

# 2017 OPEN ENROLLMENT BOOKLET

October 17, 2016 through November 4, 2016



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**Other Benefit Information available on-line at [www.milwaukee.gov/der/benefits2017](http://www.milwaukee.gov/der/benefits2017)**

## WHAT'S NEW IN 2017?

**Healthy Rewards in 2017** – To be eligible for a \$250 Health Reimbursement Account (HRA) you must complete phase I of the Wellness Program, the 3 step health appraisal process (lab work, online health questionnaire and 30 minute coaching session). The Healthy Rewards Program runs from July 1, 2016 through June 30, 2017. Employees and spouses/partners earning 100 points through biometrics and various activity/programs will qualify for a \$250 HRA (\$500 if the spouse completes). These funds work similar to a FSA account except the funds carry over from year to year if unused. For more information, see pages 25- 27 or visit our website [www.milwaukee.gov/der/wycm](http://www.milwaukee.gov/der/wycm)

**Workplace Clinic** – In 2017, Workforce Health will continue to offer the services of an on-site Nurse Practitioner through the City's onsite Workplace Clinic. These services are **FREE** to employees and spouses/partners regardless of whether they take the City's insurance. The Clinic is located in the Zeidler Municipal Building (use Market Street entrance). **\*\*Free parking is now available to individuals coming to the clinic outside of the City Hall Complex.** For more information, see page 30 or visit our website [www.milwaukee.gov/der/wycm](http://www.milwaukee.gov/der/wycm)

**Early Intervention Physical Therapy Clinic** – Employees and spouses/partners can have preventive physical therapy care to address strains, pains, and musculoskeletal issues that occur at home or at work before they become a serious health claim or worker's compensation injury. This is a **FREE** service to employees and spouses/partners regardless of whether they take the City's insurance. The office is located in the Zeidler Municipal Building (use Market Street entrance). For more information, see page 32 or visit our website [www.milwaukee.gov/der/wycm](http://www.milwaukee.gov/der/wycm)

**Life Insurance** – Metlife will be the life insurance carrier for the City of Milwaukee effective January 1, 2017. Due to this change a **special one-time opportunity to enroll in any percentage of Voluntary Life Insurance without Evidence of Insurability (EOI) is being offered during the 2017 Open Enrollment** period. For future open enrollments, Evidence of Insurability may be required. New rates for Voluntary and Family Life Insurance will also go into effect on January 1, 2017. Age banded rates for Voluntary Life are decreasing and the price of Family Life is increasing. Additional information regarding the Life Insurance plan and EOI rules is available on our website [www.cmers.com](http://www.cmers.com). You may also contact Employees' Retirement System at (414) 286-6157.

**Affordable Care Act (ACA) Verification of Health Insurance Coverage** - Under the ACA all City employees need to show verification of health insurance coverage. The City will mail employees a tax form to submit with their annual taxes that shows proof of health insurance coverage. Employees who do not have coverage through the City or through a spouse/other family member will be subject to financial penalties under the ACA.

**Deferred Compensation Plan** – As of October 3<sup>rd</sup>, the Plan has a new recordkeeper, Voya, a revised investment line-up, new features, and a new enrollment process that runs October 3<sup>rd</sup> – 28<sup>th</sup>. Transition packets were mailed to employees in early September and informational sessions about these changes are on-going. All employees must complete the new enrollment process, even if already participating in the Plan. Importantly, if an employee or retiree does not make elections during the plan enrollment period, certain defaults may apply (**except that no defaults will apply to active unionized police and fire**). Log-on to [www.enrollmilwaukeedcp.com](http://www.enrollmilwaukeedcp.com) or call 844-360-MDCP (6327) to complete enrollment.

# HEALTH & DENTAL OPEN ENROLLMENT

## **Annual Open Enrollment - October 17, 2016 through November 4, 2016**

The City's Annual Open Enrollment period is upon us once again. The rates may influence your health plan choice for the year 2017. Please go online to [www.milwaukee.gov/der/benefits2017](http://www.milwaukee.gov/der/benefits2017) to see the rate chart for the employee share of the premium. Premiums for public safety employees will be in accordance with applicable labor agreements. The benefit design including but not limited to the deductibles, co-pays, co-insurance and out of pocket maximums may be changed for 2017 for any particular group of employees, including public safety employees, based on Common Council action.

This is your only opportunity during the year to make a change to your health or dental plan for plan year 2017. Review the information in this booklet, especially the plan comparison tables (beginning on page 7). If you want more information about a particular plan, call the health or dental plan directly. Their phone numbers and websites are on page 50. You may also pick up plan information packets at the Open Enrollment Fairs as listed on page 5, or at the Department of Employee Relations in City Hall Room 706.

All Active employees will use the online Employee Self Service Program to make benefit changes. The system is accessed with a web browser at work or home. Login on the Internet at [www.milwaukee.gov/selfservice](http://www.milwaukee.gov/selfservice). All employees must have their Employee ID Number and a Password. To request or reset a password, go to [www.Milwaukee.gov/rits](http://www.Milwaukee.gov/rits).

## **HEALTH PLANS - YEAR 2017**

United Healthcare will administer three self-funded health plans for the City of Milwaukee:

**UHC CHOICE PLAN** - The City's self-funded EPO Plan with deductibles, co-insurance and out of pocket maximums, 1-800-841-4901, [www.myuhc.com](http://www.myuhc.com)

**UHC CHOICE PLUS PLAN** – The City's self-funded PPO Plan with higher deductibles, co-insurance and out of pocket maximums, 1-800-841-4901, [www.myuhc.com](http://www.myuhc.com).

**HIGH DEDUCTIBLE HEALTH PLAN (Active City Full-Time Employees)** – The City's high deductible health plan has a benefit design and coverage that is very different from the UHC-Choice and Choice Plus plans. See page 10 for additional information.

## **DENTAL PLANS - YEAR 2017**

The City has contracted with three dental plans in 2017; they are listed below:

- **CarePlus Benefit Plans, Inc.**
- **Anthem-Dental Blue**
- **MetLife Dental**



# *Open Enrollment Fairs*

The City will hold seven (7) Open Enrollment Fairs that are open to all City employees and retirees. The schedule is listed below.

Tuesday, October 18 <sup>th</sup> - 1:00 p.m. to 4:00 p.m. ....	Fire and Police Academy 6680 North Teutonia Avenue
Thursday, October 20 <sup>th</sup> - 9:00 a.m. to 1:00 p.m. ....	City Hall Rotunda 200 East Wells Street
Tuesday, October 25 <sup>th</sup> - 1:00 p.m. to 4:30 p.m. ....	DPW Field Headquarters 3850 North 35 <sup>th</sup> Street
Wednesday, October 26 <sup>th</sup> - 1:30 p.m. to 5:30 p.m. ....	Wilson Park Senior Center 2601 West Howard Avenue
Thursday, October 27 <sup>th</sup> - 2:00 p.m. to 5:00 p.m. ....	Tippecanoe Public Library 3912 South Howell Avenue
Tuesday, November 1 <sup>st</sup> - 1:00 p.m. to 4:00 p.m. ....	Hillside Family Resource Center 1452 North 7 <sup>th</sup> Street
Thursday, November 3 <sup>rd</sup> - 9:00 a.m. to 1:00 p.m. ....	City Hall Rotunda 200 East Wells Street

# NOTICES

## Notice to New Employees

All new employees to the City of Milwaukee will have a thirty day (30) waiting period for health and dental benefits. New employees must enroll through the self service program within 30 days of their City start date. If you're enrolling in health/dental insurance and adding a spouse; domestic partner, dependent children and domestic partner children, you must submit a copy of the marriage certificate, birth certificate and include the social security number for each dependent enrolling in benefits.

## Notice to Employees Regarding the Thirty-Day Rule:

You must enter the Life Event changes **within 30 days** of births and marriages (including marriage to another City employee) through self-service. You must submit a copy of the marriage certificate, birth certificate and include social security number for each dependent enrolling in benefits. Non-compliance with this Thirty-Day Rule may expose you to additional costs. There will be no exceptions to this rule.

Active employees are responsible for keeping their enrollment status current. Login on the Internet to [milwaukee.gov/selfservice](http://milwaukee.gov/selfservice). All employees must have their Employee ID number (6-digits) and a Password. To request or reset a password go to [www.milwaukee.gov/rits](http://www.milwaukee.gov/rits).

## Notice to Employees regarding the One-Family Plan Rule:

City employees who are married to each other may only carry one health plan and one dental plan between them. One spouse may carry both health and dental plans, or one spouse may carry the health plan and the other spouse may carry the dental plan. You are required to report your marriage to another city employee within 30 days of the date of your marriage. There may be financial penalties if you fail to report your marriage. City of Milwaukee Management employees whose spouse is employed by another governmental agency may only be enrolled in a family coverage with the City of Milwaukee or with their spouse's employer, but not both.

## Notice to Employees Separating from the City

Active employees separating from the City are eligible to have their insurance through **the end of the following month after their separation**. Discharges will have coverage through **the end of the month of the discharge**. Members receiving health and dental benefits through the end of the following month are responsible for the employee share of the premium. **If your payment has not been deducted on your paycheck for the final month, you will be billed.**

## Domestic Partners and children

Domestic Partner medical benefits are available for all City employees. City employees must be in a registered Domestic Partnership in order to be eligible for these benefits. The children of the domestic partner are also eligible for benefits. There are tax implications associated with the benefits. Call **Vaughn Brooks, Employee Benefits at 286-2178** or visit our website [www.milwaukee.gov/der/benefits2017](http://www.milwaukee.gov/der/benefits2017) for additional information.

## UHC Premium Tier 1 Providers

The UHC Premium Tier 1 designates a list of physicians who offer better health outcomes and higher quality care at more competitive costs. Members using Premium Tier 1 Providers will pay a lower co-insurance, 10% compared with non-premium providers at 30%. If a provider is not evaluated, members will continue to pay a 10% co-insurance. For more information about Premium Tier 1 Providers go to [www.myuhc.com](http://www.myuhc.com).

### **DISCLAIMER:**

*This booklet does not necessarily imply you are eligible for City health and/or dental coverage. Only persons eligible under labor contract provisions, Common Council resolutions, or COBRA may enroll. In making these various plans available, the City of Milwaukee is not endorsing the selection of a particular plan or the level of benefits or quality of care offered by a particular plan. It is the responsibility of the employee to carefully review the plan and to make a decision based on this review. This material was prepared with the cooperation of the City's health and dental plans.*

## TO DO LIST & REMINDERS

- **Deferred Compensation** – As of October 3rd, the Plan has a new recordkeeper, Voya, a revised investment line-up, new features, and a new enrollment process. **All employees MUST make elections during the Plan enrollment period from Oct 3-28 (This is different from the City's Open Enrollment period for other benefits).** If an employee does not make elections during the Plan enrollment period, certain default elections may apply (**except that no defaults will apply to active unionized fire and police**). Unlike the City's other enrollment programs, participants in the Plan will be able to make changes at any time to their accounts (i.e., participants are not "locked into" their elections after the enrollment period closes). Transition packets were mailed to employees detailing the enrollment process in early September. Be on the look-out for informational sessions, which are ongoing! Log-on to [www.enrollmilwaukeedcp.com](http://www.enrollmilwaukeedcp.com) or call 844-360-MDCP (6327) to complete enrollment/elections process.
- **Flexible Spending Program** – You must enroll or re-enroll each plan year. Re-enrollment is not automatic. **Dependent Care is for childcare expenses for your dependent(s) that are 12 years old or younger.**
- **Health/Dental Insurance** – Employees waiving health and/or dental insurance must complete a waiver form.
- **Long Term Disability** – Eligible employees are automatically enrolled in the **Basic (Core) LTD** with 180 day waiting period. Eligible employees can buy-up to a better plan and reduce the waiting period to 60, 90 or 120 days. All eligible employees can enroll in the **LTD Buy-up** when first hired after the completion of a 6-month waiting period or during open enrollment. You can only **waive** the LTD Buy-up during open enrollment.
- **Adding A Dependent** – Please remember to complete the entire "Life Event" process by enrolling them in health and/or dental benefits. You are required to submit verification of dependent eligibility (marriage certificate, birth certificate). Please send a copy to Employee Benefits Division, 200 East Wells Street, Room 706, or fax it to (414) 286-2356.
- **Divorce** – Employees are required to report divorces within 30 days of the divorce. Ex-spouses will have health and/or dental benefits through the end of the month of the divorce. Failure to report divorces within 30 days may effect employee premiums and Cobra eligibility.
- **Return to Work** – Employees returning to work from layoff or leave of absence are required to submit health, dental and FSA enrollment forms. Employees returning to work from layoff who were enrolled in the **LTD Buy-up** must **re-enroll**.
- **Deductions** – Health and dental deductions are taken the 1<sup>st</sup> and 2<sup>nd</sup> paychecks of the month. Commuter Value Pass (CVP) deductions are taken the 1<sup>st</sup> paycheck of the month. Group Life Insurance (Voluntary & Family Life) deductions are taken from the 2<sup>nd</sup> paycheck of the month. Long Term Disability (Buy Up), Flexible Spending Account (Medical, Dependent Care & Parking) and Pension deductions are taken each paycheck of the month.
- **Beneficiaries** – Please remember to update your Life Insurance, Deferred Compensation and Pension Beneficiaries when one of the following occurs; birth, divorce or death.

