

# 2018 CITY OF GREEN BAY BENEFIT ENROLLMENT BOOKLET

City of Green Bay Employee,

November, 2017

The City of Green Bay is dedicated to providing you and your family with a valuable benefit package. The City's goal is to balance the needs of employees against the ever rising cost of health care.

Health Insurance: For 2018 there will be no premium increase or plan changes.

Dental Insurance: Effective January 1, 2018, the following changes will apply:

- Dental Associates: Cleaning and exams will not apply toward the annual maximum. No premium increase.
- Humana Dental premiums will **increase** by 5%.

Please note employee benefit deductions are taken in 24-equal installments in the first 2-pay checks of each month. There is no deduction in the 3<sup>rd</sup> pay check in months in which a 3<sup>rd</sup> pay check occurs.

Open enrollment is held for anyone wishing to change from single to family coverage or vice versa, drop or add coverage, and/or enroll in the flexible spending account. An employee wishing to waive health care coverage must have a signed waiver of coverage on file. If the employee previously signed a waiver they do not need to sign a new waiver. If an employee does not have a waiver on file and does not apply for health insurance coverage they will automatically default to single coverage.

When you sign up, add or remove a spouse and/or dependent children to your health and dental plans you need to provide a copy of the following documentation; add spouse-copy of marriage certificate; dependent children-copy of birth certificate(s); and to remove spouse-divorce decree.

Open enrollment will be held **NOVEMBER 13 – NOVEMBER 27, 2017**. Deadline to submit open enrollment materials to Human Resources is **November 27, 2017**.

SCHEDULE FOR EMPLOYEE BENEFIT MEETINGS	
November 13, 2017	7:00 a.m. DPW West Side Garage 12:30 p.m. Transit
November 14, 2017	8:00 a.m. Fire Station 1 12:00 p.m. Parks Maintenance Shop 3:00 p.m. City Hall Conf. Room 604
November 15, 2017	7:00 a.m. Water Utility 10:30 a.m. Police Station Training Room
November 16, 2017	10:00 a.m. City Hall Council Chambers

***Rates are subject to final approval by the City Council at its November 14 meeting***



## CITY OF GREEN BAY EMPLOYEES 2018 BENEFIT OPTIONS

### Health Insurance

- No plan election is necessary if no changes are being made for the 2018 plan year. However, employees waiving health insurance coverage will need to sign a waiver of coverage if one is not already on file with the City or the employee will automatically default to single coverage.
- Highlights of the plan include:
  - Co-pays for office visits are \$35 per visit and track towards out-of-pocket maximum.
  - Co-pays for urgent care visits are \$35 per visit and track towards out-of-pocket maximum.
  - Deductibles are \$2,250-single and \$4,500-family; however employees are eligible for up to \$500-Single or \$1,000-Family through a Deductible Reimbursement Account (DRA) that is used to offset the deductible amount.
  - Out-of-pocket maximums for in-network services are \$4,500 single and \$9,000 family (co-pays and prescription drugs track toward out-of-pocket maximums).
  - In-network co-insurance is 80%.

### Deductible Reimbursement Account (DRA)

Employees are eligible for up to \$500-Single and \$1,000-Family to offset the health insurance deductible amount. For example, a single employee pays the first \$1,750 in medical claims and the remaining \$500 is automatically paid from the DRA. A family pays the first \$3,500 in medical claims and the remaining \$1,000 is automatically paid from the DRA. Unused dollars from this account do not roll over to the next calendar year and are only used for the health insurance deductible.

### Prescription Drugs

- Mandatory generic program (if available, plan only pays generic equivalent reimbursement).
- 4th Tier for specialty drugs at 10% coinsurance not to exceed \$75.
- Mail order 90-day supply for 2-copays.
- Prescription drug co-pays track toward the health insurance out-of-pocket maximum.

### Dental - Humana and Dental Associates

- \$2,500 Annual Maximum.
- If continuing your Dental coverage for 2018 with the same carrier, no election is necessary.
- If enrolling in dental, please complete the Benefit Enrollment form and return to Human Resources.

### Voluntary Life Insurance — MetLife

- Additional Supplemental Life Options may be applied for during open enrollment.
- If applying for additional Voluntary Life, please complete the Benefit Enrollment form and return to Human Resources.

### Voluntary Long Term Disability — Aetna

If applying for Voluntary Long Term Disability or changing your waiting period, please complete the Benefit Enrollment form and return to Human Resources.

### Vision Insurance Benefit – Superior Vision Insurance Plan of Wisconsin

If enrolling in or discontinuing Vision Coverage, please complete the Benefit Enrollment form and return to Human Resources.



## 2018 FLEXIBLE SPENDING ACCOUNT (FSA), PERSONAL BENEFIT ACCOUNT (PBA) AND DEPENDENT CARE ACCOUNT (DCA)

### **Personal Benefit Account**

Employees participating in the City's Health Insurance program can earn \$200-single and \$400-family in their Personal Benefit Account (PBA) as follows:

INCENTIVE	REQUIREMENT
\$100 for Employee \$100 for covered Spouse	<ul style="list-style-type: none"> <li>• Employee must complete HRA and appropriate exams</li> <li>• Spouse must complete HRA and appropriate exams</li> </ul>
\$100 for Employee only \$100 for covered family member	<ul style="list-style-type: none"> <li>• \$50 per dental cleaning (employee must submit 2)</li> <li>• \$50 per family member dental cleaning</li> </ul>

Upload into your myInertia account the completed Dental Cleaning Sign-Off Form by **October 31, 2018** to receive your PBA dollars. Once the form is uploaded you will receive credit under the *Health | 1265* program, if eligible, and corresponding PBA dollars will be deposited into your account. Instead of the form you may upload into your myInertia account a copy of your Explanation of Benefits (EOB) or a bill from your provider reflecting your visit. The EOB or bill must include the date of service and list the provider.

