

2018 Benefits Enrollment Guide



Welcome to your 2018 Benefits Program

Your benefit plans have been designed to provide you with a package that is both comprehensive and responsive to the needs of all our employees. This booklet is designed to help you navigate your benefit choices. The descriptions included in this summary are based on the documents that legally govern how the plans work. In the event of any discrepancy between the descriptions in this summary and the controlling contracts or plan documents, the language in the controlling contracts or plan documents will govern.

The following documents are available on the City of Wichita's SharePoint portal at <https://cowo365.sharepoint.com> or you can request a hard copy from Human Resources at 316-268-4531.

- Summary Plan Descriptions
- Notice of Exchange Availability
- Summary of Benefits and Coverage
- WHCRA Notice
- CHIP Notice
- HIPAA Privacy Notice and Enrollment Rights
- Medicare Part D Notice

WHAT'S NEW FOR 2018 OPEN ENROLLMENT

1. **IMPORTANT NOTICE** – If you do not enroll or make changes to your benefit elections, your benefits will automatically default to your current benefit elections, but with 2018 premiums.

2. **DEPENDENT LIFE INSURANCE – Additional options are available.**

Employees that have existing dependent life insurance coverage will automatically be provided additional coverage at NO ADDITIONAL CHARGE.

Current Dependent Life Coverage	2018 Dependent Life Coverage	Action Required
\$4,000 spouse / \$4,000 child(ren)	\$10,000 spouse / \$10,000 child(ren)	No action/default coverage No additional cost
	\$20,000 spouse / \$10,000 child(ren)	Enrollment form and Medical History Statement for spouse
No coverage	\$10,000 spouse / \$10,000 child(ren)	Enrollment form (guaranteed issue)
	\$20,000 spouse / \$10,000 child(ren)	Enrollment form and Medical History Statement for spouse

Employees have the opportunity to purchase additional **Dependent Life Insurance** coverage. A Medical History Statement will be required for **\$20,000 spousal life insurance coverage** election. Complete the *2018 Benefit Enrollment / Change Form* and the *online Medical History Statement* at <http://www.standard.com/mhs> reference Policy #146412.

3. **MEDICAL INSURANCE – Minimal premium rate change.**

Premium rates will increase by approximately 2.6%.

You must re-enroll in Flexible Spending Accounts each year.

4. **LONG TERM DISABILITY – Provider change.**

The Long Term Disability administrator will change from Lincoln Financial to The Standard Group. The premium rates will remain the same. Any disability events that occur after January 1, 2018 should be filed with The Standard Group.

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Refer to this list when you need to contact one of your benefits vendors. For general information contact Human Resources at 268-4531.

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Aetna

Customer Service: 1-866-756-0376

www.aetna.com

PRESCRIPTION DRUG

MedTrak Rx

Customer Service: 1-800-771-4648

www.medtrakservices.com

Mail Order Service – ***Envision Pharmacies***

1-866-909-5170

www.envisionpharmacies.com

VISION

Vision Service Plan of Kansas (VSP)

Customer Service: 1-800-877-7195

www.vsp.com

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Delta Dental of Kansas

Customer Service: 316-264-4511

www.deltadentalks.com

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Surency

Customer Service: 316-462-3316

www.surency.com

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The Standard

Customer Service: 1-800-462-6506

www.standard.com

VOLUNTARY LONG-TERM DISABILITY.....11

The Standard

Customer Service: 1-800-462-6506

www.standard.com

WICHITA WELLNESS.....12-13

Human Resources: 316-268-4531

WichitaWellness@wichita.gov

Wellness on COW 365 SharePoint: <https://cowo365.sharepoint.com>

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WHO IS ELIGIBLE FOR BENEFITS

Active employees regularly scheduled to work thirty (30) or more hours per week. Current employment status determines plan eligibility. See applicable Plan Documents for specifics.

