



# City *of* Louisville

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**2020**

**EMPLOYEE BENEFITS GUIDE**

# Our employees are our most valuable asset.

That's why at City of Louisville we are committed to providing a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

## Stay Healthy

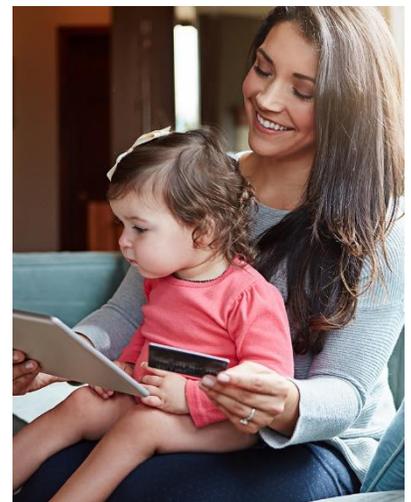
- Medical
- Dental
- Vision
- Flexible Spending Accounts
- Wellness Program
- Recreation Center Membership

## Feeling Secure

- Disability Insurance
- Life and Accidental Death & Dismemberment
- Retirement Plans
- Tuition Assistance
- Supplemental Legal Services
- Supplemental Life & Accident Insurance

## Work/Life Balance

- Paid Leave Bank (PLB)
- Family Medical Leave Bank (FMLA)
- Family Bereavement Leave
- Holidays
- Employee Assistance Program (EAP)
- Flexible Schedules



## Important Information about this Guide.

This guide describes the Employee Benefits Program for eligible employees of the City of Louisville. If any conflict should arise between this guide and the pertinent provisions of any insurance policy or master plan document, or if any provision is not explained or only partially explained in this guide, your rights will always be determined under the provisions of the plan documents (and any rules not yet written into the plan documents) and insurance contracts.

While the City of Louisville intends to maintain the Employee Benefits Program, it retains the right to amend or terminate any of the benefit plans at any time, as it deems advisable, as to any or all of the employees covered. In fact, as a matter of prudent business planning, the City routinely evaluates the benefits program it offers to employees and their dependents.

# Benefits Provider Information

Refer to this list when you need to contact one of your benefit providers. Plan documents and summaries are available on ESS and the City Share (Y drive) → Human Resources. For more information on benefits or questions regarding this guide, contact Human Resources.

## HEALTH: PAGE 4

**Kaiser Permanente** Group #: 5920  
Customer Service: (303) 338-3800  
[www.kp.org](http://www.kp.org)

## DENTAL: PAGE 6

**Delta Dental — PPO + Premier Plan** Group #: 7562 Employee ID: Last 4 SSN  
Customer Service: 1 (800) 521-2651 Customer Service Email:  
[www.deltadentalco.com](http://www.deltadentalco.com) [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com)

## VISION: PAGE 7

**VSP — Signature Plan** Group: #12089727  
Customer Service: 1 (800) 877-7195  
[www.vsp.org](http://www.vsp.org)

## FLEXIBLE SPENDING ACCOUNTS (FSA): PAGE 8

**Rocky Mountain Reserve** Employee ID: #SSN  
Customer Service: (888) 722-1223 or [info@rmbenefits.com](mailto:info@rmbenefits.com) Employer ID: RMRCOLO  
[www.rockymountainreserve.com](http://www.rockymountainreserve.com) Fax: 1 (866) 557-0109

## LIFE AND DISABILITY INSURANCE: PAGE 9

**Lincoln Financial Group**  
Life & AD&D Group #: 000010008469  
Short & Long Term Disability Group #: 000010008470  
Customer Service: 1 (800) 423-2765  
[www.lfg.com](http://www.lfg.com)

## SUPPLEMENTAL INSURANCE: PAGE 9

**Colonial Life**  
Service Center: 1 (800) 325-4368 or Fax: 1 (800) 880-9325  
[www.coloniallife.org](http://www.coloniallife.org)

## EMPLOYEE ASSISTANCE PROGRAM (EAP): PAGE 10

**Guidance Resources by ComPsych** Company ID: #CN3906K  
Customer Service: 1 (877) 616-0508  
[www.guidanceresources.com](http://www.guidanceresources.com)

## RETIREMENT PLAN: PAGE 11

**ICMA Retirement Corporation** 401 Plan #: 109139  
Customer Service: 1 (800) 669-7400 457 Plan #: 301451  
[www.icmarc.org](http://www.icmarc.org) Roth IRA #: 705912

## SUPPLEMENTAL LEGAL SERVICES: PAGE 11

**Legal Shield**  
Member Services: 1 (800) 654-7757 or [memberservices@legalshield.com](mailto:memberservices@legalshield.com)  
[www.legalshield.com](http://www.legalshield.com)

## ESS EMPLOYEE ONLINE PORTAL

<https://selfservice.louisvilleco.gov/ess>

\*Login with same username and password as login to City Computer.

ESS can be used to update personal information, emergency contacts, view leave balances, paychecks, and request changes to your address, W-4 and banking information.

# Benefits Eligibility and Enrollment

## WHO IS ELIGIBLE

You are eligible to participate in the City of Louisville's benefits program if your position is designated as 'Regular' as defined below:

- **Tier 1:** The level of benefits a Full-Time employee is eligible to receive who is authorized to work 36–40 hours per week on a regular basis.
- **Tier 2:** The level of benefits a Benefited Part-Time employee is eligible to receive who is authorized to work 30–35 hours per week on a regular basis.

