



# Benefits 101

**Tools, Tips & Terms to Clarify and Maximize Your Benefits**





# We're Here For You

[benefits@badgerliquor.com](mailto:benefits@badgerliquor.com)



*Choose. Enroll. Cheers.*

BADGERliquor



# What Are Employee Benefits and Why Do They Matter?

## **Health Insurance Coverage**

Health insurance benefits provide you with access to medical, dental, and vision care and protect your health financially.

## **Retirement Plans**

Retirement plans offer financial security and support your long-term financial well-being after your careers.

## **Additional Well-being Benefits**

Other benefits enhance quality of life and overall well-being beyond basic compensation.

# Badger Liquor's Commitment to Employee Wellbeing

## **Health and Wellness Focus**

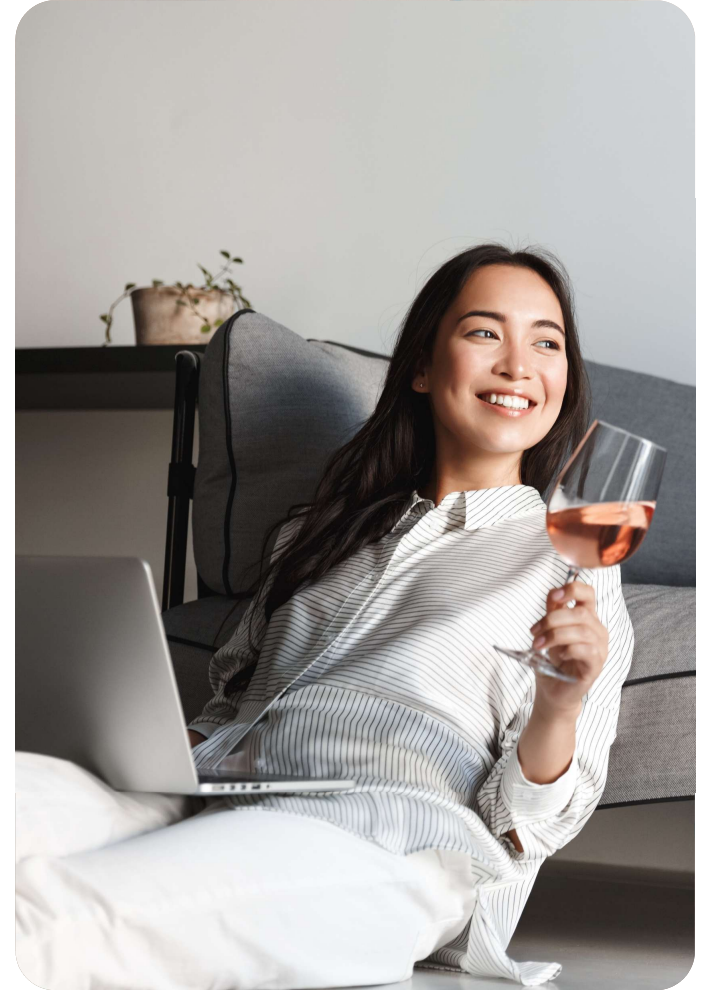
The company offers health benefits that support physical and mental well-being for all employees.

## **Comprehensive Benefits**

A range of benefits is provided to meet diverse employee needs, enhancing satisfaction and productivity.

## **Promoting Work-Life Balance**

Efforts to promote peace of mind and balance between work and personal life are key priorities.







# Health Insurance Essential Terms

Insurance terms and language can be confusing,  
that's normal!

# Health Insurance Essential Terms

## Premium

**Definition:** Amount you pay each month for your health insurance — like a subscription to your health plan.

### Key Things to Know:

- If you elect coverage, you pay this bi-weekly through payroll, whether or not you use medical services
- Think of it as the “base cost” of having health coverage

### Premium ≠ Total Cost:

- A lower premium doesn't always mean the plan is cheaper overall
- Lower premium plans often come with higher deductibles or more out-of-pocket costs
- Higher premium plans may cover more upfront — especially if you expect regular doctor visits, prescriptions, or ongoing care

## Deductible

**Definition:** Deductible is the amount paid out-of-pocket before insurance contributes.

### Key Things to Know

- You pay the full cost of most services (except preventative care) until this amount is met
- After you meet the deductible, insurance begins to pay a portion (or all) of your costs
- Deductibles reset each plan year

# Health Insurance Essential Terms

## Co-Payment

**Definition:** Fixed fees paid upfront at the time of service

### Key Things to Know:

- Copays are usually due at the time of service
- Copays are generally predictable costs for doctor visits
- Copay amounts vary based on the type of visit (primary care, specialty care, urgent care, emergency care)

## Co-Insurance

**Definition:** Percentage cost after meeting the deductible.

*Example: 20% coinsurance means you pay 20% and insurer 80%.*

### Key Things to Know:

- Coinsurance kicks in after you meet your deductible
- It continues until you hit your out-of-pocket maximum – after that, the plan pays 100%
- Coinsurance amounts can vary by plan and type of service