DEPENDENT ELIGIBILITY

You can also enroll your eligible dependent in certain coverages. Your eligible dependents may include:

- Your spouse, an individual to whom you are lawfully married (marriage license or common law documentation is required)
- Your children up to age 26 (birth certificate required)
 - Your biological or adopted child(ren);
 - Your stepchild(ren);
 - Child(ren) for whom you are legal guardian (court document required)
 - Child(ren) recognized by a Qualified Medical Child Support Order (QMCSO). Documented proof of eligibility as a dependent will be required, including court documents (medical/dental/vision).
- Child (ren) age 25 and over who became disabled prior to age 26, who are unable to earn a living due to a mental or physical disability. You will be asked to provide proof that the child is incapacitated (medical/dental/vision).

BENEFIT ENROLLMENT

Each fall, you have the opportunity during annual open enrollment to enroll or make changes to your benefits.

The benefit plan year is effective
January 1 through December 31.

Annual Open Enrollment: 2018 premium deductions begin on the December 8, 2017 paychecks. New or changed coverage will be effective on January 1, 2018.

ANNUAL OPEN ENROLLMENT

The 2018 benefit plan year - annual open enrollment begins October 16, 2017, and ends on October 31, 2017 at 5 p.m. Changes will not be accepted after October 31.

WHAT HAPPENS IF YOU DO NOT ENROLL IN BENEFITS

If you do not enroll or make changes during the annual open enrollment period, you will not be able to make changes until the next annual open enrollment period unless you have a *qualified status change*.

NEW HIRE ENROLLMENT

To elect benefits as a newly hired benefit eligible employee, you must enroll within 30 days from your date of hire.

Qualified Change in Employment Status or Life Event

Once you enroll in benefits, you cannot change your benefit selections until the next annual enrollment period. However, you may make certain changes if you have a qualifying event that affects your benefits – and the event is consistent with your requested change. You must notify Human Resources within 60 days of the event and provide the appropriate documents.

Qualifying events include:

Marriage, Divorce

Death of a spouse or eligible dependent

Loss of Medicaid or CHIP

Birth, adoption

Loss or gain of coverage

Return to work from unpaid leave (Military or FMLA)

GENERAL INSTRUCTIONS

HOW TO ENROLL OR MAKE CHANGES:

Note: 2018 Annual Open Enrollment – you are not required to complete a Benefits Enrollment form. If you do not submit an enrollment form, you will default to your current benefit elections with 2018 premium rates.

STEP 1: Use the **2018 Benefit Enrollment / Change Form** to change or enroll in your 2018 benefit plans. The **2018 Benefit Enrollment / Change Form** is included in this Enrollment Guide.

STEP 2: Submit your **2018 Benefit Enrollment / Change Form and copies of applicable supporting documents** (Marriage License, Birth Certificate, Social Security Card) directly to Human Resources.

City Hall, Human Resources, 2nd Floor; Phone: 316-268-4531

Email: vsokol@wichita.gov

Fax: 316-858-7733

Required documentation for enrollment for medical, vision and dental benefits.

Gathering all of the information below will help you complete the enrollment process faster.

- Certified Marriage License – visit http://www.dc18.org/info/records_access.shtml or call 316-660-5800
- Certified Birth Certificates of eligible family members you want on your benefit – visit <http://www.kdheks.gov/vital/birth.html> or call 1-785-296-1400
- Social Security Cards – All eligible family members you want on your benefits plans – visit <https://www.ssa.gov/ssnumber/> or call 1-800-772-1213 (TTY 1-800-325-0778)
- Guardianship / Adoption/ Legal Custody – visit http://www.dc18.org/info/records_access.shtml or call 316-660-5800

THE CITY OF WICHITA MEDICAL PLANS

Aetna administers the medical plans. The City of Wichita is pleased to offer two medical plan options.

- Aetna Premium PPO Plan
- Aetna Select PPO Plan

Both plans offer comprehensive coverage with in-network and out-of-network providers. The plans have different deductibles, copays and out of pockets maximums. Please refer to the medical summary or visit <https://cowo365.sharepoint.com> for full plan details.

Contact customer service with AETNA at 1-866-756-0376 or go online to www.Aetna.com and login to Aetna Navigator to get personalized cost estimates for procedures at hospitals, before hospitalization.

You do not need to designate a particular primary care physician. You may see any doctor you choose, including specialists, but you will receive the highest level of benefits from an in-network provider. Out-of-network chiropractors are not covered.