## ELIGIBLE FAMILY MEMBERS (DEPENDENTS)

You may cover your eligible family members under the City's plans. Eligible family members include:

- Your spouse,
- Your Common Law Spouse (Affidavit of Common Law Marriage required.),
- Your Same Sex Domestic Partner - An exclusive committed relationship between two (2) unmarried adult persons, of the same sex, who are unrelated by blood, maintain a mutual residence, and share basic living expenses. (Affidavit of Same-Sex Domestic Partnership required.)
- Your child(ren): Up to 26 years of age

## WHEN YOUR COVERAGE IS EFFECTIVE

If you enroll during the Annual Open Enrollment period, the coverage you select will be effective January 1, 2020 provided you have met the eligibility requirements. If you are a newly hired employee or are newly eligible for the plans, your effective date is the first day of the month following your date of hire.

If you choose not to enroll during Open Enrollment or your eligibility period, you will be required to wait until the next Annual Open Enrollment unless you have a qualifying change of status as defined by the IRS, listed below. Please note that some coverages are not subject to Annual Open Enrollment.

## QUALIFYING EVENTS/MID-YEAR CHANGES

You may only enroll, add family members, or cancel your elections during the Annual Enrollment period, or within 31 days of experiencing a qualifying life status change, including:

- Marriage, death of spouse, divorce or legal separation.
- Birth, adoption, placement for adoption or death of a dependent.
- Termination or commencement of employment for you, spouse, or dependent.
- Relocation or increase in hours of employment by you or your spouse.
- Your dependent child satisfies or ceases to satisfy the requirements for coverage because of age.
- A change in place of residence or work (>35 miles) for you, your spouse, or dependent.
- You or your spouse/domestic partner experience an open enrollment event.
- Eligibility for Medicare (turning age 65)

## Open Enrollment

Check It Out!

Active, benefit-eligible employees' open enrollment is done online through the **Employee Self Services (ESS) Online portal** website at:

<https://selfservice.louisvilleco.gov/ess/>

You will use your same username and password as login to a City Computer

In order to complete your online enrollment, you need:

- Dates of birth and social security numbers for you as well as any family members you are enrolling.

Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

**2020 Open Enrollment dates:  
11/04/2019 - 11/15/2019**

# Health Insurance

## KAISER PERMANENTE

City of Louisville currently offers medical insurance through Kaiser Permanente to all benefited part-time and full-time employees. Coverage starts on the first day of the month following your date of hire. Coverage is also extended to your spouse and eligible dependents\* (see definition on page 3).

Employees who waive health insurance coverage and subsequently experience a qualified change in their status may enroll in a City provided health insurance plan within thirty-one (31) calendar days of the qualifying event. Because plan choices and features may change from year to year, more details are provided in the annual plan summary, insurance plan documents and other enrollment materials. The Summary Plan Description document describes in detail what coverage is provided, and what constitutes an eligible dependent.

The City offers three types of medical plans through Kaiser Permanente: a Deductible-HMO (DHMO), a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) and a Triple Option POS.

### What is a Deductible HMO (DHMO)?

With the DHMO plan, you will pay the full charges for some services until you reach your deductible. Once the deductible is met, you will pay coinsurance for those services. For certain services, you will still pay a copay and won't have to meet your deductible first. You'll have an out-of-pocket maximum (OPM), and once you satisfy the OPM, Kaiser Permanente will pay 100% for most covered services for the rest of the plan year.

### What is a High Deductible Health Plan (HDHP)?

A High Deductible Health Plan is a plan with a minimum annual deductible and a maximum out-of-pocket. These minimums and maximums are determined annually by the Internal Revenue Service (IRS) and are subject to change.

### What is a health savings account (HSA)?

Otherwise known as an HSA, a health savings account is a tax-deductible savings account that is used in conjunction with an HSA-qualified HDHP. An HSA can be funded in one of three ways: with your tax-exempt dollars, by your employer, or both. Funds may be used to help pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and even in some cases, health insurance premiums as well as dental or vision expenses. (For specific information on qualified expenses, refer to [IRS Publication 502](#). If you are enrolled in a HDHP, you may not be enrolled in any other health insurance plan (with your spouse or otherwise) or you lose your eligibility to have an HSA as defined by the IRS. For more HSA IRS regulations details, refer to [IRS Publication 969](#).

### How much can I contribute to an HSA? (INCREASED LIMIT for 2020)

As noted by federal law, the 2020 annual contribution limits are: **\$3,550 for INDIVIDUAL** coverage and **\$7,100 for FAMILY** coverage. Individuals age 55 or older (by year-end) may be eligible to make a catch-up contribution of \$1,000. \*If you or your spouse is age 65 or older, special rules may apply. Contact HR.

### What is the Triple Option Point-of-Service (POS) Plan?

The Triple Option POS plan allows you access to doctors in, and outside of the Kaiser Network. Tier 1 is the Kaiser network of doctors and hospitals, Tier 2 consists of doctors, hospitals, labs and other providers associated with the preferred provider network-PCHS Network. Tier 3 is completely out of network. Under Tier 3 you can choose any licensed physician, hospital, lab or provider not associated with Tier 1 or Tier 2. You also have three options when it comes to prescriptions under the Triple Options POS plan.

## HELPFUL KAISER CONTACT INFORMATION

<b>Member Connect:</b> new member care transition	1-844-639-8657
<b>Financial Counseling:</b> obtain cost estimates; set up a payment plan for Kaiser Services.	303-338-3025
<b>Physician Selection Team:</b> assistance in choosing a Primary Care Physician.	303-338-4477
<b>Member Services:</b> questions about the plan benefits, location of services.	303-338-3800
<b>24 Hour Advice Line:</b> medical advice or to help determine if you should see a Dr./ ER.	303-338-4545

### Triple Option POS ONLY:

\*PCHS Network is Kaiser's contracted Option 2 Provider Network.

