

2027 BENEFITS



Photo credit:
Kickstand Getty images

Employee Benefits Division

Department of Employee Relations
200 E. Wells Street, Room 706
Milwaukee, WI 53202-3515

8:00 a.m. - 4:45 p.m. (Monday - Friday)

Contact Information

(414) 286-3184

derbenefits@milwaukee.gov

2027 BENEFITS

Source: Walter Leininger

Welcome to the City of Milwaukee's Benefits Guide!

This guide serves as your gateway to the wide range of benefits available to you as a valued City employee.

We are proud to offer a **comprehensive and competitive benefits package** designed to meet the wide range of needs of you and your family. With our benefits, you not only have choices you also have access to powerful tools and resources to help you select the best options and make the most of them throughout the year. Visit the Employee Benefits Resource Center website for information and timeframes for enrolling: www.cityofmilwaukeebenefits.com. Additional benefits information and resources are available on the City's benefits page: www.milwaukee.gov/benefits.

At the City of Milwaukee, we believe that when you thrive, so does our community. That's why we are committed to providing programs that support you and your family's total health and well-being



"We make investment in pay and benefits for our city colleagues because we value them – and value the work they perform. We have developed a great team, and our benefits reflect our goal of retaining employees and advancing our perception as a good employer. This 2027 guide outlines the number options so that employees can make the best choices for themselves and their families."

Mayor Cavalier Johnson

"The Mayor's commitment to you is what makes these benefits possible. My team's job is to make them easy to use. Review your 2027 options, reach out with questions, and choose the coverage that fits your life and your family."

Molly King
Employee Benefits Director



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues that may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

2027 Benefits Guide

TABLE OF CONTENTS

Enrollment Basics	4	Life and Accidental Death & Dismemberment Insurance	19
Medical Benefits	6	Voluntary Long Term Disability	20
How the Plans Work	8	Voluntary Short Term Disability	21
UnitedHealthcare Services	9	Accident & Critical Illness	22
UnitedHealthcare/OptumRx	12	Retirement Planning	24
Wellness Benefits	13	Mental & Behavioral Health Support	25
Onsite Clinics	14	Additional Benefits	26
Dental Benefits	15	Enrollment Instructions	27
Vision Benefits	17	Glossary	30
Flexible Spending Account	18	Notes	31
		Helpful Resources	32

Benefit	Waiting Period for Eligible Employees
- Medical/Pharmacy - Dental - Vision - Accident - Critical Illness - Short Term Disability	30 days, benefit begins on 31 st day of employment
Health Reimbursement Account	Begins the first day of the following month after employment start date
Flexible Spending Account	Begins the first day of the following month after employment start date
- Long-Term Disability (General City employees only) - Life Insurance	Begins the first day of the month after completing 6 months of employment (excludes leaves of absence)
Paid Parental Leave	Minimum of 1,000 hours worked during the last 12 months
- Care@Work: Care Support - Wellness Program/Onsite Clinics - Employee Assistance Program (Internal) - Onsite Nurse Liaison - Commuter Value Pass (Through MCTS)	No waiting period
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 – ERS / WRS	No waiting period, benefit-eligible employees are automatically enrolled. New employees as of January 1, 2024 are enrolled in WRS. Employees hired prior to January 1, 2024 will remain with ERS.
Tuition Reimbursement	No waiting period, eligible to enroll in courses after employment start date

ENROLLMENT BASICS



ELIGIBILITY

Employees working 20 hours and over per week are eligible for benefits. Open enrollment occurs annually in the fall, allowing changes for the upcoming year. Changes made will take effect on **January 1 and remain in effect through December 31**, unless a **qualified life event occurs**.

Eligible Dependents include the employee's spouse, children under the age of 26, or disabled dependents of any age.

New Employees' Benefits Enrollment

New City of Milwaukee employees have 30 days to enroll in benefits through the Self-Service program. Health, dental, vision, accident, critical illness, and short-term disability coverage begin on the 31st day of employment. When adding dependents to health, dental, or vision plans, employees must provide proof of marriage or birth certificates, as well as Social Security numbers, for each dependent.

Qualified Life Events / Change in Family Status

Employees can usually change benefits only during annual open enrollment. However, changes are allowed during the year if you experience a qualified life event or a family status change. Coverage is effective as of the date of the family status change. Qualifying life events are:

- Marriage
- Divorce or legal separation
- Birth of a child
- Death of a spouse or dependent child
- Adoption 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

Reporting Changes in Family Status:

Employees must provide documentation when experiencing a life event; examples include a marriage certificate, birth certificate, and Social Security numbers for each dependent enrolling in benefits. Non-compliance with coverage eligibility rules may expose employees to additional costs or the removal of dependents from the plan. All changes must be reported to DER Benefits within 31 days. Failure to do so may affect your premiums, benefits eligibility, and could result in additional costs.

Summary Plan Description (SPD)

The SPD outlines your health benefits, including eligibility, coverage start dates, and how to make changes. It's available on the DER Health Benefits website: milwaukee.gov/healthbenefits.

Benefit	Frequency
Health Insurance	1 st and 2 nd paycheck each month
Dental Insurance	1 st and 2 nd paycheck each month
Vision Insurance	1 st and 2 nd paycheck each month
Voluntary Benefits (Accident, Critical Illness, Short Term Disability Insurance)	1 st and 2 nd paycheck each month
Health Appraisal Fee (HAFEE)	1 st and 2 nd paycheck each month
Life Insurance (Voluntary and Family Coverage)	1 st and 2 nd paycheck each month
Long-Term Disability	1 st and 2 nd paycheck each month
Commuter Value Pass	1 st and 2 nd paycheck each month
Flexible Spending Accounts	Every paycheck
Deferred Compensation	Every paycheck
Pension – ERS / WRS	Every paycheck

Benefits Counselors: Enhanced Enrollment Solutions

The City offers benefit counselors to help you enroll and make changes to your benefits. To enroll in or change voluntary benefits like Critical Illness, Accident, or Short-Term Disability Insurance, you must meet with a Benefit Counselor. Schedule your appointment at: www.enrollcityofmilwaukeebenefits.com

ENROLLMENT BASICS



The Employee Benefits Resource Center offers important materials like enrollment guides, rate charts, videos, and insurance info. Visit www.cityofmilwaukeebenefits.com to access these resources.