There may be significant out-of-pocket costs for using non-network providers, so be sure to utilize the provider network and doctors.

To find in-network providers:
www.Aetna.com or
call 1-866-756-0376

TELADOC

Teladoc virtual care is available through Aetna to provide you and your eligible dependents with 24/7/365 access to U.S. board-certified doctors and pediatricians by **phone or online video**.

Anytime, anywhere: Teladoc does not replace your primary care physician. It is a convenient and affordable option that allows you to talk to a doctor who can diagnose, recommend treatment and prescribe medications, when appropriate, for many of your medical issues including:

Virtual: Teladoc.com/Aetna
Phone: 1.855.Teladoc (835-2362)

- Sinus problems
- Bronchitis
- Cold and flu symptoms
- Respiratory infection
- Ear infection
- Allergies

MEDTRAK RX PRESCRIPTION PLAN AND VSP VISION PLAN

The Prescription Drug Plan and Vision Plan are included with the medical insurance plan benefits regardless of prescription and/or vision participation. See MEDTRAK RX PRESCRIPTION PLAN and VSP VISION PLAN sections for details.

ID CARDS

Current participants will receive new ID cards ONLY if they make a plan or coverage level change. To avoid a delay in receiving your new ID cards, please verify that your home address is correct on your pay statement.

Your Aetna member ID card may be used for medical, prescription, and vision services.

Please refer to the Plan comparison sheet to determine the level of coverage that you would like to select.

THE CITY OF WICHITA MEDICAL PLAN COMPARISON

Aetna	Premium PPO Plan		Select PPO Plan	
	In-network	Out-of-network	In-network	Out-of-network
Calendar year medical deductible	\$250 / individual \$500 / family	\$500 / individual \$1,000 family	\$750 / individual \$1,500 / family	\$1,000 / individual \$2,000 / family
Coinsurance <i>Your share of the cost after meeting the deductible</i>	0%	50%	20%	50%
Calendar year out of pocket maximum <i>Deductibles plus coinsurance and copays</i>	\$1,500 / individual \$3,000 / family	\$2,000 / individual \$4,000 / family	\$2,500 / individual \$5,000 / family	\$5,000 / individual \$10,000 / family
Lifetime maximum	Unlimited			
Preventive care	Covered in full	Deductible coinsurance	Covered in full	Deductible coinsurance
Physician office visit	\$20 copay		\$25 copay	
Specialist office visit	\$40 copay		\$50 copay	
Outpatient lab services, diagnostic testing, x-rays	\$0 copay after deductible		\$0 copay after deductible	
Emergency Room	\$100 copay		\$150 copay	
Urgent Care Facility	\$20 copay		\$25 copay	
Teladoc Services Teladoc.com/Aetna	\$10 copay	Not covered	\$15 copay	Not covered
Inpatient Hospital Services	Deductible; \$100/day copay (\$500 max)	Deductible coinsurance	Deductible coinsurance	Deductible coinsurance
Short term therapies (OT, PT, speech)* limitations apply	\$40 copay	Deductible coinsurance	\$50 copay	Deductible coinsurance
Chiropractic services	\$40 copay	No coverage	\$50 copay	No coverage
Durable Medical	\$0 copay	Deductible coinsurance	\$0 copay	Deductible coinsurance
Mental health, substance abuse, chemical dependency Office visit	\$40 copay	Deductible coinsurance	\$50 copay	Deductible coinsurance

THE CITY OF WICHITA PRESCRIPTION DRUG PLAN – included with medical plan enrollment

MedTrak Rx	Premium Plan			Select Plan		
	Retail	Performance 90	Mail Service	Retail	Performance 90	Mail Service
Participating Pharmacy						
Maximum Day Supply	30	90	90	30	90	90
Generic Copay	\$5	\$10	\$10	\$10	\$20	\$20
Formulary Copay	\$15	\$30	\$30	\$25	\$50	\$50
Non-Formulary Copay	\$40	\$80	\$80	\$50	\$100	\$100

MEDTRAK RX

To view the current formulary, please go to www.medtrakservices.com. *Note: the formulary is subject to change.*

MEDTRAK RX PERFORMANCE 90 PHARMACIES

Local pharmacies can fill 90-day supplies of maintenance medications. To find out which pharmacies participate you can log onto [Medtrak Rx](#) and click on Pharmacy locator, or call MedTrak Rx Services at 1-800-771-4648.

