It’s Time for Your Benefits Check-Up!

We know how important it is to our health to get a wellness check-up each year. But did you know that it’s a great idea to give your benefit elections a check-up each year, too?

Open Enrollment takes place once a year and is a great time to review your benefits to ensure you have the right coverage for you and your family. For most employees, Open Enrollment is the only time you may add or drop coverage and add or drop dependents* for:

- Medical Insurance
- Dental Insurance
- Healthcare Flexible Spending Account
- Dependent Care Flexible Spending Account

Gundersen Health System offers you a variety of benefits to help you and your eligible family members be healthy and stay healthy. This year we are also offering two NEW voluntary benefits — Identity Theft Protection and Pet Insurance!

Don’t pass up this opportunity to give your benefit elections a check-up and make the most of your benefits for 2017!

*Unless you have a qualifying life event, you cannot enroll, make changes or cancel your pre-tax benefits during the year. Please see page 20 under Important Plan Information for further details.
Eligibility and Enrollment Information

Who is Eligible

- You are eligible to enroll in the medical, dental, or flexible spending plans if you are an active full-time or part-time employee, with a minimum .50 FTE, who is scheduled to work least 40 hours per pay period.

How to Enroll

- Enter your elections on Employee Self Service on Gladiator by completing the online Benefits Enrollment (you can also access Employee Self Service at gundersenhealth.org under Healthcare Professionals/For Employees).
- Complete the appropriate enrollment or waiver information online.
  - If you are adding medical or dental coverage for you or your dependents during this open enrollment, be prepared to enter dates of birth and social security numbers also.
  - New this year – If you already provide medical or dental coverage for dependents, you will be required to verify your dependent information (including social security number and date of birth) during the online enrollment process.
  - If you currently cover a domestic partner, do not complete your benefit enrollment online. Instead, please refer to the domestic partner benefit information previously mailed to you. If you want to add a domestic partner for the first time, contact a benefits specialist listed on page 22.

When to Enroll

- Open Enrollment is November 3 – November 23, 2016.
- Your enrollment must be entered in Employee Self Service by 5pm on Wednesday, November 23, 2016.
- A confirmation will be sent to your designated email address within 24 hours of completing your election.
- If you do not receive a confirmation, or if there are discrepancies in your choices, contact one of the benefits specialists listed on page 22 immediately.
- Discrepancies must be resolved by Friday, December 2, 2016.

What happens to my benefits if I don’t make an election during Open Enrollment?

- Medical and Dental Coverage
  If you choose not to make an online election, you will continue to have the same coverage in which you are currently enrolled. You are still encouraged to go through the on-line process to verify your dependent information.

- Healthcare and Dependent Care Flexible Spending Accounts
  Your current year elections will not carry over. If you wish to participate in the Healthcare or Dependent Care Flexible Spending Accounts for 2017, you must make an online election.
What’s New and Changing for 2017

Medical Plan

Name change for administrator of our employee medical plan
Gundersen Health Plan and Unity Health Plans Insurance Corporation have merged. As a result, the third party administrator for the Gundersen Health System employee group medical plan will now be known as QuartzASO.

Provider network change
If you are covered by our employee group medical plan you will now have access to a broader provider network which includes UW Health System facilities. Referrals to see specialists in the expanded network are not required. You can view a listing of providers in the QuartzASO Online Provider directory at quartzaso.com or to view available pharmacies, go to clearscript.org/MembersCustomerService. You may also call the QuartzASO Customer Service line at (800) 805-0693.

New insurance ID cards
All medical plan participants will be receiving a new ID card mailed to your home by the end of 2016. Your new card will have a new ID # which you will need to share with your provider/pharmacy.

Pharmacy benefit enhancements
All oral chemotherapy drugs will be covered through the pharmacy benefit with member cost that does not exceed $100.00 for a 30-day supply.

Participants requiring certain oral oncology medications will be able to receive split fills (i.e. 14-15 day supply) for the first three months of therapy with prorated copays. Subsequent fills will be allowed at normal monthly supplies, such as 28-30 days, for the regular monthly cost share. For a current listing of applicable oral oncology medications, contact Customer Service at (800) 805-0693.

Out-of-pocket maximums
The Affordable Care Act (ACA) has set the out-of-pocket maximum for in-network medical services and prescription drug costs for 2017 to $7,150 for an individual and $14,300 for a family (out-of-network services are $14,300 for an individual and $28,600 for a family). These maximums are applied before any cost share fund payments so your actual out-of-pocket expense may be less.

Dental Plan

Full-mouth x-rays
Based on recommendation from the American Dental Association (ADA) and current practice by most dental providers, full-mouth x-rays under the Diagnostic & Preventive Services benefit will be changed from once every three years to once every five years. You are encouraged to contact Delta Dental at (800) 236-3712 for verification of benefits prior to receiving treatment and updated recommendations by the ADA.

Voluntary Benefits

Two new voluntary benefits
Gundersen is offering you two new voluntary benefits available through payroll deduction –

- Identity Theft Protection
- Pet Insurance

Turn to page 12 for more plan details and information on how to enroll in these exciting new benefits!
Terms to Know to Help You Get Started

**Calendar Year Deductible**
An amount you must pay before benefits are payable. Only allowable charges which qualify as covered expenses may be used to satisfy the deductible. Copays, coinsurance and any amounts over Usual and Customary charges do not apply to the calendar year deductible.

**Coinsurance**
A percentage of the allowable charge for covered expenses that you are required to pay after reaching your deductible. (The calendar year co-insurance maximum excludes deductibles, Gundersen ExpressCare clinic co-pays, emergency room and pharmacy co-pays, and amounts over Usual and Customary).