### **Flexible Spending Account (FSA)**

For the 2018 plan year, Benefit Advantage (BA) will be our new administrator of our FSA and PBA accounts. Elections **must** be made annually on the BA enrollment form. Your FSA will terminate on December 31, 2017 if you do not re-enroll for 2018. By participating in the FSA you can lower your taxable income and help pay your health care expenses on a pre-tax basis. With an FSA, you have a portion of your salary set aside on a pretax basis in an FSA account. That money is deducted from your paycheck over 24-pay periods and can be used to pay for eligible out-of-pocket medical expenses like prescription drugs, eye glasses, acupuncture and more.

- FSA accounts are setup on a use it or lose it basis, so it's important to calculate how much money to set aside each year. The IRS allows you to rollover up to \$500 into the next plan year for the Flexible Spending Health plan. This does not include the Dependent Day Care plan.
- Pretax dollars you contribute are not subject to social security, federal, state, or local income taxes which adjust your annual taxable salary.
- 2018 annual maximum contribution to the health care reimbursement FSA is \$2,650 per participant.
- The annual maximum contribution to the dependent day care is \$5,000 per participant.
- Eligible expenses include deductibles, copayments, immunizations and more.
- Funds will be taken from your flexible spending account first, then from your Personal Benefit Account (PBA) Account.

Go to <http://greenbaywi.gov/humanresources/benefits> for more detailed information on accessing accounts or go directly to the websites listed at the end of this booklet.



## 2018 FLEXIBLE SPENDING ACCOUNT (FSA), PERSONAL BENEFIT ACCOUNT (PBA) AND DEPENDENT CARE ACCOUNT (DCA)

You will be able to log in to the BA website to upload reimbursements, view balance information for your Flexible Spending and Dependent Care 2018 elections and upload claims effective January 1. Log in information is listed below.

Benefit Advantage will also process any claims that were incurred in the 2017 plan year, but have not yet been reimbursed by EBC. Claims incurred in 2017 can be submitted from 1/1/18 through 3/31/18 for processing, with Benefit Advantage. If you have money that will be rolling over into the 2018 plan year, it is a good idea to verify your balances. Carryover balances will be available to you around mid-January.

Benefit Advantage has a one-stop portal that provides you with:

- Anytime, anyplace access to your account(s), including 24/7/365
- Paperless administration, including online account summary reports
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity details

### Login Directions:

- Visit: [www.benefitadvantage.com](http://www.benefitadvantage.com)
- Click “Member Login”
- Select Flexible Benefits on the drop down, this account also covers PBA
- Login as an “Existing User”
- First time logging in you will use the following information
  - **Username:** Social Security Number (no dashes)
  - **Password:** Last four of your Social Security number
- You will be prompted to change both immediately.

### How to submit a claim:

As you incur qualifying expenses, just mail, email, upload through the mobile app, consumer portal or fax your receipts or explanation of benefits from your insurance company to Benefit Advantage.

**Benefit Advantage**  
3431 Commodity Lane  
Green Bay, WI 54304  
Fax: 920-339-0038  
Email: [emily.kane@benadvan.com](mailto:emily.kane@benadvan.com)

Your reimbursement can be processed and deposited directly into your Savings or Checking Account (whichever you choose).



## 2018 FLEXIBLE SPENDING ACCOUNT (FSA), PERSONAL BENEFIT ACCOUNT (PBA) and DEPENDENT CARE ACCOUNT (DCA) MOBILE ACCESS

### iPhone & Android Mobile Apps Plus Tablets



*Get Started with Benefit Advantage  
Consumer Portal in Minutes. Download the  
BenAdvan Mobile App from your Apple App  
Store or Google Play*



### Benefit Advantage Mobile:

- Check Available Balances Access Account Details
- Submit claims and receipts for PBA and Retiree Reimbursement Escrow Account using a camera
- Text Message Alerts: Balance and Transaction Inquiry

### Instructions to log-in to “BenAdvan” Mobile App:

1. Download the Benefit Advantage App
2. Enter in your username and password. For new users, username is your Social Security Number (no dashes). Password is the last four digits of your Social Security Number.
3. You will be asked 3 security questions. This is used in the event you cannot remember your username and password.
4. You will be asked to enter in a 4 digit code.
5. You will be asked to update your password.

## BENEFIT ENROLLMENT DEFINITIONS AND PROCEDURES

**Open Enrollment:** During the City's open enrollment period, employees may make changes or apply for benefit coverage for the next calendar year. Enrollment for insurance coverage is subject to requirements of the specific summary plan document, agreements between the vendor and City, or the vendor's requirements. To accommodate requirements the following definitions will apply.

**New Employees:** New employees in a benefit eligible position may enroll within 30-calendar days of date of hire for health, dental, long term disability, life, vision and Section 125 FSA. Effective date of coverage is the first day of the month following date of enrollment. Eligibility for benefits is in accordance with each summary plan document. If the new employee declines coverage for self, spouse, or eligible dependents, the employee may apply for coverage for self, spouse and eligible dependents during the City's annual open enrollment, except in the case of a qualifying event that permits earlier enrollment.

**Current Employees:** Following initial employment, employees may change or apply for coverage during the City's annual open enrollment for the next calendar year, except in the case of an event that permits changes during the calendar year. If employee declines coverage for self, spouse and eligible dependents, the employee may apply for coverage for self, spouse and eligible dependents during the City's annual open enrollment, except in the case of a qualifying event that permits earlier enrollment.

**Definition of Full-Time Employee for Health Care Coverage:** For purposes of health care coverage, a full time employee is defined as an employee in a regular position scheduled to work more than an average of 30-hours per week in a calendar year.

**Adult Child Insurance Requirements:** The City's health and dental plans follow federal coverage requirements to provide dependent coverage for adult children to the age of 26 regardless of marital status or cost of health insurance premiums.

**Health Insurance Waiver of Coverage:** In accordance with the Affordable Care Act, an employee wishing to waive health coverage must have a signed waiver of coverage on file. If you previously signed a waiver you do not need to sign a new waiver. If you don't have a waiver on file and don't apply for health insurance coverage you will automatically default to single coverage.