Three Ways to Enroll

- 1. Self-Service system:** milwaukee.gov/selfservice to enroll in benefits and make changes to existing benefits (excluding Critical Illness, Accident, and Short-Term Disability Insurance). Directions later in the guide.
 1. See page 24 for detailed Self-Service instructions
 2. Request or reset your Self-Service password at <http://www.milwaukee.gov/servicedesk> or by calling 414-286-2777
 3. Call 414-286-3184 with enrollment questions
- 2. Benefit Counselor.** Employees can only make changes to their voluntary benefits (Critical Illness, Accident, and/or Short-Term Disability Insurance) with a Benefit Counselor.
 - o Visit www.enrollcityofmilwaukeebenefits.com to make an appointment
 - o Employees should bring their Self-Service login and password to their appointment for assistance enrolling in benefits other than the voluntary plans.
- 3. Benefits staff** call at 414-286-3184 with benefit questions, assistance enrolling or making changes (except voluntary benefits).

Dependent Coverage

Eligible dependents can join the City's health, dental, and vision plans only if the employee is enrolled.

Eligible dependents include:

- Legally married spouse
- Child of employee/spouse (stepchildren, adopted, placed for adoption, legal guardianship), ends the month they turn 26
- Child of a dependent child (until that dependent turns 18)
- Child covered by a court or administrative order (e.g., Qualified Medical Child Support Order)

One-Family Plan Rule

If both spouses are City employees or retirees, only **one** City health, dental, and vision plan can be carried by them. **Either** one spouse may cover all plans **OR** one spouse may carry the health plan while the other carries dental and/or vision. Employees must report their marriage to DER Benefits and submit a marriage certificate **within 31 days** of the marriage. Failure to report on time may result in extra costs or having to wait until the next open enrollment to add a spouse.

Enrollment Status

Employees must keep their enrollment information current, including births, marriages, and divorces, using the City's Self Service website: www.milwaukee.gov/selfservice. To log in, employees need their 6-digit Employee ID and password. To request or reset a password, visit: www.milwaukee.gov/servicedesk or call **414-286-2777**

Return to Work

Employees returning from a layoff or leave of absence must submit enrollment forms for Health, Dental, Vision, Flexible Spending Account, and LTD Buy-Up to re-enroll. **Forms must be submitted within 30 days** of returning to work. Employees on unpaid leave for more than 30 days must also re-enroll in voluntary benefits (Accident, Critical Illness, Short-Term Disability) by contacting DER Benefits at **414-286-3184**.

Separating from the City

Employees leaving the City can keep health, dental, and vision coverage through the end of the month they separate. Employees must pay their share of the premium. If it's not deducted from the final paycheck, a bill will be sent.

Wellness Health Appraisal and City Health Benefits

Employees enrolled in the City's health insurance and their covered spouses must complete a Health Appraisal to avoid a monthly fee (up to \$720/year) in 2027. The 30-minute appointment includes: finger stick lab work, height, weight & waist measurement, blood pressure check, nicotine/cotinine test, interest assessment, session with a health educator

Appraisal window: July 21 – December 12, 2026. If not completed, the full-year fee will apply in 2027.

MEDICAL BENEFITS



Administered by UnitedHealthcare

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.



	UHC CHOICE EPO PLAN		UHC CHOICE PLUS PPO PLAN		UHC HDHP
	In-Network		In-Network	Out-of-Network	In-Network
Lifetime Benefit Maximum	Unlimited		Unlimited		Unlimited
Calendar Year Deductible	\$1,000 S / \$2,000 F		\$2,000 S / \$4,000 F	\$4,000 S / \$8,000 F	\$2,000 S / \$4,000 F
Calendar Year Out-of-Pocket Maximum	\$2,000 S / \$4,000 F		\$4,000 S / \$8,000 F	\$8,000 S / \$16,000 F	\$4,000 S / \$8,000 F
Coinurance	20%		20%	40%	20%
DOCTOR'S OFFICE					
Primary Care Office Visit	Tier 1: 20% after ded. Tier 2: 40% after ded.		Tier 1: 20% after ded. Tier 2: 40% after ded.	40% after deductible	Tier 1: 20% after ded. Tier 2: 40% after ded.
Specialist Office Visit				40% after deductible	
Preventive Care (screening, immunizations)	0%		0%	40% after deductible	0%
Diagnostic Test (X-ray, blood work)	20% after ded.		20% after ded.	40% after deductible	20% after ded.
Imaging (CT/PET scan, MRI)	20% after ded.		20% after ded.	40% after deductible	20% after ded.
PRESCRIPTION DRUGS²					
Retail (30-day supply)	20% (\$4 min; \$75 max)		20% (\$4 min; \$75 max)	Not Covered	20% after deductible (with \$4 min; \$75 max)
Mail Order (90-day supply)	20% (\$8 min; \$150 max)		20% (\$8 min; \$150 max)	Not Covered	20% after deductible (with \$8 min; \$150 max)
Optum Specialty (30-day supply)	20% (\$4 min; \$75 max)		20% (\$4 min; \$75 max)	Not Covered	Not Covered
HOSPITAL SERVICES					
Emergency Room	\$250 member copay per visit		\$250 member copay per visit	\$250 member copay per visit	20% after ded.
Inpatient	20% after ded.		20% after ded.	40% after ded.	20% after ded.
Outpatient Surgery	20% after ded.		20% after ded.	40% after ded.	20% after ded.
Ambulance Service	20% after ded.		20% after ded.	20% after ded.	20% after ded.

² PPO and EPO: Separate OOP Max for Prescription Drugs of \$3,600 single / \$7,200 family

S = Single / F = Family / Ded = Deductible



MEDICAL BENEFITS (Continued)



	UHC CHOICE EPO PLAN		UHC CHOICE PLUS PPO PLAN		UHC HDHP
	In-Network		In-Network	Out-of-Network	In-Network
MENTAL HEALTH SERVICES					
Inpatient Services	20% after ded.		20% after ded.	40% after ded.	20% after ded.
Outpatient Services	20% after ded.		20% after ded.	40% after ded.	20% after ded.
SUBSTANCE ABUSE SERVICES					
Inpatient Services	20% after ded.		20% after ded.	40% after ded.	20% after ded.
Outpatient Services	20% after ded.		20% after ded.	40% after ded.	20% after ded.
OTHER SERVICES					
Maternity Services	20% after ded.		Office Visit: No Charge	40% after ded.	20% after ded.
All other maternity hospital/physician services	20% after ded.		20% after ded.	40% after ded.	20% after ded.
Muscle Manipulation Services	20% after ded.		20% after ded.	40% after ded.	20% after ded.
Physical, Occupational and Speech Therapy Services	20% after ded.		20% after ded.	40% after ded.	20% after ded.
Skilled Nursing 120-day calendar year maximum	20% after ded.		20% after ded.	40% after ded.	20% after ded.

