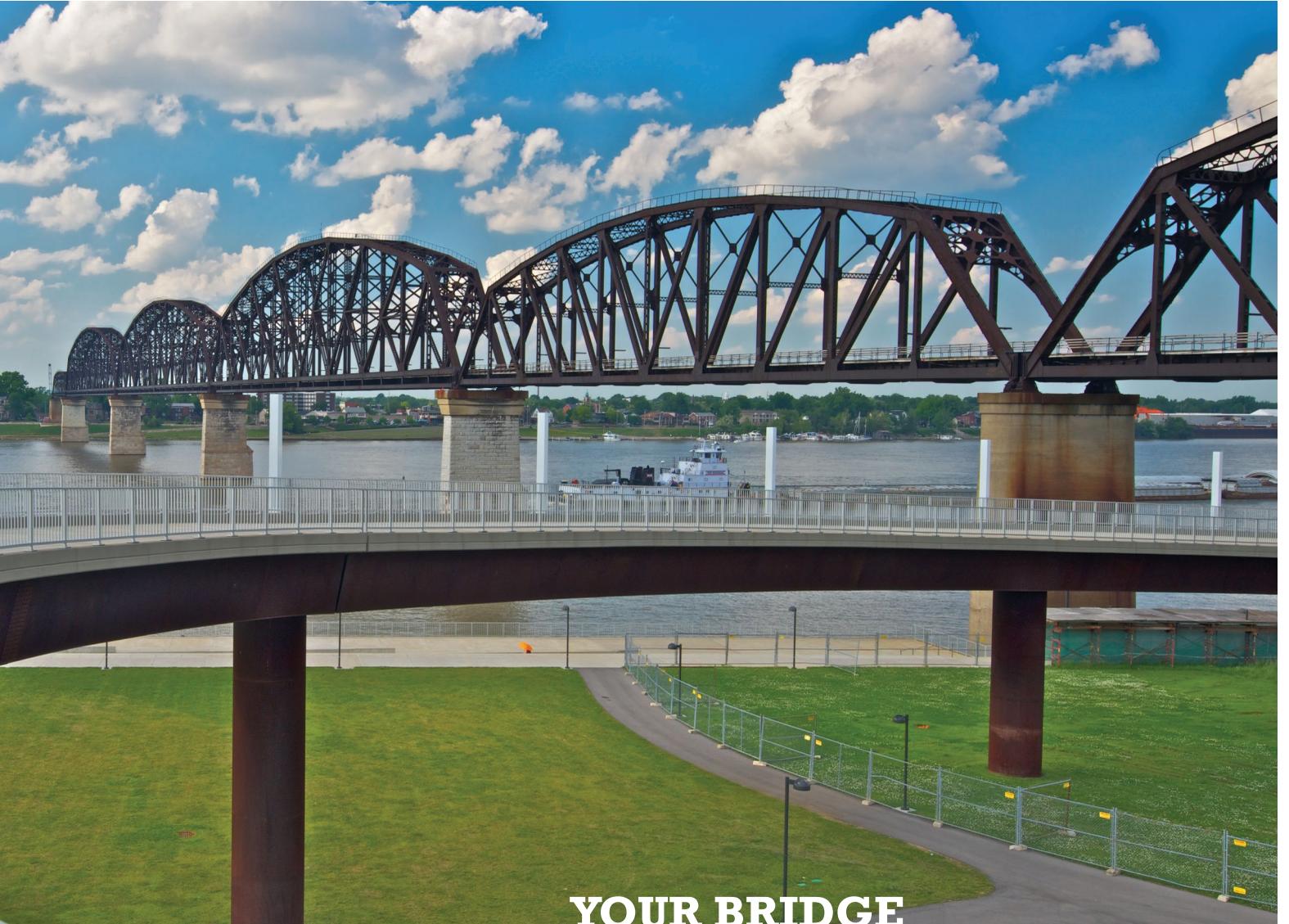




LOUISVILLE METRO GOVERNMENT  
GREG FISCHER, MAYOR

## Benefits for Plan Year 2013 – 2014



**YOUR BRIDGE**

**TO WELLNESS**



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## PLAN YEAR 2014 OPEN ENROLLMENT COMPUTER LAB SCHEDULE

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

<b>Dates</b>	<b>Days of Week</b>	<b>Location</b>	<b>PC Lab Open</b>
May 7	Tuesday	Open To All Metro Government Employees Metro Fleet Services-Breakroom 3515 Newburg Road	8:00 a.m. – 4:00 p.m.
May 8	Wednesday	For SWMS employees ONLY SWMS-Waste Collection Building 630 Meriwether Avenue	11:00 a.m. – 4:00 p.m.
May 9 & 10	Thursday & Friday	Open To All Metro Government Employees LMPD- 2nd Floor PC Lab 2911 Taylor Boulevard	8:00 a.m. – 4:00 p.m.



# **YOUR BRIDGE** Benefits for Plan Year 2013 – 2014 **TO WELLNESS**

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## **About this booklet**

This booklet 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 booklet 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 or summary plan description, available from your provider or MyMetro HR home page.



## WELCOME

### **Dear Fellow Louisville Metro Employee, Welcome to Open Enrollment For Plan Year 2013-2014!**

Louisville Metro Government has some exciting news regarding your benefits for Plan Year 2013-14 (PY14). As you know your employee benefits add value beyond your paycheck. While we make every effort to provide benefits that protect your family and its lifestyle, we would like to challenge and encourage you to become more involved in the consumer side of your benefits by presenting you the opportunity to learn more about this year's quality benefits offerings and cost-saving options.

We hope you will take time to attend one of the several open enrollment information sessions offered through Metro Training University as listed on the MyMetro site and learn more about the changes coming to your benefits. Also, we strongly urge you to carefully review the information in this booklet as you consider your PY14 benefits. The booklet outlines key features about each of our highly-competitive and employee-focused plans that offer you incentives, rewards, and options that will reduce health care costs and promote a healthier lifestyle. Again, please take a moment to review the information in this booklet and attend an open enrollment information session to learn more.

Your new PY14 benefits, in addition to plan design changes and rate changes, will be effective July 1, 2013–June 30, 2014 include:

- The opening of our new LOUISVILLE METRO EMPLOYEE WELLNESS CENTER as a resource for your family's top-quality health care and prescription needs at reduced savings to you and your family. The Louisville Metro Employee Wellness Center will be staffed with full-time physicians, nurse practitioners, and medical assistants as well as an on-site Health Specialist to encourage you as you strive to live a healthier lifestyle
- Health Reimbursement Accounts that are funded by LMG and will be replacing the Health Savings Account
- COMPASS ChoiceRewards Program that guides and rewards you for your consumer driven choices
- Implementation of Health Awareness Initiatives to promote a healthier lifestyle. One initiative will include a monthly \$50 tobacco use surcharge added to your monthly health insurance premium.

As in previous years, enrollment will take place online making it more convenient for you to enroll for your benefits anywhere there is a computer with an internet connection. You may enroll from work, home, a wireless location, the library, etc. by entering the secure address <https://hr.louisvilleky.gov>.

#### **This year's Self Service Online Open Enrollment period will be April 22nd – May 10th.**

We will again offer computer lab sites to assist employees who may not have internet access at work or home. Please refer to the schedule on page 1 for the self-service online enrollment sites and hours of operations.

#### **For PY14, 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 within the first 30 days)
- Elect to add, delete, or edit dependent(s) under your current plan
- Elect to change, drop, or add any type of benefit coverage
- Elect to participate in the flexible spending account (FSA) – you must elect the amount you want to contribute

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 plan for PY14 as you have in place on June 30, 2013.

