



# 2020 Benefits Guide



CITY OF  
**WICHITA**  
wichita.gov

## Welcome to your 2020 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 or [HR@wichita.gov](mailto:HR@wichita.gov).

- 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 2020 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 2020 premiums**, with the exception of the Flexible Spending Accounts (FSA). **You must re-enroll annually for your FSA.**
2. **MEDICAL INSURANCE** – The **2020 Medical Plan Administrator is Blue Cross and Blue Shield (BCBS)**. The Prescription Drug Administrator, **MedTrak Rx**, will remain the same.

#### **NEW FOR 2020: Blue Cross and Blue Shield is the Medical Plan Administrator You will receive two new Member ID cards:**

- ✓ **BCBS Member ID card for Medical and VSP/Vision**
- ✓ **MedTrak Rx Prescription Drug Member ID card**

3. **NEW MEDICAL INSURANCE ID CARDS** - You will receive **new Medical ID cards from BCBS** and **new Prescription Drug ID cards from MedTrak Rx**.
4. **MEDICAL PLAN PREMIUM RATES AND DENTAL PLAN PREMIUM RATES** – Medical plan premiums will increase and Dental plan premiums will decrease. See applicable rate tables.
5. **HEALTHCARE FLEXIBLE SPENDING ACCOUNT** – Annual maximum limit increase to **\$2,700**.
6. **WICHITA WELLNESS PROGRAM** – Introducing **Rally** – a health management program through Blue Cross and Blue Shield. **Rally provides** new options, new resources and makes it easy to participate.

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

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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 or HR@wichita.gov.

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**Blue Cross and Blue Shield – Medical Plan**  
Customer Service: 1-855-215-0280  
[www.myhealthtoolkitks.com](http://www.myhealthtoolkitks.com)

**PRESCRIPTION DRUG**

<b>MedTrak Rx</b> Customer Service: 1-800-771-4648 <a href="http://www.medtrakservices.com">www.medtrakservices.com</a>	Mail Order Service – <b>Envision Pharmacies</b> 1-866-909-5170 <a href="http://www.envisionpharmacies.com">www.envisionpharmacies.com</a>
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**Vision Service Plan of Kansas (VSP)**  
Customer Service: 1-800-877-7195  
[www.vsp.com](http://www.vsp.com)

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**Delta Dental of Kansas**  
Customer Service: 316-264-4511  
[www.deltadentalks.com](http://www.deltadentalks.com)

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**Surency**  
Customer Service: 316-462-3316  
[www.surency.com](http://www.surency.com)

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**The Standard**  
Customer Service: 1-800-462-6506  
[www.standard.com](http://www.standard.com)

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**The Standard**  
Customer Service: 1-800-462-6506  
[www.standard.com](http://www.standard.com)

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[www.myhealthtoolkit.ks.com](http://www.myhealthtoolkit.ks.com)

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*This booklet describes the benefit plans and policies available to you as an employee of the City of Wichita. Details about these plans and policies, including insurance contracts, are contained within the official plan and policy documents. This booklet is meant only to cover the major points of each plan or policy. It does not contain all the details that are included in your Summary Plan Descriptions (SPDs) or in the official plan and policy documents. If there is ever a question about one of the plans and policies, or if there is a conflict between the information in this booklet and the formal language of the plan or policy documents, the plan or policy documents will govern. Please note that the benefits described in this booklet may be changed at any time and do not represent a contractual obligation on the part of the City of Wichita or a guarantee of continued employment.*

## WHO IS ELIGIBLE FOR BENEFITS

Active full-time employees regularly scheduled to work thirty (30) or more hours per week are eligible for employee benefits. 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 and social security card is required)
- Your children up to age 26 (birth certificate and social security card is 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 benefits plan year is effective  
**January 1 through December 31.**

**Annual Open Enrollment: 2020 premium deductions begin on the December 6, 2019 paychecks. New or changed coverage will be effective on January 1, 2020.**

### ANNUAL OPEN ENROLLMENT

The 2020 benefit plan year - annual open enrollment begins October 16, 2019, and ends on November 1, 2019 at 5 p.m. Changes will not be accepted after November 1.