HOW THE PLANS WORK



UnitedHealthcare Plans – At a Glance

All three plans cover **100% of preventive care** (physicals, immunizations) through the nationwide UHC network. How you pay differs by plan:

EPO – Network-only coverage, emergency care always in-network. Lower paycheck deductions than PPO.

PPO – Same network as EPO, plus out-of-network coverage at a higher cost. Highest paycheck deductions and cost shares.

HDHP – Pay full negotiated costs until deductible is met. Then share costs (coinsurance) until out-of-pocket max. Plan covers 100% after that.

	EPO	PPO	HDHP
Per-paycheck Cost for Coverage	\$	\$\$	\$
Calendar Year Deductible	\$	\$\$	\$\$
Calendar Year Out-of-pocket Maximum	\$	\$\$	\$\$
Using the Plan	Pay less with each paycheck and less when you need care	Pay more with each paycheck and when you need care, coverage for out of network providers	Pay less with each paycheck and more when you need care
Spending Account Options	Healthcare FSA Dependent care FSA	Healthcare FSA Dependent care FSA	Healthcare FSA Dependent care FSA

PAYING FOR HEALTH CARE

City of Milwaukee offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental, and vision care expenses.

	FLEXIBLE SPENDING ACCOUNT (FSA)	HEALTHY REWARD ACCOUNT (HRA)
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for the types of expenses that may be eligible)	Medical, prescription, dental & vision care (See IRS publication 502 for the types of expenses that may be eligible)
When can I use the funds?	All of the funds you elect for the year are available on January 1	Funds are available when you achieve a Healthy Rewards tier as part of the wellness program
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year above the carryover amount allowed by the IRS	Yes, funds roll over from year-to-year
How do I pay for eligible expenses?	With your Carrier debit card (You can also submit claims for reimbursement online at website)	With your Carrier debit card (You can also submit claims for reimbursement online at website)
How much can I contribute each year?	You can contribute \$3,500 in 2027*	Earn up to \$350 individually or \$700 if you and your spouse participate
Can I change my contributions throughout the year?	No, unless you have a qualifying life event	N/A

*May be subject to change based on IRS regulations

UNITED HEALTHCARE SERVICES



Digital ID Cards

UnitedHealthcare moved to digital-first delivery of medical ID cards for members. This change is intended to enhance convenience and support a more streamlined digital experience for members. The first ID card for new plans, policies, and new plan members will continue to be mailed. There is no impact to the delivery of other benefit cards, including dental, vision, and pharmacy ID cards. Members who would like a physical medical ID card can still request one through myuhc.com®, the UnitedHealthcare app, or by contacting Member Services.

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

The following UnitedHealthcare (UHC) resources help you understand your benefits, improve your health, and reduce out-of-pocket costs.

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 pickup 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 \$54 per visit. Register through myuhc.com. Call the number on the health plan ID card for assistance.

Virtual Primary Care

Access a primary care provider through myuhc.com for everything from routine checkups or help with complex health conditions. Members can see the same virtual primary care provider for preventive care, follow-up visits and checkups for ongoing medical conditions. Access through myuhc.com.

Telehealth Visits

Access medical, physical therapy, speech therapy, occupational therapy, and behavioral health services through a telehealth visit. Member cost shares apply. Visit uhc.com/virtualcare to learn more.

Real Appeal Weight Management Program

An online weight management program that helps participants make positive changes for a better body and healthier life. Available year-round and free for eligible members enrolled in the City's health insurance:

cityofmilwaukee.realappeal.com.

Maven

Get access to comprehensive pregnancy, postpartum and newborn support at no additional cost! 24/7 virtual consultations are available with 30+ subject matter experts, including doulas, lactation consultants, nutritionists and more. Plus, dedicated care advocates are available to guide you through your pregnancy journey. Visit mavenclinic.com/join/getstarted to learn more.

Sword (Formerly Kaia)

Available January 1, 2027

Sword Health is a digital health company that combines artificial intelligence with clinical expertise to find solutions to improve health outcomes and lower healthcare costs through personalized support in areas such as physical therapy, women's health, cardiometabolic risk, and mental health. Learn more at swordhealth.com.



UHC App

UNITEDHEALTHCARE SERVICES



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 participants' 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.

Digital ID Cards

UnitedHealthcare moved to digital-first delivery of medical ID cards for members. This change is intended to enhance convenience and support a more streamlined digital experience for members. The first ID card for new plans, policies, and new plan members will continue to be mailed. There is no impact to the delivery of other benefit cards, including dental, vision, and pharmacy ID cards. Members who would like a physical medical ID card can still request one through myuhc.com®, the UnitedHealthcare app, or by contacting Member Services.

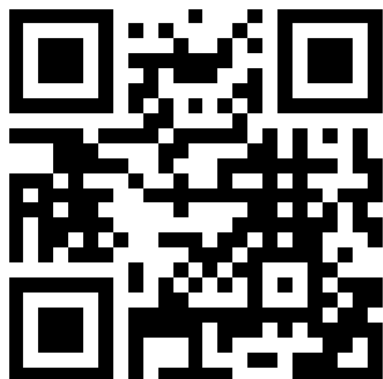
Calm Health App

The Calm Health App provides programs and tools to help support your mental health and well-being at your own pace. Calm Health is free to members enrolled in the City's UHC health plan. Enroll by visiting www.myuhc.com Coverage and Benefits > Mental Health > Calm Health

Visana Health

Visana Health is a virtual women's health clinic dedicated to giving you the best care at every life stage. Our doctors, clinicians, coaches, and advocates work together to help you understand what's going on in your body and find relief from all your symptoms. Learn more by visiting visanahealth.com

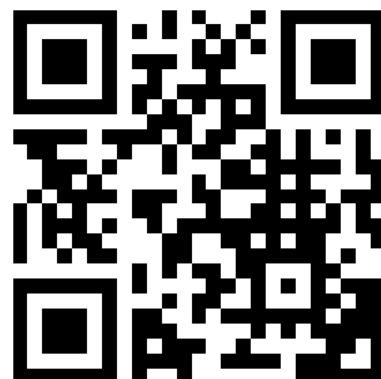
Visana Health



UHC App



Calm Health



UNITEDHEALTHCARE SERVICES



UHC Onsite Nurse Liaison

The Onsite Nurse Liaison can help you with every aspect of your overall health. To schedule an appointment, call 240-549-9879 or email mari.cohn@uhc.com. Visit www.milwaukee.gov/wycm for more information and the current schedule.