**IMPORTANT – PLEASE NOTE: You must re-enroll if you wish to participate in the FSA benefits from July 1, 2013 – June 30, 2014. Failure to do so will stop your FSA medical and/or dependent care contributions.**

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. We look forward to assisting you in this year's Open Enrollment!

Best Regards,



## BENEFITS AT A GLANCE

Benefits at a glance for LMPD FOP members - see separate plan summary sheet provided by Metro HR Benefits

Benefit	Option
<b>MEDICAL<sup>1</sup></b> Managed by Humana	Humana Managed Choice (HDHP)   For LMPD FOP members, see separate Humana Balanced Choice (PPO)   plan summary sheet provided by MetroHR. Humana Choice (PPO)
<b>COMPASS CHOICEREWARDS</b>	Rewards program for cost effective choices through cash incentives.
<b>METRO EMPLOYEE WELLNESS CENTER</b> Managed by Concentra	Wellness and medical care for enrolled Metro Employees and covered dependents
<b>Dental<sup>1</sup></b> Provided by Delta Dental of Kentucky	DeltaCare (Dental DHMO) Delta Preferred (Dental PPO) Delta Premier (Indemnity)
<b>Vision<sup>1</sup></b> Provided by VSP	Covers exams and glasses from network providers after a copayment, or for a fee from non-network providers
<b>Long-Term Disability (LTD)<sup>1</sup></b> Provided by Lincoln Financial Group	<b>Basic LTD:</b> Louisville Metro pays full cost; 50 percent of basic monthly salary for eligible employee groups*
<b>Life Insurance and Accidental Death and Dismemberment (AD&amp;D)<sup>1</sup></b> Provided by Lincoln Financial Group	<b>Basic Life</b> (Louisville Metro pays full cost) -Union employees: \$5,000, \$15,000, \$50,000 or one times annual pay up to \$50,000* -Non-union employees: One times annual pay up to \$50,000 Coverage is convertible, at your expense, if you leave Louisville Metro employment <b>Basic AD&amp;D</b> (Louisville Metro pays full cost) -Union employees: \$5,000, \$15,000, \$50,000 or one times annual pay up to \$50,000 -Non-union employees: One times annual pay up to \$50,000 <b>Supplemental Life</b> (Employee pays full cost) May purchase selected amounts from \$10,000 up to 3 times your annual salary, whichever is less. Coverage is portable if you leave Louisville Metro employment.
<b>Dependent Life Insurance<sup>1</sup></b> Provided by Lincoln Financial Group	<b>Optional Dependent Life</b> (Employee pays full cost) -Union employees: \$2,500 for spouse and each child or \$7,500 spouse and \$1,000 each child* -Non-union employees: \$7,500 for spouse and \$1,000 each child
<b>Flexible Spending Accounts</b> Administered by ADP	<b>Medical reimbursement account:</b> May contribute up to \$2,500 per year <b>Dependent care account:</b> May contribute up to \$5,000 per year
<b>Health Reimbursement Account</b> Administered by ADP	Included with the Managed Choice Plan and Balanced Choice Plan only Funded by Louisville Metro Government Contributions only
<b>Child Care Assistance</b> Administered by MetroHR Benefits	Covers a portion of child care expenses for employees who were eligible for the Earned Income Tax Credit and as designed by Metro Ordinance
<b>Voluntary Benefits</b>	<b>Kentucky Educational Trust</b> (529 Plan) <b>Degrees at Work</b> <b>Tuition Reimbursement</b> <b>Bank On Louisville</b>
<b>Employee Assistance Program</b> Provided by Magellan Behavioral Health	Up to 5 confidential and free counseling sessions per incident, per year. Call 800-588-8143.
<b>Voluntary Insurance Programs</b>	<b>AFLAC:</b> Accident Insurance and Short-Term Disability and Hospital Indemnity <b>Allstate Worksite Division (AWD):</b> Cancer, Critical Illness and Universal Life Insurance

\*Refer to your Collective Bargaining Agreement <sup>1</sup>For copies of the summary plan descriptions and/or policies, please visit the MyMetro HR Benefits home page

## ENROLLING

As in the past, you can enroll in your Plan Year 2013-2014 (PY14) employee benefits from work, 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 MyMetro.

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 1 for a schedule of dates, 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 MyMetro. At the top right, click on Use myHR/myPay.

**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.

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

**4 On the new page, click on Benefits. . .**

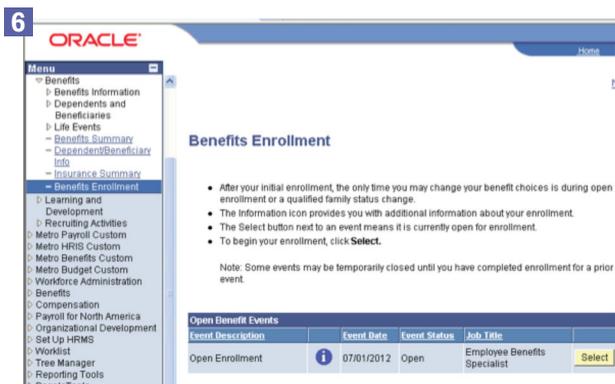
**5 . . . then click on Benefits Enrollment.**

**6** You will now see the **Benefits Enrollment for PY14** 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 are 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 PY14, scroll down the page and click on the **I Have No Changes** button.

**Do Not click on I Have No Changes button if you wish to enroll in an FSA.** Remember, you have to elect to participate in an FSA each plan year.





If you'd like to make a change to your plans for PY14, 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. Therefore, you must enroll each dependent separately for each of the coverage plans.

**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, Employee +QA, 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** If you are adding a dependent or a qualifying adult (QA), you must enter a birth date and Social Security number. 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. Note: This screen only applies to dependents under the medical, dental and vision plans, NOT life insurance.

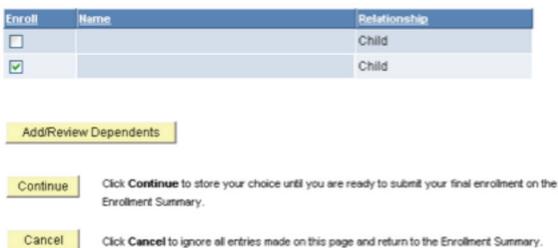
**14** From there, click on Return to Event Selection.

**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. You must complete this step separately for each plan: medical, dental and vision.

9-14



15



**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 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.

**19** For Dependent Life coverage, you will have the option to select or waive coverage in PY14, by clicking Edit on the enrollment summary page. Once you've made your election, click Continue.

**20** 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 PY14.

**21** Clicking Submit on the "Submit Benefit Choices" page will authorize your elections for PY14. 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. Clicking OK on the following page completes your enrollment.

**22** You've completed your benefits enrollment.

**New hires will automatically be enrolled in the Managed Choice health plan unless they elect another plan or opt out of coverage.**



**21** Benefits Enrollment

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**Submit Benefit Choices**

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.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

**Authorize Elections**

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Click **Submit** to send your final choices to the Benefits Department.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

## ELIGIBILITY

### Employee Eligibility for Medical, Dental & Vision Coverage

All regular Louisville Metro Government full-time employees and non-union regular part-time employees who work 25 or more hours per week are eligible for medical, dental and/or vision coverage through the organization's group plan. Part-time employees in positions covered by collective bargaining agreements should refer to their contract for eligibility information. Eligible dependents, as defined below, may also be added to an employee's medical, dental and/or vision coverage.

### Dependent Eligibility

Newly enrolled dependents will require documentation to confirm eligibility. Acceptable documentation as listed below must be received by HR Benefits within 30 days of the enrollment event.

