



City *of* Louisville

COLORADO • SINCE 1878



2024

EMPLOYEE BENEFITS GUIDE



City Of Louisville Values:

Innovation | Collaboration | Accountability | Respect | Excellence

Disclaimer

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 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 programs it offers.

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CONTACT INFORMATION

If you have any questions regarding your benefits or the material contained in this guide, please contact the City of Louisville Human Resources at humanresources@louisvilleco.gov .

Provider/Plan	Policy Number	Contact Number	Website
Medical–Kaiser	Group # 5920	303-338-3800	www.kp.org
Kaiser – New Member Transition of Care Team	Group # 5920	844-639-8657	www.kp.org
Kaiser – Financial Counseling	Group # 5920	303-338-3025	www.kp.org/mfa/co
Kaiser 24 Hour Advice	Group # 5920	303-338-4545	www.thrive.kaiserpermanente.org
Dental–Delta PPO & Premier Plan	Group # 7562 Employee ID # Last 4 SSN	800-610-0201	www.deltadentalco.com
Vision–VSP	Group # 12059757	800-877-7195	www.vsp.com
Urgent Care- Dispatch Health	Group # 5920	720-588-9686	www.dispatchhealth.com
Flexible Spending Accounts, Health Savings Account and Lifestyle Spending Account – Rocky Mountain Reserve	Employer ID: RMRCOLO Employee ID # SSN	888-722-1223	www.rockymountainreserve.com
Life and AD&D Insurance – Lincoln Financial	Group # 000010008469	800-423-2765	https://lfg.benselect.com/cityolouis
Disability Insurance – Lincoln Financial	STD: 000500190040 LTD: 000010008470	800-423-2765	www.lincolnfinancial.com
Accident & Critical Illness Insurance – Lincoln Financial	Accident: 000044017 Critical Illness: 0000044016	800-423-2765	https://lfg.benselect.com/cityolouis
Employee Assistance Program (EAP) - Mines & Associates	Company code: Louisville	800-873-7138	www.minesandassociates.com
Retirement Plan - MissionSquare	401 Plan: 109139 457 Plan: 301451 Roth IRA: 705912	800-669-7400	www.missionsq.org
Legal and ID Assistance - LegalShield	Group # 22554	800-654-7757	www.legalshield.com



GETTING STARTED

2024 BENEFITS

January 1, 2024 through
December 31, 2024

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage.

Please see the [Important Notices](#) section for more details.

Our employees are our most valuable asset. That's why we offer benefits that support your physical, emotional, and financial health.

Understanding your benefits and knowing how to use them is just as important as having access to them. Review this guide to learn about the benefits available to you for the 2024 plan year.

FOUR THINGS TO CONSIDER

1. Do you prefer to pay MORE for medical insurance out of your paycheck, but less when you need care?
2. Or, do you prefer to pay LESS out of your paycheck, but more when you need care?
3. What PLANNED medical services do you expect to need in the upcoming year?
4. Are you able to BUDGET for your deductible with pre-tax dollars from your paycheck in an HSA or FSA?

WHO'S ELIGIBLE FOR BENEFITS?



Employees

Tier 1: The level of benefits an 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 an employee who is authorized to work 30 – 35 hours per week on a regular.

Eligible Dependents

- Your spouse
- Your Common Law Spouse or Domestic Partner (Affidavit required)
- Natural, adopted, or step-children up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO)

WHO PAYS

Some benefits are 100% paid by the City of Louisville, while others require that you contribute

Benefit	You Pay	City Pays
Medical Insurance	X	X
Dental Insurance	X	X
Vision Insurance	X	X
Health Savings Account	X	X
Flexible Spending Accounts	X	
Basic Life and AD&D Insurance		X
Supplemental Life and AD&D Insurance	X	
Disability Insurance		X
Accident Insurance	X	
Critical Illness Insurance	X	
Hospital Indemnity Insurance	X	
Lifestyle Savings Account		X
Employee Assistance Program		X
Legal Assistance / ID Protection	X	

ENROLLING IN 2024 BENEFITS



Employee Self Service

Open enrollment is completed online through Employee Self Service (ESS):

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

Same username and password as login to a City computer.

Before You Enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

DO I NEED TO ENROLL?

If you do not have any changes to make for your 2024 benefits, **you still must enroll** and accept your 2024 elected benefits. Your elections during the Annual Open Enrollment period will be effective January 1, 2024, 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.



When To Enroll

You can only sign up for benefits or change your benefits at the following times:

- Within 7 days of joining the City of Louisville as a new employee.
- During the annual benefits enrollment period.
- Within 31 days of a qualifying event.

The choices you make at this time will remain in place through December 31, 2024, unless you experience a qualifying life event as described on page 8. If you do not sign up during your initial enrollment period, you will not be able to elect coverage until the next open enrollment period.

CHANGING YOUR BENEFITS

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.

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:

- Change in legal marital status
- Change in the number of dependents or dependent eligibility status
- Change in employee status that effects eligibility for you, your spouse, or dependent child(ren)
- Relocation outside of HMO service area
- Termination of commencement of employment for you, spouse, or dependent
- Change in an individual's eligibility for Medicare or Medicaid/CHIP*
- Your dependent child satisfies or ceases to satisfy the requirements for coverage because of age
- Qualified Medical Child Support Order

**Events related to Medicaid/CHIP get 60 days to notify employer*



WHATS NEW FOR 2024!



VSP Vision Gold Plan

The City is happy to offer an enhanced vision benefit for 2024, which will be in addition to our current plan (VSP Silver Plan). This new benefit will be listed as the VSP Gold Plan when you enroll and allows for frames every 12 months as well as higher frame and contact lenses allowances. ([see page 14 for more information](#)).

Well-Being Lifestyle Spending Account (LSA)

The City of Louisville is making your lifestyle a top priority by providing you with a Well-Being Lifestyle Spending Account (LSA).

This is more than a cash bonus, we are investing in you; it's a tool to invest in your health, happiness, and personal growth. We understand that your well-being is the foundation of your happiness and success. By offering the LSA, we aim to support your journey towards a healthier, more balanced life.