Nurse Liaison Services include:

- Identifying risk factors and discussing treatment options
- Providing educational sessions and programming around chronic condition management, including monthly support and disease management groups
- Helping you navigate available health and wellness services and assisting with claim questions

Check the City's Wellness page, milwaukee.gov/wycm, for more information and a programming schedule

One Pass Select Fitness Members

Support a healthy lifestyle and gain access to thousands of gyms, digital fitness and more through a membership that fits your lifestyle. Find more information and enroll at myuhc.com/coverage/additional.

2nd.MD Medical Consultation and Second Opinion Services

The City of Milwaukee offers a free second opinion service (2nd.MD) through the UnitedHealthcare (UHC) health plan. Employees and family members enrolled in the City's UHC health plan can receive expert medical consultation and navigation service through 2nd.MD, which connects members with a nationally recognized specialist for a medical consultation via phone or video to provide a second opinion at no cost regarding medical issues such as:

- Disease, cancer, or chronic conditions
- Surgery or procedures
- Medications and treatment plans

After the consultation, the member receives a written summary of the consultation so they're prepared for a conversation with their treating doctor or 2nd.MD can refer the member to another UHC in-network doctor in the area. Employees and family members enrolled in the City's UHC health plan can utilize 2nd.MD by calling 866-269-3534, activating an account by visiting www.2nd.MD/cityofmilwaukee, or by downloading the 2nd.MD app. Additional information is available on the City's benefits website www.milwaukee.gov/benefits.



Scan this code to get started

You'll first need to sign in to your account on myuhc.com or the UnitedHealthcare app. If you don't have an account select Register to create one.

OPTUMRX PHARMACY BENEFITS



UnitedHealthcare(UHC)/OptumRx is the City's pharmacy benefit manager (PBM) and manages and processes pharmacy claims. UHC/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 67,000 pharmacies including chain and independent pharmacies nationwide. Visit myuhc.com and find the Pharmacy locator tool from the Member tools menu or call the customer service at 1-800-841-4901

What tools are available on the myuhc.com website?

The myuhc.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 members pay the lowest possible cost, even for a low-cost generic medication.

Are coupons for brand-name medications 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 of 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 pay 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 72 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 current PDL can be found at myuhc.com or call customer service at the number on the back of the health plan ID card 1-800-841-4901.

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 medications 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 90-day maintenance medication through OptumRx or a 30-day supply at 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 the number on the back of your health plan ID card 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.

UHC/OptumRx Contacts

PHARMACY BENEFIT CONTACT	PHONE
Customer Service	800-841-4901

WELLNESS BENEFITS



Wellness Your Choice Milwaukee

The City of Milwaukee is dedicated to helping employees and their families live healthier, safer, and more fulfilling lives. To get the most out of the City's wellness benefits, start by completing the **Health Appraisal** — the first step in a simple two-step process to unlock the **Healthy Rewards Program**. This program allows you and your spouse to earn up to **\$700** in a Health Reimbursement Account by participating in wellness activities throughout the year. Beyond rewards, the City's Wellness Program provides valuable support including on-site and virtual clinics, year-round coaching, access to registered dietitians, group fitness classes, educational sessions, and injury prevention resources. These services are designed to meet you where you are — helping you feel your best at work, at home, and into retirement. Take the first step toward a healthier future. Learn more at www.milwaukee.gov/wycm

Health Appraisal Process

Employees and spouses can complete the Health Appraisal to boost personal health awareness and qualify for the Healthy Rewards Program, earning up to \$350 each in a Health Reimbursement Account. While participation is optional, it's required for those enrolled in the City's 2027 health insurance to avoid a monthly fee. The appraisal includes lab work (finger stick), measurements (height, weight, waist circumference), blood pressure, an interest assessment, and a session with a health educator — all done in one 30-minute appointment. The appraisal window is from July 21 to December 12, 2026. Participation is open even to those not enrolled in City health insurance. For details, visit www.milwaukee.gov/wycm or www.workforcehealth.org/cityofmilwaukee.



Workforce Health



Healthy Rewards Program

The **Healthy Rewards Program** is the City's wellness incentive program where employees and spouses can earn up to \$700 in a Health Reimbursement Account (HRA) by completing three levels of wellness activities. To participate, both must first complete the Health Appraisal. Points are earned through the appraisal and other health-related activities. Participation is open even to those not enrolled in the City's health insurance. The program runs annually from July 1 to June 30. 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 sign up for telephonic or virtual 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: Healthy At Any Weight, Reset, Guided Walks, Gotta Have Heart, Self-Care Series, Workforce Health Kitchen: Live
- Employee Safety Training
- Financial Wellness
- Mental and Emotional Health Services and Programs
- Visit www.milwaukee.gov/wycm for information on additional programs



ONSITE CLINICS



You have access to 3 onsite clinics, which are a convenient workplace-based health center that offers care close to employees, making it easier to get medical support without leaving work. It typically provides primary and preventive care, treatment for minor illnesses and injuries, wellness visits, screenings, vaccines, and other routine services. Appointments are usually easy to arrange by phone or online, and same-day visits are often available for urgent needs. Please see below for more information on the various clinics.

Clinic	Key Services	Who Can Use It
FastCare® Convenient Care Clinics	Flu and respiratory infections, rashes/skin conditions, insect bites, seasonal allergies, minor injuries, sprains/strains, bladder infections (females 12+), school/sports physicals, and select labs/vaccines.	City of Milwaukee employees, non-Medicare retirees, spouses, and dependents 18 months and older enrolled in the City's UHC health insurance
City of Milwaukee Injury Prevention Clinic	Ergonomic guidance, pain management education, exercise instruction, injury prevention tips, self-management recommendations, and posture/body mechanics education. Virtual visits are especially useful for home-office concerns.	Free to City employees and spouses, regardless of insurance coverage
City of Milwaukee Workplace Clinic	Annual wellness visits, screenings/referrals, chronic condition management, care coordination, cessation support, healthy living guidance, sudden illness care, minor injuries, minor procedures, labs/rapid tests, vaccines/injections, and select medication dispensing	Employees and spouses regardless of City health plan enrollment; dependents 18 months and older enrolled in the City's health insurance

Clinic	How to Schedule	QR Code to Apps and other Information
FastCare® Convenient Care Clinics	Visit FastCare® Walk-In Clinics to find all locations and hours.	
City of Milwaukee Injury Prevention Clinic	Call 414-777-3413 to schedule an in-person or virtual appointment .	
City of Milwaukee Workplace Clinic	Call 414-777-3413 for an in-person, phone, or virtual appointment . Established patients can also schedule online at my.froedtert.com or through the Froedtert & MCW app . Same-day appointments are often available.	