### **Qualifying Events under HIPAA:**

- Marital status change: marriage, death of spouse, divorce, annulment or legal separation.
- Number of dependents change, birth, adoption, death of dependent child, newly eligible dependents due to plan design change. HIPAA allows employees who elect single coverage initially to not only add a new dependent, but also allows employees to add the spouse at the time the new dependent is added. HIPAA does not require all eligible dependents be added.
- Loss of coverage: if the employee loses other coverage (e.g. Spouse's health plan coverage terminates, or Medicare or Medicaid eligibility ends).



## BENEFIT ENROLLMENT DEFINITIONS AND PROCEDURES

**Premium Deductions:** Employee benefit deductions will be taken out in 24 equal installments in the first 2 pay checks of each month. There will be no deduction in the 3<sup>rd</sup> pay check in those months in which a 3<sup>rd</sup> pay check occurs.

**Health & Dental Insurance:** During open enrollment an employee may enroll, add or discontinue health and/or dental insurance coverage for the employee and/or eligible dependents.

**MetLife Supplemental Term Life Insurance:** During open enrollment an employee enrolled in supplemental term life insurance may purchase additional insurance of \$10,000 per year without evidence of insurability. An employee who doesn't have supplemental life insurance and did not apply for it during the new hire period or initial enrollment period may apply for supplemental term life insurance for self, spouse and/or dependent(s); however, medical evidence of insurability will need to be provided at that time. Medical evidence of insurability will always be required to add spouse and dependent coverage or increase spouse over \$50,000 and dependents over \$10,000. Medical eligibility determination rests with MetLife. MetLife offers free will preparation service if you enroll in the supplemental plan.

**Aetna Long Term Disability Insurance (LTD):** During open enrollment employees who don't have long term disability coverage may apply for coverage. However, when applying for coverage the employee must provide medical evidence of insurability to add LTD coverage. Medical eligibility determination rests with Aetna. Employees with LTD coverage with a 90-day waiting period may change to a 180-day waiting period without providing medical evidence of insurability. Employees with LTD coverage with a 180-day waiting period may change to a 90-day waiting period without providing medical evidence of insurability; however the employee will be subject to the pre-existing conditions clause described in the summary plan document.

**Section 125 Flexible Spending Account (FSA):** During open enrollment an employee may enroll in the flexible spending account for the next calendar year. Enrollment eligibility and changes to the flexible spending account during the calendar year are subject to qualifying events.

### Qualifying Events under Section 125:

- Dependent status change: dependent no longer satisfies rules for eligibility as a dependent due to attainment of age, loss of student status, marriage of dependent child.
- Employment status: commencement or termination of employment, commencement or return from leave of absence, change from part-time to full-time status or vice versa, strike or lockout.
- Judgment decree or order requiring coverage: QMSCO.
- Change in residence: may qualify if there is a loss of eligibility for a region specific plan.
- Other additional circumstances as allowed under section 125.

**Vision Coverage (Superior Vision Insurance Plan of Wisconsin):** During open enrollment an employee may enroll in the City's voluntary vision coverage or discontinue coverage for the next calendar year.



# EMPLOYEE SELF SERVICE (ESS)

All employees have access to Employee Self Service (ESS) even those who don't use it to enter time. Employees can view and print paystubs or W-2's, view pay information, utilize the paycheck simulator and view their current year benefit elections.

Go to: <https://munisselfservice.greenbaywi.gov>

- Click Log In (upper right hand corner).
- Enter your user name. *This is your employee ID number which can be found on your paycheck.*
- Enter your password. If this is your first time accessing ESS your password will be the last four digits of your social security number. You will be asked to change your password once you log in. Please write it down and keep it in a safe place.

	Projected Available	Projected Earned
VACATION	0.00	0.00
SICK	0.00	0.00
PERSONAL	0.00	0.00
COMP TIME	0.00	0.00
FLOATING	0.00	0.00

To view your current year benefits, click "Benefits" on the right hand menu. The next screen will show your current year benefit elections along with the cost per period for each benefit.

Contact the Human Resource Department at (920) 448-3147 if you need assistance or have questions.





You can reduce your health insurance premium and earn PBA dollars by completing a Health Risk Assessment (HRA). If you carry family coverage your spouse will also help to reduce the health insurance premium by completing an HRA.

The last date to schedule your HRA screening appointment to ensure that you will receive your premium discount for the subsequent calendar year is **September 28, 2018**. If you are a new employee your premium discount will apply after you and, if applicable your spouse takes the HRA.

HRA includes the screening & MD Sign-off form (if age applicable).

- **1<sup>st</sup> Part – HRA Screening:** Individuals must fast 8–12 hours before the screening. Do not work out the morning of your HRA and continue to take prescribed medication. You are encouraged to drink water prior to your screening appointment. If you are pregnant or have a health condition which warrants non-fasting (such as diabetes) do not fast. At the screening, a venipuncture blood draw will be done along with body measurements, height, weight and blood pressure.
- **2<sup>nd</sup> Part – HRA Review:** All Members will receive their HRA summary report in the mail 3-4 weeks after the HRA screening.
- **3<sup>rd</sup> Part – MD Sign-Off Form:** Completion of a routine physical exam and other tests are required if you have reached age 40 by January 1, 2018. If under age 40 on January 1, 2018 you don't need to complete the physical exam requirement.
  - **Females age 40 on January 1, 2018 and older need:**
    - A routine physical every year
    - A pelvic/pap smear every year
    - A mammogram every other year
  - **Males age 40 on January 1, 2018 and older need:**
    - A routine physical every year
    - A PSA exam

**Spouse:** If a spouse has completed an HRA through their employer they will need to complete the Spouse Health Risk Assessment Sign-Off Form. However, the spouse must still complete the age and gender related examinations (if applicable) and complete the MD Sign-Off Form.

**Health | 1265:** Under this program you can earn additional premium discounts and incentives for being active and participating in wellness programs and activities.