The City of Louisville will contribute \$200 for 2024, for reimbursement of eligible expenses. You will receive \$100 in January and the remaining \$100 in July. The LSA accounts will be managed by Rocky Mountain Reserve, and they will facilitate reimbursement of eligible expenses (sample listed below)



Physical

- Workout/Sports Equipment
- Fitness/Personal Trainer
- Fitness Watch/Fitness Apps
- Golf Fees/Recreational Leagues
- Fitness/Aquatic Membership
- Martial Arts Center
- Ski Pass
- Exercise Classes



Financial

- Financial Wellness Services
- Will and Estate Preparation
- Tax Preparation
- Retirement Planning
- Financial Advisor



Lifestyle

- Massages & Facials
- Acupressure/Acupuncture
- Reiki/Energy Therapies
- Meditation
- Personal/Professional Coaching
- Hunting or Fishing License
- Biofeedback

A complete list of eligible expenses can be found on the Employee Self Service site under documents-identified as a page icon in the top right-hand corner of page.

Exclusions: Any medical procedures typically covered by medical insurance and the cost of all medications Employees hired after January 1st, 2024 will receive a prorated amount.

HOW DOES AN LSA WORK?

Your Well-Being LSA (Lifestyle Spending Account) will be managed by Rocky Mountain Reserve, after you have made a qualified purchase, you will submit your receipt either via the phone app or online. Once Rocky Mountain Reserve has verified that your expense qualifies you will receive reimbursement by check, or you can set up direct deposit. The amount that you are reimbursed is subject to taxes and will be shown as such on your pay stub (nod).

We believe that investing in your well-being is the best investment you can make. Join us in embracing this new benefit and take charge of your well-being journey.

Thank you for being a part of the City of Louisville family. We look forward to witnessing the positive impact the LSA will have.



If you do not have an existing account with Rocky Mountain Reserve, you will need to create one after 12/31/2023 to receive reimbursement: <https://www.rockymountainreserve.com/login/participant>

Example of how to use your LSA to support your lifestyle and wellness

- ❖ Keith is awarded \$200 by the City in his LSA (\$100 in January and \$100 in July)
- ❖ Keith goes to the Rocky Mountain Reserve website and learns that yoga classes are an eligible expense. He attends a yoga class which costs \$25
- ❖ Keith submits a receipt to Rocky Mountain Reserve via the mobile app for the \$25 expense and receives a reimbursement via direct deposit
- ❖ The \$25 is deducted from his LSA total and will be included on his pay stub (nod) as this is a taxable benefit
- ❖ Keith can keep track of his LSA balance on his phone with the Rocky Mountain Reserve app.
- ❖ If his original purchase was over \$200 and is approved by Rocky Mountain Reserve, he will receive \$100 immediately and the additional \$100 in July. He does not need to submit the claim again, payment will be automatic.

The City of Louisville currently offers medical insurance through Kaiser Permanente to all benefited 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 of page 6](#)).

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 two types of medical plans through Kaiser Permanente: a Deductible Health Maintenance Organization (DHMO), and a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

DEDUCTIBLE HMO PLAN(DHMO)

With a DHMO Plan most doctor visits, lab tests, and prescriptions are available for a copay or coinsurance amount, even before you have reached the calendar year deductible. Most preventative services, such as well baby/child visits, routine physicals and mammograms are covered at no cost and are not subject to the calendar year deductible. If you have services that are subject to the deductible, such as hospitalizations you will be required to meet the calendar year deductible before plan benefits will be paid.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

Members will pay 100% of the doctor office visits ,prescriptions, hospitalizations, etc., until the calendar year deductible is met. Once the deductible is met, covered medical, prescriptions, and hospitalizations will be provided for a copayment or coinsurance amount. The High Deductible Health Plan has minimums and maximums that are determined annually by the Internal Revenue Service (IRS) and are subject to change.

NO COST OPTIONS:

- **Chat** – Live messaging with a KP doctor from 6 a.m. to 10 p.m., 7 days a week. Used for routine and urgent (non-emergent) medical advice.
- **E-mail** – Email your physician’s office via KP’s secure message center and receive a response, typically within 24 hours.
- **E-Visit** – Fill out a brief questionnaire about your symptoms and receive personalized care from a nurse - typical response time is within 4 hours.
- **24/7 Advice Line** – Call the Appointment and Advice Contact Center (303-338-4545) 24/7 if you need routine or urgent medical or mental health advice, or if you need help choosing the right care option.

NO COST ONCE DEDUCTIBLE IS MET:

- **Scheduled Phone or Video Visits** – Schedule a video or phone visit with you KP doctor for the same quality care you would receive at an in-person visit.
- **24/7, On-Demand Phone & Video Visits** – Visit with a doctor anytime by video or phone. Get routine or urgent medical advice, referrals, prescriptions, and more.

Bi-Weekly Rates (24 paychecks) **HSA Contribution made monthly

FINANCIALS	TIER 1		DHMO		HDHP — HSA				
	Premium Type (monthly)	Employee Share	City Share	Total Cost	Employee Share	City Share	Per Paycheck City HSA Contribution	Total Cost	
	Employee Only	\$52.54	\$303.90	\$356.45	\$0.00	\$249.29	\$54.61	\$303.90	
	Employee + Spouse	\$155.77	\$636.79	\$792.56	\$0.00	\$553.45	\$83.34	\$636.79	
	Employee + Child(ren)	\$131.22	\$536.43	\$667.66	\$0.00	\$466.18	\$70.26	\$536.43	
	Family	\$263.15	\$808.00	\$1,071.15	\$0.00	\$747.90	\$60.10	\$808.00	
	TIER 2								
	Employee Only	\$90.53	\$265.92	\$356.45	\$31.16	\$218.13	\$47.79	\$297.08	
	Employee + Spouse	\$235.37	\$557.19	\$792.56	\$69.18	\$484.27	\$72.92	\$626.37	
	Employee + Child(ren)	\$198.27	\$469.38	\$667.66	\$56.61	\$407.90	\$61.48	\$525.99	
Family	\$364.15	\$707.00	\$1,071.15	\$93.49	\$654.41	\$52.59	\$800.49		

The City HSA contributions are made on a monthly basis, they are shown here per paycheck.

