



Employee Benefits Guide 2021



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Open Enrollment (October 26 through November 20, 2020)

Employees have the opportunity during the City’s open enrollment period to newly enroll or make adjustments to existing benefits. Due to the ongoing pandemic, there will be no in person open enrollment events during the fall of 2020. A dedicated open enrollment website is available for employees with important materials including an open enrollment guide, annual benefit guides, rate charts, insurance coverage information and instructions for open enrollment at www.milwaukee.gov/openenrollment.

Open enrollment is the only opportunity outside of a qualifying event to enroll in or make changes to benefits including the new 2021 Voluntary/Vision coverage option. To make changes to 2021 benefits, use the self-service system: milwaukee.gov/selfservice. To request or reset your self-service password go to www.milwaukee.gov/rits. Call 414-286-3184 with questions.

2021 Benefit Changes (effective 1/1/2021)

- The City is piloting voluntary benefits for employees and will offer Voluntary Vision insurance for employees and their families starting January 1, 2021.
- The City will have a new Flexible Spending and Health Reimbursement Arrangement (FSA/HRA) administrator and is switching from Benefit Advantage to Ameriflex before the end of 2020. More information on the FSA/HRA transition and Ameriflex is available on the City’s open enrollment and benefits website and on page 16 of this guide. FSA paycheck deductions will be taken from the first and second paycheck each month starting in 2021 rather than every paycheck.
- There will be changes to the UHC Health Plan benefit design, including the deductible, coinsurance, and out-of-pocket maximum. See pages 6-8 for details.
- The City is changing two different benefit rules: Employees who separate from the City will have insurance coverage through the end of the month that they separate and dependents who turn age 26 will have insurance coverage through the end of the month that they turn age 26.

Introduction



Welcome to the City of Milwaukee's Benefits Guide! The guide highlights the many benefits available to you as a valued City employee. The City of Milwaukee provides a comprehensive and competitive benefits package centered on meeting the needs of you and your family. The City's benefits are designed to give you choices along with tools and resources to help you select the right benefits and use those benefits effectively throughout the year. Visit the City's open enrollment website during the fall of 2020 for important information: www.milwaukee.gov/openenrollment. Additional benefits information is available year round on the City's benefits page: www.milwaukee.gov/benefits.

Use this guide to learn more about your 2021 benefit options, including a new Voluntary/Vision insurance plan, a change to the Flexible Spending Account and Health Reimbursement Account administrator and health plan benefit design changes. The City is committed to providing programs that support you and your family's total health and wellbeing including:

- Your physical health through a choice of medical, dental and vision coverage options, preventive care benefits and a comprehensive wellness program with both onsite and offsite clinic services designed to keep you and your family healthy.
- Your mental health with access to an internal Employee Assistance Program (EAP) and external EAP services through UnitedHealthcare's Care24 program.
- Your financial health through benefits that protect you and your family in the event of your disability or death, pre-tax premiums that let you stretch your income, and a Flexible Spending Account that provides tax savings on medical, dependent care and parking expenses along with a Health Reimbursement Account as a reward through the Wellness Program. The City's Pension Plan and Deferred Compensation 457 plan are also available to support the long-term security of you and your family.



As you review your benefit options, use the table below as a quick reference guide for the administrator of each benefit program. There is also a helpful resources listing with administrator contact information on the last page of this booklet.

| Benefits | Provider |
|--|--|
| Commuter Value Pass (through MCTS) | Department of Employee Relations |
| Deferred Compensation 457 Retirement Plan | Voya/Deferred Compensation |
| Dental Coverage | <ul style="list-style-type: none"> ■ CarePlus Benefits Plan ■ Delta Dental EPO Plan ■ Delta Dental PPO Plan |
| Employee Assistance Program (Internal) | Department of Employee Relations |
| Employee Assistance Program Care 24 (External) | UnitedHealthcare |
| FastCare® Clinics | Froedtert & the Medical College of Wisconsin |
| Flexible Spending Account (FSA) | Ameriflex |
| Health Reimbursement Account (HRA) | Ameriflex |
| Life Insurance | MetLife |
| Long-Term Disability | Sun Life Financial |
| Medical Coverage | UnitedHealthcare |
| Onsite Nurse Liaison | UnitedHealthcare |
| Pension Fund | Employees' Retirement System |
| Pharmacy Coverage | OptumRx |
| Tuition Reimbursement | Department of Employee Relations |
| Voluntary/Vision Coverage | MetLife |
| Wellness Program/Onsite Clinics | Froedtert Workforce Health |

Benefit Basics



Eligibility

Most employees are eligible for the benefits described in this guide if they work 20 hours or more per week. Once per year, during the fall open enrollment period, employees have the opportunity to enroll or make changes to their benefits for the following plan year. Any changes made during the fall open enrollment period begin the following year on January 1 and remain in effect until December 31.

| Benefit | Waiting Period for Eligible Employees |
|--|---|
| Medical/Pharmacy Coverage | 30 days, benefit begins on 31 st day of employment |
| Dental Coverage | 30 days, benefit begins on 31 st day of employment |
| Voluntary/Vision Coverage | 30 days, benefit begins on 31 st day of employment |
| Flexible Spending Account | Begins the first day of the following month after employment start date |
| Health Reimbursement Account | Begins once the appropriate amount of points are earned for the Wellness Healthy Rewards program |
| Wellness Program/Onsite Clinics | No waiting period |
| Employee Assistance Program (internal) | No waiting period |
| Onsite Nurse Liaison | No waiting period |
| Commuter Value Pass (through MCTS) | No waiting period |
| Tuition Reimbursement | No waiting period, eligible to enroll in courses after employment start date |
| Long-Term Disability (General City employees only) | 6 months (excludes leaves of absence) |
| Life Insurance | 6 months (excludes leaves of absence) |
| Deferred Compensation 457 Retirement Plan | No waiting period, benefit eligible employees are automatically enrolled, but can opt out of the plan at any time |
| Pension Fund | No waiting period, benefit eligible employees are automatically enrolled |

31 Day Rule for Health, Dental and Vision Plan Coverage

Coverage for dependents is effective the date of the family status change, provided employees notify DER Benefits within 31 days of the event (marriage, birth, adoption, placement of dependent, divorce). If an employee newly enrolls, coverage for dependents will start on the date employee coverage begins, provided they are enrolled within the timeframe specified by the plan. Employees must provide proof of a marriage certificate, birth certificate and include social security numbers for each dependent enrolling in benefits. Non-compliance with coverage eligibility rules may expose employees to additional costs or removal of dependents from the plan.



Qualified Life Events / Change in Family Status

Generally, employees can only change benefit elections, including dropping coverage, during the annual open enrollment period. However, employees may change benefit elections during the year if they experience a qualified life event/change in family status, including:

- Marriage
- Divorce or legal separation
- Birth of a child
- Death of a spouse or dependent child
- Adoption of or placement for adoption of a child
- Change in employment status of employee, spouse or dependent child
- Qualified medical child support order
- Entitlement to Medicare or Medicaid

The Summary Plan Description describes the health benefits available to employees and covered dependents and is available on the DER health benefits website (www.milwaukee.gov/healthbenefits). It provides additional details on who is eligible, when coverage begins, when employees can change coverage (including ending coverage), covered and excluded services, and how benefits are paid.

Employees are required to report any change in family status to DER Benefits within 31 days of the event. Failure to report within the 31 day timeframe may affect employee premiums, benefits eligibility and result in extra member benefit (medical, dental, etc.) costs.

New Employees

All new employees to the City of Milwaukee have a thirty day waiting period for health, dental and vision benefits and must enroll through the Self Service program during the waiting period. If enrolling in health/dental/voluntary vision insurance and adding dependents to the plan, employees must provide proof of the marriage or birth certificate and include the social security number for each dependent enrolling in health insurance benefits.

Benefit Basics



Dependent Coverage

Employee's eligible dependents may also participate in the City's health, dental and voluntary/vision plans. Employee dependents may not enroll in health, dental or voluntary/vision benefits unless the employee is also enrolled. Examples of eligible dependents include:

- An employee's legally married spouse
- An employee or spouse's child including a stepchild, a legally adopted child, a child placed for adoption or a child for whom the employee or spouse are the legal guardian. Coverage for dependent children is through the end of the month they turn 26
- A child of a dependent child (until the dependent child, who is the parent, turns 18)
- A child for whom coverage is required through a Qualified Medical Child Support Order or other court or administrative order

One-Family Plan Rule

City employees and retirees who are married to each other may only carry one City health, dental and voluntary vision plan between them. One spouse may carry all plans, or one spouse may carry the health plan and the other spouse may carry the dental and/or vision plan. Employees are required to report their marriage to DER Benefits, along with proof of their marriage certificate within 31 days of the date of marriage. Employees may have additional costs if they fail to report their marriage or will have to wait until the open enrollment period to enroll their spouse if they miss the 31 day deadline.