**2018 HEALTH INSURANCE INFORMATION**  
**UMR - United HealthCare Choice Plus (Benefit Plan – Group Health Self-Funded)**

<b>Deductible</b>		<b>Single</b>	<b>Family</b>
	In Network	\$2,250	\$4,500
	Deductible Reimbursement Account (DRA)	\$500	\$1,000
	Out of Network	\$4,500	\$9,000
<b>Co-Insurance</b>			
	In Network	80%	
	Out of Network	60%	
<b>Out-of-Pocket Maximum</b>		<b>Single</b>	<b>Family</b>
	In Network	\$4,500	\$9,000
	Out of Network	\$9,000	\$18,000
<b>Lifetime Maximum</b>			
Unlimited			
<b>Office Visits</b>			
	In Network	\$35 Co-pay, then 100%	
	Out of Network	\$35 Co-pay then Deductible and Coinsurance	
	Bellin Health Fast Care at Shopko	\$0 Co-pay	
<b>Routine/Preventative Care</b>			
	In Network	100%	
	Out of Network	Deductible and Coinsurance Apply	
<b>Prescription Drugs – Prescription Co-Pays Track Toward Health Insurance Out of Pocket Maximum</b>			
	In Network	\$5/\$25/\$45	
	Mail Order	90-day supply for 2 co-pays	
	Specialty Pharmacy	10% not to exceed \$75 co-pay	
<b>Hospital Services</b>			
In Network and Out of Network Deductible and Coinsurance Apply			
<b>Emergency Room</b>			
\$200 Co-pay (waived if admitted or coded as a true emergency)			
<b>Urgent Care</b>			
	In Network	\$35 Co-pay	
	Out of Network	\$35 Co-pay	
<b>Other</b>			
Ambulance; Chiropractic; Durable Medical Equipment; Speech; Physical Therapy; Emergency Room Sickness; Outpatient Ancillary Services; Nervous & Mental Benefits		Deductible, then 80% / 60%	

**2018 MONTHLY PREMIUM RATES**

Total Monthly Premium	Single \$618.82	Family \$1,498.93
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**2018 BI-WEEKLY PREMIUM RATES**

	11.5%		12.5%		13.25%		13.75%		15%	
	EE	City	EE	City	EE	City	EE	City	EE	City
Single	\$35.58	\$273.83	\$38.68	\$270.73	N/A	N/A	N/A	N/A	\$46.41	\$263.00
Family	\$86.19	\$663.28	\$93.68	\$655.78	\$99.30	\$650.16	\$103.05	\$646.41	\$112.42	\$637.05



## 2018 HEALTH INSURANCE INFORMATION

### UMR

#### UMR WEBSITE FIND A PROVIDER

Go to [www.UMR.com](http://www.UMR.com)

Click on “Find a Provider”

Click on the letter “U”

Click on “United Healthcare Choice Plus Network”

Click on “Search for a Medical Provider”

Click on “Address” and then enter your zip code along with mileage radius. You can either search by the doctor’s name or select the type of specialty doctor that you are looking for.

#### UMR REWARD PROGRAM

You can receive 50% (up to a maximum of \$250 per error) for errors found on your Explanation of Benefits (EOB) from UMR that results in the plan being refunded.

Please take the time to self-audit all medical bills received from hospitals, doctors, etc.

Should you find an error on your Explanation of Benefits, please do the following:

- Notify the provider of services rendered and have them correct the bill and reimburse the insurance carrier (UMR) the amount that was over paid.
- Notify the insurance carrier (UMR) of the error by calling 1-800-826-9781.
- Submit to the Benefit Office at the City of Green Bay, the original bill, the corrected bill and the Explanation of Benefits showing reimbursement of the error.
- The City will complete a check request and reimburse you 50% of the amount that the City receives back from the provider (up to a maximum of \$250) per error that you find.
- Contact the Human Resource Department at (920) 448-3147 if you have further questions.



## 2018 DENTAL INSURANCE

DENTAL CARRIER	DENTAL ASSOCIATES	HUMANA DENTAL
<b>Deductible</b>		
Single Family	\$0 \$0	\$50 \$150 aggregate
<b>Annual Maximum</b>		
Per Person Per Year	\$2,500	\$2,500
<b>Preventative Services</b>		
Bite Wing X-Rays Cleanings Oral Exams Topical Fluoride	100% <sup>1</sup>	100%
<b>Basic Services</b>		
All other X-Rays Extractions Fillings Oral Surgery Periodontics ( <i>exam and Maintenance covered under Preventative</i> ) Stainless Steel Crowns Sealants Space Maintainers	100%	After deductible, covered expense is payable at 80%
<b>Major Services</b>		
Endodontics Full & Partial Denture Repair Implants Inlays/Onlays Partial or Complete Dentures Porcelain Crowns Prosthodontic Services Removable or Fixed Bridgework	100%	After deductible, covered expense is payable at 50%
<b>Prosthodontic Services</b>		
	100%	After deductible, covered expense is payable at 50%
<b>Orthodontics</b>		
Per course of treatment	50% to \$2,500 a separate Ortho Lifetime Maximum	After deductible, covered expense payable at 50% to \$2000 (tracks to max)

Premium Rates	DENTAL ASSOCIATES			HUMANA DENTAL		
	Monthly Premium	EE Bi-Weekly	City Bi-Weekly	Monthly Premium	EE Bi-Weekly	City Bi-Weekly
Single	\$32.67	\$2.04	\$14.29	\$41.41	\$ 2.58	\$18.12
Family	\$99.25	\$6.20	\$43.42	\$125.84	\$ 7.86	\$55.06

<sup>1</sup> Cleanings and exams do not apply towards the annual maximum



**METLIFE**  
**LIFE AND AD&D BENEFITS**

**City Provided Basic Term Life & Accidental Death & Dismemberment Insurance (AD&D)**

Class 1 – All Employees	\$30,000 or 1x salary up to a maximum of \$100,000
AD&D Coverage – Employee Only	100% of an employee’s Basic Life amount