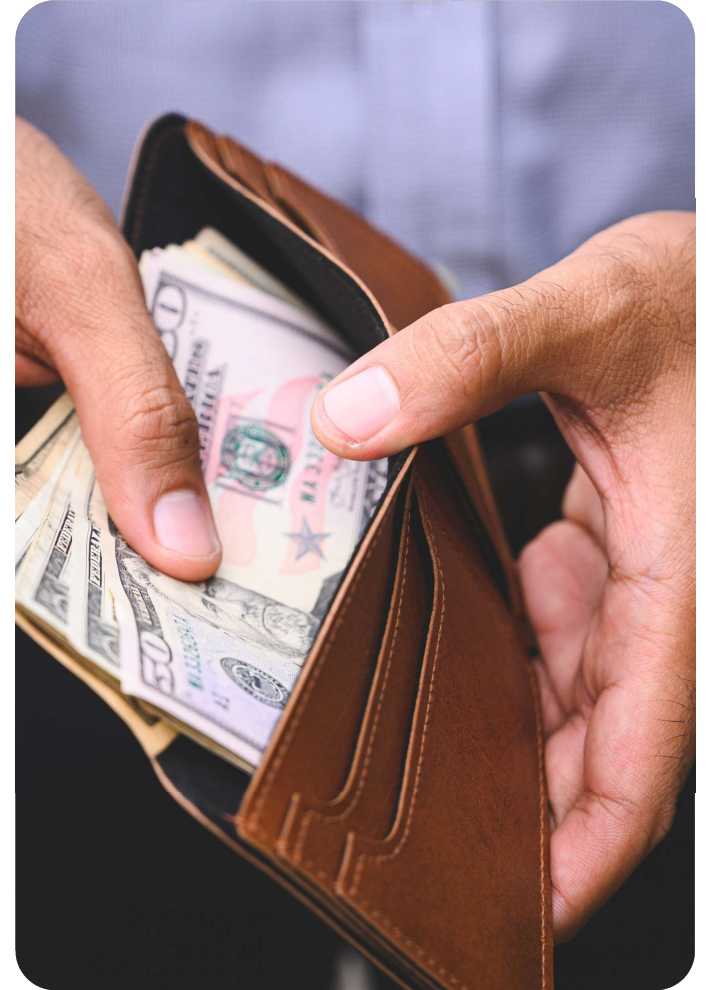
# Out-of-Pocket Maximum Explained

**Definition:** The out-of-pocket maximum is the most you'll pay for covered medical services in a year. After that, your insurance pays 100% of covered costs.

*Example: \$5,000 maximum means no more payments after that amount*

## Key Things to Know:

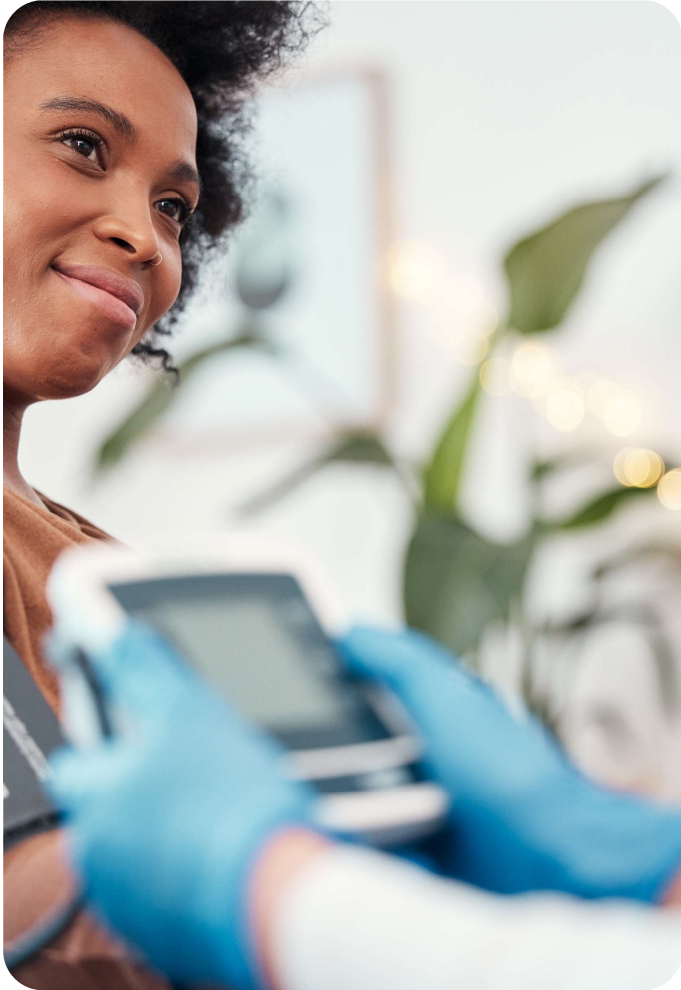
- The OOP max protects you financially in case of a major illness, injury, or ongoing care
- Only in-network, covered services count toward it.
- Includes deductibles, copays, and coinsurance payments.