### Who qualifies as a dependent?

- A legally recognized spouse
- Child(ren) defined as biological children, step children of a legally recognized marriage, foster children, court ordered guardianship of a child, and legally adopted children up to age 26
- A Qualified Adult (QA) as defined below:
  - Over 18 years of age
  - Unmarried
  - Not eligible for Medicare
  - If blood relative, is the same or younger generation of employee
  - Currently residing in the employee's household for a period of 12 months
  - Financially interdependent for 12 months or longer
  - **Please note:** An employee has the choice of covering their legal spouse OR one qualifying adult, but not both.

### Dependent Eligibility Documentation

Below is a list of dependent relationships and the documentation that must be provided to MetroHR for benefits enrollment:

**Legal spouse:** A copy of the marriage license signed by the clergy or official who performed the services.

**Dependent child (up to age 26):** A copy of the birth certificate listing the employee as the parent. For a step child, a birth certificate with the spouse listed as the parent and a copy of the marriage license. For an adopted child, a copy of the legal adoption documentation. For proof of legal guardianship of a child, the court ordered legal guardianship documentation.

**Qualified Adult (QA):** A signed and completed affidavit (included in this booklet on page 26), in addition to one of the following must be provided:

- A current, active joint checking account statement with proof of existence for a minimum of 12 months
- A current joint utility statement with proof of existence for a minimum for 12 months
- A current joint mortgage or apartment lease with proof of existence for a minimum of 12 months
- **Please note:** An employee has the choice of covering their legal spouse OR one qualifying adult, but not both.



## CHANGES DURING THE PLAN YEAR

An employee's benefit elections from open enrollment or new hire orientation will stay in effect for the entire plan year. The employee cannot make changes until the next open enrollment unless he/she has a family status change that corresponds to one of the qualifying events (QE) listed below. If a family status change occurs, an employee may be able to change his/her level of benefits coverage.

**When a family status change occurs, an employee must complete the Family Status Change (FSC) form indicating his/her changes/enrollment, attach the required documentation and submit both to MetroHR Benefits within 30 days of the qualifying event.** The FSC form is available via the MyMetro HR home page or through an employee's department HR representative. The effective date of the plan change will be the date of the qualifying event.

Below is a list of qualifying family status change events and the type of documentation required for each:

**Marriage:** A copy of the marriage license signed by the clergy or official who performed the services. If adding step children from the marriage, a copy of both the marriage license and the step children's birth certificates, with the spouse listed as a parent.

**Birth of a Child:** A copy of the souvenir birth certificate with the employee listed as a parent.

**Adoption:** A copy of the legal adoption documentation.

**Legal Guardianship:** Copy of the court ordered legal guardianship documentation.

**Loss of other medical, dental or vision coverage:** Certificate of coverage letter from the employer/insurance carrier listing type of coverage lost (medical, dental and/or vision), the covered individuals' names and the date coverage ended in addition to:

- **For a spouse that has lost coverage:** A copy of the marriage license must also be provided.
- **For a dependent child that has lost coverage:** A copy of the birth certificate with the employee listed as the parent must also be provided. For a step child, a copy of the marriage license and the birth certificate with the spouse listed as a parent must also be provided. For an adopted child, a copy of the legal adoption documentation must also be provided. For proof of legal guardianship of a child, the court ordered legal guardianship documentation must also be provided.

- **For a Qualified Adult (QA) that has lost coverage:**
  - A completed affidavit (included in this booklet on page 26) and one of the following:
  - A current, active joint checking account statement with proof of existence for a minimum of 12 months
  - A current joint utility statement with proof of existence for a minimum for 12 months
  - A current joint mortgage or apartment lease with proof of existence for a minimum of 12 months

**Court Order:** Copy of the court order requiring employee or employee's spouse to provide medical coverage for a dependent child. If insuring a step child, employee must also provide a copy of the marriage license.

**Received other medical, dental or vision coverage:** Letter from the employer/insurance carrier listing all covered individuals' names, the coverage received (medical, dental and/or vision) and the effective date of the new coverage.

**Divorce:** Copy of the divorce decree signed by the judge. Note: Coverage will last until the last day of the month in which the decree is signed.

**Death of dependent:** Copy of the death certificate.

**Entitlement to Medicare by employee, or a dependent:** A copy of the Medicare enrollment documentation.

Employees may fax the FSC form and documentation to MetroHR Benefits at 574-8126. If the employee does not provide the FSC form and documentation to MetroHR Benefits within 30 days of the qualifying event, he/she cannot change his/her benefits until the next open enrollment period.

All forms are available on the MyMetro HR home page under the Benefits tab. If an employee does not have access to the MyMetro, he/she can access these forms through his/her department HR representative.

**If an employee leaves employment with Louisville Metro Government during the year, his/her benefits coverage will end on the last day of the month in which his/her employment ended.**

**Please Note: Funding of the Health Reimbursement Account will not be impacted by the Family Status Change.**

## METRO EMPLOYEE WELLNESS CENTER

### Introducing a healthier way to develop a better you.

We are excited to announce the opening of Louisville Metro Government's Employee Wellness Center. For Plan Year 2014, the Metro Employee Wellness Center is available to all members of the Managed Choice Plan, Balanced Choice Plan and Choice Plan who are age 2 years old through adult. The dedicated team of qualified health care professionals staffing the Metro Employee Wellness Center will be comprised of a physician, nurse practitioner, operations manager, medical assistants, and a health specialist. The Metro Employee Wellness Center is anticipated to include evening and Saturday hours and will be fully dedicated to providing our eligible employees and their dependents with episodic, acute, preventive, long-term health care and healthy options for maintaining a healthier way to develop a better you. Listed below are some of the common illnesses and injuries that will be treated by your team of dedicated health care professionals in addition to the dispensing of prescribed pre-packaged generic medications. Your copay for each visit is only \$5 for medical treatment and lab tests. Generic prepackaged medications will be dispensed at no cost to you and your dependents when prescribed by the Metro Employee Wellness Center physician.

### Metro Employee Wellness Center Services...

- Common illnesses including sore throat, sinus infections, colds, flu, ear aches, and headaches
- Chronic illnesses including acute asthma and allergy complaints, diabetes, hypertension, and insomnia.
- Non-Work Related Injuries including back pain, sprains, arthritic symptoms, and strains
- Minor wound care
- Blood pressure monitoring
- Glucose checks and monitoring
- Cholesterol monitoring
- Skin complaints
- Minor infections including urinary tract symptoms and conjunctivitis eye
- Routine immunizations including seasonal influenza, Td/Tdap, MMR, Hepatitis and others
- Prescription services
- Laboratory tests
- Health education
- Support services and referral programs including:
  - Wellness Services
  - Biometric Screenings
  - Behavioral Health Services
  - Stress Management

### Louisville Metro has chosen Concentra as their strategic partner to operate the Metro Employee Wellness Center. Why Concentra?

- Concentra is one of the nation's leading providers of acute, preventive, wellness, and primary care medical services.
- Concentra operates over 200 employer wellness centers, allowing Louisville Metro the ability to share best practices from similar organizations.
- As an independent medical provider, Concentra will ensure the confidentiality of medical records and superior quality care to patients.

### Louisville Metro Employee Wellness Center

400 S. 1st Street

Louisville, KY 40202

Phone: 502.574.2273 (CARE)

Fax: 502.574.7853

Concentra<sup>™</sup>  
totalcare

We're here. For you.

Concentra.com

### Earn CASH REWARDS and LOWER health care COSTS

Introducing Compass ChoiceRewards, a free service to help you learn more about the cost of medical procedures and tests at locations in your area. When you use more cost-effective options, you can help lower claims costs for your employer. We will reward your cost-effective choices through cash incentives.