Enrollment Status

Employees are responsible for keeping their enrollment status, including births, marriages, and divorces current through the City's Self Service program at: www.milwaukee.gov/selfservice. All employees must have their Employee ID number (6-digits) and a password to access Self Service. To request or reset a password go to www.milwaukee.gov/rits.

Return to Work

Employees returning to work from a layoff or leave of absence are required to submit Health, Dental, Voluntary Vision, Flexible Spending Account and LTD Buy-Up enrollment forms to re-enroll in various benefit programs.

Separating from the City

Employees separating or discharged from the City are eligible to receive health, dental and voluntary vision insurance through the end of the month they separate. Members receiving health, dental and voluntary vision benefits are responsible for the employee share of the premium. If the premium payment is not deducted from the final paycheck, members will be billed.

Wellness Health Appraisal and City Health Benefits

If employees take the City's health insurance, both the employee and spouse (if covered under the City's health plan) must complete the Health Appraisal process to avoid a monthly fee. Due to the ongoing pandemic, the 2020 Health Appraisal includes only two steps; an online health questionnaire and a telephonic meeting with a health educator. No labs or biometrics are being taken in 2020 including nicotine and cotinine. Health Appraisals start September 8 and end December 12, 2020. If the Health Appraisal is not completed by this deadline, employees will pay a monthly fee starting in 2021. The fee will be assessed for the full calendar year.

Benefit Paycheck Deductions

| Benefit | Frequency |
|--|---|
| Health Insurance | 1 st and 2 nd paycheck each month |
| Dental Insurance | 1 st and 2 nd paycheck each month |
| Voluntary/Vision Insurance | 1 st paycheck each month |
| Health Appraisal Fee (HAFEE) | 2 nd paycheck each month |
| Life Insurance (Voluntary and Family Coverage) | 2 nd paycheck each month |
| Long-Term Disability | Every paycheck |
| Commuter Value Pass | 1 st paycheck each month |
| Flexible Spending Accounts | 1 st and 2 nd paycheck each month |
| Deferred Compensation | Every paycheck |
| Pension | Every paycheck |



Medical Plan Options UHC Choice and Choice Plus



This summary is intended to highlight employee benefits and should not be relied upon to fully determine coverage. Pre-service authorization is required for certain services. The Summary Plan Description (SPD) shall prevail and can be found at www.milwaukee.gov/healthbenefits. The benefit design may change during the year based on Common Council action.

| Plan Provisions | UHC Choice EPO Plan | UHC Choice Plus PPO Plan | |
|--|---|---|---|
| | Network Only Benefits | Network Benefits | Non-Network Benefits |
| Annual Deductible (employee pays) | | | |
| Individual | \$1,000 per year | \$2,000 per year | \$4,000 per year |
| Family | \$2,000 per year | \$4,000 per year | \$8,000 per year |
| Out-of-Pocket Maximum (employee pays) includes deductible/coinsurance | | | |
| Individual | \$2,000 per year | \$4,000 per year | \$8,000 per year |
| Family | \$4,000 per year | \$8,000 per year | \$16,000 per year |
| Coinsurance (plan pays) | | | |
| Individual | 80% | 80% | 60% |
| Family | 80% until member responsibility reaches \$1,000, not to exceed \$2,000 per family | 80% until member responsibility reaches \$2,000, not to exceed \$4,000 per family | 60% until member responsibility reaches \$4,000, not to exceed \$8,000 per family |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Emergency Services (the ER copay applies to the out-of-pocket maximum) | \$250 member copay per visit | \$250 member copay per visit | \$250 member copay per visit |
| Physician Fees | *60% after deductible | *60% after deductible | 60% after deductible |
| *Coinsurance increases to 80% for UHC premium tier 1 provider or non-evaluated provider | | | |
| Preventive Care (for information about preventive services, visit www.uhc.com/health-and-wellness/preventive-care) | 100%; deductible does not apply | 100%; deductible does not apply | 60% after deductible |
| Ambulance Services (emergency and approved non-emergency) | 80% after deductible | 80% after deductible | 80% after deductible |
| Autism Spectrum Disorder Services | 80% after deductible | 80% after deductible | 60% after deductible |
| Durable Medical Equipment | 80% after deductible | 80% after deductible | 60% after deductible |
| Limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years | | | |
| Hearing Aids (Limited to one hearing aid per ear, every three years) | 80% after deductible | 80% after deductible | 60% after deductible |
| Home Health Care (limited to 60 visits per calendar year) | 80% after deductible | 80% after deductible | 60% after deductible |
| Hospice Care | 80% after deductible | 80% after deductible | 60% after deductible |
| Hospital – Inpatient Stay | 80% after deductible | 80% after deductible | 60% after deductible |
| Lab, X-ray and Diagnostics - Outpatient | 80% after deductible | 80% after deductible | 60% after deductible |
| Mental Health Services | 80% after deductible | 80% after deductible | 60% after deductible |
| Rehabilitation Services - Outpatient Short-term outpatient rehabilitation for Physical therapy, Occupational therapy, Speech therapy, Pulmonary rehabilitation therapy, Cardiac rehabilitation therapy and Respiratory therapy. Pre-authorized therapies are limited to a maximum of 50. See SPD for more details. | 80% after deductible | 80% after deductible | 60% after deductible |

Medical Plan Options UHC Choice and Choice Plus



This summary is intended to highlight employee benefits and should not be relied upon to fully determine coverage. Pre-service authorization is required for certain services. The Summary Plan Description (SPD) shall prevail and can be found at www.milwaukee.gov/healthbenefits. The benefit design may change during the year based on Common Council action.

| Plan Provisions | UHC Choice EPO Plan | UHC Choice Plus PPO Plan | |
|---|-----------------------|--------------------------|----------------------|
| | Network Only Benefits | Network Benefits | Non-Network Benefits |
| Skilled Nursing Facility/Inpatient Rehabilitation Facility Services (120 day maximum per calendar year) | 80% after deductible | 80% after deductible | 60% after deductible |
| Substance Abuse Disorder | 80% after deductible | 80% after deductible | 60% after deductible |
| Urgent Care | 80% after deductible | 80% after deductible | 60% after deductible |
| Vision Exams (one routine vision exam per year) | 80% after deductible | 80% after deductible | 60% after deductible |
| No additional discounts for frames or lenses (This is separate from the City's voluntary vision benefit through MetLife.) | | | |

The table above provides selected highlights of the City of Milwaukee medical plan coverage. It is not a legal document and shall not be construed as a guarantee of benefits. Benefit plans are governed by master policies, contracts and plan documents. Discrepancies between any information provided in this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents.

| Prescription Drug Coverage | OptumRx |
|--|------------------------------------|
| Prescription Drug Coinsurance (employee pays) does not apply to medical deductible or out-of-pocket maximum | |
| Retail (30 day supply) | 20% (\$75 max) |
| Retail/Mail order (90 day supply) | 20% (\$150 max) |
| Prescription Drug Out-of-Pocket maximum | \$3,600 Individual/ \$7,200 Family |



Medical Plan Option High Deductible Health Plan (HDHP)

This summary is intended to highlight employee benefits and should not be relied upon to fully determine coverage. The Summary Plan Description (SPD) shall prevail and can be found at www.milwaukee.gov/healthbenefits. **The City's High Deductible Health Plan is VERY DIFFERENT from the UHC Choice and Choice Plus plans and employees should review carefully before selecting this plan.** The benefit design may change during the year based on Common Council action.