DENTAL BENEFITS

Administered by Delta Dental of Wisconsin

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.

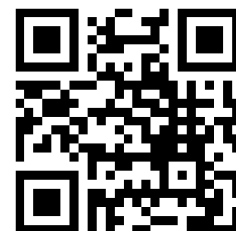
	DELTA DENTAL EPO (IN NETWORK ONLY) (01618)	DELTA DENTAL PPO - GENERAL (01318)
SERVICES	IN-NETWORK PPO	IN-NETWORK PPO/PREMIER AND OUT-OF-NETWORK
Calendar Year Deductible	\$0 per person; \$0 family limit	\$25 per person; \$75 family limit
Calendar Year Benefit Maximum	\$4,000	\$1,250
Preventive Dental Services (cleanings, exams, x-rays)	\$0	\$0
Basic Dental Services (fillings, root canal, repairs, gum disease treatment, extractions, oral surgery)	\$0	20% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	30%	20% after deductible
Orthodontia Services (dependent children covered to age 26) (adults are covered on the EPO plan)	\$0 after \$500 deductible Unlimited lifetime maximum	50% to \$1,200 lifetime maximum

Sworn Police and Fire	DELTA DENTAL PPO FIRE (01418)	DELTA DENTAL PPO POLICE (01518)
SERVICES	IN-NETWORK PPO/PREMIER AND OUT-OF-NETWORK	IN-NETWORK PPO/PREMIER AND OUT-OF-NETWORK
Calendar Year Deductible	\$25 per person; \$75 family limit	\$25 per person; \$75 family limit
Calendar Year Benefit Maximum	\$1,250	\$1,250
Preventive Dental Services (cleanings, exams, x-rays)	20%	20%
Basic Dental Services (fillings, root canals, repairs, gum disease treatment, extractions, oral surgery)	20% after deductible	20% after deductible
Major Dental Services (crowns, inlays, onlays, bridges, dentures, implants)	20% after deductible	20% after deductible
Orthodontia Services (dependent children covered to age 26)	40% to \$1,000 lifetime maximum	40% to \$2,000 lifetime maximum

Delta Dental

Delta Dental of Wisconsin dentist directories are accessible online, via the mobile app and by phone. 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. All Delta Dental plans include an Evidence-Based Integrated Care Plan (EBICP), which provides extra preventive benefits to those who need them most. Learn more at www.deltadentalwi.com/s/additional-benefits.

Special Health Care Needs Benefit (SHCNB) allows extra services for individuals with certain physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting conditions. Learn more at www.deltadentalwi.com/SHCNB.



DENTAL BENEFITS (Continued)

CarePlus
Dental Plans

Administered by CarePlus Dental Plans

CarePlus Dental Plans provides access to their sister brand, Dental Associates, through their seven metropolitan Milwaukee clinics (and 14 total statewide). These clinics provide complete coverage from one team (from general and pediatric dentistry, to orthodontics, oral surgery, and dental implants). Employees enrolled in CarePlus must use 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.

	CAREPLUS
SERVICES	IN-NETWORK
Calendar Year Deductible	\$0 per person; \$0 family limit
Calendar Year Benefit Maximum	Unlimited
Preventive Dental Services (cleanings, exams, x-rays)	\$0
Basic Dental Services (fillings, root canal therapy, oral surgery)	\$0
Major Dental Services (extractions, crowns, bridges, dentures, repairs)*	\$0
Orthodontia Services (adults covered under CarePlus plan)	\$0; lifetime maximum none; \$500 copay

* Implants are covered at 70%

Clinic	Address	Phone Number
Bayshore	5780 N. Port Washington Rd, Glendale, WI 53217	414-539-5600
Franklin	6855 S. 27th Street, Franklin, WI 53132	414-435-0787
Kenosha	7117 Green Bay Road, Kenosha, WI 53142	262-942-7000
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
Sturtevant	10155 Washington Ave, Sturtevant, WI 53177	262-884-3011
Waukesha	1211 Dolphin Court Waukesha, WI 53186	262-436-3363
Wauwatosa	11711 W. Burleigh Street, Wauwatosa, WI 53222	414-771-2345

CarePlus Dental Plans

The CarePlus plan offers unlimited maximums to City of Milwaukee members. The plan also includes Evidence-Based Dentistry, providing access to additional cleanings and fluoride treatments for those with certain conditions. For full plan and coverage details, learn more at www.milwaukee.gov/dentalbenefits.





VISION

Voluntary BENEFITS



MetLife

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern for everyone.

SERVICE	IN-NETWORK (ANY METLIFE PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
Eye Exam — once every 12 months	\$0 Copay	Up to \$45

LENSES — ONCE EVERY 12 MONTHS

Single Vision Lenses	\$0 Copay	Up to \$30
Lined Bifocal Lenses	\$0 Copay	Up to \$50
Lined Trifocal Lenses	\$0 Copay	Up to \$65
Frames — once every 24 months	\$150 allowance plus 20% off	Up to \$70

Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames

Elective	\$150 allowance	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Separate Fitting Allowance	\$60 Copay	Applied to the allowance for the contact lenses
LASIK (On time per member)	Discount Only, Average 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 Copay	Not Covered
Progressive Standard	\$55 Copay	Not Covered
Photochromic	\$47-82 Copay	Not Covered
UV Protection	100% Covered	Not Covered



SPENDING ACCOUNTS



Four Accounts – One Ameriflex Card!

Participate in any combination of the four accounts—three Flexible Spending Accounts (FSAs) using tax-free dollars, and one Health Reimbursement Arrangement (HRA) with free money earned through Healthy Rewards.

Flexible Spending Accounts (FSA) – Must enroll every year / no auto-enrollment

1. Health/Medical: Full annual election available at election start date. Enrollment in health insurance not required.
2. Dependent Care: Funds available as they're deposited.
3. Parking: Funds available as they're deposited.

Health Reimbursement Account (HRA) – Must complete annual Health Appraisal to be eligible

- All FSA-eligible expenses are also HRA-eligible.
- Deposits begin at the start of each calendar year.
- Refer to page 14 for more details on earning rewards.