#### Here's how it works:

- Your doctor recommends a medical procedure or test.
- Call Compass at 855-869-2133, M-F, 8:30 am–5:00 pm, or access the website at [www.compasschoicerewards.com](http://www.compasschoicerewards.com) at least 24 hours prior to your appointment. Compass will give you information on cost-effective options in your area for your service. Have your insurance card available for verification or to login.
- Call your doctor to schedule the service at the location of your choice.
- If you use a cost-effective location, an incentive check will be mailed to your home after your claim has been paid.

No hassles. No forms. No restrictions on which in-network doctors to see. The ChoiceRewards program is **EASY** and completely **CONFIDENTIAL**. **CALL or go ONLINE TODAY TO LEARN HOW YOU CAN EARN AN INCENTIVE REWARD FOR THE CARE YOU NEED.** [www.compasschoicerewards.com](http://www.compasschoicerewards.com) or 855-869-2133, M-F, 8:30–5:00.

Examples of medical procedures that qualify for the ChoiceRewards incentive program include: MRI, CT Scans, Colonoscopy, EKG, Sleep Study, Mammography, Tonsillectomy, Wrist Surgery, Knee Surgery, Disc Surgery, Hysterectomy, Hip Replacement, Vascular Shunt or Bypass, Hernia Repair, and many more.

For a complete listing of diagnostic procedures, outpatient procedures, and inpatient procedures that qualify for the incentive rewards, please visit MyMetro or [www.compasschoicerewards.com](http://www.compasschoicerewards.com).

### FAQs

**Will I have to change my doctor?** Your doctor may be able to provide the medical service you need at a number of locations. Ask your doctor if he/she can perform the service at a location of your choice or to recommend someone who can.

**What if my doctor has already scheduled me at another facility?** Call 855.869.2133 and an adviser will see if the service qualifies for a reward. You may need to reschedule your appointment to qualify for a reward.

**What if I have a question about my benefits, such as if certain services are covered?** Contact Humana's Customer Service at the phone number shown on the back of your I.D. card.

**Is this a change in my benefits?** No.

**Does the program offer medical advice?** No.

**Am I eligible and how do I sign-up?** All active employees enrolled in an eligible health benefit plan and enrolled dependents are eligible for the program. You may be asked to complete a registration or contact

form in order for Compass to contact you about updates to the program or your incentive rewards. Please note, Medicare eligible employees are not able to participate in the program.

**Is the program confidential?** Absolutely.

**What about quality?** This program is a cost-based incentive program for the procedures listed. All locations represented are well-known, fully-licensed medical providers that have been fully-credentialed to meet the high quality standard of Humana.

**Does the program cost me anything?** No. It is free, easy to use and hassle-free.

**How will rewards be paid?** If you qualify, Compass will mail your reward check to your home within 45 days of your claim being paid. Compass compares call records and web visits to claims information to see if you qualify. Be aware that rewards are considered taxable by the IRS. You'll receive the appropriate tax information from Compass at the end of the year.

## HEALTH AWARENESS INITIATIVES

You may have noticed that health insurance is drifting away from plans that are based solely on treatment and adopting programs that promote wellness and member involvement that encourages you to lead the healthiest life possible.

As part of this new focus on wellness in PY14, we are taking steps to implement a reasonably designed program to promote healthy lifestyles and prevent diseases by creating health awareness initiatives that will engage you and your dependents in choices to lead a healthy lifestyle while offering a supportive environment in which to foster the healthy lifestyle and implement initiatives to change unhealthy behaviors and lifestyle choices.

What are some of the initiatives? Well, first, there will be a Health Specialist at the Metro Employee Wellness Center who can assist you with healthy initiatives such as nutrition, disease prevention, etc. Secondly, we encourage you and your dependents to exercise. Visit the [www.louisvilleky.gov](http://www.louisvilleky.gov) website to learn more about programs available through the Metro Parks Department, Public Health & Wellness Department as well as the programs offered through the Healthy Hometown Movement. Third, take time to complete the Humana Health Risk Assessment to identify any unhealthy behaviors or lifestyle choices that impact your health. Watch for announcements on the MyMetro site explaining this incentive program. Lastly, if you are an employee who is a tobacco user, your employee monthly health insurance premium will include a \$50 tobacco-use surcharge.

### Tobacco Use

According to the Centers for Disease Control and Prevention, tobacco use is the leading cause of preventable illnesses and death in the United States. Reducing tobacco use will help reduce illnesses and promote a healthier lifestyle.

Tobacco use is defined as use of any tobacco product including, but not limited to, cigarettes, cigars, e-cigarettes, pipes, chewing tobacco, other oral tobacco products, or any product containing nicotine. If you are currently a tobacco user and are ready to give up tobacco use, there are free tobacco cessation programs available to assist you with your efforts to stop tobacco use.

- The Department of Public Health and Wellness has a program you can enter by calling 574-STOP (7867) or by emailing [StopSmoking@louisvilleky.gov](mailto:StopSmoking@louisvilleky.gov).

- Our Magellan EAP offers assistance as well. All you need to do to start the program is call (800) 588-8143.
- You may want to consult with your primary care physician and through their guidance utilize the programs/medications that qualify under your Humana medical coverage.
- Lastly, the Louisville Metro Employee Wellness Center will have a health specialist on staff to assist you as well.

**Please keep in mind that if you are an employee who practices a tobacco-use lifestyle, your employee monthly health insurance premium will include a \$50 tobacco-use surcharge. For additional tobacco use information, please refer to the Tobacco Use Certification Form and information located on MyMetro or the HR Home Page / Benefits tab.**

You will have an opportunity to electronically certify your tobacco use status from April 3, 2013 – April 18, 2013. **PLEASE NOTE: All employees are currently designated as a tobacco user. If you are a non-tobacco user, you MUST change your status to NO by April 18, 2013 to avoid the monthly surcharge of \$50 that is added to the monthly health insurance premium cost for tobacco users.** To certify your non-tobacco user status, please log on to PeopleSoft, click on Self Service / Personal Information and read the Tobacco Use Certification Form. After you have read the Tobacco Use Certification Form, if you are a non-tobacco user then **CLICK** on the first circle next to the certification that indicates you are not a tobacco user. Next, **CLICK** on SAVE and you are done. Your monthly health insurance premium costs will be adjusted accordingly. If you fail to indicate your non-tobacco user status, you will be designated a tobacco user and this will result in an automatic tobacco user surcharge of \$50 to be added to your monthly health insurance premium.

If your physician feels it is medically inadvisable for you to stop your tobacco or nicotine use due to a medical condition, please provide a signed letter from your physician along with a completed and signed Tobacco Use Certification form indicating a non-tobacco user status then submit the info to Metro HR Benefits. Once we receive your physician's signed letter along with your completed and signed Tobacco Use Certification form, we will adjust your monthly health insurance premium.

## MEDICAL

### 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 PY14, you may choose among three plan designs, each of which is managed by Humana:

- **Managed Choice Plan – HRA & FSA if elected**
- **Balanced Choice Plan – HRA & FSA if elected**
- **Choice Plan – FSA option only if elected**
- **\*LMPD FOP Basic Plan – FSA option only if elected**
- **\*LMPD FOP Enhanced Plan – FSA option only if elected**

### Managed Choice Plan with HRA and FSA

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.

The HSA is no longer available. You may now use the Health Reimbursement Account (HRA) and you may elect to use the Medical Reimbursement Account (FSA).

### Balanced Choice Plan with HRA and FSA

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 have a Health Reimbursement Account; and you may elect to use the Medical Reimbursement Account (FSA).

