

Special Enrollment Notice

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 the employer stops contributing toward the other coverage).

In addition, 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 with **30 days** after the marriage, birth, adoption, or placement for adoption.

To request **Special Enrollment** or obtain more information, contact Human Resources at 715-261-1180.

Women's Health and Cancer Rights Act

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:

| 2025 Health Benefit Plan - UHC Choice Plus Network | |
|---|---|
| Deductible | Single / EE +1 / Family |
| In Network | \$2,000 / 2,750 (1,375 Ind) / 3,500 (2,000 Ind) |
| Out of Network | \$2,000 / 2,750 (1,375 Ind) / 3,500 (2,000 Ind) |
| Coinsurance | |
| In Network | 90% |
| Out of Network | 70% |
| Maximum Out of Pocket | Single / EE +1 / Family |
| In Network | \$4,000 / 5,250 (2,625 Ind) / 6,500 (4,000 Ind) |
| Out of Network | \$4,500 / 6,000 (3,000 Ind) / 7,500 (4,500 Ind) |

If you would like more information on WHCRA benefits, contact Human Resources at 715-261-1180