**Cost Share Fund**
The Cost Share Fund is a component of the Consumer Involved Medical Plan which is funded by Gundersen Health System each calendar year. The Cost Share Fund automatically pays for 50% of deductible and coinsurance (up to account balance). Unused Cost Share Fund balances carry over from year to year while covered under the Consumer Involved Medical Plan.

**Domestic Partner**
An individual (either same or opposite sex) with whom you have lived with as a sole domestic partner for at least the past six months in a spousal type relationship and share financial resources. Covering your domestic partner will have income tax as well as FICA and Medicare tax implications to you.

A domestic partner may be added to your medical and/or dental coverage during open enrollment, during the year if they lose eligibility for other coverage, or at the time they first meet eligibility requirements.

Coverage for a domestic partner may be cancelled at any time. Contact a benefits specialist for more information about domestic partner benefits.

**Eligible Dependent**
An eligible dependent is a legally recognized spouse (no legal separation in place), a domestic partner and dependent children (including stepchild, legally adopted child, child placed for adoption, foster child, child you have legal guardianship of) and adult children to age 26.

**Total Out-of-Pocket Maximum**
The Total Out-of-Pocket Maximum is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services (medical and prescription coverage combined). This limit helps you plan for health care expenses.
OTHER COVERAGE

- Dependent children can be covered under your medical and/or dental plan until the age of 26, or until age 27 if he/she is unmarried and a full-time student.
- The year in which your child turns 27, coverage is no longer provided on a tax-free basis. Gundersen will include non-cash taxable federal and state income (equal to the value of coverage for that child) on your paychecks and withhold applicable taxes.
- Special rules and tax implications apply for Domestic Partner coverage.

DEPENDENT COVERAGE

- While enrolled in the Consumer Involved Medical Plan, you, your spouse or domestic partner cannot have other medical coverage (including coverage through a Medicare Advantage Plan). The exception to this is other federal or state subsidized individual medical plans (i.e., original Medicare, Medicaid, TRICARE, CHAMPVA, etc.).
- Eligible children may have other coverage while enrolled in the Consumer Involved Medical Plan.

Medical Benefits

You can feel confident knowing that Gundersen Health System remains committed to providing you with a great medical plan at an affordable cost. Our Consumer Involved Medical Plan offers you low monthly premiums (no increase for 2017!), 100 percent coverage for preventive care services in-network, and a generous contribution to a Cost Share Fund that automatically pays for 50% of your deductible and coinsurance (up to account balance).

Giving your medical benefits a check-up during Open Enrollment can help you make informed choices for your health care needs and ensure that you and your family have the coverage you need to stay healthy and get the best care you need when you need it.

Premiums

Monthly Employee Premium

- Single (employee only) - $79
- Single + Dependent Children - $139
- Family - $243

Monthly Employee Premium if working less than .75 FTE

- Single - $124
- Single + Dependent Children - $229
- Family - $413

ADDITIONAL MEDICAL PLAN INFORMATION

If you are eligible for medical coverage, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. See page 21 for more information.
Medical Plan Basics

### Cost Share Fund

**In-Network**
- Calendar Year Deductible: $2,000 per individual
- $5,000 family maximum (family of more than two)

**Out-of-Network**
- Calendar Year Deductible: $4,000 per individual
- $10,000 family maximum (family of more than two)

**Coinsurance**
- In-Network: 20% up to $2,000 per individual
- Out-of-Network: 40% up to $4,000 per individual
- $5,000 family maximum (family of more than two)
- $10,000 family maximum (family of more than two)

### Out-of-Pocket Maximum

**In-Network**
- $7,150 individual
- $14,300 family maximum (Before reduction by cost share fund payment)

**Out-of-Network**
- $14,300 individual
- $28,600 family maximum (Before reduction by cost share fund payment)

### Employer Annual Funding Level:

- $1,000 Single
- $2,500 Single + Dependent
- $2,500 Family

### Deductible

- $2,000 per individual
- $5,000 family maximum (family of more than two)

### Cost Share Fund

**Your annual Cost Share Fund contribution and deductible**

<table>
<thead>
<tr>
<th>Cost Share Fund</th>
<th>Deductible</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>$2,000</td>
<td>$400</td>
</tr>
</tbody>
</table>

**You have an office visit and lab work (non-preventive care)**

The claim is processed through your Consumer Involved Medical Plan, applying the $400 in services to your $2,000 deductible

The claim is automatically processed through your Cost Share Fund and pays 50% of deductible and coinsurance limited to the account balance in your Cost Share Fund. The medical plan pays your provider $200 (50% of $400) from your Cost Share Fund.

**Your Balance/Amount Owed**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$800</td>
<td>$1,600</td>
</tr>
<tr>
<td>Any unused balance will carry over to the next year!</td>
<td>Balance you owe to your provider</td>
<td></td>
</tr>
</tbody>
</table>

---

**THIS IS MY STORY…**

“I am divorced and my children are currently covered under their father’s plan. Open enrollment gives me the opportunity to enroll them under my medical plan instead which will provide them with better coverage that is more affordable. That gives me peace of mind. I am glad I decided to give my benefits a check-up to ensure my family has the best coverage we need!”

---

**How the Cost Share Fund Works**

Here’s an example of how the Cost Share Fund can work for you.

