

# 2019

## CITY OF GREEN BAY

### BENEFIT ENROLLMENT BOOKLET

City of Green Bay Employee,

November, 2018

We are excited to announce **ONLINE ENROLLMENT** for 2019 Benefits! Elections made during open enrollment will become effective January 1, 2019. The City of Green Bay is dedicated to providing you and your family with valuable benefit packages. The City's goal is to balance the needs of employees against the ever rising cost of health care.

**All Employees** will be required to complete the online enrollment process, whether you are electing benefits, keeping benefits the same, making changes, or waiving all benefits. Employees waiving health insurance coverage must complete the online enrollment process and select "Decline Benefit" or you will automatically default to single coverage.

2019 Changes

- Health and Dental Insurance premiums will increase by 3%.
- A High Deductible Health Plan (HDHP) Plan option will be offered in addition to our current PPO Co-pay plan.
- If you sign up for the HDHP, you will have the option to open up a Health Savings Account (HSA) or contribute to an existing HSA. You also will have the option to sign up for a Limited Flexible Spending Account (can only be used for vision and dental expenses)
- Colonoscopy/Mammogram - the first one covered at 100% per calendar year
- Teladoc – access to Board Certified Doctors 24/7/365
- Vision Insurance premiums will increase by 4%.

Open enrollment will be held **NOVEMBER 12 – NOVEMBER 28, 2018**. Deadline to submit your online enrollment is **November 28, 2018**.

SCHEDULE FOR EMPLOYEE BENEFIT MEETINGS	
Tuesday November 13, 2018	7:00 a.m. DPW West Side Garage 12:30 p.m. Transit
Wednesday November 14, 2018	12:00 p.m. Parks Maintenance Shop 3:00 p.m. City Hall Council Chambers
Thursday November 15, 2018	7:00 a.m. Water Utility 10:30 a.m. Police Station Training Room
Friday November 16, 2018	8:00 a.m. Fire Station 1 12:00 p.m. City Hall Council Chambers



## 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.

**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 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.

### 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).

**Premium Deductions:** Employee benefit deductions will be taken out in 24 equal installments.

**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.



## 2019 ELIGIBILITY AND BENEFIT OPTIONS

### Who Can You Add to Your Plan?

**Eligible:**

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

**Ineligible:**

- Divorced or legally separated spouse
- Common law spouse
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

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.

### *Health* | 1265

### HEALTH RISK ASSESSMENT

You can reduce your health insurance premium and earn PBA/HSA 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 27, 2019**. 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).

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

**Personal Benefit Account/Health Savings Account**

Employees participating in the City’s Health Insurance program can earn \$200-single and \$400-family in their Personal Benefit Account (PBA) or Health Savings Account (HAS) 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, 2019** to receive your PBA/HSA dollars. Once the form is uploaded you will receive credit under the *Health* | 1265 program, if eligible, and corresponding PBA/HSA 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.



**2019 HEALTH INSURANCE INFORMATION – PPO CO-PAY OPTION**  
**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						
Out of Network		\$35 Co-pay then Deductible and Coinsurance						
Bellin Health Fast Care at Shopko		\$0 Co-pay						
Teladoc (Access Board Certified Doctors 24/7/365)		\$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 Generic/\$25/\$45						
Mail Order		90-day supply for 2 co-pays						
(4 <sup>th</sup> Tier) 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>								
Chiropractic; Durable Medical Equip.; Speech; Physical Therapy;		Deductible, then 80% / 60%						
<b>2019 MONTHLY PREMIUM RATES</b>								
Total Monthly Premium	Single \$637.38		Family \$1,543.90					
<b>2019 BI-WEEKLY PREMIUM RATES</b>								
	11.5%		12.5%		13.75%		15%	
	EE	City	EE	City	EE	City	EE	City
Single	\$36.64	\$282.05	\$39.84	\$278.85	N/A	N/A	\$47.80	\$270.89
Family	\$88.77	\$683.18	\$96.49	\$675.46	\$106.14	\$665.81	\$115.79	\$656.16



