



LOUISVILLE METRO GOVERNMENT

JERRY E. ABRAMSON  
MAYOR

# HealthyDirections

*choose the right path for your health care needs*

# 2010

metro **HR** *benefits*  
INVESTING IN YOU

## About this booklet

This brochure contains brief highlights of some of the major features of certain employee benefit plans offered by Louisville Metro Government. Every effort has been made to ensure the accuracy of these highlights. However, the plans are actually governed by plan documents and applicable legal requirements. If there is a conflict between the descriptions in this brochure and the plan documents or applicable legislation, the documents and/or legislation will take precedence over this booklet.

For more information about any of the benefit plans, consult the certificate of coverage or summary plan description, available from your carrier or MetroNet.

## Dear Fellow Louisville Metro Employee:

Welcome to Open Enrollment for 2010!

Once again, it's time to reassess how your insurance plan has served you over the past year and decide if you'd like to make any changes for you and your family. Please take time to review the information in this booklet very carefully as you consider your 2010 benefits. We want to make sure you are prepared to make the best decision for your health needs.

Thank you for attending one of the 12 sessions through the Metro Training University class "Your 2010 Benefits – Making the Right Choices For Your Family." We hope you found this opportunity to learn about what's new this year helpful and informative. We made the move to offer these sessions prior to Open Enrollment to devote more time to you in answering important questions so that you will be ready to make informed decisions when the online enrollment process begins.

Some of the changes to your 2010 benefits include new rates for medical and vision; medical plan design changes; a new vision provider – VSP; and new voluntary insurance from AFLAC.

As in previous years, enrollment will take place online, making it convenient for you to enroll for your benefits anywhere there is a computer with an internet connection. You may enroll from work, home, wireless café, library, etc. Please refer to Page 6 for online enrollment instructions. This year's Self Service Online Open Enrollment period will be held November 2nd – 13th. We will again offer 3 lab sites to assist employees who may not have internet access. Please refer to the lab schedule and locations listed on Page 4 of this booklet.

This year, you will only have to participate in the online enrollment process if you:

- Enroll in a program for the first time (*new employees must enroll in the first 30 days*)
- Elect to add, delete, or edit dependent(s) under your plan
- Elect to change, drop, or add any type of benefit coverage
- Elect to participate in one or both of the flexible spending account (FSA) programs (*each year you must elect the amount you want to put towards your FSA*)
- Elect to enroll or change your HSA contribution (*your contribution rolls over to the next year, unless you make a change*).

If you want to keep the same benefits and none of the above applies to you, you may not need to re-enroll. If you do not re-enroll, you will have the same benefit levels for 2010 as you did in 2009. Please note: you must re-enroll in order for FSA benefits to continue in 2010.

Please remember that you can call our Open Enrollment Hotline at 574-3040, or email us at [open.enrollment@louisvilleky.gov](mailto:open.enrollment@louisvilleky.gov) at any time during the Open Enrollment period with any questions.

As always, we look forward to investing our efforts toward helping you in this year's Open Enrollment!

Best Regards,



William J. Hornig, Director  
Louisville Metro Human Resources

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## 2010 Open Enrollment Computer Lab Schedule

If you do not have access to a computer/laptop, the following computer lab sites will be available at the times and locations listed below.

<b>Date(s)</b>	<b>Days of Week</b>	<b>Location</b>	<b>PC Lab Open</b>
November 2 - 6	Monday - Friday	Memorial Auditorium - First Floor 970 South Fourth Street	8:30 AM - 4:30 PM
November 2 - 6	Monday - Friday	LMPD PC Lab - 2nd Floor 2911 Taylor Boulevard	8:00 AM - 4:00 PM
November 2 - 6	Monday - Friday	Human Resources Recruitment - 1st Floor - Metro Hall Annex 517 Court Place	8:30 AM - 4:30 PM
November 9 - 13	Monday - Friday	Memorial Auditorium - First Floor 970 South Fourth Street	8:30 AM - 4:30 PM
November 9 - 13	Monday - Friday	LMPD PC Lab - 2nd Floor 2911 Taylor Boulevard	8:00 AM - 4:00 PM
November 9 - 13	Monday - Friday	Human Resources Recruitment - 1st Floor - Metro Hall Annex 517 Court Place	8:30 AM - 4:30 PM
November 11	Wednesday	SWMS Waste Collection Site ( <i>for SWMS employees only</i> ) 620 Meriwether Avenue	11:00 AM - 4:00 PM

Benefit	Options
<b>Medical</b> <i>Administered by Humana</i>	Humana Managed Choice (PPO) Humana Balanced Choice (PPO) Humana Choice (PPO)
<b>Dental</b> <i>Provided by Delta Dental</i>	DeltaCare (Dental HMO) Delta Preferred (Dental PPO) Delta Premier (Indemnity)
<b>Vision</b> <i>Provided by VSP</i>	Covers exams and glasses from network providers after a copayment, and for a set fee from non-network providers.
<b>Long-Term Disability (LTD)</b> <i>Provided by CIGNA</i>	<b>Basic LTD:</b> 50 percent of pay (Louisville Metro pays full cost) for eligible employee groups
<b>Life Insurance and Accidental Death and Dismemberment (AD&amp;D)</b> <i>Provided by CIGNA</i>	<b>Basic Life</b> (Louisville Metro pays full cost) <ul style="list-style-type: none"> <li>– Union employees: \$5,000, \$15,000 or one times annual pay up to \$50,000</li> <li>– Non-union employees: One times annual pay up to \$50,000</li> <li>– Coverage is convertible, at your expense, if you leave Louisville Metro employment</li> </ul> <b>Basic AD&amp;D</b> (Louisville Metro pays full cost) <ul style="list-style-type: none"> <li>– Union employees: \$5,000, \$15,000 or one times annual pay up to \$50,000</li> <li>– Non-union employees: One times annual pay up to \$50,000</li> </ul> <b>Supplemental Life</b> (Employee pays full cost) <ul style="list-style-type: none"> <li>– May purchase selected amounts from \$10,000 up to 3 times your annual salary or \$300,000, whichever is less. Coverage is portable</li> <li>– up to age 80 – if you leave Louisville Metro employment</li> </ul>
<b>Dependent Life Insurance</b> <i>Provided by CIGNA</i>	<b>Optional Dependent Life</b> (Employee pays full cost) <ul style="list-style-type: none"> <li>– Union employees: \$2,500 for spouse and each child or \$7,500 spouse and \$1,000 each child</li> <li>– Non-union employees: \$7,500 for spouse and \$1,000 each child</li> </ul>
<b>Flexible Spending Accounts</b> <i>Administered by SHPS</i>	<b>Medical reimbursement account:</b> may contribute up to \$3,000 per year <b>Dependent care account:</b> may contribute up to \$5,000 per year
<b>Health Savings Account</b> <i>Administered by UMB/Humana</i>	<ul style="list-style-type: none"> <li>– Available with the Managed Choice Plan only</li> <li>– You may contribute up to \$3,500 per year with single coverage, or \$6,150 with family coverage</li> </ul>
<b>Child Care Assistance</b> <i>Provided by Community Coordinated Child Care</i>	Covers a portion of child care expenses for employees who were eligible for the Earned Income Tax Credit
<b>Voluntary Benefits</b>	<b>U.S. Savings Bonds</b> – Payroll Savings Plan <b>Kentucky Educational Trust</b> (529 Plan)
<b>Employee Assistance Program (EAP)</b> <i>Provided by Magellan Behavioral Health</i>	Up to 5 confidential and free counseling sessions per incident, per year. Call 1-800-588-8143.
<b>Voluntary Insurance Plans</b>	<b>AFLAC</b> - Accident Insurance and Short-Term Disability <b>Humana Specialty Benefits</b> - Accident, Short-Term Disability (STD), Critical Illness and Whole Life Insurance

# enrolling

Again this year, you can enroll for your 2010 employee benefits from work, at home, or wherever Internet access is available. To enroll from work, you'll need to access Louisville Metro Government's online enrollment system. Follow the directions below to log in to the enrollment system through your work computer – using the employee website, the MetroNet.

You can enroll from home (or anywhere else Internet access is available) using the same enrollment steps in this booklet. However, you'll need to access the Louisville Metro Government enrollment system by visiting <https://hr.louisvilleky.gov>.

If you do not have access to a computer, computer labs will be available during the Open Enrollment period. Please see page 4 for a schedule of times and locations. For your convenience, personal assistance will be available at these locations during Open Enrollment.

- 1** **Open your Internet browser** (e.g., Internet Explorer) and go to our employee web site – the MetroNet. At the top right, click on [Use myHR/myPay](#).



- 3** **Once logged on**, you will be directed to the PeopleSoft Home Page where you can click the Self Service menu item.



- 2** **Enter your User ID and password** in UPPERCASE letters. If this is your first time logging into the enrollment system, your initial password is your User ID followed by the last four digits of your Social Security number. Click on [Sign In](#) or hit the Enter or the Return key on your keyboard.



- 4** On the new page, click on [Benefits](#) . . .



## Problems accessing Self-Service?

*If you're having trouble access the Self-Service system, or you've forgotten your password, contact the Metro Technology Service Desk at 574-4444.*

**5** ... then click on Benefits Enrollment.



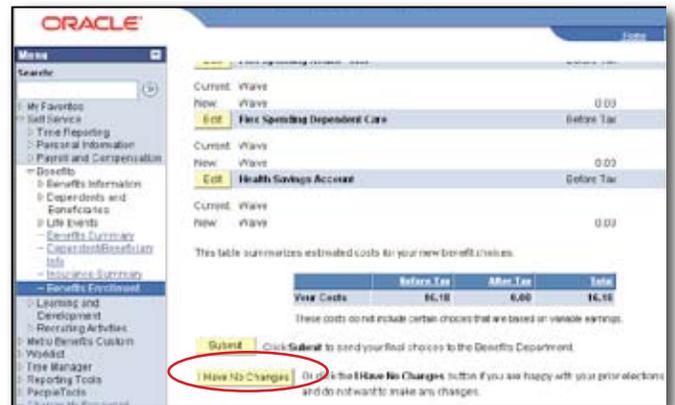
**6** You will now see the **Benefits Enrollment for 2010** screen showing what you are allowed to access. If you click on the blue "i" icon, there will be some information about that particular event. To begin the enrollment process, simply click on the yellow **SELECT** button.