[www.multiplan.com/Kaiser](http://www.multiplan.com/Kaiser) | 1-866-680-7427

\*Medimpact is Kaiser's contracted Option 2 Prescription Drug Provider.

[www.medimpact.com](http://www.medimpact.com) | 1-800-788-2949

FINANCIALS	TIER 1	DHMO			HDHP — HSA				TRIPLE-OPTION POS		
	Premium Type (monthly)	Employee Share	City Share	Total Cost	Employee Share	City Share	City HSA Contribution	Total Cost	Employee Share	City Share	Total Cost
	Employee Only	\$93.87	\$531.94	\$625.81	\$0.00	\$437.29	\$94.65	\$437.29	\$283.38	\$531.94	\$815.32
	Employee + Spouse	\$278.30	\$1,113.18	\$1,391.48	\$0.00	\$970.82	\$142.36	\$970.82	\$715.83	\$1,113.18	\$1,829.01
	Employee + Child(ren)	\$234.44	\$937.76	\$1,172.20	\$0.00	\$817.72	\$120.04	\$817.72	\$586.89	\$937.76	\$1,524.65
	Family	\$470.15	\$1,410.46	\$1,880.61	\$0.00	\$1,311.90	\$98.56	\$1,311.90	\$1,035.50	\$1,410.46	\$2,445.96
	TIER 2										
	Employee Only	\$160.36	\$465.45	\$625.81	\$54.66	\$382.63	\$82.82	\$437.29	\$349.87	\$465.45	\$815.32
	Employee + Spouse	\$417.44	\$974.04	\$1,391.48	\$121.35	\$849.47	\$124.57	\$970.82	\$854.97	\$974.04	\$1,829.01
	Employee + Child(ren)	\$351.66	\$820.54	\$1,172.20	\$102.21	\$715.51	\$105.04	\$817.72	\$704.11	\$820.54	\$1,524.65
Family	\$646.46	\$1,234.15	\$1,880.61	\$163.99	\$1,147.91	\$86.24	\$1,311.90	\$1,211.81	\$1,234.15	\$2,445.96	

Benefits Summary

		DHMO		HDHP w/HSA		TRIPLE-OPTION POS		
						Tier 1	Tier 2	Tier 3
PLAN BASICS	Deductible (Individual/Family)	\$250	\$500	\$2,500	\$5,000	\$1,000/\$2,000	\$2,000/\$4,000	\$5,000/\$15,000
	Plan Year/Calendar Year Ded.	Calendar Year		Calendar Year		Calendar Year		
	Embedded/Non-Embedded Ded.	Embedded		Non-Embedded		Embedded		
	Coinsurance (Plan/Member)	90%	10%	90%	10%	80%/20%	70%/30%	50%/50%
	Maximum Out-of-Pocket (Individual/Family)	\$2,000	\$4,000	\$3,500	\$7,000	\$3,000/\$6,000	\$3,500/\$7,000	\$12,000/\$36,000
	Out-of-Pocket Includes:	Ded./Coin./Med & Rx Copays		Ded./Coin./Med & Rx Copays		Ded./Coin./Med & Rx Copays		
	HSA Qualified Plan (Yes/No/N/A)	N/A		N/A		N/A		
	Grandfather Status	Non-Grandfathered		Non-Grandfathered		Non-Grandfathered		
	Referrals Required	No		No		No		
NON-NETWORK	Coinsurance (Plan/Member)	Not Covered		Not Covered		Only Covered as a Tier 3 Benefit		
	Deductible (Individual/Family)	Not Covered		Not Covered		Only Covered as a Tier 3 Benefit		
	Max Out-of-Pocket (Individual/Family)	Not Covered		Not Covered		Only Covered as a Tier 3 Benefit		
NETWORK BENEFITS	Office Visit Copay (Primary/Specialist)	\$30	\$50	90% after deductible		\$15/\$30	\$30/\$50	50%/50% (after ded.)
	Preventive Care (Including Lab)	100% Covered, No Deductible		100% Covered, No Deductible		100%, No Ded.	100%, No Ded.	\$70
	Urgent Care	\$50		90% after deductible		\$50	\$60	50% (after ded.)
	Emergency Room	90% after deductible		90% after deductible		80% after ded.	70% after ded.	Covered In-Network Only
	Diagnostic Test (X-Ray/Blood Work)	\$30		90% after deductible		80% after ded.	70% after ded.	50% after ded.
	Advanced Imaging (MRI, CT, PET)	90% after deductible		90% after deductible		80% after ded.	70% after ded.	50% after ded.
	Inpatient Hospital	90% after deductible		90% after deductible		80% after ded.	70% after ded.	50% after ded.
	Outpatient Facility	90% after deductible		90% after deductible		80% after ded.	70% after ded.	50% after ded.
	Inpatient Mental Health	90% after deductible		90% after deductible		80% after ded.	70% after ded.	50% after ded.
	Outpatient Mental Health	\$30		90% after deductible		\$15 copay / visit; 80% after ded. for add'l svcs rec'd at visit	\$30 copay / visit; 70% after ded. for add'l svcs rec'd at visit	50% after ded. for add'l svcs rec'd at visit
	Acupuncture	\$30		Not Covered		Not Covered		
Spinal Manipulation	\$30		Not Covered		Not Covered			
RX COPAYS	Rx Deductible (Individual/Family)	None		Combined with Medical		None		
	Retail/Mail Order Tier 1	\$15	\$30	\$20	\$40	\$15/\$30	\$25/\$50	50%/50%
	Retail/Mail Order Tier 2	\$40	\$80	\$40	\$80	\$30/\$60	\$40/\$80	50%/50%
	Retail/Mail Order Tier 3	N/A	N/A	\$60	\$120	50%/50%	50%/50%	50%/50%
	Specialty Drugs (Retail/Mail Order)	20% up to \$250		20% up to \$250		20% up to \$250	20% up to \$250	50%