- This is your first year enrolled in the Consumer Involved Medical Plan.
- Gundersen makes a contribution to your Cost Share Fund of $1,000 as you have Single coverage under the plan. Your calendar year deductible is $2,000.
- You have an office visit and lab work (not preventive care) that costs $400.
# Medical Plan Coverage

## Medical Plan Coverage Chart

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-network, you pay</th>
<th>Out-of-network, you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wellness services</strong> – including annual physical, routine diagnostic x-ray/lab and well-baby care to age two</td>
<td>0% - no deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td><strong>Routine vision exam and hearing test</strong> (1 each, per calendar year)</td>
<td>0% - no deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td><strong>Physician office visit</strong></td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td>Gundersen ExpressCare Visits</td>
<td>$10 copay</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Diagnostic, x-ray and laboratory services</strong></td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td><strong>Surgery – inpatient or outpatient</strong></td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td><strong>Hospital days in a semi-private room</strong></td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td><strong>Mental health/chemical dependency treatment – Inpatient, Outpatient and Transitional</strong></td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td><strong>Maternity services</strong> – including physician and hospital services</td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td><strong>Outpatient rehabilitative services</strong> – including physical therapy, occupational therapy and speech therapy. Limit of 50 visits per calendar year</td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td><strong>Habiltative services</strong> – including physical therapy, occupational therapy and speech therapy.</td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td><strong>After hours or emergency care</strong></td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
<tr>
<td>▪ Urgent care visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Emergency room facility charge, if admitted out-of-network, you must notify plan within 48 hours (call 1-800-897-1923)</td>
<td>$200 copay (waived if admitted) then deductible/20% coinsurance</td>
<td>$200 copay (waived if admitted) then deductible/20% coinsurance</td>
</tr>
<tr>
<td>▪ Emergency room physician and/or diagnostic services</td>
<td>20% after in-network deductible</td>
<td>20% after in-network deductible</td>
</tr>
<tr>
<td><strong>Chiropractic visit</strong></td>
<td>20% - after deductible</td>
<td>100% - Non-covered</td>
</tr>
<tr>
<td><strong>Oral surgery and accidents to natural teeth</strong></td>
<td>20% - after deductible</td>
<td>40% - after deductible</td>
</tr>
</tbody>
</table>

### Prescription Drugs

<table>
<thead>
<tr>
<th>Type</th>
<th>In-network, you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Preferred Brand Name</td>
<td>$40 copay</td>
</tr>
<tr>
<td>Non-preferred Brand Name</td>
<td>$85 copay</td>
</tr>
</tbody>
</table>

Specialty Drugs are only available at Gundersen, Degen Berglund, and UW Health Pharmacies. You pay 20% coinsurance up to $500 per person, per fill/refill.

### Maintenance Drugs

<table>
<thead>
<tr>
<th>Type</th>
<th>Gundersen/Degen Berglund</th>
<th>Other Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$10 for 90-day supply</td>
<td>$5 for one month supply</td>
</tr>
<tr>
<td>Preferred Brand Name</td>
<td>$100 for 90-day supply</td>
<td>$55 for one month supply</td>
</tr>
<tr>
<td>Non-preferred Brand Name</td>
<td>$255 for 90-day supply</td>
<td>$100 for one month supply</td>
</tr>
</tbody>
</table>

### Diabetic Supplies

<table>
<thead>
<tr>
<th>Type</th>
<th>Preferred Brands</th>
<th>Non-preferred Brands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancets, Syringes</td>
<td>$5 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Test Strips, Devices (e.g., meters)</td>
<td>$15 copay</td>
<td>$35 copay</td>
</tr>
</tbody>
</table>

Need a copy of the Summary of Benefits and Coverage (SBC)? The SBC for the Consumer Involved Medical Plan can be found on the HR Home Page on Gladiator. You can also request a copy by contacting a benefits specialist listed on page 22.
Dental Benefits

Taking good care of your teeth is essential for maintaining your overall health. Our dental plan through Delta Dental can help you keep that smile healthy and offers full coverage on preventive care, including exams, x-rays, and cleanings. The plan also provides coverage on orthodontic services.

Open Enrollment is a great time to give your dental benefits a check-up to ensure you and your family have the coverage you need.

Premiums

**Monthly Employee Premium**
Single (employee only) - $18
Family - $49

**Monthly Employee Premium if working less than .75 FTE**
Single - $23
Family - $59

No premium increase for 2017!

**NETWORK COVERAGE TIERS**
Dental benefits are based on where your provider resides within our three network coverage tiers:
- Delta Dental PPO network providers
- Delta Dental Premier network providers
- Non-contracted (out-of-network dental providers)

**FIND A NETWORK DENTIST**
Finding a network dentist is quick and easy on-line!
- Go to [deltadentalwi.com](http://deltadentalwi.com)
- Click on the Provider Search tab
- Select Find a Network Dentist in the drop-down box
- Enter your search criteria

Don’t have access to the internet? No problem! Simply give Delta Dental a call at (800) 236-3712. Have your ZIP code available and follow the automated instructions.

**OTHER COVERAGE**
While enrolled in the dental plan, you, your spouse/domestic partner, and/or dependent children can have other dental coverage under another plan.
# Dental Plan Coverage

The summary below does not cover all plan details. Further information can be found in the [Summary Plan Description](#) (SPD). The SPD provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between the information found here and the SPD, the SPD shall govern.