**2019 HIGH DEDUCTIBLE HEALTH PLAN (HDHP)**  
**UMR - United HealthCare Choice Plus (Benefit Plan – Group Health Self-Funded)**

<b>Deductible</b>		<b>Single</b>	<b>Family</b>					
In Network		\$2,500	\$5,000					
Out of Network		\$5,000	\$10,000					
<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		\$5,000	\$10,000					
Out of Network		\$10,000	\$20,000					
<b>Lifetime Maximum</b>								
Unlimited								
<b>Office Visits</b>								
In Network		Deductible & Coinsurance						
Out of Network		Deductible & Coinsurance						
Bellin Health Fast Care at Shopko		Deductible & Coinsurance						
Teladoc (Access Board Certified Doctors 24/7/365)		Deductible & Coinsurance						
<b>Routine/Preventative Care</b>								
In Network		Select Services covered at 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		Deductible & Coinsurance						
Mail Order		Deductible & Coinsurance						
Specialty Pharmacy		Deductible & Coinsurance						
<b>Hospital Services</b>								
Deductible & Coinsurance								
<b>Emergency Room</b>								
Deductible & Coinsurance								
<b>Urgent Care</b>								
In Network		Deductible & Coinsurance						
Out of Network		Deductible & Coinsurance						
<b>2019 MONTHLY PREMIUM RATES</b>								
Total Monthly Premium		Single \$559.62	Family \$1,355.54					
<b>2019 BI-WEEKLY PREMIUM RATES</b>								
	11.5%		12.5%		13.75%		15%	
	EE	City	EE	City	EE	City	EE	City
Single	\$32.18	\$247.63	\$34.97	\$244.84	N/A	N/A	\$41.97	\$237.84
Family	\$77.94	\$599.83	\$84.72	\$593.05	\$93.19	\$584.58	\$101.66	\$576.11



## 2019 DENTAL INSURANCE

DENTAL CARRIER	DENTAL ASSOCIATES	HUMANA DENTAL
<b>Deductible</b>		
Single	\$0	\$50
Family	\$0	\$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 Prosthetic Services Removable or Fixed Bridgework	100%	After deductible, covered expense is payable at 50%
<b>Prosthetic 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	\$33.65	\$2.10	\$14.73	\$42.65	\$ 2.66	\$18.67
Family	\$102.23	\$6.39	\$44.73	\$129.62	\$ 8.10	\$56.71

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



## SUPERIOR VISION INSURANCE PLAN OF WISCONSIN VOLUNTARY BENEFIT

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 (Full Premium is paid by the Employees)</b>		
Employee Only	\$4.16	\$2.94
Limited Family	\$8.32	\$5.88
Family	\$11.02	\$7.78
<i>(Limited Family is defined as Employee + Spouse OR Employee + Children)</i>		

### SUPERIOR VISION - FIND A PROVIDER

Go to [https://www.superiorvision.com/member/locate\\_provider](https://www.superiorvision.com/member/locate_provider)

- Click on “Find a Provider”
- Enter location
- Coverage Type “**Insurance Through Your Employer**”
- Choose Your Network “**Superior Select Midwest**”
- Click on “Find Providers”



## 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 in \$10,000 increments without medical evidence if <u>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 \$250,000.</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 under 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. <b>Medical evidence required.</b></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:  $\$100,000/1000 = \$100 \times \text{age based rate } \$0.132 = \$13.20/2 = \$6.60$  Bi-weekly Premium

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

**More detailed information is available on Employee Self Service:** click “Resources” in the upper right corner

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

City of Green Bay Group Number: 154869



**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>							



## OTHER BENEFITS

### WISCONSIN RETIREMENT SYSTEM (WRS), DEFERRED COMPENSATION, AND EMPLOYEE ASSISTANCE PROGRAM (EAP)

**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	6.55% of earnings	6.55% of earnings
Protective with Social Security	6.55% of earnings	10.89% of earnings
Protective without Social Security	6.55% of earnings	15.29% of earnings
Elected Official	6.55% of earnings	6.55% 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. 2019 maximum contribution limits are listed below.