# Dental Insurance

## DELTA DENTAL

## Monthly Rates

	TIER 1			TIER 2		
	Employee Share	City Share	Total Premium	Employee Share	City Share	Total Premium
<b>Employee</b>	\$5.85	\$33.13	\$38.98	\$9.99	\$28.99	\$38.98
<b>Employee &amp; Spouse</b>	\$15.78	\$63.13	\$78.91	\$23.67	\$55.24	\$78.91
<b>Employee &amp; Child(ren)</b>	\$21.80	\$87.18	\$108.98	\$32.69	\$76.29	\$108.98
<b>Family</b>	\$37.22	\$111.67	\$148.89	\$51.18	\$97.71	\$148.89

## Benefits Summary

TYPE OF SERVICE	DENTAL PPO + PREMIER NETWORK
MAXIMUM BENEFIT Calendar Year Maximum	\$2,000 per member, per calendar year
CALENDAR YEAR DEDUCTIBLE Applies to Basic & Major Services	\$50 – Individual \$150 – Family
PREVENTION FIRST	Diagnostic & Preventive services do not count against the annual maximum
<b>TYPE I: DIAGNOSTIC &amp; PREVENTIVE BENEFITS</b>	<b>100% Coverage, No deductible</b>
Exams/Cleanings	Twice each in a calendar year
Bitewing X-Rays	Twice in a calendar year
Full Mouth X-Rays	Once every three years, up to age 15
Sealants	Up to age 14
<b>TYPE II: BASIC BENEFITS</b>	<b>80% Coverage after deductible</b>
Fillings: Amalgam/Composite	Once per tooth in a 12-month period
Oral Surgery Services	General anesthesia is covered with oral surgery only
Simple Extractions	
Endodontic/Periodontic Services	
Basic Restorative Services	
<b>TYPE III: MAJOR BENEFITS</b>	<b>50% Coverage after deductible</b>
Implants/Crowns	Once per tooth in a 60-month period, age 12 and over only
Relines and Repairs	
Special Restorative Services	
Prosthetic Services	
<b>OTHER BENEFITS</b>	<b>50% Coverage after deductible</b>
TMD/TMJ Treatment	50% after deductible, \$1,000 lifetime maximum
Orthodontic Benefits	\$1,500 lifetime maximum
Orthodontic Services	50% no deductible, up to a maximum, until age 19

\*Percentage indicates the amount of co-insurance covered by Delta Dental.

The **Delta Dental PPO plus Premier Plan** allows you and your covered dependents to visit any licensed dentist but you will enjoy the greatest out-of-pockets savings if you see a Delta Dental PPO dentist. There are three levels to choose from:

- **PPO Dentist** – Payment is based on the PPO dentist’s allowable fee, or the actual fee charged, whichever is less
- **Premier Dentist** – Payment is based on the Premier Maximum Allowance (MPA), or the fee actually charged, whichever is less.
- **Non-Participating Dentist (Out-of-Network)** – Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged the best dentist. You will receive the best benefit by choosing a PPO dentist.

# Vision Insurance



## VSP

## Monthly Rates

	TIER 1			TIER 2		
	Employee Share	City Share	Total Premium	Employee Share	City Share	Total Premium
<b>Employee</b>	\$0.00	\$10.58	\$10.58	\$1.32	\$9.26	\$10.58
<b>Family</b>	\$5.00	\$17.75	\$22.75	\$7.22	\$15.53	\$22.75

## Benefits Summary

TYPE OF SERVICE	IN-NETWORK
Well Vision Exam	\$10 Copay
Lenses / Frames	\$25 combined copay
Contact Lenses	No copay for elective contact lenses
<b>COVERAGE</b>	
Exams	Every 12 months
Lenses	Every 12 months
Frames	Up to \$130 every 24 months
Contact Lenses	Up to \$130 every 12 months



VSP offers best the vision care at the lowest out-of-pocket costs. You'll receive a comprehensive eye exam designed to detect eye and health conditions. You can choose any licensed provider, however, you will receive the greatest benefit by selecting a VSP provider, in addition to guaranteed satisfaction. Visit [www.VSP.com](http://www.VSP.com) to find a VSP provider.

Extra savings and discounts for glasses and sunglasses, retinal screening and laser vision correction through VSP. See VSP Vision Benefits Summary for more details.

# Flexible Spending Accounts (FSA)



## ROCKY MOUNTAIN RESERVE

An Internal Revenue Service Section 125 (Flexible Benefits) Plan is available for you to set aside a portion of your salary to pay for non-reimbursed medical expenses, childcare expenses and non-paid insurance premium expenses.

A Section 125 cafeteria plan offers you two ways to save on the amount of taxes you pay each year:

- **Medical Spending Account**
  - ◆ Allows you to pay for medical expenses not covered by your medical plan.
  - ◆ 2020 IRS allowable maximum is \$2,750.00. (INCREASED for 2020)
- **Dependent Care Spending Account**
  - ◆ Allows for pre-tax deductions to pay for dependent care expenses.
  - ◆ 2020 IRS allowable maximum is \$5,000.00.

Contributions to flexible spending accounts are deducted before FICA, federal income tax and most state and local tax deductions are taken. This means you pay less tax because your taxable income has been reduced. Another advantage to using a flexible spending account is that you don't pay taxes on the reimbursable amounts either.