### Choice Plan – No HRA available – You may elect the FSA

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 Reimbursement Account; however, you may elect to use the Medical Reimbursement Account (FSA).

## HEALTH REIMBURSEMENT ACCOUNT (HRA)

### What is an HRA?

Even if you have insurance, medical and pharmacy expenses can add up. Deductibles, copays, coinsurance and prescription drugs can put a strain on your budget.

An HRA is a tax-favored account funded solely by Louisville Metro Government (you make no contributions) that you use to pay for eligible medical and pharmacy expenses not covered by health insurance. An HRA is a great way to help stretch your budget, because you pay for eligible medical and pharmacy expenses with money that is not considered wages – so it is not subject to income taxes, FICA or worker's compensation taxes.

Any funds that are not used at the end of the benefit year, will carry over to the the next year, giving you more money to use for medical and pharmacy expenses in the new plan year.

### How does an HRA work?

1. Louisville Metro Government funds your HRA.
2. Use your HRA spending account debit card to pay for eligible medical and pharmacy expenses.
3. Funds are automatically deducted from your HRA.
4. Keep your receipts! ADP, the plan administrator, may ask for them to make sure your purchases were for eligible expenses.

### Who is covered?

You can use the HRA to pay eligible medical and pharmacy expenses for yourself, your spouse, and anyone you claim as a dependent on your federal income tax return. For more information or clarification, please consult your tax consultant.

### How do I enroll?

When you enroll in your benefits during Open Enrollment or during New Hire Orientation, select the applicable health plans (Managed Choice or Balanced Choice), then you are automatically enrolled. New hire funding will be pro-rated.

### Where can I learn more?

Call 800-228-5762 to speak with an ADP benefits specialist about HRAs or contact the Metro HR Benefits at 574-8100.

**Please note: If you elect an FSA, your HRA & FSA funds will be available on the same debit card. FSA funds will be used before your HRA funds. Your HRA funds can be used for medical & pharmacy expenses only. Dental & vision expenses are not eligible under the HRA.**

## MEDICAL FSA REIMBURSEMENT ACCOUNT

### Medical Reimbursement Account

Another option for covering medical expenses is the Medical Reimbursement Account (FSA). 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:** If your medical plan includes the LMG HRA Account, you can also enroll in the medical FSA

### 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. Please consult a tax professional for more information.

### What expenses are eligible?

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.

In accordance with health care reform law, over-the-counter (OTC) medicines and drugs are no longer eligible for reimbursement from your FSA without a prescription. If you require an OTC medication, you must do the following to be reimbursed:

- Have your doctor write a prescription for the specific OTC medication;
- Submit a copy of the written prescription and your receipt for purchasing the item to ADP for reimbursement via direct deposit. You may not use your FSA debit card.

Insulin is the only OTC medicine not subject to these new rules.

### How much may I contribute to the medical FSA?

The minimum amount you may contribute is \$130 per plan year. The maximum amount is \$2,500 for the plan year.

**Plan carefully when deciding how much to contribute to your FSA. Money left in your account at the end of the plan year cannot be rolled over or paid out to you. The FSA calculator at <http://spendingaccounts.info> can help you determine how much to contribute.**

### How will I be reimbursed?

You will receive a ADP 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 ADP web site at <https://myspendingaccount.adp.com> or [myspendingaccount.adp.com](https://myspendingaccount.adp.com) or call 855-676-4345 to request one. Complete the form with documentation of your expenses and fax to the toll-free number on the claim form.

**Or mail your form to: ADP FSA Administration  
P.O. Box 34700  
Louisville, KY 40232-4700**

**Note:** All reimbursements will be submitted electronically for direct deposit to your checking or savings account. So, before requesting any reimbursements, you must provide ADP with the necessary information to set up direct deposit to your bank account. If you do not provide this information, you will not receive reimbursements. To learn how to set up direct deposit, go to <https://myspendingaccount.adp.com> or call ADP at 855-676-4345.

You have until September 30, 2013 to submit reimbursement requests for expenses incurred and paid in the plan year July 1, 2012 – June 30, 2013. You have until September 30, 2014 to submit reimbursement requests for expenses incurred and paid in plan year July 1, 2013 – June 30, 2014.

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

**ADP will only be sending debit cards to new enrollees in the Medical Reimbursement Account. When your card expires, you will also receive a new one. If you lose or destroy your card, you can contact ADP at 855-676-4345 to receive a new one at a charge of \$5.00.**



### MOBILE APP For Your Smart Phone

Manage your spending account on the Go! ADP is dedicated to providing you with a safe, secure, and dependable Mobile Spending Account service for free. You can be confident that the transactions performed using our Mobil Service will be secure provided you adhere to the terms and conditions governing the service. Register and download the Mobile App by registering your account online at <https://myspendingaccount.adp.com> or at the Apple App Store, Android Play Store, or Blackberry App World.

## PRESCRIPTION

### 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). The RX3 list updates every January 1st. Please remember to view the list on January 1st at MyMetro.

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 preferred brand medication would cost \$105 at your local retail pharmacy (three \$35 copayments). With a 90-day prescription, the same amount of the drug will cost just \$70 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 HRA/FSA 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.

**REMINDER: You may obtain prescribed generic medications at no cost by visiting the Metro Employee Wellness Center located at 400 S. 1st St., M-F 7 am–7 pm or Sat. 8 am–noon.**

You can reduce your medical expenses by using in-network doctors and hospitals or by participating in the Compass ChoiceRewards program. To find out if your doctor is in-network, call your doctor’s office or go online to [www.humana.com](http://www.humana.com). You may register for participation in the Compass ChoiceRewards program online at: [www.compasschoicerewards.com](http://www.compasschoicerewards.com) or by calling 855-869-2133 / M-F / 8:30 am – 5:00 pm.

Another way to reduce your medical expenses is to utilize the services of the Louisville Metro Employee Wellness Center located at 400 S. 1st Street. Please refer to your Medical Plans Comparison Chart for copay info on page 16 in this booklet.



### PY14 Monthly Medical Plan Costs

Humana Choice (FSA Only)	EE Cost Non-Tobacco	EE Cost Tobacco Use	LMG Funded HRA
Employee	\$ 84.78	\$134.78	\$ 0.00
Employee + Spouse	228.70	278.70	0.00
Employee + Child(ren)	216.94	266.94	0.00
Employee + Spouse + Child(ren)	562.62	612.62	0.00
Employee + Qualified Adult	228.70	278.70	0.00
Employee + Qualified Adult + Child(ren)	562.62	612.62	0.00
<b>Humana Balanced Choice (HRA &amp; FSA)</b>			
Employee	\$ 55.64	\$ 105.64	\$ 200.00
Employee + Spouse	168.84	218.84	300.00
Employee + Child(ren)	160.32	210.32	300.00
Employee + Spouse + Child(ren)	459.10	509.10	400.00
Employee + Qualified Adult	168.84	218.84	200.00
Employee + Qualified Adult + Child(ren)	459.10	509.10	300.00
<b>Managed Choice (HRA &amp; FSA)</b>			
Employee	\$ 0.00	\$ 50.00	\$ 500.00
Employee + Spouse	60.66	110.66	600.00
Employee + Child(ren)	57.56	107.56	600.00
Employee + Spouse + Child(ren)	264.46	314.46	700.00
Employee + Qualified Adult	60.66	110.66	500.00
Employee + Qualified Adult + Child(ren)	264.46	314.46	600.00