**Voluntary Supplemental Term Life and AD&D Insurance**

Employee Base Plan w/AD&D	Flat \$20,000	\$2.72 Bi-weekly
Employee Buy-up Option w/AD&D	<ul style="list-style-type: none"> <li>• May purchase up to 3x salary in \$10,000 increments without medical evidence <u>if enrolled within 30 days of hire</u>. Max \$250,000.</li> <li>• May purchase up to a maximum of the lesser of 5x salary or \$500,000 in \$10,000 increments. Medical Evidence required if late enrollee or if applying for more than 3x salary.</li> <li>• Employee must enroll in the Base Plan if annual salary is less than \$50,000 in order to elect the Spouse \$50,000 Life Plan.</li> </ul>	

**Spouse and/or Dependent Children Term Life Insurance**

Spouse and Dependent Children (Eligible up to age 19)	<ul style="list-style-type: none"> <li>• <b>Spouse:</b> Flat \$50,000 not to exceed 100% of employee’s Basic &amp; Supplemental Life Benefit.</li> <li>• <b>Children:</b> Flat \$10,000 for dependent children</li> </ul>	\$3.04 Bi-weekly
Spouse and Dependent Buy-up Plan	<ul style="list-style-type: none"> <li>• <b>Spouse:</b> \$10,000 increments to a max of the lesser of \$200,000 or 100% of employee’s Supplemental Life Benefit. Medical evidence required.</li> </ul>	Rates based on employee’s age
	<ul style="list-style-type: none"> <li>• <b>Children:</b> \$5,000 increments to max of \$15,000.</li> </ul>	\$0.135/\$1000

**Employee & Spouse (Buy-Up Option) Age Banded Rates, per \$1,000**  
(Spouse rate based off employee age)

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>Employee Rate w/AD&amp;D</b>	\$0.062	\$0.097	\$0.132	\$0.167	\$0.202	\$0.237	\$0.272	\$0.682	\$1.087	\$2.02
<b>Spouse Rate</b>	\$0.040	\$0.075	\$0.110	\$0.145	\$0.180	\$0.215	\$0.250	\$0.660	\$1.065	\$1.998

Calculation example: Employee age 36

Buy-Up Amount:  $\$100,000/1000 = \$100 \times \text{age based rate } \$.132 = \$13.20/2 = \$6.60 \text{ Bi-weekly Premium}$

**Free Will Prep Service provided if enrolled in the voluntary life insurance plan(s).**

Contact Hyatt Legal Plans Toll-Free Number: 1-800-821-6400

City of Green Bay Group Number: 154869



## METLIFE WILL PREPARATION

### FREE WILL PREPARATION SERVICE AVAILABLE FOR SUPPLEMENTAL LIFE.

All City of Green Bay employees participating in the Supplemental Life Insurance Plan have access to free Will preparation services.

**Having an up-to-date Will is one of the most important things you can do for your family.** Without a Will, your assets may be distributed according to state law and *not* in accordance with your wishes. An up-to-date Will establishes important decisions about the distribution of your assets. That's why Will Preparation is such an important benefit. With Will Preparation, you have access to an important service that helps to ensure your family's future should something happen to you.

**What is Will Preparation?** Will Preparation is offered by Hyatt Legal Plans, a MetLife company, and provides eligible employees and their spouses with face-to-face access to attorneys participating in Hyatt Legal Plans network for preparing or updating a Will, Living Will and Power of Attorney. When you choose a participating Hyatt Legal Plan attorney, the attorney's fees are fully covered and there are no claim forms to file. You also have the flexibility of using a non-network attorney and being reimbursed for covered services according to a set fee schedule.

**How do I access Will Preparation Services?** It's simple; employees participating in MetLife's Supplemental Life Insurance plan can access the service by:

- Contacting Hyatt Legal Plans at 1-800-821-6400, Monday through Friday, 8:00 a.m. through 7:00 p.m. E.T.
- A Client Service Representative will:
  1. ask you to provide your Employer's Name, Group Number, and the last 4 digits of your Social Security number or Employee ID number
  2. help you locate a participating plan attorney in your area
  3. provide you with a case number to give to the attorney you choose
  4. answer any questions you have
- You contact the attorney's office and make an appointment at a time convenient for you.

**Hyatt Legal Plans' Toll-Free Number: 1-800-821-6400**  
**City of Green Bay Group Number: 154869**

If you have questions about Will Preparation, contact Hyatt Legal Plans at the toll-free number.

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1. Will Preparation Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island.
  2. If you choose a non-network attorney, you will be responsible for any attorneys' fees that exceed the reimbursed amount.



**AETNA**  
**LONG TERM DISABILITY BENEFITS (LTD)**  
**FINANCIAL PROTECTION DURING ILLNESS OR INJURY**

Active full-time employees working at least 37.5 hours per week are eligible for coverage. Long Term Disability covers injuries and illnesses, both work and non-work related. Employees have 2-voluntary LTD plan options each provides 60% of pre-disability earnings up to \$6,000 a month. An employee is eligible for benefits if there is a significant change in physical or mental conditions and the employee cannot perform the material duties of their occupation because of that illness, injury, or disabling pregnancy related condition. As a result employee's work earnings are 80% or less than pre-disability earnings. Generally pre-disability earnings include total income before taxes and any deductions for pre-tax contributions.

- Option 1, benefit payments begin after a **90-day elimination period**
- Option 2, benefit payments begin after **180-day elimination period**

This benefit will extend beyond 24-months only if employee cannot perform the material duties of any reasonable occupation and work earnings are 60% or less of pre-disability earnings. If employee's occupation requires a professional license or certification the employee will not be considered solely disabled because of loss of license or certification. Once the claim is approved the employee is eligible to receive LTD benefits starting on day 90 or 180 after the date disability began depending on the chosen plan option. Generally the benefit payment continues for as long as the employee remains disabled and meets the requirements of the LTD policy or until reaching social security normal retirement age, whichever is sooner. If the disability occurs at age 62 or above, the benefit may be reduced based on a pre-determined schedule. Benefits may be reduced if receiving income from other sources – following are examples of other sources of income.

Any government retirement system earned as a result of working for your current employer.	Any disability or retirement benefit received under a retirement plan.
Any Social Security benefits or similar plan or Act.	Workers Compensation.
Earnings from any form of employment.	Payment from Statutory Disability Plans.