**Note:** A spouse of a domestic partner relationship is not eligible to claim health care or dependent care expenses on a pre-tax basis.

## HOW MEDICAL SPENDING ACCOUNTS WORK

You decide how much money you'll contribute to your account during the plan year at the time you enroll. Your contribution is spread over the number of pay periods and a portion is deducted from your check each payday. As you incur expenses for you or eligible dependents, you simply submit a claim to reimburse yourself tax-free. This includes the below items that are not reimbursed by insurance:

- Medical
- Hospital
- Lab
- Prescription
- Over-the-counter drugs (with prescription)
- Dental
- Vision
- Hearing Expenses

## DEPENDENT CARE FSA

The Dependent Care FSA is a benefit that allows you to set aside money on a tax-free basis to pay for childcare or disabled dependent care while you are at work.

- Day care & day camp costs
- Caregivers for disabled dependents (over age 13)
- Caregiver expenses for any dependent you claim on your income tax return who is under age 13 or who is physically or mentally disabled.

Employees are eligible to participate in the flexible spending plans, administered by Rocky Mountain Reserve, if they are full-time employees or benefited part-time employees. There is no cost for employees to participate in the plans as the City of Louisville pays all administrative fees.

All FSA providers will require documentation from you before releasing funds in order to comply with IRS requirements. However, any amount left in your healthcare and/or dependent care FSA at the end of the plan year will be forfeited.

# Life and Disability Insurance

## LINCOLN FINANCIAL GROUP

### BASIC LIFE AND AD&D INSURANCE

The City provides group term life insurance to benefited part-time and full-time employees. The policy covers the employee at two and one-half times your gross annual salary up to a maximum of \$300,000. The policy also provides additional coverage for Accidental Death and Dismemberment (AD&D). The City pays the full monthly premium for eligible full-time (Tier 1) employees. Benefited part-time (Tier 2) employees share a portion of the cost for the coverage.

TYPE OF SERVICE	BENEFIT
Employee Life Benefit Amount	Two and one-half times basic Annual Earnings, rounded to the next higher \$1,000; subject to a maximum of \$300,000.
Dependent Life Amount	If you are married, or have any dependent children (6 months to 23 years), they are eligible for coverage at \$2,500 per dependent.
Employee Accidental Death & Dismemberment (AD&D)	Two and one-half times Basic Annual Earnings, rounded to the next higher \$1,000; subject to a maximum of \$300,000.
Reduction of Benefits	Age 65, will reduce by 35% of original amount Age 70, will reduce an additional 25% of original amount Age 75, will reduce an additional 15% of original amount Benefits will terminate when you retire.

- If you first enroll for Life and AD&D Insurance at age 65 or older, the above age reductions will apply to: any Guarantee Issue Amount available without evidence of insurability; and the maximum amount of insurance for which you are eligible.
- Spouse life insurance terminates when spouse attains age 70.

### SHORT-TERM DISABILITY

The City offers a short-term disability plan to all benefited part-time and full-time employees. Employees are eligible to apply for short-term disability coverage after one year of service. The benefit amount for a short-term disability claim is 67% of your weekly earnings, up to a maximum of \$950 per week. Short-term disability coverage is designed to provide a safety net for those employees who have not been employed long enough to earn the full FMLA leave bank accrual.

### LONG-TERM DISABILITY

The City offers all benefited part-time and full-time employees a long-term disability Plan. If you become totally disabled while actively employed and covered by the plan, you may be eligible for benefits after 90 calendar days of disability, or the end of any accrued Paid Leave Bank or Extended Illness Bank time, whichever is later. The benefit amount for a long-term disability claim is 60% of your monthly earnings, up to a maximum of \$7,000 per month. This amount may change depending upon coordination with other insurance plans and Social Security benefits. The City pays the full monthly premium for eligible full-time (Tier 1) employees. Benefited part-time (Tier 2) employees share a portion of the cost for the coverage.

## COLONIAL LIFE

### SUPPLEMENTAL LIFE & ACCIDENT INSURANCE

Colonial Life offers insurance coverages to supplement your City of Louisville provided coverage to help fill the gaps and provide financial security for you and your family. Coverages offered include: Group Accident Insurance, Group Critical Illness Insurance, and Whole Life Insurance with Long Term Care Riders.

# Work/Life Balance Benefits

## COMPUTER LOAN PROGRAM

The purpose of the Computer Loan Program is to assist employees, who have completed at least one year of service, with purchasing a new computer. The City offers employees the opportunity to apply for an interest-free loan of up to \$2,400 for the purchase of new personal computer and related peripheral equipment to be paid back through payroll deduction. For the Computer Loan Application, go to the City Share (Y drive) → Finance → Finance Forms.

## EMPLOYEE ASSISTANCE PROGRAM (EAP): GUIDANCE RESOURCES BY COMPSYCH

In support of a work/life balance culture, the EAP is available to all benefitted employees and their families who seek advice in dealing with all types of personal matters. The EAP provides employees/dependents with telephone assessment and counseling as well as web-based services related to family, personal or job related issues, grief, finances, legal matters, stress management, emotional and substance abuse. The service is fully confidential, voluntary and available 24 hours a day, seven days a week for up to 5 visits per year, per person, per household at no cost to the employee.

## FAMILY BEREAVEMENT LEAVE

**ENHANCED BENEFIT IN 2020**

If there is a death in your family, you will be granted up to 40 hours of bereavement leave. For purposes of this policy, “family” includes by blood, marriage or domestic partnership in any of the following degrees: parents, spouse, children, brothers, sisters, parents-in-law, nephews, nieces, aunts, uncles, first cousins, grandparents and grandchildren.