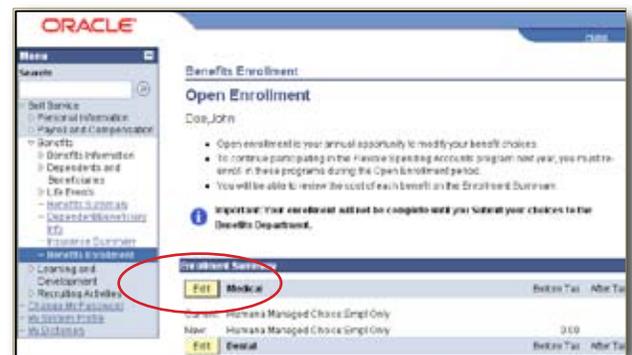
**7** This will take you to the Benefits Enrollment Summary page. On this page, you'll be able to view:

- Your current plan elections
- What new plan types available to you
- Rates for each plan.

If after reviewing your current plan coverages you decide you don't want to make any changes for 2010, scroll down the page and click on the **I Have No Changes** button.



If you'd like to make a change to your plans for 2010, simply click on the **Edit** button by the respective plan. This will open the election page for the plan you selected. Note: Health, dental and vision elections are separate from each other and allow you to enroll dependents and select your level of coverage for each plan.



## Need help?

If you are using the online enrollment system and have a question, email us at [open.enrollment@louisvilleky.gov](mailto:open.enrollment@louisvilleky.gov) or call the MetroHR Benefits Hotline at 574-3040.

**8** Only the options for which you are eligible will appear. You should notice that your current coverage is indicated as the selected option. Click on the plan of your choice.



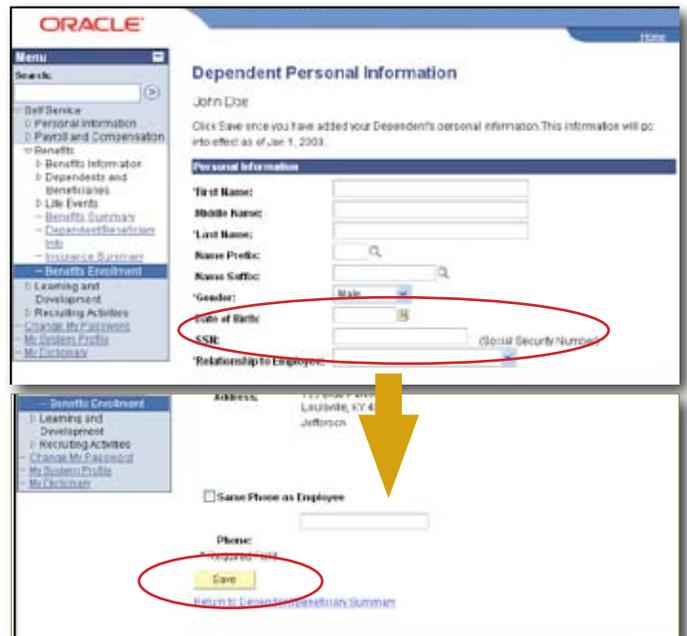
**9** The coverage level (i.e. Employee Only, Employee + Spouse, etc.) will be chosen for you automatically as you select the dependents you wish to cover. To add or review your dependents on file, scroll down to the bottom and click the [Add/Review Dependents](#) button.



**10** You will be directed to a page that shows all your dependents on file. You can edit a dependent by clicking on their name. To add a new dependent, click on [Add a Dependent](#).



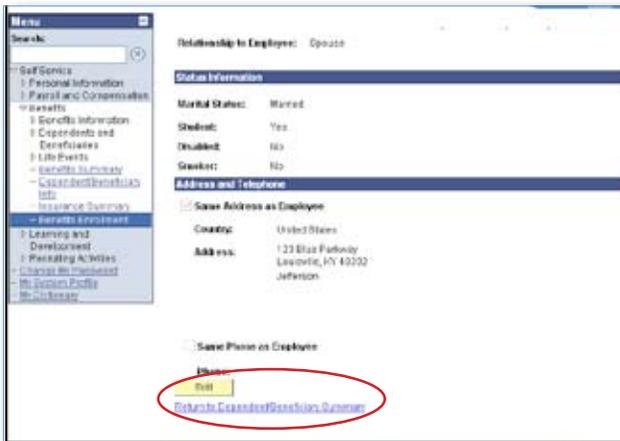
**11** In adding a new dependent, you must enter a birth date and Social Security number. However, if you want to make those changes to an existing dependent you must contact the Benefits Department. When you're finished, click [Save](#) at the bottom of the page.



**12** Next, you will be directed to a confirmation page saying the save was successful. Click **OK** to go back to the Dependent/Beneficiary edit page.



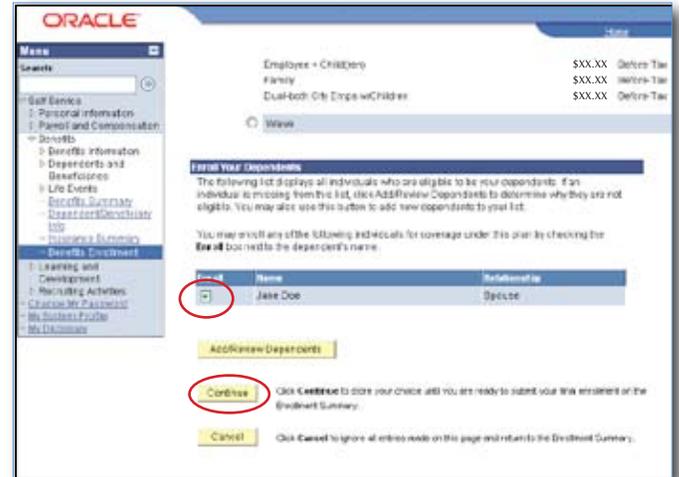
**13** Click on **Return to Dependent/Beneficiary Summary** and you'll return to the dependent selection page.



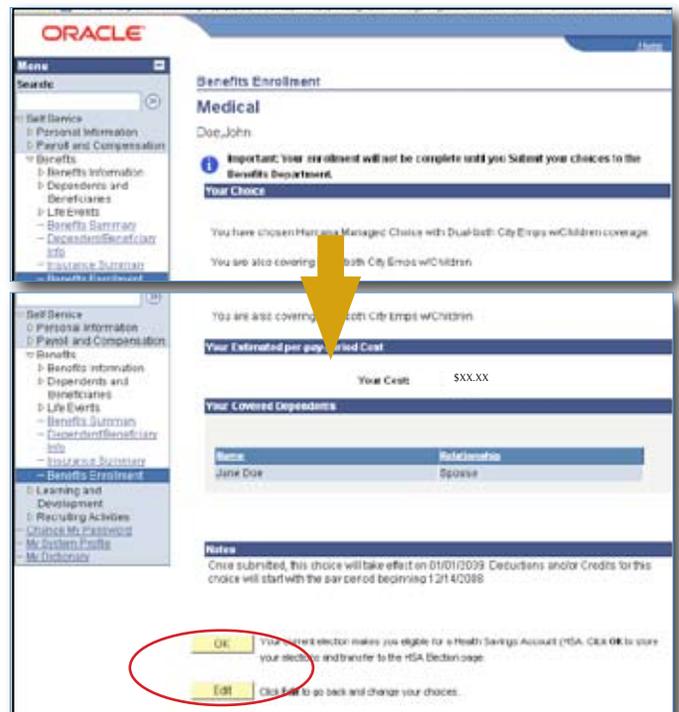
**14** From there, click on **Return to Event Selection**.



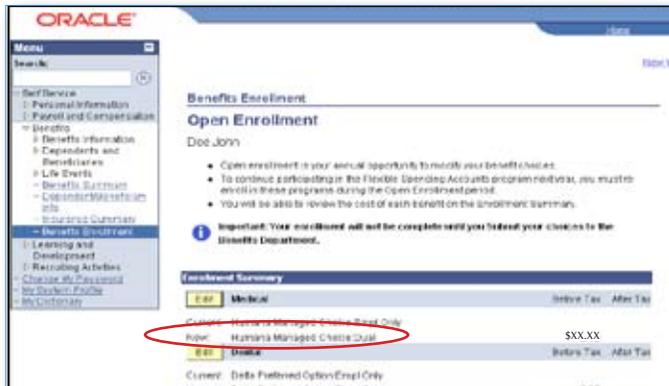
**15** You'll return to the enrollment page where the dependent will now show and you can select him or her for coverage. To enroll them for coverage, click the box beside their names. Next, click on **Continue** to store your plan choices.



**16** You will now see a confirmation/validation page. If you click the **Edit** button from the confirmation page, you will be directed to the Benefits Enrollment page, where you can make a different selection. By clicking **OK** on the confirmation page your election will be saved and you will be directed back to the enrollment summary page.