Benefits Summary

PLAN BASICS	DHMO		HDHP w/HSA		
	Deductible (Individual/Family)	\$250	\$500	\$2,500	\$5,000
	Plan Year/Calendar Year Ded.	Calendar Year		Calendar Year	
	Embedded/Non-Embedded Ded.	Embedded		Aggregate	
	Coinsurance (Plan/Member)	90%	10%	90%	10%
	Maximum Out-of-Pocket (Individual/Family)	\$2,000	\$4,000	\$3,500	\$7,000
	Out-of-Pocket Includes:	Ded./Coin./Med & Rx Copays		Ded./Coin./Med & Rx Copays	
Grandfather Status	Non-Grandfathered		Non-Grandfathered		
NETWORK BENEFITS	Office Visit Copay (Primary/Specialist, including in office Lab)	\$30	\$50	90% after deductible	
	Preventive Care (Including in office Lab)	100% Covered, No Deductible		100% Covered, No Deductible	
	Urgent Care	\$50		90% after deductible	
	Emergency Room	90% after deductible		90% after deductible	
	Diagnostic Test (X-Ray/Blood Work)	90% after deductible		90% after deductible	
	Advanced Imaging (MRI, CT, PET)	90% after deductible		90% after deductible	
	Inpatient Hospital	90% after deductible		90% after deductible	
	Outpatient Facility	90% after deductible		90% after deductible	
	Inpatient Mental Health	90% after deductible		90% after deductible	
	Outpatient Mental Health	\$30		90% after deductible	
Acupuncture & Chiropractic Care	Not Covered*		Not Covered*		
RX COPAYS	Rx Deductible (Individual/Family)	None		Combined with Medical	
	Retail Tier 1	\$15		\$20 after deductible	
	Retail Tier 2	\$40		\$40 after deductible	
	Retail Tier 3	\$60		\$60 after deductible	
	Retail Tier 4	20% up to \$250		20% up to \$250	
	Mail Order (3 month supply)	2x Retail		2x Retail	

* Non-Network services are not covered

*Check out the Kaiser Center for Complimentary Medicine <http://www.kpccm.org/index.html> for acupuncture and chiropractic services

	TIER 1			TIER 2		
	Employee Share	City Share	Total Premium	Employee Share	City Share	Total Premium
Employee	\$2.97	\$16.81	\$19.78	\$5.07	\$14.71	\$19.78
Employee & Spouse	\$8.01	\$32.04	\$40.05	\$12.01	\$28.03	\$40.05
Employee & Child(ren)	\$11.06	\$44.24	\$55.31	\$16.59	\$38.71	\$55.31
Family	\$18.89	\$56.67	\$75.56	\$25.97	\$49.59	\$75.56

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
RIGHT START FOR KIDS	Provides coverage for children up to their 13 th birthday at 100% for diagnostic & preventative, basic and major services with no deductible, when in-network providers are seen.
TYPE I: DIAGNOSTIC & PREVENTIVE BENEFITS	100% Coverage, No deductible
Exams/Cleanings	Twice each in a calendar year
Bitewing X-Rays	Twice in a calendar year
Full Mouth X-Rays	Once every three years
Sealants	Up to age 14
TYPE II: BASIC BENEFITS	80% Coverage after deductible
Fillings: Amalgam/Composite	Once per tooth in a 12-month period
Oral Surgery Services	General anesthesia is covered with oral surgery only
Simple Extractions	Extraction of teeth that are easily accessible without need for surgery
Endodontic/Periodontic Services	Certain treatment for non-vital tooth pulp from disease or trauma/treatment for bone
Basic Restorative Services	Certain treatment for tooth decay that results in loss of tooth structure
TYPE III: MAJOR BENEFITS	50% Coverage after deductible
Implants/Crowns	Once per tooth in a 60-month period, age 12+ for crowns, age 16+ for implants
Relines and Repairs	Relining/Repair to dentures
Special Restorative Services	Buildups and laboratory-processed restorations for visible destruction from tooth decay
Prosthetic Services	Services for construction or repair of certain partial dentures to replace extracted or avulsed teeth
OTHER BENEFITS	50% Coverage after deductible
TMD/TMJ Treatment	50% after deductible, \$1,000 lifetime maximum
Orthodontic Benefits & Services	\$1,500 lifetime maximum, 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-pocket 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.

TIER 1	SILVER PLAN			GOLD PLAN		
	Employee Share	City Share	Total Premium	Employee Share	City Share	Total Premium
Employee	\$0.00	\$5.29	\$5.29	\$2.08	\$5.15	\$7.23
Family	\$2.50	\$8.88	\$11.38	\$6.90	\$8.65	\$15.55

TIER 2	SILVER PLAN			GOLD PLAN		
	Employee Share	City Share	Total Premium	Employee Share	City Share	Total Premium
Employee	\$0.66	\$4.63	\$5.29	\$2.73	\$4.50	\$7.23
Family	\$3.61	\$7.77	\$11.38	\$7.98	\$7.57	\$15.55

Benefits Summary

TYPE OF SERVICE	SILVER PLAN IN-NETWORK	GOLD PLAN IN-NETWORK
Well Vision Exam	\$10 Copay	\$10 Copay
Contact Lens Exam	\$60 Copay	\$60 Copay
Exam Frequency	12 months	12 months
Materials Copay	\$25	\$25
Lens Frequency	12 Months	12 Months
Frame Frequency	24 Months	12 Months
Contact Frequency	12 Months	12 Months
COVERAGE		
Contact Lenses (instead of glasses)	\$130 allowance, copay does not apply	\$150 allowance, copay does not apply
Standard Frames	\$130 allowance \$150 featured frames	\$200 allowance \$220 featured frames
Single Vision Lenses	Covered in full after copay	Covered in full after copay
Bifocal Lenses	Covered in full after copay	Covered in full after copay
Trifocal Lenses	Covered in full after copay	Covered in full after copay
Other Lens Enhancements	Covered in full after copay	Covered in full after copay

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 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.