## FAMILY MEDICAL LEAVE BANK

**ENHANCED BENEFIT IN 2020**

All full-time and benefitted part-time employees will have a Family Medical Leave Bank established to provide for FMLA-qualified events that extend beyond 40 working hours. Absences for FMLA-qualified events up to 40 scheduled working hours are charged to your Paid Leave Bank (PLB).

Employees begin accruing Family Medical Leave hours upon hire but may not use the accrued time before one year of service has been completed. Absences due to illness during the first year of employment must be charged to PLB. (PLB accrues at a rate that includes the equivalent of 40 hours annually of sick time.)

## FAMILY MEDICAL LEAVE BANK ACCRUAL (INCREASED ACCRUAL)

BENEFITS LEVEL	TIER 1	TIER 2
Time Accrued per Pay Period	4.00	3.50
Annual Accrual	104.00	91.00
Maximum Accrual	480.00	420.00

## HOLIDAYS

The following days are currently designated as City official holidays (part of PLB accrual) for employees:

- New Year’s Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

## PAID LEAVE BANK (PLB)

A Paid Leave Bank (PLB) is established to provide for paid time away from scheduled work for

- vacation time,
- sick days,
- holiday observances,
- personal business,
- and for the first forty hours (40) hours of approved and scheduled working hours of FMLA.

Excluded from the requirements of using the PLB are time away from work due to the use of Civil Leave, Military Leave, Bereavement Leave, Voting Time and Injury Leave. Separate policies cover absences for those reasons. New employees are allowed to use 40 hours prior to accrual within the first six (6) months of employment from date of hire.

Years of Service	TIER 1			TIER 2		
	Accrual per Pay Period	Annual Accrual	Maximum Accrual	Accrual per Pay Period	Annual Accrual	Maximum Accrual
0-3	8.31	216.06	324.09	7.27	189.02	283.53
3-5	8.93	232.18	348.27	7.81	203.06	304.59
5-10	9.85	256.10	384.15	8.62	224.12	336.18
10-15	10.46	271.96	407.94	9.15	297.90	356.85
15+	11.39	296.14	444.21	9.97	259.22	388.83

## COMPENSATORY (COMP) TIME

- **Non-exempt:** Employees who are non-exempt as defined by the provisions of the FLSA may elect to accrue compensatory time, in lieu of paid overtime, at a rate of one and one-half (1.5) hours for each hour worked over 40 hours in a one-week period, subject to the approval of the immediate supervisor and the Department Director.
- **Exempt:** Exempt employees may earn compensatory time on an hour for hour basis.

## RETIREMENT PLANS: INTERNATIONAL CITY MANAGEMENT ASSOCIATION'S-RETIREMENT CORPORATION (ICMA-RC)

- **401(a):** Mandatory plan administered by ICMA-RC. The Section 401(a) Money Purchase Plan requires that you contribute 5.0% of your salary toward your retirement each pay period. The City of Louisville contributes 5.5% of your salary. The earnings of a 401(a) plan accumulate tax-deferred, meaning you do not pay taxes until you withdraw the money. Vesting occurs over 2 years.
- **Section 457 Deferred Compensation Plan:** Voluntary plan administered by ICMA-RC. It is tax-sheltered, supplemental retirement/pension plan that allows employees to defer up to the annual maximum as defined by the IRS (defined annually) or a maximum of 100% of their pre-deferral taxable income, or whichever is less.

The 2020 457 maximum contribution is \$19,500. Employees age 50 or older may contribute up to an additional \$6,500 in 2020, for a total of \$26,000. **(INCREASED for 2020)**

- **Roth IRA Plan:** Voluntary plan administered by ICMA-RC. It is a savings vehicle with tax advantages to complement your other employer retirement plan(s). The IRA has lower contribution limits, flexible withdrawal rules and the earnings may be tax free if you've held the IRA for more than 5 years and are over age 59 ½.

2020 Roth IRA maximum contribution is \$6,000. Employees age 50 or older may contribute an additional \$1,000, for a total of \$7,000.

To participate in the City of Louisville retirement plans, you must be at least 18 years old and be a benefited part-time or full-time employee. You may obtain information/forms from the Human Resources staff.

## SUPPLEMENTAL LEGAL SERVICES: LEGALSHIELD

LegalShield offers valuable legal services for you and your family with access to a wide variety of legal services through a top quality law firm. Membership in this plan also includes unlimited document review, a will and an annual will update. Membership is \$15.95/month paid through the convenience of payroll deduction. You may obtain information and enrollment forms from Human Resources.

## LEARNING & DEVELOPMENT PROGRAM

The learning and development program, Louisville Learning, offers internal training opportunities to support the professional and personal development of City employees. Working with their supervisor, employees may select from a variety of courses building skills that directly support the City's strategic plan. The program also provides onboarding for new employees and new supervisors, teambuilding sessions, and supports changes to systems, policies and procedures.

## TUITION ASSISTANCE PROGRAM

The tuition assistance program encourages employees to build knowledge and skills for advancement and career development by providing financial assistance for college coursework. Employees may apply for reimbursement for a portion of tuition for college-level courses of study after the completion of one year of service with the City of Louisville.

## WELLNESS PROGRAM

The City of Louisville is dedicated to improving the quality of life for the City's employees and building a culture of wellness through its continued employee health and wellness promotion efforts. The program is geared to help encourage your active engagement in maintaining and improving your good health.