Available to active, full time City employees only

| Plan Provisions | UHC HDHP (Network Only Benefits) |
|---|--|
| Annual Deductible (employee pays) - combined medical and prescription drug deductible) | |
| Individual | \$2,000 per year |
| Family | \$4,000 per year |
| The family Annual Deductible is \$4,000 per calendar year and the employee pays 100% until the entire \$4,000 family deductible has been met. There is no per member cap on the deductible. | |
| Out-of-Pocket Maximum (OOPM) | Includes deductible, coinsurance and prescription drug |
| Individual | \$4,000 per year |
| Family | \$8,000 per year |
| Coinsurance (plan pays) | 80% after deductible |
| Lifetime maximum | Unlimited |
| Ambulance Services | 80% after deductible |
| Durable Medical Equipment | 80% after deductible |
| Limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years | |
| Emergency Services (Members pay 100% until deductible is met) | 80% after deductible |
| Hearing Aids | 80% after deductible |
| Limited to one hearing aid per ear, every three years | |
| Home Health Care (limited to 60 visits per calendar year) | 80% after deductible |
| Hospice Care | 80% after deductible |
| Hospital – Inpatient | 80% after deductible |
| Lab, X-Ray and Diagnostics – Outpatient | 80% after deductible |
| Mental Health Services | 80% after deductible |
| Autism Spectrum Disorders | 80% after deductible |
| Physician Fees | *60% after deductible |
| *Coinsurance increases to 80% for UHC premium tier 1 provider or non-evaluated provider | |
| Preventive Care | 100%, deductible does not apply |
| Rehabilitation Services – Outpatient (visit limits apply) | 80% after deductible |
| Skilled Nursing Facility (120 day maximum per calendar year) | 80% after deductible |
| Urgent Care | 80% after deductible |
| Vision Exams (1 routine vision exam per year) | 80% after deductible |
| No additional discounts for frames or lenses (This is separate from the City's voluntary vision benefit through MetLife.) | |

| Prescription Drug Coverage | OptumRx |
|--|----------------------|
| Prescription Drug Coinsurance (employee pays) combined medical and prescription drug deductible. Employee pays 100% until deductible has been met and 20% until the out-of-pocket has been met. | |
| Retail (30 day supply) | 20% after deductible |
| Mail order (90 day supply) | 20% after deductible |

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For employees and spouses covered under the City's health benefits

The following UnitedHealthcare (UHC) resources may help employees better understand their health benefits and provide ways to maintain or improve their health and reduce out-of-pocket costs. These tools are designed to help employees make more informed health decisions and provide access to online programs and services to help live the healthiest life possible.

UHC Onsite Nurse Liaison

An onsite nurse liaison is available to help members understand information and follow-up steps from doctor appointments, provide support with a chronic medical condition like diabetes, hypertension and asthma; find the right type of care, assist with medical and pharmacy claims issues and address questions or issues regarding care or treatment. The nurse liaison is available to meet with employees and spouses. To schedule an appointment call 240-549-9879 or email mari.cohn@uhc.com. Visit www.milwaukee.gov/wycm for more information.

UHC NurseLine

Connect with a registered nurse for personalized health information and assistance. Available 24 hours a day, seven days a week. Call the Customer Service number on the health plan ID card or visit myuhc.com to access NurseLine.

UHC Find Care and Costs

Research treatment options based on specific health situations and learn about the recommended care, estimated costs and time to treat various medical conditions. Look for the cost estimating link at myuhc.com under "Find Care and Costs."

UHC Virtual Visits

See and talk to a doctor from a mobile device, tablet or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription for pick up at a local pharmacy. Not all medical conditions can be treated with a virtual visit. The average cost for members enrolled in the City's UHC health benefits plan is \$50 per visit. Register through myuhc.com. Call the number on the health plan ID card for assistance.

Telehealth Visits

Access to telehealth providers was expanded in 2020 in response to the COVID-19 pandemic and includes medical, physical therapy, speech therapy, occupational therapy, and behavioral health visits. UHC anticipates telehealth coverage will continue into 2021.

UHC Emotional Support Line

The UHC Emotional Support Line, 1-866-342-6892, has caring professionals that will connect people to resources 24/7. This service is free of charge to both UHC and non-UHC members.

Real Appeal Weight Management Program

An online weight management program that helps participants make positive, lasting changes for a better body and healthier, happier life. Available year round and free for eligible members enrolled in the City's UHC health insurance. Enroll at cityofmilwaukee.realappeal.com



Tier 1 Providers

Employees receive the highest quality care at the lowest cost for their family by seeing Tier 1 Providers. Doctors in numerous medical specialties are evaluated using national standards for quality and local benchmarks for cost efficiency. Employees pay a lower coinsurance of 20% (not 40%) by choosing a Tier 1 Premium Provider. If a doctor's specialty is not evaluated, members will automatically pay at the 20% coinsurance level. Login to myuhc.com and the UnitedHealthcare App for more information.

UHC myuhc.com

The tools and information at myuhc.com are both practical and personalized for participants to get the most out of their benefits. Learn about health conditions, treatments and costs, find in-network providers and order mail order medications. Register at myuhc.com to get started with managing health care coverage and making informed decisions about medical treatments and overall wellness. Call the number on the health plan ID card for assistance.

UnitedHealthcare App

The UnitedHealthcare App provides instant access to participant's important health information including finding a physician, checking the status of a claim and speaking directly with a health care professional. Search for UnitedHealthcare and download from the App store.

Sanvello App

Sanvello is an app that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression. This service is free of charge to both UHC and non-UHC members. Download the app from the App store. The premium version is available to UHC members at no additional cost.

Care24

Care24 services offers employees access to a wide range of health and well-being information and support—seven days a week, 24 hours a day via a toll-free phone number, 1-800-942-4746. Care24 services connect employees with registered nurses or master's-level counselors who can help employees with almost any problem ranging from medical and family matters to personal, legal, financial and emotional needs.



OptumRx is the City's pharmacy benefit manager (PBM) and manages and processes pharmacy claims. OptumRx also answers pharmacy benefit questions and helps educate members about programs offered through the plan.



How do members find a participating retail pharmacy?

The OptumRx pharmacy network includes thousands of chain and independent pharmacies nationwide. Visit optumrx.com and find the Pharmacy locator tool from the Member tools menu or call the customer service number on the back of the health plan ID card.

What tools are available on the OptumRx website?

The optumrx.com website is easy to use and offers a fast, safe and secure way to refill home delivery prescriptions, manage accounts, get drug information and pricing, and more. Registration is free and there are no extra fees to order home delivery prescriptions online.

Why should members show their ID card when filling prescriptions?

The pharmacy uses information on the ID card to send prescription claims to OptumRx for processing. Showing the ID card also ensures that members pay the lowest possible cost, even for a low-cost generic medication.

Are coupons for brand-name medications really a good deal?

Drug companies use copay coupons to increase sales of brand-name medications. They offer coupons or other kinds of discounts that lower or eliminate the cost for a specific drug. While a coupon means the member will pay less, the total or true cost of the brand-name medication doesn't change. Many coupons expire after a short trial period. When they do, participants may end up paying much more for a brand name medication.

How can members keep prescriptions affordable?

Use generic medications whenever possible. If a generic isn't available, members should ask their doctor if there is a brand name medication or a different generic medication that's less expensive.

When can members refill prescriptions?

Prescriptions can usually be refilled after approximately two-thirds of the medication is used. For example, 30-day prescriptions may be refilled after 23 days and 90-day prescriptions may be refilled after 68 days.

How do members find out which medications are covered by the plan?

A Prescription Drug List (PDL) is a list of brand-name and generic medications covered by the plan. These medications are the best value in quality and price, which can help control rising drug costs. The most current PDL can be found at optumrx.com or call customer service at the number on the back of the health plan ID card.

What is Mail Service Member Select?

Mail Service Member Select is a home delivery program that makes it easy to receive ongoing medications by mail. Home delivery has advantages: Members may pay less for their medication with a three-month supply, get free standard shipping on medication delivery and talk to a pharmacist who can answer questions any time, any day.

Members can choose to fill a maintenance medication through OptumRx or a retail pharmacy. If a member chooses a retail pharmacy, they must disenroll from the Mail Service Member Select program. Two retail pharmacy fills of maintenance medications are allowed before a member must choose. If action is not taken after the second retail fill, members may pay more for their medication until a decision is made. To disenroll call 1-800-841-4901.