## SUMMARY OF HEALTH INSURANCE BENEFITS FOR CITY OF MILWAUKEE\*

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail. The benefit design may change during 2017 based on Common Council action.

Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
<b>1. Annual Deductible – (Employee Pays)</b> Individual Deductible Family Deductible	\$ 750 per year \$1,500 per year	\$1,500 per year \$3,000 per year	\$3,000 per year \$6,000 per year
<b>2. Co-Insurance – (Employee Pays)</b> Individual Family  <b>*Lower Co-insurance (10%) is charged for UHC Premium Tier 1 Provider or non-evaluated Provider.</b>	10% or 30%* up to \$750  10% or 30%* up to \$1,500 per family not to exceed \$750 per member.	10% or 30% up to \$1,500  10% or 30% up to \$3,000 per family not to exceed \$1,500 per member.	30% up to \$3,000  30% up to \$6,000 per family not to exceed \$3,000 per member.
<b>3. Out-of-Pocket Maximum for Health – (Employee Pays)</b> <b>(Includes both deductible &amp; co-insurance)</b> Individual Out-of-Pocket Maximum Family Out-of-Pocket Maximum	\$1,500 per year \$3,000 per year	\$3,000 per year \$6,000 per year	\$ 6,000 per year \$12,000 per year
<b>4. Emergency Health Services (Employee Pays)</b> <b>(The ER co-pay applies to the out of pocket maximum).</b>	\$200 co-pay per visit.	\$200 co-pay per visit.	\$200 co-pay per visit.
<b>5. Physician Fees for Surgical &amp; Medical Services</b>  <b>*Increases to 90% for UHC Premium Tier 1 Provider or non-evaluated Provider.</b>	70%* after Deductible met  <b>*Increases to 90% for UHC Premium Tier 1 Provider.</b>	70%* after Deductible met  <b>*Increases to 90% for UHC Premium Tier 1 Provider.</b>	70% after Deductible met.
<b>6. Physician Office Services – Sickness &amp; Injury</b>  <b>*Increases to 90% for UHC Premium Tier 1 Provider or non-evaluated Provider.</b>	70%* after Deductible met.  <b>*Increases to 90% for UHC Premium Tier 1 Provider.</b>	70%** after Deductible met.  <b>*Increases to 90% for UHC Premium Tier 1 Provider.</b>	70% after Deductible met.
<b>7. Preventive Care Services (Plan Pays)</b> Include Preventive Care Visit, Lab, or other preventive test. Generally, when a service is performed during your preventive care visit and had rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force; and there are no known symptoms, illnesses or history, the services will be considered for this benefit.  For more information about preventive services that might be for you, visit <a href="http://www.uhcpreventivecare.com">www.uhcpreventivecare.com</a> .	100% Deductible does not apply.	100% Deductible does not apply.	Not Covered.
<b>8. Prescription Drug Benefits - administered by Optum RX. The employee pays:</b> <b>Retail Pharmacy – 30 day supply</b>  <b>Mail Order – up to 90 day supply</b> <b>(Prescription co-insurance does not apply to the deductible or medical out of pocket maximum).</b>	20% co-insurance (minimum \$4 & maximum \$75).  20% co-insurance ( <b>20% of the total cost of a 3 month supply. Minimum \$8 &amp; maximum \$150).</b>	20% co-insurance (minimum \$4 & maximum \$75).  20% co-insurance ( <b>20% of the total cost of a 3 month supply. Minimum \$8 &amp; maximum \$150).</b>	Not Covered.  Not Covered.
<b>9. Out-of-Pocket Maximum for Prescriptions – (Employee Pays)</b>	\$3600	\$3600	Not Covered.

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Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
<b>10. Lifetime Maximum</b>	No Lifetime Maximum.	No Lifetime Maximum.	No Lifetime Maximum.
<b>11. Benefit Plan Co-Insurance – Amount the Plan pays for #11 - #31(except for #29 &amp; #30).</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>12. Ambulance Services – Emergency &amp; approved Non-Emergency</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>13. Autism Spectrum Disorder Services</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>14. Dental Accident/Oral Surgery (UHC-Choice members must use in-network providers).</b>  Oral Surgery coverage is limited to <b>13</b> specific oral surgical procedures. (See end of benefit summary on pg. 9).*	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>15. Durable Medical Equipment</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>16. Hearing Aids</b>  Benefits are limited to enrolled dependent children under 18 years of age. Limited to one hearing aid per ear every 3 years.	90% after Deductible met	90% after Deductible met.	70% after Deductible met.
<b>17. Home Health Care</b>  Benefits are limited to <b>40</b> visits per calendar year.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>18. Hospice</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>19. Hospital – Inpatient Stay</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>20. Lab, X-Ray &amp; Diagnostics - Outpatient</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>21. Mental Health Services</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>22. Rehabilitation Services – Chiropractic Treatment</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>23. Rehabilitation Services – Outpatient Therapy</b>  Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy, and Respiratory therapy. 50 visit maximum per year for each necessary therapy.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.

## SUMMARY OF HEALTH INSURANCE BENEFITS FOR CITY OF MILWAUKEE\*

NOTE: This summary is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. The Summary Plan Description shall prevail. The benefit design may change during 2017 based on Common Council action.

Type of Coverage	CITY OF MILWAUKEE UHC CHOICE PLAN	CITY OF MILWAUKEE UHC CHOICE PLUS PLAN	
	Network Only Benefits	Network Benefits	Non-Network Benefits
<b>24. Skilled Nursing Facility/Inpatient Rehabilitation Facility Services.</b> 120 day maximum per inpatient stay.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>25. Substance Use Disorder</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>26. Temporomandibular Joint disorder Treatment (TMJ)</b> Benefits are limited to <b>\$1,250</b> per year for diagnostic procedures and non-surgical treatment.	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>27. Transplant Services</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>28. Urgent Care</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>29. Vision Care</b> <b>One routine vision exam per year.</b>  <b>Optometrist</b>  <b>Ophthalmologist - **Increases to 90% for UHC Premium Tier 1 Provider.</b>  <b>NO ADDITIONAL DISCOUNTS FOR FRAMES OR LENSES.</b> For more information about in-network physicians, visit <a href="http://www.myuhc.com">www.myuhc.com</a> .	90% after Deductible met.  70%**after Deductible met.  <b>**Increases to 90% if UHC Premium Tier 1 Provider.</b>	90% after Deductible met.  70%**after Deductible met.  <b>**Increases to 90% if UHC Premium Tier 1 Provider.</b>	Not Covered.  Not Covered.
<b>30. Nutritional Counseling</b>  <b>Dietitian</b>  <b>Physician</b>  <b>*Increases to 90% for UHC Premium Tier 1 Provider or non-evaluated Provider.</b>	90% after Deductible met.  70%*after Deductible met.  <b>*Increases to 90% for UHC Premium Tier 1 Provider.</b>	90% after Deductible met.  70%*after Deductible met.  <b>*Increases to 90% for UHC Premium Tier 1 Provider.</b>	70% after Deductible met.  70% after Deductible met.
<b>31. Prosthetic Devices</b>	90% after Deductible met.	90% after Deductible met.	70% after Deductible met.
<b>32. Dependent Coverage</b>	Include employee's spouse; domestic partner, eligible dependent children, stepchildren, foster children, grandchildren (if the parent is an eligible dependent child under the age of 18), domestic partner's children, adopted children and children placed for adoption as mandated by the State or Federal government. Based on the Affordable Care Act, coverage for dependent children is through the end of the calendar year in which the dependent child turns 26, without regard to the child's school status, marital status or dependent status.		

**United Healthcare Oral Surgery is limited to the following 13 oral surgical procedures. UHC-Choice members must use in-network providers (see #14 on page 8).**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Surgical removal of bony impacted teeth;</li> <li>2. Excision of tumors, cysts of the jaws, cheeks, lips, tongue, roof of mouth when such conditions require pathological examination;</li> <li>3. Surgical procedures required to correct accidental injuries of the jaws, cheeks, lips, tongue, roof and floor of mouth;</li> <li>4. Apicoectomy;</li> <li>5. Excision of exostosis of jaws and hard palate;</li> <li>6. Treatment of fractures of facial bones;</li> </ol> | <ol style="list-style-type: none"> <li>7. External incisions and drainage of cellulitis;</li> <li>8. Incision of accessory sinuses, salivary glands or ducts;</li> <li>9. Gingivectomy;</li> <li>10. Alveolectomy;</li> <li>11. Frenectomy;</li> <li>12. Removal of retained root;</li> <li>13. Gingival and Apical curettage.</li> </ol> |
|---|---|

## **City of Milwaukee**

### **High Deductible Health Plan (HDHP) for Active City Employees**

The City's High Deductible Health Plan (HDHP) has a benefit design and coverage that is **VERY DIFFERENT** from the UHC-Choice and Choice Plus plans. **Please review carefully before selecting this plan.**

**In-Network Providers:** Members selecting the HDHP will need to use in-network providers for all covered services and will use the UHC Choice Network panel of providers.

**Combined Deductible:** Members selecting the HDHP will have a combined \$1,500 (single) and \$3,000 (family) deductible for their medical and prescription drugs. If the member selects family, one person in the family may be responsible for the entire \$3,000 family deductible, unlike other city plans.

**Co-Insurance:** Members selecting the HDHP will have a \$1,500 (single) and \$3,000 (family) co-insurance for medical services. If the member selects family, one person may be responsible for the entire \$3,000 co-insurance.

**Out of Pocket Maximum (OOP max):** Members selecting the HDHP will have a \$3,000 (single) and \$6,000 (family) combined medical and prescription drug OOP max. If the member selects family, one person in the family may be responsible for the entire \$6,000 family OOP max.

**Prescription Drugs:** Members selecting the HDHP will pay 100% for prescription drugs as part of a joint medical and prescription drug deductible and OOP max. After the member or family deductible for medical and prescription drug cost (\$1,500 or \$3,000) is met, then member will pay 20% of the total cost for prescription drugs until the OOP max (\$3,000 or \$6,000) is met. There are no minimum or maximum costs for prescription drugs with the HDHP. The combined HDHP deductibles and OOP max do apply.

**Emergency Room:** Members selecting the HDHP will pay 100% for emergency room services until their full single/family deductible is met. After the deductible is met, the member will be responsible for co-insurance until their \$3,000 or \$6,000 OOP max is met.

**Preventive Care:** Preventive services are covered at 100% without deductible and OOP max, but must be submitted with appropriate preventive coding.