## MEDICAL PLANS COMPARISON CHART

Benefit/Feature	Humana Managed Choice (HDHP) with HRA and FSA		Humana Balanced Choice (PPO) with HRA and FSA		Humana Choice (PPO) with FSA only	
	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 primary care physician?</b>	No	No	No	No	No	No
<b>Annual deductible</b> (does not include copays)	\$1,800/single \$3,600/other levels <sup>3</sup>	\$3,600/single \$7,200/other levels <sup>3</sup>	\$600/person \$1,800/other levels	\$1,800/person \$5,400/other levels	\$400/person \$1,200/other levels	\$1,200/person \$3,600/other levels
<b>Annual out-of-pocket expense limit</b> (includes deductible but not copays)	\$3,600/person \$7,200/other levels	\$7,200/person \$14,400/other levels	\$1,800/person \$5,000/other levels	\$3,600/person \$10,000/other levels	\$1,500/person \$4,500/other levels	\$4,500/person \$13,500/other levels
<b>Doctor's office visits</b>						
Metro Employee Wellness Center	\$5 copay/visit		\$5 copay/visit		\$5 copay/visit	
Primary care	80% <sup>1</sup>	60% <sup>1</sup>	\$25 copay/visit	60% <sup>1</sup>	\$25 copay/visit	70% <sup>1</sup>
Specialists <sup>5</sup>	80% <sup>1</sup>	60% <sup>1</sup>	\$35 copay/visit	60% <sup>1</sup>	\$35 copay/visit	70% <sup>1</sup>
<b>Inpatient physician care</b>	80% <sup>1</sup>	60% <sup>1</sup>	80%	60% <sup>1</sup>	90%	70% <sup>1</sup>
<b>ER physician care</b>	80% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
<b>Diagnostic tests</b>	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	80% <sup>1</sup>	90% <sup>1</sup>	90% <sup>1</sup>
Metro Employee Wellness Center	included in \$5 copay/visit		included in \$5 copay/visit		included in \$5 copay/visit	
<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>	80% <sup>1</sup>	\$150 copay/visit	\$150 copay/visit	\$150 copay/visit	\$150 copay/visit
<b>Urgent care Centers</b>	80% <sup>1</sup>	60% <sup>1</sup>	\$75 copay/visit	60% <sup>1</sup>	\$75 copay/visit	70% <sup>1</sup>
<b>Prescription Drugs</b>						
Metro Employee Wellness Center	\$0 generic (Tier 1)		\$0 generic (Tier 1)		\$0 generic (Tier 1)	
Retail Pharmacies (30-day supply)	80% <sup>1</sup>	60% <sup>1</sup>	\$20 generic (Tier 1) \$35 brand name (Tier 2) \$60 non-formulary (Tier 3)	Not covered	\$20 generic (Tier 1) \$35 brand name (Tier 2) \$60 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	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
Serum	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
Injections	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
Metro Employee Wellness Center	included in \$5 copay/visit		included in \$5 copay/visit		included in \$5 copay/visit	
<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>Behavioral Health/Substance Abuse</b>						
Inpatient	80% <sup>1</sup>	60% <sup>1</sup>	80% <sup>1</sup>	60% <sup>1</sup>	90% <sup>1</sup>	70% <sup>1</sup>
Outpatient	80% <sup>1</sup>	60% <sup>1</sup>	\$35 copay/visit <sup>6</sup> (limit 30 visits/year)	60% <sup>1</sup> (limit 30 visits/year)	\$35 copay/visit <sup>6</sup> (limit 30 visits/year)	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>Preventive Vision Exam</b>	100% <sup>2</sup>	60% <sup>1,2</sup>	100% <sup>2</sup>	60% <sup>1,2</sup>	100% <sup>2</sup>	70% <sup>1,2</sup>
<b>Therapy services<sup>4,7</sup></b>	80% <sup>1</sup>	60% <sup>1</sup>	\$25 copay/visit	60% <sup>1</sup>	\$25 copay/visit	70% <sup>1</sup>
<b>Chiropractic care</b> (must be reviewed for medical necessity)	80% <sup>1</sup> (limit 20 visits/year)	60% <sup>1</sup> (limit 20 visits/year)	\$25 copay/visit (limit 20 visits/year)	60% <sup>1</sup> (limit 20 visits/year)	\$25 copay/visit (limit 20 visits/year)	70% <sup>1</sup> (limit 20 visits/year)
<b>Lifetime maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

<sup>1</sup> After annual deductible <sup>2</sup> Must be provided by optometrist; not ophthalmologist. Your visit can not be for a diagnosis or a result of a diagnosis. <sup>3</sup> If you choose a coverage other than Employee Only, you must satisfy the whole deductible. The whole deductible may be satisfied by one person or any combination of enrolled eligible persons. <sup>4</sup> Therapy services are limited to 25 visits/year each for speech, physical, occupational therapy and pediatric vision therapy. Maximum of 50 visits/year for all types of therapy combined. <sup>5</sup> Does not apply to pediatrician or OB/GYN annual exams. <sup>6</sup> Psychiatrist is considered a specialist and copay is \$35 per visit. <sup>7</sup> Any therapy claims with an autism diagnosis are not counted against the therapy limits. They are in addition to the mental health autism benefits.

Please Note: Under health care reform, preventive care is covered at 100%. Claims must be submitted as preventive or routine without a diagnosis. Examples of routine medical procedures include annual physical exam, immunizations, pap smear, annual mammogram, preventive colonoscopy, etc. New under health care reform - Women's Health items covered at 100%. Items such as breast feeding counsel-ing, breast feeding support and supplies, prescribed contraceptive methods. For more information, please refer to your Summary Plan Description.

## DENTAL

### What are my choices?

You have a choice of three dental plans provided by Delta Dental of Kentucky :

- **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 a dental plan during the previous 12 months, there will be a 12-month waiting period for coverage of major services and orthodontia if you enroll in the Delta Preferred or Delta Premier plans.**

### How much does dental coverage cost?

Listed below are the employee monthly costs for the dental plan options in PY14.

Level of Coverage	Delta Preferred (PPO)	Delta Premier (Indemnity)	DeltaCare DC13 (DHMO)
Employee	\$20.96	\$21.64	\$11.20
Employee + Spouse	\$40.26	\$42.08	\$21.52
Employee + Child(ren)	\$40.26	\$42.08	\$22.10
Employee + Spouse + Child(ren)	\$67.54	\$71.24	\$33.88
Employee + Qualified Adult	\$40.26	\$42.08	\$21.52
Employee + Qualified Adult + Child(ren)	\$67.54	\$71.24	\$33.88

For a full listing of dental benefits, you can view the summary plan description located on the MyMetro HR home page. This information is located under the Benefits tab.

### PY14 DENTAL BENEFITS

Benefit	Delta Preferred (PPO)		Delta Premier (Indemnity)	DeltaCare DC013 (DHMO)
	In-Network	Out-of-Network <sup>1</sup>	Any Provider	In-Network Only
Need to select participating dentist?	No	No	No	Yes <sup>2</sup>
Annual deductible	\$0	\$25/\$75	\$50/\$150	N/A
Cleanings (2/year)	Covered in full	80%	Covered in full	Covered in full
Bitewing X-rays	Covered in full	80%	Covered in full	Covered in full
Filling (one surface)	50%	40%	50%	You pay \$50
Extraction (one tooth)	50%	40%	50%	You pay \$44
Crown (porcelain)	50%	40%	25%	You pay \$400
Root canal therapy (molar)	50%	40%	50%	You pay \$380
Complete upper dentures	50%	40%	25%	You pay \$380
Orthodontic treatment <sup>3</sup>				
Children (to age 19)	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	You pay \$2,570
Adults (19 and over)	Not covered	Not covered	Not covered	You pay \$2,870
Annual Maximum	\$1000	\$1000	\$1000	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

### 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 plan year and frames every other plan year. 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.