Plan	2019 Contribution Limit
Annual Deferral Limit for 457 Plans	\$19,000
Pre-Retirement Catch-Up Limit	\$19,000
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 assist 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.



## 2019 FLEXIBLE SPENDING ACCOUNT (FSA) AND DEPENDENT CARE ACCOUNT (DCA)

### Flexible Spending Account (FSA)

You are NOT eligible for an FSA if you are enrolled in a High Deductible Health Plan (HDHP). Benefit Advantage (BA) administers our FSA accounts. Elections **must** be made annually. Your FSA will terminate on December 31, 2018 if you do not re-enroll for 2019. 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.
- 2019 annual maximum contribution to the health care reimbursement FSA is \$2,700 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.

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.

Please note, if you choose the High Deductible Health Plan (HDHP) and have rollover dollars in your Flexible (Medical) Spending Account, or have Personal Benefit Account (PBA) dollars you have two options to use that money and must elect that option at open enrollment.

- Option 1: You can move the money to a Limited Purpose Flexible Spending account, which can be used only for vision and dental.
- Option 2: Once your 2019 deductible medical expenses reach \$1350 you can use that money toward your deductible.



## 2019 HEALTH SAVINGS ACCOUNT (HSA)

**Health Savings Account (HSA)** is a pre-tax savings account. It is available only to employees who enroll in the High Deductible Health Plan (HDHP). The City of Green Bay will provide an employer contribution to your HSA.

- In 2019 individuals can contribute up to \$3,500 and families can contribute up to \$7,000 to their HSA (these totals represent the total of employee and employer contributions).
- For 2019, if you are 55 or older, you can make a \$1,000 catch-up contribution.
- Money deposited in the HSA fund is done so on a pre-tax basis, and funds within the HSA grow without incurring taxes. Funds are withdrawn tax-free for healthcare related needs without having to file receipts, although you should keep your receipts in case you are ever audited.
- Money deposited in the HSA by the employee AND employer immediately become the employee’s asset and is portable.
- City of Green Bay will contribute \$500 for single and \$1,000 for family. This contribution will be distributed quarterly in 4 equal payments.

Pre-Tax Plan	What is this account and how does it work?	Maximum Contribution Allowed (2019)	Can money in accounts be “rolled over”?
Health Savings Account (HSA) Contribution Limit (Employer + Employee)	An HSA account can be funded with pre-tax dollars by you, your employer or both to help pay for eligible medical expenses.	Employee only coverage: \$3,500 Family coverage: \$7,000 Catchup contribution (55 year of age or older): \$1,000	Yes, amounts left in your HSA account can be rolled over year to year and is portable if you leave employment of the company.

## 2019 LIMITED-PURPOSE FLEXIBLE SPENDING

A limited-purpose flexible spending account (referred to as a limited-purpose FSA) is much like a typical, general-purpose health FSA. However, under a limited-purpose FSA, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse, and your eligible dependents.

Here’s how a limited-purpose FSA works. Money is set aside from your paycheck before taxes are taken out. You can then use your pre-tax FSA dollars to pay for eligible vision or dental expenses throughout the plan year. You save money on expenses you’re already paying for, like dental checkups, vision exams, eyeglasses, and much more.



## 2019 FLEXIBLE SPENDING ACCOUNT (FSA), PERSONAL BENEFIT ACCOUNT (PBA), DEPENDENT CARE ACCOUNT (DCA), LIMITED FLEXIBLE SPENDING AND MOBILE ACCESS

You will be able to log in to the BA website to upload reimbursements, view balance information for your 2019 elections and upload claims. Log in information is listed below.

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

#### Benefit Advantage

3431 Commodity Lane

Green Bay, WI 54304

Fax: 920-339-0038

Email: [claims@benadvan.com](mailto:claims@benadvan.com)

### Benefit Advantage Mobile:

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

### Instructions to log-in to "BenAdvan" Mobile App:

1. Download the Benefit Advantage App (BenAdvan) from your Apple App Store or Google Play
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.