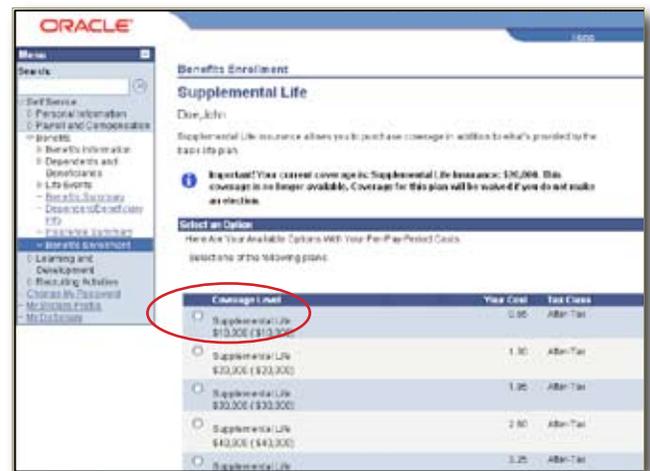
**17** Your new election will always appear in the **New** line under the plan in which you have enrolled on the enrollment summary page.



**18** If you elected the Managed Choice option, you will be taken directly to the HSA plan in order to enter your 2010 contribution amount. Here, you can enter your HSA contribution amount, then click **Continue**.



**19** If you are eligible to participate in Dependent Life or Supplemental Life, you may click the button beside each respective plan on the enrollment summary page to make these elections. To elect Supplemental Life, click on the desired coverage amount. **NOTE:** You must submit an Evidence of Insurability form if your coverage exceeds 3 times your annual compensation or \$300,000, whichever is less. An Evidence of Insurability form will be sent to you after enrollment. Once you've made your election, click **Continue**.



**20** For Dependent Life coverage, you will have the option to select or waive coverage in 2010, by clicking **Edit** on the enrollment summary page. Once you've made your election, click **Continue**.



**21** Once you have finished enrolling in all the plans, click **Submit** at the bottom of the Benefits Enrollment Summary page to finalize your elections for 2010.

The screenshot shows a web interface for enrolling in benefits. On the left is a navigation menu with categories like 'Self Service', 'Personal Information', 'Benefits', and 'Benefits Enrollment'. The main content area displays a summary of selected benefits, including 'Long Term Disability: 50.00% of Salary', 'Flex Spending Health - U.S.', 'Flex Spending Dependent Care', and 'Health Savings Account'. At the bottom, there is a table showing 'Year Costs' with columns for 'Before Tax', 'After Tax', and 'Total'. A red circle highlights the 'Submit' button at the bottom of the page.

	Before Tax	After Tax	Total
Year Costs	233.60	6.89	240.49

**22** Clicking **Submit** on the “Submit Benefit Choices” page will authorize your elections for 2010. You’ll receive a confirmation statement by email. If you don’t have email access, a paper copy will be forwarded to you by MetroHR.

The screenshot shows the 'Submit Benefit Choices' page. It contains instructions for the user, such as 'You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.' and 'Do not submit your benefit choices until you have completed your enrollment.' A red circle highlights the 'Submit' button at the bottom of the page.

Clicking **OK** on the following page completes your enrollment. However, you may return to make changes at any time before midnight on November 13.

## Enrolling Your Dependents

Eligible dependents include:

- Your legally recognized spouse
- Your unmarried dependent children up to age 19, or up to age 23 if they are full-time students. Dependent children include your natural blood-related children, step-children, legally adopted children or children for whom you are the legal guardian. You may also cover a child under the ages listed above if he or she is required to be covered because of a medical child support order.

A covered dependent who has reached the applicable age limit (19 or 23) can continue to be covered as your dependent if he or she is:

- Mentally or permanently physically disabled; and
- Incapable of self-sustaining employment; and
- Qualifies as a dependent under IRS rules; and
- Declared as a dependent on your federal tax return; and
- Unmarried.

**Only eligible dependents may be enrolled in your medical benefit plan. Violating this provision could lead to termination of your medical benefits, as well as disciplinary action up to and including termination of your employment.**

# changes during the plan year

Your elections for all **Healthy Directions** benefits will remain in effect for the full calendar/plan year. Normally, you may not make changes until the next annual Open Enrollment period. However, if you have a family status change that corresponds to one of the qualifying events listed below, you may be able to change your level of coverage.

When a family status change occurs, you must complete the required change form indicating your changes/enrollment, attach the required documentation to the change form, and submit it to Metro HR Benefits **within 30 days** of the qualifying event. The effective date of the change will be the date of the qualifying event. The forms you will need are available from the MetroNet. Go to the HR home page and click on [Benefits](#).

**You may fax the required information to 574-5900.**

*Below is a list of qualifying events and the type of documentation required for each:*

Qualifying Event	Documentation
Marriage	Copy of marriage license signed by the clergy/official who performed the services
Divorce	Copy of the divorce decree, signed by the judge
Birth of a child	Copy of the souvenir birth certificate supplied by the hospital
Adoption	Copy of the adoption documentation
Loss of other medical, dental and/or vision coverage	Certificate of coverage letter from the other employer listing the covered individuals and the date coverage ended
Gain of other medical, dental and/or vision coverage	Letter from the insurance company or employer, or a copy of the insurance card – documents must list who is covered and the effective date
Ineligibility of a child	Copy of document showing when and why the dependent became ineligible
Eligibility of a child	If child is older than 19 but younger than 23, a class schedule (for 12 hours or more) from the current semester printed on institution letterhead, a receipt from the institution for paid tuition of 12 hours or more, or a letter from the institution stating current full-time student status
Death	Copy of death certificate
Court order	Copy of the court order requiring you or your spouse to provide medical coverage of a dependent child
Entitlement to Medicare by you, your spouse or a dependent child	Copy of the Medicare enrollment documents

**If you do not provide the change form and documentation to Metro HR Benefits within 30 days after a qualifying event, you may not change your benefits until the next Open Enrollment period.**

**Any change in coverage must be consistent with the change in status or qualifying event.** For example, if you marry during the year, you are only eligible to add coverage of your spouse (and his or her children) to your benefits.

**Please note: when making changes due to a family status change, you may only change coverage levels, not switch plans. In addition, changes in the participating provider network of a medical or dental plan are not considered a qualifying event.**

Due to IRS restrictions, not all qualifying events may apply to the medical flexible spending account (FSA).

These restrictions do not apply to life and disability insurance benefits, or to voluntary benefits, such as post-tax supplemental life insurance and U.S. Savings Bonds. If you have a change in employment status or marital status during the year, you may increase or decrease your employee life insurance. Also, in the event of the birth of a child, you may increase (not decrease) your coverage.

**For more information on family status changes and your benefits, go to the Metro HR home page and click on [Change of Status Coverage Information](#).**

**To make a change in your enrollment because of a family status change, fax your change form and required documentation to MetroHR at 574-5900. You must do this within 30 days of the family status change.**

## Who is eligible?

You are eligible for medical coverage if you are a regular full-time employee of the Louisville Metro Government or a non-union regular part-time employee who works 25 or more hours per week. Part-time employees in positions covered by collective bargaining agreements should refer to their contract for eligibility information. Your spouse and dependent children are also eligible. Dependent children may be covered up to age 19, or to age 23 if they are full-time students.

## What To Consider When Choosing A Medical Plan

When choosing a plan, consider how much you will pay out for coverage (your *out-of-paycheck* cost) and how much you will pay if and when you receive medical care (your *out-of-pocket* cost). You should also consider what expenses you expect in the coming year.

For instance, if you rarely require medical care, you may want to consider a Managed Choice plan, which has a low out-of-paycheck cost and allows you to save dollars in your HSA for future years. On the other hand, if you or a covered dependent have an ongoing health condition or are likely to incur significant medical costs, you may prefer to pay more in out-of-paycheck costs in exchange for lower out-of-pocket costs when you go to the doctor or hospital.

## What are my choices?

We recognize that different individuals have different health care needs, so Louisville Metro is committed to offering you a variety of choices. For 2010, you may choose among three plan designs, each of which is administered by Humana:

- The Managed Choice Plan
- The Balance Choice Plan
- The Choice Plan

Here is a quick overview of each of the plans:

### Managed Choice Plan

The Managed Choice plan is an innovative approach to health benefits, and is known as a consumer-driven health plan. In many cases, this option is cheaper than other health plans offered through Louisville Metro Government, and it lets you take more control over your medical expense funds. If you're in good health and don't make frequent visits to the doctor's office, the Managed Choice health plan may be a good choice to fit your needs.

There are two parts to the plan:

- **A high-deductible health plan** with the lowest cost per pay period of all the plans offered to you for 2010. The plan works like a typical PPO plan, paying a higher percentage of your expenses when you receive care from in-network health care providers. However, the annual deductible for the plan is higher than with typical PPOs.
- **A Health Savings Account (HSA)**, in which you can set aside money on a pre-tax basis – the same way you set aside money in a flexible spending account. Use the money in your HSA for your routine health expenses during the year. Many expenses you pay from your HSA count toward the plan's deductible.

Because of its tax-free status, only qualified medical expenses can be paid from the HSA. Here are a few examples:

- Your deductible and coinsurance (your share of medical services)
- Eyeglasses and hearing aids
- Psychiatric care
- Dental services
- Prescription and certain over-the-counter drugs.

**The amount you may contribute to an HSA is increasing in 2010 – to \$3,500 a year if you have individual coverage or \$6,150 if you have coverage for two or more people.**

There are a number of advantages to this approach, including:

- **You save on taxes.** Money you contribute to your HSA is considered pre-tax, so you save on state and federal income taxes.
- **You pay less out of paycheck.** Premiums for the Managed Choice plans are lower than for the more traditional Choice and Balanced Choice plans. You can use all or part of your premium savings to fund your HSA.
- **You can save health dollars for the future.** Unlike a flexible spending account, there's no 'use it or lose it' rule for HSAs. Any HSA dollars you don't use this year are automatically saved for next year, giving you a bigger cushion against future expenses – or allowing you to contribute less to your HSA in future years. And if you leave Metro Government, your HSA goes with you. You can even use HSA dollars to help pay Medicare supplement premiums.
- **You have full coverage of wellness services.** The Managed Choice plan is also the only Louisville Metro Government medical option that provides 100% coverage of wellness care for adults and children, with no deductible to satisfy first.