**Plan Option 1 / 90-Day Elimination Period**

<b>Employee Age</b>	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>Cost per \$100 of covered monthly payroll</b>	\$0.115	\$0.167	\$0.252	\$0.395	\$0.582	\$0.798	\$0.947	\$0.926
<b>Example</b>	<ul style="list-style-type: none"> <li>○ <math>\\$36,000/12 = \\$3,000</math> (Covered Monthly Payroll)</li> <li>○ <math>\\$3,000/100</math> Units = 30 (Number of \$100 units of monthly covered Payroll)</li> <li>○ <math>\\$30 \times .252</math> (age 35 rate) = \$7.56 Cost per month or \$3.78 per paycheck  <math>(\\$7.56 \times 12 \text{ months} / 24 \text{ pay periods} = \\$3.78 \text{ per pay check cost})</math></li> </ul>							

**Plan Option 2 / 180-Day Elimination Period**

<b>Employee Age</b>	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>Cost per \$100 of covered monthly payroll</b>	\$0.095	\$0.141	\$0.216	\$0.343	\$0.496	\$0.717	\$0.822	\$0.830
<b>Example</b>	<ul style="list-style-type: none"> <li>○ <math>\\$36,000/12 = \\$3,000</math> (Covered Monthly Payroll)</li> <li>○ <math>\\$3,000/100</math> Units = 30 (Number of \$100 units of monthly covered Payroll)</li> <li>○ <math>\\$30 \times .216</math> (age 35 rate) = \$6.48 Cost per month or \$3.24 per pay check  <math>(\\$6.48 \times 12 \text{ months} / 24 \text{ pay periods} = \\$3.24 \text{ per pay check cost})</math></li> </ul>							



## SUPERIOR VISION INSURANCE PLAN OF WISCONSIN VOLUNTARY BENEFIT

If enrolling in Vision Coverage or discontinuing coverage, please complete the Insurance Benefit form and return to Human Resources. There is a minimum requirement of 10 employees in each plan in order to offer both plans to the City. Full premium is paid by the employee.

Plan Description	Full Service	Materials Only
<b>Frequency Limitations</b>		
Eye Examination	Once Every 12 Months	Not Covered
Lenses	Once Every 12 Months	Once every 12 Months
Frame	Once Every 24 Months	Once every 24 Months
Contact Lenses	Once Every 12 Months	Once Every 12 Months
<b>Vision Benefits</b>		
Vision Exam In-Network	100%	Not Covered
Vision Exam Out-of-Network	Up to \$35	Not Covered
Frames In-Network	Up to \$125	Up to \$125
Frames Out-of-Network	Up to \$70	Up to \$70
<b>Lens Benefits (Clear, Standard, Glass or Plastic)</b>		
Single Vision In-Network	100%	100%
Single Vision Out-of-Network	Retail value to \$25	Retail value to \$25
Bifocal In-Network	100%	100%
Bifocal Out-of-Network	Retail value to \$40	Retail Value to \$40
Trifocal In-Network	100%	100%
Trifocal Out-of-Network	Retail value to \$45	Retail value to \$45
<b>Contact Lenses Benefit</b>		
Medically Necessary w/PreAuth In-Network	100%	100%
Medically Necessary w/PreAuth Out-of-Network	\$150 Maximum	\$150 Maximum
Elective In-Network	\$150 Maximum	\$150 Maximum
Elective Out-of-Network <i>(In lieu of spectacle lenses)</i>	Retail Value to \$125	Retail Value to \$125
<b>Bi-Weekly Rates</b>		
Employee Only	\$4.00	\$2.83
Limited Family	\$8.00	\$5.65
Family	\$10.60	\$7.48

*(Limited Family is defined as Employee + Spouse OR Employee + Children)*





## OTHER BENEFITS

**Wisconsin Retirement System (WRS):** The Wisconsin Retirement System covers employees of the State of Wisconsin and local government employers. Administered by the Department of Employee Trust Funds (ETF), this plan is rated as one of the top retirement plans in the United States. Contributions begin as of the date of hire for eligible employees. Elected officials, general employees and protective employees pay 50% of the general contribution rate. For more information regarding the Wisconsin Retirement System, please visit the WRS website.

Employment Category	Employee Contribution	City Contribution
General Employee	6.7% of earnings	6.7% of earnings
Protective with Social Security	6.7% of earnings	11.16% of earnings
Protective without Social Security	6.7% of earnings	15.36% of earnings
Elected Official	6.7% of earnings	6.7% of earnings

**Deferred Compensation:** The City of Green Bay participates in two Section 457 deferred compensation plans administered by Wisconsin Deferred Compensation (WDC) and ICMA. These plans allow you to save and invest funds for retirement while deferring Federal and State income taxes until retirement. Contact WDC or ICMA directly for questions about their deferred comp plan. Enrollment and changes to your plan can be made at any time by submitting the enrollment/change form to HR. Contact information can be found on the last page of the employee benefit booklet. 2018 maximum contribution limits are listed below.

Plan	2018 Contribution Limit
Annual Deferral Limit for 457 Plans	\$18,000
Pre-Retirement Catch-Up Limit	\$18,000
Age 50 Catch-Up Limit	\$ 6,000

**Employee Assistance:** In today’s complex world we all can use an ASSIST every now and then. ASSIST, your EAP, provides confidential, professional counseling services to help resolve personal concerns that affect your family life, health or work life. The City sponsors this program and there is **no cost** to you or anyone that lives in your household for your counseling visits. You are allowed 8 free sessions per issue, per year. Why pay out of pocket, spend your health care savings dollars or tap into your insurance benefits when you can receive high-quality, confidential counseling services at no cost through your EAP? How assists works.

- Call ASSIST. Call **1-800-222-8590** or **920-403-7600** to schedule an appointment or receive guidance over the phone.
- We’ll talk. Together you and your counselor will develop a plan to help meet your goals. Counseling sessions may be all you need to get back on track – **at no cost to you.**
- We’ll assist you in other ways. Sometimes we may recommend other resources.
- We Respect your Privacy. No one will know you are using services unless you want them to know. The ASSIST EAP is confidential in accordance with all state and federal laws.
- Visit the ASSIST website. Visit [www.AssistERC.com](http://www.AssistERC.com) for self-help information, self-awareness tools and other resources.