### 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 *qualifying event*.

### NEW HIRE ENROLLMENT

To elect benefits as a newly hired benefit eligible employee, you must submit your Benefits Enrollment form within 30 days from your date of hire. Benefits are effective the 1<sup>st</sup> of the month following 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 of the event and provide the appropriate documents within 60 calendar days of the event.

#### 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: 2020 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 2020 insurance plans and premium rates.*

**STEP 1:** Use the **2020 Benefit Enrollment / Change Form** to change or enroll in your 2020 benefit plans.

The **2020 Benefit Enrollment / Change Form** is available in Human Resources and on the **Employee Benefits** page at [www.cowo365.sharepoint.com](http://www.cowo365.sharepoint.com).

**New Hires** – Complete your Benefit Enrollment form through your NeoGov link within 30 days of your hire date.

**STEP 2:** Submit your **2020 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, 2<sup>nd</sup> Floor; Phone: 316-268-4531  
Email: [HR@wichita.gov](mailto:HR@wichita.gov)  
Fax: 316-219-6315

### Required documentation for dependent enrollment in 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](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](http://www.dc18.org/info/records_access.shtml) or call 316-660-5800.

## SEPARATION FROM EMPLOYMENT

**Medical, Dental and Vision Benefits:** Cobra is administered by **ASI**. Employees that separate employment from the City of Wichita may be eligible to continue certain insurance elections through Cobra. Eligible employees will receive a notice from the Cobra administrator regarding their options. Continuation rights are identified in the Medical Summary Plan Description.

**Life Insurance and Long Term Disability Insurance:** Participants in The Standard's Life Insurance and/ or Long Term Disability Insurance may have the option to "port" (buy) or convert some or all of their Group Life insurance coverage to an individual whole Life insurance policy.

Employees have 31 days from their termination date to exercise their options.

Separating employees who would like to continue their Life Insurance and/or their Long Term Disability Insurance should contact The Standard directly at 1-800-378-4668, ext. 6785; refer to policy number 146412.

## THE CITY OF WICHITA MEDICAL PLANS

The City of Wichita is pleased to offer two medical plan options. **Blue Cross and Blue Shield (BCBS)** administers the medical plans. (1) **The Premium PPO Plan** or (2) **The 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 pocket maximums. Please refer to the medical summary or visit <https://cowo365.sharepoint.com> for full plan details.

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**. Search for in-network providers at [www.myhealthtoolkitks.com](http://www.myhealthtoolkitks.com) or call 1-855-215-0280.

Search in-network providers:  
[myhealthtoolkitks.com](http://myhealthtoolkitks.com)  
 1-855-215-0280

### TELADOC

Teladoc virtual care is available with your Blue Cross and Blue Shield coverage 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**. Register today! [www.teladoc.com/go](http://www.teladoc.com/go)

**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:

**Teladoc virtual care  
 visit FREE – \$0 copay**

- Sinus problems
- Bronchitis
- Cold and flu symptoms
- Respiratory 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

Participating employees and their covered dependents will receive a medical member ID insurance card from Blue Cross and Blue Shield. The BCBS medical insurance card will include your BCBS member information and your VSP vision insurance information.

Members will receive a separate member ID card from MedTrak Rx for their Prescription Drug coverage.

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

Health/Rx/Vision	Cost – Biweekly	City Share – Biweekly	Employee Share - Biweekly
<b>Premium PPO Plan</b>			
<b>Single</b>	\$323.00	\$259.85	<b>\$63.15</b>
<b>Family</b>	\$964.47	\$775.44	<b>\$189.03</b>
<b>Select PPO Plan</b>			
<b>Single</b>	\$273.15	\$253.21	<b>\$19.94</b>
<b>Family</b>	\$814.90	\$755.24	<b>\$59.66</b>

## THE CITY OF WICHITA MEDICAL PLAN COMPARISON

Blue Cross and Blue Shield	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		Deductible coinsurance	
Emergency Room	\$150 copay		\$150 copay	
Urgent Care Facility	\$20 copay		\$25 copay	
Teladoc Services Teladoc.com/go	\$0 copay	Not covered	\$0 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 visit [www.medtrakservices.com](http://www.medtrakservices.com). *Note: 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.