SPECIALTY DRUG FORMULARY PRESCRIPTIONS

Specialty drugs treat multi-faceted chronic conditions such as rheumatoid arthritis, multiple sclerosis, and autoimmune disease. If you are filling a specialty medication, please Contact MedTrak Rx. Specialty medications will only be covered if obtained from a contracted MedTrak Rx Pharmacy.

THE CITY OF WICHITA VISION PLAN – included with medical plan enrollment

VSP administers the vision plan. Eye exams are an important part of routine preventive health care. Regular exams help maintain good vision and prevent permanent vision loss by early detection. Vision benefits are provided to encourage you and your dependents to have your eyes regularly examined for the correction and the prevention of major vision problems.

The below chart provides a summary of the benefits when you use an in-network provider under the VSP vision plan. To view in-network providers, visit www.vsp.com.

VSP Services	Description	Copay	Frequency
WellVision Exam	Preventive / wellness	\$0	Every 12 months
Prescription Glasses		\$40 copay	
Frames	\$150 allowance		Every 24 months
Lenses	Single vision, line bifocal and lined trifocal lenses	Included with prescription glasses copay	Every 12 months
Lens Enhancements	Progressive lenses Anti-reflective coating Tints/photochromic adaptive lenses Polycarbonate lenses Scratch resistant coating UV protection	\$0	Every 12 months
Contact Lenses <i>Instead of glasses</i>	\$150 allowance for contacts	\$0	Every 12 months
Diabetic Eye Exam	See Benefits Summary	\$20 copay	
Safety Glasses	See Benefits Summary	\$40 copay	Every 12-24 months

WHAT YOU PAY – MEDICAL PLAN PREMIUMS *(Includes medical, prescription drug and vision plan)*

Health/Rx/Vision	Cost – Biweekly	City Share – Biweekly	Employee Share - Biweekly
Premium PPO Plan			
Single	\$289.64	\$233.01	\$56.63
Family	\$864.85	\$695.34	\$169.51
Select PPO Plan			
Single	\$244.94	\$227.06	\$17.88
Family	\$730.73	\$677.23	\$53.50

THE CITY OF WICHITA DENTAL PLANS

Delta Dental of Kansas is the plan administrator for Dental benefits. Refer to the Summary Plan Description for full details, restrictions and exclusions.

Access in-network providers and additional plan details at www.deltadentalks.com/CityofWichita

The City offers two Delta Dental Plans –

- Delta Dental Traditional Plan
- Delta Dental Preferred Plan

THE TRADITIONAL PLAN

You may use **any** dentist for services. Participating dentists accept Delta Dental’s allowances for the services provided, so you know what your responsibility will be. If you use a non-participating dentist, Delta will reimburse you directly for what the plan covers. You have a responsibility to pay the non-participating dentist for any difference between his/her charge and the Delta allowance. The Traditional Plan also provides up to a \$1,000 per lifetime, orthodontic benefits for dependent children, under age 19.

THE PREFERRED PLAN

You **must use a dentist from the Delta Preferred list, or you will have no coverage.** Make sure your dentist is in this plan network and will continue to be in 2018. (Be sure to refer to “Delta Preferred,” not just “Delta”). The Preferred Plan does not have any orthodontic coverage.



Don't forget - The dental plan has an enhanced benefit for members who receive regular dental cleanings and exams. To receive the Incentive Level, you must have had a cleaning within the last twelve (12) months, unless you are a new enrollee in the plan.

Services	Traditional Plan		Preferred Plan – Delta PPO network	
	Base Level	Incentive Level	Base Level	Incentive Level
Preventive and Diagnostic	100%	100%	100%	100%
Basic services*	60%	80%	60%	80%
Major services*	40%	50%	40%	50%
Orthodontics* up to age 19	50%	50%	No coverage	
*Subject to deductible	\$50 / individual \$150 / family		\$50 / individual \$150 / family	
*Maximum Benefit / person	\$1,000 (does not apply to preventive / diagnostic services)			

WHAT YOU PAY – DENTAL PLAN PREMIUMS

Biweekly Cost	Traditional Plan	Preferred Plan
Single	\$17.00	\$13.55
Employee + 1	\$32.31	\$24.22
Family	\$52.82	\$40.89

FLEXIBLE SPENDING ACCOUNTS (FSAs)

SURENCY is the administrator for Flexible Spending benefits.