ROCKY MOUNTAIN RESERVE



A Health Savings Account (HSA), is an easy way to pay for healthcare expenses that you incur today and save for the expenses you may have in the future. It is a bank account that allows you to save, spend, and invest your money for healthcare expenses on a pre-tax basis. **You must enroll in the High Deductible Health Plan (HDHP) offered by the City in order to contribute to the HSA.**

You can contribute up to the limit set by the IRS (includes the City's contribution):

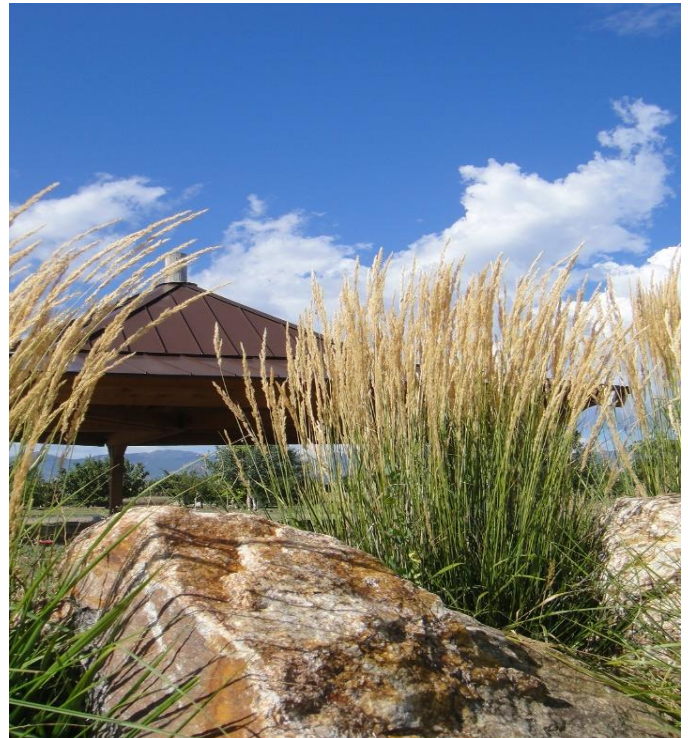
Individual: \$4,150.00

Family: \$8,300.00

Are you age 55+? You may contribute an additional \$1,000 each year.

REASONS TO LOVE AN HSA

- ❖ **Tax-free** – No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
- ❖ **No “use it or lose it”** – Your balance rolls over year after year. You own the account and can continue to use it even if you change medical plans or leave the City.
- ❖ **Use it now or later** – Use your HSA for healthcare, dental, vision, and prescription expenses you incur now or save them for the future.
- ❖ **Boost Retirement Savings** – Once you have a balance of \$1,000 in your HSA, you can choose to invest that money in mutual funds. The best part is that the money you invest grows tax-free! When you turn age 65, your HSA dollars can be spent, without penalty, on any expense (taxes apply).



Important Rules:

You must be enrolled in the City's HDHP Plan and, by enrolling, **you understand you must complete the activation of your Health Savings Account through Rocky Mountain Reserve** in order to receive employer or employee contributions to the Health Savings Account.

You are not eligible to participate in the Health Savings Account if:

- You are enrolled in a non-HSA-eligible medical plan (e.g., your spouse's HMO plan).
- You can be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have received Veterans Administration benefits in the previous three months, unless you received treatment for a condition that was/is related to your service.

Additional rules apply. Please see [IRS Publication 969](#) for more information.

FLEXIBLE SPENDING ACCOUNT (FSA)



ROCKY MOUNTAIN RESERVE

A healthcare FSA allows you to set aside tax-free dollars to pay for healthcare expenses you expect to have in the coming year.



How the Rocky Mountain Reserve FSA works

- Estimate your out-of-pocket costs for the coming year. These eligible expenses include office visit copays, surgery, dental and vision expenses, prescription, and eligible over-the-counter items.
- You can contribute up to \$3,200, the annual limit set by the IRS. Contributions are deducted from your paycheck on a pretax basis so no federal or state taxes will be taken on those amounts.
- Throughout the year, you use your FSA card to pay for services and products. Be sure to keep your receipts as you may be asked to substantiate an expense.

Health Flexible Spending Account / Limited Purpose Flexible Spending
Allows you to pay for medical expenses not covered by your medical plan. Such as medical, hospital, lab, prescription, over-the-counter drugs, dental, vision, and hearing expenses.
The entire amount you elect is available to you on January 1 or your benefits effective date.
If you are enrolled in a HDHP with an HSA, you can enroll in a limited purpose medical spending account; however, the funds can only be used for dental and vision expenses.
2024 IRS allowable maximum is \$3,200

Dependent Care Flexible Spending Account
Allows for pre-tax deductions to pay for dependent care expenses.
Eligible Costs: <ul style="list-style-type: none"> • Day care & day camp costs (age 12 & under) • 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
Funds are available after contribution has occurred.
2024 IRS allowable maximum is \$5,000

Note:

- There is no cost for employees to participate in the plans as the City of Louisville pays all administrative fees.
- FSA providers may require documentation from you before releasing funds in order to comply with IRS requirements.
- A spouse of a domestic partner relationship is not eligible to claim healthcare or dependent care expenses on a pre-tax basis.

LINCOLN FINANCIAL GROUP

BASIC LIFE AND AD&D INSURANCE

The City provides group term life insurance to benefited 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 (Tier 2) employees share a portion of the cost for the coverage.

TYPE OF SERVICE	BENEFIT
Employee Life Insurance	Two and one-half times basic Annual Earnings, rounded to the next higher \$1,000; subject to a maximum of \$300,000.
Dependent Life Insurance	If you are married or have any dependent children (birth to 23 years), they are eligible for coverage at \$2,500 per dependent. <i>Spouse life insurance terminates when spouse attains age 70.</i>
Employee Accidental Death & Dismemberment (AD&D) Insurance	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 a Guarantee Issue Amount available without evidence of insurability, and the maximum amount of insurance for which you are eligible.

SHORT-TERM DISABILITY

Short-term disability is designed to provide a safety net for employees who can no longer do their job as a result of illness or injury. The City offers a short-term disability plan to all benefited employees. The benefit amount for a short-term disability claim is 67% of your weekly earnings, up to a maximum of \$2,500 per week. The City provides this benefit at no cost to all benefit-eligible employees.

LONG-TERM DISABILITY

Long-term disability is designed to replace a portion of an employee's income when they are unable to work due to a qualifying debilitating illness or disabling accident. If you become totally or partially disabled while actively employed and covered by the plan, you may be eligible for benefits after 90 calendar days of disability. The benefit amount for a long-term disability claim is 60% of your monthly earnings, up to a maximum of \$10,000 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 (Tier 2) employees share a portion of the cost for the coverage.

Lincoln Financial Group

Voluntary Life & Accidental Death & Dismemberment (AD&D) Insurance

Voluntary Life and AD&D Insurance allows you to purchase additional life insurance to protect your family's financial security. Depending on your personal situation, basic life and AD&D coverage that the City provides may not be enough. Coverage is available for your dependents as long as you purchase coverage for yourself.