## Balanced Choice Plan

The Balanced Choice plan has a higher premium than the Managed Choice plan. In return, it has a lower annual deductible. The Balanced Choice plan does not have a Health Savings Account; however, you may elect to use the Medical Reimbursement Account (FSA).

## Choice Plan

The Choice plan has the highest cost per pay period. In return, it pays the highest percentage of your eligible expenses and has the lowest annual deductible. The Choice plan does not have a Health Savings Account; however, you may elect to use the Medical Reimbursement Account (FSA).

## Medical Reimbursement Account

Another option for covering medical expenses is the **Medical Reimbursement Account**. It's one of the two types of flexible spending accounts, or FSAs. (The other type of FSA, the Dependent Care Account, is described on page 22.) Flexible spending accounts let you set aside a portion of your pay on a pre-tax basis and use it to cover certain types of expenses.

**Note: You may not participate in the Medical Reimbursement Account if you enroll in the Managed Choice medical plan.**

The Medical Reimbursement Account may be used to cover eligible expenses not covered by your medical, dental or vision plan – including copayments, coinsurance and deductibles. You may *not* use this account to pay for charges such as cosmetic surgery or insurance premiums. Weight loss programs are eligible if they are deemed medically necessary.

If you elect to participate, your contributions will be deducted from your pay throughout the year. The minimum amount you may contribute is \$130 per year (\$2.50 per week or \$5.00 bi-weekly). The maximum amount is \$3,000 per year.

**Plan carefully when deciding how much to contribute to your FSA. Money left in your account at the end of the year cannot be rolled over or paid out to you. The FSA calculator at [www.myshps.com](http://www.myshps.com) can help you determine how much to contribute.**

You will receive a SHPS Spending Account Card, similar to a debit card. Use it to pay eligible medical expenses and the funds are automatically deducted from your FSA account. You can also pay for eligible expenses out of your own pocket, and then fax or mail a reimbursement request form with appropriate documentation.

You can download a reimbursement request form from the SHPS web site at [www.myshps.com](http://www.myshps.com) or call 1-800-678-6684 to request one. Complete the form with documentation of

The SHPS Medical Spending Account Card is a convenient way to pay eligible expenses directly from your medical FSA, without having to file a claim.



**SHPS will only be sending debit cards to enrollees in the Medical Reimbursement Account. If your card expires in December 2009, you will also receive a new card.**

If you lose or destroy your card, you can contact SHPS at 1-800-678-6684 to receive a new one at a charge of \$5.00.

your expenses and fax to the toll-free number on the claim form. Or mail your form to:

SHPS Spending Account  
P.O. Box 34700  
Louisville, KY 40232-4700

You have until March 31, 2011 to submit reimbursement requests for expenses incurred and paid in 2010.

## How does an FSA lower my taxes?

With an FSA, you set aside money on a pre-tax basis to pay for eligible expenses. So, you pay less in income and Social Security taxes.

Suppose you're single with no dependents, earn \$35,000 a year, and set aside \$1,500 in a Medical Reimbursement Account. The chart below compares your spendable income with and without the Medical Reimbursement Account.

	With FSA	Without FSA
Annual Pay	\$35,000	\$35,000
Pre-tax FSA Contribution	\$1,500	\$0
Taxable Income	\$33,500	\$35,000
Federal income and Social Security taxes	\$7,107	\$7,597
After-tax medical payments	\$0	\$1,500
Spendable income	\$26,393	\$25,903
<b>Tax Savings</b>	<b>\$490</b>	

*Sample assumes tax savings for single taxpayer with no dependents. Actual savings will vary based on individual tax situation. Please consult a tax professional for more information.*

## Rx Prescription Benefits

### Balanced Choice and Choice Plans

Prescription coverage for the Balanced Choice and Choice plans is provided by Humana Pharmacy Solutions. Therefore, you do not need a separate prescription card; you simply use your health plan ID card when filling prescriptions.

Under both plans, you pay a specified copayment for prescription drugs. The amount of the copay depends on whether the prescription is for a generic equivalent (Tier 1), a preferred brand name drug (Tier 2), or a non-formulary (Tier 3) drug.

For a list of formulary drugs, go to [www.humana.com](http://www.humana.com).

If you take 'maintenance' medications for an ongoing medical condition, such as high blood pressure or diabetes, you can save money by having your doctor write a 90-day prescription instead of the regular 30-day prescription. Then, using the plan's mail order benefit, provided by RightSource, you can purchase a 90-day supply of your prescription for twice the copay you'd pay for just a 30-day prescription. It's like getting three for the price of two.

For example, a 90-day supply of a generic medication would cost \$30 at your local retail pharmacy (three \$10 copayments). With a 90-day prescription, the same amount of the drug will cost just \$20 by mail order.

For more about the mail order program, go to [www.humana.com](http://www.humana.com).

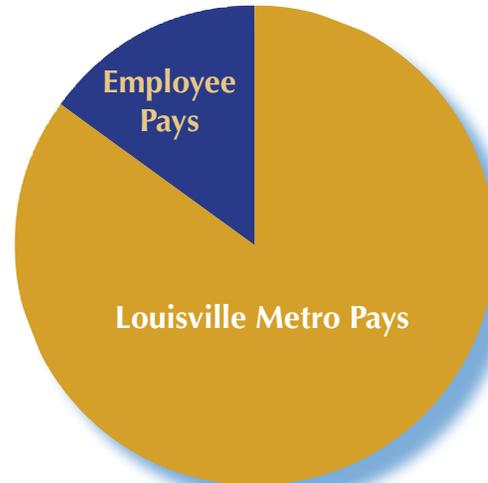
### Managed Choice (High Deductible Health Plan)

The Managed Choice Plan covers prescriptions just like other types of medical expenses. Humana Pharmacy Solutions provides this coverage and you will use your health plan ID card when filling prescriptions.

Under this plan, you must pay for prescriptions out of pocket (or with HSA dollars) until you satisfy your annual deductible. Then the plan pays a percentage of the cost of each prescription – 80% at in-network pharmacies and 60% at non-network pharmacies. If you reach your annual out-of-pocket expense limit, the plan pays 100% of the cost of prescriptions for the rest of the year.

### Did You Know?

On average, Louisville Metro Government pays more than 80% of the cost of employees' health benefits.



### How much does medical coverage cost?

The following chart shows the costs for the medical plan options in 2010.

2010 Monthly Medical Plan Costs	
<b>Managed Choice - Humana</b>	
Employee only	\$0.00
Employee + spouse	42.00
Employee + child/children	40.00
Family	183.00
Dual <sup>1</sup>	11.00
<b>Balanced Choice - Humana</b>	
Employee only	\$20.00
Employee + spouse	120.00
Employee + child/children	105.00
Family	295.00
Dual <sup>1</sup>	62.00
<b>Choice - Humana</b>	
Employee only	\$50.00
Employee + spouse	180.00
Employee + child/children	160.00
Family	385.00
Dual <sup>1</sup>	116.00

<sup>1</sup> Dual coverage is family coverage where both spouses are employed and have eligible dependents. (Both employees pay the dual rate shown.)

**You can reduce your medical expenses by using in-network doctors and hospitals. To find out if your doctor is in a plan's network, call your doctor's office or go online to [www.humana.com](http://www.humana.com).**

**Look under Humana/ChoiceCare Network PPO. For easy access from the MetroNet, use the LMG Humana Site link under the Benefits section.**