## SPECIALTY DRUG FORMULARY PRESCRIPTIONS

MedTrak Rx  
medtrakrx.com  
1.800.771.4648

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.**

## STEP THERAPY

Step Therapy is a program designed to offer you the best medication at the lowest cost. With Step Therapy, your Plan will pay for the cost of certain lower-cost drugs (Step-One drugs), but not the higher cost alternatives (Step-Two drugs). Call **MedTrak Rx at 1.800.771.4648** for additional information.

## CARETRAK RX DIABETES

For many people with type 2 diabetes, you can lower the risk of complications associated with diabetes by taking your medications, eating a balanced diet and increasing your activity. To help you stay on track, MedTrak Rx has many online resources for you to use. Visit [medtrakrx.com/login](http://medtrakrx.com/login) where you will find ways to start living healthier.

**Did you know...**  
Formulary Diabetic supplies (syringes, needles, lancets, monitors, strips) may be covered at no cost from an in-network Pharmacy.

## OVER THE COUNTER ALTERNATIVES

MedTrak Rx identifies several categories of medications in which Over the Counter (OTC) alternatives or therapeutic equivalents may provide a less costly option to the prescription medications.

## 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 summary of the benefits identifies covered services when using in-network providers under the VSP vision plan. To view in-network providers, visit [www.vsp.com](http://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, lined bifocal, 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

## 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.

The City offers two Delta Dental Plans

- Delta Dental Traditional Plan
- Delta Dental Preferred Plan

Access in-network providers and additional plan details at [deltadentalks.com/CityofWichita/](http://deltadentalks.com/CityofWichita/)

### THE TRADITIONAL PLAN – use Delta PPO + Premier network

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 – use Delta PPO network

You **must** use a dentist from the Delta PPO list, or you will have no coverage. Make sure your dentist is in this plan network. 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.

	Traditional Plan – Delta PPO + Premier network		Preferred Plan – Delta PPO network	
	Base Level	Incentive Level*	Base Level	Incentive Level*
Services				
Preventive and Diagnostic	100%	100%	100%	100%
Basic services*	60%	80%	60%	80%
Major services*	40%	50%	40%	50%
Orthodontics* <i>up to age 19</i>	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	\$16.73	\$13.34
Employee + 1	\$31.80	\$23.84
Family	\$51.98	\$40.24

## 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.

**HEALTH CARE FSA** – for unreimbursed medical expenses incurred during the calendar year (i.e. deductibles, copays, etc.) As part of your Health Care 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?** Any remaining funds over the \$500.00 rollover amount will be forfeited. You have until the last day of February to finish filing any claims for reimbursement that were incurred during the previous plan year ending December 31.

### Here's an overview of how the Health Care FSAs work:

- The plan year runs from January 1 until December 31
- Your entire Health Care FSA election is available to you on January 1 (For new employees, it is available the first of the month following the date of hire)
- 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, 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 Health Care FSA account, you may be reimbursed for expenses up to your total annual amount. You can use your Surency Flex Benefits Card or file for reimbursement online. Register [www.surency.com/CityofWichita](http://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)	\$2,700 per year (\$103.84 / paycheck)
Dependent Care FSA	\$130 per year (\$5 / paycheck)	\$5,000 per year (\$192.30 / paycheck)

The rules for making mid-year changes are indicated in 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 Policy and Summary on the Portal or request one from 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.

The Standard rates for coverage:

2020 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)	\$0.02085 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"> <li>\$10,000 spouse / \$10,000 child(ren)</li> <li>\$20,000 spouse / \$10,000 child(ren): Medical History Statement required for spouse</li> </ul>	\$0.14 per paycheck

**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/pay
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/pay
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).
- The cost of additional coverage is based on your age and the amount of insurance you elect.
- The Standard Group Policy is available at [www.cowo365.sharepoint.com](http://www.cowo365.sharepoint.com)

**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](http://www.standard.com/mhs) reference policy #146412. You will not receive any Life Coverage if you fail to complete the *Medical History Statement*.

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

## LIFE INSURANCE PLANS

### 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.

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.