## Dental Plan Coverage Chart

<table>
<thead>
<tr>
<th>Network Tiers</th>
<th>Delta Dental PPO</th>
<th>Delta Dental Premier</th>
<th>Non-contracted*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Annual Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Deductible</td>
<td>Individual $0</td>
<td>$0</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>Family $0</td>
<td>$0</td>
<td>$150</td>
</tr>
</tbody>
</table>

### Diagnostic & Preventive Services

- Two per calendar year:
  - Exams: 100%
  - Cleanings: 100%
  - Fluoride treatments – covered up to age 19: 100%
  - Intraoral complete series or panoramic x-rays - once every 5 years: 100%
  - Sealants – covered through age 15: 100%
  - Deductible applies: No

### Basic & Major Services

- Emergency treatment to relieve pain: 80%
- Fillings: 80%
- Endodontics – surgical & nonsurgical: 80%
- Periodontics – surgical & nonsurgical: 80%
- Extractions – surgical; nonsurgical & other oral surgery: 80%
- Crowns, inlays, onlays: 80%
- Bridges and dentures: 80%
- Repairs and adjustments to bridges and dentures: 80%
- Implants: 80%
  - Deductible applies: No

### Orthodontic Services

- Coverage copayment: 50%
- Individual lifetime maximum (no age limit): $2,000
  - Deductible applies: No

*Non-contracted* provider is not required to file a claim, so you may need to file your own claim to Delta Dental if you use a non-contracted provider. Claim payments will be sent directly to you rather than your dentist.

---

## Have Questions?

If you have questions regarding dental coverage, please contact Delta Dental at (800) 236-3712 and identify yourself as a Gundersen Health System employee.
Healthcare Flexible Spending

Take advantage of tax savings on eligible healthcare expenses by setting aside money each pay period on a pre-tax basis through a Healthcare Flexible Spending Account (FSA). You can use your FSA to reimburse yourself for eligible healthcare expenses for you and your eligible dependents. Here’s how it works:

1. **You enroll in the Healthcare Flexible Spending Account.**
   You can elect as little as $100 per plan year, or as much as $2,550 (current maximum limit; the IRS has not announced the 2017 limit yet so please watch for more updates to come).

2. **Your contribution is deducted from your pay pre-tax.**
   Your annual election is deducted pre-tax over the course of the plan year, reducing your current tax liability.

3. **You incur an eligible healthcare expense.**
   Expenses eligible for reimbursement must be *incurred* during the period of your participation in the plan year. If you have money remaining in your FSA at the end of the 2017 plan year, a grace period allows you to be reimbursed for healthcare expenses incurred from January 1 through March 15, 2018.
   A list of eligible healthcare expenses can be viewed on Gladiator/HR Home Page/Benefits/Flexible Spending Accounts.

4. **You submit your expenses for reimbursement.**
   If you are enrolled in the employee medical plan, you can easily process your claims by electing to have them automatically submitted electronically for reimbursement from your FSA. See inset on this page for more details.

---

**USING YOUR HEALTHCARE FSA**

- In making your Healthcare FSA election, estimate the out-of-pocket expenses you expect to incur in 2017. Keep in mind that if you are enrolled in the employee medical plan, the Cost Share Fund pays for 50% of your deductible and coinsurance up to the cost share account balance and may impact the amount you wish to elect.
- You have access to the full amount of your Healthcare FSA on day one of the plan year, not just the amount you’ve contributed to date.
- Qualifying expenses include those incurred for you, your spouse, and dependents that are considered your tax dependents under Code Section 105(b). A list of eligible expenses can be viewed on Gladiator/HR Home Page/Benefits/Flexible Spending Accounts. Please talk with a benefits specialist before including orthodontic expenses in your election.
- Married individuals who are eligible to enroll in a Healthcare FSA can each elect to contribute up to the maximum.

**AUTOMATIC CLAIMS PROCESSING**

- Gundersen employees enrolled in the Consumer Involved Medical Plan or Delta Dental Plan may elect to have claims automatically submitted for reimbursement from your Healthcare FSA. **You must re-enroll in automatic claims processing each year.** (You must be the employee who pays the premiums for the insurance AND be the Healthcare FSA participant in order to utilize the automatic claim submission option).
- Once the claim has been processed by your Consumer Involved Medical Plan or Delta Dental Plan, the claim will be electronically downloaded by the Benefits staff to your flex account for processing. You do not need to complete a claim form!
- If you elect to participate in the Healthcare FSA for 2017, you will receive an email with additional information regarding the automatic claims processing and an auto-processing enrollment form.
Dependent Care Flexible Spending

Much like the Healthcare FSA, you can also take advantage of tax savings by enrolling in the Dependent Care Flexible Spending Account (FSA) for your eligible daycare expenses.

Typically, if you are enrolled in the Dependent Care FSA, you can use your account to be reimbursed for daycare expenses for your children, or other dependents such as spouses, parents or grandparents, who cannot care for themselves. Allowable expenses include care provided in:

- Your home
- A sitter’s home
- A daycare facility
- Before-school and after-school day care programs

You can set aside between $100 and $5,000 per family unit (this is the current maximum limit; the IRS has not announced the 2017 limit yet so please watch for more updates to come) each year and your election will be taken out evenly from each paycheck.

When deciding on an election amount, be sure to estimate your daycare expenses carefully for the entire plan year and remember to take into consideration any school holidays, breaks and summer vacation. Unused contributions left in your account at the end of the plan year will be forfeited per IRS requirements.

Claims for reimbursement can be submitted as the service is incurred and all services must occur during the plan year as there is no grace period offered for the Dependent Care FSA.

THIS IS MY STORY...

“My wife is going back to work after being a stay-at-home mom for the last two years. This means our son will now be going to daycare. With the added expense of daycare, it will be nice to save on my taxable income by enrolling in the Dependent Care Flexible Spending Account during Open Enrollment.”