Voluntary Life and AD&D allows the election of different amounts of coverage:

- **Employee:** Increments of \$10,000, not to exceed 5x annual salary to a maximum of \$500,000. The Guarantee Issue amount is \$150,000.
- **Spouse:** Increments of \$5,000, not to exceed 50% of the employee's benefit, up to \$250,000. The Guarantee Issue amount is \$30,000.
- **Child(ren):** Birth to age 26 – flat \$10,000.

Please Note: At initial open enrollment, you can elect up to the Guarantee Issue amount without Evidence of Insurability (EOI). Any amounts over the Guarantee Issue amount is subject to EOI and any amount elected outside of your initial open enrollment is subject to EOI. AD&D is equal to the amount of voluntary life coverage you choose.

Critical Illness Insurance

Critical Illness insurance is a policy that provides a lump-sum, cash benefit if you are diagnosed with a covered illness (e.g., heart attack, stroke, cancer*). These diagnoses can cause a significant financial burden, especially if you are unable to work while receiving treatment. You can use the money you receive however you would like, including to help pay your mortgage, pay your deductible, seek experimental treatment, or for any other expenses.

Key Features

- You are paid cash directly
- You can use the money for whatever you would like
- It does not matter what medical plan you have
- **Wellness Benefit** - \$50 reimbursement for enrolled members that receive an approved screening 1x in a 12-month period

Levels of Coverage

- Employee: \$10,000, \$15,000, \$20,000
- Spouse: \$5,000, \$7,500, \$10,000 (not to exceed 50% of employee amount)
- Child(ren): \$2,500, \$5,000, \$10,000 (not to exceed 50% of employee amount)

*Payments are determined by Lincoln Financial and exclusions apply. Not all illnesses/accidents will be deemed payable.

Accident Insurance

Accident Insurance is a policy that can help you pay expenses that may follow an accident, including out-of-pocket health care costs. The plan pays benefits if you are injured in an accident off the job.

Key Features of Accident Insurance:

- You are paid cash quickly and directly.
- The amount you receive is based on your injuries, services provided, and treatment.
- You can use the money for whatever you would like.
- Benefits are not taxed.
- It does not matter what medical plan you have.

LEARN MORE & ENROLL IN LINCOLN FINANCIAL VOLUNTARY BENEFITS

Go to: <https://lfg.benselect.com/cityolouis>

- Login ID: Social Security Number or Employee Number
- PIN (Password): The last 4 digits of your Social Security Number, followed by the last 2 digits of your Year of Birth. You will be required to reset your PIN upon initial login.
- If you have previously registered on this site, your passwords have been reset for Open Enrollment. You will need to use the last 4 digits of you Social Security Number, followed by the last 2 digits of your Year of Birth for your PIN.

Open Enrollment is a good time to review your beneficiaries!





Mines & Associates

In support of a work/life balance culture, the EAP is available to all employees and their families who seek advice in dealing with all types of personal matters. The EAP provides employees/dependents with telephone assessments 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 **10** visits per year, per person, per household at no cost to the employee.

COUNSELING:

- Counseling services for everyday life situations including stress, anxiety, depression, family situations, drug and alcohol abuse, relationships, death and grief, and work-related topics
- Free & Confidential
- Digital message-based, telephonic, video, and face-to-face counseling available

LEGAL & FINANCIAL:

Practical legal and financial assistance that includes:

- Free 30-minute consult per legal or financial matter
- 25% discount on select services after the initial consult
- Use your EAP sessions for financial/Medicare coaching

WELLNESS:

No matter your wellness goals, MINES can help.

- 4 professional wellness sessions with a personal coach
- 4 sessions of parental coaching & lactation consults
- 6-week Virtual Reality smoking cessation program

WORK/LIFE SERVICES:

- Unlimited work/life services to help find the right service for your needs such as childcare, eldercare, and convenience services including everything from nutrition classes to finding the perfect dog walker.

ONLINE RESOURCE LIBRARY

- **Personal Advantage** - Articles, assessments, training, and financial tools designed to help with stress and improve your work/life balance.
- **eM Life** – a Mindfulness Service for live sessions, community support, and expert instructors that can help you live a healthier, more balanced life! You can also download the app on your device's app store.

SUPPORTIVE PEER-TO-PEER CHAT

Supportive Peer Support Services offer on-demand peer-to-peer small group chats that are tailored to bring together individuals who share similar struggles and lived experiences. Our chats follow a conversational arc that goes from venting to learning coping skills, collaborative problem-solving, and precise matching to relevant healing resources.

TO ACCESS MINES & ASSOCIATES SERVICES:

Call: 1-800-873-7138

Visit: minesandassociates.com

Company Code: Louisville

Your company code is used to register for online services as well as complete online requests for service.

LEAVE BENEFITS

PAID LEAVE BANK (PLB)

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

- vacation time
- personal business
- sick days
- holiday observances
- and for the first forty hours (40) hours of approved and scheduled working hours of a leave of absence

PLB is designed to provide for 12 Holidays (96 hours), 48 hours of sick leave (in compliance with the Healthy Families & Workplaces Act (SB20-205)) and the remaining balance is intended as vacation/personal leave hours (amount depending upon years of service). However, as all hours are included in one bank, employees do not need to designate the reason for taking leave. 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.

Length of Service	TIER 1			TIER 2		
	Accrual per Pay Period	Annual Accrual	Maximum Accrual	Accrual per Pay Period	Annual Accrual	Maximum Accrual
Month 0 - 35 (DOH - 3rd year)	9.24	240.12	360.18	7.85	204.10	306.15
Month 36 -59 (Years 4 & 5)	9.86	256.24	384.36	8.38	217.80	326.71
Month 60 - 119 (Years 6 - 10)	10.78	280.16	420.24	9.16	238.14	357.20
Month 120 - 179 (Years 11-14)	11.39	296.02	444.03	9.68	251.62	377.43
Month 180+ (Years 15+)	12.32	320.20	480.30	10.47	272.17	408.26

*Accruals will adjust the pay period in which your anniversary date occurs.