## Network Types: In-Network vs. Out-of-Network

What It Means	In-Network	Out-of-Network
Who	Doctors, hospitals, and providers that have <b>contracts</b> with your insurance company	Providers that <b>do not</b> have a contract with your insurance company
Cost to You	Usually <b>lower</b> – discounted rates apply	Usually <b>much higher</b> – you pay more out of pocket
Billing	The provider handles paperwork and billing	You may have to <b>pay upfront</b> and submit claims yourself
Coverage	Services usually covered under your plan	Some services <b>may not be covered at all</b>



## Preventive Care Benefits

- Our plans cover preventive care at no extra cost
- Preventive care helps detect health issues early
- For questions, on if an appointment or lab is considered preventive care, consult with UMR
- Common types of preventive care include:
  - Annual physical exams
  - Screenings
  - Vaccinations
  - Well baby and well child visits
  - Depression screenings
  - Cancer screenings such as mammograms, colonoscopies, and more

HDHP	OUT OF NETWORK	IN-NETWORK	When Utilizing Garner Benefit
→ <b>Deductible</b>			
Single	\$7,000	\$3,500	\$1,800**
Family	\$14,000	\$7,000	\$3,600**
→ <b>Coinsurance (Plan / Member)</b>	70% / 30%	80% / 20%	
→ <b>Out-of-Pocket Maximum</b>	(Includes deductible)		
Employee	\$14,000	\$7,000	\$5,000
Employee + Spouse	\$28,000	\$14,000	\$10,000
Employee + Child(ren)	\$28,000	\$14,000	\$10,000
Family	\$28,000	\$14,000	\$10,000
<b>Preventative Care</b>	Not Covered	Covered in Full	
<b>Primary Care Physician</b>	Deductible / Coinsurance	Deductible	
<b>Specialist Care Physician</b>	Deductible / Coinsurance	Deductible	
<b>Urgent Care</b>	Deductible / Coinsurance	Deductible	
<b>Emergency Room</b>	Deductible / Coinsurance	Deductible	
<b>Prescription Drug Coverage</b>			
Generic	Not Covered	Deductible	
Preferred Brand Name	Not Covered	Deductible	
Non-Preferred Brand Name	Not Covered	Deductible	
Mail Order	Not Covered	3 months prescription for the cost of 2	
Receive a 90-day supply in store by visiting a participating network pharmacy. Click <a href="#">here</a> or visit <a href="https://www.caremark.com/portal/asset/Mail_Retail_Network_Listing.pdf">https://www.caremark.com/portal/asset/Mail_Retail_Network_Listing.pdf</a> for a list of participating pharmacies.			





# Key Considerations for Selecting a Medical Plan

[Member](#)[Employer](#)[Provider](#)[Partner](#)[Broker](#)[Select language ▾](#)[Home](#)[Find a provider](#)[Form center](#)[Sign in](#)[Home](#) > [Find a provider](#)

## Look up in-network health care providers

The providers that are available to you through this application may not reflect all the available contracted providers or certain specialties within your network.

Not all providers at listed facilities (hospitals, surgical centers, etc.) are in-network providers. To verify if the providers are in-network, contact the provider directly or call the toll-free number located on your health plan ID card.

Information included in the provider directory is accurate and has been updated to the best of our knowledge.

**Important:** Please verify the provider is still in the network prior to your next

## Sign in to enhance your search

By signing in, you will be able to search providers specifically within your network.

### Member sign in

[Sign in →](#)

Need to register? [Create HealthSafe ID >](#)

# Trade-offs Between Cost, Flexibility, and Coverage

## **Your Healthcare Needs**

Do you visit the doctor often or rarely? Do you take regular prescriptions? Do you have ongoing conditions or planned procedures? Do you need family coverage?

## **Total Cost – Not Just Premiums**

Compare the premium, out-of-pocket costs, deductibles, copays and out of pocket maximums of PPO and HDHP plans to understand financial impacts.

## **Flexibility of Plans**

Evaluate the choice of in network providers and ease of accessing care in PPO versus HDHP plans for users.

## **Coverage Differences**

Analyze coverage specifics including preventive care, specialist visits, and emergency services in each plan.





# Understanding PPO Plans

# Overview and Flexibility of PPO Plans

## **PPO Plan Definition**

A PPO plan gives you flexibility to see any doctor or specialist – with or without a referral – and offers lower costs when you use in-network providers.

## **Key Features:**

- Large provider network
- No referrals needed to see a specialist
- Out of network coverage available, but at a higher cost
- Usually higher monthly premiums than HDHP plans
- Good for those who want provider choice or need regular specialist care

# Advantages of PPO plans

## **Lower Deductible Benefits**

PPO plans allow you to reach your deductible faster, enabling cost-sharing benefits sooner.

## **Freedom to Choose Providers**

You can see specialists and out-of-network providers without referrals from your Primary Care Physician.