# 2019 ONLINE ENROLLMENT INSTRUCTIONS

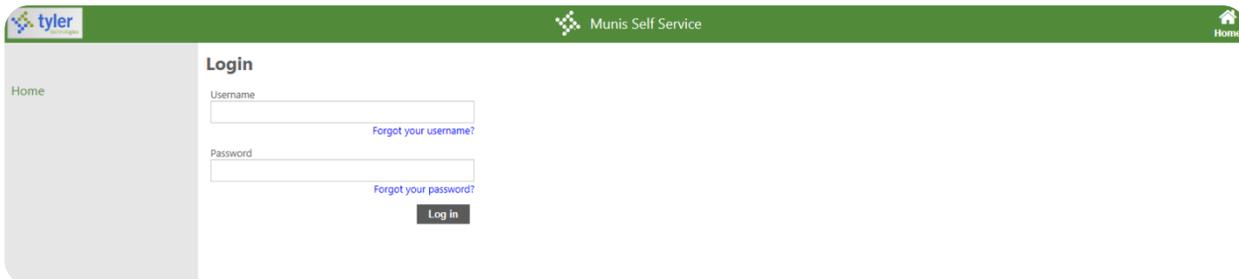
Employee Self Service (ESS) is available 24 hours a day, seven days a week.

## Step 1 – Log in

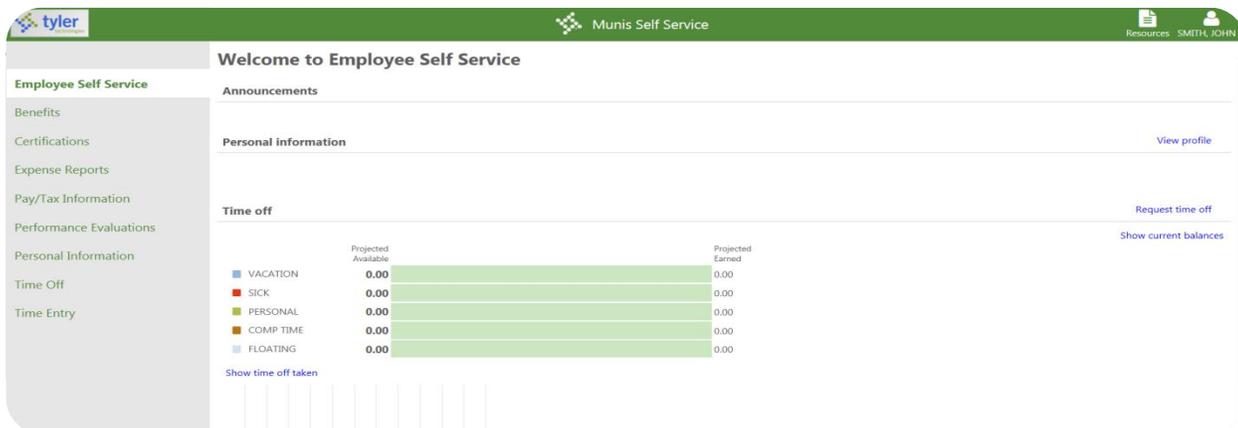
- Go online using Internet Explorer
- Go to: <https://munisselfservice.greenbaywi.gov/MSS/login.aspx>
- Enter your user name. *This is your employee ID number which can be found on your paycheck.*
- Enter your password.

If this is your first time logging into ESS your password will be the last 4 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.

If you have questions or need assistance call Human Resources at **920-448-3023** from 8:00 a.m. to 4:30 p.m., Monday through Friday.



After you successfully sign in, your personal Employee Self Service (ESS) home page will be displayed on your screen.



	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

# 2019 ONLINE ENROLLMENT INSTRUCTIONS (CONT.)

## Step 2 - View current benefits

- View your current plan choices.
- Hover over “details” to view dependent information and current premium costs.