Diabetic Benefits

The following provides an explanation of the diabetic claims processes for diabetic equipment and supplies. These benefits are for active, non-Medicare employees. Please refer to the plan summary for details.

| Item | Claim Process |
|---|---|
| Durable medical equipment: insulin pumps and supplies used for insulin pumps | Processed through the medical benefits for all UHC plans. |
| Diabetic testing supplies: test strips, syringes, needle tips, lancets, etc. | Processed through the OptumRx pharmacy benefit for all members covered under the UHC plans. |

OptumRx Contacts

| Pharmacy Benefit Contact | Phone |
|--------------------------|--------------|
| OptumRx Customer Service | 800-841-4901 |
| OptumRx Home Delivery | 866-837-9242 |
| BriovaRx Specialty | 855-427-4682 |

Dental Benefits



This summary is intended to highlight employee benefits and should not be relied upon to fully determine coverage or costs of coverage. Members should check with providers for more information and cost estimates. The dental certificates of coverage shall prevail and can be found at www.milwaukee.gov/dentalbenefits.

| | CarePlus In-Network | Delta Dental EPO In-Network | Delta Dental PPO In-Network and out of Network | | |
|---|--|---|---|-----------------------|-----------------------|
| | | | Police | Fire | General ¹ |
| Provider Choice | Any CarePlus Clinic Dental Associates | Any Delta Dental PPO network provider and Dental Associates Clinics | Any provider (Delta PPO, Premier or out of network) | | |
| Individual Annual Maximum | None | \$4,000 | \$1,250 | \$1,250 | \$1,250 |
| Deductible | | | | | |
| Single | \$0 | \$0 | \$25 | \$25 | \$25 |
| Family | \$0 | \$0 | \$75 | \$75 | \$75 |
| Diagnostic (deductible waived) Oral Exam, X-Rays | 100% | 100% | 80% | 80% | 100% |
| Preventive | | | | | |
| Cleaning (2x/yr) | 100% | 100% | 80% | 80% | 100% |
| Fluoride (2x/yr) | 100% - age 15 | 100% - age 19 | 80% - age 19 | 80% - age 19 | 100% - age 19 |
| Sealants | 100% - age 15 | 100% - age 19 | 80% - age 19 | 80% - age 19 | 100% - age 19 |
| Restorative | | | | | |
| Fillings | 100% | 100% | 80% after ded | 80% after ded | 80% after ded |
| Crowns | 100% (base or noble metal only) | 70% | 80% after ded | 80% after ded | 80% after ded |
| Prosthodontics | | | | | |
| Bridges, Dentures | 100% | 70% | 80% after ded | 80% after ded | 80% after ded |
| Denture Repairs | 100% | 100% | 80% after ded | 80% after ded | 80% after ded |
| Implants | 50% | 70% | 80% after ded | 80% after ded | 80% after ded |
| Endodontics (root canal) | 100% | 100% | 80% after ded | 80% after ded | 80% after ded |
| Oral Surgery | | | | | |
| Simple Extractions | 100% | 100% | 80% after ded | 80% after ded | 80% after ded |
| Periodontics (treatment of gums and tissue) | 100% | 100% | 80% after ded | 80% after ded | 80% after ded |
| Orthodontics | | | | | |
| Annual Maximum | None | None | \$2,000 lifetime | \$1,000 lifetime | \$1,200 lifetime |
| Deductible | \$750 | \$500 | None | None | None |
| Coinsurance (plan pays) | 100% | 100% | 60% | 60% | 50% |
| Dependent Age Limit | None | 26 | 26 | 26 | 26 |
| Adult Coverage | Yes | Yes | No | No | No |
| Invisalign Braces | Stainless steel only | Included ² | Included ² | Included ² | Included ² |

¹Diagnostic and Preventive services will not count against the annual maximum or deductible

²Additional charges may apply; check with your provider to confirm the cost for treatment

CarePlus Clinics

Employees enrolled in CarePlus must use CarePlus Dental Associates clinics. Members may use the clinics interchangeably. Milwaukee area clinics are listed below. Visit www.careplusdentalplans.com for more information and clinic locations.

| Clinic | Address | Phone Number |
|--------------------------|---|--------------|
| Franklin | 6855 S. 27th Street, Franklin, WI 53132 | 414-435-0787 |
| Kenosha | 7117 Green Bay Road, Kenosha, WI 53142 | 262-942-7000 |
| Milwaukee Beerline B | 306 E. Pleasant Street-Milwaukee, WI 53212 | 414-435-5850 |
| Milwaukee Downtown | 205 E. Wisconsin Avenue, Milwaukee WI, 53202 | 414-778-3600 |
| Milwaukee Miller Parkway | 2100 Miller Parkway, West Milwaukee, WI 53219 | 414-645-4540 |
| Waukesha | 1211 Dolphin Court Waukesha, WI 53186 | 262-436-3363 |
| Wauwatosa | 11711 W. Burleigh Street, Wauwatosa, WI 53222 | 414-771-2345 |

Delta Dental

Delta Dental of Wisconsin dentist directories are accessible online, via the mobile app and by phone. Simply go to www.deltadentalwi.com and select "Find A Network Dentist" from the "Provider Search" tab or, call 800-236-3712 and follow the automated instructions. Participating dentists can be located by ZIP code. Delta Dental's mobile app is available for smart phones and tablets using iOS (Apple) or Android. To download and install the app, visit the App Store or Google Play and search for "Delta Dental."

Wellness Benefits



Wellness Your Choice Milwaukee

The City of Milwaukee is committed to supporting the health, wellness and safety of its employees and their families. The City's Wellness program offers a wide range of programs, services and resources including a wellness center, traveling wellness center sites, year round coaching, access to registered dietitians, educational sessions, group fitness classes and department specific initiatives as well as an onsite and offsite Clinic services and an Injury Prevention Clinic. The City's goal is to establish a workplace culture that enhances employee lives and offers all the tools necessary to meet employees wherever they're at on their road to good health, making sure employees are well at work, well at home and well into retirement. Visit www.milwaukee.gov/wycm for more information.

Health Appraisal Process

Employees and spouses complete the Health Appraisal to increase their personal health awareness and become eligible to participate in the Healthy Rewards Program and earn up to a \$350 (\$700 if spouse participates) Health Reimbursement Award incentive. Participation is not mandatory; however, if employees (and spouses) take the City's 2021 health insurance they must complete the 2020 Health Appraisal process to avoid a monthly fee. The 2020 Health Appraisal includes two steps, an online health questionnaire and a telephonic meeting with a health educator. No labs or biometrics are being taken in 2020 including nicotine and cotinine. Health Appraisals start September 8 and end December 12, 2020. If the Health Appraisal is not completed by this deadline, employees will pay a monthly fee starting in 2021. The fee will be assessed for the full calendar year. Employees and spouses may participate even if they don't enroll in the City's health insurance. For more information, visit the wellness website www.milwaukee.gov/wycm or the Wellness Portal www.workforcehealth.org/cityofmilwaukee.



Healthy Rewards Program

Healthy Rewards is the City's incentive based wellness program where participants can earn three levels of points to earn a Health Reimbursement Account (HRA) up to \$700 if a spouse completes the program. Employees and spouses must complete the Health Appraisal to be eligible to participate in the Healthy Rewards Program. Participants earn points through the Health Appraisal and by completing a variety of other health and wellness activities. Employees and spouses may participate even if they don't enroll in the City's health insurance. The program starts July 1 of each year and ends June 30 of the following year. For more information visit www.milwaukee.gov/wycm or www.workforcehealth.org/cityofmilwaukee.

Health and Nutrition Coaching

Experienced health coaches and registered dietitians are available to help participants with a wide array of services. To make an appointment for in-person health coaching at the Wellness Center call 414-777-3413. To sign up for telephonic health coaching or an appointment with a registered dietitian, call 414-777-3410 or visit www.workforcehealth.org/cityofmilwaukee.



Other Available Wellness Programs and Services

- Diabetes Prevention and Management
- Chronic Condition Management
- Seasonal Health Challenges
- Weight Management Programs
- Flu Shot Clinics
- Fitness Classes
- Wellness Education Presentations and Trainings
- Other Wellness Programs: Your Stress is Showing, Miracle of Sleep, Road to Resiliency
- Employee Safety Training
- Financial Wellness
- Mental and Emotional Health Services and Programs
- Visit www.milwaukee.gov/wycm for information on additional programs



Workplace Clinic

Convenient, on-site and virtual health care services are available including diagnosis and treatment of minor illnesses and injuries such as ear infections, pink eye, flu/cold symptoms, urinary tract infections, insect bites, rashes, respiratory infections and smoking cessation assistance. The Clinic is free for all employees and spouses regardless of enrollment in the City’s UHC health insurance. Dependents (18 months and older) enrolled in the City’s health insurance are also eligible for free clinic services. The Clinic is located in the Zeidler Municipal Building, open Monday through Friday, and free parking is available to those who don’t work at the City Hall Complex. Call 414-777-3413 to make an appointment.

Injury Prevention Clinic

The Injury Prevention Clinic focuses on preventative measures of care and offers free screenings, consultations and education services to prevent and treat potential musculoskeletal injuries including optimized ergonomics of office and home workstations, pain management education, exercise instruction, injury prevention tips, recommendations for self-management of symptoms, education on correct posture and body mechanics for performing tasks safely. If employees are currently or have previously been treated by a provider (Physician, Nurse Practitioner, Chiropractor, etc.) for a condition, the clinic cannot see them for the same condition; however, an ergonomic assessment may still be completed. Services are free for employees and spouses regardless of enrollment in the City’s health insurance. Call 414-777-3413 to make an appointment.