For additional Flexible Spending Account Information, go to Gladiator/HR Home Page/Benefits/Flexible Spending Accounts to view the Summary Plan Descriptions.

Enrollment elections do not carry over. You must re-enroll each year in order to participate.
Voluntary Benefits – NEW!

Gundersen is offering you two new voluntary benefits available through payroll deduction –

- **Identity Theft Protection**
- **Pet Insurance**

Benefits Open Enrollment is a great time to consider these new benefits! Elections made during Open Enrollment will be effective January 1, 2017 or you can enroll any time throughout the year after January 1.

## Identity Theft Protection

Identify theft protection through ID Watchdog makes it easy for you to protect yourself from identity theft. With an identity being stolen every 2 seconds, ID Watchdog gives you the insight you need to find out if you are a victim of identity theft. Most victims only discover they have a problem when they are denied credit, denied employment, contacted by police, or receive unknown bills.

With ID Watchdog’s protection plans, you will receive:

- Tri-bureau credit monitoring and alerts
- High-risk transaction monitoring
- Fully managed resolution services to manage your case until it is completely restored
- 24/7 access to Customer Care advocates

Choose from two different plans depending on your need and elect either self or family coverage. Turn to pages 13-14 for a summary of plan and premium information.

## How to Enroll

Choose one of two easy ways to enroll:

   - **Note:** *The URL will be active on November 1, 2016*

2. Call (866) **513-1518** and mention that you are a Gundersen Health System employee to ensure you receive the discounted premium pricing on your policy.

## Where to Get More Information

More detailed information about the identity theft protection plan through ID Watchdog can be found on [Gladiator/HR Home Page/Benefits](http://Gladiator/HR Home Page/Benefits).

Learn more about ID Watchdog here: [vimeo.com/66856278?lite=1](http://vimeo.com/66856278?lite=1)
Voluntary Benefits
Identity Theft Protection

2017 Employee True Identity Protection™

Protect your identity from today’s emerging threats.

IS YOUR IDENTITY AT RISK?

- Smartphone users have 33% higher risk
- Children are 51 times more likely to become victims than adults
- Social media users are twice as likely to become victims of identity theft

HOW IDENTITY THEFT AFFECTS YOU

Identity theft affected over 13 million lives in 2015, with financial losses nearing $15 billion.

856 MILLION records compromised since 2005
330 HRS. + $9,650 to resolve

The ID Watchdog program has been a lifesaver for me. I was the victim of some serious fraudulent activities and this entity was instrumental in helping me solve a myriad of problems related to identity theft. Not only did they help, but the constant monitoring and communication that they provide is a huge saver! - A. JACKSON

100% Resolution Guarantee
Our 100% Resolution Guarantee ensures that we will restore your identity to its original status, regardless of time or cost.

Sources:
1. Identity Theft & Research Report, Feb 2016
2. Carnegie Mellon QLH Group
3. Javelin Strategy & Research
4. Identity Theft Resource Center (ITRC)
5. Bureau of Justice Statistics, December 2013

www.idwatchdog.com 1.866.513.1518
Voluntary Benefits
Identity Theft Protection – Plan Options and Premiums

**PLAN FEATURES**

<table>
<thead>
<tr>
<th>Feature</th>
<th>1B+3</th>
<th>PLATINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proactive Credit Services</td>
<td></td>
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<tr>
<td>Credit Monitoring</td>
<td>Tri-Bureau</td>
<td>Tri-Bureau</td>
</tr>
<tr>
<td>Rapid Credit Alerts</td>
<td>Single Bureau</td>
<td>Single Bureau</td>
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<tr>
<td>Annual Credit Report &amp; Scores</td>
<td>Single Bureau</td>
<td>Tri-Bureau</td>
</tr>
<tr>
<td>Monthly Credit Score Tracker</td>
<td>Single Bureau</td>
<td>Single Bureau</td>
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<tr>
<td>Credit Freeze Assistance</td>
<td>Tri-Bureau</td>
<td>Tri-Bureau</td>
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<tr>
<td>Fraud Alert Assistance &amp; Expiration Reminders</td>
<td>Tri-Bureau</td>
<td>Tri-Bureau</td>
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<tr>
<td>Credit Score Simulator</td>
<td>TransRisk Score</td>
<td>TransRisk Score</td>
</tr>
<tr>
<td>Credit Alert Integrity Checks</td>
<td>v</td>
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<tr>
<td>Comprehensive Identity Monitoring</td>
<td>v</td>
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<tr>
<td>Public Records Monitoring</td>
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<tr>
<td>Non-Credit Loan Monitoring</td>
<td>v</td>
<td>v</td>
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<tr>
<td>National Change of Address (NCGA) Monitoring</td>
<td>v</td>
<td>v</td>
</tr>
<tr>
<td>Internet Black Market Surveillance</td>
<td>v</td>
<td>v</td>
</tr>
<tr>
<td>High-Risk Application &amp; Transaction Monitoring</td>
<td>v</td>
<td>v</td>
</tr>
<tr>
<td>Payday Loan Monitoring</td>
<td>v</td>
<td>v</td>
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<tr>
<td>Advanced Identity Tools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Provider Identifier (NPI) Alerts</td>
<td>v</td>
<td>v</td>
</tr>
<tr>
<td>Loan Wallet Vault &amp; Replacement</td>
<td>v</td>
<td>v</td>
</tr>
<tr>
<td>Social Network Alerts</td>
<td>v</td>
<td>v</td>
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<tr>
<td>Registered Sex Offender Alerts</td>
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<td>v</td>
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<tr>
<td>Solicitation Reduction</td>
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<td>v</td>
</tr>
<tr>
<td>2-Step Authentication</td>
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<td>v</td>
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<tr>
<td>Password Manager</td>
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<td>v</td>
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<tr>
<td>Phone Alerts</td>
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<td>v</td>
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<tr>
<td>Monitor Multiple Email Addresses</td>
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<td>v</td>
</tr>
<tr>
<td>Mobile App</td>
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<td>v</td>
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<tr>
<td>Restoration</td>
<td>v</td>
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<tr>
<td>$1M Expense Reimbursement Insurance</td>
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<td>v</td>
</tr>
<tr>
<td>Pre-Existing Conditions (No Year Lookback)</td>
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<td>v</td>
</tr>
<tr>
<td>Customer Care Center</td>
<td>v</td>
<td>v</td>
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<tr>
<td>24/7 Call Center</td>
<td>v</td>
<td>v</td>
</tr>
<tr>
<td>Branch Notification</td>
<td>v</td>
<td>v</td>
</tr>
</tbody>
</table>