What are the benefits of enrolling in a Flexible Spending Account?

FSAs let you pay for certain out-of-pocket medical care and dependent care expenses with pre-tax dollars. All contributions to the FSA plan are deducted from your pay before federal, state, and social security taxes are calculated. This lowers your current taxable income, so you pay less in taxes.

Each year you must enroll or re-enroll in the FSAs to participate!

If you currently participate in an FSA and do NOT enroll during the annual open enrollment period, you will NOT be enrolled in the next calendar year.

MEDICAL FSA – for unreimbursed medical expenses incurred during the calendar year (i.e. deductibles, copays, etc.)

I've decided to enroll, now how much should I enroll for? First, total the qualified expenses you had in 2017, then estimate the amount you expect to have in 2018. Surency has provided a budget estimator that will help you plan how much to set aside in your FSA.

As part of your 2018 Medical FSA benefit, you are eligible to rollover up to \$500.00 each year in unused dollars.

What happens if I have money left in my FSA on December 31, 2017? Any remaining funds over the \$500.00 rollover amount will be forfeited. You still have until the last day of February 2018, to finish filing any claims for reimbursement that were incurred during the plan year ending December 31, 2017.

Here's an overview of how the FSAs work:

- The plan year runs from January 1, 2018, until December 31, 2018
- Your entire Health Care FSA election is available to you on January 1, 2018
- Your Health Care FSA has a "Rollover": This allows you to rollover up to \$500 of the monies you have in your FSA on December 31, 2018, into the next plan year without forfeiting the money. This does not impact your ability to enroll for the maximum amount in future years.

How Am I Reimbursed? From your Medical FSA account, you may be reimbursed for expenses up to your total annual amount. You can use your Medical FSA card or file for reimbursement online at www.surency.com/CityofWichita/

DEPENDENT CARE FSA – for Qualifying Child/Other Dependent Care expenses

What's Eligible? Qualifying child care (day care) expenses and expenses incurred in caring for other dependents (e.g., an adult dependent). Certain rules and restrictions apply.

How Am I Reimbursed? Submit a claim to Surency for reimbursement from your dependent care FSA, up to the amount in your account.

Mobile App – Surency's mobile application allows you to check your balances and account activity, file new claims and upload receipts using your mobile device's camera.

Allowable FSA Contributions	Minimum Deduction	Maximum Deduction
Medical FSA	\$130 per year (\$5 / paycheck)	\$2,500 per year (\$96.15 / paycheck)
Dependent Care FSA	\$130 per year (\$5 / paycheck)	\$5,000 per year (\$192.30 / paycheck)

The rules for making mid-year changes are the same as for the Cafeteria Plan plan document.

LIFE INSURANCE PLANS

THE STANDARD is the administrator for The Basic Life/AD&D and Dependent Life and Additional/Supplemental insurance. See The Standard Life Plan Summary on the Portal or request one in HR.

BASIC LIFE COVERAGE - Two-thirds (2/3) of contribution rates for **basic life, dependent and basic AD&D, is paid by the City**, with the remaining one-third (1/3) paid by the employee. Supplemental Life and voluntary AD&D are employee-pay-all programs.

Annual Open Enrollment if you enroll for the first time or increase your life insurance coverage, you will be required to complete the *Medical History Statement* available at www.standard.com/mhs reference policy #146412-B

New Hires can enroll in Basic Life coverage up to 3X their annual salary (up to \$400,000) without completing a *Medical History Statement*.