Benefit/Feature	Humana Managed Choice (PPO)		Humana Balanced Choice (PPO)		Humana Choice (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Choice of doctors and hospitals</b>	Use any doctor but better coverage in-network; must use network hospitals except in emergency		Use any doctor but better coverage in-network; must use network hospitals except in emergency		Use any doctor but better coverage in-network; must use network hospitals except in emergency	
<b>Need to select a primary care physician?</b>	No	No	No	No	No	No
<b>Health Savings Account?</b>	Yes. May contribute up to \$3,500/person or \$6,150/family each year on pre-tax basis. Use funds for routine health expenses (many expenses apply to annual deductible).		No		No	
<b>Annual deductible</b> (does not include copays)	\$1,200/single \$2,400/other levels <sup>3</sup>	\$2,400/single \$4,800/other levels <sup>3</sup>	\$600/person \$1,800/family	\$1,800/person \$5,400/family	\$300/person \$900/family	\$900/person \$2,700/family
<b>Annual out-of-pocket expense limit</b> (includes deductible but not copays)	\$2,000/person \$4,000/family	\$4,000/person \$8,000/family	\$1,800/person \$5,000/family	\$3,600/person \$10,000/family	\$1,500/person \$3,000/family	\$3,000/person \$6,000/family
<b>Doctor's office visits</b> Primary care Specialists <sup>5</sup>	80% <sup>1</sup> 80% <sup>1</sup>	60% <sup>1</sup> 60% <sup>1</sup>	\$20 copay/visit \$35 copay/visit	60% <sup>1</sup> 60% <sup>1</sup>	\$20 copay/visit \$35 copay/visit	70% <sup>1</sup> 70% <sup>1</sup>
<b>Inpatient/ER physician care</b>	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Diagnostic tests</b> In doctor's office Other laboratory	80% <sup>1</sup> 80% <sup>1</sup>	60% <sup>1</sup> 60% <sup>1</sup>	80% <sup>1</sup> 80% <sup>1</sup>	60% <sup>1</sup> 60% <sup>1</sup>	90% <sup>1</sup> 90% <sup>1</sup>	70% <sup>1</sup> 70% <sup>1</sup>
<b>Inpatient hospital</b>	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Outpatient hospital</b>	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Emergency Room</b>	80% <sup>1</sup>	60% <sup>1</sup>	\$125 copay/visit	\$125 copay/visit	\$125 copay/visit	\$125 copay/visit
<b>Urgent care centers</b>	80% <sup>1</sup>	60% <sup>1</sup>	\$50 copay/visit	\$50 copay/visit	\$50 copay/visit	\$50 copay/visit
<b>Prescription drugs</b>	— Administered by Humana Pharmacy Solutions —					
Retail Pharmacies (30-day supply)	80% <sup>1</sup>	60% <sup>1</sup>	\$10 generic (Tier 1) \$30 brand name (Tier 2) \$50 non-formulary (Tier 3)	Not covered	\$10 generic (Tier 1) \$30 brand name (Tier 2) \$50 non-formulary (Tier 3)	Not covered
Mail order (90-day supply)	80% <sup>1</sup>	60% <sup>1</sup>	2x retail copay	Not covered	2x retail copay	Not covered
<b>Allergy services</b> Testing Serum Injections	80% <sup>1</sup> 80% <sup>1</sup> 80% <sup>1</sup>	60% <sup>1</sup> 60% <sup>1</sup> 60% <sup>1</sup>	80% <sup>1</sup> 80% <sup>1</sup> 80% <sup>1</sup>	60% <sup>1</sup> 60% <sup>1</sup> 60% <sup>1</sup>	90% <sup>1</sup> 90% <sup>1</sup> 90% <sup>1</sup>	70% <sup>1</sup> 70% <sup>1</sup> 70% <sup>1</sup>
<b>Ambulance</b>	80% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	90% <sup>1</sup>	90% <sup>1</sup>
<b>Skilled nursing facility</b>	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Mental health/ substance abuse</b> Inpatient Outpatient	80% <sup>1</sup> 80% <sup>1</sup>	60% <sup>1</sup> 60% <sup>1</sup>	80% <sup>1</sup> \$20 copay/visit (limit 30 visits/year)	60% <sup>1</sup> 60% <sup>1</sup> (limit 30 visits/year)	90% <sup>1</sup> \$20 copay/visit (limit 30 visits/year)	70% <sup>1</sup> 70% <sup>1</sup> (limit 30 visits/year)
<b>Home health care</b>	80% <sup>1</sup> (limit 60 visits/year)	60% <sup>1</sup> (limit 60 visits/year)	80% <sup>1</sup> (limit 60 visits/year)	60% <sup>1</sup> (limit 60 visits/year)	90% <sup>1</sup> (limit 60 visits/year)	70% <sup>1</sup> (limit 60 visits/year)
<b>Well child care</b> (0 - 18 years old)	100%	60% <sup>1</sup>	\$20 copay/visit	60% <sup>1</sup>	\$20 copay/visit	70% <sup>1</sup>
<b>Well adult care</b>	100%	60% <sup>1</sup>	\$20 copay/visit	60% <sup>1</sup>	\$20 copay/visit	70% <sup>1</sup>
<b>Vision</b> (eye exams)	80% <sup>1, 2</sup>	60% <sup>1, 2</sup>	\$20 copay/visit <sup>2</sup>	60% <sup>1, 2</sup>	\$20 copay/visit <sup>2</sup>	70% <sup>1, 2</sup>
<b>Therapy services<sup>4</sup></b>	80% <sup>1</sup>	60% <sup>1</sup>	\$20 copay/visit	60% <sup>1</sup>	\$20 copay/visit	70% <sup>1</sup>
<b>Chiropractic care</b> (must be reviewed for medical necessity)	80% <sup>1</sup> (limit 15 visits/year)	60% <sup>1</sup> (limit 15 visits/year)	\$20 copay/visit (limit 15 visits/year)	60% <sup>1</sup> (limit 15 visits/year)	\$20 copay/visit (limit 15 visits/year)	70% <sup>1</sup> (limit 15 visits/year)
<b>Lifetime maximum benefit</b>	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million	\$5 million

<sup>1</sup> After annual deductible <sup>2</sup> Must be provided by optometrist; not ophthalmologist. <sup>3</sup> If you choose employee + spouse, employee + child/children or family coverage, you must satisfy the family deductible. This deductible may be satisfied by one person or any combination of covered family members. The entire deductible must be satisfied before benefits are paid for any plan member. <sup>4</sup> Therapy services are limited to 20 visits/year each for speech, physical, occupational therapy and pediatric vision therapy. Maximum of 40 visits/year for all types of therapy combined. <sup>5</sup> Does not apply to pediatrician or OB/GYN annual exams.

## Statement of Rights under the Women's Health and Cancer Rights Act of 1998

Under federal law, group health plans that provide medical and surgical benefits for a mastectomy are required to provide, to a covered person who elects breast reconstruction in connection with the mastectomy, benefits for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complication at all stages of mastectomy, including lymphedemas.

Deductibles and coinsurance rates, and pre-certification requirements, may be applied as long as they are consistent with the provision that apply to other types of surgical procedures. Plans may not deny coverage to mastectomy patients.

## About payroll deductions for medical, dental and vision benefits

If you enroll for medical, dental or vision benefits, your portion of the cost will be deducted from your pay on a pre-tax basis. That means your contributions don't count as taxable income, so you'll pay less in federal and state income taxes. If you don't want to have your contributions deducted on a pre-tax basis, you must notify your HR representative or MetroHR in writing.

## HIPAA Notification

### Pre-existing Conditions

The Louisville Metro Government health plans restrict coverage for medical conditions present before an individual's enrollment – known as a pre-existing condition exclusion. A pre-existing condition exclusion can only apply to medical conditions for which medical advice, diagnosis, care or treatment was recommended or received within the six months before your enrollment date. Your enrollment date is the first day of your coverage under the plan. In addition, a pre-existing condition cannot last more than 12 months after your enrollment date. Louisville Metro plans impose a pre-existing condition exclusion, and the length of the exclusion will be reduced by the amount of your prior creditable coverage. A pre-existing condition exclusion cannot apply to pregnancy or to a child who is enrolled within 30 days after birth, adoption or placement for adoption.

### Special Enrollment

To qualify for a special enrollment, an individual must be otherwise eligible for coverage under the plan. If you have other health coverage and lose that coverage, you may be able to enroll in a Louisville Metro health plan. For example, if you waive coverage under a Louisville Metro plan because you are covered under your spouse's plan and you later lose that coverage, you may request to enroll in a Louisville Metro health plan within 30 days of losing the other coverage. Additional special enrollments are triggered by marriage, birth, adoption or placement for adoption.

*All special enrollments require a completed medical change form and proof of the special enrollment event. Both forms must be submitted to MetroHR within 30 days of the family status change. See [Family Status Changes](#), on page 12, for more information.*

### Creditable Coverage

You may add up any creditable coverage you have, but if at any time you went for 63 days or more without coverage, you may not count the coverage prior to this break. If you do not receive a certificate for past creditable coverage, call your carrier for the time you had the creditable coverage to request the certificate.

## Genetic Information Nondiscrimination Act of 2009

The Genetic Information Nondiscrimination Act is designed to protect personal information from misuse by employers and insurance companies. It prohibits insurance companies from denying coverage or increasing premium costs to individuals because of their genetic predisposition to certain diseases. For more information, visit the Department of Health & Human Services website at [www.hhs.gov](http://www.hhs.gov).

## COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their families who lose health benefits the right to continue group health benefits for limited periods of time under certain circumstances – such as voluntary or involuntary job loss, reduction in hours worked, transition between jobs, death, divorce and other life events. Qualified individuals may be required to pay the entire premium for coverage, up to 102% of the cost to the plan. COBRA outlines how you and your family members may elect this continued coverage. It also requires employers and plans to provide notice. New hires receive this notice shortly after they are hired. If you lose your coverage and are eligible for COBRA continuation, you will receive notice from MetroHR in a timely fashion.

## Medicare Part D

Medicare prescription drug coverage became available in 2006 to everyone. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like a PPO) that offers prescription drug coverage. Louisville Metro Government has determined that the prescription drug coverage offered by Humana is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

For more information about Medicare prescription drug coverage, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## Who is eligible?

You are eligible for dental coverage if you are a regular full-time employee of Louisville Metro Government or a non-union regular part-time employee who works 25 or more hours per week. Part-time employees in positions covered by collective bargaining agreements should refer to their contract for eligibility information.

Your spouse and dependent children are also eligible. Dependent children may be covered up to age 19, or age 23 if they are full-time students.

## What are my choices?

You have a choice of three dental plans:

- The DeltaCare plan is a dental health maintenance organization (DHMO). Like medical HMO plans, it offers a high level of coverage but requires you to receive all your dental care from dentists and specialists within the plan's network. Under this plan, you select a dentist from within the plan's network who will coordinate your care.
- The Delta Preferred plan is a dental preferred provider organization. Like a medical PPO, it covers care you receive from any dentist, but offers a higher level of coverage when you use dentists and specialists in the plan's network.

- The Delta Premier plan is an indemnity plan which offers the same level of coverage with any provider, but has a higher deductible than the other plans offered to you.

**Note: If you were not enrolled in the Delta Preferred or Delta Premier plans during the previous 12 months, there will be a 12-month waiting period for coverage of major services and orthodontia.**

## How much does dental coverage cost?

Listed below are the employee monthly costs for the dental plan options in 2010.