**UHC Premium Tier 1 Providers:** Members selecting the HDHP will have a 30% co-insurance if they see a non-Tier 1 Premium provider or 10% co-insurance if they see a Tier 1 Premium provider.

**Qualified High Deductible Health Plan:** The plan is a qualified high deductible health plan that allows a member to set up a health savings account (HSA). The City **will not** be contributing to a member's HSA.

The rates for the HDHP are on the DER website at [www.milwaukee.gov/der/benefits2017](http://www.milwaukee.gov/der/benefits2017) .

## **BENEFIT PLAN DEFINITIONS**

**Deductible** – The amount you are required to pay each year before the plan begins to pay benefits. You begin accumulating expenses toward the satisfaction of your deductible at the beginning of each benefit year.

**Co-Insurance** – The percentage of the cost you pay when you receive certain health care services. For **UHC Choice Plan**, you pay 10% or 30% up to \$750 single and \$1500 family. For **in-network** with **UHC Choice Plus Plan**, you pay 10% or 30% up to \$1500 single and \$3000 family. See below for information on UnitedHealthcare Premium Tier 1 Providers for difference in co-insurance amounts.

**Co-payment** – The flat dollar amount you pay when you receive certain medical care services. Co-pays may be due at the time you receive the service. Example: Emergency Room co-pays are \$200 per visit.

**In-Network** – The care or services provided by doctors, hospitals, labs or other facilities that participate in the network of providers assembled by your UnitedHealthcare. Generally, you pay less when you receive care in-network because the providers agree to charge a pre-negotiated, lower fee. This reduces your out-of-pocket costs and the overall claim cost.

**Out-of-Network** – The care or services furnished by doctors, hospitals, labs or other facilities that do not participate in the UnitedHealthcare's provider network. If you are enrolled in the Choice Plus Plan and use an out-of-network provider, your share of the cost is based on the reasonable and customary charges allowed by the plan. Amounts charged over the reasonable and customary do not count towards the annual deductibles and out-of-pocket maximums.

**Out-of-Pocket Maximum** – The maximum amount you'll pay during the year for covered health care services. When you meet the annual out-of-pocket maximum, the plan will pay the full cost of covered expenses for the remainder of the benefit year. Covered expenses (deductibles and co-insurance amounts) apply towards the out-of-pocket maximum.

**UnitedHealthcare Premium Tier 1 Providers** – Members pay lower co-insurance amounts (10%) for services provided by UnitedHealthcare Premium Tier 1 Physicians. UnitedHealthcare Premium Tier 1 Physicians are evaluated annually and receive the premium designation for providing higher quality care with better patient outcomes at a lower cost. For quality care and cost efficiency measures, providers must meet national industry standards of care and local market benchmarks for the cost-efficient use of resources in delivering care.

If a provider is not evaluated for Premium Tier 1, members will continue to pay a 10% coinsurance.



## UHC has valuable tools to help you live a healthier life.

The following resources may help you better understand your health benefits and provide ways for you to maintain and improve your health, and reduce your out of pocket costs. These easy-to-use interactive tools are designed to help you in making more informed health decisions and provide access to the online programs and services to help you live the healthiest life possible.

1

### **myuhc.com**      **FREE**

The tools and information at myuhc.com® are both practical and personalized so you can get the most out of your benefits. Learn about health conditions, treatments and costs. Find in-network providers, and order your mail order medications. See how myuhc.com can help you manage your health care coverage and make more informed decisions about medical treatments and overall wellness. Register at [www.myuhc.com](http://www.myuhc.com) and get started today.

2

### **myHealthcare Cost Estimator**      **FREE**

my Healthcare Cost Estimator (myHCE) helps you to research treatment options based on your specific situation. Learn about the recommended care, estimated costs and time to treat your condition. The care path allows you to see the appointments, tests and follow up care involved, from your first consult to last follow up visit. Create a custom estimate based on your own plan details and selected provider and facilities. This tool is accessible thru myuhc.com and the Health4me App!

3

### **Health4Me**      **FREE**

If you are always on the go, the UnitedHealthcare Health4Me™ App provides instant access to your family's important health information — anytime/anywhere. Whether you want to find a physician near you, check the status of a claim or speak directly with a health care professional, Health4Me is your go-to resource. It is available for download now on the App store for iPhone® or Google® Play for Android.

4

### **Virtual Visits**      **Will reduce Out-of-Pocket Costs**

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription\*, if needed, that you can pick up at your local pharmacy, and, it's part of your health benefits. Not all medical conditions can be treated on a Virtual Visit. Average visit will only cost \$40 - \$50. Register for Virtual Visits thru your myuhc.com site.

5

### **Tier 1 Providers**      **Will reduce Out-of-Pocket Costs**

Receive the highest quality care at the lowest cost for your family by seeing Tier 1 Providers. Doctors in 27 medical specialties are evaluated using national standards for quality and local benchmarks for cost efficiency. You will pay a lower coinsurance of 10% (not 30%) by choosing a Tier 1 Premium Provider. If your doctor's specialty is not evaluated, you will automatically receive benefits at the 10% coinsurance level.

6

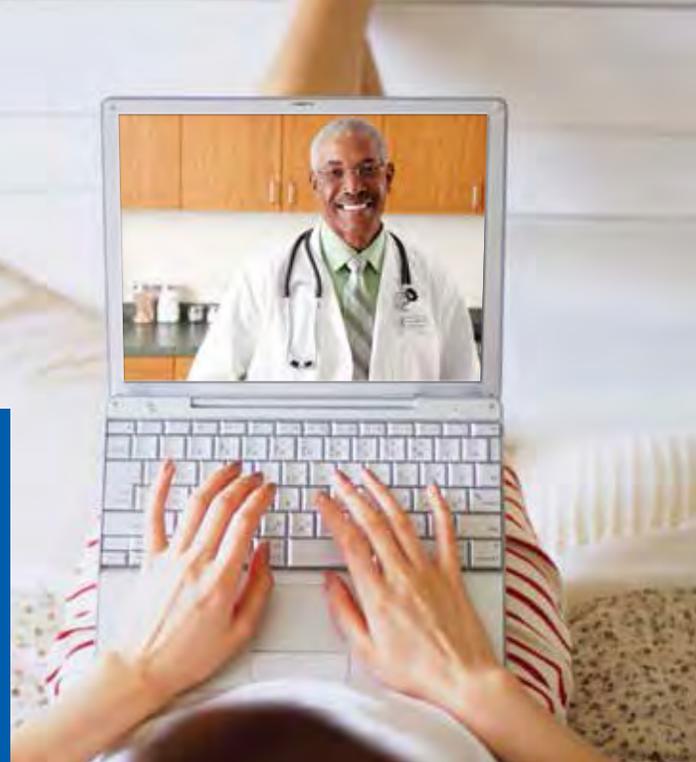
### **myNurseLine<sub>sm</sub>**      **FREE**

One toll-free number connects you with a registered nurse who will take the time to understand what is going on with your health and provide personalized information that is right for you. This is all available 24 hours a day, seven days a week, at no additional cost to you, as part of your benefit plan. To talk with a myNurseLine nurse, call the Customer Service number on your plan ID card, or visit [myuhc.com](http://myuhc.com).



# Virtual Visits

Get access to care online.  
Any where. Any time.



When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription\*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

## Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/  
Urinary tract infection
- Diarrhea
- Rash
- Bronchitis
- Fever
- Sinus problems
- Cold/flu
- Migraine/headaches
- Sore throat
- Pink eye
- Stomach ache

## Access virtual visits

Log in to **myuhc.com**<sup>®</sup> and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.



To learn more, login to [myuhc.com](https://myuhc.com)

## Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

## Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones

\* Prescription services may not be available in all states.

Access to virtual visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Take advantage of Care24<sup>®</sup> services – information and support is just a phone call away.



Care24 services, a complimentary benefit from your health plan, offers you access to a wide range of health and well-being information and support—seven days a week, 24 hours a day at the following toll-free phone number, **1-800-942-4746**. Care24 services connects you with registered nurses or master’s-level counselors who are here to help you with almost any problem ranging from medical and family matters to personal legal\*, financial and emotional needs.

### Connecting people with information and resources

Care24 services provides you with access to experienced professionals including:

- ▶ Registered nurses
- ▶ Master’s-level counselors
- ▶ Legal and financial professionals
- ▶ Community resources

### Audio resources available on a wide range of health topics

With Care24 services, you can also choose to listen to audio messages on more than 1,100 health and well-being topics. To listen to your message of choice, press \* to speak with a nurse who will provide you with information on the health topics along with the three digit access pin number. More than 600 audio messages are recorded and available in Spanish, along with multi-lingual translation services, and service for callers with hearing impairments.

### Care24 helps you with:

- Childhood illnesses
- Minor illnesses and injuries
- Medication information and safety
- Relationship worries
- Choosing appropriate medical care
- Stress and anxiety
- Coping with grief and loss
- Personal legal and financial issues
- Self-care information
- Finding a doctor

Call the following toll free number:

**1-800-942-4746**

to get started.



# City of Milwaukee Employee Assistance Program



## What Does The EAP Help With?

- Alcohol/Drugs
- Domestic Violence
- Mood/Anxiety Concerns
- Family Issues
- Financial Difficulties
- Interpersonal Problems
- Legal Problems
- Marital/Couple Difficulties
- Stress Management

◇ *Contact the EAP for more information.*



Scan Me!

## What is The Employee Assistance Program (EAP)?

The employee assistance program, or EAP, is a brief counseling, assessment and referral service for employees and their family who may be experiencing personal or work place problems. Everyone has problems from time to time. Usually, we work them out. But sometimes problems persist, becoming serious enough to affect us both off and on the job.

At such times, an EAP may be able to help.

It is your program to utilize when you and your family members need help. If you know a co-worker is having problems, remind them of the program. If you have questions or comments, feel free to call for a confidential consultation.

## Discover the convenience of OptumRx<sup>®</sup> Mail Service Member Select<sup>SM</sup>



Mail Service Member Select is a home delivery program that makes it easy for you to receive your ongoing medications by mail. This program will save you time and help you better manage the medication you take regularly. Not only is home delivery safe and reliable, it also offers the following advantages:



**Cost savings:** You may pay less for your medication with a three-month supply through OptumRx.



**Convenience:** Get free standard shipping on medications delivered to your mailbox.



**24/7 access and reminders:** Speak to a pharmacist who can answer your questions any time, any day. Even set up text and email reminders to help you remember to take or refill your medications.\*

### Choose your fill preference

You can choose to fill your maintenance medication through either OptumRx or a retail pharmacy. If you choose a retail pharmacy, you must disenroll from the Mail Service Member Select program.

The program allows you two retail pharmacy fills of your maintenance medication before you must choose. If you do not take action after the second retail fill, you may pay more for your medication until you make a decision.

## Making the choice

To choose home delivery, use any of the following options.

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### By online registration:

Visit **myuhc.com**<sup>®</sup>, and select *Manage My Prescriptions*. You can manage your medication online, including filling new prescriptions and transferring other prescriptions to home delivery. You can also set up text message reminders to help manage your medication schedule. Be sure to have your health plan ID card and medication bottles on hand.



### By phone:

Just call the member phone number on the back of your plan ID card to talk with a customer service representative right now. It's helpful to have your plan ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription.



### By mail:

Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to **myuhc.com** and download the new prescription order form. Mail it to the address provided on the bottom of the form.



### By fax / ePrescribe:

Ask your doctor to call **1-800-791-7658** for instructions on how to fax your prescription directly to OptumRx. Or your doctor can send an electronic prescription to OptumRx.

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To disenroll from Mail Service Member Select, contact OptumRx by calling the member phone number on the back of your ID card or visit **myuhc.com**—within the pharmacy section you can manage your mail service options under **My Account**. Here you will be able to disenroll from the Mail Service Member Select Program.

\*OptumRx provides this service at no cost. Standard message and data rates charged by your carrier may apply.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum<sup>™</sup> company — a leading provider of integrated health services. Learn more at **optum.com**.