### 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. 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 800-877-7195 or chat online at [www.vsp.com](http://www.vsp.com).

### PY14 VISION BENEFITS

Benefit	VSP Network	Non-VSP Provider
WellVision® exam	Covered in full after \$10 copay	Plan pays up to \$43
Lenses (per pair)	Covered in full after \$10 copay	Plan pays up to \$26
Bifocal	Covered in full after \$10 copay	Plan pays up to \$43
Trifocal	Covered in full after \$10 copay	Plan pays up to \$43
Contact lenses		
Elective (includes lens service and materials)	Covered in full up to \$115	Plan pays up to \$100
Medically necessary	Covered in full	Plan pays up to \$210
Frames	Covered in full up to \$110 after \$10 copay	Plan pays up to \$40
Laser VisionCare Program™	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.*

### PY14 Monthly Vision Costs

Employee	\$ 5.44
Employee + Spouse	\$10.40
Employee + Child(ren)	\$11.14
Employee + Spouse + Child(ren)	\$16.74
Employee + Qualified Adult	\$10.40
Employee + Qualified Adult + Child(ren)	\$16.74

For a full listing of vision benefits, you can view the summary plan description located on the MyMetro HR home page. This information is located under the Benefits tab.



## LONG TERM DISABILITY INSURANCE

### 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 Lincoln Financial Group.

### What is my LTD coverage?

Louisville Metro Government automatically provides you with LTD coverage that replaces 50 percent of your basic monthly salary (up to \$4,000 per month) while you are disabled due to an injury or illness.

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 the later of age 65 or your Social Security normal retirement age. 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 does not exceed 50 percent.

### How do I file an LTD claim?

To file a long-term disability claim, contact MetroHR Benefits at 574-3043.

## 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 Lincoln Financial Group. Qualifying Adults (QA) are not eligible for coverage under optional dependent life.

### 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, \$50,000, 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. Applicable benefit reductions may apply after age 70. Please refer to your class**

**level certificate of coverage which is available on the MyMetro HR home page under Benefits tab. You can also access this document through your department HR representative.**

### 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. **Applicable benefit reductions may apply after age 70. Please refer to your class level certificate of coverage which is available on the MyMetro HR home page under Benefits tab.**

Dependent children may be covered from birth up to age 26 if unmarried and 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.

For a full listing of life, long-term disability and supplemental life benefits, you can view the policies and certificates of coverage located on the MyMetro HR home page. This information is located under the Benefits tab.

## 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 Lincoln Financial Group, that assesses your health status.

You must submit an Evidence of Insurability form if your coverage exceeds 3 times your basic annual salary 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) 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 9).

**Note: If your employment with Louisville Metro Government ends, you may be able to continue your basic and supplemental life coverage. Please contact MetroHR Benefits for more details. Applicable benefit reductions may apply after age 70. Please refer to your class level certificate of coverage which is available on the MyMetro HR home page under Benefits tab. You can also access this document through your department HR representative.**

### MONTHLY EMPLOYEE SUPPLEMENTAL LIFE INSURANCE COSTS

Your age as of January 1

	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>Coverage</b>										
<b>\$ 10,000</b>	\$0.60	\$0.70	\$0.80	\$1.30	\$1.90	\$3.10	\$5.20	\$7.40	\$13.40	\$21.50
<b>\$ 20,000</b>	1.20	1.40	1.60	2.60	3.80	6.20	10.40	14.80	26.80	43.00
<b>\$ 30,000</b>	1.80	2.10	2.40	3.90	5.70	9.30	15.60	22.20	40.20	64.50
<b>\$ 40,000</b>	2.40	2.80	3.20	5.20	7.60	12.40	20.80	29.60	53.60	86.00
<b>\$ 50,000</b>	3.00	3.50	4.00	6.50	9.50	15.50	26.00	37.00	67.00	107.50
<b>\$ 75,000</b>	4.50	5.24	6.00	9.74	14.24	23.24	39.00	55.50	100.50	161.24
<b>\$100,000</b>	6.00	7.00	8.00	13.00	19.00	31.00	52.00	74.00	134.00	215.00
<b>\$125,000</b>	7.50	8.74	10.00	16.24	23.74	38.74	65.00	92.50	167.50	268.74
<b>\$150,000</b>	9.00	10.50	12.00	19.50	28.50	46.50	78.00	111.00	201.00	322.50
<b>\$175,000</b>	10.50	12.24	14.00	22.74	33.24	54.24	91.00	129.50	234.50	376.24
<b>\$200,000</b>	12.00	14.00	16.00	26.00	38.00	62.00	104.00	148.00	268.00	430.00
<b>\$225,000</b>	13.50	15.74	18.00	29.24	42.74	69.74	117.00	166.50	301.50	483.74
<b>\$250,000</b>	15.00	17.50	20.00	32.50	47.50	77.50	130.00	185.00	335.00	537.50
<b>\$275,000</b>	16.50	19.24	22.00	35.74	52.24	85.24	143.00	203.50	368.50	591.24
<b>\$300,000</b>	18.00	21.00	24.00	39.00	57.00	93.00	156.00	222.00	402.00	645.00

\*Subject to a maximum of 5 times basic annual salary (rounded to the next higher \$5,000).

## NOTIFICATIONS

### Payroll deductions

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, except for qualified adult (QA) costs. That means your contributions don't count as taxable income, so you'll pay less in federal and state income taxes. The QA portion of the costs will be deducted from your pay on a post-tax basis.

### 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 children under 19 years of age.

### 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 FSC form and proof of the special enrollment event. See Changes During The Plan Year, on page 9, for more information.

### 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 the COBRA administrator in a timely fashion. COBRA does not apply to qualified adults (QA).

### Additional Notifications & Benefits Documents

For a full electronic listing of benefits summary plan descriptions, policies, certificates of coverage and other benefits-related notifications, please visit the MyMetro HR home page. These documents are located under the Benefits tab.

The image shows a 'CLAIM FORM FOR EX...' document, likely a COBRA continuation form, resting on a surface. The form is partially filled out and includes sections for 'PART 2 EMPLOYEE INFORMATION', 'PART 3 EMPLOYER/POLICY HOLDER', and 'DEPENDENT DATA'. A syringe, a pen, and a pill bottle are placed on top of the form. A circular sticker with the text 'HEALTH BENEFITS INSTRUCTIONS' is also visible on the right side of the form.

## DEPENDENT CARE FSA

The Dependent Care Reimbursement Account (FSA) 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, ADP, 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 plan year. The minimum amount you may contribute is \$130 and the maximum amount you may contribute is \$5,000 per household, per tax year.

Plan carefully when deciding how much to contribute to your FSA. Money left in your account at the end of the plan year cannot be rolled over or paid out to you. The FSA calculator at <http://spendingaccounts.info> or <https://myspendingaccount.adp.com> can help you determine how much to contribute.

### How am I reimbursed from the account?

You pay for eligible expenses out of your own pocket. You must submit a reimbursement request form with appropriate documentation to ADP via fax or mail. ADP will process the request and reimburse you through direct deposit into your checking or savings account. You can download a reimbursement request form from the ADP web site at <http://spendingaccounts.info> or <https://myspendingaccount.adp.com> or call 1-855-676-4345 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:

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

**Note: All reimbursements will be submitted electronically for direct deposit to your checking or savings account. So, before requesting any reimbursements, you must provide ADP with the necessary information to set up direct deposit to your bank account. If you do not provide this information, you will not receive reimbursements. To learn how to set up direct deposit, go to <https://myspendingaccount.adp.com> or call ADP at 855-676-4345. If you provide your email address to ADP, you can receive an automatic confirmation that your claim has been received.**

You have until September 30, 2013 to submit reimbursement requests for expenses incurred and paid in the plan year July 1, 2012 – June 30, 2013. You have until September 30, 2014 to submit reimbursement requests for expenses incurred and paid in plan year July 1, 2013 – June 30, 2014.