- **Wellness Program Participation:** Earn points by completing a baseline health assessment, participating in various organizational and personal challenges, getting your health screenings and other activities and logging your activity into an online Wellness Portal. Points are converted to a cash pay out in the first quarter of the following year. Employees are eligible after the completion of the required Onboarding Session within the first three months of employment. More details are available in the Human Resources Department.
- **Louisville Recreation Center Membership:** The City of Louisville offers a complimentary Recreation Center individual membership for employees valued at \$40.00/month (may be subject to taxes). You may also sign up for a spouse or family membership at a discounted rate. Any additional membership may be paid for through payroll deduction.



# Legal Notices

## **PRIVACY POLICY — HIPAA NOTICE OF PRIVACY PRACTICES**

The purpose of the Computer Loan Program is to assist employees, who have completed at least one year of service, with purchasing a new computer. The City offers employees the opportunity to apply for an interest-free loan of up to \$2,400 for the purchase of new personal computer and related peripheral equipment to be paid back through payroll deduction. For the Computer Loan Application, go to the City Share (Y drive) → Finance → Finance Forms.

A Federal law, known as the HIPAA Privacy Rule, requires that the Healthcare Plans provide you with a notice of its privacy practices. The Notice describes how your medical information may be used or disclosed by the Plans, as well as your rights and the Plan's legal duties with respect to your medical information. Every plan participant receives a copy of their HIPAA Privacy rights from the insurance provider after enrollment.

## **COBRA CONTINUATION**

The right to COBRA continuation coverage was created by a Federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"). The COBRA continuation notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. In the event you become eligible for COBRA, you will receive all applicable notifications from Rocky Mountain Reserve, the City of Louisville's COBRA administrator.

## **FAMILY AND MEDICAL LEAVE ACT**

The Family and Medical Leave Act of 1993 ("FMLA"), as amended, provides certain employees of covered employers with a specified period of unpaid job protected leave per year. The FMLA is intended to help employees balance their work and family life by taking reasonable unpaid leave for certain family and medical reasons. The FMLA seeks to accomplish these purposes in a manner that accommodates the legitimate interests of employers and minimizes the potential for employment discrimination on the basis of gender, while promoting equal employment opportunity for men and women. The notice of "Employee Rights and Responsibilities under the Family and Medical Leave Act" generally explains the FMLA rights and responsibilities, when it may become available to you and what you need to do to protect the right to receive it. You may request a paper copy of this notice by contacting the Human Resources Department.

## **WOMEN'S HEALTH AND CANCER RIGHT ACT**

In October 1998, Congress enacted the Women's Health and Cancer Rights Act. This notice (provided by the insurance company) explains the important provisions of the Act. As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductible and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

## Important Notice from City of Louisville about Your Prescription Drug Coverage & Medicare: CREDITABLE STATUS: KAISER PERMANENTE HMO, HDHP, & TRIPLE OPTION POS PLANS

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Louisville and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of Louisville has determined that the prescription drug coverage offered by the Kaiser Permanente HMO, HDHP & Triple Option POS Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?** You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?** If you decide to join a Medicare drug plan, your current City of Louisville coverage will be affected. If you decide to join a Medicare drug plan and drop your City of Louisville coverage, be aware that you and your dependents will be able to get this coverage back during open enrollment only.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?** You should also know that if you drop or lose your current coverage with City of Louisville and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage, contact Human Resources.

**NOTE:** You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Louisville changes. You also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the Handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of the "Medicare & You" handbook for telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 11, 2019

Name of Entity/Sender: City of Louisville | Robin Brookhart | Senior Human Resources Analyst | 749 Main Street, Louisville, CO 80027 | 303-335-4723

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# New Health Insurance Marketplace Coverage Options & Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## **PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact the City of Louisville Human Resources Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage with us, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace at [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW (1-877-543-7669)** or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a HIPAA "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact Human Resources at **303-335-4723** or the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or **1-866-444-EBSA (1-866 444-3272)**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2019. Contact your State for more information on eligibility.