**How ID Watchdog keeps you protected**

**PREVENT**
We look deeper into the data to better protect and provide peace of mind to our subscribers.

**PINPOINT**
Our faster, actionable alerts pinpoint & clarify changes sooner, making it quicker and easier to resolve any problems.

**PROTECT**
Our focus on innovation better protects employees from emerging and persistent threats.

**2016 Awards**

**BEST IN PROTECTION**

**BEST IN BENEFITS**

Enroll or Ask Questions:
1-866-513-1518 or
http://www.Identitybenefits.com/?code=Gundersen

To Makes Changes Once Enrolled:
The Insurance Center
866-280-7135

**OUR PRICING**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Employee</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1B+3</strong></td>
<td>$4.48</td>
<td>$8.98</td>
</tr>
<tr>
<td><strong>PLATINUM</strong></td>
<td>$6.48</td>
<td>$11.48</td>
</tr>
</tbody>
</table>

Per paycheck pricing based on 24 pay period per year cycle.
Voluntary Benefits
Pet Insurance

Pet Insurance

Now you can have health insurance for the whole family! With the rising costs of veterinary care, you may require help paying for your canine and feline family members’ vet bills and pet insurance can help. With My Pet Protection Pet Insurance through Nationwide, you can rest easier knowing that your beloved pets are covered too!

You can choose from two different plans – My Pet Protection and My Pet Protection with Wellness, depending on your pet’s needs. The plans reimburse you a straightforward 90% of your vet bills*. Examples of coverage include:

- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplement
- Wellness exams, vaccinations and more (My Pet Protection with Wellness plan only)

Turn the page for a summary of plan coverage and premium information.

How to Enroll

Choose one of three easy ways to enroll:

   Note: The URL will be active on November 1, 2016
2. Visit petsnationwide.com and then enter Gundersen Health System in the employer search feature.
   Note: The employer search feature will be available on November 1, 2016
3. Call (877) 738-7874 and mention that you are a Gundersen Health System employee to ensure you receive the discounted premium pricing on your policy.

Where to Get More Information

More detailed information about the My Pet Protection and My Pet Protection with Wellness plans can be found on Gladiator/HR Home Page/Benefits.

*Some exclusions may apply.
Voluntary Benefits
Pet Insurance – Plan Options and Premiums

INSURANCE RATES

My Pet Protection from Nationwide®

Per-paycheck payments based on state of residence

**DOG INSURANCE RATES**

<table>
<thead>
<tr>
<th>State</th>
<th>My Pet Protection w/Wellness</th>
<th>My Pet Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin</td>
<td>$39.04</td>
<td>$22.75</td>
</tr>
<tr>
<td>Minnesota</td>
<td>$31.42</td>
<td>$18.90</td>
</tr>
<tr>
<td>Iowa</td>
<td>$31.42</td>
<td>$18.80</td>
</tr>
</tbody>
</table>

**CAT INSURANCE RATES**

<table>
<thead>
<tr>
<th>State</th>
<th>My Pet Protection w/Wellness</th>
<th>My Pet Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin</td>
<td>$22.83</td>
<td>$3.65</td>
</tr>
<tr>
<td>Minnesota</td>
<td>$18.85</td>
<td>$11.28</td>
</tr>
<tr>
<td>Iowa</td>
<td>$18.85</td>
<td>$11.28</td>
</tr>
</tbody>
</table>

What do the new plans cover?

My Pet Protection™ and My Pet Protection with Wellness™ reimburse a straightforward 90% of employees’ vet bills instead of using a benefit schedule. A $250 annual deductible and $5,000 maximum annual benefit apply to both plans.

What’s new and exciting about the new My Pet Protection plans?