## WOMEN'S HEALTH & CANCER RIGHTS ACT NOTICE

### What is provided by the Women's Health and Cancer Rights Act of 1998?

*The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies generally both to persons covered under group health plans and persons with individual health insurance coverage. But WHCRA does NOT require health plans or issuers to pay for mastectomies. If a group health plan or health insurance issuer chooses to cover mastectomies, then the plan or issuer is generally subject to WHCRA requirements.*

If WHCRA applies to you and if you are receiving benefits in connection with a mastectomy and you elect breast reconstruction, coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses (e.g., breast implant); and
- Treatment for physical complications of the mastectomy, including lymphedema.

Contact your state's insurance department to find out about whether protections in addition to WHCRA will apply to your coverage if you are NOT in a self-insured health plan.

The WHCRA requires group health plans and health insurance issuers, including insurance companies and health maintenance organizations (HMOs), to notify individuals regarding coverage required under the law. Notification is required at three separate times:

1. After enactment of WHCRA
2. Upon enrollment
3. Annually

For further information about WHCRA or to ask questions about how it relates to your specific circumstances, you can e-mail us at [phig@cms.hhs.gov](mailto:phig@cms.hhs.gov). Or you may call us at 1-877-267-2323, ext. 61565.

[http://www.cms.hhs.gov/healthinsreformforconsume/06\\_thewomen%27shealthandcancerrightsact.asp](http://www.cms.hhs.gov/healthinsreformforconsume/06_thewomen%27shealthandcancerrightsact.asp)



## IMPORTANT NOTICE FROM CITY OF GREEN BAY 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 City of Green Bay 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. City of Green Bay has determined that the prescription drug coverage offered by the City of Green Bay 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.

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### 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 15<sup>th</sup> through December 7<sup>th</sup>.

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 City of Green Bay coverage will not be affected.

Because your existing coverage is considered Creditable Coverage, you have several options. Your options include, but are not limited to the following:

- Maintain your current benefits with the City of Green Bay Health Plan (POS Health Plan - Retiree Health Plan) and delay enrollment in Medicare prescription drug coverage.
- Keep your current benefits with City of Green Bay Health Plan (POS Health Plan - Retiree Health Plan) and enroll in Medicare prescription drug coverage.
- Enroll in a Medicare prescription drug plan and drop your current benefits with City of Green Bay Health Plan (POS Health Plan - Retiree Health Plan).



## IMPORTANT NOTICE FROM CITY OF GREEN BAY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

If you do decide to join a Medicare drug plan and drop your current City of Green Bay coverage, be aware that you and your dependents will not be able to get this coverage back.

You should compare your current coverage, including which drugs are covered, with the coverage costs of the plans offering Medicare prescription drug coverage in your area. If you need assistance, you should contact your local State Health Insurance Program (SHIP) counselor. You can find your local SHIP counselor at [www.shiptalk.org](http://www.shiptalk.org).

The current prescription benefits coverage under the City of Green Bay Health Plans is as stated below. For additional coverage information, refer to your Summary Plan Description.

POS Health Plan:

- Participating Retail Pharmacy (up to 34-day supply)
  - \$5 copay – generic
  - \$25 copay – preferred name brand
  - \$45 copay – non-preferred name brand
- Participating Retail Pharmacy (up to 102-day supply of Rx maintenance products)
  - \$15 copay – generic
  - \$75 copay – preferred name brand
  - \$135 copay – non-preferred name brand
- Participating Mail Order Pharmacy (up to 90-day supply of Rx maintenance products)
  - \$10 copay – generic
  - \$50 copay – preferred name brand
  - \$90 copay – non-preferred name brand

**All prescription co-pays track towards the out of pocket max.**

POS Health Plan (Retiree Health Plan):

- \$5 copay – generic
- \$25 copay – preferred name brand
- \$45 copay – non-preferred name brand

In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

### **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 City of Green Bay 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.



## IMPORTANT NOTICE FROM CITY OF GREEN BAY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

### For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **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 City of Green Bay 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](http://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](http://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).**

Name of Entity/Sender:	City of Green Bay
Contact--Position/Office:	Benefit Specialist – Human Resources
Address:	100 N Jefferson Street, Room 500 Green Bay, WI 54301-5026
Phone Number:	(920) 448-3023



## NOTICE REGARDING WELLNESS PROGRAM

The Health Assessment offered through Bellin Health is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment or "HA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for Albumin, Alkaline Phosphatase, Total Bilirubin, Blood Urea Nitrogen, Calcium, Total Cholesterol, Cholesterol/HDL Ratio, Creatinine, GGT (liver function), Globulin, Glucose (diabetes), HDL, LDH, LDL, Nicotine, Total Protein, SGOT (AST), SGPT (ALT), Triglycerides and Uric Acid. You are not required to complete the HA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program and are enrolled in the City's health plan will receive an incentive of additional PBA dollars. Although you are not required to complete the Health Assessment, which includes the biometric session and feedback session, only those employees and spouses who do so will receive the incentive.

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Green Bay may use aggregate information it collects to design a program based on identified health risks in the workplace, Bellin Health will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are Bellin Health, 744 S Webster Ave, Green Bay WI 54301 and Healics Inc., 8919 W Heather Ave, WI 53224 in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs, involving information you provide in connection with the wellness program, we will notify you immediately.



## NOTICE REGARDING WELLNESS PROGRAM

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Human Resources Director, Joe Faulds at 920-448-3356.

### WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 920-448-3101 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

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## 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 towards 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.

In addition, if you (1) lose eligibility for Medicaid, CHIP coverage or BadgerCare or (2) become eligible to participate in a premium assistance program under Medicaid, CHIP or BadgerCare, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after notification of the loss of Medicaid/CHIP or of the eligibility determination for premium assistance.