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## Coupons for brand-name medications Are these really a good deal?

Drug companies are using copay coupons to increase sales of brand-name medications. They offer coupons or other kinds of discounts that lower or eliminate your copay, or cost, for a specific drug.

That seems like a pretty good deal.

### So what's the problem?

Drug companies typically offer coupons only on their most expensive medications. While a coupon means you pay less, the total, or true cost of the brand-name medication doesn't change.

Look at the difference in true average cost for a 30-day supply of Lipitor® and its generic version:

	Generic Lipitor true cost: <b>\$10</b> <sup>1</sup>
	Brand Lipitor true cost: <b>\$225</b> <sup>1</sup>

### Who pays?

- Your employer
- You

As your employer's costs go up, your cost likely will, too. You could face higher health care premiums, higher copays and coinsurance and possibly reduced access to prescription drug coverage.

### Coupons mean much higher costs

	Total cost of generic Lipitor: <b>\$120</b> per patient, per year
	Total cost of branded Lipitor: <b>\$2,700</b> per patient, per year

**2,250%  
more**

#### Remember:

Many coupons expire after a short trial period. When they do, you may end up paying much more.

## What can I do?

Don't assume that coupons are a good deal. They can cost you in the long run.

Here are a few simple steps you can take to help keep your prescriptions affordable:



Use **generic medications** whenever possible — even if a coupon for the brand is available. Your cost for the generic will likely be similar to your cost for the brand, even with the coupon.

If a generic isn't available, ask your doctor if there is a brand-name medication or a different generic medication that's less expensive.



Be sure to check **myuhc.com**<sup>®</sup>, where you can find coverage details and lower-cost medication options.



For medications you need to treat an ongoing condition, such as high blood pressure or high cholesterol, you may save by using home delivery.

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## Questions?

We're here to help you find the lowest-cost options.

Call the number on the back of your plan ID card or visit **myuhc.com**<sup>®</sup>.

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<sup>1</sup>OptumRx external commercial book of business, third quarter of 2015.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum<sup>®</sup> company — a leading provider of integrated health services. Learn more at **optum.com**.

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# City of Milwaukee Diabetic Benefits for Actives

## Diabetic Claims (Equipment and Supplies) Claims Adjudication Processes

<b>Non-Medicare Actives</b>	
<b>Item</b>	<b>Claim Adjudication</b>
<p><b>Durable Medical Equipment (DME)</b> to include insulin pumps and the supplies used for insulin pumps.</p>	<p>Processed through the medical benefit for both UHC Choice and UHC Choice Plus (See #15 on the Summary Benefit Table)</p> <p>Glucose meters and insulin pumps are covered at 90% co-insurance after satisfying deductible.</p>
<p><b>Diabetic testing supplies to include test strips, syringes, lancets, etc.</b></p>	<p>Processed through the pharmacy benefit for both UHC Choice and UHC Choice Plus.</p> <ul style="list-style-type: none"> <li>• <b>All</b> members have a 20% co-insurance (minimum \$4 and maximum \$75) for diabetic testing supplies through OptumRX.</li> <li>• <b>All</b> members have a 20% co-insurance for mail orders. 20% of the total cost of a 3 month supply (minimum \$8 and maximum \$150) for diabetic testing supplies through OptumRX.</li> </ul>

## Women’s Health and Cancer Right Act Notice Special Rights Following Mastectomy

A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

1. Reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications of mastectomy.

The City of Milwaukee health plans comply with these requirements. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. The City of Milwaukee health plans do not impose penalties (for example, reducing or limiting reimbursements) and do not provide incentives to induce attending providers to provide care inconsistent with these requirements.

Questions, call the Employee Benefits Office at (414) 286-3184.

# CITY OF MILWAUKEE DENTAL PLAN COMPARISON CHART

NOTE: These comparisons describe the benefit program in general terms. These benefits are subject to the terms and conditions of the master contracts.

	<b>CAREPLUS</b> Smile Advantage IN-NETWORK	<b>DENTALBLUE</b> (WI DentalCare) Standard IN-NETWORK	<b>METLIFE DENTAL PLAN <sup>6</sup></b> IN-NETWORK AND OUT OF NETWORK		
			Police	Fire	General
<b>ANNUAL MAXIMUM</b>	Unlimited	Unlimited	\$1,000	\$1,000	\$1,000
<b>DEDUCTIBLE</b> Single Family	None None	None None	\$25 \$75	\$25 \$75	\$25 \$75
<b>DIAGNOSTIC (Ded waived)</b> Oral Exam, X-Rays	Covered	Covered	You Pay 20%	You Pay 20%	(deductible waived) Covered <sup>1,9</sup>
<b>PREVENTIVE</b> Cleaning (2x/yr) Fluoride (2x/yr) Sealants (2x/yr)	Covered Covered-age 18 <sup>2</sup> Covered-age 15 <sup>2</sup>	Covered Covered-age 15 <sup>2</sup>	You Pay 20% Covered-age 18 <sup>2</sup> Covered-age 24	You Pay 20% Covered-age 18 <sup>2</sup> Covered-age 24	Covered <sup>1,9</sup> Covered-age 18 <sup>2</sup> Covered-age 24
<b>RESTORATIVE</b> Fillings <sup>3</sup> Crowns <sup>4</sup>	Covered Covered <sup>4</sup>	Covered Covered <sup>5</sup>	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%
<b>PROSTHODONTICS</b> Bridges, Dentures Implants	Covered <sup>4</sup> Not Covered	Covered <sup>5</sup> Not Covered	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%	You Pay 20% You Pay 20%
<b>PROSTHETICS</b> Denture Repairs	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
<b>ORAL SURGERY<sup>6</sup></b> Simple Extractions	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
<b>ENDODONTICS</b> Root Canals	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
<b>PERIODONTICS<sup>6</sup></b> Treatment of Gums & Tissue	Covered	Covered	You Pay 20%	You Pay 20%	You Pay 20%
<b>ORTHODONTICS: Example Based on \$5000 Treatment Plan.</b>					
<b>Maximum Plan will pay Employee Co payment<sup>7</sup></b>	None \$750	None 50% of \$5000 up to \$750	60% up to \$2,000 40% of treatment plan charges.  You would also be responsible for 100% of the charges exceeding \$3,333.	60% up to \$1,000 40% of treatment plan charges.  You would also be responsible for 100% of the charges exceeding \$1,666.	50% up to \$1,200 50% of treatment plan charges.  You would also be responsible for 100% of the charges exceeding \$2,400.
<b>Deductible Dependent Age Limit Invisalign Braces</b>	None None Not Covered	None None Not Covered	None 26 <sup>8</sup> Covered	None 26 <sup>8</sup> Covered	None 26 <sup>8</sup> Covered
<b>Expected co-pay on \$5,000 Treatment Plan:</b>	You Pay \$750	You Pay \$750	You pay \$3,000	You pay \$4,000	You pay \$3,800

**NOTES:**

1. Covered at 100% of "maximum plan allowance" or the total dollar amount allowed for each dental procedure code.
2. Coverage may extend beyond age limit indicated if part of a Periodontal Treatment Plan.
3. White composite on posterior teeth may be subject to co-payments and/or covered at a lesser percentage than indicated.
4. Covered with base or noble metal. High noble metal is extra.
5. Only base metal covered. Noble or high noble metal and related lab fees are subject to co-payments. Many dentists only use noble

metals. Ask your provider to document your out-of-pocket expense prior to initiating treatment.

6. Does not duplicate medical coverage.
7. A new co-payment will be assessed should you change dental plans during orthodontic treatment. Care+plus may reduce the required co-payment for transferring ortho-in-treatment patients based on treatment previously received and remaining length of treatment.
8. Employee and spouse are not subject to age limit indicated.
9. MetLife (General City) – Diagnostic and Preventive will not count against the annual maximum or deductible.

**CarePlus** has five clinics in the Milwaukee area. You do not need to specify a clinic preference when enrolling and may use the clinics interchangeably. Visit the CarePlus website, [www.careplusdentalplans.com](http://www.careplusdentalplans.com).

**Clinics are located at:**

2100 Miller Pkwy  
11711 W. Burleigh Street  
6855 S. 27<sup>th</sup> Street  
205 E. Wisconsin Avenue  
306 E. Pleasant Street

**DentalBlue** clinics are located throughout the metropolitan area. You **must** select a clinic from the Anthem Dentacare Standard Provider Directory and indicate a 12 digit clinic/center number during enrollment. DentaCare Directory available on our website, navigate to: [www.milwaukee.gov/der/benefits2017](http://www.milwaukee.gov/der/benefits2017). Choose your provider thoughtfully. **DentalBlue does not allow clinic changes outside of open enrollment and will not pay for treatment rendered at a clinic other than the one you select.** Family members are required to use the same clinic although they may see different dentists within the clinic.

Visit DentalBlue's website, [www.anthem.com](http://www.anthem.com) (Select "WI" and "DentalBlue-Dentacare Standard Network" then designate your search parameter.)

**MetLife** covers the dentist of your choice. You do not need to select a clinic or provider as part of enrollment, and may switch dentists at will. Family members can utilize different clinics and clinicians. By choosing a MetLife participating provider you will not be "balanced billed" for amounts that exceed your co-pay.

**\*Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.**

To access more information or find a participating general dentist or specialist, visit MetLife's website [www.metlife.com/dental](http://www.metlife.com/dental). Enter zip code and select plan type Preferred Dental Program (PDP) Plus".

### **MetLife Preferred Dental Program (PDP) Savings\* Examples**

You may see any dentist – in-network or out-of-network -- with the MetLife dental plan. These hypothetical examples illustrate how receiving services from a PDP (in-network) dentist can save you money and get more services for the \$1000 annual maximum. Both examples assume any applicable deductibles have been met prior to these services being rendered. The R&C Fee refers to "reasonable and customary fees" that MetLife will use as a maximum for that specific service with non-network providers, and the "Dentist's Usual Fee" refers to an amount higher than either the PDP fee or the R&C fee that a non-network dentist may charge.

Your out-of-pocket costs are usually lower when you visit network dentists. That's because they have agreed to accept negotiated fees that are typically 15 to 45% less than average dental charges in the same community. This may help lower your final costs and stretch your plan maximum. Negotiated fees may even extend to non-covered services and services provided after you've reached the plan maximum.

## METLIFE DENTAL

### Example 1 -      **Your Dentist says you need a Crown —**

- PDP Fee: \$375.00
- R&C Fee: \$500.00
- Dentist's Usual Fee: \$600.00

<b>IN-NETWORK</b> When you receive care from a participating PDP dentist:		<b>OUT-OF-NETWORK</b> When you receive care from a non-participating dentist:	
Dentist's Usual Fee is:	\$600.00	Dentist's Usual Fee is:	\$600.00
The PDP Fee is:	\$375.00	The R&C Fee is:	\$500.00
<b>Your Plan Pays:</b>		<b>Your Plan Pays:</b>	
80% X \$375 PDP Fee:	- \$300.00	80% X \$500 R&C Fee:	- \$400.00
Your Out-of-Pocket Cost:	\$75.00	Your Out-of-Pocket Cost:	\$200.00

In this example, you save \$125.00 (\$200.00 minus \$75.00)... by using a participating PDP dentist.