## **Predictable Costs with Premiums**

Higher monthly premiums offer more predictable medical costs for those with regular healthcare needs.

- **Out of Network Coverage**  
You can still receive care from out of network providers (especially useful when traveling or in emergencies)
- **Easier Access to Specialists**  
Direct access to specialists without waiting for a referral speeds up treatment for certain conditions
- **Flexibility for Families**  
Great for families with diverse medical needs or who want multiple provider options





## Disadvantages of PPO Plans and HSA Eligibility

### **Higher Premiums**

PPO plans generally require higher monthly premiums compared to High Deductible Health Plans (HDHP).

### **Higher Out-of-Network Costs**

Using providers outside the PPO network leads to higher costs and possible balance billing charges.

### **Lack of HSA Eligibility**

PPO plans with low deductibles are not eligible for Health Savings Accounts, limiting tax-advantaged savings options.



# Understanding HDHP Plans

# Overview and Cost Structure of HDHPs

## Definition of HDHP

An HDHP features lower premiums but requires higher deductibles to be paid by employees.

## Cost-Sharing Shift

HDHP shifts more upfront healthcare costs and cost-sharing responsibilities to the employee.





## Advantages of HDHPs Including HSA Eligibility and Tax Benefits

### **Lower Premiums**

HDHPs offer significantly lower monthly premiums compared to PPO plans, saving money upfront.

### **HSA Eligibility**

Qualified HDHPs allow opening a Health Savings Account for tax-advantaged medical savings.

### **Tax Advantages**

Contributions, earnings, and withdrawals from HSAs used for medical expenses are tax-free.

### **Rollover and Investment**

Unused HSA funds roll over yearly and can be invested for future medical costs.



# Disadvantages and Financial Risks of HDHPs

## **Higher Deductible**

HDHPs require paying more out-of-pocket before insurance coverage begins, increasing upfront costs.

## **Increased Financial Risk**

Unexpected medical events may cause immediate high expenses until the deductible is fully paid.

## **Greater Cost-Sharing**

Longer periods with higher out-of-pocket payments lead to greater financial burden throughout the year.

## Comparison of PPO and HDHP Features

Feature	PPO	HDHP
Monthly Premiums	Higher	Lower
Deductible	Lower	Higher
Network Flexibility	High (in- and out-of-network coverage)	Variable (often includes in-network and out-of-network options)
Referrals Needed	Not required	Not required
Medical Savings Account	Flexible Spending Account (FSA) eligible	Health Savings Account (HSA) eligible
Best For	People with frequent doctor visits, chronic conditions, or who value flexibility	Generally healthy people, low healthcare users, or those who want to save for future medical expenses
Preventive Care	Covered 100%	Covered 100%



# Benefits Beyond Medical Insurance



## How FSAs and HSAs Support Your Medical Plan Choices

- FSAs help manage predictable healthcare expenses in PPO plans.
- HSAs encourage saving for high deductibles in HDHPs with tax advantages.
- Both accounts reduce out-of-pocket costs and provide financial flexibility.
- Choosing a medical plan involves considering eligibility for FSAs or HSAs.
- Understanding these accounts enhances your ability to optimize healthcare dollars.



# Understanding Flexible Spending Accounts (FSAs)

- FSAs allow you to set aside pre-tax dollars for expenses:
  - **Healthcare FSA** (PPO) – copays, prescriptions, and some over-the counter items
  - **Limited FSA** (HDHP) – for dental & vision
  - **Dependent Care FSA** (PPO or HDHP) – childcare or eldercare
- Funds in FSAs must be used within the plan year or be forfeited.
- FSAs are typically offered alongside PPO plans and not HDHPs.
- Contributions reduce your taxable income, saving you money.



## Health Savings Accounts (HSAs) and Their Benefits

- HSAs are tax-advantaged accounts for medical expenses tied to HDHPs.
- Most employers also provide some sort of company match for employee contributions
- Contributions, earnings, and withdrawals for qualified expenses are tax-free.
- Funds roll over year to year and can be invested for growth.
- HSAs offer long-term savings potential for healthcare and retirement.
- Only available to those enrolled in qualified High Deductible Health Plans.



## Quick Compare: HSA vs. FSA

Feature	HSA	FSA
<b>Eligibility</b>	HDHP required	Employer offered
<b>Contribution Limit</b>	Higher	Lower
<b>Rollover</b>	Yes	Limited or none
<b>Ownership</b>	Individual	Employer
<b>Portability</b>	Yes	No
<b>Tax Benefits</b>	Triple tax advantage	Tax-free contributions & withdrawals
<b>Non-Medical Use</b>	After 65 (taxable)	Not allowed
<b>Contribution Changes</b>	Flexible	Usually fixed
<b>Funds Usage Timing</b>	Use only after funds deposited	Full annual amount available immediately

# Tracking Your FSA and HSA Spending – Go Online!



**Account management:** view your balance, see recent transactions, manage your debit card & more



**Track spending:** transactions appear in real-time as you spend



**Easy reimbursements:** upload photos of receipts and easily schedule a reimbursement



**Access deals:** search the market partners for qualified products and services you may need



# Garner

Garner is a benefit that helps you find the best doctors in your area and reimburses you for qualifying costs when you visit them.