Froedtert FastCare® Walk-In Clinics

Receive expert, same-day care from Froedtert & the Medical College of Wisconsin providers during convenient hours. Services include diagnosis and treatment of non-emergent minor illnesses and injuries including but not limited to sore throats, ear infections, sinus infections, flu or cold symptoms, skin rashes, sprains/strains and pink eye. Employees, spouses and dependents (ages 18 months and older) with the City’s UHC health insurance have access to Froedtert FastCare® clinic service at no charge. See below for a listing of clinic locations and hours.

NEW Employees can schedule an appointment and view wait times at Froedtert FastCare® Clinics by visiting www.froedtert.com/fastcare or by downloading the Froedtert and MCW app and selecting the clinic they plan to visit.

| Downtown FastCare® Location | Address | Phone | Hours |
|--|----------------------------|--------------|---|
| Froedtert & MCW McKinley Health Center | 1271 N. 6th St., Milwaukee | 414-978-9037 | Mon-Fri 10 a.m. – 7 p.m. Saturday 9 a.m. – 1 p.m. Sunday 9 a.m. – 1 p.m. |
| FastCare® Locations at Meijer | Address | Phone | Hours |
| Greenfield Meijer | 5800 W. Layton Ave. | 262-532-3067 | Mon-Fri 9 a.m. – 8:30 p.m. Saturday 9 a.m. – 6 p.m. Sunday 10 a.m. – 5 p.m. |
| Sheboygan Meijer | 924 Taylor Dr. | 920-395-7210 | |
| Sussex Meijer | N51W24953 Lisbon Rd. | 262-532-8691 | |
| Waukesha Meijer | 801 E. Sunset Dr. | 262-532-3691 | |
| West Bend Meijer | 2180 S. Main St. | 262-532-3127 | |



Wellness Center and Traveling Locations

The Wellness Center is a convenient option and valuable resource that offers blood pressure checks, weight checks, health coaching, assistance with Healthy Rewards point submissions, etc. The onsite Wellness Center located in the Zeidler Municipal Building (Market Street entrance) and traveling locations will reopen as safety allows. Services are free for employees and spouses regardless of whether they take the City’s Health Insurance. Visit www.milwaukee.gov/wycm for information on times and locations.

City Wellness Champions

A Wellness Champion’s role is to help support and promote the City’s comprehensive Wellness Program, plan and report on department specific initiatives and serve as an informational source for employees who want to be more involved and participate in available programs. A Wellness Champion is a contributing member of the City’s Wellness Promotion Team which meets regularly to learn about and share information on City health, wellness and safety programming. To receive more information on becoming a department or division Wellness Champion, send an email to cityofmke@froedtert.com.

Voluntary Vision Benefits



In 2021 the City will begin offering voluntary benefits coverage starting with a vision insurance program. Voluntary benefits supplement core benefit offerings, address additional employee needs and give employees the opportunity to tailor a benefit package that meets their specific circumstances. Employees enroll in vision coverage using the City's Self Service Program (see pages 4-5 and 20 for more information).

Below is a summary of the new vision insurance coverage offered through MetLife. This summary is intended to highlight employee benefits and should not be relied upon to fully determine coverage or member costs. Employees should check with providers for more information and cost estimates. The vision certificates of coverage shall prevail and can be found at www.milwaukee.gov/benefits.

Finding In-network Eye Doctors

You can find an in-network eye doctor in the MetLife network by visiting www.mybenefits.metlife.com



| | Vision Plan | |
|--|---|--------------------------|
| | In Network | Out of Network Allowance |
| Eye Exam (Once every 12 months) | 100% covered | Up to \$45 |
| Lenses (Once every 12 months) | | |
| Single Vision | 100% covered | Up to \$30 |
| Bifocal | 100% covered | Up to \$50 |
| Trifocal | 100% covered | Up to \$65 |
| Frames (Once every 24 months) | Up to \$150 allowance | Up to \$70 |
| Contact Lenses (Once every 12 months) | | |
| Elective | Up to \$150 allowance | Up to \$105 |
| Medically Necessary | 100% covered | Up to \$210 |
| LASIK (One Time Per Member) | Discount Only; Averages 15% off the regular price or 5% off the promotional price | Not Covered |
| Lens Options (single vision) | | |
| Anti-Reflective Coating – Standard | \$41- \$85 Copay | Not Covered |
| Polycarbonate – Adult | \$31 Copay | Not Covered |
| Polycarbonate – Children (to age 18) | 100% Covered | Not Covered |
| Progressive Standard | \$55 Copay | Not Covered |
| Photochromic | \$47- \$82 Copay | Not Covered |
| UV Protection | 100% Covered | Not Covered |



2021 Employee Monthly Vision Premium Rates:

| | |
|-------------------------|---------|
| Single: | \$7.45 |
| Employee + Spouse: | \$15.51 |
| Employee + Child (ren): | \$13.13 |
| Family: | \$21.65 |

Additional Benefits



Employee Assistance Programs (EAP)

The EAP is a confidential counseling, assessment and referral service for employees and families when they need help navigating situations affecting their life. This service is free to employees and spouses regardless of enrollment in the City's health insurance plan. Call 414-286-3145 or visit www.city.milwaukee.gov/der/EAP for more information and resources on dealing with issues at home or work. The EAP can assist with the following:

- Consultation to address anxiety, stress symptoms, parenting/family and marital problems, alcohol/substance misuse, legal or debt/financial resources.
- Needs assessment with appropriate referrals for ongoing counseling/treatment, City of Milwaukee benefits and programs, community resources.
- Support to individuals impacted by traumatic events like an unexpected crisis, accident or sudden loss.
- Mental Health Programs and education sessions for City departments and work groups. Check the City's Wellness page, www.milwaukee.gov/wycm for more information and the upcoming schedule for programs and education sessions.

| Provider | Contact |
|---|---|
| City of Milwaukee Employee Assistance Program (internal) | Cris Zamora Phone: 414-286-3145 TDD: 414-286-2960 czamora@milwaukee.gov www.city.milwaukee.gov/der/EAP |
| UnitedHealthcare Care24 (external, see pg 9) | 800-942-4746 For UHC covered members |

Commuter Value Pass

The Commuter Value Pass (CVP) is a photo ID bus pass that is a non-transferable Smart Card through Milwaukee County Transit System (MCTS) when an employee enrolls in the program. There is no waiting period to enroll and the CVP program is open to all benefits eligible General City employees. The program is not available to employee dependents. Sworn Fire and Police personnel are also not eligible for this program. To enroll in the CVP program, call Employee Relations at 414-286-2178 to complete an enrollment form and have a photo taken for the ID card. The \$38.00 (subject to change based on MCTS action) employee cost for this program is a monthly pre-tax payroll deduction which occurs on the first paycheck of each month. For more information, please visit www.milwaukee.gov/benefits or call Employee Relations at 414-286-2178.

Tuition Reimbursement Program

The City provides a tuition benefit program to help employees perform their job more effectively and help them prepare for promotional/transfer opportunities within City government. General City employees have a maximum of \$1,200 per year for tuition, required textbooks and membership dues with up to \$600 for job or promotion related certification and license fees. Part-time employees working at least 20 hours per week are eligible to receive prorated tuition benefits. Tuition benefits differ for sworn personnel and are determined by collective bargaining agreements. There is no waiting period for this benefit, but courses, seminars, conferences, etc. must begin on or after the hire date. Before registering or starting any classes, employees should contact DER Training & Development Services at 414-286-3650 or 414-286-3387 with questions. Tuition benefit details are available on DER's website: www.milwaukee.gov/benefits.

Employee Resource Groups

An Employee Resource Group (ERG) is an employee group that has been formally recognized by the City and shares a common background, focus area, and set of interests and/or goals that foster an environment of inclusion. The City encourages the formation of ERGs to foster diversity, encourage the sharing of information, recognize achievements, and interaction between employees on an informal basis. Any City of Milwaukee employee can form and/or be a member of an ERG. An ERG is established following an application and approval process conducted by the Department of Employee Relations. Managers and supervisors have a responsibility to encourage and support employee participation in ERGs. Visit www.milwaukee.gov/benefits for additional information.

Paid Time Off

For eligible General City employees, the City offers a generous paid time off package including eleven paid City Holidays and vacation time that accrues at a rate of 3.7 hours every two weeks and increases based on the employee's length of service. Eligible General City employees also accrue 3.7 hours of sick leave every pay period and are eligible for the City's Sick Leave Control Incentive Program. Employees may also use sick leave to care for an immediate family member who is sick and the City offers up to 8 hours paid time off for medical and dental appointments. The accrual system for both vacation and sick leave allows employees to use sick and vacation time as soon as it is accrued. For more information on the City's vacation and sick leave, see the "Working for the City of Milwaukee Handbook" on DER's website: www.milwaukee.gov/DER.