The screenshot shows the Tyler Munis Self Service portal. The left sidebar has 'Benefits' circled in red. The main content area is titled 'Benefits' and 'Current Year Elections'. A warning message states: 'You must complete your open enrollment before 10/25/2018.' Below this is a table of current elections. A tooltip is displayed over the 'details' link for the Health Insurance row, showing the following information:

HEALTH INSURANCE	
ELECTION - HEALTH PLAN - FAMILY 12.5%	
EMILY SMITH	
JACK SMITH	
Pay Period Employee Cost	\$96.50
Pay Period Employer Cost	\$675.48
Annual Employee Cost	\$2,316.00
Annual Employer Cost	\$16,211.52

## Step 3 – Click “Open enrollment” icon

The screenshot shows the Tyler Munis Self Service portal. The left sidebar has 'Open Enrollment' selected. The main content area is titled 'Benefits' and 'Current Year Elections'. A warning message states: 'You must complete your open enrollment before 10/25/2018.' The word 'open enrollment' is circled in red. Below this is a table of current elections.

Benefit	Current Election
HEALTH INSURANCE	HEALTH PLAN - FAMILY 12.5% \$96.50   details
DENTAL INSURANCE	DENTAL ASSOCIATES - FAMILY \$6.20   details
VISION INSURANCE	VISION - FAMILY - FULL SERVICE \$10.60   details
LIFE INSURANCE EMPLOYEE 20K	LIFE INSURANCE - EMPLOYEE 20K \$2.72   details
CITY PAID LIFE INSURANCE	BASIC LIFE 1 X SALARY \$0.00   details
LIFE EMPLOYEE BUY-UP	LIFE INSURANCE - EMPLOYEE BUY-UP \$10.10   details
LIFE INSURANCE SPOUSE/DEPENDNT	LIFE INSURANCE - SPOUSE 50K DEPENDENT 10K \$3.04   details
LIFE INSURANCE SPOUSE BUY-UP	LIFE INSURANCE - SPOUSE BUY-UP \$4.50   details

# 2019 ONLINE ENROLLMENT INSTRUCTIONS (CONT.)

## Step 4 – Make your Elections

For each benefit listed, you must select **“Decline benefit”** or **“Make New Election”**. **“Make New Election”** must be selected if you wish to continue your current coverage(s) or make a change. There are a few benefits that will give you the option to select **“No changes”**, and if you do not have any changes, you should select this option.

### Open Enrollment

#### Make Elections

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/25/2018.*

Open Enrollment is your annual opportunity to modify your benefit choices. Grab a cup of coffee and complete your 2019 open enrollment.

Benefit	Current Election	New Election
HEALTH INSURANCE	HEALTH PLAN - FAMILY 12.5% \$93.68   <a href="#">details</a>	Election Not Made   <a href="#">Decline benefit</a>   <a href="#">Make New Election</a>
DENTAL INSURANCE	DENTAL ASSOCIATES - FAMILY \$6.20   <a href="#">details</a>	Election Not Made   <a href="#">Decline benefit</a>   <a href="#">Make New Election</a>
VISION INSURANCE	VISION - FAMILY - FULL SERVICE \$10.60   <a href="#">details</a>	Election Not Made   <a href="#">Decline benefit</a>   <a href="#">Make New Election</a>
LIFE INSURANCE EMPLOYEE 20K	LIFE INSURANCE - EMPLOYEE 20K \$2.72   <a href="#">details</a>	Election Not Made   <a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>
LIFE EMPLOYEE BUY-UP	LIFE INSURANCE - EMPLOYEE BUY-UP \$10.10   <a href="#">details</a>	Election Not Made   <a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>

If you select **“Make New Election”** for a benefit that gives you the option of single or family coverage, you will be required to select **“single”** or **“family”**.