Level of Coverage	Delta Preferred (PPO)	Delta Premier (Indemnity)	DeltaCare DC04 (DHMO)
Employee Only	\$20.35	\$20.99	\$10.46
Employee + Spouse	\$39.07	\$40.85	\$20.11
Employee + Child/Children	\$39.12	\$40.85	\$20.66
Family	\$65.58	\$69.17	\$31.67

## 2010 Dental Options

Benefit	Delta Preferred (PPO)		Delta Premier (Indemnity)	DeltaCare DC04 (Dental HMO)
	In-Network	Out-of-Network <sup>1</sup>	Any Provider	In-Network Only
<b>Need to select a participating dentist?</b>	No	No	No	Yes <sup>2</sup>
<b>Annual deductible</b>	\$0	\$25/\$75	\$50/\$150	N/A
<b>Cleanings (2/year)</b>	Covered in full	80%	Covered in full	Covered in full
<b>Bitewing X-rays</b>	Covered in full	80%	Covered in full	Covered in full
<b>Filling (one surface)</b>	50%	40%	50%	You pay \$38
<b>Simple extraction (one tooth)</b>	50%	40%	50%	You pay \$26
<b>Crown (porcelain)</b>	50%	40%	25%	You pay \$345
<b>Root canal therapy (anterior)</b>	50%	40%	50%	You pay \$188
<b>Complete upper dentures</b>	50%	50%	25%	You pay \$351
<b>Orthodontic treatment<sup>3</sup></b>				
Children (to age 19)	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	You pay \$2,070
Adults (19 and over)	Not covered	Not covered	Not covered	You pay \$2,270
<b>Annual Maximum</b>	\$1,000	\$1,000	\$1,000	N/A

<sup>1</sup> Benefit percentages under Delta Preferred plan are based on the allowable amount set by the plan for each service. Non-preferred dentists and specialists may charge more and bill you for the difference.

<sup>2</sup> You may select a different dentist for each covered family member.

<sup>3</sup> Orthodontic treatment cost does not include treatment plans.

## Vision Coverage

Because eye care is such an important part of your overall health, Louisville Metro Government offers vision care benefits through VSP, a leading vision benefits carrier with thousands of participating vision providers nationwide.

You may obtain a complete yearly eye exam, eyeglass lenses every 12 months and frames every 24 months. When you stay within plan allowances, you pay nothing more than a small copayment – \$10 per exam and \$10 for eyeglass lenses and frames. Optional upgrades will cost more, but you will still receive a discount, based on the wholesale price, not retail.

### Who is eligible?

You are eligible if you are a regular full-time employee of Louisville Metro or a non-union regular part-time employee who works 25 or more hours per week. Part-time employees in positions covered by collective bargaining agreements should refer to their contract for eligibility information. Your spouse and dependent children are also eligible. Dependent children may be covered from birth up to age 19, or to age 23 if enrolled as a full-time student in an accredited institution.

### How does the plan work?

Under the VSP plan, you do not need an ID card. Simply follow these steps:

- Contact a VSP doctor.
- Let the doctor's office know you are a VSP member.
- Provide your name and the last four digits of your Social Security number.
- The VSP doctor will handle the rest, including coverage verification, authorization and claim submissions.

Prefer to carry an ID card when you visit your doctor? Visit [www.vsp.com](http://www.vsp.com) and print out your own (see below).



## 2010 Vision Benefits

Benefit	VSP Network*	Non-VSP Provider
<b>WellVision® exam</b>	Covered in full	Plan pays up to \$43
<b>Lenses (per pair)</b>	Covered in full	Plan pays up to \$26
<b>Bifocal</b>	Covered in full	Plan pays up to \$43
<b>Trifocal</b>	Covered in full	Plan pays up to \$60
<b>Contact lenses</b>		
<b>Elective</b> <i>(includes lens services and materials)</i>	Covered in full up to \$115	Plan pays up to \$100
<b>Medically necessary</b>	Covered in full	Plan pays up to \$210
<b>Frames</b>	Covered in full up to \$110	Plan pays up to \$40
<b>Laser VisionCare Program<sup>SM</sup></b>	VSP laser centers offer discounts for PRK, LASIK and Custom LASIK surgery.	

\*When covered in full services are provided by a VSP doctor, you have no out-of-pocket costs except for any applicable copays.

If you have any questions about the plan, VSP customer service representatives are available Monday through Friday, from 8:00 AM to 10:00 PM Eastern Time, and Saturday from 9:00 AM to 5:30 PM. Call them toll-free 1-800-877-7195 or chat online at [www.vsp.com](http://www.vsp.com).

2010 Monthly Vision Costs	
Employee Only	\$ 5.44
Employee + Spouse	\$10.40
Employee + Child/Children	\$11.14
Family	\$16.74

### Did You Know?

Vision products and services, along with certain over-the-counter drugs, may be reimbursed under the Medical Reimbursement Account.

## Long-Term Disability (LTD) Coverage

### Who is eligible?

You are eligible for LTD coverage if you are a regular full-time non-union employee or a non-union regular part-time employee who works 25 or more hours per week, or if the plan is included in your union's collective bargaining agreement. The LTD plan is insured by CIGNA.

### What is my LTD coverage?

Louisville Metro Government automatically provides you with LTD coverage that replaces 50 percent of your basic monthly income (up to \$4,000 per month) while you are disabled due to ***an injury or illness that is not work-related***.

Under this coverage, benefits begin after you have been away from work for 90 consecutive days due to a qualifying disability, and may continue until you recover or reach age 65. If you receive disability benefits from another source, such as Social Security, your benefit from this plan will be reduced so that your total benefit equals 50 percent.

### How do I file an LTD claim?

To file a long-term disability claim, call the CIGNA hotline at 1-800-362-4462, or visit the CIGNA website at <https://dmswebintake.group.cigna.com>.

## Life and AD&D Coverage

### Who is eligible?

You are eligible for life insurance coverage if you are a regular full-time employee of Louisville Metro or a non-union regular part-time employee who works 25 or more hours per week. If you are a union employee, eligibility is governed by your collective bargaining agreement. If you are eligible, you may also elect dependent coverage for your spouse and dependent children. These plans are insured by CIGNA Group Insurance.

## What is my basic life and AD&D coverage?

Louisville Metro automatically provides you with **basic life insurance** coverage equal to:

- If you're a union employee, either \$5,000, \$15,000 or one times your annual salary (up to \$50,000), depending on the terms of your collective bargaining agreement; or
- If you're a non-union employee, one times your annual salary (up to \$50,000).

You also receive basic accidental death and dismemberment (AD&D) coverage in the same amount as your life insurance. If you die as the result of an accident, your beneficiary will receive the full benefit from both parts of the plan. If you suffer certain types of loss as the result of an accident, you may be eligible for partial benefits from the AD&D portion of the plan.

**Note: Basic life insurance coverage is portable. If your employment with Louisville Metro Government ends, you may continue your basic life coverage by paying the required premiums.**

## What are my optional dependent life insurance choices?

In addition to your basic life insurance, you may select **optional life insurance for your spouse and/or children**.

- If you're a union employee, the coverage will be either \$2,500 for your spouse and for each eligible dependent child, or \$7,500 for your spouse and \$1,000 for each child, depending on the terms of your collective bargaining agreement.
- If you're a non-union employee, the coverage is \$7,500 for your spouse and \$1,000 for each eligible dependent child.

Dependent children may be covered from birth up to age 19, or to age 23 if enrolled as a full-time student in an accredited institution. You are responsible for notifying MetroHR Benefits if a dependent child ceases to be eligible.

The cost of optional dependent life insurance coverage for your spouse and/or dependent children is \$0.98 per month, no matter how many eligible persons are being covered.

For example, if you're an employee with a spouse and two children, you may purchase coverage for all of them for a total cost of \$0.98 per month.

## Supplemental Life Insurance

### What are my supplemental employee life insurance choices?

Along with the basic life insurance choices described on the previous page, you may choose **supplemental life insurance** for yourself, available in certain fixed amounts (see table below).

*If you are currently enrolled for supplemental life coverage*, there are limits on how much you may increase your coverage, without submitting an evidence of insurability form, provided by CIGNA, that assesses your health status.

You must submit an Evidence of Insurability form if your coverage exceeds 3 times your annual compensation or \$300,000, whichever is less. An Evidence of Insurability form will be sent to you after enrollment.

The cost of supplemental life insurance for yourself is based on your age (as of January 1, 2010) and the amount of coverage you select. In the chart below, find the amount of coverage in the column at left, then go to the column that corresponds to your age bracket. For example, if you're 46 years old and want to purchase supplemental coverage of \$100,000, your monthly cost will be \$19.00.

### May I change my coverage during the year?

Yes. You may change your supplemental life or optional dependent life insurance coverage if you marry or divorce during the year. The rules regarding evidence of insurability will apply.

If you wish to add optional dependent life insurance, you must make the change within 30 days of the date you acquire your new dependent. For instance, if you marry and wish to purchase optional dependent coverage for your spouse, you must complete a life change form and submit it to MetroHR Benefits within 30 days of your marriage date.

Remember that you must provide documentation of any change in your family status that causes a change in your benefit elections (see page 12).