EMPLOYEE PREMIUM RATES		
Level	Employee Only	Family
\$25,000 - \$500,000 <i>Increments of \$25,000</i>	\$0.0105 per \$1,000 in coverage / pay period	\$0.0155 per \$1,000 in coverage / pay period

**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](http://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**.

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

You may elect Long Term Disability Income in \$100 increments starting at \$400/month up to 60% of your monthly salary, or \$8,000/month, whichever is less.

*Refer to the Long Term Disability policy for pre-existing condition limitations, benefit exclusions and benefit reductions.*

**Annual Open Enrollment:** if you enroll for the first time or increase your Voluntary Long Term Disability insurance coverage, you will be required to complete the *Medical History Statement* at [www.standard.com/mhs](http://www.standard.com/mhs) reference policy #146412.

**New Hires** can enroll in Long Term Disability insurance coverage without completing a *Medical History Statement*.

## WICHITA WELLNESS - RALLY

Introducing Rally – an easier way to improve and maintain your health. 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](http://cowo365.sharepoint.com)**

- You must be an active City of Wichita employee or placed on City approved FMLA leave on the date the Wellness reward is distributed.
- You must be the subscribing member (employee) of the City’s employee medical plan. Non-subscribing employees, spouses and dependents are not eligible for the cash incentive.
- City Health insurance premiums must be current and correspond to the applicable pay period.

### What are the requirements of the 2020 wellness program? How do I earn the cash incentive?

	ACTIVITY	POINTS	START DATE	DEADLINE	
<b>SILVER TIER 200 POINTS</b>	Register to participate in the Wellness Program on Rally and complete your Rally Survey	150 COINS*	1/1/2020	07/31/2020	
	Biometric Screening – Physician Results Form through Quest	50	1/1/2020	7/31/2020	
	Teladoc Registration	50	1/1/2020	7/31/2020	
	Annual Wellness Exam	100	1/1/2020	10/31/2020	
<b>GOLD TIER 350 POINTS</b>	BMI ≤27.5	Biometric screening results are within healthy range	50	1/1/2020	10/31/2020
	Blood Pressure ≤130/80		50	1/1/2020	10/31/2020
	Glucose <100		50	1/1/2020	10/31/2020
	If screening results are outside of healthy range Complete (2) Health Coaching Calls	150	1/1/2020	10/31/2020	
<b>PLATINUM TIER 375 POINTS</b>	3 Rally Missions	15	1/1/2020	10/31/2020	
	Self-report completion of 2 out of 5:				
	Flu shot attestation	5	1/1/2020	10/31/2020	
	Tobacco free attestation	5	1/1/2020	10/31/2020	
	Annual dental preventive care service attestation	5	1/1/2020	10/31/2020	
	Annual eye exam attestation	5	1/1/2020	10/31/2020	
Blood donation attestation	5	1/1/2020	10/31/2020		

*\*Rally Coins can be earned by BCBS members by completing Rally Missions and Challenges through the Rally website. Rally Coins can be used to enter Rally sweepstakes and auctions, purchase discounts, and donate to various organizations. BCBS subscribing members are eligible to participate and earn Rally Coins. The City of Wichita employee benefit plan’s cash incentive is only available for the employee subscriber.*

All points are cumulative.

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

**Expecting mothers:** Enroll in the BCBS Maternity Management program by calling 855-838-5897, opt. 4 as an alternative to qualify for the Silver and Gold level incentives.

## Healthy mind, body, and spirit

Incentive amounts are based on tier completion and **medical plan enrollment**. Incentive payments are provided in December 2020.

WELLNESS INCENTIVE	SILVER	GOLD	PLATINUM
Single Premium Plan	\$ 71.94	\$143.89	\$215.83
Family Premium Plan	\$214.83	\$429.66	\$644.49
Single Select Plan	\$ 60.84	\$121.68	\$182.53
Family Select Plan	\$181.51	\$363.02	\$544.54

## OVERVIEW

### SILVER TIER = 250 points:

**Step 1:** Register for Rally and complete your Rally Survey (required for entry into the Wichita Wellness Incentive - Rally program) by **JULY 31, 2020**:

- Go to [www.MyHealthToolkitKS.com](http://www.MyHealthToolkitKS.com)
- Select **Wellness**, then select **Rally**
- Follow the prompts to create your Rally account.