Flexible Spending Account (FSA)

Flexible spending accounts give employees the benefit of allocating money pre-tax to reimburse out-of-pocket medical, dependent care and parking expenses during the plan year. Employees do not need to participate in the City's health insurance plan in order to participate in the Healthcare Flexible Spending Account. Employees who wish to participate in the Flexible Spending Program must enroll each plan year. FSA plans do not automatically renew.



How the FSA Works

The FSA Plan offered through the City is administered by Ameriflex. Upon enrolling, employees receive a debit card, which can be used to pay eligible expenses at the point of purchase. Employees who enroll in the FSA determine the amount to contribute to each account based on estimated expenses for the upcoming Plan Year. Contributions are deducted in equal amounts from each paycheck, pre-tax, throughout the year. The 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. Employees can also submit claims online, through the mobile app, or via fax or email. Employees need to provide a copy of the EOB (Explanation of Benefits) or an itemized receipt to verify expenses. Once the claim is processed, Ameriflex will provide reimbursement within 5 business days. For more information visit: www.milwaukee.gov/FSA

Annual FSA Rollover Amounts

The Healthcare FSA "Rollover" amount is \$550 and allows employees to rollover unused funds up to \$550 from the Healthcare FSA at the end of the plan year. Any unused funds over the allowable \$550 will be forfeited. Rollover dollars may be used to pay or reimburse allowable expenses under the Healthcare FSA incurred during the entire subsequent plan year. For FSA Parking, any funds left in an employee's account will be rolled over into the following year's FSA-Parking account. There is no rollover for Dependent Care FSA.

Health Reimbursement Account (HRA)

The City of Milwaukee rewards employees and spouses for participating in the Healthy Rewards Program through a Health Reimbursement Account (HRA), which is also administered by Ameriflex.

How the HRA Works

A HRA is a plan selected by the City and administered by Ameriflex to reward employees for participating in the City's Healthy Rewards Program. Employees can earn up to \$350 for completing the program (\$700 if a spouse participates). The HRA is funded by the City and allows employees to offset medical, dental, prescription and vision expenses. The same expenses that are eligible for reimbursement under the FSA are eligible for reimbursement under the HRA.

Enrolling in the HRA

The City automatically enrolls employees in the HRA when 75, 100 or 125 points are earned through the Healthy Rewards program. Once points are earned, employees and spouses will each receive \$150, \$250 or \$350 (total reward possible) toward an HRA. If an employee is not enrolled in the City's Flexible Spending Account, they will receive a debit card in the mail that can be used to pay medical, dental, prescription and vision expenses. If two city employees are married to each other, all HRA funds are deposited into the employee's account that carries the City's health insurance.

Employees may participate in both the HRA and Flexible Spending Account (FSA) but cannot submit the same expenses to both plans or may be subject to penalties through the IRS.

Online Self Service and Mobile App

Employees can access their FSA/HRA account 24/7/365 at www.myameriflex.com to view account balances, claim history and sign up for direct deposit (for faster reimbursement). The Ameriflex App is also a convenient way to manage FSA and HRA plans on the go and at the time of service! Employees can download the app from the iTunes App Store or from Google Play and find the app by searching for "Ameriflex."

Long-Term Disability (LTD)



The City of Milwaukee provides Long-Term Disability (LTD) insurance through Sun Life Financial. All eligible General City employees (excluding Sworn Fire and Police) who have been on the payroll for 6 months (excluding a leave of absence) will receive this benefit beginning on the first of the month following the 6 month waiting period.

When a covered disability keeps employees out of work, Long-Term Disability Insurance helps keep their finances protected. The plan pays 60% of pre-disability earnings while employees recover. Benefits continue for the policy's benefit period or until an employee is no longer disabled (whichever comes first) and helps provide financial security when it is needed most.

The Long-Term Disability Insurance Program features two parts:

- Basic Benefit – 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 – Eligible General City employees can enroll in a 60, 90 or 120 calendar day waiting period. There is an additional cost to employees, which will be deducted from their paycheck. The buy-up ends when the basic plan becomes payable.

Return to Work Part Time Policy

If an employee is receiving LTD benefits and returns to work part-time, the employee is not required to contribute the premium for the LTD Buy-Up Benefit. At that time, the employee's LTD Buy-Up enrollment is waived until the employee returns to work full time and submits a new LTD Buy-Up enrollment form. It is the employee's responsibility to contact DER Benefits when they return to work full time.

Eligibility

- New General City employees are not eligible until they have completed 6 months (excluding a leave of absence) of employment. Once eligible, they will receive a letter from the Department of Employee Relations (DER).
- Reinstatements (rehires) returning to City service within 90 days of leaving are eligible immediately. Anyone returning after 90 days will be eligible after 6 months.
- Employees going from Seasonal to Regular employment status become eligible effective the date they achieve Regular employment status and should contact DER Benefits at 414-286-3184 once eligible.
- Employees going from non-benefit to benefit status become eligible 6 months after the change to benefit status (excluding a leave of absence). DER Benefits will contact the employee at that time.



For more information, please visit www.milwaukee.gov/benefits.

| LTD Buy-Up Rates |
|--|
| LTD Buy-Up rates are increasing for 2021 based on utilization of this benefit. See below for the 2021 rates. |
| \$0.092 per 100 for 120 Days |
| \$0.172 per 100 for 90 Days |
| \$1.139 per 100 for 60 Days |



Life Insurance



MetLife provides Group Life Insurance to eligible City of Milwaukee employees (General City, Fire and Police), Wisconsin Center District, and the Housing Authority (HACM). Coverage for certain groups is determined by union labor contracts. For more details, please visit www.cmers.com and select Employee Participants/Active Members/Life Insurance Benefit.

Basic Life Insurance

The City pays for basic life insurance coverage and eligible employees are automatically enrolled. To be eligible, General City employees must work more than 20 hours per week. Basic coverage is \$55,000 for eligible Sworn Fire and Police employees and \$50,000 for eligible General City employees.

For new employees, all life insurance coverage is effective on the first of month following 6 months of employment. Employees must enroll in voluntary life and family coverage within 30 days of their hire date.

Voluntary Life Insurance

Eligible employees may purchase voluntary life coverage to supplement the basic coverage amount. Coverage may be purchased in 50% increments of the annual base pay, up to 300% (3 times) the annual salary, not to exceed \$300,000 (an employee may purchase 50%, 100%, 150%, 200%, 250%, or 300% of their annual base salary provided the coverage does not exceed \$300,000). Coverage amounts are rounded up to the nearest thousand and rates are shown below. For any changes to voluntary life coverage, employees must be employed for at least one day after the coverage effective date for it to take effect. If an employee has not previously elected voluntary life insurance (other than time of hire), or increased coverage during open enrollment by more than 50% of the current coverage, they will be subject to the evidence of insurability process (proof of good health), which involves completing a questionnaire and providing other information to MetLife, who makes the decision to approve or deny enrollment.

Voluntary Life Insurance Premium Rates

Premiums for voluntary life and family coverage are paid on a monthly basis. The following rates are in effect through December 31, 2022.

| Age | Rate per \$1,000 |
|-------|------------------|
| < 25 | \$0.040 |
| 25-29 | \$0.048 |
| 30-34 | \$0.064 |
| 35-39 | \$0.072 |
| 40-44 | \$0.080 |
| 45-49 | \$0.120 |
| 50-54 | \$0.184 |
| 55-59 | \$0.344 |
| 60-64 | \$0.528 |
| 65-69 | \$1.016 |
| 70-74 | \$1.648 |
| 75-79 | \$1.944 |
| 80-84 | \$2.240 |
| 85-89 | \$4.232 |
| 90 + | \$6.40 |

The age as of January 1 is used to determine the rate in effect for the entire year.



Family Life Insurance

Eligible employees who enroll in voluntary life coverage may also elect family coverage, which is a single fixed deduction that covers the employee's family (spouses and dependent children) and costs \$6.30 per month. Employees can elect family coverage within 30 days of a qualifying event if they have voluntary life insurance in place. Spouses need to complete the evidence of insurability process if family coverage is elected for the first time during open enrollment. Coverage amounts include \$25,000 for spouses; \$10,000 for dependent children age 6 months through 26 years and \$2,000 for dependent children age 14 days through 5 months.

Retiree Coverage

Retirees are not eligible for basic or family coverage. Employees can only continue their voluntary life coverage as retirees, which is limited to the amount of coverage in effect at the time of retirement. Retirees may decrease but cannot increase their coverage after retirement. Employees currently not enrolled in life insurance who are planning to retire next year and want retiree life insurance coverage, must elect at least 50% of their annual base salary in voluntary life insurance coverage during the open enrollment period and will be subject to the evidence of insurability process.

For more information, visit www.cmers.com or call ERS at 414-286-3557.