Flexible Spending Accounts (FSA)	Contribution Limits	Carryover Allowances	Previous Year Claim Deadlines	End of Coverage After Separation
Health/Medical	\$3,500/year per employee*	Up to \$700*	March 31	Up to 30 days for services received before separation
Dependent Care	\$7,500/year per family*	None		
Parking	\$350/month per employee*	Unlimited	February 15	
Health Reimbursement Arrangement (HRA)	Maximum Earnings	Carryover Allowance	Previous Year Claim Deadlines	End of Coverage After Separation
Healthy Rewards	\$350 per employee \$700 with spouse	Unlimited	None	Up to 3 years

*May be subject to change based on IRS regulations

Questions and Support

- Contact: myameriflex.com, app, (888) 868-3539, or service@myameriflex.com
- Use last four of employee ID # in place of SSN. Employer code: AMFCIOMIL.



LIFE INSURANCE



Sun Life



Sun Life 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 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 the 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, employees must be employed for at least one day after the coverage's 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), and must complete a questionnaire and provide information to Sun Life, who approves or denies enrollment.

Voluntary Life Insurance Premium Rates

Premiums for voluntary life and family coverage are paid every month. The following rates are in effect through December 31, 2027.

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 (EOI) 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.

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



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

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

LONG-TERM DISABILITY



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.

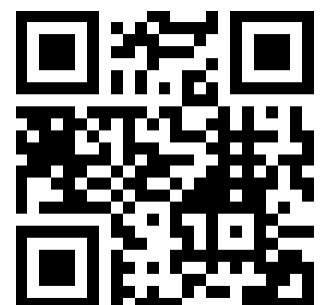
LTD Buy-Up Rates

LTD buy-up rates are outlined below if employees choose to shorten the 180-day standard waiting period to 120, 90, or 60 days.

\$0.083 per \$100 for 120 Days

\$0.155 per \$100 for 90 Days

\$1.025 per \$100 for 60 Days



SHORT-TERM DISABILITY



All benefits eligible City of Milwaukee employees can enroll in voluntary benefits. The only way to enroll in Critical Illness, Accident, and/or Short-Term Disability Insurance is through the Benefit Counselors. Visit www.enrollcityofmilwaukeebenefits.com to make an appointment.

Employees who are on unpaid leave for more than 30 days have their benefits terminated and will need to re-enroll in their voluntary benefits (Accident, Critical Illness, and/or Short-Term Disability) when they return to work. To re-enroll in the voluntary plans, employees should contact the DER Benefits team (414-286-3184 or derbenefits@milwaukee.gov) within 30 days of returning to work to continue their coverage through the City.

Employees can access the MetLife portal to check coverage options and file a claim: mybenefits.metlife.com. Both accident and critical illness coverage provide a health screening benefit for covered screenings and tests for the member and their dependents. Visit www.milwaukee.gov/VoluntaryBenefits for more information.

Short-Term Disability Insurance

Short Term Disability (STD) insurance replaces a portion of your income while you are disabled for non-work-related injuries or illnesses. Generally, you are considered disabled and eligible for short-term benefits if, due to sickness, pregnancy, or accidental injury, you are: receiving appropriate care and treatment; complying with the requirements of the treatment; are not gainfully employed; and due to an impairment, you are prevented from performing the material and substantial duties of your regular occupation. Short Term Disability has a pre-existing condition timeframe of 12 months.

The benefit amount is the flat dollar amount chosen by you in increments of \$100 per month. The minimum amount you can elect is \$400 per month. The maximum amount you can elect is \$4,000 per month, not to exceed 60% of your monthly earnings. Benefits begin after the end of the elimination period and continue for as long as you are disabled up to a maximum 6 months. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are as follows:

Plan Option 1:

- For Injury: 7 Days
- For Sickness (includes pregnancy): 7 Days

Plan Option 2:

- For Injury: 14 Days
- For Sickness (includes pregnancy): 14 Days



Monthly Premium- Rate per \$100 of monthly covered benefit

YOUR AGE (as of 1/1/2027)	LESS THAN 50	50-59	60+
Plan Option 1	\$2.63	\$5.01	\$6.78
Plan Option 2	\$1.98	\$3.81	\$5.54

ACCIDENT & CRITICAL ILLNESS



ACCIDENT

Administered by MetLife

Accident Insurance supplements your health plan when you or a family member has an accident or injury. Once a covered event occurs, a lump-sum payment is made directly to you regardless of any other insurance you may have. The payment received is yours to spend however you like, or can be used to cover deductibles and copays from the care you receive.

Examples of covered events and medical services include:

- Medical Treatment and hospital beds
- Dislocations
- Concussions
- Lacerations
- Fractures
- Surgery
- Therapy Services
- Health Screening Benefit
- Emergency Care
- Second and Third Degree Burns

COVERAGE OPTIONS	MONTHLY COST TO YOU
Employee	\$6.10
Employee & Spouse	\$12.20
Employee & Child(ren)	\$14.32
Employee & Spouse/Child(ren)	\$17.46

CRITICAL ILLNESS

Administered by MetLife

Critical Illness is a supplement to the health plan and pays a lump sum benefit upon a verified diagnosis. The following medical conditions are examples of diagnoses covered by the critical illness plan:

- Cancer
- Heart Attack
- Stroke
- Severe Burn
- Coronary Artery Bypass Graft
- Loss of: Ability to Speak, Hearing, or Sight
- Coma
- Kidney Failure
- Paralysis

The lump sum payment can be used as the employee sees fit for expenses that may not be covered by the health plan, such as a mortgage, childcare, or groceries.



ACCIDENT & CRITICAL ILLNESS



CRITICAL ILLNESS (Continued)

ELIGIBLE INDIVIDUAL	BENEFIT AMOUNT	REQUIREMENTS
Coverage Options		
Employee	Option 1: \$10,000 Option 2: \$20,000 Option 3: \$30,000	Coverage is guaranteed provided you are actively at work.
Spouse	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth in the Certificate
Dependent Child(ren)	50% of the Employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth in the certificate.

Monthly Premium per \$1,000 of coverage

AGE*	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE + CHILD(REN)
<25	\$0.47	\$0.76	\$0.71	\$1.01
25-29	\$0.52	\$0.84	\$0.77	\$1.09
30-34	\$0.61	\$0.99	\$0.86	\$1.24
35-39	\$0.73	\$1.16	\$0.98	\$1.41
40-44	\$0.94	\$1.48	\$1.19	\$1.73
45-49	\$1.26	\$1.96	\$1.50	\$2.20
50-54	\$1.77	\$2.69	\$2.02	\$2.94
55-59	\$2.45	\$3.64	\$2.69	\$3.88
60-64	\$3.45	\$5.06	\$3.70	\$5.31
65-69	\$4.92	\$7.14	\$5.17	\$7.39
70-74	\$6.55	\$9.51	\$6.80	\$9.76
75+	\$8.88	\$13.02	\$9.13	\$13.27

*Rates will increase when a Covered Person reaches a new age band. Rates are subject to change.