**Note: If your employment with Louisville Metro Government ends, you may continue your basic and supplemental life coverage – until you reach age 80 – by paying the required premiums. (Coverage is reduced by 40 percent from age 65 – 70 and by 50 percent from age 71 – 80 for both basic and supplemental coverage.) Please contact MetroHR Benefits for more details.**

**Monthly Employee Supplemental Life Insurance Costs**

Coverage	Your Age (as of January 1, 2010)									
	Under 30	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	65 – 69	70+
\$ 10,000	\$ 0.60	\$ 0.70	\$ .80	\$ 1.30	\$ 1.90	\$ 3.10	\$ 5.20	\$ 7.40	\$ 13.40	\$ 21.50
\$ 20,000	1.20	1.40	1.60	2.60	3.80	6.20	10.40	14.80	26.80	43.00
\$ 30,000	1.80	2.10	2.40	3.90	5.70	9.30	15.60	22.20	40.20	64.50
\$ 40,000	2.40	2.80	3.20	5.20	7.60	12.40	20.80	29.60	53.60	86.00
\$ 50,000	3.00	3.50	4.00	6.50	9.50	15.50	26.00	37.00	67.00	107.50
\$ 75,000	4.50	5.24	6.00	9.74	14.24	23.24	39.00	55.50	100.50	161.24
\$100,000	6.00	7.00	8.00	13.00	19.00	31.00	52.00	74.00	134.00	215.00
\$125,000	7.50	8.74	10.00	16.24	23.74	38.74	65.00	92.50	167.50	268.74
\$150,000	9.00	10.50	12.00	19.50	28.50	46.50	78.00	111.00	201.00	322.50
\$175,000	10.50	12.24	14.00	22.74	33.24	54.24	91.00	129.50	234.50	376.24
\$200,000	12.00	14.00	16.00	26.00	38.00	62.00	104.00	148.00	268.00	430.00
\$225,000	13.50	15.74	18.00	29.24	42.74	69.74	117.00	166.50	301.50	483.74
\$250,000	15.00	17.50	20.00	32.50	47.50	77.50	130.00	185.00	335.00	537.50
\$275,000	16.50	19.24	22.00	35.74	52.24	85.24	143.00	203.50	368.50	591.24
\$300,000	18.00	21.00	24.00	39.00	57.00	93.00	156.00	222.00	402.00	645.00

## Dependent Care Account

The **Dependent Care Account** may be used to cover adult or child day care services that allow you, or you and your spouse, to work. Examples include licensed day care centers or nursery schools, dependent care in your home or dependent care in another person's home (if fewer than seven children are under one's care).

### Who is eligible?

You are eligible for the Dependent Care Account if you are a regular full-time employee of the Louisville Metro Government or a non-union regular part-time employee who works 25 or more hours per week. Part-time employees in positions covered by collective bargaining agreements should refer to their contract for eligibility information. These benefits are administered by a third-party administrator, SHPS, Inc.

### How much may I contribute?

If you elect to participate in the Dependent Care Account, your contributions will be deducted from your pay throughout the year. The minimum amount you may contribute to either account is \$130 per year (\$2.50 per week or \$5.00 bi-weekly). The maximum amount you may contribute is \$2,500 per year if you are single or file a separate tax return, or \$5,000 if you are married and file jointly.

### How am I reimbursed from the account?

You pay for eligible expenses out of your own pocket, and then fax or mail a reimbursement request form with appropriate documentation. SHPS will process the request and reimburse you either through direct deposit into your checking or savings account, or send you a check.

You can download a reimbursement request form from the SHPS web site at [www.myshps.com](http://www.myshps.com) or call 1-800-678-6684 to request a form. Complete the form with documentation of your expenses and fax to the toll-free number on the claim form. Or mail your form to:

SHPS Spending Account  
P.O. Box 34700  
Louisville, KY 40232-4700

If you provide your email address to SHPS, you can receive an automatic confirmation that your claim has been received.

**You have until March 31, 2011 to submit reimbursement requests for expenses incurred and paid in 2010.**

### What if I go on leave?

If you take an unpaid leave of absence, you may continue to participate in your FSA by paying with after-tax dollars. If you do not continue contributing while on leave, your ability to receive reimbursements from your FSA may be suspended. Upon your return to work, you will have options to continue to participate in the FSA at your original contribution level or a reduced level. Consult with MetroHR for details.

### Savings with the Dependent Care Account

When considering the Dependent Care Account, remember that there is also a dependent care tax credit provided by federal law. In some cases, this tax credit may be better for you than the Dependent Care Account. Also, keep in mind that you cannot take the tax credit for any expenses that are reimbursed through the Dependent Care Account.

Below is an example comparing federal and Kentucky state income tax savings with the Dependent Care Account and tax credit. This example assumes that an employee is married, filing jointly, and has one dependent child who receives \$1,000 in dependent care.

Keep in mind that what works best for you depends on your personal financial situation. You may wish to consult a tax advisor.

Plan carefully when deciding how much to contribute to your FSA. Money left in your account at the end of the year cannot be rolled over or paid out to you. The FSA calculator at [www.myshps.com](http://www.myshps.com) can help you determine how much to contribute.

Household Income	Estimated Tax Liability With Tax Credit	Estimated Tax Liability With Dependent Care Account	Estimated Tax Savings With Dependent Care Account
\$20,000	\$2,602	\$2,700	(\$98)*
\$30,000	\$5,527	\$5,565	(\$38)*
\$40,000	\$8,452	\$8,430	\$22
\$50,000	\$11,341	\$11,295	\$46
\$60,000	\$14,206	\$14,160	\$46
\$70,000	\$18,134	\$17,962	\$172

\* ( ) Indicates tax credit is better.

As a Louisville Metro Government employee, you have the opportunity to participate in a number of additional benefits that may add to your financial security or improve your health and well-being. In some cases, these benefits are available to you at group rates that may be lower than the rates you could obtain individually.

## U.S. savings bonds – payroll savings plan

You may purchase Series EE or I bonds through convenient payroll deductions.

You may start a payroll savings plan for U.S. Savings Bonds at any time during the year. Call Louisville Metro Payroll at 502-574-2735.

## Voluntary Insurance Plans

As a Louisville Metro employee, you have the opportunity to participate in several voluntary insurance plans through convenient payroll deduction. You have a choice of plans through American Family Life Assurance Company (AFLAC) and Humana Specialty Benefits. Offerings from Humana Specialty Benefits include accident, short-term disability, critical illness and whole life insurance plans, while AFLAC will offer accident and short-term disability insurance.

To enroll in any of these products, contact:

AFLAC	Marti O'Neil 502-386-2779 marti_smith@us.aflac.com
Humana Specialty Benefits	J. P. Barta 502-893-4365 jpbarta@cbgenrollments.com

## Kentucky Educational Trust

As a Louisville Metro employee, you have the opportunity to participate in the Kentucky Education Savings Plan Trust. KESPT (Kentucky's "529" program) allows anyone – a parent, grandparent, relative, or friend – to set aside money for a child's college education through convenient payroll deductions. Earnings are exempt from federal and Kentucky income tax if used for qualified higher education expenses.

Your account is managed by TIAA-CREF, an experienced financial services organization with more than \$280 billion in assets under management.

You may save as little as \$15 per paycheck. The maximum amount you may save for any one beneficiary is \$235,000. The money may be used for tuition, books

and certain room and board cost, at almost any accredited institution of higher learning in the U.S., including vocational and technical colleges.

For more information about the Kentucky Education Savings Plan Trust please call the toll free number at 1-877-598-7878 or visit the web site at [www.kentuckytrust.org](http://www.kentuckytrust.org).

## Child Care Assistance

The Child Care Assistance program provides you with financial assistance to cover a portion of the cost of child care expenses as well as an information/referral network. It's available to full-time employees who in the previous calendar year were eligible for the Earned Income Tax Credit and all regular part-time employees who earn less than \$10.20 per hour. If you believe you are eligible or would like more information, please contact Becky Ritchie at 502-618-5682, or email her at: [becky-ritchie@4cforkids.com](mailto:becky-ritchie@4cforkids.com).

Ms. Ritchie is an employee of Community Coordinator Child Care, the agency Louisville Metro has contracted with to administer the Child Care Assistance Program.

## Employee Assistance Plan

The EAP offers confidential assistance every hour of every day, to help you deal with the stresses and strains of life, such as:

- Alcohol or drug dependency
- Child care/elder care
- Grief
- Family or parenting issues
- Marital or relationship issues
- Self-improvement
- Work/life balance
- Prenatal and postnatal concerns.

As a Louisville Metro Government employee, you and your family can receive up to five counseling sessions per problem at no cost.

To use your EAP benefit, call Magellan Health at **1-800-588-8143**.

## Enrolling

### What happens if I don't enroll?

If you do not enroll for benefits for 2010, you will keep the same Humana medical, as well as dental, vision, and/or life insurance options you had in 2009. Flexible spending accounts will **not** continue unless you re-enroll.

### What if I'm currently enrolled in a Humana health plan and don't enroll?

Your current Humana coverage will continue, at 2010 rates.

### Can I enroll from my computer at home?

Yes. You can now enroll from any computer with Internet access, using the PeopleSoft Self-Service system.

### I don't have access to a computer at work or home. What do I do?

Computer labs will be set up at various Louisville Metro locations during Open Enrollment. (See page 4 for times and locations.)

### Is help available for the online enrollment process?

Yes. In addition to the online enrollment instructions starting on page 6 of this booklet, a more comprehensive training guide is available on our employee web site, the MetroNet. Your department's HR representative has also been trained on the enrollment process and can assist you. And you may call the MetroHR Benefits Hotline at 574-3040 with specific questions.

## Medical Benefits

### What is a Managed Choice Plan (High Deductible Health Plan)?

The Managed Choice Plan is a "consumer-driven health plan," which means it gives you, the consumer, more control over your health care dollars. The plan also offers incentives to make the most of your dollars through smart choices about your health and your health care. Plans that combine a high-deductible health plan and a Health Savings Account (HSA) – like our Managed Choice plan – are becoming the most popular type of consumer-driven plan. These plans let you set aside pre-tax dollars to pay for health expenses (through the HSA), and give you an incentive to spend those dollars wisely because you can save unused dollars from year to year.

### What is a Health Savings Account (HSA)?

An HSA is a bank account that is dedicated to your family's medical expenses. HSAs are only available in conjunction with a high-deductible health plan. You can contribute to this account through payroll deductions. You use this money to pay for your medical expenses, like doctor visits or prescriptions, that apply to your an-

nual deductible. You can also use it for some expenses not covered by the medical plan, such as over-the-counter drugs, and dental and vision expenses.

When you enroll in the Managed Choice plan, Humana will send you information about setting up your HSA. Louisville Metro Government pays the monthly account fee; however, you are responsible for any extra charges, such as overdraft fees.