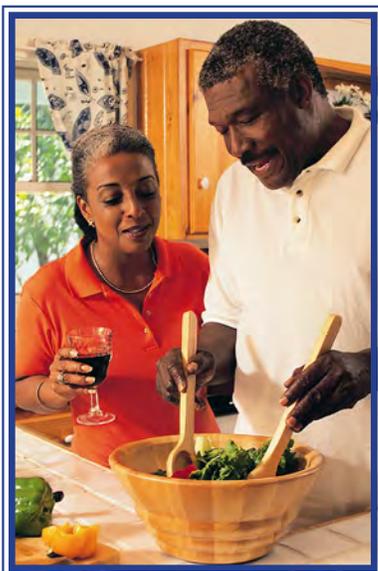
### Example 2 -      **Your Dentist says you need a Filling —**

- PDP Fee: \$100.00
- R&C Fee: \$125.00
- Dentist's Usual Fee: \$150.00

<b>N-NETWORK</b> When you receive care from a participating PDP dentist:		<b>OUT-OF-NETWORK</b> When you receive care from a non-participating dentist:	
Dentist's Usual Fee is:	\$150.00	Dentist's Usual Fee is:	\$150.00
The PDP Fee is:	\$100.00	The R&C Fee is:	\$125.00
<b>Your Plan Pays:</b>		<b>Your Plan Pays:</b>	
80% X \$100 PDP Fee:	- \$80.00	80% X \$125 R&C Fee:	- \$100.00
Your Out-of-Pocket Cost:	\$20.00	Your Out-of-Pocket Cost:	\$50.00

In this example you save \$30.00 (\$50.00 minus \$20.00)... by using a participating PDP dentist.

\* Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered. Negotiated fees on non-covered services may not apply in all states.



**Your chance to save.  
Your chance to choose.  
Your chance is now.**

Workforce Health is privileged to deliver the City of Milwaukee's comprehensive wellness program. Please look for important details in the Wellness Launch Kit that was mailed to you in July as well as information posted on DER's Wellness website. Employees and spouses/partners have the opportunity to participate in the 3-Step Health Appraisal process and the Healthy Rewards program regardless of whether they take the City's health insurance. Employees and spouses/partners are also eligible to participate in free citywide wellness programming and services.



The City is committed to establishing a workplace culture that enhances employees lives and offers all the tools necessary to meet employees/spouses wherever they're at on their road to good health. Workforce Health is proud to support those efforts and bring wellness to work for the City of Milwaukee.



*Workforce Health works with progressive area organizations who want to make employee health a key business initiative. They recognize the wellness of their workforce as an economic imperative and partner with us to improve the health of their employees. Our programs and services are customized to meet the needs of both employers and employees. Based on the company's aggregate health assessment data, we are able to create an overall company health profile. We'll work with the company to design a wellness plan that best fits their employees' needs and resources to improve health.*



[workforcehealth.org](http://workforcehealth.org)

# Don't Leave Money on the Table!

Choosing to participate in the 3-step health appraisal process will save you money and allow you the opportunity to earn a \$250 HRA (Health Reimbursement Account) through Healthy Rewards.

City of Milwaukee health insurance participants who do not complete the 3-step health appraisal process will pay a health appraisal fee.

The 3-step health appraisal includes:

1. Lab Work
2. Online Health Questionnaire
3. Health Appraisal Session
  - Tobacco Education (if applicable)

In addition, those employees and spouses/partners who choose not to participate in the 3-step process are also ineligible to participate in Healthy Rewards and earn a \$250 per person HRA.

## The Cost of Not Participating

### Example A: Single Employee enrolled in the City's health insurance

- Pays \$30 monthly fee or \$360 annually
- Not eligible to participate in Healthy Rewards and receive \$250 HRA
- **Total amount lost = \$610**

### Example B: Employee and Spouse enrolled in the City's health insurance

- Pays \$60 monthly fee or \$720 annually
- Not eligible to participate in Healthy Rewards and receive \$500 HRA
- **Total amount lost = \$1,220**

Join your fellow employees in avoiding health appraisal fees and becoming eligible to participate in Healthy Rewards by choosing to fully participate in the 3-step process today!



Workforce Health

# Phase II

# Healthy Rewards



To be eligible for **Phase II**, you must complete **Phase I**

**Healthy Rewards** is the City's incentive-based wellness program where you complete 100 points total to earn \$250 in a Health Reimbursement Account (\$500 if spouse/ domestic partner completes program).

### How the program works:

- Employees/spouses/domestic partners who complete the **3-Step Health Appraisal process** are automatically awarded biometric points for lab results.
- Workforce Health compares your 2015 and 2016 lab results. Each category in the optimal or improved range earns 10 biometric points. (See Biometric Category Range table on the Department of Employee Relations (DER) website).
- Rechecks for all four biometric categories are available at the City's Wellness Center and Workplace Clinic.
- Additional point opportunities will be available throughout the year and can be submitted at your 30-minute health appraisal session, via e-mail, phone or fax.
- E-mail: [cityofmke@froedtert.com](mailto:cityofmke@froedtert.com) • Phone **414-777-3410** • Fax **262-253-5152**

## Biometric/Lab Point Opportunities

A minimum of 20 points must come from this section

		Points	Track Your Points Earned
<b>Waist circumference</b>	Optimal category or improve a category from 2015 to 2016. <b>Recheck available*</b>	10	
<b>Fasting blood glucose</b>	Optimal category or improve a category from 2015 to 2016. <b>Recheck available*</b>	10	
<b>LDL</b>	Optimal category or improve a category from 2015 to 2016. <b>Recheck available*</b>	10	
<b>Blood pressure</b>	Optimal category or improve a category from 2015 to 2016. <b>Recheck available*</b>	10	
<b>Nicotine and cotinine</b>	Negative test earns 10 points. Negative in 2016 after positive in 2015 earns 20 points.	10 or 20	
<b>Potential biometric points:</b>		<b>60</b>	

\*Recheck available at the Wellness Center or Workplace Clinic (Located in the Zeidler Municipal Building.)

If you think you might be unable to meet a standard for a reward under this program, you may qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Relations (DER) at 414-286-3184, and we will work to find a program with the same reward that is right for you in light of your health status.

The program runs from  
**July 1, 2016**  
through  
**June 30, 2017**

- Points will be viewable after Feb 1, 2017

### Points can be submitted:

- At your 30 minute health appraisal session
- Via fax 262-253-5152
- Via phone 414-777-3410
- Via e-mail [cityofmke@froedtert.com](mailto:cityofmke@froedtert.com)
- At the Wellness Center or the Traveling Wellness Center

In partnership with



Workforce Health

## Earn 100 points total to earn a \$250 Health Reimbursement Account (HRA)

### Additional Point Opportunities

#### Educational

		Points	Track Your Points Earned
<b>15-Minute coaching session</b> (One session per week allowed)	Meet with a Workforce Health (WFH) coach to discuss your health goals. May be done in person or telephonically. <b>One session required</b> if you earn less than 40 biometric points. Schedule at <a href="http://www.pickatime.com/healthyrewards">www.pickatime.com/healthyrewards</a>	10 points each, maximum 30	
<b>Group or department programs</b>	Visit <a href="#">DER website*</a> listed at the bottom of page for more info and the schedule of programs	Varies, maximum 30	
<b>Lunch 'N Learns</b>	See the <a href="#">DER website*</a> for a schedule	5 points each, maximum 15	
<b>Financial wellness</b>	Attend a Deferred Compensation Plan educational session	5 points, maximum 5	
<b>Financial wellness</b>	One-on-one coaching session with a Deferred Compensation Plan Representative	5 points, maximum 5	
<b>Financial wellness</b>	Log-in to your Deferred Compensation account or enroll in the Deferred Compensation plan	5 points, maximum 5	

#### Preventive

<b>Primary care physician release</b>	Your full lab results will be sent to your PCP	5 points, maximum 5	
<b>Preventative/wellness exam</b>	Show a copy of your explanation of benefits or a paid bill	10 points, maximum 20	
<b>Annual dental exam</b>	Show a copy of your explanation of benefits or a paid bill	10 points, maximum 10	
<b>Annual flu shot</b>	Show a copy of your explanation of benefits, a paid bill or sign a release when WFH provides flu shots in Fall 2016	5 points, maximum 5	
<b>Blood pressure checks</b>	Complete five blood pressure checks at the Wellness Center	5 points, maximum 5	
<b>Health4Me app</b>	Sign up for the Health4Me app or create an account on MyUHC.com	5 points, maximum 5	

#### Activity (Maximum 30 points from this section)

<b>Physical activity</b>	200,000 steps during a 4-week period (no self report) (E.g. report through an activity tracking device or trackable app)	5 points	
<b>Physical activity</b>	600 minutes of activity during a 4-week period for biking, swimming, running or walking (no self report)	5 points	
<b>Physical activity</b>	Eight classes, general visits at an athletic club or organized sporting events during a 4 week period (no self report) (E.g. printout of number of visits or attendance log)	5 points	
<b>Physical activity</b>	Attending an organized athletic event (walk, run, triathlon, etc.) (E.g. copy of registration form, photo or results printout)	5 points	

Earn all 30 activity points from one and/or all physical activity options listed above.

Your total points from pg. 1 & pg. 2

<b>Potential additional points</b>	<b>170</b>	
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\* For more information, visit the DER website: [www.milwaukee.gov/der/WYCM](http://www.milwaukee.gov/der/WYCM)

# City of Milwaukee Wellness Center

The **FREE** Wellness Center is a resource designed to keep you healthy.

## Location: Room 101

841 N. Broadway, Milwaukee  
(Zeidler Municipal Building)

Enter through the Market St. entrance on the corner of Kilbourn Ave. and Market St.

## Wellness Center Hours:

**Monday:** 8:00 a.m. - 10:30 a.m.

**Tuesday:** 9:30 a.m. - 1:30 p.m.  
(Dietitians on site)

**Wednesday:** 8:00 a.m. - 3:30 p.m.

**Friday:** 8:00 a.m. - 12:00 p.m.

To make an appointment, please call **414-777-3413**.  
Drop-ins are welcome on a first come, first served basis.



## Wellness Services:

- Health coaching
- Nutrition advice
- Blood pressure checks
- Healthy Rewards program support
- Diabetes coaching
- Physical activity guidance
- Stress management
- Tips for restful sleep
- Meal planning
- Tobacco cessation resources
- Weight management

## Cost:

The Wellness Center is **FREE** for all City of Milwaukee employees, their spouses and domestic partners. You do not need to have health insurance through the City to utilize.

# Meet Your Coaches



## **Marin**, Senior Health Coach

Wellness is a broad topic that spans occupational, emotional, environmental, spiritual, cultural, intellectual, and physical health. As a health coach, my primary goal is to create an environment where you have the time to truly think about your ideal vision of wellness, and what steps you can take to get there. The wellness center is a safe place for you to set goals, learn from those goals, and strive toward your ideal vision of wellness, whatever that is for you.

## **Jessica**, Registered Nurse

“My goal as a health educator is to empower individuals to make a positive change to their life, even if it is something small. It’s exciting to watch others take their health and well-being into their own hands and realize they can make positive changes on their own. I am there to be your ‘cheerleader’ and help you along your way.”



## **Chris**, Registered Dietitian

“As a registered dietitian for almost 20 years I have seen food trends come and go, but I remain focused on teaching my clients the core principles of good nutrition with a focus on the benefits of eating a wide variety of foods to meet our daily macro- and micro-nutrient needs. I live and teach a healthy lifestyle in order to help my clients achieve their wellness goals through better eating and behavior modification.”

## **Carole**, Registered Dietitian

“It is a challenge to live and breathe wellness 24/7. However, it is a lifestyle that needs constant balance. It is my passion to hear people share with me stories about their health and wellness journey. Everyone has a story and no two stories are alike.”



# City of Milwaukee Workplace Clinic

Convenient, on-site health  
care services at no cost.

## Location:

841 N. Broadway, Milwaukee  
(Zeidler Municipal Building)

Enter through the Market St. entrance on the corner  
of Kilbourn Ave. and Market St.