Employees' Retirement System (ERS)

The Employees' Retirement System (ERS) of the City of Milwaukee manages the pension fund to provide retirement benefits to city members and their beneficiaries. To learn more visit www.cmers.com.

ERS Mission

"Administer the Plan as provided under the City Charter, maintain member records, pay the benefits to which members are entitled, and invest and manage the funds of the Trust in a prudent and vigilant manner." The Annuity and Pension Board (Board) governs the ERS and serves as trustee of the System's funds. The ERS' executive director is responsible for daily operations and also serves as secretary for the Board. The ERS provides a wide variety of benefits to its members and their beneficiaries. To learn, more visit www.cmers.com or call 414-286-3557.



Deferred Compensation Plan

The City of Milwaukee Deferred Compensation Plan is a Section 457 defined contribution retirement plan that allows employees to put aside funds from each paycheck and save for retirement on a voluntary basis. Along with the City's Pension benefits and Social Security (if eligible) the Deferred Compensation Plan may make up an important piece of an employee's retirement income. Visit www.milwaukeeedcp.com for more information.

It's easy

Employees choose the percentage of pay they would like to contribute, which they can subsequently elect to modify, pause or stop. Contributions are automatically deducted from an employee's paycheck and deposited to their account.

It's flexible

Employees can choose pre-tax contributions to lower their tax liability now. Employees don't pay federal income taxes on contributions but will pay taxes when the money is withdrawn. Or, employees can choose after-tax Roth contributions which are taxed before they are invested but are withdrawn tax-free at retirement.

Employees have choices

Employees 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 retirement plan assets. Employees can also choose from a lineup of core investment options as well as a self-directed brokerage account which provides access to investment options outside of the Plan's fund lineup.

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 employees want in retirement. Saving in the Plan now can help employees fill in the gaps later.

Service the way employees want

The Plan provides a variety of services so employees can choose what's convenient for them, including consultations (for Healthy Rewards points) with local Voya representatives which can be scheduled via our Online Scheduler <https://bookvf15.timetap.com/> or by calling the Plan. Visit www.milwaukeeedcp.com to access account information or make contribution changes. Online-recorded Financial Wellness Seminars (for Healthy Rewards points) are now available at <http://voyadelivers.com/mdcp/presentations/>. Contact the Plan with questions or for help scheduling an individual consultation by calling 844-360-6327 to speak to a Voya Customer Service Representative, 414-286-5541 (Deferred Compensation Office) or by emailing us at DEFCON@miklwaukee.gov

Annual Account Elections and Enrollment Period

The Plan conducts an Annual Account Elections and Enrollment Period where certain employees (non-protective service employees not enrolled in the Plan or who are contributing less than 3% of pre-tax pay) are subject to default enrollment or contribution increases. All participants have control over their elections at all times; however, if employees are subject to this default enrollment or contribution increase and do not make any elections or do not specifically confirm current elections, certain default elections will apply. Log on to www.enrollmilwaukeeedcp.com or call 844-360-MDCP (6327) to make an election.

Open Enrollment / Self Service Instructions



Employee Self Service Program

All City of Milwaukee employees use the Self Service program (through PeopleSoft) to change Health, Dental, Vision, Life Insurance Voluntary and Family options, Long-Term Disability (buy-up options) and Flexible Spending Accounts benefits during open enrollment. Employees also use Self Service to view paycheck stubs, W2 forms and make family status changes.

Log into Self Service Program: www.milwaukee.gov/selfservice

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

To Enroll or Make Changes to Benefits (during open enrollment or for new hires)

1. Click Main Menu/Self Service/Benefits/Benefits Enrollment
2. Click Select to open your event.

Deadline for 2021 Open Enrollment Benefit Changes through Self Service is November 20, 2020 at 10:59 p.m.

Health Insurance (available during open enrollment or for new hires)

1. Click Edit to select/change the Health Plan
 - a. Select Option next to Plan desired.
2. If you have dependent(s) on your plan or would like to add a dependent, scroll down to “Enroll Your Dependents” (Add/Review Dependents). All dependent names must be capitalized. The Social Security Number (SSN) is required for all dependents enrolled in Health Insurance.
 - a. Changes to current dependents are made by contacting Employee Benefits 414-286-3184
3. The box next to the dependent name must be checked to be enrolled. (Health, Dental and Vision)
4. Click Store, review election; Click Update Elections.

Dental Insurance (available during open enrollment or for new hires)

Use the same steps as above to Select or Edit your Dental Plan

Vision Insurance (available during open enrollment or for new hires)

Use the same steps as above to Select or Edit your Vision Plan

Life Insurance Family & Voluntary (available during open enrollment or for new hires)

To enroll in Voluntary coverage or change your Voluntary Life Insurance enrollment

1. Click Edit to select/change the Voluntary Group Life Option.
 - a. Select Option next to Plan desired.
2. Click Store, review election; Click Update Elections.

To enroll in Family Life Insurance

1. Click Edit to select/change the Family Life option.
 - a. Select Yes option next to Family Life plan.
2. Click Store, review election; Click Update Elections.

Long-Term Disability Buy-Up Options (available during open enrollment or for new hires)

To enroll or change Long-Term Disability (LTD) buy-up options of 60, 90, or 120 day coverage.

1. Click Edit to select/change the LTD Buy-Up.
 - a. Select option next to plan desired.
2. Click Store, review election; Click Update Elections.

Flexible Spending Accounts (available during open enrollment or for new hires)

You must enroll each year in the Flexible Spending Account benefit. Flexible Spending Accounts do not automatically renew and you must enroll in each account separately.

1. Click Edit to select Medical, Dependent Care or Parking Expenses. Be careful to select the correct account.
 - a. Select Option or Waive - No Coverage.
 - b. Enter the annual pledge amount for Flexible Spending Account you want enrolled.
2. Click Store, review election; Click Update Elections.

Open Enrollment / Self Service Instructions



Final Steps to Submit Open Enrollment or New Hire Benefit Choices

1. Once you have made all Open Enrollment Choices click Save, Click Continue
2. Click Submit to finalize your benefit choices.
3. Click OK to return to the Benefits Page.

View Direct Deposit Paycheck Stub (Can Access Year Round)

Log into the Oracle/Peoplesoft Self Service Program: www.milwaukee.gov/selfservice

1. Enter your User ID (Employee ID) and password.
2. Click on Main Menu/Self-Service/Payroll and Compensation/View Paycheck.

View W-2/W-2C Forms (Can Access Year Round)

1. Click Main Menu>Self Service>Payroll and Compensation>View W-2/W-2C Forms.
 - a. You need to consent once to view W-2/W-2C forms (after consenting you may view the form electronically when it becomes available):
 - b. Path to Consent: Main Menu>Self Service>Payroll and Compensation>W-2/W-2C Consent

2. To view prior tax year W-2/W-2C Form click the "View a different tax year" button.

**Employees have access to Self Service 1 year after separation from City Service. Prior to separation, update your primary e-mail address from your City e-mail to a private email address (i.e., yahoo, gmail, hotmail, etc.)

Family Status Change Birth (Can Access Year Round)

Log into the Oracle/Peoplesoft Self Service Program: www.milwaukee.gov/selfservice

1. Click Main Menu>Self Service>Benefits>Life Events>Birth/Adoption
2. Choose Birth or Adoption. Review 31 day rule. Enter date of birth. Click OK.
3. Click NEXT (top right corner of screen).
4. Click Submit (verify the date of birth). Click OK. No need to upload birth certificate or SSN, at this time, if unavailable.
5. Click Next 4 times until you are on Add/Review Dependent/Beneficiary page.
6. Click Add a Dependent or beneficiary
 - a. For each section enter the requested information.
7. Click SAVE, Click OK, Click Next.
8. Click Start My Enrollment.
9. Click Select to the right of your event description – Family Status Change. *If not available, contact Employee Benefits Division at (414)286-2047.
10. Click Edit next to the benefit you are enrolling your dependent(s).
 - a. Scroll down to the bottom of the page and click on the box next to their name.
11. Click Store, review election; Click Update Elections.
12. Click Save and Continue, Click Submit, Click OK, Click Next twice. Click Complete.

Birth: Submit a copy of the Birth Certificate or Child Support Order; Adoption: Submit a copy of the Court Adoption or Adoption Agency Placement Letter to: DER-Employee Benefits Division – City Hall, Room 706. Social Security Numbers are required for all dependents on Health Insurance.