HOLIDAYS

The following 12 days are currently designated as City official holidays (part of PLB accrual) for employees:

• New Year's Day	• Juneteenth	• Thanksgiving Day
• Martin Luther King Jr. Day	• Independence Day	• Day after Thanksgiving
• Presidents Day	• Labor Day	• Christmas Eve
• Memorial Day	• Veterans Day	• Christmas Day

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. Comp time for non-exempt employees has a bank maximum of 80 hours at any given time.
- **Exempt:** Exempt employees may earn compensatory time on an hour-for-hour basis after 80 hours in the pay period. Comp time for exempt employees has a bank maximum of 40 hours at any given time.

LEAVE BENEFITS

Extended Illness Bank (EIB) Enhanced!!

All benefited employees will have an Extended Illness Bank established to provide for qualified events that extend beyond 40 working hours. Absences for qualified events up to 40 scheduled working hours are charged to Paid Leave Bank (PLB).

Employees begin accruing EIB hours upon hire but may not use the accrued time before 6 months of employment. Absences due to illness during the first 6 months of employment must be charged to PLB. (PLB accrues at a rate that includes the equivalent of 48 hours of paid sick leave.)

BENEFITS LEVEL	TIER 1	TIER 2
Time Accrued per Pay Period	8.00	7.00
Annual Accrual	208.00	182.00
Maximum Accrual	480.00	420.00

Absences Beyond 40 Hours

1-5 Months

Only eligible for absences due to own medical condition
Medical Certification Required

- Lincoln Financial approval required in conjunction with Human Resources
- 40 Hours eligible accrued leave, if no accrued leave available first 40 hours will be unpaid
- Short Term Disability (STD) paid at 67% of pay
- No job protection

6-12 Months

Eligible for absences due to own medical condition or to care for an eligible family member
Louisville Medical Leave Certification Required

- Human Resources approval required and Lincoln Financial if out for own illness or injury
- 40 Hours eligible accrued leave, if no accrued leave available first 40 hours will be unpaid
- Short Term Disability (STD) paid at 67% of pay if own illness and may supplement STD with accrued EIB to bring to 100% of pay
- Accrued EIB to care for eligible family member
- Up to 12 weeks of job protection

1 year +

Eligible for absences due to own medical condition or to care for an eligible family member
FMLA Certification Required

- Human Resources approval required and Lincoln Financial if out for own illness or injury
- 40 Hours eligible accrued leave, if no accrued leave available first 40 hours will be unpaid.
- Short Term Disability (STD) paid at 67% of pay if own illness and may supplement STD with accrued EIB to bring to 100% of pay
- Accrued EIB to care for an eligible family member
- Up to 12 weeks of job protection

Definition of Eligible Family Member for EIB –Expanded!!

- Child Biological, adopted or foster child, stepchild or legal ward, a child of a domestic partner
- Spouse Legal spouse, domestic partner, or common law spouse
- Parent Biological, adoptive, or foster parent, stepparent, and parent-in-law
- Grandparent Biological, step, or in-law
- Grandchild Biological or step
- Sibling Biological, foster, adoptive, step, or sibling-in-law

MissionSquare Retirement



- **401(a) MANDATORY PARTICIPATION:** The Section 401(a) Money Purchase Plan is a qualified retirement plan that is offered by public employers. 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.

Benefit-Eligible Employees	Mandatory Employee Contribution	City of Louisville Contribution
Police Officers & Police Cadets	5%	10%
All Other Positions	5%	6.5%

- **Section 457 Deferred Compensation Plan:** Voluntary plan administered by MissionSquare. It is a 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 457 maximum contribution is \$23,000. Employees age 50 or older may contribute up to an additional \$7,500, for a total of \$30,500.

- **Roth IRA Plan:** Voluntary plan administered by MissionSquare. It is a savings vehicle with tax advantages to complement your other employer's retirement plan(s). The IRA has a lower contribution limit and 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.

The Roth IRA maximum contribution is \$7,000. Employees age 50 or older may contribute an additional \$1,000, for a total of \$8,000.



Benefit-eligible employees (over the age of 18) are automatically enrolled in the City of Louisville's 401(a) plan. Funds will be allocated to an age-based fund. Our retirement specialist with MissionSquare will reach out to you via phone or email to walk you through additional investment options as well as the City's voluntary offerings.

The City of Louisville also participates in withholding Social Security, currently 6.2%

OTHER PROGRAMS & BENEFITS

SUPPLEMENTAL LEGAL & ID THEFT BENEFITS

- **Legal Shield** – Provides a full-service law firm on “speed dial” to help you navigate a variety of everyday issues such as preparing your Will with annual updates and reviewing contracts for lease or purchase. They’ll also assist in mortgage or landlord issues, credit disputes, child support/custody matters, or answer any other legal-related questions you might have.
- **ID Shield** – Provides industry-leading 24/7 proactive monitoring of your identity and is the only provider where a simple phone call puts you in touch with a dedicated licensed fraud investigator who will provide complete identity restoration services, all backed by an Unlimited Service Guarantee.

Bi-Weekly Rates (24 paychecks)

ID Shield Plan	Employee Only	\$5.47
ID Shield Plan	Family	\$10.47
Legal Shield	Employee and Employee +	\$7.97
ID Shield + Legal Shield	Family	\$16.95

LEARNING & DEVELOPMENT

We believe in investing in the professional and personal development of our talented employees. Our learning and development program offers internal training opportunities to support your growth. In collaboration with your supervisor, you may select from a variety of courses building skills that directly support the City’s strategic plan and, if eligible, may participate in our leadership development programs.



OTHER PROGRAMS & BENEFITS

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.

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 a 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.



LOUISVILLE RECREATION CENTER MEMBERSHIP

The City of Louisville offers a complimentary Recreation Center individual membership for employees valued at \$46.50/month (*subject to taxes*). You may also sign up for a spouse or family membership at a discounted rate.

EMPLOYEE BENEFITS LEGAL NOTICES

Before getting into the notices, some basic rules governing our plans are summarized below:

- You may only enroll when first eligible or during our annual open enrollment each fall.
- **Your election is locked** for the entire plan year, from January 1 to December 31.
- You can generally submit an election change form **within 30 days of a qualifying life event** to request a benefit change during the plan year. We may require substantiating documentation of the event, and we may determine the event does not qualify to make the requested change.
- At any time, we may audit dependent status and require current substantiating documentation.
- Declining to enroll in coverage will require your signature each year.
- Please keep us informed of address or beneficiary changes.
- When first enrolling in health coverage, a **general notice of rights and responsibilities to continue health coverage under COBRA** is mailed to the home. This notice explains that when certain life events make an enrolled individual no longer eligible to stay on the plan, coverage might be able to continue for a limited time under COBRA so long as you or your spouse follow proper procedures to notify us within 30 days of the qualifying life event.
- Your rights and responsibilities under the FMLA and our Louisville FMLA policies are discussed in the employee handbook.