These doctors follow the best practices and keep you healthier, based on real patient outcomes.

## **Garner identifies Top Providers who:**

- Follow current medical research
- Successfully diagnose problems
- Achieve the best patient outcomes
- Receive favorable patient satisfaction rates

# Garner Puts Money Back In Your Pocket

- Office visits
- Imaging
- Lab work
- Procedures

## **PPO Plan:**

\$1,500 for Individuals

\$3,000 for families

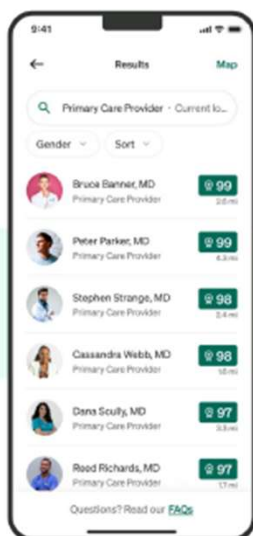
## **HDHP:**

\$2,000 for Individuals

\$4,000 for families

# How to use Garner

Costs from Top Providers **qualify for reimbursement.**



1.

**Find a Top Provider**



2.

**Visit a Top Provider**



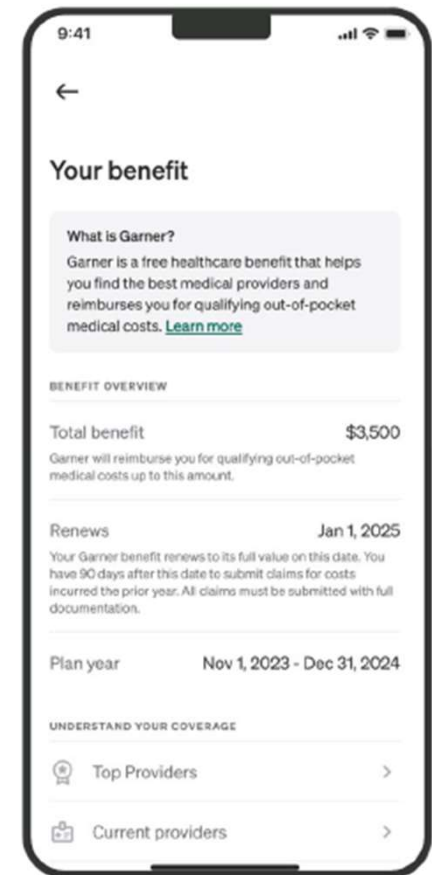
3.

**Get reimbursed**

## To qualify for reimbursement:

1. Create a Garner Account.
2. Search for a Top Provider **before seeing them** to add them to your list of Approved Providers.
3. Verify which costs are covered under your Garner plan.

If you have an HSA, your costs must exceed the minimum deductible of \$1,700 for individuals and \$3,400 for families.





# Prescription (Rx) Plans

## How to Save Money

- Review your plan and deductible
  - PPO vs. HDHP
  - Max Out-of-Pocket
  - 30 Day Retail vs. 90 Day Retail vs. Mail
- Check medication costs and find ways to save
- Use a network pharmacy or start delivery by mail
- Order mail service refills and track shipments
- No-cost vaccinations: flu, pneumonia (over age 65)
- PrudentRx works with manufacturers to get copay assistance for your medications

## The Affordable Care Act (ACA) Preventive Services Drug List

Even if you haven't met your deductible, these medications bypass your deductible and are covered from day one of the plan year.

**Certain medications**, supplements or products to:

- ✓ Prevent certain health conditions
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

**Vaccines and immunizations** to prevent certain illnesses in infants, children and adults

**Contraceptives for women**

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**Find the full list at [Caremark.com](http://Caremark.com)**

# Dental Insurance

## Types of Care

- **Preventive Care:** cleanings, exams, x-rays
- **Basic Procedures:** fillings, extractions, root canals
- **Major Procedures:** crowns, bridges, dentures
- **Orthodontics:** braces, retainers

## How to Save Money

- Schedule regular preventive visits
- Use in-network providers
- Consider timing major procedures to stay within annual maximums



# Vision Insurance

## Types of Care

- **Eye Exams:** routine exams to check vision and eye health
- **Frames & Lenses:** prescription glasses, contact lenses (some variation in types of lenses)
- **Corrective Procedures:** discounts on Lasik or similar procedures
- **Preventive Care:** screening for eye diseases (glaucoma, cataracts, macular degeneration)

## How to Save Money

- Use in-network providers
- Take advantage of allowances for lenses and frames each plan year
- Research lens options and watch for sales at various times of the year



