	0.00	0.00	
5120	Register in Probate	Register in Probate/Judicial Assistant/Juvenile Clerk	80	I	Hourly	35	1.00	0.00	0.00	0.00	0.00	
		Deputy Clerk of Circuit Court / Register in Probate Assistant	70	G	Hourly	35	1.00	0.00	0.00	0.00	0.00	
			TOTAL:				2.00	0.00	0.00	0.00	0.00	
Sheriff												
5210	Administration	Sheriff		By Res	Elected		1.00	0.00	0.00	0.00	0.00	
		Chief Deputy	105	N	Exempt	40	1.00	0.00	0.00	0.00	0.00	
		Road Patrol Lieutenant	100	M	Exempt	40	1.00	0.00	0.00	0.00	0.00	
		Office Manager/Conf Secretary	75	H	Hourly	40	1.00	0.00	0.00	0.00	0.00	
		Administrative Assistant	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00	
5211		Road Patrol	Investigator		CBA	Hourly	6/3	1.00	0.00	0.00	0.00	0.00
			Patrol Sergeant		CBA	Hourly	6/3	3.00	0.00	0.00	0.00	0.00
	Deputy			CBA	Hourly	6/3	10.00	0.00	0.00	0.00	0.00	
	Deputy (Reserve)		70	G	Hourly		0.00	0.00	0.00	7.00	0.00	
	Translator		\$35/hr	Hourly		0.00	0.00	0.00	5.00	0.00		
5251	Jail/Dispatch	Dispatch/Jailer Sergeant		Hourly	6/3	2.00	0.00	0.00	0.00	0.00	0.00	
		Dispatch/Jailer		Hourly	6/3	12.00	0.00	0.00	0.00	0.00	0.00	
		Dispatch/Jailer (Reserve)		Hourly			0.00	0.00	0.00	4.00	0.00	
				TOTAL:			33.00	0.00	0.00	16.00	0.00	
5172	Surveyor	County Surveyor		By Res	Contract		0.00	0.00	0.00	0.00	0.10	
			TOTAL:				0.00	0.00	0.00	0.00	0.10	
5682	Symons Rec Complex	Director	85	J	Exempt	40	1.00	0.00	0.00	0.00	0.00	
		Assistant Director	65	F	Hourly	40	1.00	0.00	0.00	0.00	0.00	
		Maintenance	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00	
		Custodian	25	A	Hourly		0.00	0.00	1.00	0.00	0.00	
		Receptionist	25	A	Hourly		0.00	0.00	11.00	0.00	0.00	
		Weight Training Instructor	20	aa	Hourly		0.00	0.00	1.00	0.00	0.00	
		Land Aerobics Instructor	50	E	Hourly		0.00	0.00	10.00	0.00	0.00	
		Lifeguard Instructor	50	E	Hourly		0.00	0.00	1.00	0.00	0.00	
		Water Safety Instructor	10	aa	Hourly		0.00	0.00	8.00	0.00	0.00	
		Racquetball Instructor	20	aa	Hourly		0.00	0.00	0.00	0.00	0.00	
		Lifeguard	15	ab	Hourly		0.00	0.00	25.00	0.00	0.00	
				TOTAL:			3.00	0.00	57.00	0.00	0.00	
5156		Treasurer	County Treasurer		By Res	Elected		1.00	0.00	0.00	0.00	0.00
	Deputy Treasurer	65	F	Hourly	40	1.00	0.00	0.00	0.00	0.00		
5154	Property Lister	Property Tax Lister	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00	
			TOTAL:				3.00	0.00	0.00	0.00	0.00	