Throughout the following pages, you are invited to “contact HR” for assistance. For any questions or requests you may have about the pages below, including a request for a paper copy of this notice packet, contact Human Resources.



EMPLOYEE BENEFITS LEGAL NOTICES

The following pages provide employee benefit plan notices. Please read them carefully as we generally provide these once a year during annual open enrollment. You may see some of these notices in other documents as well, but we consolidate the following notices here for your convenience:



If you (and/or your dependents) have Medicare or will be eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage

- **MEDICARE PART D PRESCRIPTION DRUG CREDITABILITY/NON-CREDITABILITY**
- **PROVIDER CHOICE WHEN PLAN REQUIRES A PRIMARY CARE PHYSICIAN**
- **NON-GRANDFATHERED MEDICAL PLAN APPEALS PROCESS**
- **WOMEN’S HEALTH AND CANCER RIGHTS ACT (WHCRA)**
- **PUBLIC HEALTH INSURANCE MARKETPLACE**
- **SPECIAL MEDICAL ENROLLMENT RIGHTS AND RESPONSIBILITIES UNDER HIPAA**
- **PREMIUM ASSISTANCE UNDER MEDICAID OR THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)**

MEDICARE PART D PRESCRIPTION DRUG CREDITABILITY/NON- CREDITABILITY

When you or a family member becomes eligible for Part D (Medicare’s prescription drug benefit), it is important to understand when to enroll in Part D. You can wait as long as you maintain “creditable” coverage (i.e., coverage which on average pays at least as well as Part D pays on average). But if you do not have creditable coverage, you need to enroll in Part D at the earliest opportunity.

Below are highlights to note:

- A continuous break in creditable coverage of 63 or more days will trigger a late enrollment penalty payable for life.
- The longer you go without creditable coverage, the higher the penalty. For the rest of your life, you would be charged an additional 1% of the Part D base premium for each month you are late.
- When creditable coverage ends, a special enrollment period of two (2) months may be provided to enroll in Part D (but note that this is only available when normal coverage ends, not when retiree or COBRA coverage ends).
- The Part D annual open enrollment occurs each year from October 15th through December 7th for coverage to begin January 1st.

The information below indicates whether prescription drug coverage under our plan is creditable.

Creditable Coverage	Non-Creditable Coverage
<p>Kaiser DHMO Plan Kaiser HDHP Plan Kaiser POS Plan – plan closed to new enrollees</p>	<p>None (all plans are creditable)</p>

Anyone needing to learn more about Medicare should contact a Medicare-approved counselor in their state at <https://www.medicare.gov/talk-to-someone>.

EMPLOYEE BENEFITS LEGAL NOTICES

PROVIDER CHOICE WHEN PLAN REQUIRES A PRIMARY CARE PHYSICIAN

Our managed care plan requires each enrolled family member to select an available in-network primary care physician (PCP) or pediatrician within your service area. Until you designate one, the plan will designate one for you. Also, any available in-network obstetric or gynecologic (OB/GYN) health professional may be accessed without PCP referral. However, that OB/GYN will be otherwise subject to normal plan requirements. Please contact Kaiser at 303-338-4545 or kp.org for a list of participating providers and instructions on selecting a PCP.

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Enrolled individuals may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the medical plan. If you would like more information on WHCRA benefits, please contact HR.

PUBLIC HEALTH INSURANCE MARKETPLACE

For individuals needing to purchase health insurance on their own, the Affordable Care Act (ACA) created a new public health insurance Marketplace. This website and call center helps individuals shop for private health insurance, helps individuals enroll in Medicaid or the Children's Health Insurance Program (CHIP), and evaluates eligibility for new tax credits. Open enrollment for public Marketplace coverage occurs each fall for coverage starting January 1, but special enrollment periods may be available for certain life events. Learn more or request assistance at www.healthcare.gov.

Please note that insurance companies are not required to participate in the public Marketplace, so you are unlikely to see all plans available in the community when shopping the public Marketplace.

The public Marketplace can help you determine whether you may be eligible for tax credits under section 36B of the Internal Revenue Code for Marketplace coverage. One tax credit can lower your monthly premium, and the other can lower your cost sharing (such as your deductible). Since tax credits are based on your projected household income and typically paid in advance to the insurance company, there is a chance you may have to repay some or all tax credits on your tax return if your income for the year ends up higher than anticipated.

Tax credits are not available to those eligible for "affordable, minimum value" medical coverage. "Minimum value" means our plan is intended to pay, on average, at least 60% of the costs of medical care received. "Affordable" means our lowest-cost minimum value plan costs you no more than 9.5% (indexed annually) of your household income to be enrolled in single (not family) coverage.

Our plan is intended to be affordable and minimum value. As a result, if you or someone in your family wanted to compare your health insurance options in the public Marketplace to the insurance offered through us, you'll need to remember that:

- You might pay full retail price for public Marketplace insurance (without the new tax credits)
 - You would no longer be paying for insurance on a pre-tax basis
 - You would no longer have an employer contribution toward your insurance (note that employer contributions are typically excludable from income for federal income tax)
- You would navigate any questions you have directly with the insurance company you choose...HR will not be able to assist you with your public Marketplace plan
- Should you desire to come back to our plan in the future, you will either need to:
 - Experience a "qualifying event" recognized by our plan as a mid-year election change, or
 - Wait until the next annual open enrollment



EMPLOYEE BENEFITS LEGAL NOTICES

SPECIAL MEDICAL ENROLLMENT RIGHTS AND RESPONSIBILITIES UNDER HIPAA

When you are eligible to participate in our group medical plan, you may have to enroll and agree to pay part of the premium through payroll deduction in order to actually participate.