The Standard rates for coverage:

2018 Basic Life, Basic AD&D and Dependent Life Rates – The City pays 2/3 cost		
Product	Benefit	Employee Cost
Basic Life	2x Annual Salary up to Maximum* (see policy)	\$0.0240 per \$1,000 coverage per paycheck
Basic AD&D	Equal to the amount of basic life benefits	
Dependent Life for Spouse/Child	<ul style="list-style-type: none"> \$10,000 spouse / \$10,000 child(ren): Guaranteed Issue \$20,000 spouse / \$10,000 child(ren): Medical History Statement required for spouse 	\$0.14 per paycheck

*There are four employee “classes” that determine the maximum amount of allowable coverage. Coverage is set at 2x an employee’s annual salary, but will max out at the following amounts:

- Class 1 up to \$600,000 City Council members and City Managers
- Class 2 up to \$600,000 Firefighters who are members of IAFF
- Class 3 up to \$200,000 Police officers, members of Fraternal Order of Police, members of SEIU and Teamsters
- Class 4 up to \$400,000 All non-union employees

VOLUNTARY ADDITIONAL LIFE INSURANCE– Employees may elect additional term life insurance coverage. This is a voluntary program; you pay the full cost but at low group rates. Coverage is for the employee only.

Age	Cost per \$1,000/paycheck
Under 25	\$0.0310
25-29	\$0.0365
30-34	\$0.0470
35-39	\$0.0520
40-44	\$0.0625
45-49	\$0.0885

Age	Cost per \$1,000/paycheck
50-54	\$0.1405
55-59	\$0.2600
60-64	\$0.4005
65-69	\$0.7645
70+	\$1.4230

- You must be enrolled in the Basic Life plan to be eligible for the Additional Life plan.
- You can elect **1, 2, 3 or 4 times your annual salary**, up to a maximum of \$1,000,000 (combined maximum with Basic Life).
- During annual open enrollment you are required to complete a Medical History Statement for any new or increased coverage election. If you fail to complete the Medical History Statement, you will not receive Additional Life coverage.
- The cost of additional coverage is based on your age and the amount of insurance you elect.

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT LIFE INSURANCE

Benefit amounts available from \$25,000 to \$500,000. If bodily injury results in the Death, Dismemberment, or Paralysis of an employee or covered family member AD&D may provide benefits.

EMPLOYEE PREMIUM RATES		
Level	Employee Only	Family
\$25,000 - \$500,000 <i>Increments of \$25,000</i>	\$0.011 per \$1,000 in coverage / pay period	\$0.016 per \$1,000 in coverage / pay period

You may cancel, change, or enroll in these plans at any time, subject to medical approval; except for the Voluntary Accidental Death and Dismemberment plan, which does not require a Medical History Statement for enrollment.

Don't forget to update your beneficiary designations for life insurance. Your designated beneficiary(ies) will remain on record for your life insurance coverage until you complete a new Beneficiary Designation form. Print off the Life Insurance Beneficiary Designation form on cowo365.sharepoint.com and deliver or email to Human Resources.

LONG TERM DISABILITY

THE STANDARD is the administrator for Long Term Disability benefits.

VOLUNTARY LONG TERM DISABILITY (LTD) – This plan will pay up to 60% of the employee’s salary while on a covered disability following the **90-day elimination period**.

You may elect an amount in \$100 increments starting at \$400/month up to 60% of your monthly salary, or \$8,000/month, whichever is less. You may elect Long Term Disability coverage without submitting evidence of insurability – the pre-existing condition limitation may apply. *Refer to the Long Term Disability policy for pre-existing condition limitations, benefit exclusions and benefit reductions.*

EMPLOYEE PREMIUM RATES	
Age	Rate, per \$100 per paycheck
0-29	\$.060
30-34	\$.100
35-39	\$.170
40-44	\$.250
45-49	\$.370
50-54	\$.570
55-59	\$.775
60-64	\$.790
65-69	\$.690
70+	\$1.225

Protect your paycheck from accidents and illnesses. Long-term disability insurance replaces a portion of your income while you recover. And your benefits continue for the policy’s benefit period or until you are no longer disabled, whichever comes first.

WICHITA WELLNESS

The City of Wichita provides a comprehensive **Wellness Program for employees**. Participation in the City of Wichita Wellness Program is strictly voluntary. If you choose to participate, you can earn a reward based on your level of participation.