To request special enrollment or obtain more information, contact Human Resources, Benefit Specialist at (920) 448-3023 or email [humanresources@greenbaywi.gov](mailto:humanresources@greenbaywi.gov)



## 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](http://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](http://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](http://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, 2016. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562





## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/Medicaid">http://dwss.nv.gov/Medicaid</a> Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473



## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

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  
**[www.dol.gov/ebsa](http://www.dol.gov/ebsa)**  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://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 [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



## 2018 PAYROLL CALENDAR

PAY PERIOD	PR # UJ4	UJ4 (B)/Water 2018 Pay Date	Health/Dental Vision/Life/LTD Deductions	PR # UJ8	UJ8 (B1) 2018 Pay Date	Health/Dental Vision/Life/LTD Deductions
Dec 10 – Dec 23, 2017	26	December 28	(December – Half)	26	January 4, 2018	(January – Half)
Dec 24 – Jan 6, 2018	1	January 11	(January – Half)	1	January 18	(January – Half)
Jan 7 – Jan 20	2	January 25	(January – Half)	2	February 1	(February - Half)
Jan 21 – Feb 3	3	February 8	(February - Half)	3	February 15	(February - Half)
Feb 4 – Feb 17	4	February 22	(February - Half)	4	March 1	(March - Half)
Feb 18 – March 3	5	March 8	(March - Half)	5	March 15	(March - Half)
March 4 – March 17	6	March 22	(March - Half)	6	March 29	No Deductions
March 18 – March 31	7	April 5	(April - Half)	7	April 12	(April - Half)
April 1 – April 14	8	April 19	(April - Half)	8	April 26	(April - Half)
April 15 – April 28	9	May 3	(May - Half)	9	May 10	(May - Half)
April 29 – May 12	10	May 17	(May - Half)	10	May 24	(May - Half)
May 13 – May 26	11	May 31	No Deductions	11	June 7	(June - Half)
May 27 – June 9	12	June 14	(June - Half)	12	June 21	(June - Half)
June 10 – June 23	13	June 28	(June - Half)	13	July 5	(July - Half)
June 24 – July 7	14	July 12	(July - Half)	14	July 19	(July - Half)
July 8 – July 21	15	July 26	(July - Half)	15	August 2	(August - Half)
July 22 – Aug 4	16	August 9	(August - Half)	16	August 16	(August - Half)
Aug 5 – Aug 18	17	August 23	(August - Half)	17	August 30	No Deductions
Aug 19 – Sept 1	18	September 6	(September - Half)	18	September 13	(September - Half)
Sept 2 – Sept 15	19	September 20	(September - Half)	19	September 27	(September - Half)
Sept 16 – Sept 29	20	October 4	(October - Half)	20	October 11	(October - Half)
Sept 30 – Oct 13	21	October 18	(October - Half)	21	October 25	(October - Half)
Oct 14 – Oct 27	22	November 1	(November - Half)	22	November 8	(November - Half)
Oct 28 – Nov 10	23	November 15	(November - Half)	23	November 23	(November – Half)
Nov 11 – Nov 24	24	November 29	No Deductions	24	December 6	(December – Half)
Nov 25 – Dec 8	25	December 13	(December – Half)	25	December 20	(December – Half)
Dec 9 – Dec 22	26	December 27	(December – Half)	26	January 3, 2019	(January – Half)
Dec 23 – Jan 5, 2019	1	January 10, 2019	(January – Half)	1	January 17, 2019	(January – Half)

*Please Note: Deferred Comp deductions are taken from 26 pay periods.*

**UJ4 (B): Administrative Services, Common Council, Community & Economic Development, Fire, Human Resources, Law, Mayor, Municipal Court, Police, Public Works Engineering Division.**

**UJ8 (B1): Parks, Recreation & Forestry, Public Works Operations, Parking, Sewer and Storm Divisions, and Transit.**



## QUICK REFERENCE GUIDE

Medical Plan	UMR (800) 826-9781 or call # on your ID card <a href="http://www.umar.com">www.umar.com</a>
HRA Appointment	Bellin Health HRA Clinic 2020 S Webster Ave Green Bay WI 54301 (920) 433-7883
Prescription Carrier (Retail & Mail Order)	Optum Rx (877) 559-2955 Optum Rx Mail Order (877) 390-9200
Dental Plans	<b>Dental Associates - Care Plus Plan</b> (920) 431-0345 <b>Humana Dental</b> (800) 233-4013
Flexible Spending Account (FSA) Personal Benefit Account (PBA)	Benefit Advantage (BA) 920-339-0351 <a href="http://www.benefitadvantage.com">http://www.benefitadvantage.com</a>
Voluntary Long Term Disability (LTD)	Aetna (866) 326-1380 <a href="http://www.aetnadisability.com">www.aetnadisability.com</a>
Voluntary Life Insurance	MetLife (800) 438-6388 <a href="http://www.metlife.com">www.metlife.com</a>
Voluntary Vision Insurance	Superior Vision Insurance Plan of Wisconsin (800) 883-5747 <a href="http://www.visionplans.com">www.visionplans.com</a>
Organ Transplant Carrier	OptumHealth Care Solutions 877-801-3507
Deferred Compensation 457 Plans	<b>ICMA-RC</b> (800) 669-7400 <a href="http://www.icmarc.org">www.icmarc.org</a> <b>Wisconsin Deferred Comp</b> (877) 457-9327 <a href="http://www.wdc457.org">www.wdc457.org</a>
Retirement Plan	Wisconsin Retirement System (WRS) (877) 533-5020 <a href="http://www.etf.wi.gov">www.etf.wi.gov</a>
Employee Assistance Program (EAP)	Employee Resource Center (ERC) (920) 403-7600
Occupational Health Nurse	(920) 448-3127 or <a href="mailto:lorikr@greenbaywi.gov">lorikr@greenbaywi.gov</a>
Wellness Coordinator	(920) 448-3101 or <a href="mailto:amberva@greenbaywi.gov">amberva@greenbaywi.gov</a>
Human Resources Benefits	(920) 448-3147 or <a href="mailto:humanresources@greenbaywi.gov">humanresources@greenbaywi.gov</a>