The screenshot shows the 'Benefits' section for 'HEALTH INSURANCE' on the Muni Self Service portal. The page displays a list of election options with their respective costs. The first option, 'HEALTH PLAN - FAMILY 15%', is selected (indicated by a radio button) and circled in red. Below it are options for 'HEALTH PLAN - SINGLE 15%', 'HIGH DEDUCTIBLE HEALTH PLAN (HDHP) - FAMILY 15%', and 'HIGH DEDUCTIBLE HEALTH PLAN (HDHP) - SINGLE 15%'. At the bottom of the list is an option to 'Decline'. The page also includes a sidebar with navigation links like 'Open Enrollment', 'Certifications', and 'Expense Reports', and a top navigation bar with the 'tyler' logo and 'Munis Self Service' text.



## 2019 ONLINE ENROLLMENT INSTRUCTIONS (CONT.)

If family coverage is selected, you will be prompted to “add coverage” for each dependent you want covered. If a dependent is not listed in the drop down menu, and you want coverage for this individual, click “Add new dependent” and enter the required information.

ates shown belo will be adjusted based on completion of HRA. Declining benefit serves as your electronic signature for waiver of

- HEALTH PLAN - FAMILY 15%  
Annual Costs: Employee Cost \$2,778.96 / Employer Cost \$15,747.84  
Pay Period Costs: Employee Cost \$115.79 / Employer Cost \$656.16
- HEALTH PLAN - SINGLE 15%  
Annual Costs: Employee Cost \$1,147.20 / Employer Cost \$6,501.36  
Pay Period Costs: Employee Cost \$47.80 / Employer Cost \$270.89
- HIGH DEDUCTIBLE HEALTH PLAN (HDHP) - FAMILY 15%  
Annual Costs: Employee Cost \$2,511.12 / Employer Cost \$14,229.36  
Pay Period Costs: Employee Cost \$104.63 / Employer Cost \$592.89
- HIGH DEDUCTIBLE HEALTH PLAN (HDHP) - SINGLE 15%  
Annual Costs: Employee Cost \$1,036.80 / Employer Cost \$5,874.48  
Pay Period Costs: Employee Cost \$43.20 / Employer Cost \$244.77
- I Decline

SMITH, JACK

Coverage can be added for additional dependents.

Name	Date of Birth
EMILY SMITH	

Dependents added so far →

Once all dependents have been added, click “Continue”.

**Please note:**

- If you add a spouse or child to your coverage that was not previously covered, you will need to provide Human Resources with a marriage certificate for your spouse and a birth certificate for your child.
- All health insurance rates shown are defaulted to 15%. We will manually adjust your rate based on completion of Health Risk Assessment (HRA) requirements and *Health* | **1265** points, if applicable.



## 2019 ONLINE ENROLLMENT INSTRUCTIONS (CONT.)

Continue making your selections for each benefit. You will not be able to submit your choices until you have selected **“Decline benefit”**, **“Make New Election”** or **“No Changes”** for each benefit offered.

### Step 5 – Submit Your Changes

- Once you have completed your open enrollment selections, click “continue” at the bottom right hand of page.

FLEX SPENDING (FSA) DEPENDENT	FLEXIBLE SPENDING ACCOUNT (FSA) - DEPENDENT CARE \$200.00   <a href="#">details</a>	Declined	<a href="#">Change New Election</a>
FLEX SPENDING (FSA) MEDICAL	FLEXIBLE SPENDING ACCOUNT (FSA) - MEDICAL \$0.00   <a href="#">details</a>	Declined	<a href="#">Change New Election</a>

Continue

All costs are per pay period. Your estimated total cost per pay period is **\$161.13**. The [paycheck simulator](#) can show how this effects your net pay.

You will have the opportunity to Review your enrollment choices.

### Review your enrollment

#### Review

#### HEALTH INSURANCE

##### ELECTION - HEALTH PLAN - SINGLE 15%

Pay Period Employee Cost	\$115.79
Pay Period Employer Cost	\$656.16
Annual Employee Cost	\$2,778.96
Annual Employer Cost	\$15,747.84

#### DENTAL INSURANCE

##### ELECTION - HUMANA DENTAL - SINGLE

Pay Period Employee Cost	\$10.66
Pay Period Employer Cost	\$10.67
Annual Employee Cost	\$255.84
Annual Employer Cost	\$256.08

At this screen, review your benefit selections to ensure they are correct. This screen will also show your cost per pay period and your total annual benefit cost based on the benefits you selected. Once you have verified that your benefit selections are correct, click “Submit Choices”.