- No age restrictions or lifetime limit
- Not available to the general public
- Unlimited 24/7 vet helpline® to a veterinary professional

Avian & Exotic Pet Coverage also available

- Accidents and illnesses
- Hereditary and congenital conditions
- Cancer & Diabetes
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- Wellness exams
- Vaccinations
- Flea & Tick prevention
- Spay or neuter
- Teeth cleaning
- Routine Blood & Heartworm tests

Enroll, Check Claims or Ask Questions:
877-738-7874 or
http://www.petinsurance.com/gundersenhealth

To Make Changes Once Enrolled:
The Insurance Center: 866-280-7135

Plan types and benefits are subject to state availability. Per-paycheck pricing is based on a 24 pay period per year cycle. Your pricing may vary based on your employer’s payment schedule. Rates valid as of June 1, 2016 and are subject to change. Underwritten by Veterinary Pet Insurance Company (CA), Elders, CA, an A.M. Best A rated company (2016); National Casualty Company (all other states), Madison, WI, an A.M. Best A+ rated company (2016); Nationwide, the Nationwide N and Eagle, and Nationwide is on Your Side are service marks of Nationwide Mutual Insurance Company. ©2016 Nationwide.
Other Benefits to Consider

Open Enrollment is a great time to give these other benefits a check-up, too! While changes to your elections for these plans (where applicable) *can be made anytime during the year*, Open Enrollment provides a great opportunity to evaluate all of your benefit choices to ensure the benefits you’ve selected complement one another.

### Supplemental Life and Accidental Death & Dismemberment Insurance

Gundersen continues to provide term life and accidental death and dismemberment (AD&D) insurance at no cost to you. You may purchase supplemental term life insurance for yourself, your spouse and your eligible dependents. An overview of the supplemental term insurance and AD&D plans, as well as their Enrollment/Evidence of Insurability forms and rate charts, can be found on [Gladiator/HR Home Page/Benefits/Life Insurance](#).

### Business Travel Accident Insurance

CIGNA’s Business Travel Accident (BTA) Insurance is a form of “blanket insurance” that provides benefits for accidental death and dismemberment that may occur while traveling domestically or internationally on company business. Gundersen pays for your BTA coverage.

### Short-Term and Long-Term Disability Insurance

Take comfort knowing that when you are disabled and can’t work because of an illness or injury, your disability insurance can work for you. Disability coverage replaces a portion of your income, helping ensure you and your loved ones are financially secure. An overview of these plans along with Enrollment/Evidence of Insurability forms and benefit structure can be found on [Gladiator/HR Home Page/Benefits/Disability](#).

### Retirement Plan

Gundersen is your partner when it comes to saving for your retirement! They say there’s no such thing as free money, but if you’re eligible for Gundersen Health System’s 401(k) matching program, you’ll get just that when contributing to the plan yourself.

See the next page for more retirement plan information!
A Closer Look at Your Retirement Plan

Eligibility
Employees who are scheduled to work at least 1,000 hours per calendar year, and who are at least 21 years of age or older, are eligible to participate.

Matching Contributions
When you contribute pre-tax or Roth after-tax 401(k) contributions to the retirement plan, Gundersen will match your deferrals 100% up to the first 3% of your contribution, and will match 50% of the next 2% that you contribute each pay period.

<table>
<thead>
<tr>
<th>Your Pay Period Contribution</th>
<th>Gundersen’s Pay Period Matching Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>5% or greater</td>
<td>4%</td>
</tr>
</tbody>
</table>

The matching 401(k) contribution is made each pay period in which you contribute personally to the Plan. The matching contribution is deposited into your retirement account at the same time that your personal contributions are deposited into your retirement account.

Gundersen also makes an annual employer base contribution to the Retirement Plan after the year has ended if you meet the age, hour and employment requirements. The amount of the contribution is determined annually.

2017 Annual Personal Maximum Contribution Amount
The IRS has not yet announced the annual maximum amount an individual may contribute to their salary deferment 401(k) account in 2017. Watch for future communications detailing the maximum amount.

For additional retirement plan information, go to Gladiator/HR Home Page/Benefits/RetirementPlan.
Wellness

MyHealth Reward Program

All Gundersen employees are eligible to participate in the MyHealth Reward program. As noted in the mailer you received in early August, the MyHealth Reward qualifying steps began at that time. Participation in the program includes:

1. A personal health assessment;
2. A confidential health screening (preventive care review, body mass index determination, and tobacco use test); and
3. A wellness incentive for benefit eligible employees.
   - Complete steps 1 and 2 and you will earn $250!
   - Complete any additional requirements and you will earn $500!

Please review the wellness program’s summary plan description for more information. If you chose to participate in the MyHealth screening process in September or October, be sure to refer to your screening form for instructions and due dates in case you have additional criteria to complete to obtain your incentive.

Still have questions on the MyHealth Reward Program or would like a copy of the wellness program’s Summary Plan Description? Call Linda Larson at (608) 775-3956 or visit Gladiator/Featured Links/MyHealth Employee Wellness.
Important Plan Information

Rules for Pre-Tax Benefits

You may enroll in pre-tax benefits for medical insurance, dental insurance, and the healthcare and dependent care flexible spending accounts during the Open Enrollment period. Unless you have a qualified change in status, you cannot enroll, make changes to or cancel your pre-tax benefits during the year. This includes cancellation of medical and/or dental coverage. According to Internal Revenue Service rules, the coverage you purchase with pre-tax contributions remains in effect for the entire plan year (January 1 to December 31, 2017). You can only change elections during the year under certain circumstances.

Significant Change in Status

Changes in status may include:

- Marriage
- Divorce
- Birth, adoption, or placement for adoption of a dependent child
- Other events as defined by the Plan and IRS regulations

Qualification for Special Enrollment

If, when you are first eligible, you decline medical and/or dental plan coverage for yourself and/or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and/or dependents if your other coverage terminates due to loss of eligibility as a result of legal separation, divorce, death, employment termination, reduction in hours of employment, or if COBRA coverage ends. You can also enroll yourself and eligible dependents as a result of marriage, birth, adoption or placement for adoption.