### 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. You cannot take the tax credit for any expenses that are reimbursed through the Dependent Care Account.

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



## VOLUNTARY BENEFITS 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 Allstate Worksite Division (AWD). Offerings from AWD include cancer, critical illness and universal life insurance plans, while AFLAC will offer accident and short-term disability insurance and hospital indemnity coverage.

To enroll in any of these products, contact:

AFLAC

Marti O'Neil

502-386-2779

[marti.oneil@insightbb.com](mailto:marti.oneil@insightbb.com)

Allstate Worksite Division (AWD)

Kathy Davis

502-744-8580

[kdavis@allstate.com](mailto:kdavis@allstate.com)

## 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 800-588-8143.

## DEGREES AT WORK

The Degrees At Work Program has the goal of helping 15,000 working adults in Greater Louisville complete Bachelor's Degrees by 2020 and is part of a larger community commitment to increase by 55,000 the number of adults with post-secondary degrees by the year 2020. That would mean at least 40% of working-age adults would hold a Bachelor's Degree and 10% an Associate's Degree. For more information regarding affordable opportunities and available resources visit [www.greaterlouisville.com/degreesatwork](http://www.greaterlouisville.com/degreesatwork) or call 574-6826.

## CHILD CARE ASSISTANCE

The Child Care Assistance program provides you with financial assistance as designated by Metro Ordinance 35.006 in an effort to cover a portion of the cost of child care expenses for employees who meet the eligibility requirements. The program is available to part-time employees who earn \$10.20 per hour or less; and full-time employees who met the Earned Income Tax Credit requirements in the previous year. For more information, please contact MetroHR Benefits at 502-574-2642 or by email at [mybenefits@louisvilleky.gov](mailto:mybenefits@louisvilleky.gov).

## 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.

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

## EMPLOYEE TUITION REIMBURSEMENT PROGRAM

Louisville Metro Government supports our employees' pursuit to acquire education to enhance their skills and/or prepare for career-related promotional opportunities. Through the Employee Tuition Assistance Program, eligible employees can obtain up to \$2,000 per fiscal year for specified tuition/textbook costs. Please note that tuition assistance is contingent upon available funding and the employee following the mandated application process. For more information about the Employee Tuition Assistance program, please call 574-4796. You can also learn more about the program in the Employee Personnel Policies handbook, which is available via the MyMetro or through your department HR representative.

## BANK ON LOUISVILLE

Now that all Louisville Metro Government employees receive their pay through direct deposit, we will help any employee who doesn't have a bank account get one. Bank On Louisville, in partnership with Fifth Third Bank, provides help in learning to manage money and automatically offers bank accounts to most who complete the course. You may also attend the "Money Matters" classes offered through Metro Training University to learn more about handling finances. To learn more visit MyMetro HR home page Training.

## CONTACTS

BENEFIT/ORGANIZATION	PHONE	ONLINE
<b>Metro Employee Wellness Center</b> Managed by Concentra	502-574-CARE (574-2273) Fax: 502-574-7853	
<b>Medical Plans</b> Humana Humana Nurse Advice Line Compass ChoiceRewards	800-601-5031/800-448-6262 800-622-9529 855-869-2133	www.humana.com www.compasschoicerewards.com
<b>Pharmacy</b> Humana Pharmacy Solutions	800-865-8715	www.humana.com
<b>Health Reimbursement accounts (HRAs)</b> ADP	855-676-4345	www.spendingaccounts.info
<b>Dental Plans</b> Delta Dental of Kentucky	800-955-2030	www.deltadentalky.com
<b>Vision</b> VSP	800-877-7195	www.vsp.com
<b>Life and AD&amp;D</b> Lincoln Financial Group	800-423-2765	www.lincoln4benefits.com
<b>Long-Term Disability</b> Lincoln Financial Group	800-423-2765	www.lincoln4benefits.com
<b>Flexible Spending Accounts</b> ADP	855-676-4345	http://spendingaccounts.info https://myspendingaccount.adp.com
<b>Voluntary Insurance Plans</b> Allstate Worksite Division (AWD) AFLAC	502-744-8580 502-386-2779	kdavis@allstate.com www.aflac.com
<b>Kentucky Educational Trust</b>	877-598-7878	www.kentuckytrust.org
<b>Nationwide Retirement Systems</b> Deferred Compensation	502-794-0150	www.nrsforu.com
<b>Employee Assistance Program (EAP)</b>	800-588-8143	www.magellanassist.com
<b>Child Care Assistance</b> MetroHR Benefits	502-574-2642	mybenefits@louisvilleky.gov
<b>Metro Technology Help Desk</b>	502-574-4444	
<b>Kentucky Retirement Systems</b>	800-928-4646	www.kyret.ky.gov
<b>MetroHR Benefits</b>	502-574-8100	mybenefits@louisvilleky.gov
<b>Employee Tuition Assistance Program</b>	502-574-4796	
<b>Degrees at Work</b>	502-574-6826	www.greaterlouisville.com/degreesatwork
<b>Tobacco Cessation Program</b> Sponsored by LMG Public Health & Wellness	502-574-STOP (574-7867)	







**Louisville Metro Government**  
**Affidavit of Qualified Adult for Benefit Coverage**

**EMPLOYEE INFORMATION**

Employee Name (Last, First, Middle):				
Date of Birth:	Phone	Employee ID:		
Address:	City:	State:	Zip Code:	

**QUALIFIED ADULT INFORMATION**

Qualified Adult Name (Last, First, Middle):		
Date of Birth:	Gender (Circle One): M      F	Social Security Number:
Relationship to Employee:		Note: An employee may cover his/her legal spouse OR one qualified adult on his/her medical, dental or vision plan.

**DECLARATION**

We, the undersigned, certify that the Qualified Adult (QA) named above:

- Is age 18 or older and mentally competent to consent, and
- Is either not related by blood to the employee, or if a blood relative (or relative by adoption or marriage) is of the same or younger generation of the employee, and
- Is not legally married to anyone, and
- Is not currently eligible for any part of Medicare, and
- Share a residence with the employee and have done so for at least twelve consecutive months prior to this declaration, and
- Jointly responsible (QA + employee) for each other’s financial obligations, which could be demonstrated upon request by providing proof of existence of at least one of the following (please check):
  - A joint mortgage or lease or other evidence of common residence such as joint utility bills
  - Joint checking account
  - Other \_\_\_\_\_

I agree to notify Metro Government within 30 days if any eligibility requirements listed above are no longer satisfied, which would make the qualified adult no longer eligible for coverage.

We certify that the information included here is true and correct and understand that a false declaration of a qualified adult or failure to file a timely termination notice with Louisville Metro Government if this qualification ends may result in disciplinary action up to and including termination of employment at Louisville Metro Government. We agree that in the event of a false declaration, or the failure to file a timely termination notice if this eligibility ends, Metro Government may recover damages from either or both of us for all costs and expenses incurred by the organization as a result of that false declaration, including, without being limited to, attorneys’ fees incurred by Metro Government to recover such damages.

Employee Signature	Date	Qualified Adult Signature	Date
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LOUISVILLE METRO GOVERNMENT  
GREG FISCHER, MAYOR



[MYBENEFITS@LOUISVILLEKY.GOV](mailto:MYBENEFITS@LOUISVILLEKY.GOV)