## Clinic Schedule and Appointments:

**Monday:** 7 a.m. - 3 p.m.

**Tuesday:** 7 a.m. - 3 p.m.

**Wednesday:** 9 a.m. - 5 p.m.

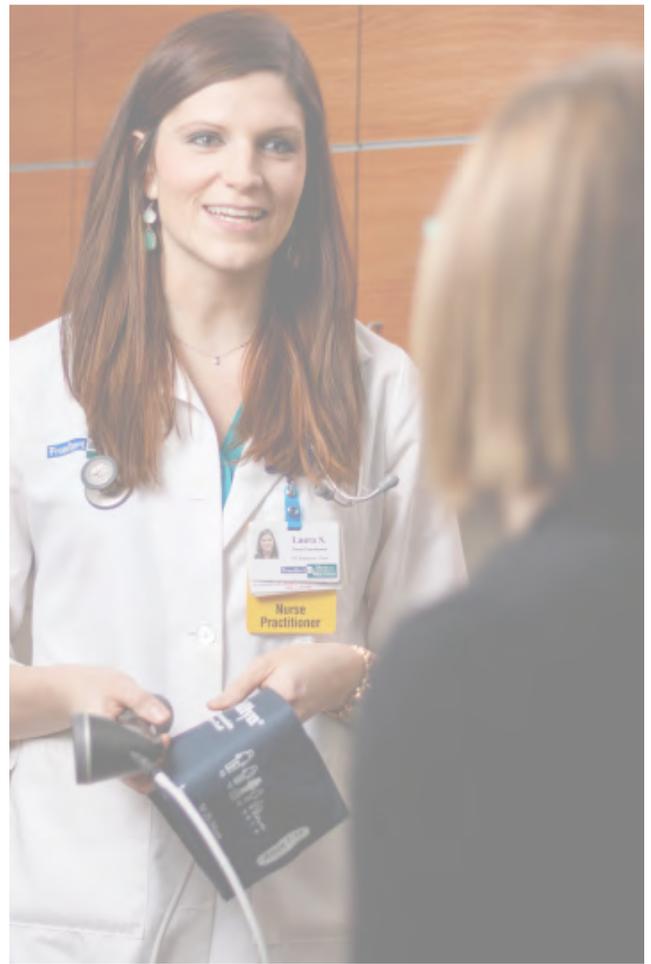
**Thursday:** 7 a.m. - 3 p.m.

**Friday:** 7 a.m. - 3 p.m.

To make an appointment, please call **414-777-3413**.

## Treatment Services:

- Ear infections
- Insect bites
- Pink eye
- Rashes
- Flu/cold symptoms
- Smoking cessation
- Urinary tract infections
- Respiratory infections
- Sprains and strains



## ID Required:

If you and your spouse/partner are covered under the City's health care insurance, bring your UHC insurance card just like you would to any other appointment. If you and your spouse/partner are not covered under the City's health care insurance, please bring your employee ID or your spouse/partner's ID number along with your health insurance card.

## Cost:

The clinic is **FREE** for all City of Milwaukee employees, their spouses and domestic partners. You do not need to have health insurance through the City to utilize.

# Meet Your Providers

## City of Milwaukee Workplace Clinic



### Laura, FNP, Nurse Practitioner

“It’s truly an honor to be a nurse practitioner for the City of Milwaukee. I believe effective health care requires teamwork; the patient strives for wellness while the provider is accessible and genuinely cares about the patient. I enjoy treating a variety of acute illnesses and chronic conditions and feel every patient deserves individualized care.”



### Jennifer, NP, APNP Adult-Gerontology Primary Care

“I believe in empowering patients with the knowledge of how to lead healthier lives. Wellness and prevention are at the forefront of my practice.”



### Deb, PhD, APNP, BC, Nurse Practitioner

“I bring over 21 years of clinical and teaching experience to the City of Milwaukee Workplace Clinic. My philosophy is to develop a plan of action with the client to meet their current health care challenge using evidence-based treatment strategies. When patients are equipped with knowledge of their condition and have the opportunity to ask questions, they can collaborate with a provider and own their health.”



Workforce Health



**City of Milwaukee**

# Early Intervention Physical Therapy Clinic

Preventive measures and care to address strains and musculoskeletal issues before they become a more serious health claim or injury.

**Location: Room 101**

841 N. Broadway, Milwaukee  
(Zeidler Municipal Building)

Enter through the Market St. entrance on the corner  
of Kilbourn Ave. and Market St.

**Hours and Appointments:**

**Monday and Thursday:**

11:30 a.m. - 3:30 p.m.

To make an appointment, please call **414-777-3413**.

**Cost:** The clinic is **FREE** for all City of Milwaukee employees, their spouses and domestic partners. You do not need to have health insurance through the City to utilize.

**Treatment Services:**

- Perform screening, consultation, and education services to prevent and treat potential musculoskeletal injuries.
- Address pains, strains and potential issues that occur at work or home before it becomes a health care claim or injury.
- Plan interventions, including specific stretching, strengthening and/or conditioning exercises.
- Make recommendations for self-management of symptoms or provide education in proper postures and body mechanics for performing tasks safely.



Workforce Health



# City of Milwaukee

## Early Intervention Physical Therapy Clinic

# FAQ

### What are the Early Intervention Physical Therapy (PT) Clinic hours?

The clinic is open every Monday and Thursday from 11:30 a.m. - 3:30 p.m.

### How do I make an appointment?

Call 414-777-3413 to schedule an appointment.

### Is there a cost to use the Early Intervention PT Clinic?

There is no charge for employees/spouses/domestic partners to use the Early Intervention PT Clinic.

### Who operates the Early Intervention PT Clinic?

The clinic is operated by Froedtert & the Medical College of Wisconsin Workforce Health and staffed by a licensed physical therapist.

### What types of services are offered at the Early Intervention PT Clinic?

- Screening, consultation and education services to prevent and address potential musculoskeletal injuries that occur at work or home prior to them becoming a more serious health care claim or injury.
- Interventions including stretching, strengthening and conditioning exercises.
- Recommendations for self-management of symptoms including education in proper postures and body mechanics for performing tasks safely.
- If you are currently being seen by a provider (Physician, NP, Chiropractor, APNP, etc.) for a condition, we cannot see you for the same condition.

### How does this differ from the Workplace Clinic?

- The Workplace Clinic is open to employees/spouses for the **diagnosis and treatment** of minor illnesses and injuries including sore throats, ear aches, sinus infections, flu or cold symptoms, skin rashes, urinary tract infections, sprains/strains and pink eye. It also includes coordination of chronic conditions like diabetes, high blood pressure and cholesterol.
- The Early Intervention Clinic is also open to employees/spouses; however, the Early Intervention clinic **focuses on preventive measures and care** to address strains and musculoskeletal issues prior to them becoming a more serious health care claim or injury.



Workforce Health

# **Important Information about Your COBRA Continuation Coverage Rights**

## **What is continuation coverage?**

Federal law requires that group health plans (including the City of Milwaukee Plan) give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee covered under the group health plan, a covered employee’s spouse, and dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who is not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including: open enrollment and special enrollment rights. Specific information describing continuation coverage can be obtained from the Department of Employee Relations, Employee Benefits, 200 East Wells, Milwaukee, WI 53202, 414-286-2047, attention: Crystal Owens.

## **How long will continuation coverage last?**

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of losses of coverage due to an employee’s death, divorce or legal separation, the employee’s enrollment in Medicare or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to 36 months.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary, if a covered employee enrolls in Medicare, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of participant or beneficiary not receiving continuation coverage (such as fraud).

## **How can you extend the length of continuation coverage?**

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the City of Milwaukee Employee Benefits of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

### **Disability**

An 11-month extension of coverage may be available if any of the qualified beneficiaries is disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify the City of Milwaukee Employee Benefits of that fact within 60 days of the SSA’s determination and before the end of the first 18 months of continuation coverage. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the City of Milwaukee Employee Benefits of that fact within 30 days of SSA’s determination.

### **Second Qualifying Event**

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events include the death of a covered employee, divorce or separation from the covered employee, the covered employee’s enrolling in Medicare, or a dependent child’s ceasing to be eligible for coverage as a dependent under the Plan. You must notify the City of Milwaukee Employee Benefits within 60 days after a second qualifying event occurs.

## **How can you elect continuation coverage?**

Each qualified beneficiary has an independent right to elect continuation coverage. For example, both the employee and the employee’s spouse may elect continuation coverage, or only one of them. Parents may elect to continue coverage on behalf of their dependent children only. A qualified beneficiary must elect coverage by the date specified on the Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap.

Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

### **How much does continuation coverage cost?**

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage (or, in the case of an extension of continuation coverage due to a disability, 150 percent). The required payment for continuation coverage for the qualified beneficiaries listed on page one of this notice is described on page one.

### **When and how must payment for continuation coverage be made?**

#### **First payment for continuation coverage**

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the Election Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage within those 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact the City of Milwaukee Employee Benefits to confirm the correct amount of your first payment.

#### **Your first payment for continuation coverage should be sent to:**

City of Milwaukee Employee Benefits  
200 East Wells Street, Room 706  
Milwaukee, WI 53202

#### **Periodic payments for continuation coverage**

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the first day of the month. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break. The Plan will send periodic notices of payments due for these coverage periods.

#### **Periodic payments for continuation coverage should be sent to:**

City of Milwaukee Employee Benefits  
200 East Wells Street, Room 706  
Milwaukee, WI 53202

#### **Grace periods for periodic payments**

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days (or enter longer period permitted by Plan) to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment.

If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

#### **For more information**

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available from the Plan Administrator.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visits the EBSA web site at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

#### **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.



## Flexible Spending Account (FSA)

# Valuable pre-tax benefits with convenient tools

**Why not use pre-tax dollars to pay for medical expenses, prescriptions, daycare fees, and/or work-related parking fees, thereby reducing your taxable income and increasing your take-home pay? It's a no-brainer.**

The pre-tax advantages of a Flexible Spending Account (FSA) allow you to save **up to 30%** on your eligible healthcare, dependent care, and/or parking expenses every year. Consider how much you spend on these costs for you and your qualified dependents in one year and how much you could save by using **pre-tax dollars**.

### How it Works

The FSA Plan is offered through your employer and is administered by TASC. When you choose to enroll in an **FSA**, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year.

***The more you contribute to these accounts, the more you reduce your taxable gross salary. And with less taxes taken, your take-home pay increases!***

Your total annual Healthcare FSA contribution amount is available immediately at the start of the Plan Year. Dependent Care and Parking FSA funds are available up to the current account balance only.

### Online Enrollment and Contributions

Annual FSA contributions are set by your employer, but are limited to the IRS maximums per Plan Year. View current IRS limits at: [www.tasconline.com/benefits-limits/](http://www.tasconline.com/benefits-limits/)

Use our **online tax-savings calculator** to help determine how much you should contribute to each FSA benefit per year.



### The TASC Card Convenience

Enjoy easy access to your FSA funds with the swipe of a card instead of out-of-pocket spending and requesting a reimbursement!

### Pre-Tax Savings Example

	<u>Without FSA</u>	<u>With FSA</u>
Gross Monthly Pay:	\$3,500	\$3,500
<u>Pre-Tax Contributions</u>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	<b>-\$600</b>
<b>Taxable Monthly Income</b>	<b>\$3,500</b>	<b>\$2,900</b>
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	<b>-\$600</b>	\$0
<b>Monthly Take-home Pay:</b>	<b>\$1,932</b>	<b>\$2,098</b>

**Net Increase in Take-Home Pay = \$166/mo!**

For illustration only. Actual dollar amounts may vary.

### Carryover puts your mind at ease!

Your employer elected the Carryover option with your Healthcare FSA Plan that allows up to \$500 of any leftover healthcare funds to be carried over into the next Plan Year with no cost or penalty.

## Easily manage your FSA benefits account(s) from your mobile device

Secure, convenient, and free!

Apple® App Store | Android Google Play™

Search "Benefits by eflex"



### How to Access Your FSA Funds

As eligible expenses are incurred, you have two options to access your available FSA funds:

**1) TASC Benefits Card:** upon enrollment into the Plan, you will receive a TASC Card in the mail, which can be used to pay for eligible expenses at the point of purchase. Simply swipe your TASC Card where MasterCard is accepted.

With smart card technology, the TASC Card automatically pays for and substantiates most eligible expenses without requiring any paperwork.