# Short- and Long-Term Disability

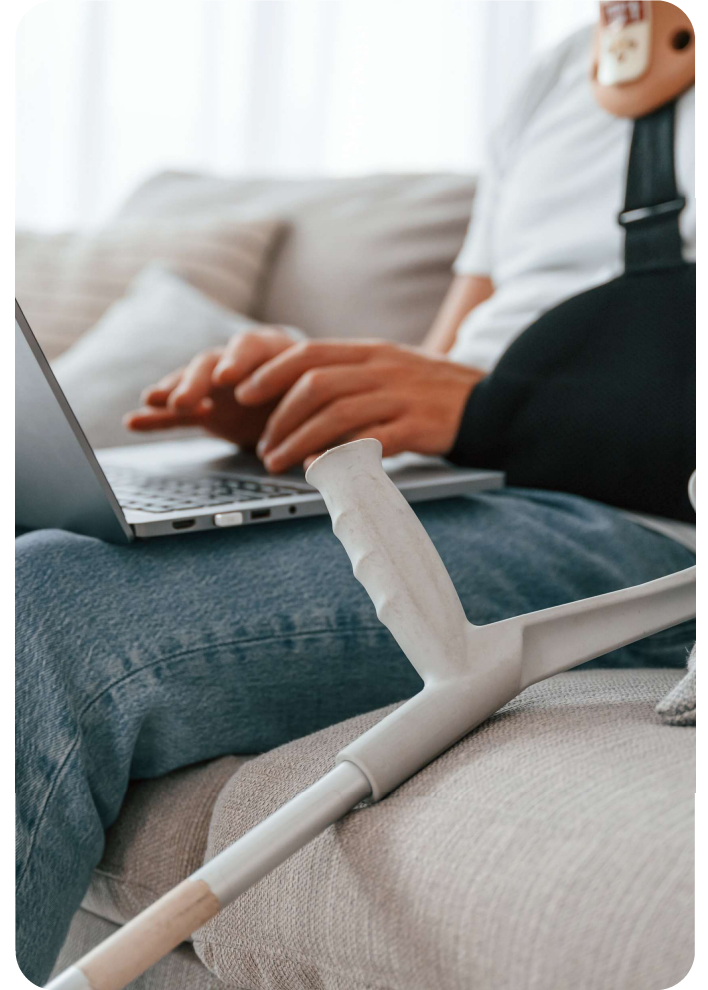
Provides income replacement if an employee cannot work due to illness or injury.

## **Short-Term:**

- Short waiting period – 7 days
- Covers a portion of your salary for up to 90 days
- NEW: Badger provides this insurance for all employees

## **Long-Term:**

- Longer waiting period – 91 days (after STD)
- Covers a portion of salary to age of 65
- Cost calculated through a formula that uses your annual income and a \$ rate based upon your age



# Life and AD&D Insurance

**Life:** Provides a lump-sum payment to your beneficiaries if you pass away

- Helps provide the security and funding to cover expenses, debts, education, and daily living costs
- Online calculator to estimate your needs: [www.standard.com/life/needs](http://www.standard.com/life/needs)

**AD&D:** pays benefits if you die or lose certain body parts(e.g., limb, sight, hearing) due to an accident; provides additional financial security on top of life insurance

**Rates:** Based on age for employee and spouse; flat rate for child(ren)

## Key Terms

- **Coverage Amount:** the benefit your beneficiaries receive
- **Beneficiaries:** the people or entities you choose to receive the payout
- **Exclusions:** situations where benefits are not paid (e.g., self-inflicted injuries, certain risky activities)



# Life and AD&D Insurance

## Employee

- Employees can purchase coverage up to a maximum
- Evidence of Insurability (EOI): Required if the employee requests coverage above \$200,000 or after the initial enrollment period

## Spouse

- Maximum coverage is 50% of employee's elected coverage
- EOI required if coverage exceeds \$30,000 or if enrolling outside the initial eligibility period

## Child

- Flat coverage amount per child (\$5,000 or \$10,000)
- Coverage amount for your child(ren) cannot exceed 50% of your employee coverage
- EOI not required for child coverage

## Evidence of Insurability (EOI)

- A health questionnaire or medical exam required to approve coverage above guaranteed amounts
- Ensures the insurer can assess risk before providing higher coverage



# Giving the Peace of Mind to Heal

“

“You are our guardian angel.... We are now not on edge, not stressed. Now we can focus on medical care and actually enjoy time with our daughter instead of stressing about the financial piece... **Thank you, thank you, thank you.**”

- Participant

”

## How it Works



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



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



If approved, a personalized Samaritan Fund Program offer is issued.