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

SPECIAL ENROLLMENT PROVISION

- **Loss of Eligibility under Medicaid or a State Children's Health Insurance Program (CHIP).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while coverage under Medicaid or CHIP is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost for the other coverage**. However, **you must request enrollment within 60 days** after the other coverage ends.
- **Loss of Eligibility for Other Coverage.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other medical coverage is in effect, you may be able to enroll yourself and your dependents in this plan **if eligibility is lost for the other coverage (or if the employer stops contributing toward it)**. However, **you must request enrollment within 30 days** after the other coverage ends (or after the employer stops contributing toward it).
- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement with you for adoption, you may be able to enroll yourself, your spouse, and your new dependents. However, **you must request enrollment within 30 days** after the marriage, birth, adoption, or placement for adoption.
- **Eligibility for Medicaid or CHIP State Premium Assistance Subsidy.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, **you must request enrollment within 60 days** after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR.

If You Decline Coverage, You Must Complete a "Form for Employee to Decline Coverage"

- If you decline enrollment for yourself or for an eligible dependent, you must complete a "Form for Employee to Decline Coverage."
- On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or CHIP) is the reason for declining enrollment, and you are asked to identify that coverage.
- If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan, as described above.
- If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or CHIP with respect to coverage under this plan.

PREMIUM ASSISTANCE UNDER MEDICAID OR 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.

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 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 us at 303-289-3624 or the Department of Labor at 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, 2021. Contact your State for more information on eligibility.

EMPLOYEE BENEFITS LEGAL NOTICES

MEDICAID & CHIP PREMIUM ASSISTANCE			
ALABAMA – Medicaid	Web: myALhipp.com		Phone: 1-855-692-5447
ALASKA – Medicaid	Web: myAKhipp.com Eligibility: dhss.alaska.gov/dpa/Pages/medicaid Email: CustomerService@myAKhipp.com		Phone: 1-866-251-4861
ARKANSAS – Medicaid	Web:myARhipp.com	1-855-myARhipp	(1-855-692-7447)
CALIFORNIA – Medicaid	Web: dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov		
COLORADO – Medicaid (Health First CO Health Insurance Buy-In) & CHIP (Child Health Plan Plus, or CHP+)	healthfirstcolorado.com & mycohibi.com	colorado.gov/HCPF/Child-Health-Plan-Plus	1-800-221-3943, State Relay 711, or HIBI 855-692-6447 1-800-359-1991 or State Relay 711
FLORIDA – Medicaid	FLmedicaidTPLrecovery.com/FLmedicaidTPLrecovery.com/hipp		1-877-357-3268
GEORGIA – Medicaid	medicaid.georgia.gov/health-insurance-premium-payment-program-hipp		678-564-1162 ext 2131
INDIANA – Medicaid	in.gov/fssa/hip (Healthy Indiana Plan for low-income adults age 19-64)		1-877-GET-HIP9 (1-877-438-4479)
IOWA – Medicaid & CHIP (Hawki)	dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	dhs.iowa.gov/hawki	1-888-346-9562 or 1-800-257-8563
KANSAS – Medicaid	kancare.ks.gov OR HIPP		1-800-967-4660
KENTUCKY – Medicaid	ky.gov/	kidshealth.ky.gov	Email: kihipp.program@ky.gov 1-877-524-4718 OR 1-855-459-6328
LOUISIANA – Medicaid	ldh.la.gov/lahipp		1-855-618-5488
MAINE – Medicaid	maine.gov/dhhs/ofi/applications-forms (PHIP application)		1-800-977-6740 or TTY: Maine Relay 711
MASSACHUSETTS – Medicaid & CHIP	mass.gov/info-details/masshealth-premium-assistance-pa	1-800-862-4840 masspremassistance@Accenture.com	TTY 711
MINNESOTA – Medicaid	mn.gov/dhs/people-we-serve/children-&-families/health-care/health-care-programs/programs-&-services/other-insurance.jsp		1-800-657-3739 or 651-431-2670
MISSOURI – Medicaid	dss.mo.gov/mhd/participants/pages/hipp.htm		573-751-2005
MONTANA – Medicaid	dphhs.mt.gov/MontanaHealthcarePrograms/HIPP		1-800-694-3084
NEBRASKA – Medicaid	AccessNebraska.ne.gov	1-855-632-7633	Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	dhcfp.nv.gov/Pqms/CPT/HIPP		1-800-992-0900
NEW HAMPSHIRE – Medicaid	dhhs.nh.gov/oii/hipp.htm		603-271-5218 or 1-800-852-3345 ext 5218
NEW JERSEY – Medicaid & CHIP	www.state.nj.us/humanservices/dmahs/clients/medicaid	njfamilycare.org	609-631-2392 1-800-701-0710
NEW YORK – Medicaid	health.ny.gov/health_care/medicaid		1-800-541-2831
NORTH CAROLINA – Medicaid	medicaid.ncdhhs.gov/medicaid/get-started/find-programs-&-services/health-insurance-premium-payment-program		855-696-2447 or 919-855-4100
NORTH DAKOTA	https://www.hhs.nd.gov/healthcare		
OKLAHOMA – Medicaid & CHIP	insureoklahoma.org		1-888-365-3742
OREGON – Medicaid	healthcare.oregon.gov		1-800-699-9075
PENNSYLVANIA – Medicaid	dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx		1-800-692-7462
RHODE ISL& – Medicaid & CHIP	www.eohhs.ri.gov		1-855-697-4347, or 401-462-0311
SOUTH CAROLINA – Medicaid	www.scdhhs.gov		1-888-549-0820
SOUTH DAKOTA - Medicaid	dss.sd.gov		1-888-828-0059
TEXAS – Medicaid	gethipptexas.com		1-800-440-0493
UTAH – Medicaid & CHIP	medicaid.utah.gov	health.utah.gov/chip	1-877-543-7669
VERMONT – Medicaid	greenmountaincare.org		1-800-250-8427
VIRGINIA – Medicaid & CHIP	CoverVA.org/hipp	Fam-Select	1-855-242-8282
WASHINGTON – Medicaid	hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program		1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid	myWVhipp.com	1-855-myWVhipp (1-855-699-8447)	TTY 1-855-888-3003
WISCONSIN – Medicaid & CHIP	dhs.wisconsin.gov/badgercareplus/p-10095.htm		1-800-362-3002
WYOMING – Medicaid	Web: health.wyo.gov/healthcarefin/medicaid/programs-&-eligibility		1-800-251-1269 or 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
Web: www.dol.gov/agencies/ebsa
Phone: 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Web: www.cms.hhs.gov
Phone: 1-877-267-2323, Menu Option 4, Ext. 61565



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Benefit Guide