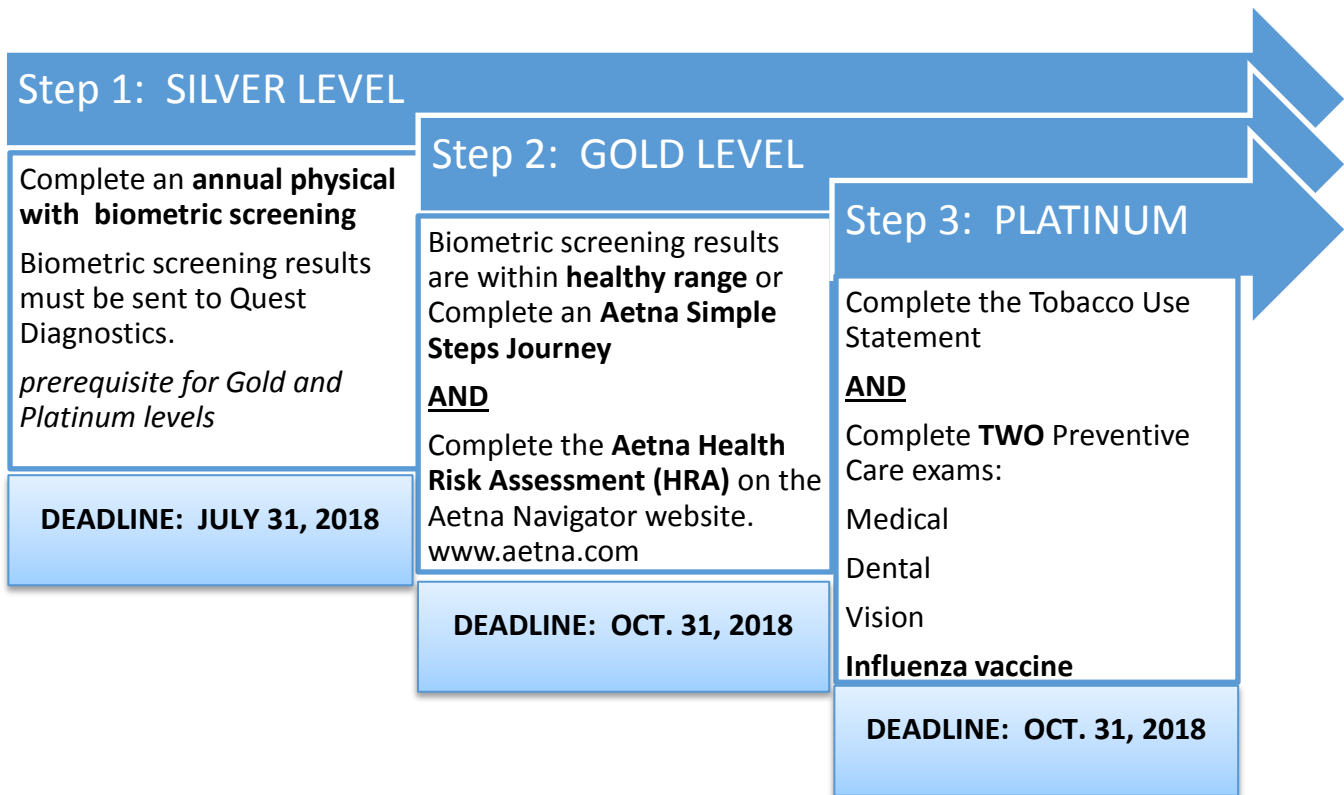
Your health plan is committed to helping you achieve your best health. To be eligible for the cash incentive reward, you must meet the following program requirements:

Learn more at
cowo365.sharepoint.com

- You must be an active City of Wichita employee or placed on City approved FMLA leave the last day of the corresponding Wellness Program year.
- You must be the subscribing member of the City's employee health plan. Non-subscribing employees and all spouses and dependents are not eligible for the cash incentive.
- City Health insurance premiums must be current and correspond to the applicable pay period.

If you participate in this program, you can earn up to 3% of the total cost of the health coverage.

What are the requirements of the 2018 wellness program? How do I earn the cash incentive?