Family Status Change Marriage (Can Access Year Round)

1. Click Main Menu>Self Service>Benefits>Life Events
2. Select Marriage
 - a. Enter the date of marriage in the box next to "Date change will take effect".
3. Click OK. Click Next (upper right hand corner). Click Submit.
4. Click Next (upper right hand corner).
 - a. Upload a copy of the marriage certificate.
5. Click Add Attachment. Enter "Marriage Certificate" in the subject line.
6. Click Add Attachment. Click Upload. Click Save
 - a. Before you continue with the Life Event, Employee Benefits Division needs to approve the document. Click OK.

*You will receive an email when you can continue with your event.



7. Click Continue my Life Event. Click Next (upper right hand corner). Click Next.
 - a. If you are changing your name, you must contact your department payroll personnel.
8. Click OK. Click Next.
9. Update Address if necessary. You must notify your payroll personnel of address change. Click Save.
10. Update Phone Number if necessary. Click Save.
11. Update Emergency Contact if necessary. Click Save. Click Next.
12. Click Add a dependent or beneficiary. Enter your Spouse information. If you are adding Step-children, follow the same steps (birth certificates will be required).
13. Click Save. Click OK. Click Next.
14. Click Start My Enrollment.
15. Click Select to the right of your event description Family Status Change. *If not available, contact Employee Benefits Division 414-286-3184.
16. Click Edit next to each benefit (health and/or dental) that you are enrolling your spouse.
 - a. Scroll down to the bottom of page and click on the box next to the eligible dependents to be enrolled.
17. When completed click Store. Click Update Elections.
18. After enrolling your spouse, click Save and Continue. Click Submit.

Entering Life Insurance Beneficiaries

1. Click Main Menu>Self Service>Benefits>Insurance Summary
2. Click Edit under Covered Beneficiaries.
3. Click Add a New Beneficiary if you wish to add someone new to the list.
4. Complete the required fields for Personal Information and Status Information.
5. If the address of the beneficiary is different from your address uncheck the box under Address and Telephone next to Same Address as Employee.
 - a. After you uncheck the box an Edit Address button will appear. Click the Edit Address button.
6. Complete the Edit Address information and click OK, Review Address, Click Save, Click OK
7. Click Return to Change Current Beneficiaries and Allocations (located at bottom of the page).
8. Click the box to the left of the beneficiary name that you want to keep as a primary or secondary allocation.
 - a. Add a percentage for this beneficiary under either the New Primary Allocation column or the New Secondary Allocation column. (Do not put in % signs.)
 - b. Existing names may display on this page which are health insurance dependents that were carried over. If you want them to be a life insurance beneficiary, click the box to the left of the name and add a percentage.
9. Click Update Totals. Totals must equal 100.
10. Click Save; Click OK. New allocations should appear on summary screen.
11. Click Return to Life Insurance Main (located at bottom of the page).
12. Click Return to Insurance Summary.
13. Click Life and your updated beneficiaries and percentages will now display. This completes your life insurance beneficiary elections.



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

Coinsurance – The percentage of the cost members pay when they receive certain health care services after the deductible is met. For UHC Choice Plan, members pay 20% or 40% up to \$1,000 single and \$2,000 family. For in-network with UHC Choice Plus Plan, members pay 20% or 40% up to \$2,000 single and \$4,000 family. See below for information on UnitedHealthcare Premium Tier 1 Providers for difference in coinsurance amounts.

Copayment – The flat dollar amount members pay when they receive certain medical care services. Copays may be due at the time of service.

Explanation of Benefits (EOB) – A statement provided by UnitedHealthcare, which explains the Benefits provided (if any), the allowable reimbursement amounts, deductibles, coinsurance, any other reductions taken, the net amount paid by the plan and the reason why the service or supply was not covered.

Flexible Spending Account (FSA) – An IRS 125 arrangement that allows employees to be reimbursed for medical, dependent care and parking expenses from an account funded through employee salary deductions.

Health Reimbursement Account (HRA) – An IRS approved, employer funded tax advantage benefit plan that reimburses employees for out-of-pocket medical expenses.

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

Open Enrollment Period – The period of time, determined by the City of Milwaukee, during which eligible employees may enroll or make changes to their benefits for the following year.

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 members are enrolled in the Choice Plus Plan and use an out-of-network provider, member’s share of the cost is based on the reasonable and customary charges allowed by the plan. Amounts charged over reasonable and customary do not count towards the annual deductibles and out-of-pocket maximums.

Out-of-Pocket Maximum – The maximum amount members pay during the year for covered health care services. When the annual out-of-pocket maximum is met, the plan pays the full cost of covered expenses for the remainder of the benefit year. Covered expenses (deductibles and coinsurance amounts) apply towards the out-of-pocket maximum.

UnitedHealthcare Premium Tier 1 Providers – Members pay lower coinsurance amounts (20%) 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 20% coinsurance.

Voluntary Benefits – Products such as vision, critical-illness and accident insurance, pet coverage, ID theft protection, legal services, financial consulting, etc. which may be offered through an employer but paid for by the employee.

Compliance Notifications

Important annual legal notices affecting employee health plans and other benefits are posted on DER’s benefits website www.milwaukee.gov/benefits under “L” Legal Notices.

About This Guide

This benefit guide provides selected highlights of the City of Milwaukee employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits with the City of Milwaukee. Benefit plans are governed by master policies, contracts and plan documents. Discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents.

Helpful Resources



| Plan/Benefit | Provider | Phone Number | Website / Email |
|--|---|--------------------------------|--|
| Benefits Information | Department of Employee Relations/Benefits Division | 414-286-3184 | derbenefits@milwaukee.gov www.milwaukee.gov/benefits |
| Commuter Value Pass (through MCTS) | Department of Employee Relations | 414-286-3184 | derbenefits@milwaukee.gov |
| Deferred Compensation 457 Retirement Plan | Voya Deferred Compensation | 844-360-6327 414-286-5541 | www.milwaukeedcp.com |
| Dental Benefits | Care Plus Plan | 414-771-1711 | www.careplusdentalplans.com |
| Dental Benefits | Delta Dental | 800-236-3712 | www.deltadentalwi.com |
| Employee Assistance Program (EAP) - Internal | Department of Employee Relations/EAP | 414-286-3145 | www.city.milwaukee.gov/der/eap |
| EAP – External (for UHC members) | UHC Care 24 | 800-942-4746 | www.myuhc.com |
| Flexible Spending Account | Ameriflex | | www.myameriflex.com |
| Froedtert FastCare® Clinics | Froedtert & the Medical College of Wisconsin | See page 13 | www.froedtert.com/fastcare |
| Health Reimbursement Account | Ameriflex | | www.myameriflex.com |
| Injury Prevention Clinic | Froedtert Workforce Health | 414-777-3413 | www.milwaukee.gov/WYCM |
| Life Insurance | MetLife | 414-286-3557 | www.cmers.com |
| Long-Term Disability | Sun Life Financial | 866-806-3941 | www.sunlife.com/us |
| Medical Benefits | UnitedHealthcare (UHC) | 800-841-4901 | www.myuhc.com |
| Onsite Nurse Liaison | UnitedHealthcare (UHC) | 240-549-9879 | www.milwaukee.gov/WYCM mari.cohn@uhc.com |
| Pension Fund | Employees' Retirement System | 800-815-8418 414-286-3557 | www.cmers.com |
| Pharmacy Benefits | OptumRx | 800-841-4901 | www.optumrx.com |
| Home Delivery | OptumRx | 866-837-9242 | www.optumrx.com |
| Specialty Medications | BriovaRx | 855-427-4682 | www.briovarx.com |
| Tuition Reimbursement | Department of Employee Relations | 414-286-3650 | tlhanki@milwaukee.gov |
| Voluntary Vision | MetLife | 800-GET-MET8 (800-438-6388) | www.mybenefits.metlife.com |
| Wellness Center | Froedtert Workforce Health | 414-777-3413 | www.milwaukee.gov/WYCM |
| Wellness Program Administrator | Froedtert Workforce Health | 414-777-3410 | www.milwaukee.gov/WYCM |
| Workplace Clinic | Froedtert Workforce Health | 414-777-3413 | www.milwaukee.gov/WYCM |
| Worker's Compensation | CorVel 24/7 Work Injury Nurseline CorVel Claims Division | 844-645-2567 833-298-3048 | www.city.milwaukee.gov/WC# |

For Medical, Pharmacy, Dental and Voluntary/Vision Questions

Employees that have medical, pharmacy, dental or voluntary/vision benefit questions regarding unpaid bills or problems with service, please call the health, dental or voluntary/vision plan first. Do not call DER Benefits until the appropriate plan has been contacted. If the situation cannot be resolved through the plan provider, Employee Benefits will attempt to assist with resolving the problem. Remember to document all phone conversations with dates, times and names and save any email correspondence. DER Benefits will ask members for this information to try and resolve the issue.