If you have a change in status or experience another event under which election changes are allowed, you must report it to the Benefits Department within 30 days of the event. To learn more about changing your election during the plan year, refer to your Summary Plan Description (SPD).

Your medical and dental premiums and contributions to the flexible spending accounts are deducted on a pre-tax basis, saving you federal and state income, Social Security and Medicare taxes. Pre-tax amounts are not subject to Social Security tax, thus your Social Security benefits may be slightly reduced. If you wish to have your medical and/or dental premiums deducted after taxes, you must complete a waiver form with the Benefits Department.

Have Questions?

If you experience a qualifying life event and want more information on how it may impact your benefits, contact a benefits specialist listed on page 22.
**Important Plan Information**

**Medicaid and the Children’s Health Insurance Program (CHIP)**

Some states have premium assistance programs that can help pay for coverage if you are eligible for health coverage from your employer, but are unable to afford the premiums.

If you live in one of the following states, you may be eligible for assistance in paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your state for more information on eligibility.

<table>
<thead>
<tr>
<th>State</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama - Medicaid</td>
<td>(855) 692-5447</td>
<td><a href="http://myalhipp.com">myalhipp.com</a></td>
</tr>
<tr>
<td>Florida - Medicaid</td>
<td>(877) 357-3268</td>
<td><a href="http://flmedicaidtplrecovery.com/hipp/">flmedicaidtplrecovery.com/hipp/</a></td>
</tr>
<tr>
<td>Georgia – Medicaid</td>
<td>(404) 656-4507</td>
<td><a href="http://dch.georgia.gov/medicaid">dch.georgia.gov/medicaid</a></td>
</tr>
<tr>
<td>Indiana – Medicaid</td>
<td>(800) 403-0864</td>
<td><a href="http://indianamedicaid.com">indianamedicaid.com</a></td>
</tr>
<tr>
<td>Iowa - Medicaid</td>
<td>(888) 346-9562</td>
<td><a href="http://dhs.state.ia.us/hipp/">dhs.state.ia.us/hipp/</a></td>
</tr>
<tr>
<td>Minnesota – Medicaid</td>
<td>(800) 657-3739</td>
<td><a href="http://mn.gov/dhs/ma/">mn.gov/dhs/ma/</a></td>
</tr>
<tr>
<td>North Dakota - Medicaid</td>
<td>(844) 854-4825</td>
<td><a href="http://nd.gov/dhs/services/medicalsev/medicaid">nd.gov/dhs/services/medicalsev/medicaid</a></td>
</tr>
<tr>
<td>Oregon - Medicaid</td>
<td>(800) 699-9075</td>
<td><a href="http://healthcare.oregon.gov/Pages/index.aspx">healthcare.oregon.gov/Pages/index.aspx</a></td>
</tr>
<tr>
<td>Pennsylvania – Medicaid</td>
<td>(800) 692-7462</td>
<td><a href="http://dhs.pa.gov/hipp">dhs.pa.gov/hipp</a></td>
</tr>
<tr>
<td>Wyoming – Medicaid</td>
<td>(307) 777-7531</td>
<td><a href="http://wyequalitycare.acs-inc.com">wyequalitycare.acs-inc.com</a></td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

- **U.S. Department of Labor**
  Employee Benefits Security Administration
  (866) 444-3272
  [dol.gov/ebssa](http://dol.gov/ebssa)

- **U.S. Department of Health and Human Services**
  Centers for Medicare & Medicaid Services
  (877) 267-2323, Menu Option 4, Ext. 61565
  [cms.hhs.gov](http://cms.hhs.gov)

OMB Control Number 1210-0137 (expires 10/31/2016)
## Contacts

### Online Enrollment
- **HR Representatives**  
  x54743
- **Benefits Specialists**  
  x70140

### Medical or Dental Plan
**Enrollment Questions, Domestic Partnership**
- **Sue Lindvig**  
  x54777
- **Jenny Bury**  
  x53923

### Medical Coverage
- **QuartzASO**  
  (800) 805-0693  
  [quartzaso.com](http://quartzaso.com)

### Dental Coverage
- **Delta Dental of Wisconsin**  
  (800) 236-3712  
  [deltadentalwi.com](http://deltadentalwi.com)

### Flexible Spending Accounts
- **Jenny Bury**  
  x53923
- **Benefits Specialists**  
  x70140

### Retirement Plan
- **Sue Loken**  
  x56775

### Life Insurance
- **Benefits Specialists**  
  x70140

### Disability Insurance
- **Sue Lindvig**  
  x54777
- **Benefits Specialists**  
  x70140

### Business Travel Accident Insurance
- **Benefits Specialists**  
  x70140

### MyHealth Reward
- **Linda Larson**  
  x53956

### Identity Theft Protection
**Enrollment**
- **ID WatchDog**  
  (866) 513-1518  
  [identitybenefits.com/?code=Gundersen](http://identitybenefits.com/?code=Gundersen)

**Coverage Changes or Cancellations**
- **The Insurance Center**  
  (866) 280-7135

### Pet Insurance
**Enrollment**
- **Nationwide**  
  (877) 738-7874  
  [petinsurance.com/gundersenhealth.org](http://petinsurance.com/gundersenhealth.org)

**Coverage Changes or Cancellations**
- **The Insurance Center**  
  (866) 280-7135

## Disclaimer

Information provided in this guide is a summary of your benefits under Gundersen’s benefit programs. If there is any discrepancy between this booklet and the actual plan documents, the plan documents will control in all cases. Also, the establishment of these plans in no way changes your employment rights or guarantees your employment with Gundersen Health System.