**Create your Rally account and track your progress: MyHealthToolkitKS.com**

**Step 2:** Register for Teladoc by **JULY 31, 2020**. You will not need to register again if you've previously completed your online Teladoc registration. Register on [www.teladoc.com/go](http://www.teladoc.com/go); Enter your name, date of birth and Blue Cross and Blue Shield member ID.

**Step 3:** Complete your biometric screening with your physician by **JULY 31, 2020**. Take the Physician Results form with you to your biometric screening appointment.

#### **How to obtain your Physician Results form:**

**Obtain your Physician Results Form:**

**My.QuestforHealth.com**

- Go to My.QuestforHealth.com
- **All employee members will need to create a new account in 2020.**
- Enter the Registration Key "**Wichita2020**"; then select "**Register Now**".
- Enter your Blue Cross and Blue Shield of Kansas **Insurance ID, date of birth** and relation as **employee**; create a username and password.
- Select your preferred screening method under "Wellness Screening"
- Select "Order Form" for your Physician Results Form, print and take with you to your physician's office for your scheduled appointment. You may also consider going to the Patient Service Center (PSC) in Wichita for your biometric screening.
- Ask your physician to complete the form and fax to Quest at 844-560-5221.

**Step 4:** Complete your **annual physical or gender/age appropriate preventive care screening by October 31**. No verification form is necessary. The service will be automatically verified through Blue Cross and Blue Shield.

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

### **GOLD TIER = 350 points:** Deadline October 31.

**Step 1:** Review your biometric screening results to see if you met these targets:

- ✓ BMI (body mass index) of less than or equal to 27.5 kg/m<sup>2</sup>
- ✓ Blood Pressure of less than or equal to 130/80 mm Hg
- ✓ Blood Glucose of less than 100mg/dL

Log in to your Rally account after Quest confirms your Physician Results Form was successfully processed.

If your Rally Employer Rewards page indicates that your **biometric screening results are within the healthy range** – you have achieved Gold Tier status. Congratulations!

If your Rally Employer Rewards page indicates that any of your **biometric screening results are outside the healthy range**, you will need to **complete two health coaching calls with a BCBS health coach by calling 855-838-5897**.

**PLATINUM TIER = 375 points:** Deadline October 31.

Complete all Silver and Gold Tier activities and you can work to achieve the Platinum Tier by completing the following items by October 31, 2019. Log in to your Rally account to get started.

**Step 1:** Complete (3) Rally Missions

**Step 2:** Attestation - Self report completion of (2) out of (5) available services:

- Dental exam / preventive screening
- Vision exam / preventive screening
- Flu Shot
- Blood donation
- Tobacco-free

*The Wichita Wellness Program may, at its discretion, require additional information to validate attestations. If any information is misrepresented, members may no longer be eligible for the incentive program.*

All points are cumulative

**Who sees my information?**

Your privacy is important to us, and we respect your privacy. Quest Diagnostics and Blue Cross and Blue Shield 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.

**Questions?**

All forms, links and Frequently Asked Questions are located on the City Portal at [www.cowo365.sharepoint.com](http://www.cowo365.sharepoint.com). If you think you might be unable to meet a standard for a reward under this wellness program, you may qualify for a reasonable accommodation or alternate standard. Contact Human Resources at 316-268-4531 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.

**OTHER BENEFIT PLANS**

**Pension and Deferred Compensation**

The City of Wichita provides a **Pension Plan for employees and a Deferred Compensation** or 457 (b) retirement savings program. For information regarding the plans, please contact **Pension Management** at **316-268-4544** or **Pension@wichita.gov**.

**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). Coverage may be denied based on medical conditions. For more information about our LTC benefit, please visit [www.agltc.com/CityWichita](http://www.agltc.com/CityWichita).

**EMPAC Employee Assistance Program**

EMPAC services are available to employees and their household dependents at no charge. Services include Confidential One-on-One Counseling, Money Management, Dependent Care Referrals and Legal Assistance. EMPAC is available 24/7 at 316-265-9922.

**Employee Discounts and Wichita Employee Association (WEA)**

Visit the Employee Discount page on [www.cowo365.sharepoint](http://www.cowo365.sharepoint) to learn about discounts and membership to the Wichita Employee Association.