STAFF AUTHORIZATION TABLE

DEPT CODE	DEPARTMENT	DIVISION OR UNIT	POSITION TITLE	PAY RANGE	PAY GRADE	FLSA STATUS	WEEKLY CAPACITY	PERSONNEL - CATEGORY				
								REGULAR FULL-TIME	REGULAR PART-TIME	LIMITED TERM	RESERVE / CALL-IN / SEASONAL	CONTRACT / Lease
5670	UW-Extension		Area Director		State	Exempt		0.00	0.00	0.00	0.00	0.20
			Clerical Assistant II	50	E	Hourly	35	1.00	0.00	0.00	0.00	0.00
			Administrative Secretary	50	E	Hourly	28	0.00	1.00	0.00	0.00	0.00
			4-H Coordinator		State	Contracted		0.00	0.00	0.00	0.00	1.00
			Human Development and Relationships		State	Contracted		0.00	0.00	0.00	0.00	0.80
			Agriculture Educator		State	Contracted		0.00	0.00	0.00	0.00	0.50
			FoodWise Coordinator		State	Contracted		0.00	0.00	0.00	0.00	0.27
			FoodWise Educator		State	Contracted		0.00	0.00	0.00	0.00	0.73
			TOTAL:						1.00	1.00	0.00	0.00
5678	UW Food Service		UW Food Service Supervisor	75	H	Exempt	40	1.00	0.00	0.00	0.00	0.00
			UW Food Service Assistant	50	E	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Cafeteria Worker	30	aa	Hourly		0.00	0.00	0.00	0.00	0.00
			Food Service Workers		\$7.25	Hourly		0.00	0.00	0.00	0.00	0.00
			TOTAL:					2.00	0.00	0.00	0.00	0.00
5550	Veterans Service		Veterans Service Officer	80	I	Exempt	35	1.00	0.00	0.00	0.00	0.00
			Veterans Benefits Specialist	70	G	Hourly	20.5	0.00	1.00	0.00	0.00	0.00
			TOTAL:					1.00	1.00	0.00	0.00	0.00
5183	Zoning & Sanitation Land Information		Zoning Administrator	95	L	Exempt	40	1.00	0.00	0.00	0.00	0.00
			Zoning GIS Tech/Assistant	70	G	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Assistant Zoning Administrator/Sanitarian	80	I	Hourly	40	1.00	0.00	0.00	0.00	0.00
			Zoning Office System Tech	65	F	Hourly	40	1.00	0.00	0.00	0.00	0.00
			TOTAL:					4.00	0.00	0.00	0.00	0.00

RICHLAND COUNTY 2021 AUTHORIZED POSITION COUNT

Total Regular Authorized Full-time (FT) Positions	242
Total Regular Authorized Part-time (PT) Positions	36
Total Limited Term Authorized Employee (LTE) Positions	127
Total Reserve/Call-in Authorized Positions	136
Total Contracted Authorized Positions	19
TOTAL RICHLAND COUNTY Authorized Positions	560

Richland County Finance and Personnel Committee

Agenda Item Cover

Agenda Item Name: Approval to progress wage schedule for Administrative Assistant to step 8.

Department	Sheriff	Presented By:	Clay Porter
Date of Meeting:	07 March 2023	Action Needed:	Vote
Disclosure:	Open Session???	Authority:	Committee Structure (D)
Date submitted:	01/09/2023	Referred by:	LEJC

Recommendation and/or action language:

Motion to approve a wage adjustment for the Administrative Assistant to a step 8.

Background: Susan Curtis has started her 32nd year as an employee of the Sheriff’s Office. She is currently at step 4 in the wage schedule. Step 8 is market value. We have made 3 attempts now to work with Carlson Dettman to give her a grade increase because her job description is very similar to RES 20-109 Register in Probate/Probate Registrar/Juvenile Clerk. Carlson Dettman has denied these requests and responded, “This type of issue is related to the pay policies of the County, and is not a job evaluation issue. We would recommend the County review this piece independently to confirm that the current employee has progressed through the pay plan appropriately.”

If the original intent of the wage study had been followed she should be at a step 8 (Market Value). Instead she is at a step 4 which means that someone could start new and after a year be making as much as somebody who has completed their 31st year of employment. The board has done much to address the issue of recruitment but this brings to light what is a retention problem.

Attachments and References:

Financial Review:

(please check one)

<input checked="" type="checkbox"/>	In adopted budget	Fund Number	
<input type="checkbox"/>	Apportionment needed	Requested Fund Number	
<input type="checkbox"/>	Other funding Source		
<input type="checkbox"/>	No financial impact		

(summary of current and future impacts)

Approval:

Clay Porter, Sheriff

Department Head

Review:

Clinton Langreck

Administrator, or Elected Office (if applicable)

Below is the statistics and cost of taking 15 year, 20 year and 30 year employees to step 8.

15+ Years	1 Already at 8	Total yearly	\$107,249.87
	30 Up 1 Step		
	0 Up 2 Steps		
	2 Up 3 Steps		
	23 Up 4 Steps		
	56 Total		

20+ Years	1 Already at 8	Total yearly	\$65,855.40
	22 Up 1 Step		
	0 Up 2 Steps		
	1 Up 3 Steps		
	14 Up 4 Steps		
	38 Total		

30+ Years	1 Already at 8	Total yearly	\$26,346.45
	10 Up 1 Step		
	0 Up 2 Steps		
	0 Up 3 Steps		
	6 Up 4 Steps		
	17 Total		

Below is the statistics and cost of taking 15 year, 20 year and 30 year employees to step 8.