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



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



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



# Employee Assistance Program

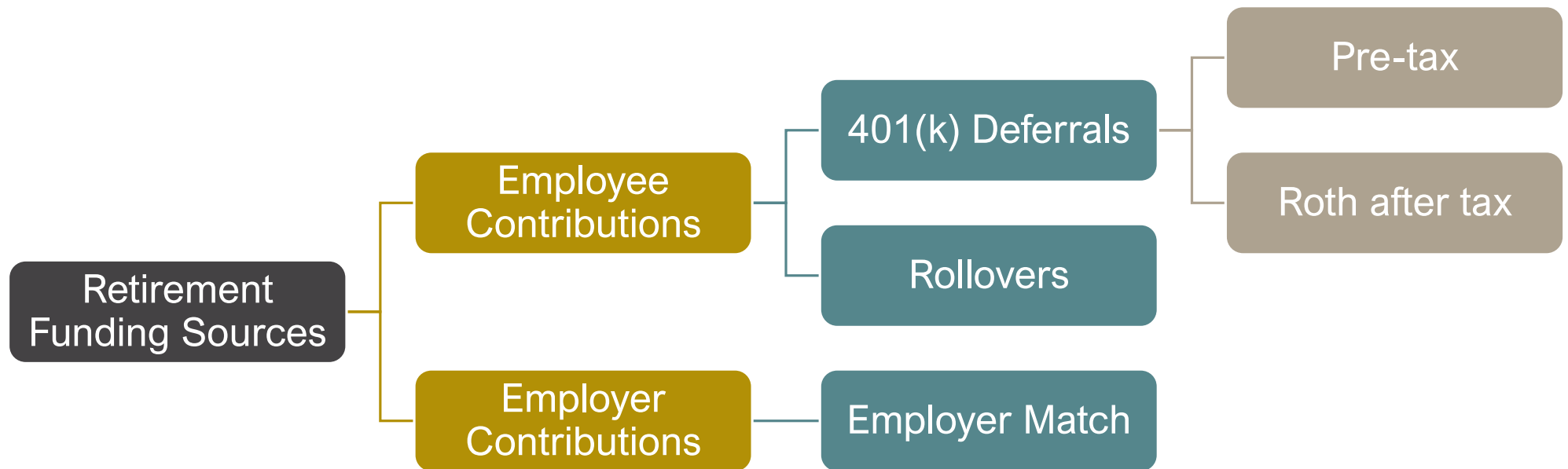
## Provides Free Confidential Counseling for:

- Marital and family conflicts
- Job-related difficulties
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning
- Other concerns



Contact BHS  
Telephone: 1.800.327.2251 (available 24/7)  
Website: <https://portal.bhsonline.com>  
ID: BADGERLIQUOR

# Funding Your Retirement Goals



## Getting Started with Principal

Plan #541965



[Need help?](#)

**Call Principal®: 800-547-7754**  
**Mon.-Fri., 7 a.m. – 9 p.m. CT**

Go to:

Principal.com/welcome



Click:

Get Started

Enter:

Your Personal Info

Create:

Your Username Password

Select:

Your Multifactor Authentication

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## Your Contact

Enrollment

Investment Selection

Retirement Plan Website

Beneficiary Updates

Distribution and Rollovers

General Financial Questions



X



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# Open Enrollment & Life Events

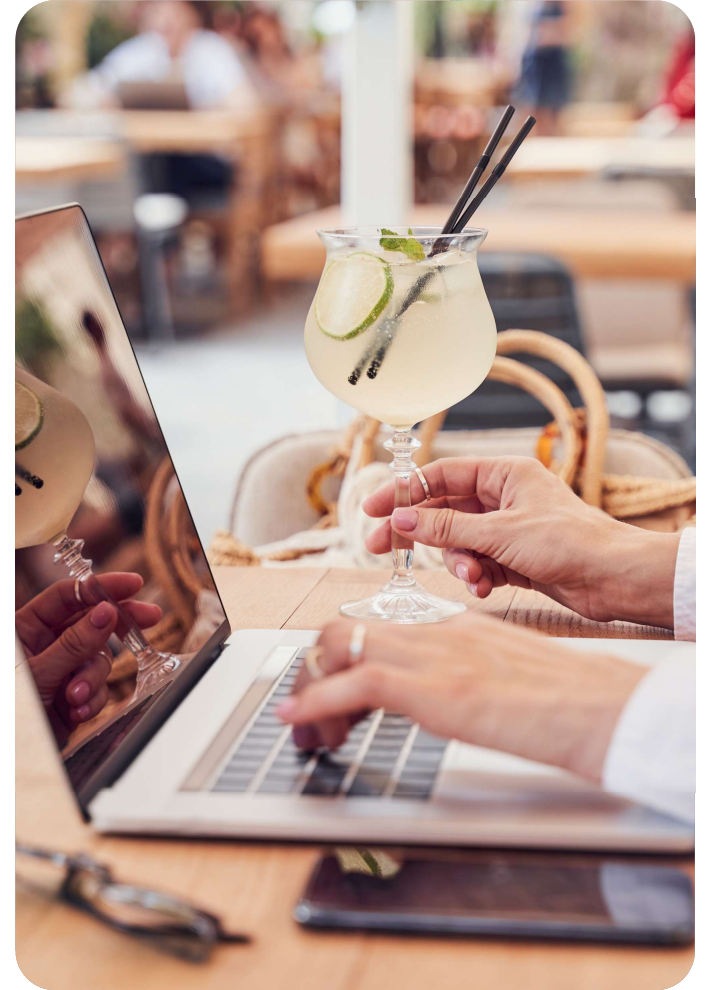
# What Is Open Enrollment and Why Is It Important?