**2) File a Reimbursement Claim:** simply submit a request for reimbursement to FlexSystem using one of the following methods:

- Submit via Mobile App (free download)
- Submit via Online Participant Portal:  
<https://partners.tasconline.com/tasc1ppt>
- Mail or Fax a paper Claim Reimbursement Form

Your reimbursement is direct deposited into your designated bank account, or you may request a paper check mailed to your home.

### Eligible Expenses

FSA funds may only be used for eligible expenses under your specific FSA plan type. Some eligible expenses include:

- Medical/dental office visit co-pays
- Dental/Orthodontic care services
- Eye exams and prescription glasses/lenses
- Prescriptions
- Vaccinations
- Daycare fees
- Parking expenses (must be work-related)

A complete list can be found at [www.irs.gov](http://www.irs.gov) in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Review the **FSA Participant Reference Guide** for complete details about how FSA benefits work.

### Important Considerations

#### **FSA Funds do not Rollover:**

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you (the exception to this rule is for the Healthcare FSA where funds (up to \$500) may carryover to the next Plan Year Healthcare FSA as elected by your employer). You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

#### **Changing Elections During the Plan Year:**

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the *Change of Election Form* (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.

## LONG TERM DISABILITY OVERVIEW

The City of Milwaukee provides Long Term Disability (LTD) insurance through Lincoln Financial Group. All eligible General City employees (excludes Sworn Fire and Police) who have been on the payroll for 6 months will receive this benefit.

When a covered disability keeps you out of work, Long Term Disability Insurance helps keep your finances protected. The plan pays 60% pre-disability earnings while you recover. Your benefits continue for the policy's benefit period or until you are no longer disabled, whichever comes first, and help provide you and your loved ones security when you need it most.

The Long Term Disability Insurance Program features two parts:

- Basic Benefit (Plan 1) – is provided by the City at no cost to eligible City of Milwaukee employees. This plan has a 180 calendar day waiting period.
- Buy-Up Plan (Plan 2) – eligible general city employees can enroll in a 60, 90 or 120 calendar day waiting period. There is an additional cost to the employee which will be deducted from your paycheck. The buy-up ends when the basic plan becomes payable.

Who is eligible for Long Term Disability Insurance? General City employees that are full-time and work **over 20** hours per week.

For more information, please see the ad on page 39 or visit our website at [www.milwaukee.gov/der/benefits2017](http://www.milwaukee.gov/der/benefits2017).

# Money, security, recovery

When a covered disability keeps you out of work, long-term disability insurance helps keep your finances protected.

The plan pays a portion of your income while you recover. And your benefits continue for the policy's benefit period or until you are no longer disabled, whichever comes first—helping provide you and your loved ones security when you need it most.

Conditions that could lead to a long-term disability claim include:

• Surgery

• Injury

• Illness

• Accident

## • How does long-term disability coverage work?

Mike signed up for long-term disability insurance when he became a full-time employee several years ago. Two months ago, he was injured in a traffic accident that resulted in a covered disability. His policy has an elimination period of 90 days. If he is disabled after that time, he is eligible to begin collecting benefits. The policy provides a maximum benefit of 50% of pay, up to \$5,000 a month, and a maximum benefit duration of five years.

Mike paid for his insurance with after-tax dollars, so his benefits are tax-free.\*

If Mike's disability prevents him from working for 10 months, here are the benefits he could collect:

### Sample LTD benefit payment

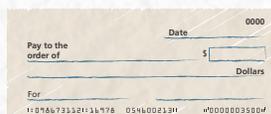
Mike's monthly pay	\$3,500
Mike's maximum monthly benefit	× 50%
Mike's monthly benefit	= \$1,750
Mike's approved benefit duration	× 7
Mike's total long-term disability benefit	= \$12,250

Mike's policy includes a 90-day elimination period, so his benefit duration is seven months.

\*If the cost of Mike's coverage is paid pretax, he will pay tax on the benefits he receives during his disability.



Your employer pays you while you're working.



Lincoln pays you while you're recovering.



You and your loved ones



Your bills and expenses



## • Two forms of income protection

If you have short-term disability coverage, do you need a long-term policy? The answer is yes. Sixty-five percent of working Americans couldn't cover living expenses for a year, according to the Council for Disability Awareness (March 2010).

## • You decide how to use your benefits

You can spend your benefits on anything you want or need: food, car payments, utilities or even a night out at the movies.

## • More benefits of your insurance

**Survivor Income Benefit.** A lump sum is paid to your beneficiaries if you die while on disability.

**Waiver of Premium.** You don't have to pay premiums during periods of approved disability under our policy.

## • How much coverage do you need?

Long-term disability insurance pays benefits for up to a specific period of time or until you are no longer disabled—because your expenses don't stop while you aren't working:

- Food
- Car payments and maintenance
- Utilities
- Mortgage or rent

Long-term disability income insurance can help protect your hard-earned savings so you can focus on your recovery.

## • Protect your paycheck

There are some important advantages to buying insurance that's offered to employees as a group.

<b>Cost</b>	This coverage is offered at group rates, which are often less expensive than rates for individual policies.
<b>Convenience</b>	Payroll deduction is simple and easy.
<b>Confidence</b>	You can choose the right coverage at work.

## • We help you get back to work

**EmployeeConnect<sup>SM</sup> services.** You have access to counselors and other assistance for personal, legal, financial and other issues.

**Progressive Partial Disability Benefit.** If you're only able to do part of your job or work part time, you can receive partial benefits. With part-time earnings and a partial disability benefit, you could receive up to 100% of your predisability earnings.

**Get cash when you need it most with LTD insurance from Lincoln Financial.**

## LIFE INSURANCE OVERVIEW

### GROUP LIFE INSURANCE

This overview only affects **General City, Wisconsin Center District, HACM and RACM employees**.

All eligible employees working more than 20 hours per week automatically receive a \$50,000 basic life insurance policy that is paid for by the City of Milwaukee. Enrollment in basic life insurance is automatic and employees are not required to sign up or complete enrollment forms to participate in this plan.

**THE \$50,000 CITY PAID GROUP LIFE INSURANCE IS ONLY APPLICABLE TO ACTIVE EMPLOYEES.**

**Eligible employees also have the option to purchase Voluntary Life Insurance and Family Life Insurance coverage.**

### **IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE PLANNING ON RETIREMENT**

**RETIREES CANNOT INCREASE THEIR LIFE INSURANCE COVERAGE. LIFE INSURANCE COVERAGE FOR RETIREES IS CAPPED AT THE AMOUNT OF VOLUNTARY LIFE INSURANCE IN EFFECT AT THE TIME OF RETIREMENT. RETIREES HAVE THE OPTION TO ELECT A LOWER AMOUNT OF COVERAGE.**

**If you are not currently enrolled in voluntary life insurance and you intend to retire and would like to carry group life insurance while retired, you MUST elect at least 50% of your annual base salary in voluntary life insurance coverage during open enrollment (October 17 through November 4, 2016).**

**SPECIAL OPPORTUNITY FOR 2017'S OPEN ENROLLMENT EFFECTIVE JANUARY 1, 2017  
NO EVIDENCE OF INSURABILITY REQUIRED FOR BOTH VOLUNTARY AND FAMILY LIFE  
INSURANCE PLANS FOR THE 2017 OPEN ENROLLMENT EFFECTIVE JANUARY 1, 2017.**

**This is a one-time opportunity to enroll in any percentage of voluntary life insurance and family life insurance without providing evidence of insurability (EOI). In 2018's Open Enrollment EOI will be required:**

If you currently *do not* have voluntary life insurance and are enrolling for the first time.

If you are currently enrolled in voluntary life insurance and wish to increase coverage *greater* than 50% of your **annual salary**.

Note: In 2018 any election of voluntary life insurance that requires evidence of insurability (EOI) will become effective on the 1<sup>st</sup> of the month following the date approved by the carrier. Coverage will not become EFFECTIVE UNTIL THE 1<sup>ST</sup> OF THE MONTH FOLLOWING THE APPROVAL DATE.

**IF YOU ARE NOT ENROLLED IN AT LEAST 50% OF VOLUNTARY LIFE INSURANCE AT THE TIME OF RETIREMENT YOU WILL NOT HAVE COVERAGE AS A RETIREE.**

**PLEASE NOTE: YOU MUST PHYSICALLY BE AT WORK FOR AT LEAST ONE (1) DAY WITH THE NEW VOLUNTARY COVERAGE PERCENTAGE IN EFFECT TO BE ELIGIBLE TO ELECT THAT NEW COVERAGE PERCENTAGE AS A RETIREE.**

### **VOLUNTARY LIFE INSURANCE**

Voluntary life insurance is coverage that an employee can purchase in addition to the \$50,000 City paid coverage. Eligible employees may purchase voluntary life insurance coverage in the following options:

50% of annual base salary  
100% of annual base salary  
150% of annual base salary

200% of annual base salary  
250% of annual base salary  
300% of annual base salary

The most voluntary coverage any employee can have is 300% of their salary, not to exceed \$300,000.

To calculate the amount of voluntary coverage that you would like to carry, take your annual base salary and multiply it by the selected % above and then round up to the nearest thousand.

Example: Annual Salary \$38,450.00 x 50% = \$19,225.00 rounded up to \$20,000.00.

### **Cost of Voluntary Life Insurance**

Voluntary life insurance is entirely paid for by the employee based on the following age-banded rates:

<b><u>Age</u></b>	<b><u>Rate per \$1,000</u></b>	<b><u>Age</u></b>	<b><u>Rate per \$1,000</u></b>
< 25	\$0.040	60-64	\$0.528
25-29	\$0.048	65-69	\$1.016
30-34	\$0.064	70-74	\$1.648
35-39	\$0.072	75-79	\$1.944
40-44	\$0.080	80-84	\$2.240
45-49	\$0.120	85-89	\$4.232
50-54	\$0.184	90 +	\$6.400
55-59	\$0.344		

Example: \$20,000 ÷ 1,000 (rate per \$1,000) = 20 x \$0.040 (age 23) = \$0.80 per month.

Deductions occur monthly and are displayed on the second paycheck of each month.

### **IN 2018'S OPEN ENROLLMENT**

Increases of greater than 50% of existing voluntary life insurance will require evidence of insurability (proof of good health). You will be notified by the carrier if this is required. If you currently are not enrolled in voluntary life insurance and are enrolling for the first time, evidence of insurability is required for all percentages of coverage.

Employees may only cancel voluntary life insurance during open enrollment periods.

### **FAMILY LIFE INSURANCE**

All eligible employees may elect family life insurance. To be eligible an employee must carry voluntary life insurance. Family life insurance is a single fixed deduction that covers the employee's family (spouses, domestic partners and dependent children) regardless of the number of dependents. Spouses and domestic partners will have \$25,000 of coverage. Dependent children 6 months of age through 26 years of age will have \$10,000 of coverage and dependent children 14 days old through 5 months of age will have \$2,000 in coverage. Employees may elect family coverage within 30 days of a qualifying event (marriage and births).

### **SPECIAL OPPORTUNITY FOR 2017'S OPEN ENROLLMENT EFFECTIVE JANUARY 1, 2017**

### **NO EVIDENCE OF INSURABILITY REQUIRED FOR BOTH VOLUNTARY AND FAMILY LIFE INSURANCE PLANS FOR THE 2017 OPEN ENROLLMENT EFFECTIVE JANUARY 1, 2017.**

**This is a one-time opportunity to enroll in family life insurance without providing evidence of insurability (EOI). In 2018's Open Enrollment EOI will be required for a spouse/domestic partner.**

Employees may only cancel family life insurance during open enrollment periods. The employee is the only beneficiary of family life insurance. Family life insurance terminates upon the death or retirement of the employee. If an employee resigns or is terminated they can port their family coverage.

### **Cost of Family Life Insurance**

Family life insurance will be paid for by the employee based on a flat rate of \$6.30 per month.

## **LIFE INSURANCE OVERVIEW**

### **GROUP LIFE INSURANCE**

This overview **only** applies to **Milwaukee Police Association (MPA) and Sworn Fire Employees**.