RETIREMENT PLANNING



Employees' Retirement System (ERS)

For employees hired before January 1, 2024, 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.

Wisconsin Retirement System (WRS)

Employees hired after January 1, 2024, will be enrolled in the State of Wisconsin's Retirement System (WRS). Benefit Information can be found at <https://etf.wi.gov/resource/your-benefit-handbook>.



Deferred Compensation Plan

The City of Milwaukee Deferred Compensation Plan is a Section 457(b) defined contribution retirement plan that allows employees to save for retirement through convenient payroll deductions. Along with either the City or State's pension and Social Security (if eligible), the Plan can help provide additional retirement income. Visit www.milwaukeeedcp.com or see the Plan Highlights Brochure for more information.

Save for retirement your way

Choose how much to contribute through convenient payroll deductions, using pre-tax, Roth after-tax, or a combination of both. You can change your contribution amount at any time. Your Deferred Compensation savings can help supplement pension benefits and Social Security (if eligible) to help prepare for retirement expenses including healthcare and other unexpected costs.

Quality investments at competitive prices

The Plan offers a diverse selection of high-quality, competitively priced investment options, including professionally managed target date funds and other core investments. A self-directed brokerage account is also available for access to additional investment choices.

Annual Account Elections and Enrollment Period

For general City employees (non-protective service employees), those contributing 0%–2% are subject to the Plan's annual automatic enrollment and reenrollment process. Employees who do not make an election during the designated period will be automatically enrolled or reenrolled under the Plan's default provisions. **Note: contribution amounts can be changed at any time throughout the year.**

Annual Account Increase Period

For general City employees (non-protective service employees), beginning in fall 2026, employees contributing 3%–6% will be automatically enrolled in the Annual Account Increase, which raises contributions by 1% each year unless the employee opts out, up to a combined 7% of pay in pre-tax and Roth contributions. This is an annual process, and employees who opt out in a given year may be included again in future years. **Note: contribution amounts can be changed at any time throughout the year.**

Employees subject to either process will receive information about the applicable requirements, timing, deadlines and how to opt out. The opt-out period for both programs will coincide with the start of Open Enrollment.

Support when and how you need it

Get help with your retirement savings through online tools, the Voya mobile app, Customer Service Representatives and knowledgeable local Plan Service Representatives. Employees can also earn **Healthy Rewards points** by completing financial wellness seminars and meeting with a local Plan Service Representative for a financial wellness consultation. Visit www.milwaukeeedcp.com or call either 844-360-MDCP (6327) or the Deferred Compensation Plan office at 414-286-5541 to learn more.

MENTAL & BEHAVIORAL HEALTH SUPPORT

Employee Assistance Programs (EAP)

The City's EAP is a confidential counseling, assessment, and referral service for employees and families when they need help navigating situations affecting their lives. This service is free to employees and spouses regardless of enrollment in the City's health insurance plan. Call 414-286-3145 or visit milwaukee.gov/EAP for more information and resources on dealing with issues at home or work. The City's 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.
- Programs for individuals/departments addressing a variety of topics and tailored to fit specific circumstances.

PROVIDER	CONTACT
City of Milwaukee Employee Assistance Program (internal)	Cris Zamora Phone: 414-286-3145 TDD: 414-286-2960 czamora@milwaukee.gov https://city.milwaukee.gov/der/eap
UnitedHealthcare Employee Assistance Program (external)	888-887-4114 For UHC covered members

Spring Health Mental Well-Being Benefit (available starting January 1, 2027)

Your emotional well-being is an important part of your overall health. That's why we provide access to Spring Health, a confidential mental health and well-being resource available to you and your eligible family members at no cost.

Spring Health makes it easy to find the right support based on your unique needs and preferences. After completing a brief online assessment, you'll be matched with care options tailored to you, or you can choose from a diverse network of providers with various specialties and backgrounds.

What's Included?

- 6 therapy sessions and 6 coaching sessions per year for you and your eligible family members at no cost.
- Access to licensed therapists, professional coaches, and care navigators.
- Self-guided wellness resources and work-life support services.
- Continued access to care at affordable rates, with or without insurance, if additional support is needed.

Your Privacy Matters

Spring Health is 100% confidential. Your personal information and use of services are never shared with your employer, allowing you and your family to seek support with confidence.

Getting Started

Getting care is simple:

1. Complete a brief assessment about your needs and preferences.
2. Receive personalized care recommendations.
3. Schedule your first appointment with a therapist or coach.

Spring Health is designed to provide convenient, personalized support whenever you need it, helping you build resilience, improve well-being, and navigate life's challenges with confidence. For assistance, contact Spring Health at 1-855-629-0554 or visit cityofmilwaukee.springhealth.com.



ADDITIONAL BENEFITS



Care@Work

Care@Work is a free benefit for the whole family, including an employee's child, parents/grandparents, home, and/or pet. Care@Work membership includes LifeMart, a free discount program for a variety of products and services. LifeMart offers discounts on travel, entertainment, home and auto services, and pet insurance! Visit cityofmilwaukee.care.com, agree to the terms, and select "Let's Get Started". Employees must enter their Employee ID to validate their employment and eligibility. Contact Care.com at 855-781-1303 or careteam@care.com for more information

Employee Resource Groups

Employee Resource Groups (ERGs) are City of Milwaukee-recognized groups of employees with shared backgrounds, interests, or goals that promote inclusion, diversity, and connection. Any City employee can start or join an ERG by applying through the Department of Employee Relations (DER). Visit www.milwaukee.gov/ERG for more information.

Commuter Value Pass

The Commuter Value Pass (CVP) is offered through Milwaukee County Transit System (MCTS). 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 or Sworn Fire and Police personnel. To enroll in the CVP program, complete an enrollment form and return it to DER Benefits. The employee cost for the pass is \$36.00 per month (subject to change based on MCTS action). For more information, visit www.milwaukee.gov/benefits or call Employee Relations at 414-286-3184.