It is the responsibility of the employee to submit all required documentation by the deadlines.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by a different means. Contact Human Resources and we will work with you (and, if you wish, your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Healthy mind, body, and spirit

Incentive amounts are based on tier completion and medical plan enrollment. Incentive payments are provided in December 2018.

Wellness Incentive	SILVER	GOLD	PLATINUM
Single Premium Plan	\$69.51	\$139.03	\$208.54
Famiy Premium Plan	\$207.54	\$415.13	\$622.69
Single Select Plan	\$58.78	\$117.57	\$176.36
Family Select Plan	\$175.37	\$350.75	\$526.12

Who sees my information?

Your privacy is important to us, and we respect your privacy. Quest Diagnostics and Aetna will not share your personal identifiable information with the City of Wichita. The City will receive an aggregate report which WILL NOT include any personal identifiable information. The aggregate report will be used to identify target health risks and incorporate health program resources for employees.

Overview

Silver Tier: Complete an annual physical and biometric screening. The Physician Results Form must be turned in to Quest Diagnostics by July 31, 2018. Visit My.QuestForHealth.com to download your form to take with you to your physician.

Completion of the Silver Tier Wellness Reward is a prerequisite to earn any additional Wellness Reward Incentive.

Gold Tier: After completing your biometric screening you may review your information on www.aetna.com. Aetna's Wellness Incentive Tracker will document if your biometric screening results are within healthy range limits. If your screening results are within healthy range limits: Complete your Health Risk Assessment on www.aetna.com. If your screening results are NOT within healthy range limits: (1) Complete an Aetna Simple Steps Journey and (2) Complete your Health Risk Assessment on www.aetna.com.

Platinum Tier: If you achieve Silver and Gold Wellness Rewards, you can work to achieve the Platinum Tier by completing the following items by October 31, 2018:

- Complete **two** items below and submit the signed **Physician Verification Document:**
 - Dental exam / preventive screening
 - Health preventive screening – mammogram, colonoscopy or other age/gender appropriate screening
 - Vision exam / preventive screening
 - Influenza vaccine
- Complete the Tobacco Use Statement

Questions?

All forms, links and Frequently Asked Questions are located on the City Portal at www.cowo365.sharepoint.com.

Completed forms can be delivered to Human Resources, 2nd Floor, City Hall or emailed to: WichitaWellness@wichita.gov.

OTHER BENEFIT PLANS - not impacted during annual open enrollment

PENSION AND DEFERRED COMPENSATION

The City of Wichita provides a **Pension Plan for employees.**

Contact Pension Services for details
Pension@wichita.gov

WER Employees:

- Mandatory 4.7% contribution from each paycheck with the City matching contribution
- Employee contributions are federally tax deferred
- Based on vesting schedule:
 - 25% after 3 years
 - 50% after 5 years
 - 100% after 7 years
- After 7 years, employees have the option to convert to Plan 2 or 3B

Transit Employees:

Teamsters are in a separate retirement system.

Police and Fire:

- Mandatory 7% contribution from each paycheck with the City matching contributions
- Employee contributions are federally tax deferred
- Vested at 10 years
- Defined benefit plan

457b Deferred Compensation Plan is administered by EMPOWER.

Part-time and full-time employees are eligible immediately following their date of hire. A 457(b) plan allows eligible employees to supplement any existing retirement and pension benefits by saving and investing dollars through a voluntary salary contribution. You may enroll, opt out or change your 457b contributions at any time. Plan information is available at www.wichita457.com.

457b plan - Start saving now
Contact Lisa Douglas at 316-268-4551

Long-term Care Insurance (UNUM)

This plan provides coverage for personal care services, home health care, assisted living, or nursing home long-term care. You may choose how long Unum will pay you, how much they will pay you every month and other features. Medical information must be provided (unless you are a new hire), so you or other family members may be denied coverage based on medical conditions. For more on our LTC benefit, please visit www.agltc.com/CityWichita.

Learning Quest

This State of Kansas program offers an excellent opportunity to invest for education expenses for you, your children or anyone else. It is managed by American Century. Although not a City program, you may make your contributions by payroll deduction. Contact Learning Quest at 1-800-579-2203, or at www.learningquestsavings.com.