All eligible employees working more than 20 hours per week automatically receive a \$55,000 basic life insurance policy that is paid for by the City of Milwaukee. Enrollment in basic life insurance is automatic and employees are not required to sign up or complete enrollment forms to participate in this plan.

**THE \$55,000 CITY PAID GROUP LIFE INSURANCE IS ONLY APPLICABLE TO ACTIVE EMPLOYEES.**

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### **Cost of Family Life Insurance**

Family life insurance will be paid for by the employee based on a flat rate of \$6.30 per month.

# Retirement – Your Way

*The City of Milwaukee Deferred Compensation Plan helps you save for retirement on a voluntary basis. Along with Pension benefits and Social Security (if you are eligible), the Deferred Compensation Plan (Plan) may make up an important piece of your retirement income.*

## **Take a look at some of the benefits:**

### **1. It's easy**

You choose the amount or percent of pay you'd like to contribute, and you can change or stop later. Saving is convenient because your contributions are automatically deducted from your pay and deposited in your account.

### **2. It's flexible**

You can choose pre-tax contributions to lower your tax liability now. That means you don't pay federal income taxes on your contributions but will pay taxes when you withdraw the money. Or you can choose after-tax Roth contributions which are taxed before they are invested but are withdrawn tax-free at retirement.\*

### **3. You have choices**

You choose how to invest from a variety of investment options. For the hands-off investor, there are target date funds which are diversified, professionally managed investment options designed to take care of all of your retirement plan assets. If you prefer a more hands-on approach, you can choose from a lineup of core investment options as well as a self-directed brokerage account which will give you access to investments outside of the Plan's fund lineup.

### **4. It helps fill the gaps**

Pension benefits and Social Security can provide a good base income, but it might not be enough to fund the lifestyle you want in retirement. Saving in the Plan now can help you fill in the gaps later.

### **5. Service the way you want**

The Plan provides a variety of services so you can choose what's convenient for you. You can take advantage of in-person individual and group meetings with local representatives, toll-free telephone support, and online access to account information and interactive educational tools.

#### **Making changes during the election period**

Between October 3, 2016 and October 28, 2016, all employees must complete the new election and enrollment process, even if already participating in the Plan. If an employee does not make elections during the account election and enrollment period, certain defaults may apply. Log on to [enrollmilwaukeeedcp.com](http://enrollmilwaukeeedcp.com) or call **844-360-MDCP (6327)** to make your elections.



City of Milwaukee  
**Deferred Compensation Plan**

**Financial independence. It starts today.**

\* Qualifying Conditions Apply. Roth contributions must be held at least five years before date of distribution and you must be 59½ (assuming separation from service, death or disability).

You should carefully consider the investment objectives, risks, and charges and expenses of the investment options carefully before investing. Fund prospectuses and an information booklet containing this and other information can be obtained by contacting your local representative. Please read the information carefully before investing.

# Self-Service Instructions

## City of Milwaukee HRMS-Employee Self Service Program

All Active employees will use the Self Service program to change your Health, Dental, Flexible Choices, Long Term Disability and Life Insurance benefits:

**Login on the Internet to:**  
[milwaukee.gov/selfservice](http://milwaukee.gov/selfservice)

### Log into the Self Service Program

1. Enter your User ID your Password. If you do not remember your password **and have not set up the “forget your password”** option, please go to: [www.milwaukee.gov/rits](http://www.milwaukee.gov/rits) to request or reset a password (**please do not call the Employee Benefits Division**).
2. Click the Sign In button. If this is your first time logging into the Self Service program, please set up the “Forget your password” option. Click Save. You are now set up to have a new password e-mailed to you when you “forget your password.”

### Health Insurance

**Path: Home/Self Service/Benefits/Benefits Enrollment**

1. Click the Select button.
2. Click the Edit button to select the Health Plan Option.
3. Click the Circle button to select a Health Plan.
4. If you have dependent(s) on your plan or would like to add a dependent, continue and scroll down to the Enroll Your Dependents (Add/Review Dependents). **All dependent names must be capitalized.** The Social Security Number (SSN) for all dependents will be required.
5. Click the Store button for the additional options. The store button will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options, for example any changes to the dental insurance or flexible choices program.
6. If there are no additional changes, then click the **SUBMIT** button.
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

### Dental Insurance

**Path: Home/Self Service/Benefits/Benefits Enrollment**

1. Click the Select button.
2. Click the Edit button to select the Dental Plan Option.
3. Click the Circle button to select a Dental Plan.
4. If you have dependent(s) on your plan or would like to add a dependent, continue and scroll down to the Enroll Your Dependents (Add/Review Dependents). **All dependent names must be capitalized.** The SSN for all dependents will be required.
5. Click the Store button for the additional options. The store button will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to

store the elections. Do not click the submit button until you have completed all of your options.

6. If there are no additional changes, then click the **SUBMIT** button
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

### Flexible Choices Programs

If you wish to participate in any of the three parts of the Flexible Choices Program for 2017, you must enroll each plan year. These plans do not automatically renew.

**Path: Home/Self Service/Benefits/Benefits Enrollment**

1. Click the Select button.
2. Click the Edit button to select Flexible Choices Medical, Dependent Care or Parking Expenses.
3. Click the Circle button to select a Flexible Choices Option or click No, I do not want to enroll.
4. Submit the annual pledge amount for each of the Flexible Choices option you want to be enrolled in 2017.
5. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
6. If there are no additional changes, then click the **SUBMIT** button.
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

### Long Term Disability

If you wish to select a Long Term Disability (LTD) buy-up of 60, 90,120 day coverage, or change the current buy-up selection.

**Path: Home/Self Service/Benefits/Benefits Enrollment**

1. Click the Select button.
2. Click the Edit button to select the LTD Buy-up.
3. Click the Circle button to select the LTD buy-up coverage.
4. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the OK button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
5. If there are no additional changes, then click the **SUBMIT** button.
6. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

### View Your Direct Deposit Stubs

1. Login on the internet to: [www.milwaukee.gov/selfservice](http://www.milwaukee.gov/selfservice).
2. Enter your User ID (Employee ID) and password.
3. Click on Self-Service/Payroll and Compensation/View Paycheck or Payslips.

### Life Insurance

**If you wish to enroll or change the Voluntary Life Insurance enrollment.**

**Path: Main Menu/Self Service/Benefits/Benefits Enrollment**

1. Click the Select button.
2. Click OK
3. Click the Edit button to select the Voluntary Group Life Option.
4. Click the Circle button to select Voluntary Group Life Plan.
5. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the **Store** button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.

6. If there are no additional changes, then click the **SUBMIT** button
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

**If you wish to enroll in Family Life Insurance.**

**Path: Main Menu/Self Service/Benefits/Benefits Enrollment**

1. Click the Select button.
2. Click OK.
3. Click the Edit button to select the Family Life option.
4. Click the Circle button to select the Family Life plan.
5. Click the Store button, which will hold your choices until you are ready to submit your final enrollment. Click the Store button after you have reviewed the confirmation display page and to store the elections. Do not click the submit button until you have completed all of your options.
6. If there are no additional changes, then click the SUBMIT button.
7. Please be sure to review and print your confirmation statement when you have completed your benefit enrollment.

**Entering Life Insurance Beneficiaries**

**Path: Main Menu/Self Service/Benefits/Benefits Summary**

1. Under Type of Benefit click Life
2. Click the Edit button at the bottom of the screen.
3. Click Add a New Beneficiary if you wish to add someone new to the list.
4. Complete the required fields for Personal Information.
5. Complete the required fields for Status Information
6. If the address of the beneficiary is different from your own address click to uncheck the box under Address and Telephone next to Same Address as Employee.
7. After you uncheck the Same Address as Employee box an Edit Address button will appear. Click the Edit Address button.
8. Complete the Edit Address information and click OK.
9. Review the address information. If it is correct click Save.
10. Click OK.
11. Click Return to Change Current Beneficiaries and Allocations (this link is located at the bottom of the page).
12. Click the box to the left of the beneficiary name that you want to keep as a primary or secondary allocation. Add a percentage for this beneficiary under either the New Primary Allocation column or the New Secondary Allocation column. (Do not put in % signs.)

**Note:** Existing names may display on this page. These names are health insurance dependents that were carried over. If you want them to be a life insurance beneficiary you must click the box to the left of the name and add a percentage.

13. Click Update Totals. Note: totals must equal 100.
14. Click Save.
15. Click OK (Note: totals will not appear on this screen).
16. Click Return to Life Insurance Main (this link is located at the bottom of the page).
17. Click Return to Employee Benefit Summary.
18. Click Life – your updated beneficiaries and percentages will now display. This will complete your life insurance beneficiary elections.

## View Your W-2/W-2C forms

1. **Path to Consent:** Main Menu>Self Service>Payroll and Compensation>W-2/W-2C Consent (You only need to consent once).
2. To view W-2/W-2C form (after consenting you may view the form electronically when it becomes available): **Path:** Main Menu>Self Service>Payroll and Compensation>View W-2/W-2C Forms.
3. To view prior tax year W-2/W-2C Form click the “View a different tax year” button.
4. Employees will have access to self-service for 1 year after separation from City Service. Prior to separation, be sure your primary e-mail address is changed from your City e-mail address to a private address (i.e., yahoo, gmail, hotmail, etc.).

### **Active Employees Making a Health/Dental Plan Change for the Year 2017**

All active employee Self-Service enrollment elections must be submitted by 10:59 p.m. on **Friday, November 4, 2016.**

### **For COBRA Enrollees**

### **You must re-enroll in a Health Plan for 2017**

In the **JOB TITLE** box of all enrollment forms:

- 1 . A COBRA enrollee will write "COBRA" in the JOB TITLE box.
- 2 . **DO NOT** write anything in the CITY START DATE and RETURN TO WORK DATE boxes.

# TELEPHONE NUMBERS & WEBSITES

<b>Employee Benefits Division</b>	<b>414-286-3184</b>	<a href="http://www.milwaukee.gov/der">www.milwaukee.gov/der</a>
<b><u>Health Plans</u></b>		
<b>United Healthcare Choice Plan</b>	<b>1-800-841-4901*</b>	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>United Healthcare Choice Plus Plan</b>	<b>1-800-841-4901*</b>	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>UHC Care 24</b>	<b>1-800-942-4746</b>	
<b><u>Pharmacy</u></b>		
<b>OptumRx</b>	<b>1-800-841-4901</b>	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b><u>Dental Plans</u></b>		
<b>MetLife Dental only</b>	<b>1-800-942-0854</b>	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
<b>Care Plus Dental</b>	<b>414-771-1711</b>	<a href="http://www.careplusdentalplans.com">www.careplusdentalplans.com</a>
<b>DentalBlue</b>	<b>1-866-589-0582</b>	<a href="http://www.Anthem.com">www.Anthem.com</a>
<b>Lincoln Financial Group (LTD)</b>	<b>1-800-423-2765</b>	<a href="http://www.lincoln4benefits.com">www.lincoln4benefits.com</a>
<b>Eflex/TASC (Flexible Choice Program)</b>	<b>1-877-933-3539</b>	<a href="http://www.eflexgroup.com">www.eflexgroup.com</a>
<b>Voya (Deferred Compensation)</b>	<b>1-844-360-6327</b>	<a href="http://www.enrollmilwaukeedcp.com">www.enrollmilwaukeedcp.com</a>
<b>MetLife/ERS (Life Insurance)</b>	<b>414-286-6157</b>	<a href="http://www.cmers.com">www.cmers.com</a>

**\*Be sure to use the phone number on the back of your UnitedHealthcare ID card.**

If you have any questions regarding your benefits, or regarding unpaid bills, or problems with service, please call your health or dental plan. **DO NOT** call Employee Benefits until you have contacted your health or dental plan and are unable to arrive at a resolution. Employee Benefits will attempt to assist you to resolve your problem, but in no case will Employee Benefits attempt to change, question or provide a medical opinion. Remember to document all your conversations with dates, times and names. We will ask you for this information when you call our office.