Tuition Reimbursement Program

City of Milwaukee employees can receive up to **\$1,500 per year** for tuition related expenses. Of this amount, up to \$600 may be used toward job-related certification and licenses. Part-time employees (20+ hours/week) are eligible for prorated benefits. No waiting period—courses must begin after the hire date. Contact DER at 414-286-8049 with questions. Visit www.milwaukee.gov/tuitionbenefit for more details.

NOTE: Tuition benefits differ for sworn personnel and are determined by collective bargaining agreements

Paid Time Off and Paid Parental Leave for General City Employees

- **12 paid holidays** per year
- **Vacation:** Starts at 3.7 hrs every 2 weeks (increases with service)
- **Sick Leave:** Can be used for self or immediate family
- **Up to 8 hrs** of paid time off for medical/dental appointments
- **Paid Parental Leave:** Available after 1,000 hrs worked in past 12 months
- **Incentives:** Sick Leave Control Program
- **Use-as-you-earn** system for vacation and sick time

For more information on the City's vacation, sick leave, and paid parental leave, visit DER's Policies and Procedures website: www.milwaukee.gov/policiesandguidelines.

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. **The only way for employees to enroll in the new City of Milwaukee Voluntary Benefits: Critical Illness, Accident and/or Short Term Disability Insurance is through the available Benefit Counselors. Visit www.enrollcityofmilwaukeebenefits.com to make an appointment.**

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/servicedesk 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 Open Enrollment tile
2. Click Benefits Enrollment.

Deadline for 2026 Open Enrollment Benefit Changes through Self Service is October 31, 2026 at 10:59 p.m.

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

1. Click the Health Plan tile
 - a. Select next to the option you'd like to enroll in.
2. If you have dependent(s) on your plan or would like to add a dependent, check the box next to the dependent's name to enroll them or click the add/update dependent to add a new dependent to the plan. 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 done in the upper right corner to save your Health Plan choices

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 the Voluntary Group Life tile.
 - a. Click select next to the option you'd like to enroll in
2. Click done in the upper right corner

To enroll in Family Life Insurance

1. Click the Family Life tile.
 - a. Click select next to the option you'd like to enroll in
2. Click done in the upper right corner

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 the Long-Term Disability tile.
 - a. Click select next to the option you'd like to enroll in.
2. Click done in the upper right corner.

OPEN ENROLLMENT SELF SERVICE INSTRUCTIONS

Accident, Critical Illness and Short Term Disability Insurance

The voluntary benefits are not available through Self-Service for employees to enroll. **The only way for employees to enroll in Critical Illness, Accident, and/or Short Term Disability Insurance is through an appointment with a dedicated Benefit Counselor.**

1. Visit www.enrollcityofmilwaukeebenefits.com to make an appointment. Employees should bring their Self-Service login and password to their appointment for assistance enrolling in benefits other than the voluntary plans.

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 the tile to select Medical, Dependent Care, or Parking Expenses. Be careful to select the correct account.
 - a. Select Option or Waive to choose no coverage.
 - b. Enter the annual pledge amount for the Flexible Spending Account you want enrolled.
2. Click done in the upper right corner.

Final Steps to Submit Open Enrollment or New Hire Benefit Choices

1. Once you have made all Open Enrollment Choices, click the green Submit Enrollment button at the top of the page
 - a. Benefits Statements are available by clicking the Benefits Statements option from the menu on the left or by clicking View in the popup that appears when you submit your enrollment. Save your Benefits Statement as a confirmation of the choices you made.
2. Click Exit at the top of the page and yes in the popup that appears to return to the home 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 the Payroll>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: Payroll>W-2/W-2C Consent
2. To view prior tax year W-2/W-2C Form choose the appropriate year from the Tax Year drop down menu.

****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 or Adoption/Legal Custody (Can Access Year Round)

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

1. Click Benefit Details>Life Events
2. Choose Birth or Adoption/Legal Custody. 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.

OPEN ENROLLMENT SELF SERVICE INSTRUCTIONS

Family Status Change Marriage (Can Access Year Round)

1. Click Benefit Details>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.

GLOSSARY

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 the 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, 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 provider network. If members are enrolled in the Choice Plus Plan and use an out-of-network provider, members' 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.

NOTES

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
Care@Work: Care Support	Care@Work	855-781-1303	careteam@care.com cityofmilwaukee.care.com
Commuter Value Pass (through MCTS)	Department of Employee Relations	414-286-3184	derbenefits@milwaukee.gov
Deferred Compensation 457 Retirement Plan	Voya	844-360-6327	www.milwaukeedcp.com
	Deferred Compensation	414-286-5541	DEFCOM@milwaukee.gov
Dental Benefits	CarePlus Plan	414-771-1711	www.careplusdentalplans.com
Dental Benefits	Delta Dental of Wisconsin	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	Spring Health	855-629-0554	cityofmilwaukee.springhealth.com
Flexible Spending Account	Ameriflex	888-868-3539	www.myameriflex.com
Froedtert FastCare® Clinics	Froedtert & the Medical College of Wisconsin	See page 13	www.froedtert.com/fastcare
Health Reimbursement Account	Ameriflex	888-868-3539	www.myameriflex.com
Injury Prevention Clinic	Froedtert Workforce Health	414-777-3413	www.milwaukee.gov/WYCM
Life Insurance	Sun Life Financial	414-286-3557	www.cmers.com
Long-Term Disability	Sun Life Financial	866-806-3619	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	UnitedHealthcare (UHC)/OptumRx	800-841-4901	www.myuhc.com
Tuition Reimbursement	Department of Employee Relations	414-286-8049	TuitionReimb@milwaukee.gov
Vision Insurance	MetLife	800-GET-MET8 (800-438-6388)	www.mybenefits.metlife.com
Voluntary Benefits (Critical Illness, Accident, Short Term Disability Insurance)	MetLife	800-GET-MET8 (800-438-6388)	www.mybenefits.metlife.com
Wellness Resources	Froedtert Workforce Health	414-777-3410	www.milwaukee.gov/WYCM
Wellness Program Administrator	Froedtert Workforce Health	414-777-3410	www.milwaukee.gov/WYCM
Wisconsin Retirement System (WRS)	Wisconsin Department of Employee Trust Funds	1-877-533-5020	https://etf.wi.gov/retirement/wrs-retirement-benefit
Workplace Clinic	Froedtert Workforce Health	414-777-3413	www.milwaukee.gov/WYCM
Worker's Compensation	CorVel 24/7 Work Injury Nurseline	844-645-2567	www.city.milwaukee.gov/WC#
	CorVel Claims Division	833-298-3048	
	DER/Worker's Comp Division	414-286-2020	