## Definition of Open Enrollment

Open enrollment is the specific time frame to enroll or update benefit plans for coverage.

## Importance of Reviewing Benefits

Reviewing benefits annually ensures coverage matches personal needs and changing circumstances.



# Impact of Life Events on Benefits

You have 31 days from the qualified event to notify HR. Depending on the type of event, you may need to provide proof, such as a marriage license.

If you do not contact HR within 31 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualifying life event).

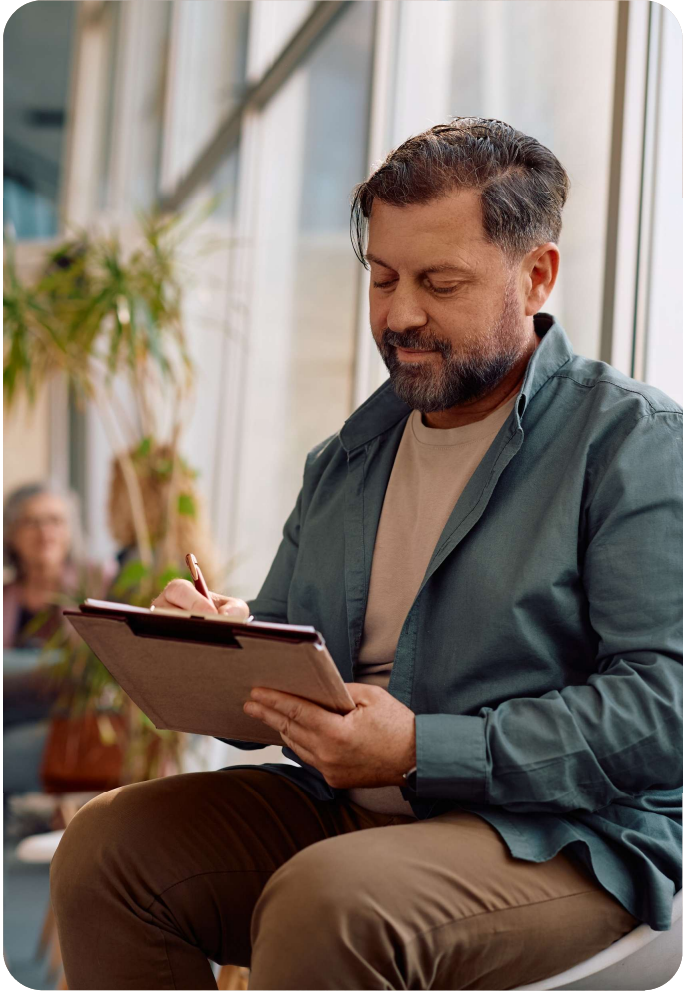
## **Qualifying Life Events Can Include:**

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption
- Change in employment status of employee, spouse, or dependent child
- Entitlement to Medicare or Medicaid



# How to Choose the Right Plans for You





## Assessing Your Health and Financial Needs

### **Review Medical History**

Assess past medical conditions and treatments to determine necessary health coverage and benefits.

### **Evaluate Current Health**

Consider your present health status and possible future needs when selecting health plans.

### **Budget Consideration**

Analyze your financial situation to choose affordable insurance coverage that fits your budget.

## Key Factors to Consider When Choosing Medical Coverage

- Compare **premiums** to understand your fixed healthcare costs.
- Evaluate **deductibles** and **out-of-pocket maximums** for potential expenses.
- Review **network coverage** including in-network and out-of-network providers.
- Understand **prescription drug** coverage and options.
- Check for **additional benefits** like preventive care and specialist access.
- Assess opportunities for **health accounts** such as FSAs and HSAs.



# Using Decision Support Tools and Resources

## **Premiums vs Deductibles**

Lower insurance premiums usually come with higher deductibles, affecting your out-of-pocket costs.

## **Risk Tolerance Assessment**

Evaluating your comfort with potential costs helps in choosing the right insurance plan for your needs.

## **Balancing Health Needs**

Consider your personal health requirements to balance cost savings and financial protection effectively.

## **Online Calculators**

Use online calculators to estimate costs and benefits easily and accurately.

## **Plan Comparison Tools**

Compare different plans side-by-side to identify the best option for your needs.

## **Educational Materials**

Access educational resources to better understand benefits and potential costs.

***Ask Questions!***

## Keep Costs Low

 Be a Smart Healthcare Consumer

 Focus on Preventive Care

 Manage Prescriptions Wisely

 Adopt Healthy Lifestyle Habits

 Be Informed and Engaged



# Questions

[benefits@badgerliquor.com](mailto:benefits@badgerliquor.com)



*Choose. Enroll. Cheers.*