#### LONG TERM DISABILITY

##### ELECTION - LONG TERM DISABILITY - 90 DAY WAITING PERIOD

Pay Period Employee Cost	\$11.04
Annual Employee Cost	\$264.96

#### FLEX SPENDING (FSA) DEPENDENT

##### ELECTION - Declined

#### FLEX SPENDING (FSA) MEDICAL

##### ELECTION - Declined

TOTAL PAY PERIOD EMPLOYEE COST	\$161.13
TOTAL ANNUAL EMPLOYEE COST	\$3,867.12

Submit Choices
Modify
Cancel

**Important!** Your enrollment will not be complete until you click **“Submit Choices”** and confirm your final choices. You can submit changes as many times as you want throughout the open enrollment period, but you will have to go through the whole process each time you make any changes.

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



## 2019 PAYROLL CALENDAR

PAY PERIOD	PR #	(B)/Water Pay Date	Health/Dental Vision/Life/LTD Deductions	PR #	(B1) Pay Date	Health/Dental Vision/Life/LTD Deductions
Dec 9 – Dec 22, 2018	26	December 27	(December – Half)	26	January 3, 2019	No Deductions
Dec 23 – Jan 5, 2019	1	January 10	(January – Half)	1	January 17	(January – Half)
Jan 6 – Jan 19	2	January 24	(January – Half)	2	January 31	(January – Half)
Jan 20 – Feb 2	3	February 7	(February - Half)	3	February 14	(February - Half)
Feb 3 – Feb 16	4	February 21	(February - Half)	4	February 28	(February - Half)
Feb 17 – March 2	5	March 7	(March - Half)	5	March 14	(March - Half)
March 3 – March 16	6	March 21	(March - Half)	6	March 28	(March - Half)
March 17 – March 30	7	April 4	(April - Half)	7	April 11	(April - Half)
March 31 – April 13	8	April 18	(April - Half)	8	April 25	(April - Half)
April 14 – April 27	9	May 2	(May - Half)	9	May 9	(May - Half)
April 28 – May 11	10	May 16	(May - Half)	10	May 23	(May - Half)
May 12 – May 25	11	May 30	No Deductions	11	June 6	(June - Half)
May 26 – June 8	12	June 13	(June - Half)	12	June 20	(June - Half)
June 9 – June 22	13	June 27	(June - Half)	13	July 5	(July - Half)
June 23 – July 6	14	July 11	(July - Half)	14	July 18	(July - Half)
July 7 – July 20	15	July 25	(July - Half)	15	August 1	(August - Half)
July 21 – Aug 3	16	August 8	(August - Half)	16	August 15	(August - Half)
Aug 4 – Aug 17	17	August 22	(August - Half)	17	August 29	No Deductions
Aug 18 – Aug 31	18	September 5	(September - Half)	18	September 12	(September - Half)
Sept 1 – Sept 14	19	September 19	(September - Half)	19	September 26	(September - Half)
Sept 15 – Sept 28	20	October 3	(October - Half)	20	October 10	(October - Half)
Sept 29 – Oct 12	21	October 17	(October - Half)	21	October 24	(October - Half)
Oct 13 – Oct 26	22	October 31	No Deductions	22	November 7	(November - Half)
Oct 27 – Nov 9	23	November 14	(November - Half)	23	November 21	(November – Half)
Nov 10 – Nov 23	24	November 29	(November - Half)	24	December 5	(December – Half)
Nov 24 – Dec 7	25	December 12	(December – Half)	25	December 19	(December – Half)
Dec 8 – Dec 21	26	December 26	(December – Half)	26	January 2, 2020	No Deductions
Dec 22 – Jan 4, 2020	1	January 9, 2020	(January – Half)	1	January 16, 2020	(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) Limited Purpose Flexible Spending	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>