STATE	PROGRAM	WEBSITE	PHONE NUMBER
ALABAMA	Medicaid	<a href="http://myalhipp.com/">http://myalhipp.com/</a>	1-855-692-5447
ALASKA	Medicaid	<a href="http://myakhipp.com/">http://myakhipp.com/</a>	1-866-251-4861
ARKANSAS	Medicaid	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-MyARHIP (855-692-7447)
COLORADO	Medicaid	<a href="http://www.colorado.gov/hcpf/">http://www.colorado.gov/hcpf/</a>	1-800-221-3943
FLORIDA	Medicaid	<a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a>	1-877-357-3268
GEORGIA	Medicaid	<a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>	404-656-4507
INDIANA	Medicaid	<a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>	1-800-403-0864
IOWA	Medicaid	<a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>	1-888-346-9562
KANSAS	Medicaid	<a href="http://www.kdheks.gov/hcf">http://www.kdheks.gov/hcf</a>	1-785-296-3512
KENTUCKY	Medicaid	<a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>	1-800-635-3570
LOUISIANA	Medicaid	<a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>	1-888-695-2447
MAINE	Medicaid	<a href="https://www.maine.gov/dhhs/ofi/forms-and-applications.shtml">https://www.maine.gov/dhhs/ofi/forms-and-applications.shtml</a>	1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS	Medicaid & CHIP	<a href="https://www.mass.gov/service-details/other-health-insurance-and-masshealth-premium-assistance">https://www.mass.gov/service-details/other-health-insurance-and-masshealth-premium-assistance</a>	1-800-462-1120
MINNESOTA	Medicaid	<a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>	1-800-657-3739
MISSOURI	Medicaid	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
MONTANA	Medicaid	<a href="http://dphs.mt.gov/MontanaHealthcarePrograms/HIPP/">http://dphs.mt.gov/MontanaHealthcarePrograms/HIPP/</a>	1-800-694-3084
NEBRASKA	Medicaid	<a href="http://dhhs.ne.gov/children_family_services/Pages/children_family_services.aspx">http://dhhs.ne.gov/children_family_services/Pages/children_family_services.aspx</a>	1-855-632-7633
NEVADA	Medicaid	<a href="http://www.dhcfp.nv.gov/Pgms/CPT/HIPP">http://www.dhcfp.nv.gov/Pgms/CPT/HIPP</a>	1-800-992-0900
NEW HAMPSHIRE	Medicaid	<a href="https://www.dhhs.nh.gov/oi/hipp.htm">https://www.dhhs.nh.gov/oi/hipp.htm</a>	603-271-5218
NEW JERSEY	Medicaid & CHIP	<a href="http://www.njfamilycare.org">http://www.njfamilycare.org</a>	609-631-2392
NEW YORK	Medicaid	<a href="http://www.nyhealth.gov/health/care/medicaid/">http://www.nyhealth.gov/health/care/medicaid/</a>	1-800-541-2831
NORTH CAROLINA	Medicaid	<a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a>	919-855-4100
NORTH DAKOTA	Medicaid	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a>	1-844-854-4825
OKLAHOMA	Medicaid	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
OREGON	Medicaid	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>	1-800-699-9075
PENNSYLVANIA	Medicaid	<a href="http://www.dhs.pa.gov/provider/medicaidassistance/healthinsurancepremiumpaymenthippprogram">www.dhs.pa.gov/provider/medicaidassistance/healthinsurancepremiumpaymenthippprogram</a>	1-800-692-7462
RHODE ISLAND	Medicaid	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	401-462-5300
SOUTH CAROLINA	Medicaid	<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a>	1-888-549-0820
SOUTH DAKOTA	Medicaid	<a href="http://dss.sd.gov/">http://dss.sd.gov/</a>	1-888-828-0059
TEXAS	Medicaid	<a href="http://www.gethipptexas.com/">http://www.gethipptexas.com/</a>	1-800-440-0493
UTAH	Medicaid & CHIP	<a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> <a href="https://chip.health.utah.gov/">https://chip.health.utah.gov/</a>	1-877-543-7669
VERMONT	Medicaid	<a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a>	1-800-250-8427
VIRGINIA	Medicaid & CHIP	<a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>	1-800-432-5924 (Medicaid) 1-855-242-8282 (CHIP)
WASHINGTON	Medicaid	<a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a>	1-800-562-3022 ext. 15473
WEST VIRGINIA	Medicaid	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	1-877-598-5820, HMS Third Party Liability
WISCONSIN	Medicaid & CHIP	<a href="http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>	1-800-362-3002
WYOMING	Medicaid	<a href="http://wyequalitycare.acs-inc.com/">http://wyequalitycare.acs-inc.com/</a>	307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa) | 1-866-444EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov) | 1-877-267-2323, Menu Option 4, Ext. 61565

*(Employer Compliance Notice)*

The Pregnant Workers Fairness Act makes it a discriminatory or unfair employment practice if an employer fails to provide reasonable accommodations to an applicant or employee who is pregnant, physically recovering from childbirth, or a related condition.

**Requirements:**

Under the Act, if an applicant or employee who is pregnant or has a condition related to pregnancy or childbirth requests an accommodation, an employer must engage in the interactive process with the applicant or employee and provide a reasonable accommodation to perform the essential functions of the applicant or employee's job unless the accommodation would impose an undue hardship on the employer's business.

The Act identifies reasonable accommodations as including, but not limited to:

- provision of more frequent or longer break periods;
- more frequent restroom, food, and water breaks;
- acquisition or modification of equipment or seating;
- limitations on lifting;
- temporary transfer to a less strenuous or hazardous position if available, with return to the current position after pregnancy;
- job restructuring;
- light duty, if available;
- assistance with manual labor; or modified work schedule.

The Act prohibits requiring an applicant or employee to accept an accommodation that the applicant or employee has not requested or an accommodation that is unnecessary for the applicant or the employee to perform the essential functions of the job.

**Scope of accommodations required:**

An accommodation may not be deemed reasonable if the employer has to hire new employees that the employer would not have otherwise hired, discharge an employee, transfer another employee with more seniority, promote another employee who is not qualified to perform the new job, create a new position for the employee, or provide the employee paid leave beyond what is provided to similarly situated employees. Under the Act, a reasonable accommodation must not pose an "undue hardship" on the employer. Undue hardship refers to an action requiring significant difficulty or expense to the employer. The following factors are considered in determining whether there is undue hardship to the employer:

- the nature and cost of accommodation;
- the overall financial resources of the employer;
- the overall size of the employer's business;
- the accommodation's effect on expenses and resources or its effect upon the operations of the employer;

If the employer has provided a similar accommodation to other classes of employees, the Act provides that there is a rebuttable presumption that the accommodation does not impose an undue hardship.

**Adverse action prohibited:**

The Act prohibits an employer from taking adverse action against an employee who requests or uses a reasonable accommodation and from denying employment opportunities to an applicant or employee based on the need to make a reasonable accommodation.

**Notice:**

This written notice must be posted in a conspicuous area of the workplace. Employers must also provide written notice to new employees at the start of employment and to all current employees within 120 days of the Act's August 10, 2016 effective date.

**Distribution:**

City of Louisville distribution dates: mailed 11/01/2016; posted 11/01/2016; New Employee Orientation 11/01/2016.

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*The information contained in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.*

*Plan documents and summaries are available on ESS Employee Online Portal and the City Share (Y drive) → Human Resources. For more information on benefits or questions regarding this guide, contact Human Resources.*

*City of Louisville pictures courtesy of the annual Life in Louisville Photo Contest.*

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