### What are the advantages of the Managed Choice plans?

There are several:

- **Tax savings.** Any money you contribute to your HSA is considered pre-tax, so you save on state and federal income taxes.
- **Lower premiums.** Premiums for the Managed Choice plans are lower than for the more traditional Choice and Balanced Choice plans. A good strategy is to use your premium savings to fund your HSA.
- **Long-term savings potential.** There's no 'use it or lose it' for HSAs. Any HSA dollars you don't use this year are automatically saved for next year, giving you a bigger cushion against future expenses. And when you leave Metro Government, your HSA goes with you. You can even use HSA dollars to help pay Medicare supplement premiums.

### What are disadvantages of the Managed Choice plans?

Before enrolling in the Managed Choice plan, keep in mind that the plan has a high annual deductible. If you expect to have significant medical expenses during the year, you will need to cover the deductible yourself – either through money you contribute to the HSA or by paying out of your pocket.

### What's the difference between an HSA and a medical flexible spending account (FSA)?

The most important difference is that with an HSA, there's no 'use it or lose it' rule – you can roll over unused dollars from year to year. If you use the FSA extensively, you may wish to stay with the FSA and elect a medical plan other than the Managed Choice plan, since you cannot have both an HSA and a medical FSA.

### How do I contribute to the HSA?

You can contribute through payroll deductions, just as you would with a flexible spending account.

## Other Benefit Issues

### If I retire or leave Louisville Metro, when will my benefits stop?

If you leave employment with Louisville Metro Government during the year, your benefits coverage will end on the last day of the month in which your employment ends.

## Coinsurance

A percentage of covered health expenses you pay. For instance, your plan may pay 80% of a covered expense and you will pay the remaining 20%. The 20% you pay is your coinsurance.

## Consumer-driven health plan (Managed Choice)

The name for a new generation of medical plans that give you, the consumer, more control over how your health care dollars are spent – and incentives to make the most of your health care dollars by making smart choices about your health and your health care.

## Copay (copayment)

A fixed dollar amount you pay at the time you receive a service; for example, \$20 for an office visit. Copays are not applied toward annual deductibles or annual out-of-pocket maximums.

## Deductible

The amount of covered medical (or dental) expenses you pay out of your pocket before your plan begins paying benefits. This is different than a copay, which is an amount you pay each time you receive a particular service. Copays do not apply toward the deductible.

## Evidence of Insurability

For some levels of optional life insurance coverage, the insurance company, CIGNA, may require you to complete a form that assesses your health status. This documentation is known as evidence of insurability.

## Flexible Spending Account (FSA)

An account into which you put pre-tax dollars to pay for covered medical expenses (Medical Reimbursement FSA) or dependent care expenses (Dependent Care FSA). Unlike an HSA, money in an FSA cannot be rolled over from year to year. However, you can contribute more money annually to a medical FSA than to an HSA. So if you use the FSA extensively, you may wish to stay with the FSA and elect a medical plan other than the Managed Choice plan (which includes the HSA), since you cannot have both an HSA and a medical FSA.

## Health Savings Account (HSA)

An account into which you can put pre-tax dollars that you use to pay for your routine health care expenses. Many expenses you pay out of this account are considered covered expenses under your medical plan and will apply toward your deductible. However, you can also use it for some expenses not covered by the medical plan, such as over-the-counter drugs and dental and vision expenses. These expenses will not apply toward your deductible.

If you don't use all your HSA dollars during the year, the unused balance rolls over to the next year. The HSA is only available with the Managed Choice plans.

## High-deductible health plan

A PPO plan with an annual deductible that is higher than typical plans, which keeps the monthly premium low. High-deductible plans are usually offered with a Health Savings Account (as with the Managed Choice plans), so you can use the HSA to pay for some or all of your deductible expenses with pre-tax dollars.

## Preferred Provider (PPO)

A health plan that allows you to receive care from any health care provider, but offers better benefits when you go to 'preferred' doctors and hospitals who are in the plan's network. All of Louisville Metro's medical options for 2010 are PPOs.



**Looking For More Ways To Save?**  
Don't forget: as a Louisville Metro employee, you can ride TARC buses at no charge. Simply show your Metro ID when boarding the bus.

Benefit/Organization	Phone	Online
<b>Medical Plans</b> Humana <i>Humana Nurse Advice Line</i>	800-601-5031/ 800-448-6262 800-622-9529	www.humana.com
<b>Pharmacy</b> Humana Pharmacy Solutions	800-865-8715	www.humana.com
<b>Health Savings Accounts (HSAs)</b> Humana - UMB Bank	866-520-4472	
<b>Dental Plans</b> Delta Dental	800-955-2030	www.deltadentalky.com
<b>Vision</b> VSP	800-877-7195	www.vsp.com
<b>Life and AD&amp;D</b> CIGNA	800-732-1603	www.cigna.com
<b>Long-Term Disability</b> CIGNA	800-362-4462	www.cigna.com
<b>Flexible Spending Accounts</b> SHPS	800-678-6684	www.myshps.com
<b>U.S. Savings Bonds</b> Louisville Metro Payroll	502-574-2745	www.ussavingsbond.gov
<b>Voluntary Insurance Plans</b> Humana Specialty Benefits AFLAC	502-893-4365 502-386-2779	www.kmgamerica.com www.aflac.com
<b>Kentucky Educational Trust</b>	877-598-7878	www.kentuckytrust.org
<b>Nationwide Retirement Solutions</b> Deferred Compensation	877-677-3678, ext. 44384	www.nrsforu.com
<b>Kentucky Retirement Systems</b>	800-928-4646	www.kyret.com
<b>Employee Assistance Program (EAP)</b>	800-588-8143	www.magellanassist.com
<b>Child Care Assistance</b> Community Coordinated Child Care	502-618-5682	www.4cforkids.org

**HumanaFirst<sup>®</sup>**  
Nurse Advice Line

Call this 24-hour, free service when you have an immediate medical need or health planning question for you and your family.

**1-800-622-9529**

Your member ID#:  
CA4030741 10/08

**HUMANA**  
*Guidance when you need it most*

Complete this form and have it with you when you enroll online.

Benefit	Your Election	Level/Amount of Coverage										
<b>Medical</b> (Pages 13 - 16)	Check one: <input type="checkbox"/> Humana Managed Choice <input type="checkbox"/> Humana Balanced Choice <input type="checkbox"/> Humana Choice <input type="checkbox"/> No Coverage	Check one: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child/Children <input type="checkbox"/> Family <input type="checkbox"/> Dual										
<b>HSA Contribution</b> (Page 13)	<i>If enrolling in a Managed Choice plan, enter amount you wish to contribute on a pretax basis to the Health Savings Account (maximum \$3,500 per person or \$6,150 per family)</i>	Enter annual amount: \$ _____										
<b>Medical Reimbursement Account (FSA)</b> (Page 14)	Check all that apply: <input type="checkbox"/> Medical Reimbursement Account <input type="checkbox"/> No Coverage	Enter annual amount(s): \$ _____ (max. \$3,000)										
<b>Dental</b> (Pages 18)	Check one: <input type="checkbox"/> Delta Preferred (PPO) <input type="checkbox"/> Delta Premier (Indemnity) <input type="checkbox"/> DeltaCare DC04 (Dental HMO) <input type="checkbox"/> No Coverage	Check one: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child/Children <input type="checkbox"/> Family										
<b>Vision</b> (Page 19)	Check one: <input type="checkbox"/> Coverage <input type="checkbox"/> No Coverage	Check one: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child/Children <input type="checkbox"/> Family										
<b>Dependent Life</b> (Page 20)	<i>Cost for Dependent Life is the same no matter how many dependents are enrolled.</i>	Check one: <input type="checkbox"/> No Dependent Life <input type="checkbox"/> Dependent Life										
<b>Supplemental Life</b> (Page 21)	Check one: <input type="checkbox"/> Basic Life Only (No Supplemental) <input type="checkbox"/> Supplemental Life	Enter amount for Supplemental Life: \$ _____										
<b>Dependent Care Account (FSA)</b> (Page 22)	Check all that apply: <input type="checkbox"/> Dependent Care Account <input type="checkbox"/> No Coverage	Enter annual amount(s): \$ _____ (max. \$5,000)										
<b>Voluntary Insurance Plans</b> (Page 23)	<table border="0"> <tr> <td><i>Humana Specialty Benefits:</i></td> <td><i>AFLAC:</i></td> </tr> <tr> <td><input type="checkbox"/> Accident</td> <td><input type="checkbox"/> Accident</td> </tr> <tr> <td><input type="checkbox"/> Short-Term Disability</td> <td><input type="checkbox"/> Short-Term Disability</td> </tr> <tr> <td><input type="checkbox"/> Critical Illness</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Whole Life</td> <td></td> </tr> </table>	<i>Humana Specialty Benefits:</i>	<i>AFLAC:</i>	<input type="checkbox"/> Accident	<input type="checkbox"/> Accident	<input type="checkbox"/> Short-Term Disability	<input type="checkbox"/> Short-Term Disability	<input type="checkbox"/> Critical Illness		<input type="checkbox"/> Whole Life		<i>Please note: You cannot enroll for voluntary insurance through the online enrollment process. You must sign up through a voluntary insurance representative.</i>
<i>Humana Specialty Benefits:</i>	<i>AFLAC:</i>											
<input type="checkbox"/> Accident	<input type="checkbox"/> Accident											
<input type="checkbox"/> Short-Term Disability	<input type="checkbox"/> Short-Term Disability											
<input type="checkbox"/> Critical Illness												
<input type="checkbox"/> Whole Life												

Be sure to complete the Dependent Information on the back of this form, too.

Micro Perf (does not print)

## Information About Your Dependents

Name	Soc. Security No.	Relation to You	Birth Date	Marital Status	Student? (Y/N)	Disabled? (Y/N)	Enroll for Medical? (Y/N)	Enroll for Dental? (Y/N)	Enroll for Vision? (Y/N)

